NOPREN Hunger Safety Net WG Meeting Minutes – February 22, 2016

Partner Perspective Presentation: Sky Cornell, Vice President of Programs, Wholesome Wave (Fruit and Vegetable Rx Programs)

- **Background: Wholesome Wave and Rx Programs**
  - Wholesome Wave has been supporting and leading implementation of fruit and vegetable Rx programs since 2010 around the country. Programs have expanded to 35 sites.
  - Worked with hospitals, federally qualified clinics, and other alternate sites (e.g. in some sites, community health workers make visits to the home)
- **Innovation objectives**
  - 60-70 active Rx programs across the country all geared towards creating a clinic-community bridge to address population health
  - Specific objectives for Rx programs are varied but include:
    - addressing the overlapping burden of obesity, diet-related diseases, and food security
    - addressing food insecurity
    - treating obesity and diet-related disease
- **How a typical Rx program works:**
  - Patient enrolls at clinic site
  - Patient receives nutrition education and sets healthy eating goals (which focus on healthy diet overall and the importance of healthy food in managing or preventing diet-related disease; not just fruits and veggies)
    - Begins with nutritionists and dieticians who are trained to set a foundation and establish what the patients and families are eating
    - At 4-5 months, the focus shifts to a conversation about maintaining a healthy diet after off-rolling from the program; troubleshooting any challenges the families dealt with through the course of the program
  - Patient receives prescriptions/vouchers that are redeemable for fresh fruits and vegetables
    - Each prescription/voucher is good for $1/day for each patient and each family member
    - Can be used at participating retailers, grocery stores, and farmers markets
  - Health indicators are collected
    - Health indicators from the clinic can be tied to voucher use
  - Participants return to their doctor throughout the 4-6 month program to refill prescriptions and set new healthy eating goals
- **National scan** (Scan conducted in the summer of 2015)
  - Majority of programs occur in clinics (~65%) or federally qualified health centers (~35%); some happening in the field with community health workers going to the home
  - None have been run through food banks (Rx programs through Massachusetts General and ProMedica—prescription particularly ties the patient to a food pantry)
  - Famer's markets saw the biggest Rx redemption rates (~50% of programs only allow prescriptions to be redeemed at farmers markets)
    - Next highest redemption rates were at retail grocery stores
  - Target population
    - Largely focused on children and pregnant women
    - Majority are focused on low-income populations; some don't want to get into verifying income, so they base their target population on the socio-demographic make-up of community or clinic

- More than ½ of programs are associated with diet-related diseases or obesity (majority of those on diabetes; 1 on cancer, 1 on HIV)
- Some have lower incentive amount
  - You see fewer touch points with the provider; more integrated within the community
- More intensive programs are those that seem to be invested in more robust linkages to providers and nutrition
- Cross sector collaboration (e.g. with hospitals, insurers, and Departments of Public Health (DPH) at the state and city levels)
  - Least amount of information available on programs collaborating with insurers
- Funding structures are varied
  - Majority seem to be funded through grants and foundation funding; some through DPH at the state or city level; majority not from standard health care grants
  - A few groups have been using community benefits dollars
- For the off-boarding period, programs are trying to draw linkages to other food assistance programs
- Group medical visits—as done by Fresh Approach—are billing for nutrition education and counseling
- Participants stay in program for an average of 4-6 months (might be because of funding or farmer's market season etc.)
  - This is why grocery stores allow for more flexibility and provide more of an access point

- **Outcomes (brief review)**
  - Examples of programs with robust evaluation
    - California—one program has conducted a longitudinal look back on consumption to implement healthy eating strategies
    - Ecology Center- County Health Department had good results over the years and the Ecology Center is building a good database with health impact data
    - EatSF out of UCSF—robust evaluation data
    - Hood River, Oregon-have been gathering data with the DPH but no time yet to analyze
    - New Haven Farms-participants work on the farm for 16-20 weeks of the summer growing season for weekly cooking demonstrations, nutrition classes, and gardening seminars; data collection happens at the farm
    - FNCP/LNCP through USDA-literature review but not published yet
      - 1 out of Washington, 1 out of Texas and maybe Wholesome Wave doing Rx programs through FINI grant
  - More robust data includes redemption and retention data, consumption and health data
    - Looked at data from 2011-2014
    - 69% of people increased consumption of fruits and vegetables
    - Over 90% were happy with healthy weight or diabetes care after use of food prescription program
    - About ½ of patient households improved in food security
    - Saw some movement in BMI (although hard to assess)
    - However, after off-rolling, went back to facing the same barriers as before
- **Research questions and gaps**
  - Key questions:
    - Does participation of patients in the program increase consumption of fruits and vegetables and have an impact on health outcomes?
    - Has participation had any dietary change on other members of the household?
    - What components are most important? Vouchers, clinic visits, etc?
    - What is the right does-response?

        - What are long-term impacts, i.e. health care costs, BMI, etc.?
- **Research opportunities**
    - Health care economists to predict costs
    - Look back at the impact a family can have; program in NY where families are opting for care (leverage that opportunity)
    - Bring field together to create shared metrics, share best practices, and learn from each other
    - Next steps: technology; best practice sharing; shared metrics

Subgroup updates:

- Clinical linkages (Co-chairs: Steve Cook and Ellen Barnidge)
    - First call was held on January 21, 2016—focusing on current food insecurity screening tools/methods, particularly Childhood Hunger Coalition food security screening algorithm and how that can be adopted to other communities
        - Next call on **Thursday, Feb 25 at 4pm EST. The call-in information is: Dial: 866-541-4407, Passcode: 1855494**
- Food Systems (Chair: Alex Lewin-Zwerdling)
    - In-person meeting at the Wholesome Wave conference. Discussed a potential partnership with CDC Foundation and PHI who are collaboratively working to design a tool for Community Health Needs Assessments that would include an assessment of local food systems. What kind of advisory role can they play?
    - Next meeting is on **March 7 at 2 PM EST. The call-in information is: Dial-In:(866) 215-3402; Conference code: 4346031**
- Research Agenda (Co-chairs: Seth Berkowitz and Darcy Freedman)
    - Next Meeting is on **Wednesday, February 24 at 4PM EST. The call-in information is: Dial: 866-541-4407, Passcode: 1855494**
    - Agenda will focus on a discussion of current research landscape, the Food as Medicine Research Database, and moving forward on understand our research capacity
- Food Policy Councils (Chair: Larissa Calancie)
    - Working on a manuscript entitled **'**Food Policy Councils' Self-Reported Impact on Policy, Systems, and Environmental-level Change in their Communities'
    - Discussed overlap with Food Systems work group in wanting to provide input around local food systems needs assessments and CHNAs