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)
  - Farmer'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