Adapting Produce Prescription Programs for Tribal and Rural Communities

WITH THE FOOD FARMACY PROGRAM

Presenters

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ITCM

Our mission is to serve as a forum and advocate for Michigan's Native American tribes, improving their economy, education, and quality of life, while providing technical assistance and promoting health equity through culturally appropriate programs.

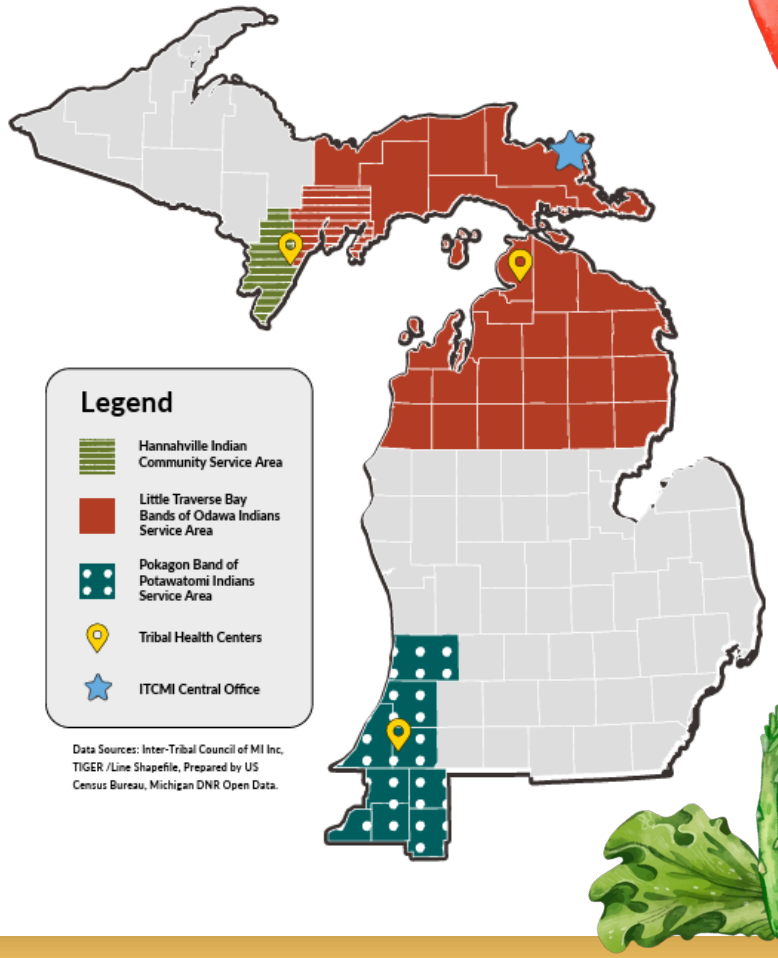
Through this project, the Health Education and Chronic Disease Department addressed youth and adult nutrition related health disparities through screening of food insecurity, weight management, and related chronic disease. With a focus to increase fruit and vegetable consumption to support culturally appropriate healthy behavior change through access to healthy traditional foods along with nutrition education. The project's focus was to improve overall health outcomes through the development of lifelong healthy eating habits.

Participating Tribes

Hannahville Indian Community

Little Traverse Bay Bands of Odawa Indians

Pokagon Band of Potawatomi Indians



Program Goals

INCREASE…

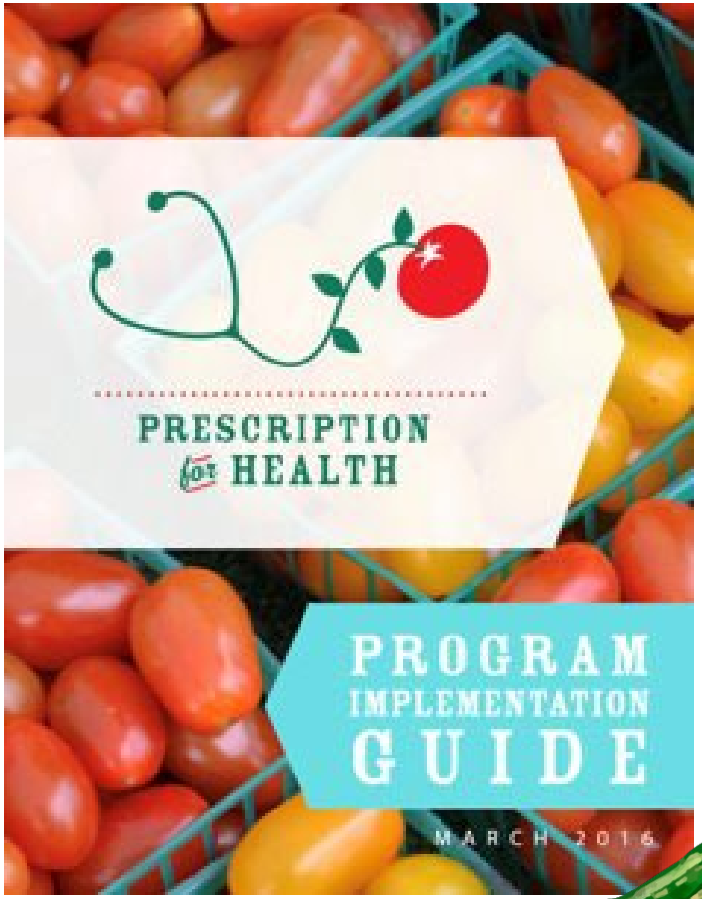
- Fruit and Vegetable consumption
- Nutrition and traditional food prep knowledge
- Collaboration between Tribal community health programs, health clinics, and community food systems
- Self-management of chronic disease through healthy lifestyle

DECREASE…

- Food insecurity
- Chronic disease and related symptoms

The Model

- Washtenaw County Health Department Prescription for Health



Key "Ingredients"

	Health Partners	✓		
	Food Source Partners			✓
	Program Staff (CHW or others)		✓	
	Trusted member of community or peer educator			
	Ongoing engagement & token tracking			
	Training for partners & staff	✓	✓	✓
	Patient referral from Provider	✓		
	Patient enrollment sessions	✓	✓	
	Special events		✓	
	Post-program follow-up with partners & participants	✓	✓	✓

Program Map Key

Program Map

Patient arrives at the clinic for an appointment

Screen for Program Fit

1. Healthy food access barriers
2. Chronic disease risk
3. Interest and ability to shop at the farmers market

Refer Eligible Patients

Provider writes referral

Provider schedules patient for a group enrollment session or enrolls in individual enrollment session

Data Entry

Provider enters referral form in REDCap.

Enrollment Session

CHW host enrollment session & explains the program

Patient completes pre-survey, consent, creates goals, & receives prescription card

Data Entry

CHW enter pre-survey into REDCap

Farmer's Market

Patient arrives at food source

CHW's review goals with patient and provides support and resources

Patients receive $10 worth of tokens per visit (for 10 total visits)

Patient buys fresh fruits & vegetables

Token tracking

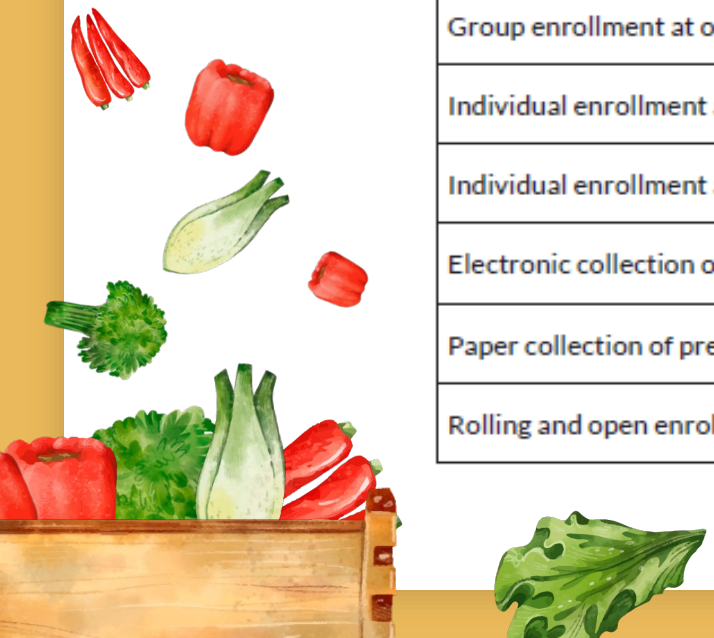
Nutrition education distribution tracking

Program Adaptations at a Glance

Phase I: Intake & Referral	Prescription for Health	HIC	LTBB	POK
Patient chart review to prompt provider referral		●	●	
Recruitment from programs with overlapping criteria		●		●
Healthcare providers refer patients during appointments	●	●	●	●
Recruitment at community events	●	●		●
Continuously accepting referrals	●		●	●

Program Adaptations at a Glance

Phase II: Enrollment	Prescription for Health	HIC	LTBB	POK
Group enrollment at the program office	✓			
Group enrollment at other locations in the community	✓			
Individual enrollment at the office		✓	✓	✓
Individual enrollment at other locations in the community		✓	✓	
Electronic collection of pre-survey		✓	✓	
Paper collection of pre-survey	✓	✓	✓	✓
Rolling and open enrollment	✓		✓	✓

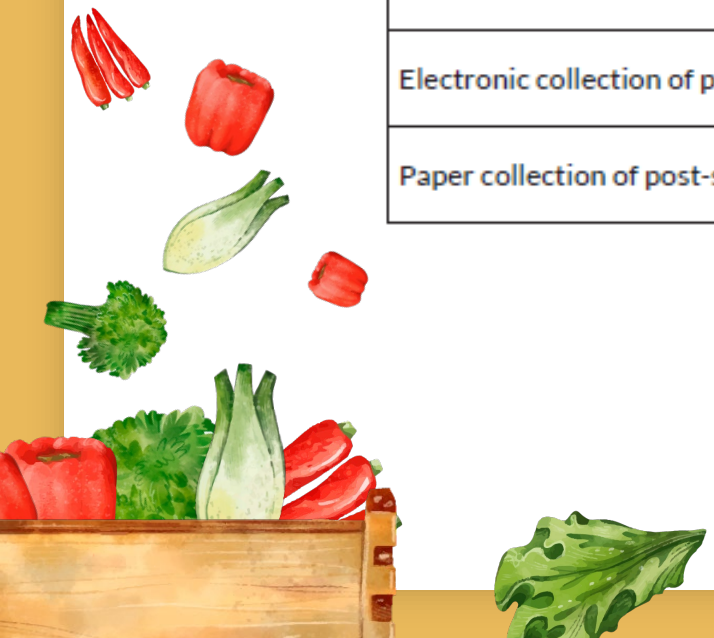


Program Adaptations at a Glance

Phase III: Patient Engagement	Prescription for Health	HIC	LTBB	POK
Phone visits	✓	✓		✓
Cooking Matters Classes		✓	✓	✓
Expanding benefits to include traditional foods and proteins		✓	✓	✓
Multiple food vendors		✓	✓	✓
Food vendors that are not farmer's markets		✓	✓	✓
Events or days where program staff are at the food vendor	✓	✓	✓	
Meeting with patients and distributing vouchers weekly		✓		
Meeting with patients and distributing vouchers monthly			✓	✓
Allow children to take part with parental consent			✓	✓
Mid-point survey			✓	
CareMessage to communicate with patients		✓	✓	✓

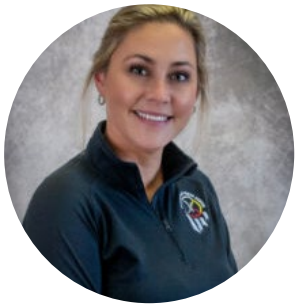
Program Adaptations at a Glance

Phase IV: Follow-up	Prescription for Health	HIC	LTBB	POK
Repeat patients				
Electronic collection of post-survey				
Paper collection of post-survey				



Hannahville Indian Community

TRIBE SPOTLIGHT



Kelly Hansen
Health Educator
Hannahville Health Center

HIC Program Map

Patient receives call from Kelly/Tonya, or is told about the program by a provider

Patient contacts Kelly/Tonya to sign up for an orientation session

Enrollment Session

Patient attends orientation session, signs paper consent form, and fills out the pre-program survey on tablet or computer via REDCap.

Data Entry

Kelly enters participant info and consent form into REDCap.

Farmer's Market

Patient arrives at HIC Farmers Market or Massie's County Market.

Tonya reviews goals with patient and provides counseling & education.

Patients receive $25 voucher at each session for 12 weeks.

Data Entry

Create and complete REDCap Goal Tracking form for each visit.

Patient buys fresh fruits & vegetables

Token Tracking

Each vendor writes on the back of voucher how much is redeemed at their booth.

Data Entry

Kelly reports in REDCap the amount ($) of vouchers redeemed.

At last market visit, patient completes post-survey via REDCap survey link.

Data Entry

Kelly completes exit form in REDCap to signal patient participation & data collection is complete.

Challenge

- Limited staff capacity (both health clinic and community health)

Lessons Learned

- Utilize REDCap for streamlined & centralized data collection
- Community health staff prompt provider for referral of eligible participants from patient chart review, overlap with existing programs, or community members interested through outreach

Little Traverse Bay Bands of Odawa Indians

TRIBE SPOTLIGHT

LTBB Program Map

Patient contacts Provider for a referral or arrives at the clinic for an appointment with provider, RD, Diabetes Educator, or Wellness Advocate.

Screen for Program Fit

1. Healthy food access barriers
2. At risk for Chronic disease
3. Interest and ability to eat more fresh fruits and vegetables and utilize identified markets
4. Pregnant or Breastfeeding

Refer Eligible Patients

Provider initiates referral in EHR or RD, Diabetes Educator, or Wellness Advocate asks provider for a referral.

FF Staff schedules patients for a group enrollment session or enrolls in an individual enrollment session.

Data Entry

FF staff assigns participant a record in REDCap and prepares pre-survey code for enrollment.

Enrollment Session

CHW hosts enrollment session & explains the program.

Patient completes pre-survey (online via REDCap), consent, and creates goals.

Patient receives first month's tokens, $55/month for 18 visits or however many visits are left in the program at time of enrollment.

Data Entry

FF staff enters screening, referral, consent, and participant info in REDCap.

Education Session/Voucher Pick Up

CHW reviews goals with patient and provides support and resources.

Track vouchers & ongoing engagement in the EHR and CareMessage and uploads reports to REDCap.

Patient buys fresh fruits & vegetables at market of choice (in summer) or Grain Train (in winter).

Track voucher redemption.

Patient will take mid-term and post-survey online via REDCap. FF staff complete exit form.

Challenges

- Large service area
- Long, continuously running program
- Limited staff and growing season

Lessons Learned

- 6 food source sites
- Live and recorded video education both for participants and food source staff
- Expand vouchers to include select proteins and grains
- Care Message

Pokagon Band of Potawatomi Indians

TRIBE SPOTLIGHT

Elizabeth Leffler, RN

Community Health Nurse Supervisor

Pokagon Health Services

Heather Hollenbeck, MA

Integrative Case Worker

Pokagon Health Services

Pokagon Program Map

Patient arrives at the clinic for an appointment

Screen for Program Fit

1. Chronic disease risk: Obesity, Overweight, CVD, Htn, Hyperlipemia, DM/Pre-DM, lack of movement

2. Interest and ability to shop at the farmer's market (Mandatory)

3. Food insecurity

Refer Eligible Patients

Provider discusses w/ patient, writes referral, and collects consent form.

CH Supervisor processes referral and schedules patient for enrollment session.

Data Entry

HWA creates new participant record and enters participant info, screening, referral, and consent in REDCap (if consent was collected at appointment).

Enrollment Session

HWA hosts enrollment session & explains the program including opting into Care Messaging.

If consent was already completed, HWA calls patient to complete pre-survey and enters in REDcap. If consent was not completed with provider, consent and pre-survey are completed at enrollment.

Patient schedules education sessions.

Data Entry

HWA enters pre-survey into REDCap.

Ongoing Engagement

Patient attends education sessions with HWA and receives $20 worth of tokens per visit for 5 total visits.

Patient receives regular Care Messaging and potted plants to grow at home.

Patient arrives at the food source of their choice and buys fresh fruits, vegetables, healthy protein, and eggs.

Data Entry

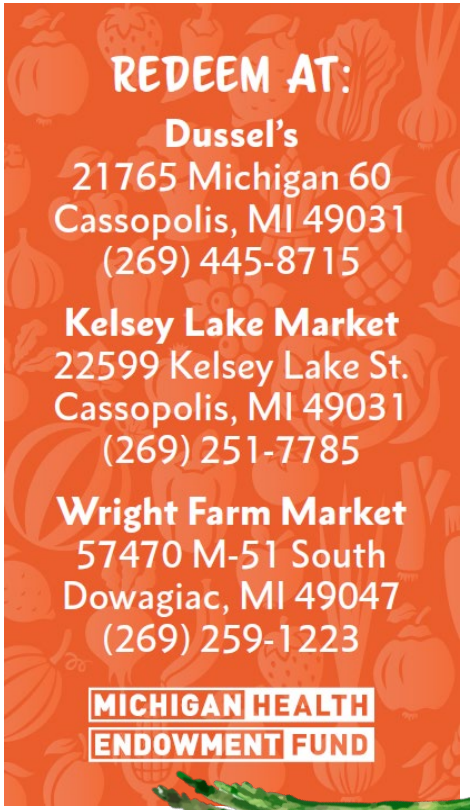
HWA enters education sessions, token distribution, special event attendance, token redemption in REDCap and uploads Care Messaging reports to REDCap.

Data Entry

HWA calls patients to collect and enter post-surveys & exit forms in REDCap.

Challenges

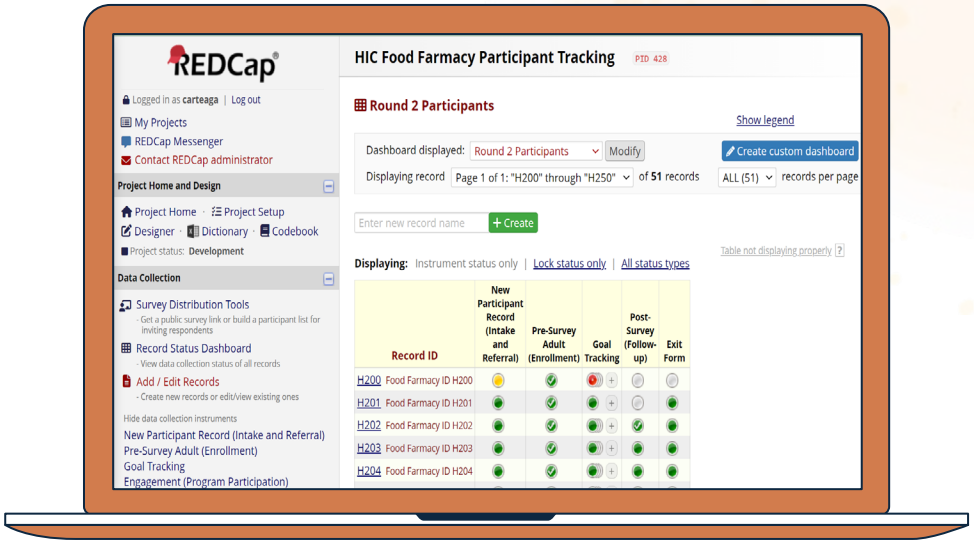
- Establishing referral pathway
- Participants completing program enrollment and participation



Lessons Learned

- Enrollment on a rolling basis
- Continued outreach to health clinic staff
- Outreach at popular community events
- Potted plant incentive

Program Evaluation

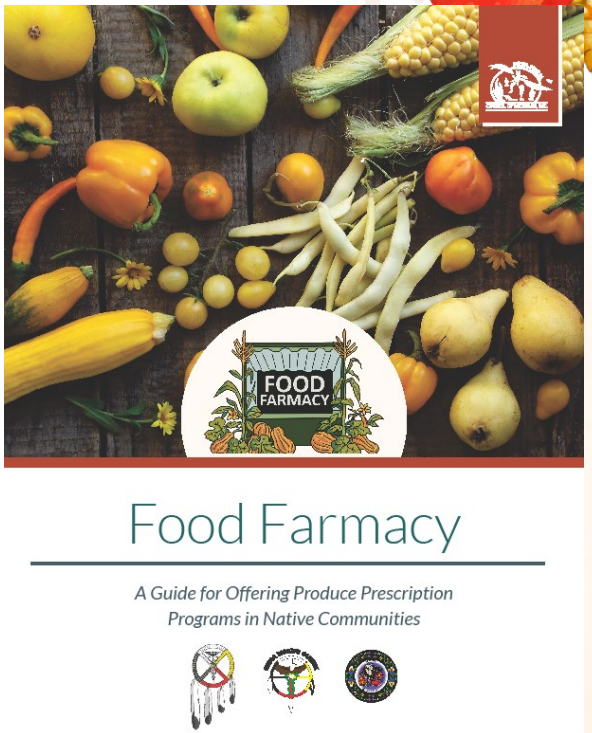


Successes

- Positive participant feedback
- Positive participant behavior change
- Decrease participant food insecurity
- Relationships built with food sources
- Relationships built with health partners

Successes

- Adaptation Guide
- Logo



Food Farmacy 3.0

Continuing in 3 communities:

- LTBB
- HIC
- PBOPI

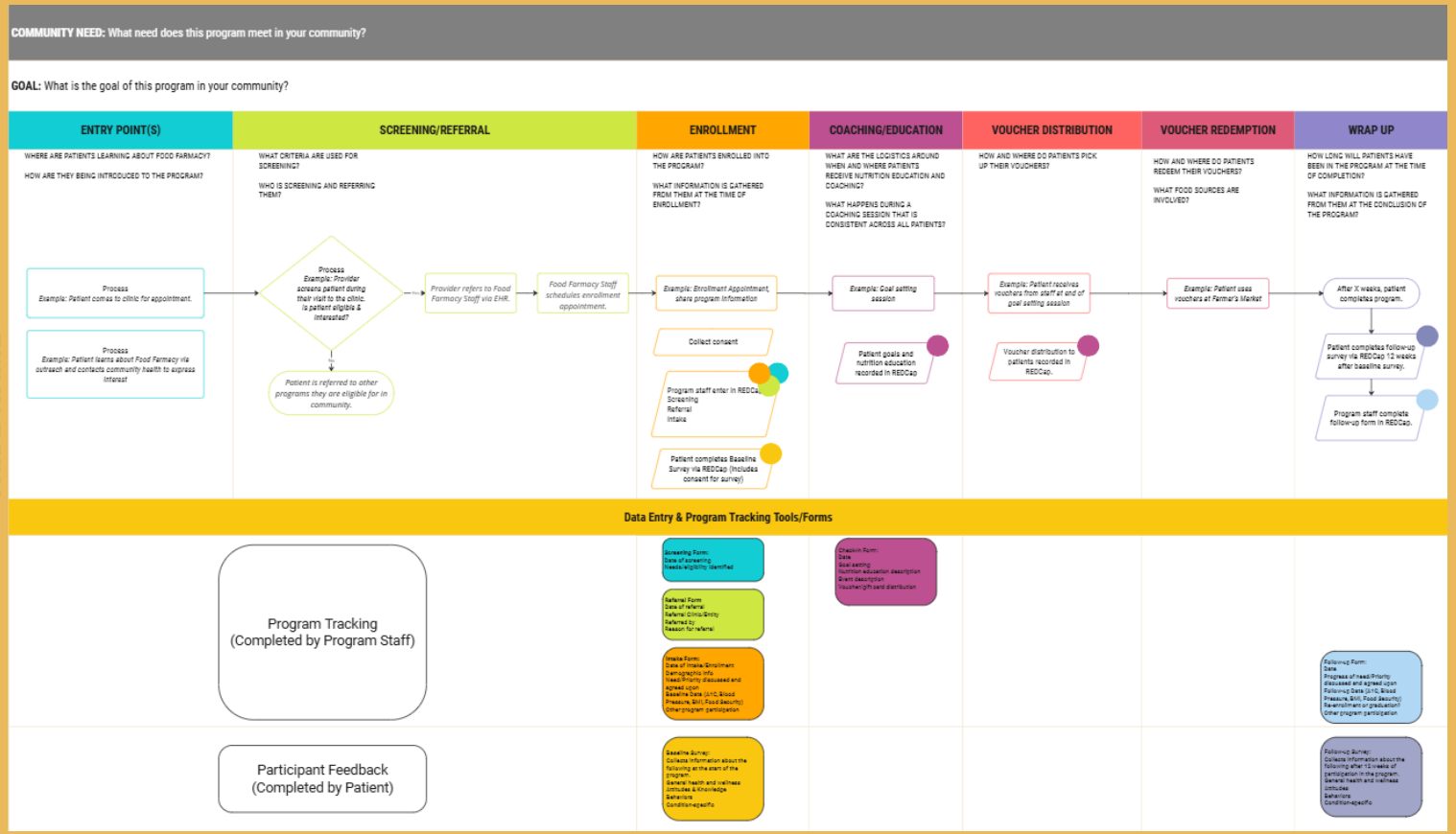
Expanding to 4 additional communities:

- KBIC
- NHBP
- SCIT
- BMIC

Funded by P4 & Michigan Health Endowment Fund

NEW PROGRAM MAP TEMPLATE

TRIBE NAME



ITCM Website Nutrition & Food Access Resources

Food Farmacy

A Guide for Offering Produce Prescription Programs in Native Communities

Anishinaabek Cooking Videos

Miigwech...

- Michigan Health Endowment Fund
- Washtenaw County Health Department
- Malinda Taylor, Marlene Gasco, and Roberta Rousseau
- Kelly Hansen and Tonya Lafave
- Elizabeth Leffler and Heather Hollenbeck
- Kristina Talarek and Shannon Laing
- Connie Watson