

Check-in

9:00 am – 9:15 am

In one word, what do you hope
to get out of this Mini-Summit?

Please respond to the poll by
scanning QR code →



Thank you to our event sponsors:



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School of Public Health



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MICHAEL & SUSAN DELL
CENTER *for* HEALTHY LIVING

Welcome to the Food is Medicine Mini-Summit



Itinerary:

9:00 – 9:15am : Check in & Welcome

9:15 – 10:15am : Presentations

10:15 – 10:40am : Small Group Break Out

10:40 – 10:50am : Large Group Discussion

10:50 – 11:00am : Closing

Presentations:

- Food is the Best Medicine – *UTHealth*
- Factor Health – *Dell Medical School*
- Brighter Bites - *UTHealth*
- Black Men's Health Clinic
- Cooking Up Health - *Common Threads*
- Food Rx - *Ascension Seton*
- Fresh-for-Less Veggie Rx – *Farmshare Austin*
- Mobile FARMacy - *Central Texas Food Bank*
- The Happy Kitchen / La Cocina Alegre® - *Sustainable Food Center*

Presentations

UTHealth School of Public Health

Alexandra van den Berg, PhD, MPH

Nalini Ranjit, PhD

Aida Nielsen, MPH

Christopher Reyes, BSA

Sara Elsharkawy, MPH

Alejandra Gonzalez, CHW

Martha Diaz, CHW

Maria Tello, CHW

Food *is the*
best medicine

UTHealth, Michael and Susan Dell Center for Healthy Living



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 **UTHealth Houston**
School of Public Health



Background

WHY?

- Food Insecurity = Poor Maternal Outcomes
- Severe Maternal Morbidity and Mortality
- 50% of Birthing Patients are Un/Under Insured

WHO?

FBM is created with academic & community partnerships

- The Ascension TX Council on Racial and Health Equity/ Ascension Foundation
- The Cook's Nook
- Farmshare Austin
- UTHealth Houston

WHAT?

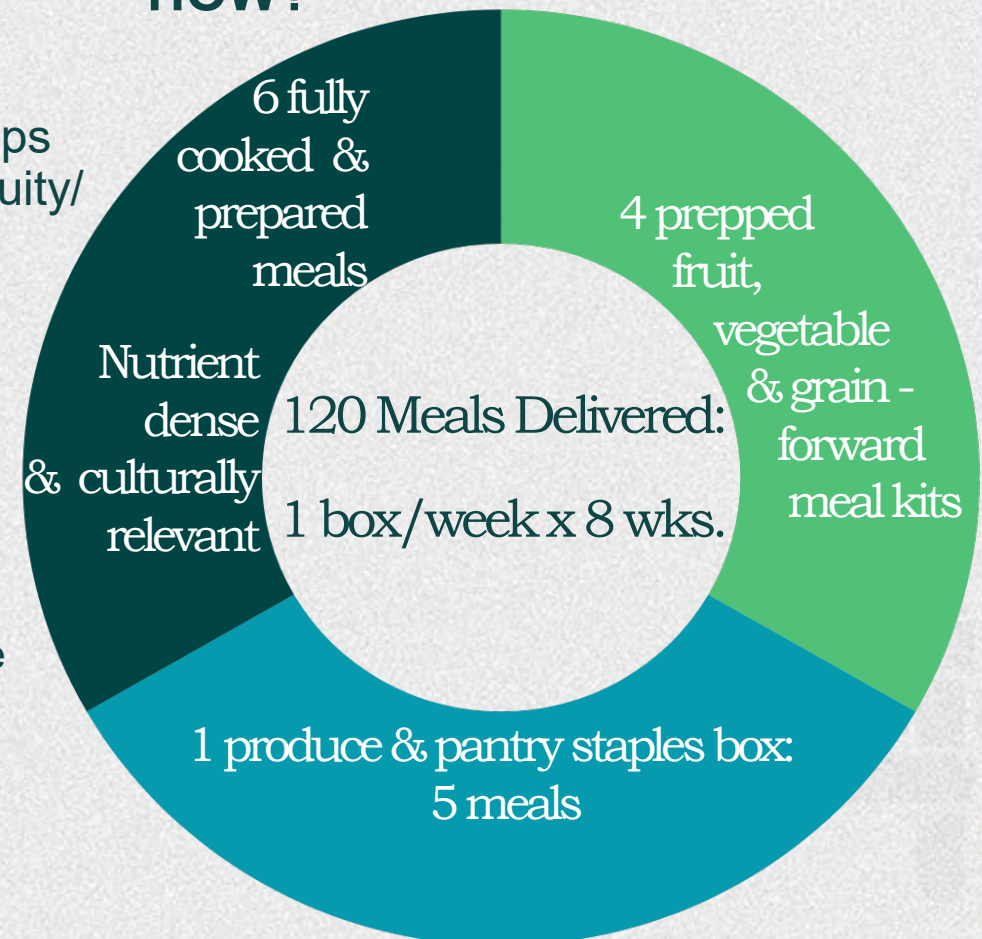
8 weekly home deliveries starting within 30 days postpartum

- Ineligible food insecure moms or those unwilling to join the study receive a \$100 HEB gift card

WHEN?

January 2024-March 2025

HOW?



Methods

Research Questions

Compared to mothers in the **FBM group**, do mothers in the **FBM in-person** group have greater food and nutrition security, greater diet quality, higher rates of breastfeeding, and lower rates of postnatal depression?

Compared to mothers in the **FBM group**, do mothers in the **FBM -Virtual** group have greater food and nutrition security, greater diet quality, higher rates of breastfeeding, and lower rates of postnatal depression?

3 study arms	Current enrollment*
FBM	49
FBM in-person	48
FBM virtual	28

*50 women are randomized to each study arm

Instruments	Incentives
Baseline survey	\$50
Immediate posttest	\$50
3-month follow-up posttest	\$50
Weekly surveys	\$20*

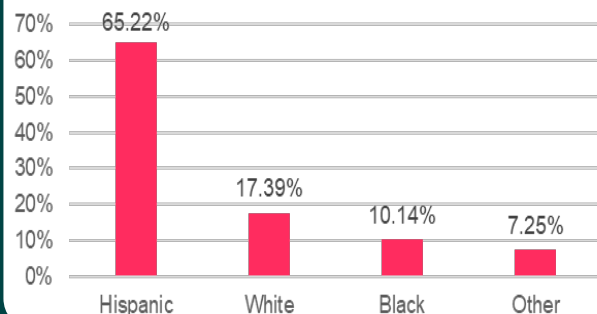
*must complete at least 5 out of 7 surveys

Results

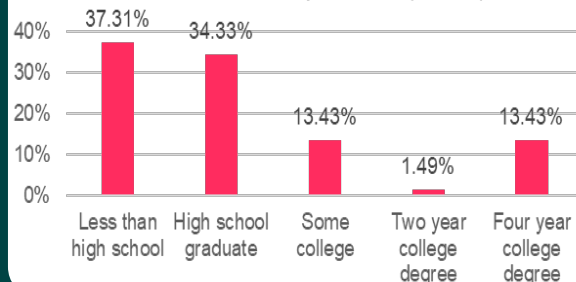
Demographics



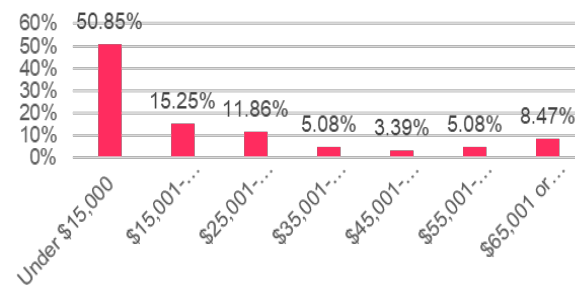
What is your race? (n=69)



What is your highest level of education completed? (n=67)



What was your household income in 2023? (n=59)



Pretest/ Immediate posttest, n=70

When you participated in FBM, did you eat more F&V? (n=70)

Ate more F&V	52 (74.29%)
Ate fewer F&V	1 (1.43%)
Ate the same amount of F&V	17 (24.29%)

How would you rate your experience with the FBM program? (n=70)

Negative	1 (1.43%)
Positive	11 (15.71%)
Very positive	58 (82.86%)

Did FBM help save you money on your weekly grocery bill? (n=70)

Yes	62 (88.57%)
No, FBM did not save me money.	3 (4.29%)
I don't know	5 (7.14%)

Has being in this program changed your opinion of Seton? (n=70)

Yes, my opinion of Seton is better	50 (71.43%)
Yes, my opinion of Seton is worse	1 (1.43%)
No, my opinion has not changed	19 (27.14%)

PRE: How often do you eat...per week? (n=70)	POST: How often do you eat ...per week? (n=70)	Finding
VEGGIES Mean: 0.398 Min/max: 0/2	VEGGIES Mean: 0.524 Min/max: 0/2	At post, participants were consuming 0.12 more veggies / day than they were at baseline.
WHOLE GRAIN Mean: 0.137 Min/max: 0/2	WHOLE GRAIN Mean: 0.371 Min/max: 0/2	At post, participants were consuming .23 more grain than at baseline (p<0.00)
FRUIT Mean: 0.627 Min/max: 0/2	FRUIT Mean: 0.722 Min/max: 0/2	At post, participants were consuming .09 more fruit than at baseline.

Foodways, public page

<https://fbm.ccfoodways.com/>



Seton, Project Landing Page:

<https://supportseton.org/womenfirst/fbm/>



Questions & Answers

Next up, Dell Medical School

Dell Medical School, The University of Texas at Austin

Factor Health

Real. Life. Health.

Mini Kahlon, PhD
Director & Founder

Mkahlon@austin.utexas.edu

Nicole Clark, MBA
Director, Programs & Partnerships

Nicole.clark@austin.utexas.edu

Rhonda Aubrey, BSN, MHI
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Rhonda.Aubrey@austin.utexas.edu

Maria Cowley-Morillo, MPH
Sr. Research Program Coordinator

Maria.cowleymorillo@austin.utexas.edu

Background

Who?

- Factor Health Lab at Dell Medical School
- We collaborate with community organizations, health care payers, and investors to improve health for vulnerable populations

What?

- **FUEL:** A clinical trial to enhance children's diets through an after-school program and family support
- **Family support:** Includes 4 produce boxes, 3 grocery gift cards, 5 engagement goal sheets with incentives, and educational materials
- **Partner:** Boys and Girls Club of the Austin Area (BGCAA)

When?

- 19 weeks: October 10, 2023 - March 8, 2024

Where?

- 11 BGCAA sites in the Austin area

Why?

- Offering flexible resources and agency/choice versus restrictive food vouchers
- Family support linked to better child health outcomes



About us

In partnership with the Boys and Girls Club of the Austin Area (BGCAA), researchers from Dell Medical School are conducting a study to determine if providing participating families with weekly produce boxes and grocery store gift cards, together with participation in BGCAA's after school program can help support healthy eating and physical activity habits.

You may be eligible if:

- You are the parent/guardian of a child enrolled in 1st through 5th grade AND
- You attend BGCAA's after-school program in one of the participating sites

What you may get:

- Recipes, fruit and vegetable boxes during the first four (4) weeks of the study
- Grocery store gift cards
- ALL qualified participants will be compensated for their time for each of the study measurements (\$30 for each study measurement)

For more information, contact our study team at factorhealth@austin.utexas.edu, call us at (737) 210-1429 or scan the QR code:



 The University of Texas at Austin
Dell Medical School

 Factor Health
Real. Life. Health.

 BOYS & GIRLS CLUBS
OF THE AUSTIN AREA

Methods/Results

Engagement Data

- 83% average pick-up rate for produce bags
- 74% average completion of engagement goal sheets
 - Online, optional to fill out, \$10 incentive per completed form
- **100%** retention rate

3 measurement time points

- 119 families enrolled at baseline: 60 in Family Support, 59 in control
- 116 mid-point measurements (**97%**)
- 109 endpoint measurements (**92%**)
- Survey data collected over the phone

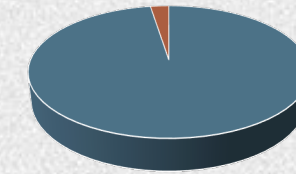
Primary outcomes

- Child diet quality
- Child fruit and vegetable consumption

Secondary outcomes

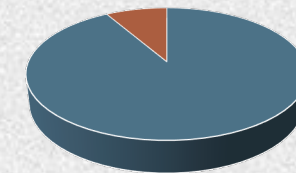
- Caregiver/parent diet quality
- Child physical activity levels
- Child body mass index, as percentile of BMI-for-age
 - Height and weight measurements collected in-person

3-month measurements



■ Completed ■ Missed

6-month measurements



■ Completed ■ Missed

Questions & Answers

Next up, Brighter Bites

Brighter Bites / UTHealth Houston

Impact of a Produce Rx program among low-income overweight and obese children

Megan Hall, MPH, RD
Regional Program Director, Texas
Brighter Bites

Mallika Mathur, PhD
UTHealth Houston School of Public Health



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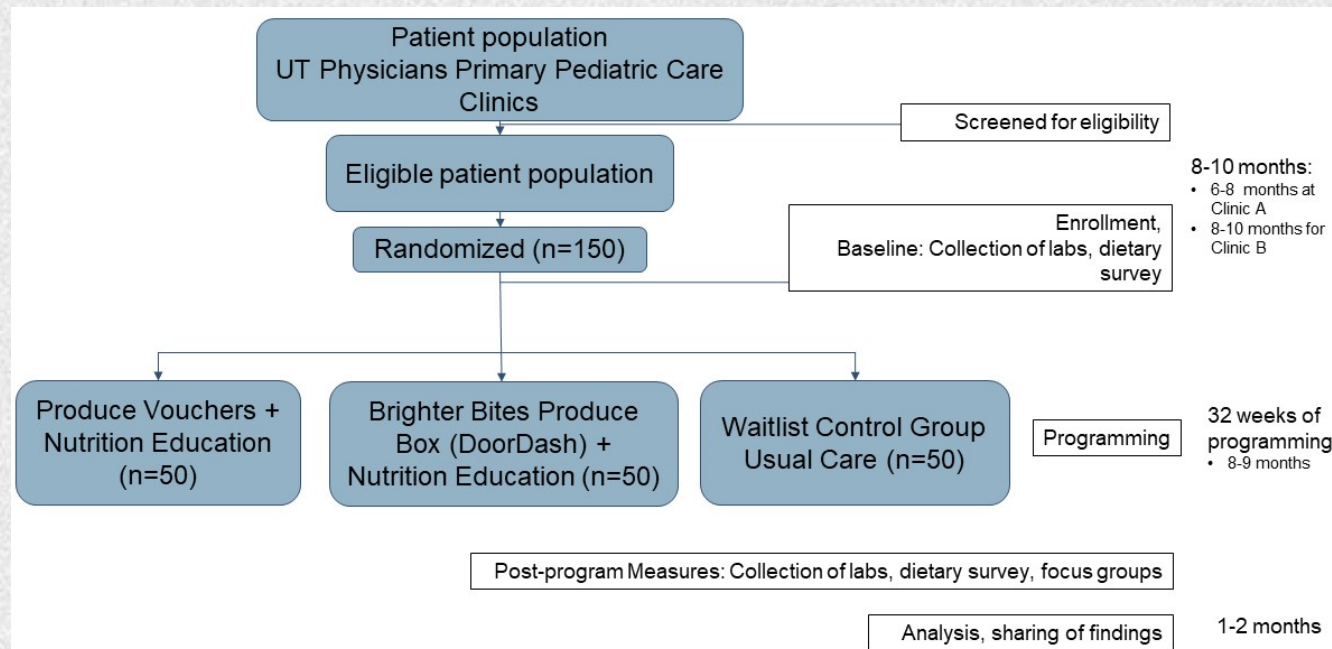
Center for Health Equity

 UTHealth
Houston | UT★Physicians™

Background + Methods

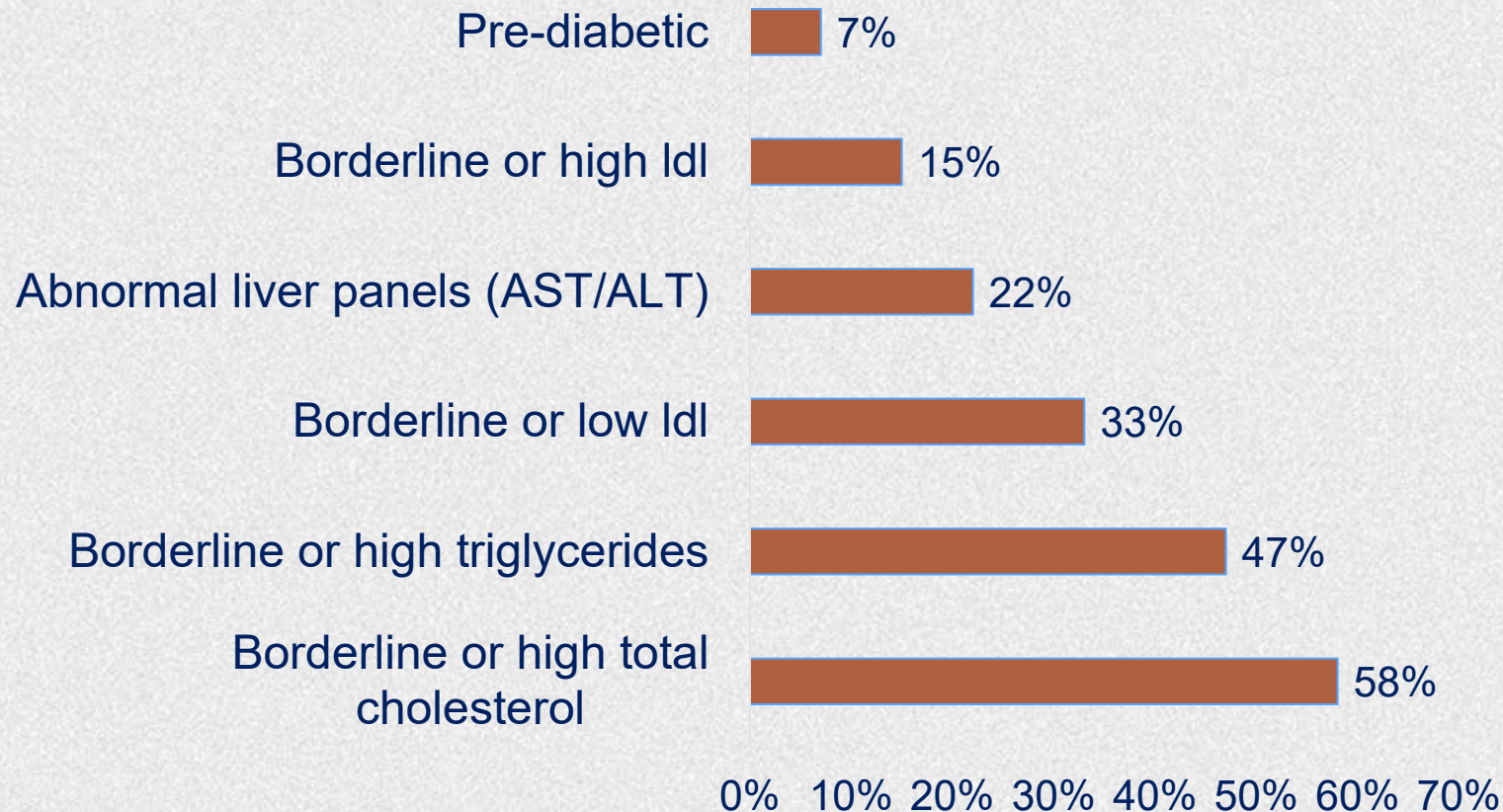
- Increasing prevalence of childhood obesity is a critical public health concern; Diet plays a significant role
- Many low-income families are food insecure and might not have access to healthy foods
- Food Rx programs are gaining traction in the U.S. to improve healthy food access
 - Limited studies evaluated the feasibility of Produce Rx programs in the pediatric setting

OBJECTIVE: Clinically evaluate the feasibility and effectiveness of two different produce prescription strategies in improving obesity-related outcomes and dietary behaviors among a cohort of Medicaid-eligible children aged 5-12 years old using a **comparative effectiveness randomized control trial (CE RCT)** study design.



Baseline Data

Figure 1. Percentage of children reporting abnormal blood work values at baseline (N=150)



- Average age at time of recruitment 9.0 years
- 45.3% identified as Black or African American, 47.9% identified as Hispanic or Latino
- 61.5% reported being **food insecure**
- 25.7% reported being nutrition insecure
- Mean total fruit and vegetable intake was **2.02 cups per day**

Preliminary Post Results

Process metrics (40 Voucher and 28 home delivery participants)

- **71%** reported **home deliveries were helpful**
- **87%** reported the **vouchers were helpful**
- Home delivery: ~70% consumed all fruits, ~60% consumed all vegetables
 - ~40% reported receiving spoiled produce at least once; ~10% reported not knowing how to use the F&V
- Vouchers: ~70% used all the money
 - ~12% reported problems using the vouchers
- **85.3%** reported program **helped save money** on weekly shopping bill
- 73% reported Brighter Bites nutrition tips were helpful

Qualitative feedback from parents (N=12 voucher and home delivery participants)

- Overall, program was helpful & helped introduce children to new F&V
 - *“I think everything really helped. He enjoyed everything. There was a lot of fruit, vegetables.”*
 - *“[Vouchers] helped me buy fruits and vegetables I wouldn’t usually buy, which was nice.”*
 - *“Well one change was that I was able to use more of the vegetables and introduce it to him because he didn't really enjoy vegetables. And well i saw many new recipes and tried them for him.”*
- Additional parent reported limitations
 - **Home location:** *“Well, there were many times when I didn’t receive it because I live in a mobile home.”*
 - **Limited grocery stores for vouchers:** *“You know you have to go to 2 different stores and that's it.”*

Questions & Answers

Next up, Black Men's Health Clinic

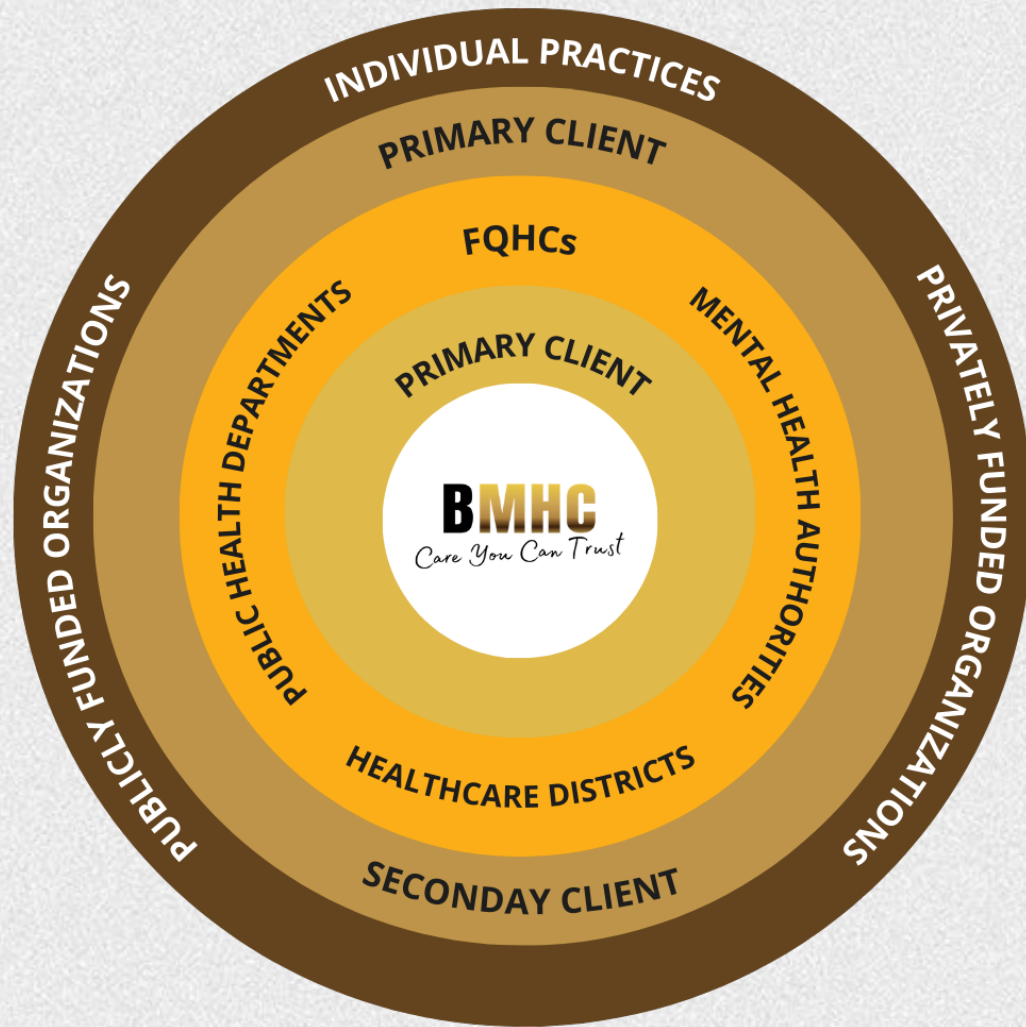
BLACK MEN'S HEALTH CLINIC®

BMHC – CARE YOU CAN TRUST

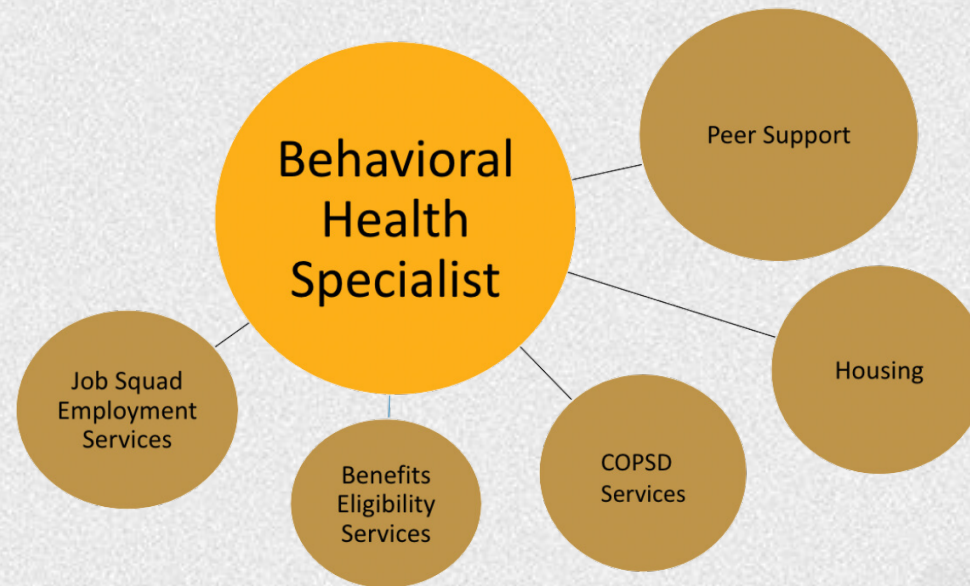


FOOD IS MEDICINE PRESENTATION

BMHC'S MODEL OF CARE



INTREGAL CARE'S INTEGRATION WITHIN OUR COMPREHENSIVE NETWORK OF SERVICES



NUTRITION PROGRAM TYPES



MATERNAL HEALTH

Enhance maternal health with our comprehensive nutrition solution to support optimal prenatal and postnatal nutrition, ensuring the well-being of mothers and their babies.



HEART HEALTH

Discover our heart-healthy meal options - delicious, nutritious, and designed to support cardiovascular health



DIABETES HEALTH

A targeted approach to managing diabetes through balanced nutrition that engages while being nutritious.



RENAL HEALTH

Empowering healthcare providers with guidance for an intervention that recognizes the challenges of living with CKD.

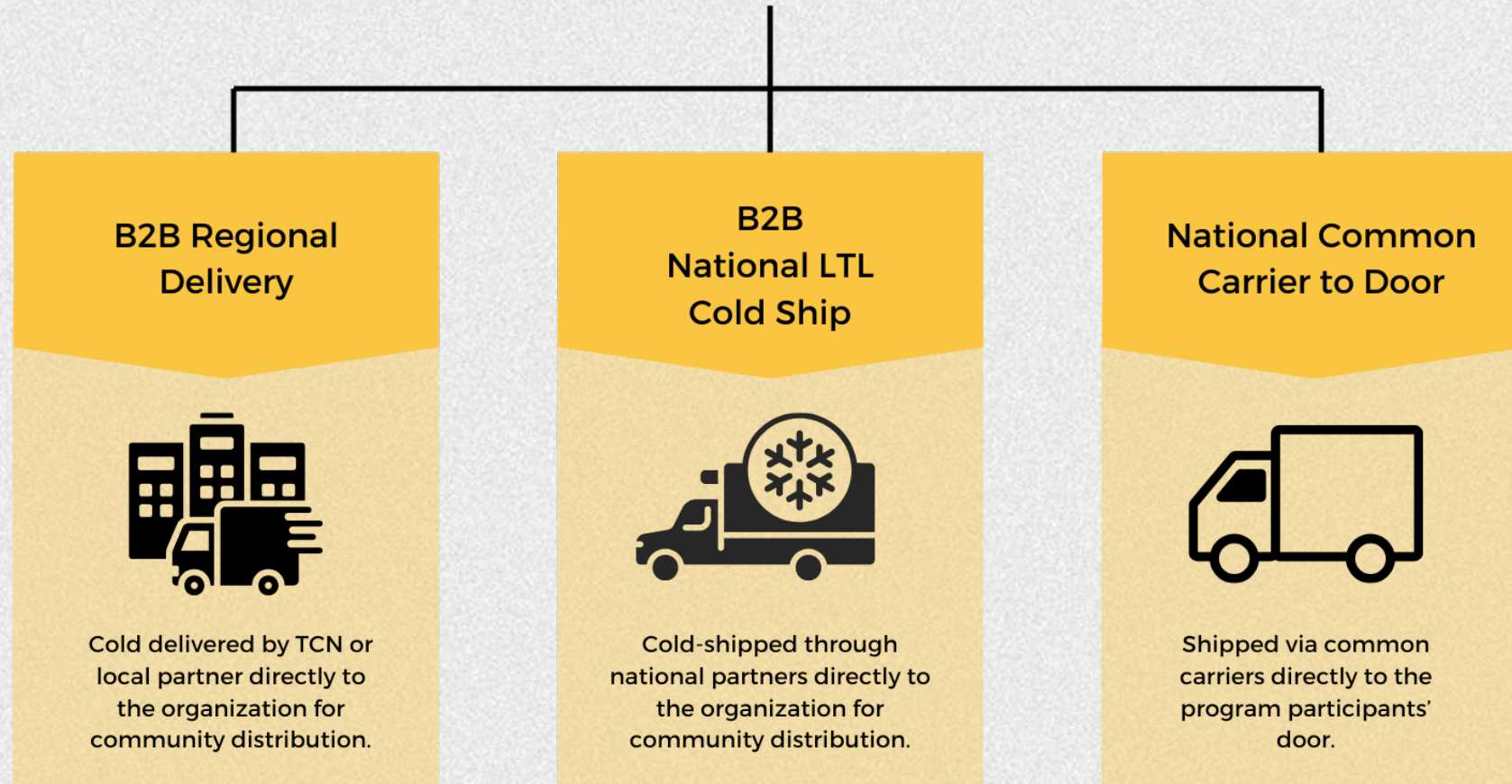


COMMUNITY HEALTH

Cultura Cuisine helps solve the nutritional and cultural aspects within the Social Determinants of Health (SDoH) so that you can focus on your core mission.



FOOD DELIVERY METHODS



CULTURAL ADAPTATION OF THE HAPPY KITCHEN®

- Iterative adaptation process centering community
 - Listening sessions with community organizations
 - Listening & feedback sessions from community participants
- Centering holistic health—mind, body, & spirit
- Adding new recipes that are meaningful and culturally sustaining
- Consultation on Black Central Texas curriculum adaptation support from The Cook's Nook



BMHC

Care You Can Trust

BMHC exists to lower barriers for successful healthcare by removing burdens men of color commonly experience such as scheduling, finances, and coordination between providers.

The name Black Men's Health Clinic was chosen to deliberately reveal the apparent inequities black men experience and "it" represents our unwavering commitment to addressing them.

BMHC is here to ensure the longevity and quality of life for all men of color by elevating them to a priority and providing resources designed to best aid them.

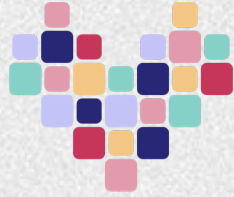
Thank you for supporting this first-of-its-kind health clinic that addresses the long standing care gaps for these men.



Questions & Answers

Next up, Common Threads

Common Threads



Common Threads
COOKING FOR LIFE

Holly Tieu, Senior Program Manager

Common Threads provides three food-focused solutions:



Culinary Nutrition Education

Providing opportunities and tools to make better nutritional choices through cooking culturally affirming recipes with foods that amplify, defend and boost health.



Access to nutritious foods

Enhancing capacity through partnerships to attain equity in nutrition to improve accessibility.



Food is Health

Innovating strategies and conducting research on how to eat to beat disease.

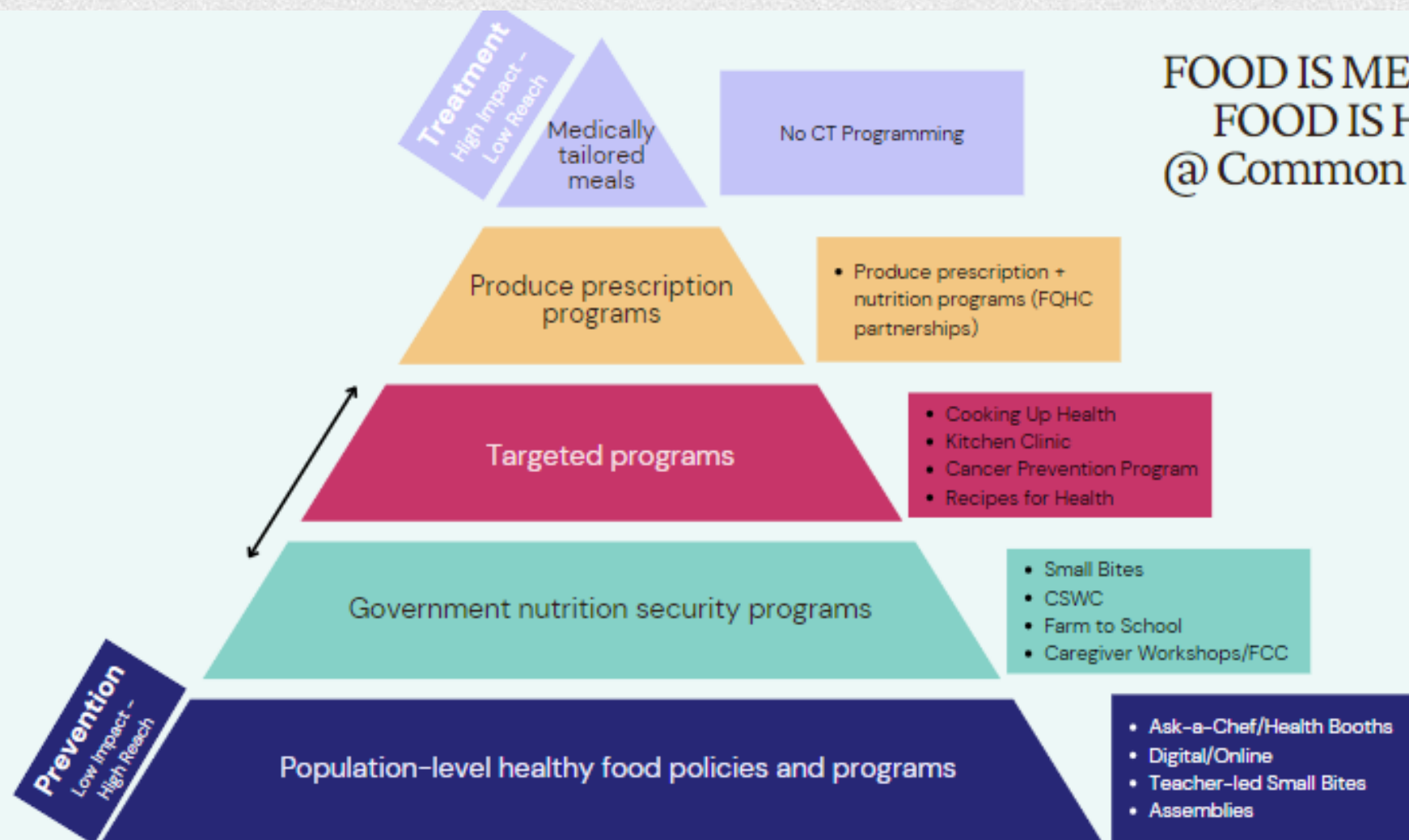
Cooking Up Health

Teach pediatric and family health medical students and healthcare professionals about nutrition and healthy cooking through the lens of culinary medicine and community health. Intended to expand healthcare professionals' comfort in counseling patients in successful behavior change around nutrition and cooking.

Method

- Developed in partnership with the Osher Center for Integrative Health at Northwestern University in 2016
- CUH is offered as an elective to medical students at Northwestern University's Feinberg School of Medicine
- Combination of didactics and plant-based culinary sessions, and service learning, in which students translated nutrition and health connections to elementary school children in at-risk communities
- 6 culinary medicine lessons with hands-on cooking (3 hours each) and 4 community health lessons at nearby schools or community sites (1 hour each)

FOOD IS MEDICINE, FOOD IS HEALTH @ Common Threads



COMMON THREADS

commonthreads.org

Questions & Answers

Next up, Ascension Seton

Ascension Seton FoodRx

Made possible through partnership:

Internal

- Community Impact
- Ascension Medical Group (AMG) Women's Health
- AscensionRx
- TouchPoint
- Dell Children's Health Plan

External

- Central Texas Food Bank



Kelli Lovelace, MPH
Community Benefit Director, Ascension Texas
kelli.lovelace@ascension.org

Background

Funding:

USDA Gus Schumacher Nutrition Incentive Program (GusNIP) Award Date Sept 14, 2023 – Sept 2026

Goals:

Demonstrate and evaluate the impact of projects on (1) the improvement of dietary health through increased consumption of fruits and vegetables; (2) the reduction of individual and household food insecurity; and (3) the reduction in healthcare use and associated costs

Deliver a business case and ROI for scaling and spreading produce prescriptions as a meaningful, cost-effective intervention to improve healthcare outcomes and reduce healthcare utilization costs

Objectives:

Improve birth outcomes for mom and baby by delivering produce boxes to their home address twice a month


Deliver integrated high-touch maternal health navigation in tandem with nutritional education, counseling and referrals to other health-related social needs

Increase patient engagement in prenatal and postpartum care

Methods/Results

Patient enrollment start date 9/3/2024

Patient Journey/Backend Process:

1. Patient identified as eligible through Athena/DCHP reports after pregnancy verification visit
 2. Navigator outreach to inform patient of eligibility and schedule a grant-intake appointment (in conjunction with NewOB appointment if possible)
 3. Enrolled at or near NewOB visit (*check-box documentation of enrollment in Athena health record*)
 4. Prescription submitted by Navigator (*delegated authority*)
 5. Prescription received by AscensionRx pharmacy
 6. Produce order placed by Central Texas Food Bank (CTFB) through TouchPoint food services vendor
 7. Produce delivered to and packaged at AscensionRx facility by CTFB associates (*contingent worker agreement for on-site work*)
 8. Shipped out with other prescriptions through FedEx same day
 9. Delivered to patient within 24 hours
4. First 8-10lb box of produce received within 2 weeks, box delivered every 2 weeks through 6 months post-partum
 5. Navigation available through duration to support with healthcare and social service needs
- 

Questions & Answers

Next up, Farmshare Austin

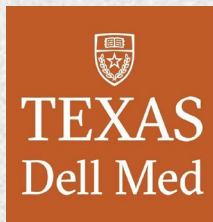
Farmshare Austin



Andrea Abel, MPAff, Executive Director, andrea@farmshareaustin.org

Alicia Fischweicher, Food Access Director, alicia@farmshareaustin.org

Yamyaka Garcia, Food Access Project Manager, yamayka@farmshareaustin.org





Mobile Markets & Home Delivery

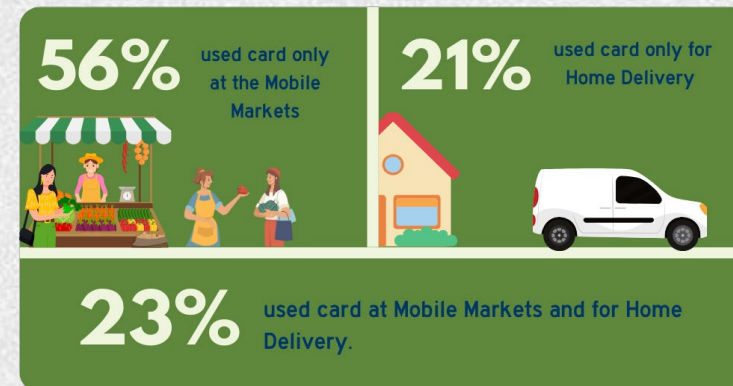
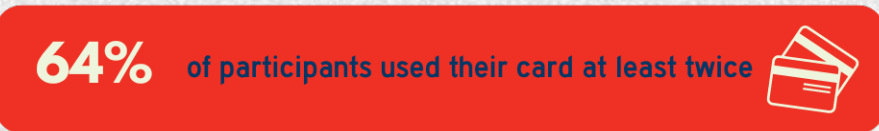
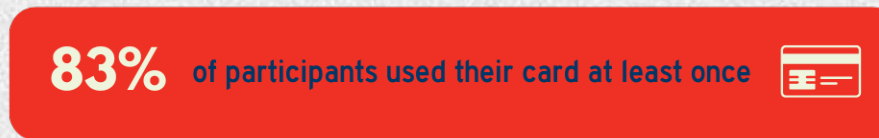
- 8 weekly/monthly markets
- Twice weekly home delivery
- 25 zip codes in Eastern Crescent of Austin & Travis County
- 15-20 produce items
- 15-20 mostly organic grocery items



The Veggie - RX Produce Prescription Program was a 6-month pilot fruit and vegetable prescription program designed to address food insecurity and increase intake of fresh produce. Patients from Lone Star Circle of Care FQHC diagnosed with diabetes or pre-diabetes received a cash equivalent of \$390 to use at Fresh for Less Mobile Markets, Home Delivery or Farm Pickup for fresh produce.



Key Findings



Questions & Answers

Next up, Central Texas Food Bank



CENTRAL TEXAS FOOD BANK

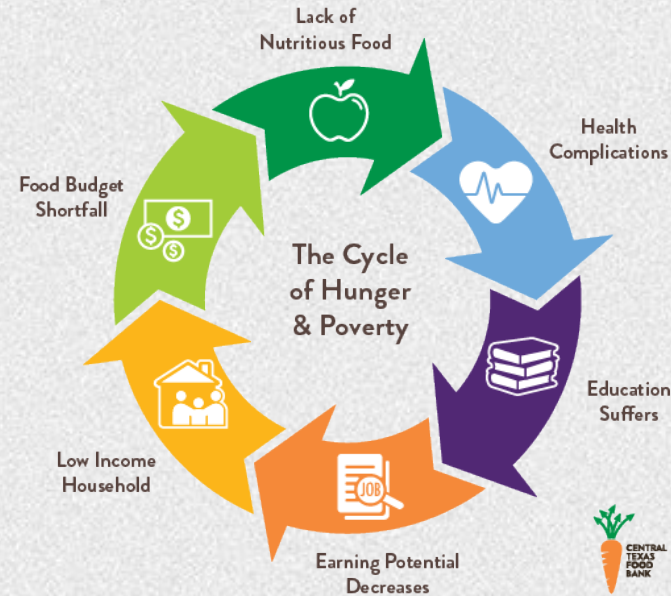
Bella Kirchner

Vice President of Client Programs + Services

bkirchner@centraltexasfoodbank.org

About CENTRAL TEXAS FOOD BANK

- We are the largest hunger-relief organization in Central Texas.
- Founded in 1981, the Food Bank provides food and grocery products through a network of nearly 250 nonprofit community partners and nutrition programs, serving about 70,000 people every week.
- Headquartered in Austin, the Food Bank serves 21 counties in Central Texas, an area about twice the size of Massachusetts.
- We believe there's strength in numbers and in working together. We are members of Feeding America and Feeding Texas



Central Texas Snapshot

- **16.4%** of Central Texas is **food insecure**, with 537,696 not knowing from where they will get their next meal
 - 158,675 are children
 - 73,513 are older adults
- **\$3.64** is the average cost of a meal in CTFB's service area
- Total food budget shortfall is \$383 million or **101 million meals**.

Background

Mobile FARMacy

Healthcare partners schedule appointments with food-insecure patients. Patients bring their food “prescription” to the FARMacy and experience:

- Air-conditioned market-style environment
- Fresh fruits, vegetables, meat, and dry goods
- Client-choice
- Nutrition education with samples and recipes



Since starting in October 2023:

- Distributing at **10+ locations** across Travis, Williamson, Hays, and Bastrop counties
- **Partners:** LSCC, CommUnityCare, Bluebonnet Trails, Central Health, Community First Village, UT Children's Wellness Center Del Valle, CommuniCare (soon!), RR Sacred Heart Clinic (soon!)
- Distributed **226,000 pounds of food** to **3,435 households** (unduplicated)
- Distributed **6,209 pounds of organic produce** from CTFB's garden

Methods/Results

Surveyed 114 neighbors across distributions.

75% reported a **positive impact on their health.**

71% felt more **connected** to their clinic while participating in the program.

Most valuable aspects of the program:

- **46%** Availability of healthy food.
- **31%** Being able to access food at their local clinic.

What's Next?

- Working with Dr. Natalie Poulos at the UT Department of Nutritional Sciences
- Studying correlation between Mobile FARMacy intervention and improved anxiety with pre- and post-surveys and interviews.

Provider Feedback

"I have felt that the Mobile FARMacy has been very beneficial to our patients. It has brought me a sense of comfort to know our patients can make healthier choices rather than only relying on processed food. Our patients are very pleased with the variety of produce offered by the Mobile FARMacy."

- Megan Hughes, PA-C, LSCC

Patient Feedback

"As a **diabetic** it has been hard for me to find motivation to make healthier meals and stay on top of my health. When I ran into Miss Emily and asked her for an appointment with the mobile FARMacy, she was very sweet, supportive and informative. Alex greeted me with a smile and made me feel welcomed, the gentlemen that are also on the truck are always friendly and willing to help me load my groceries or even walking inside the truck. Thanks to the **recipes and samples** that they are able to provide I've been able to make **different meals that I enjoy**. I look forward to Thursdays to speak with the staff, Miss Emily always asks me how I am doing, and I have been able to inform her that **my Sugars are finally getting better.**"

- 78-year-old female, LSCC

Background

Home Delivery

Participants receive a 30-pound box of food delivered to their doorsteps once a month.

Program Eligibility

Income-eligible neighbors with transportation barriers to food access and:

- Families with children (0-17) or
- Older adults (age 60+) or
- Veterans/Active Military or
- Individuals with a disability or

Current Enrollment

- 2,373 Travis County residents
- 498 Williamson County residents



Partners Helping with Enrollment

- Rosewood-Zaragoza Neighborhood Center
- Round Rock Area Serving Center

Methods/Results

Surveyed 223 neighbors.

87% are satisfied with their overall experience.

70% reported a **positive impact** on their health.

68% want **fresh fruit and vegetables** included.

What's Next?

- Moved over to new delivery model and **adding produce** into boxes starting October 1.
- Expanding to **Hays and Bastrop** counties.
- Performing neighbor interviews to get **qualitative data**.



Questions & Answers

Next up, Sustainable Food Center

Sustainable Food Center: The Happy Kitchen / La Cocina Alegre®



Vanessa Beltran, MPH, RDN, LD
vbeltran@sustainablefoodcenter.org



SUSTAINABLE
FOOD CENTER

Background

The Happy Kitchen / La Cocina Alegre® is a community-engaged, peer-facilitated, interactive 6-week cooking and nutrition class series that emphasizes the selection and preparation of fresh, nutritious, and economical foods in alignment with traditional foodways

- Aims to serve low-income Texans facing systemic barriers to food access
- Held in community spaces like libraries, health clinics, and schools
- Pre-, post-, and 3-month follow-up surveys are administered to obtain information on program completion, meals provided, changes in fruit and vegetable intake, nutrition knowledge, cooking skills, and home-cooked meal preparation

Building Food Literacy

- Components of each class include:
 - 1) nutrition education relating to a weekly theme
 - 2) cooking instruction and demonstration of a simple, quick and affordable recipes that emphasize using fresh, local fruits, vegetables, herbs and whole grains
 - 3) participants take home ingredients to prepare the recipe at home and handouts for reference
- Food literacy is “a collection of interrelated knowledge, skills, and behaviours required to plan, manage, select, prepare, and eat foods to meet needs and determine food intake” (Vidgen & Gallegos, 2014)
 - Consider the domains of Food and Nutrition Knowledge, Food Skills, Self-Efficacy, Confidence, Ecologic, and Food Decisions (Perry et al., 2017, Thomas et al., 2019)
- Cultural adaptation: La Cocina Alegre, adaptation centering Black Central Texans
- Disease-focused curriculums: Cooking After Cancer, Eating Well with Diabetes
- Life-course approach: intergenerational, family curriculum in process

Vidgen, H. A., & Gallegos, D. (2014). Defining food literacy and its components. *Appetite*, 76, 50–59. <https://doi.org/10.1016/j.appet.2014.01.010>

Azevedo Perry, E., Thomas, H., Samra, H. R., Edmonstone, S., Davidson, L., Faulkner, A., Petermann, L., Manafò, E., & Kirkpatrick, S. I. (2017). Identifying attributes of food literacy: a scoping review. *Public Health Nutrition*, 20(13), 2406–2415. <https://doi.org/10.1017/S1368980017001276>

Thomas, H., Azevedo Perry, E., Slack, J., Samra, H. R., Manowicz, E., Petermann, L., Manafò, E., & Kirkpatrick, S. I. (2019). Complexities in Conceptualizing and Measuring Food Literacy. *Journal of the Academy of Nutrition and Dietetics*, 119(4), 563–573. <https://doi.org/10.1016/j.jand.2018.10.015>

Questions & Answers

Next up, small group discussions

Group Breakout!

In groups of 4-6, discuss the following:

1) What strategies can be employed to scale up existing FIM programs locally?

2) How can we ensure they are accessible and sustainable across diverse communities?



Find your group!

Go to the Post-it with the same name tag color & number as yours.

Group Discussion

Closing:

“What can we all do, as individuals,
to support Food is Medicine or health
through food?”

Answer by going to this QR code



**Save the date for our next
Food is Medicine Summit:
December 6, 9:00 AM**

More details will be sent to your inbox soon