

Preliminary Qualitative Findings From a Food is Medicine Program Serving Food Insecure, Postpartum Mothers in Austin, Texas



FBM Evaluation

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Introduction

The Food is the Best Medicine (FBM) program aims to address high maternal morbidity and mortality rates, particularly among food insecure postpartum mothers, by delivering weekly food boxes for eight weeks.

This randomized controlled trial assigns mothers to three groups: food only, food plus social support, and food plus online resources. The program aims to reduce food insecurity, improve nutrition, support home cooking, promote breastfeeding, and enhance postpartum mental health.

In partnership with Ascension Seton Medical Center Austin, Farmshare Austin, The Cook's Nook, and the UTHealth Houston School of Public Health in Austin, FBM has enrolled 179 women in the study.

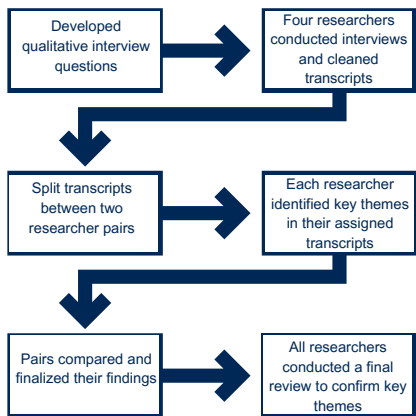
This presentation shares preliminary findings from qualitative interviews, providing insights into the intervention and program recommendations.



Figure 1: FBM mom receiving a food box with ready to eat meals, meal kits, fresh produce, and staple goods

Qualitative Interview Methods

Figure 2: Thematic Analysis Workflow: Coding Qualitative Interviews for Key Insights



Qualitative Interview Methods:

Participants who expressed willingness to be interviewed through a survey were randomly selected for phone interviews after completing the program. Fifteen interviews were conducted in January 2025, each lasting approximately 30 minutes, in both English and Spanish

- 10 interviews were conducted in Spanish with mothers from all three study arms.
- 5 interviews were conducted in English with mothers from FBM-Control and FBM-CHW groups only.

Participants received a gift card upon completing the interview.

Partners and Funders

Learn more about FBM:



Preliminary Outcomes

Figure 3. Most Salient Themes From Qualitative Interviews



Enhanced well-being: participant satisfaction, improved diet, time management, and financial relief

"The pre-made meals and vegetables helped reduce the stress of not knowing how we'd make ends meet that week."



Access to resources: more than food needed

"She [community health worker] was trying to help me with... **rent assistance and utility assistance** because that's what I'm struggling with right now."



Cultural relevance: desire for tailored foods and spices

"The food should have been sent without seasoning ,and I could season it at home... **just expand a bit of understanding on what is eaten in each country** so that the boxes are more strengthened in the sense to make people feel better."



Program expansion: longer duration or more food

"Yes, I wish it would be longer, **would have been longer...** especially 'cause I'm a single mom..."



Technology barriers: difficulty placing orders

"I did not place any order... I could not enter online to place the order. **It was difficult to place an order.**"



Other themes and feedback from participants:

Valued convenience and social support, Did not use the Facebook group or recipes, Shared food with family, Experienced some confusion about the program, Needed more kid-friendly and protein options, Suggested expanding to other locations.

Figure 4. Sociodemographic Characteristics of 15 FBM Participants



64.29% had high school education or less

73.33% identified as stay-at-home parents

66.67% spoke Spanish

57.14% identified as Hispanic

64.29% reported an annual household income of \$25,000 or less in 2023

88.89% reported experiencing low or very low food security

Conclusion & Next Steps

Participants reported benefits in diet, time management, and financial stress but noted areas for improvement:

- **Improve guidance** on online ordering to help users make food selections
- **Increase availability** of culturally appropriate foods and seasonings
- **Provide additional support** for diapers, rent, and utilities, as over half of interviewees indicated a need
- **Extend** the duration of the program

The goal is to improve the program's offerings and effectiveness before scaling up to new locations. The next steps are to evaluate the tapering effect through a Randomized Controlled Trial. This study will test a phased approach to reducing food support gradually while incorporating additional nutrition education and CHW engagement.