Building Evaluation into NMDOH Programs from the Outset

Dr. Daniel Potter
Senior Director of Research, Kinder Institute for Urban Research

Kayla Mize
Marketplace Coordinator, Waco Family Medicine

Jessica Pugil
Principal and Founder, Working Partner LLC

William Lyons
Sr. Manager of Programs for Health Connect, Legacy Community Health

EVALUATION

and Waco Family Medicine

Pursuing reimbursement in the realm of culinary medicine, exercise as medicine, and medical-legal partnership

Waco Family Medicine

- FQHC with 14, soon to be 16 clinic sites across 3 counties
- 60,000 unique patients seen in 2022
- Partnership with Baylor University Public Health
- SDoH programs:
  - PRx
  - FoodRx
  - ExerciseRx
  - Medical-Legal Partnership

FOOD SECURITY

PRx + Cooking Community

- Partnership with World Hunger Relief, Inc.
- 2017-2021 WFM and WHRI worked together to distribute nearly 10,000 boxes of produce to patients at 8 clinic sites.
- In response to stakeholder feedback the program now hosts small cohorts of patients (approximately 10) for weekly cooking sessions with clinicians and farmers under the guidance of a local chef educator.
- All participants receive farm produce at each session for at-home cooking practice.

FOOD SECURITY

Food Rx

- Partnership with Shepherd's Heart Food Pantry
- Screen patients with 2-question screener on paper slips at two clinic sites
- If pt screens positive, order placed for Food Rx
- Pt completes survey to turn in for food box

EXERCISE RX

- Physician makes referral to Wellness Center
- Patient works out with fitness advisor avg 2-3 days/week
- The only place in the WFM clinic system where biometrics are tracked overtime, sometimes several times a week
- Only place where patients are routinely down-dosing or getting off meds after exercising with fitness advisors
- The hope: VBC mandate will force IT and billing changes

SHARED MEDICAL APPOINTMENTS

- Food as Medicine + Exercise as Medicine
- Type 2 Diabetes patients
- Cohorts to meet for 4-5 weeks
- Billed as individual encounters

MLP + CCM

- As a licensed social worker, can conduct MLP intake with CCM patients
- Billed as a outreach encounter
- First time MLP services generated revenue directly at WFM

Greater Waco
Legal Services

Medical-Legal Partnership

Connects patients to legal services to address health-harming legal needs

Chronic Care Management

Resources available to Medicare enrolees with 2+ chronic conditions

PARTNERSHIP WITH BAYLOR UNIVERSITY

- BU Public Health, Epidemiology
  - WFM data used to conduct research on food and exercise programming
- 3 published articles on physical activity
- 1 published article on PRx and cooking community
- 6 years of produce prescription evaluation that is pending publication

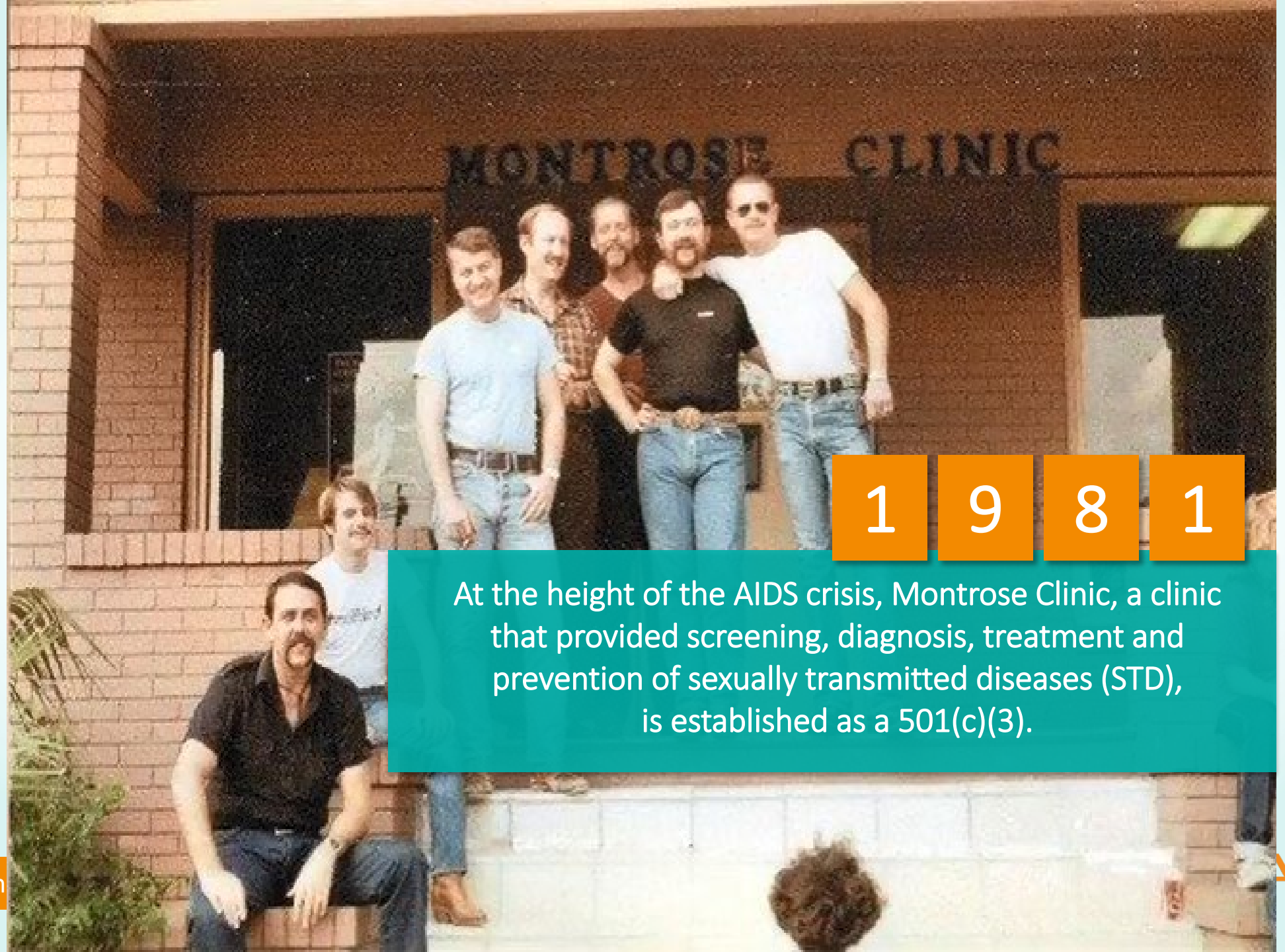
THANK YOU

Using Data to Drive Intervention: Food and Nutrition Insecurity

William Lyons, LCSW-S
Sr. Manager of Programs, Health Connect
Wlyons@Legacycommunityheath.org

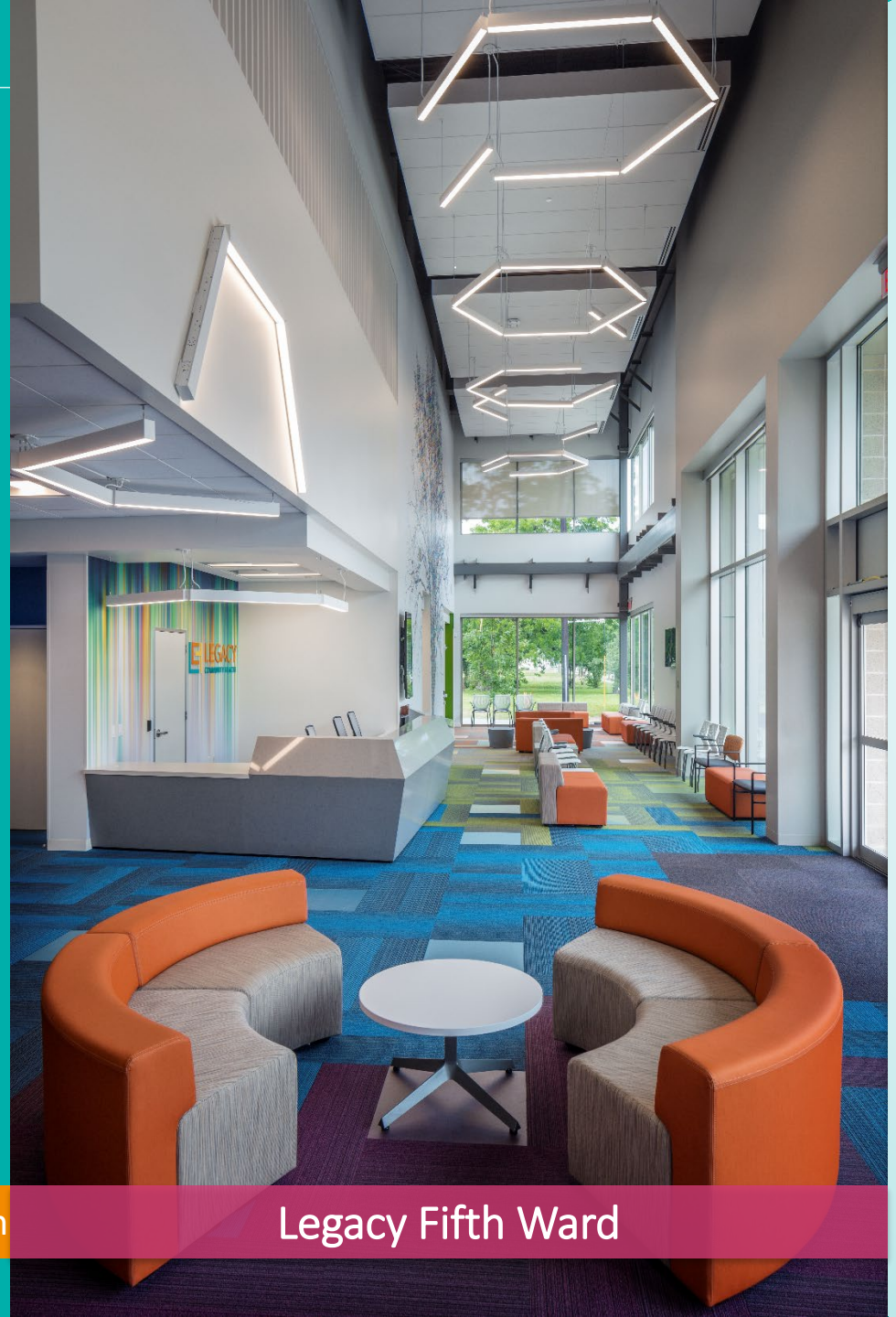
LEGACY COMMUNITY HEALTH

The Legacy Story



1981

At the height of the AIDS crisis, Montrose Clinic, a clinic that provided screening, diagnosis, treatment and prevention of sexually transmitted diseases (STD), is established as a 501(c)(3).



Legacy Fifth Ward

LegacyCom

2023

58

Locations across Baytown, Beaumont, Deer Park and Houston

1500+

Legacy employees serving the community

More than **180,000** patients served annually and over

1 Million

community members served over our 40 year history

Legacy by the Numbers

42%

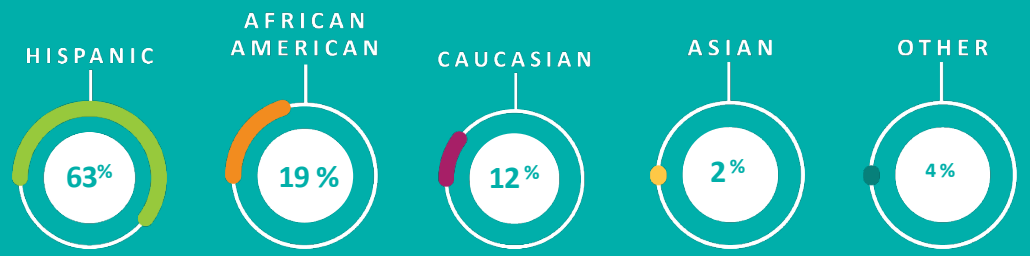
of our patients live at or below 100% of the federal poverty level

599,333

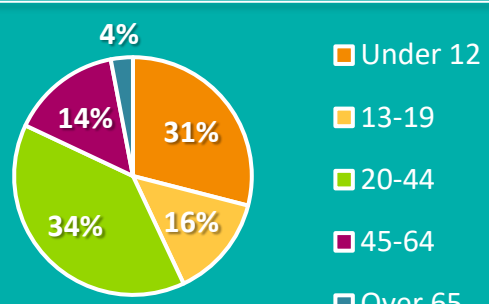
Completed Appointments

200,543

Community members served annually



Patient Age



Based upon 2022 Annual Report

LegacyCommunityHealth.org

Our Continuum of Care – PCMH Model

Adult Medicine

Family Medicine

OB/GYN & Maternity

Pediatrics

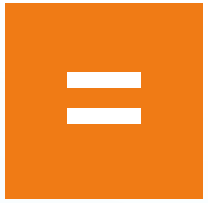
Senior Care

Behavioral Health

Dental

Vision

HIV/STD Screening, Prevention & Treatment



LGBTQ+ Health Services

Vaccines & Immunizations

Pharmacy

Additional Services

Adolescent Care

Eligibility & Enrollment

Endocrinology

Gender Health & Wellness

Health Promotion & Education

Patient Navigation & Linkage to Care

Public Health Services

School-Based Health Care

Social Services

Non-Medical Drivers of Health

LEGACY COMMUNITY HEALTH

Tip 1: Do your research and start a learning collaborative…

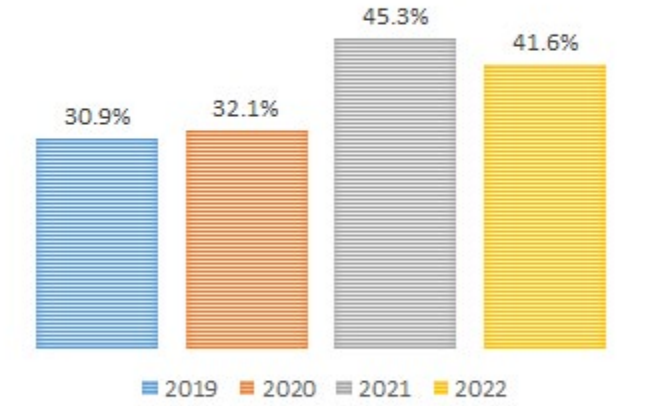
Legacy collaborated with the Houston Food Bank w/ Food Insecurity Screenings

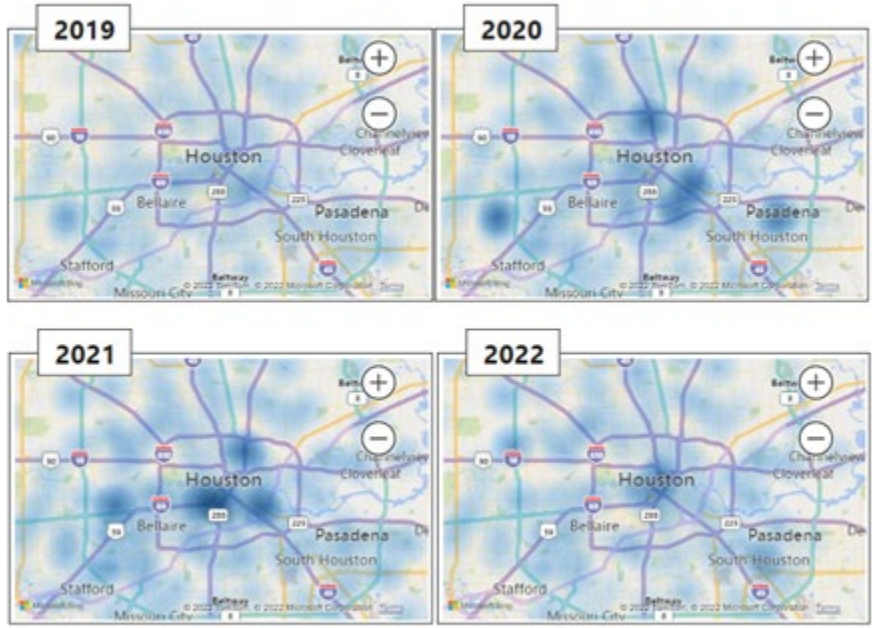
Evaluate:

- # of Staff Completing Training & Food Insecurity Stigma
- Set Realistic Screening Rate Goal
- Review Responses to Hunger Vital Signs Questionnaire

LEGACY COMMUNITY HEALTH

Food Insecurity Screenings





LEGACY COMMUNITY HEALTH

Tip 2: Activate Champions that support Population Health and NMDOH

Legacy identified 1 clinic to pilot FoodRx

Evaluate:

LEGACY COMMUNITY HEALTH

Food Rx

This program is currently active at Legacy Santa Clara (LSC).

The target population for referrals will include:

1. Pediatric patients with a BMI at the 85th percentile or higher

2. Adult patients with an A1c of 5.7 or higher

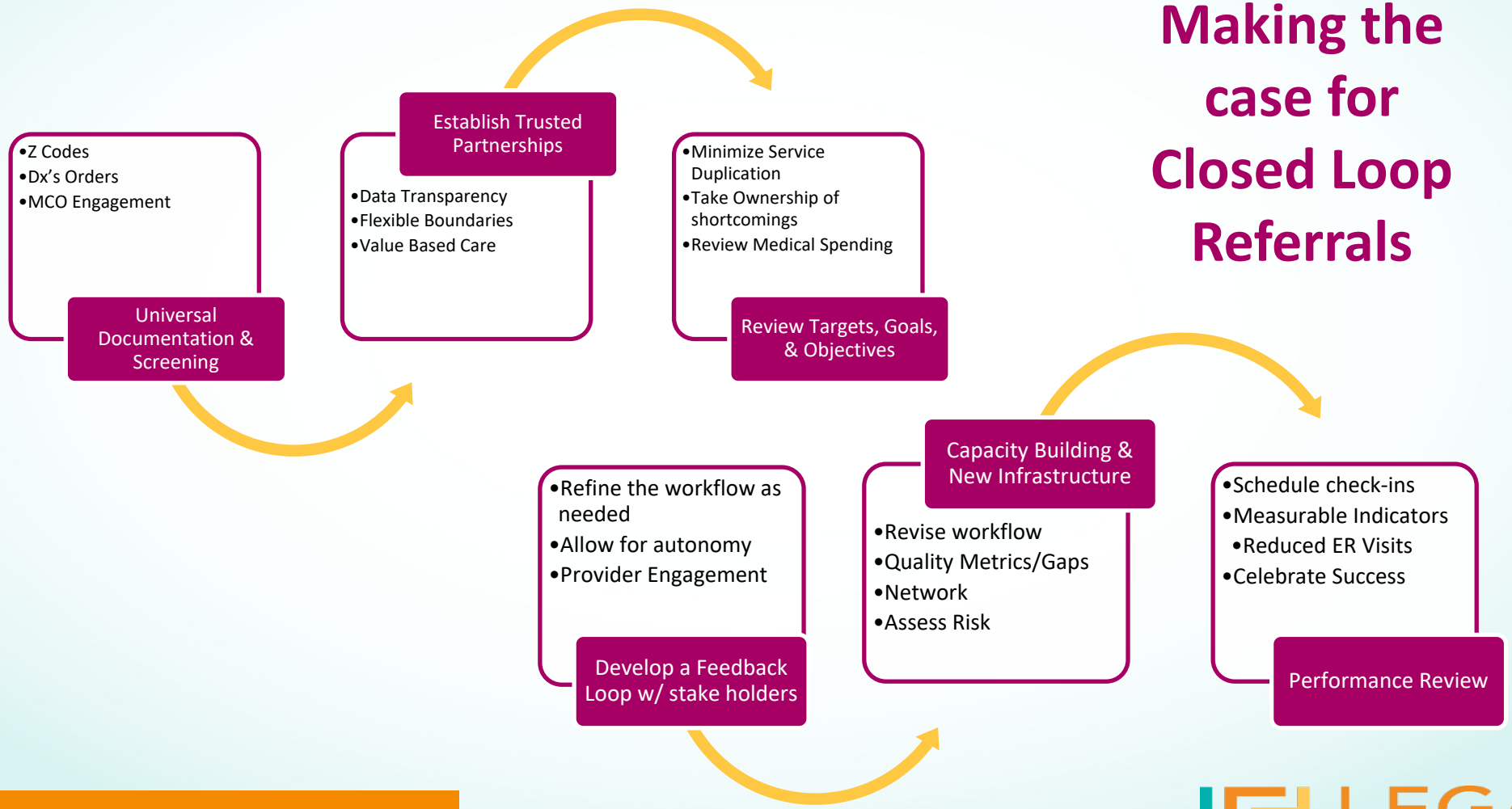
3. OB patients with a BMI greater than or equal to 30 at the IM visit in the first trimester

The goal is to see a stabilization or reduction in these metrics over the course of 12 months.

LEGACY COMMUNITY HEALTH

Tip 3: Be Patient with the Process

Opportunities & Challenges



LEGACY COMMUNITY HEALTH

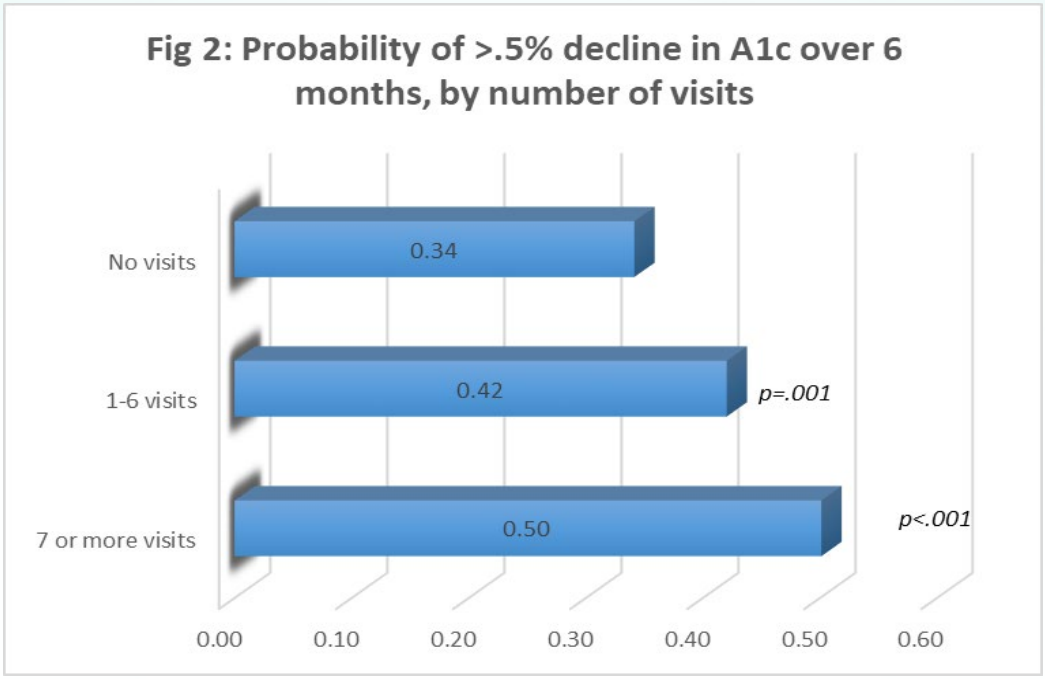
Houston Food Bank Partners with UTHealth Houston for Evaluation of Food Rx

	Control Pre-post difference	Treatment Pre-post difference	Net difference	p-value
A1c (n=746)	-0.24	-0.52	-0.28	0.007
BMI (n=857)	0.25	0.11	-0.13	0.653
LDL (n=216)	-4.3	-5.4	-1.2	0.606
Systolic (n=508)	1.4	-1.8	-3.2	<0.001
Diastolic (n=507)	1.6	-0.95	-2.5	0.028

Statistically significant decreases in HbA1c, SBP and DBP among those who participated in the Food Rx program, as compared to those who were enrolled but did not participate.

Source: Ranjit, N, Aiyer JN, Toups J, Liew E, McWhorter JW, Sharma S. Cardiometabolic impacts of a large-scale, partnership-based regional food prescription program. Under review.

Houston Food Bank-UTHealth Houston for evaluation of Food Rx
Magnitude of A1c change may depend on number of pantry visits



A clear dose response effect of the number of pantry visits on the probability of a clinically significant decline in HbA1c. At the highest level of 'dosage', half of exposed patients experienced a clinically significant decline in HbA1c.

Source: Ranjit, N, Aiyer JN, Toups J, Liew E, McWhorter JW, Sharma S. Cardiometabolic impacts of a large-scale, partnership-based regional food prescription program. Under review.

Houston Food Bank-UTHealth Houston for evaluation of Food Rx

Intensity Matters

	HbA1c	BMI	LDL	Systolic Blood Pressure	Diastolic Blood Pressure
Change in outcome by intensity of exposure (visits per month)	-0.12 (0.04)	0.11 (0.11)	1.8 (0.7)	-1.45 (0.6)	-0.43 (0.47)
p-value	*0.09*	*0.397*	*0.018*	*0.016*	*0.356*

The results for the intensity measure (number of pantry visits per month) show that every additional visit per month is associated with significant improvements in levels of HbA1c, systolic blood pressure, and significant negative impacts on LDL levels.

Source: Ranjit, N, Aiyer JN, Toups J, Liew E, McWhorter JW, Sharma S. Cardiometabolic impacts of a large-scale, partnership-based regional food prescription program. Under review.

Thank You

The ROCKEFELLER FOUNDATION

houston foodbank

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The University of Texas
Health Science Center at Houston