Food is Medicine in Action:

Strengthening Health Through Healthcare & Community Partnership



What's On The Menu?

- 1. Appetizer: What Food is Medicine Is and Isn't
 - → Setting the table with core definitions and key distinctions
- 2. Main Course: The Delaware Food Farmacy
 - → A nourishing look at a medically tailored grocery intervention
- 3. Recipe for Partnership: Healthcare + Community
 - → Blending clinical and community ingredients for success
- 4. <u>Serving Impact:</u> How Strong Partnerships Feed Community Health
 - → Outcomes when the right ingredients come together
- 5. <u>Takeaway Box:</u> Key Lessons to Bring Home
 - → Final insights and actionable lessons to pack up and share

What is Food Is Medicine (FIM)?

- "Food is medicine" is the provision of healthy food to prevent, manage, or treat specific clinical conditions in a way that is integrated within the healthcare sector.
- Patients are referred to these services by a healthcare provider, healthcare organization, or health insurance plan.



About FIM | Health Care by Food

FIM Complements Food and Nutrition Programs & Policies

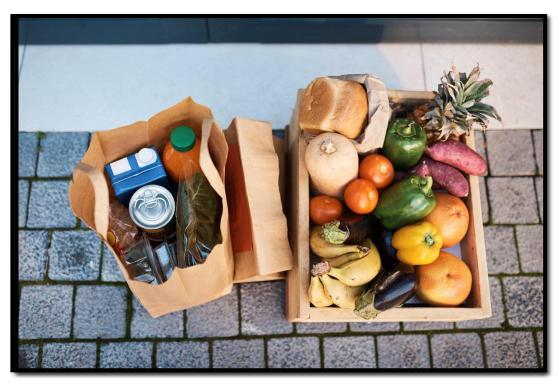


FIM Approaches



Medically Tailored Meals (MTM):

Home-delivered meals designed by RDNs to meet the nutritional needs of individuals with serious or chronic conditions. MTMs support patients who cannot shop or cook and provide targeted nutrition during critical care periods.



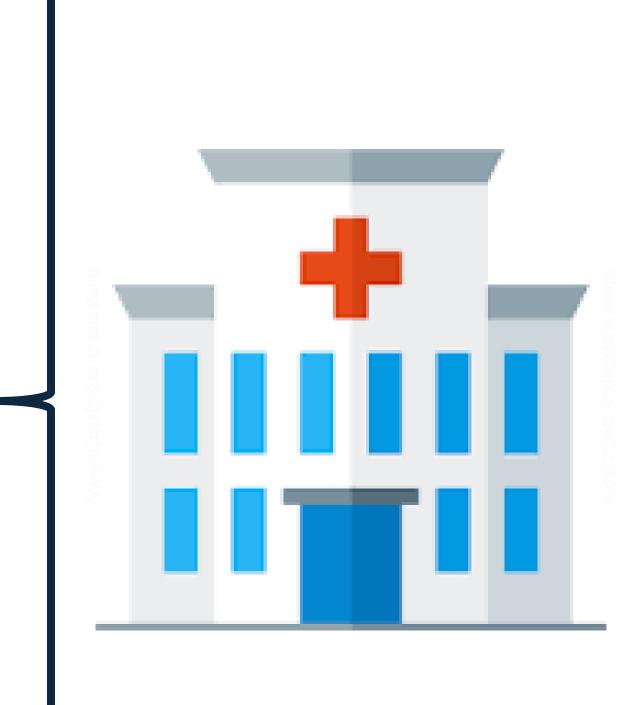
Medically Tailored Groceries (MTG):

A selection of groceries, like vegetables, fruits, grains, beans, lean proteins and/or dairy developed by a registered dietitian nutritionist for a broader range of patients—those with dietrelated acute and chronic conditions who can prepare food at home.



Produce Prescription (Produce Rx):

Prescribed fresh fruits and vegetables for patients through vouchers, coupons, or electronic benefits. Can be redeemed at participating retailers such as grocery stores, farmers markets, and online grocers.



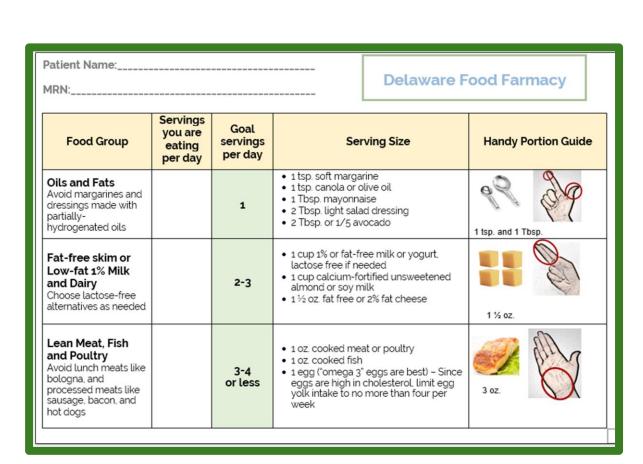


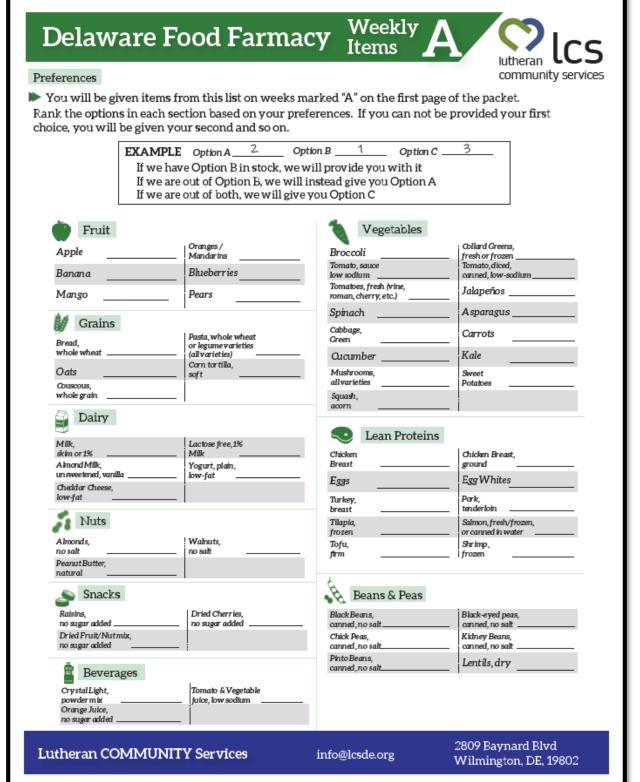
A Medically Tailored Grocery FIM Program

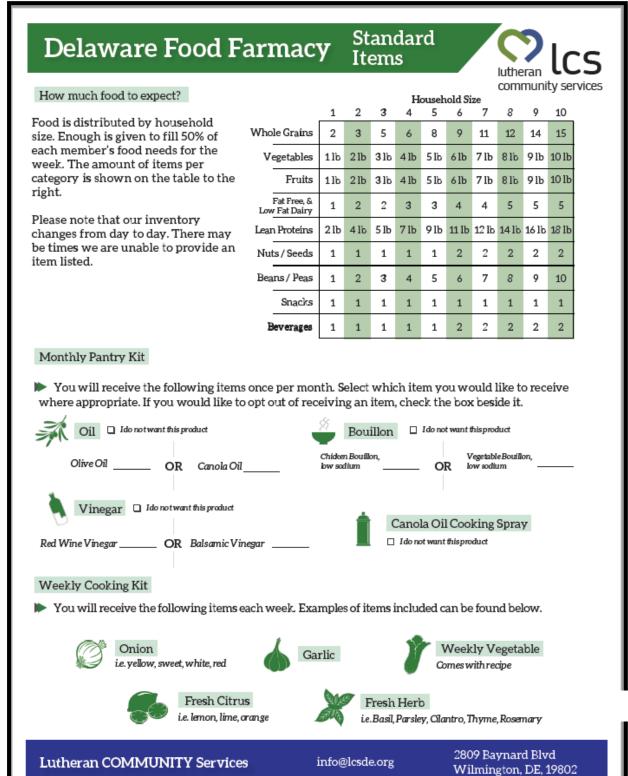


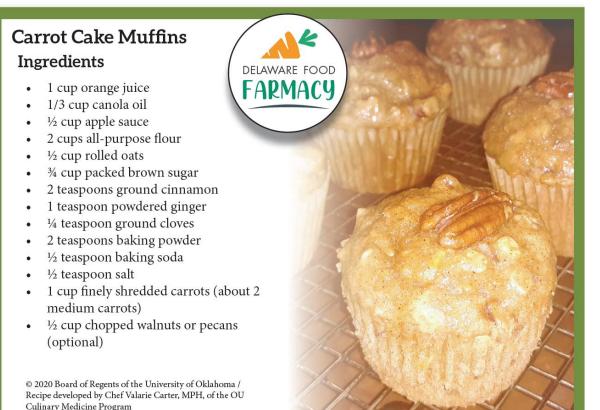


Registered Dietician Nutritionist Input









Why We Can't Do it Alone

- Clinical oversight
- Eligibility criteria
- Screening
- Referral pathways
- Data infrastructure
- Funding & reimbursement



HEALTHCARE SECTOR





WELLNESS



COMMUNITY ORGANIZATIONS

- Trust
- Access
- Procurement expertise
- Cultural relevance
- Delivery infrastructure

The Readiness Recipe

1.Core Values

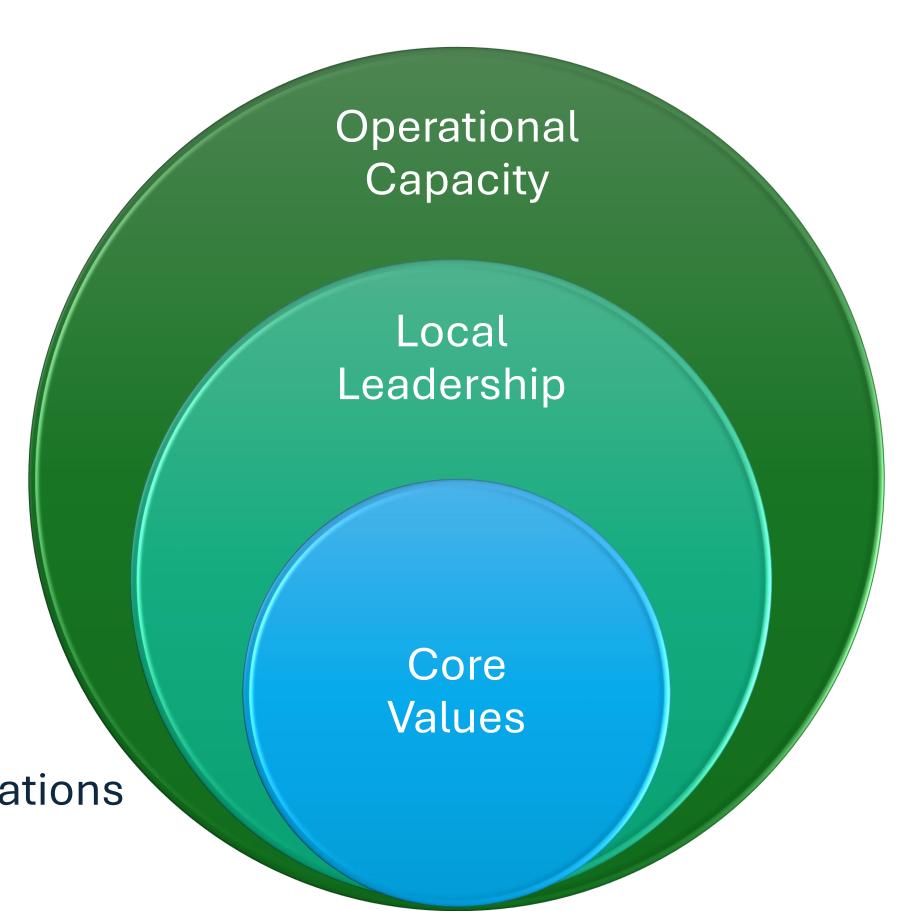
- Shared mission
- Collaborative culture
- Equity driven approach

2.Local Leadership

- Trusted community presence
- Willingness to drive change
- Deep local knowledge

3. Operational Capacity

- Experienced staff
- Adequate space & equipment
- Organized, data-informed operations
- Sustainable infrastructure









Successful Partnership: In Action

Alignment

- Shared vision
- Shared standards
- Shared Trust

Integration

- Joint workflows
- Operational cadence
- Data systems

Adaptation

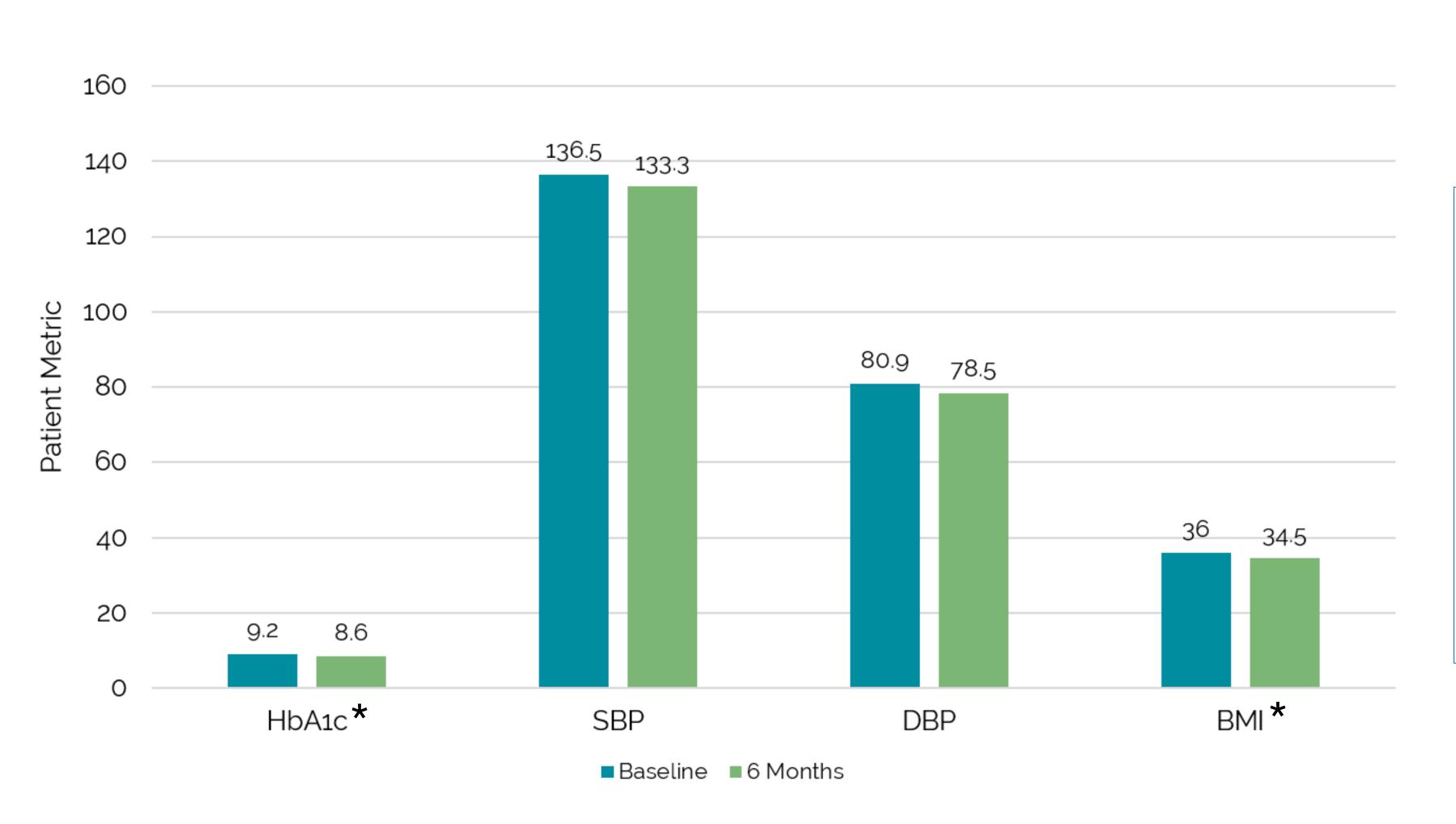
- Feedback loops
- Fail fast & forward
- Nimbleness

Sustainability

- Expanded reach
- Infrastructure
- Braided funding

DFF Preliminary Findings

One Group Pre-Test Post-Test Outcome Evaluation (N = 150)



Statistically significant decrease in HbA1c by 0.5%

SBP decreased by 3.1 mm Hg

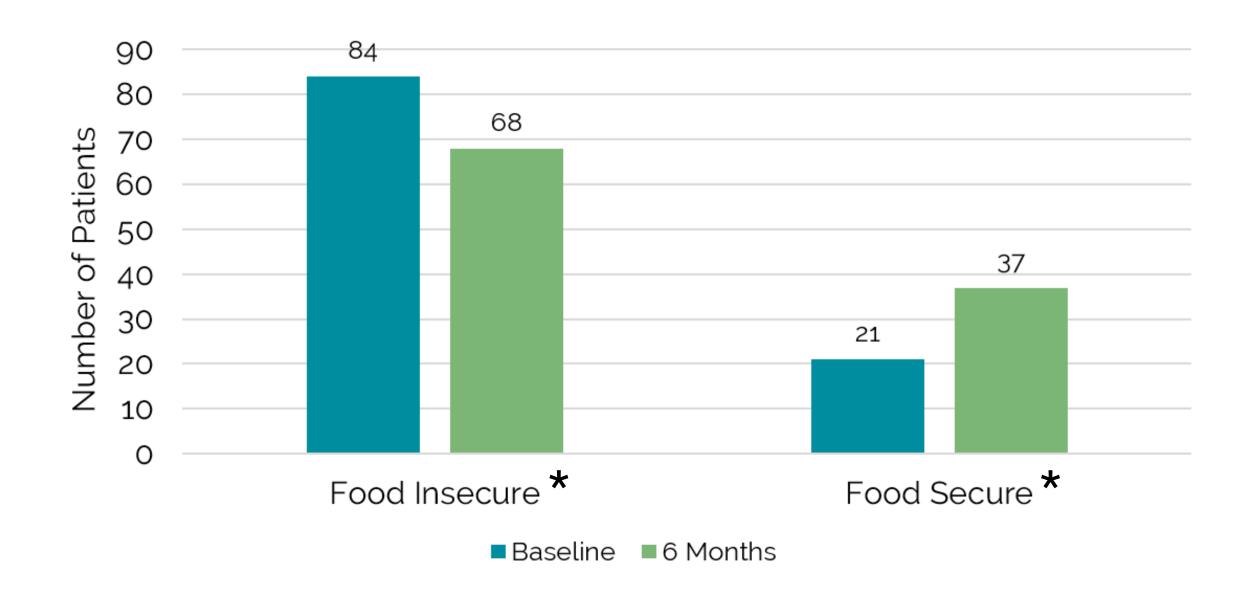
DBP decreased by 2.3 mm Hg

Statistically significant decrease in BMI by 1.5kg/m²

 55% of patients lost weight with a mean weight loss of 15.3 lbs

DFF Preliminary Findings

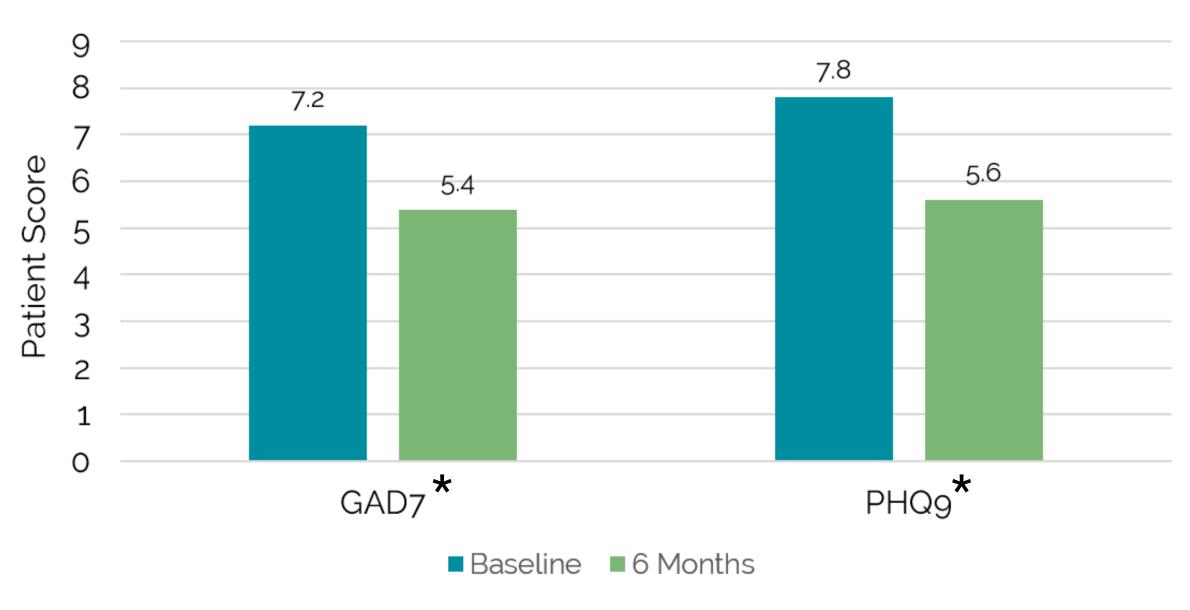
One Group Pre-Test Post-Test Outcome Evaluation (N = 150)



Statistically significant decrease in the number of DFF patients experiencing food insecurity at baseline and at 6 months

Statistically significant decrease in GAD7 scores by 1.8 points

Statistically significant decrease in PHQ9 scores by 2.2 points



From Primary Care to Women's Health

6 to 8 month Medically Tailored Groceries

An evidence-based intervention:

The Mediterranean Diet

- Associated with improved dietary behaviors
- Associated with a decrease in preterm birth (17%), growth restriction (42%), and preeclampsia (35%)

Community Health Worker Model

 Associated with improved CAHPS/HCAHPS, chronic disease management, health outcomes, hospital utilization, and cost savings per person



Patient Testimonials



Access

"I have the ability to be able to feed my family without stressing if we would have enough to eat."

Expertise

"I appreciate the assistance provided by the healthcare professional, who ensured that I received all the necessary information. Furthermore, I gained valuable knowledge regarding healthier dietary choices and improved eating habits."

Choice

"Really helped cut down on weekly grocery bill and make better food choices."

Education

"Very helpful to my pregnancy and my health. I love this program; it also taught me how to cook healthier for my pregnancy that will forever stick to me."

Opportunity

"The program offered the opportunity to try foods that I typically would not get; Consistent grocery deliveries; Opportunities the program offers. Overall, a good program!

Future

"I hope this program gets off the ground and takes off and more people get the food that many people are not able to get. I love hearing that this might be something possible for many other moms in the future."

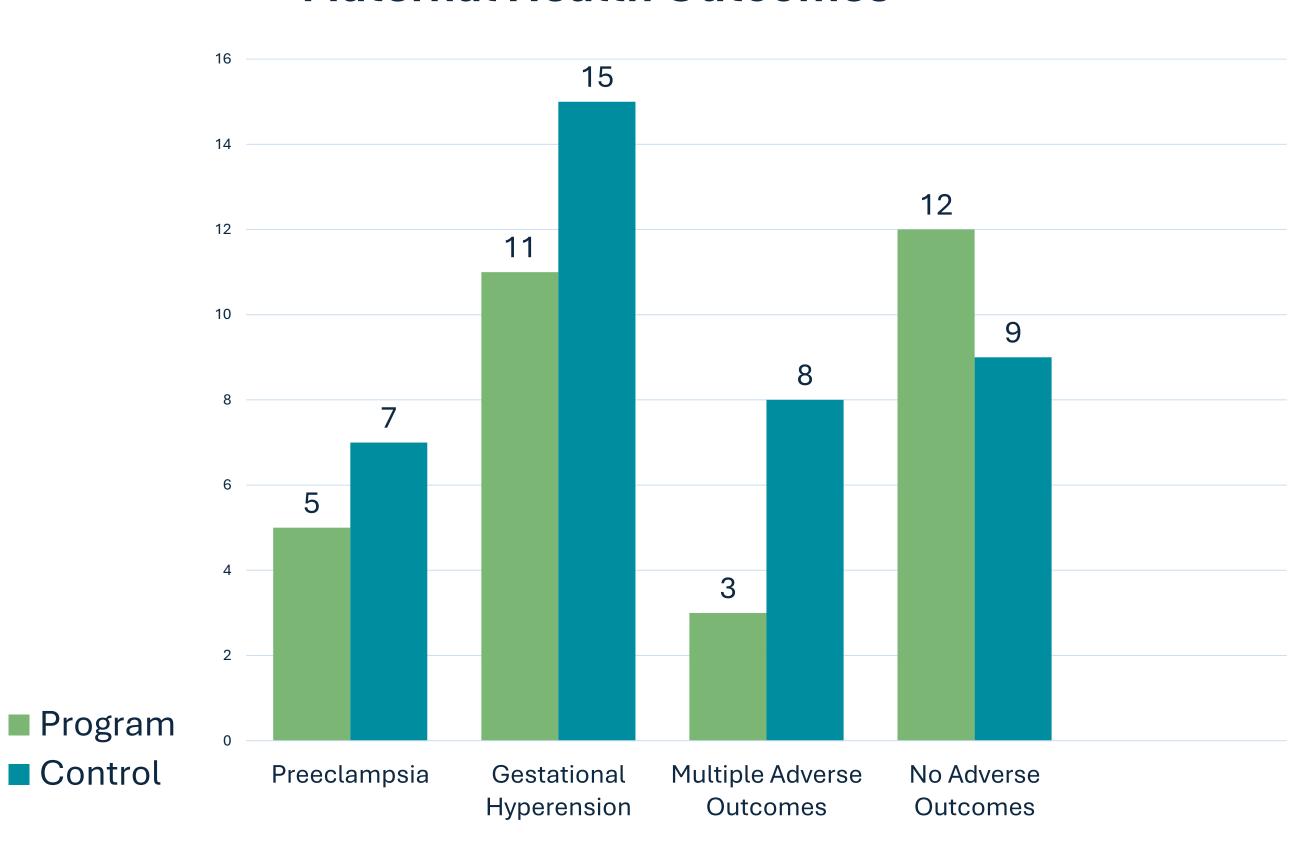
Preliminary Outcomes

Control

March 2025

Childbirth Outcomes (N=74)		
	Full –Term	Pre-Term
Program (n = 38)	34 (89%)	4 (11%)
Control (n= 36)	28 (77%)	8 (22%)

Maternal Health Outcomes





Strong Partnership Takeaways



Start with Why: Shared purpose unlocks alignment



Own Your Readiness: Understand what's in reach, what's not, spot what's missing and take steps to close the gaps



Be Clear About the Complexity: Acknowledge the layers – clinical, operational, and community realities all intersect with FIM



Design for Sustainability: Build beyond the pilot –have intentional systems in place and the data needed to show outcomes and impact from the start

Thank you!

ChristianaCare & Lutheran Community Services

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