

## **F000 Farmacy**



Results from Three Years of Food Farmacy Work:

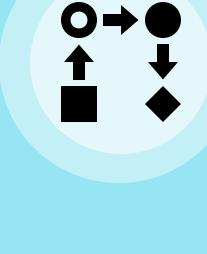
- 2021: Southern Peigan Health Center with O'yo'•p' (FAST Blackfeet) Food **Pantry**
- 2022: Community Health Partners Belgrade with Bar 1 Wellness; St Peter's Health with Helena Food Share; and Partnership Health Center with **Missoula Food Bank and Community Center**
- 2023: Logan Health Clinics 70, 705, and 1280 with Land to Hand Montana and Flathead Food Bank

**Project Goals:** 

- Helping food insecure patients with diagnosed high blood pressure (HBP) or high cholesterol (HChol) access healthier food resources through a local food pantry or food bank. Establishing team-based care workflows to improve patient health
- outcomes.



### Identification Criteria for Patient **Population** Patient meets food insecurity criteria such as those in



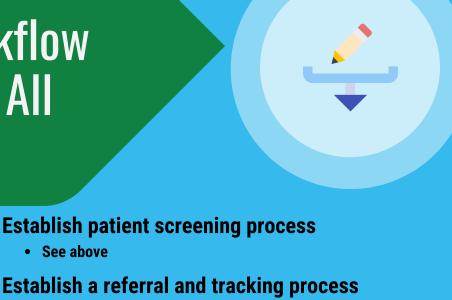
- the <u>Hunger Vital Sign</u> ™ Questionnaire Method of determining food insecurity is up to the clinic and the food pantry or food bank in partnership with each other.
  - Patient meets HBP or HChol criteria by diagnosis or recent high values
- Refer qualifying patients to: Partnering food pantry for healthy food, food preparation, and
- Additional available community and clinical supports, including

nutrition education.

- registered dietitians, National Diabetes Prevention Program
- Lifestyle Coaches, Medical Nutrition Therapy, cooking classes, yoga, and other partnering programs.



## that Works for All **Partners** See above



- electronically or manually. • If electronically, refer and track via chosen referral system.
- Determine whether patients will be referred and tracked
- If manually, create a referral form with pantry or bank and food pick
  - up information and provide to each patient. • Health center/clinic:
    - 1. keeps spreadsheet to track referred patient data. 2. ensures designated pantry or bank staff know a patient has been referred, including contact information.

3. shares referrals with internal support partners and external partners through appropriate mechanisms (e.g., HIPAA compliant, secure).

- At health center/clinic, designated staff notifies primary care physician through appropriate mechanism to approve referral.
- Food pantry or food bank determines best way for patients to acquire food (pick-up or delivery). Food offered must include heart-healthy options. Quantities and

#### When patient picks up food, staff tell them about the food pantry or

Establish food delivery system

types will vary by food pantry or food bank.

- food bank, provide recipes and other supports as agreed on. Food pantry staff communicate regularly with health center to
- confirm patients who have and have not picked up box. Designated staff contacts patient if they don't go to food pantry within a specified timeframe.
- 1. Refer to "Food Banks as Partners in Health Promotion" for HIPAA compliance.





# Technology



**Food Sourcing**  Food pantry or food bank staff may need to find new food sources required for heart-healthy options. Check current order system

**Patient Uptake** 

maintaining HIPAA compliance.

**Communication** 

Might be reluctant, or there may be barriers to participation. A follow-up call can help, and modifications to food pick-up may be warranted.

and alternate partners (e.g., suppliers to schools).

**Patients** 

**Team** 

together."

**Share Results and Promote Project** 

Project incentivized participation in patients' own health improvement.

Patients felt empowered by a team caring for their health.

addressing food insecurity."

expand health resources for patients.

"Awareness and sensitivity in patient centered care is a must for

Project was a great chance to build a community health team and

"It makes sense to work together to mobilize resources to care for our community. Our...community will be better if we continue to work



N = 74,609 (estimated)

# of adult patients in

clinic population

food insecurity

diagnosis diagnosis

> N = 110# of patients referred

N = 69# of patients accepted food from the pantry

n=15,699

# with HTN

Patients screened positive for

n=9,877

# with HChol

N = 71# of patients

measurements

% with baseline BP <130/80 mmHg 17/71 = 24%

SBP - systolic blood pressure DBP - diastolic blood pressure

Baseline

Average baseline BP

measurement

SBP=138 mmHg &

DBP=82 mmHg

SBP=131 mmHa & DBP=77 mmHg

% with post-BP <130/80 mmHg

completing BP

finish

**Post** 

Average post-BP measurement

28/71 = 39%