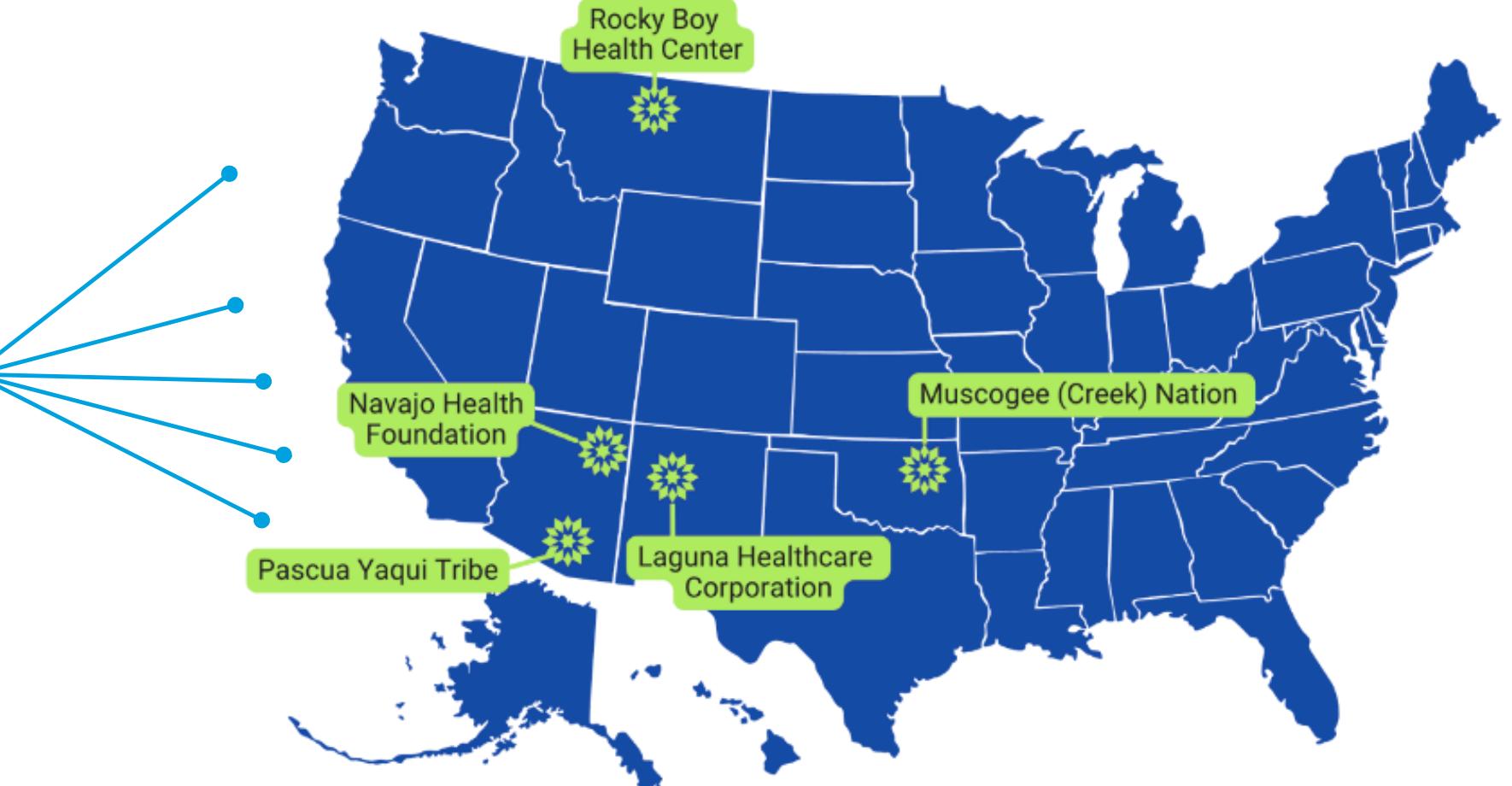
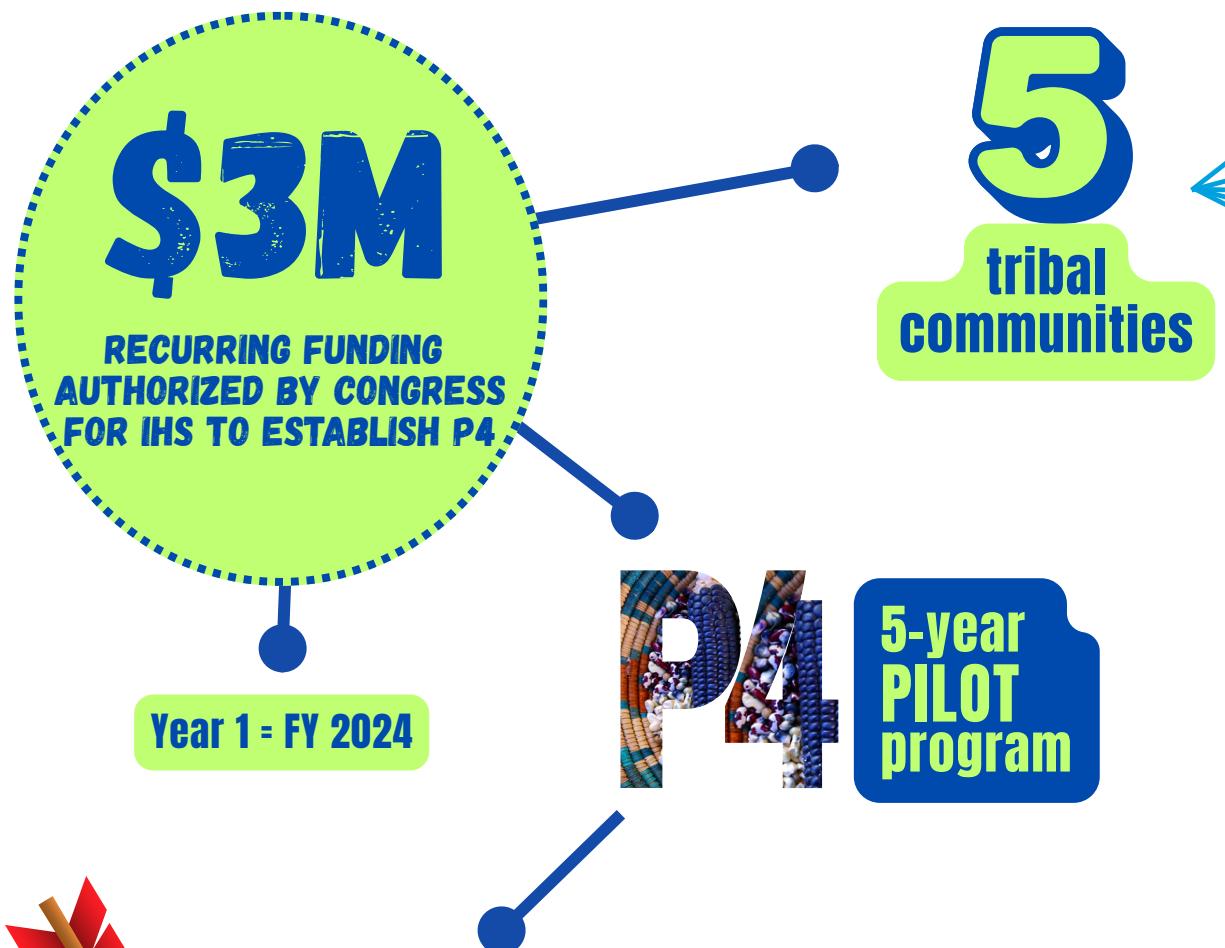


# IHS Produce Prescription Pilot Program (P4)



## YEAR 1: Building Program Infrastructure

### Establishing Partnerships

To gain the trust of community members early on, P4 grantees sought partnerships with existing, longstanding community-based programs. They also collaborated with their respective tribal health care center, local farmers, grocers, and other key organizations.

### Building Anchor Teams

The staffing structures at each of the grantee sites vary, and the P4 leads have diverse professional backgrounds (e.g., medical, community health, agriculture). Once P4 leads were onboarded, they began building their teams.

### Setting Up Systems

Examples of program development include establishing participant agreement and intake forms, memorandums of agreement with vendors, communication strategies, recruitment and referral processes, screening procedures, distribution methods, data collection, and the development of an evaluation plan.



## Path to Implementation

With the premise that P4 is a pilot program, grantees are given autonomy to establish their own unique paths to implementation.

The following are 3 core areas identified in Year 1.



**Core area 1: Recruitment and Enrollment**



**Core area 2: Distribution**



**Core area 3: Nutrition Education Programming**

Implementation of core areas started at varying times for each grant program.

Both core areas 1 and 2 depend on timely organizational approvals and processes. However, nutrition education programming (core area 3) was an activity every grantee started before the end of Year 1.

## IHS Definition of Food is Medicine:

Food is medicine is a practice rooted in traditional ecological knowledge passed down for generations.

Food is sacred, healing, connects all living beings and should be provided through efforts supporting tribal food sovereignty in disease treatment and/or prevention.

# P4 Year 1 At-a-Glance

# 487

## screened positive for food insecurity

using the U.S. Adult Food  
Insecurity Survey Module



# 470

## enrolled

based on individual program  
requirements

**Food  
prescription  
VALUE** ranged from  
**\$50 - \$240**  
per month / per participant

  
**263**  
received  
**nutrition education**



## Nutrition Education Programming

### Collaboration and Leveraging

P4 grantees leveraged existing partnerships to support nutrition education and outreach.

#### Common partners in nutrition education programming:

- Health Educators
- Registered Dietitians
- Elder Nutrition Programs
- Community Health Representatives (CHR)
- Special Diabetes Program for Indians

### Improving Access to Education

Offered education in both group and individual settings, including virtual classes.



Transportation  
options provided in  
some P4  
communities.

Depending on availability, grantees provided nutrition education in various settings, such as:

- Satellite Clinics
- Community Centers
- Common gathering places for community members

### Nutrition Topics of Focus

#### Preparing Traditional Foods



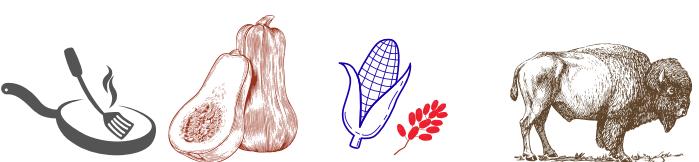
Ex: Making deer jerky,  
growing desert foods

#### Using Fresh Produce



Ex: Trying new foods

#### Cooking Healthy with Traditional Foods



Ex: Cooking demonstrations with traditional recipes

## KEY FINDINGS FOR YEAR 1

### Finding 1: Shared Challenges

#### Screening and Eligibility

Early on, grantees voiced that the screening process using the U.S. Adult Food Insecurity Survey Module was burdensome. They expressed that survey questions were not culturally relevant for their community members, resulting in inaccurate screening results.

#### Establishing New Partners

The process to work through the logistics of building community partnerships, establishing agreements with vendors (e.g., local grocers, farmers, tribal health programs), and developing new procurement policies was found to be time consuming and tedious.

#### Access to a Registered Dietitian

There is a recognized shortage of access to Registered Dietitians (RD) within tribal communities. To combat this issue, grantees have explored contracting RDs for telehealth visits and teaching group nutrition education classes. Additionally, they have addressed this challenge by training CHRs and other P4 staff in health coaching.

#### Transportation

Most sites experienced transportation barriers getting participants to clinic visits and nutrition education classes, grocery store trips to use vouchers, or picking up food boxes.

Programs partnered with local transit programs and offered transportation vouchers to participants; some partnered with CHR's to transport participants to the grocery store, clinic, or delivered food boxes to homes.

#### Quality Control

Multiple grantees voiced concerns about their local grocery vendors not offering quality, fresh produce. P4 grantees worked closely with the store's management team to troubleshoot methods to ensure better quality fresh produce.

### Finding 2: Peer Learning and Technical Assistance

P4 grantees developed their strategies and program designs by incorporating community-led input, discovering significant value in their collective experiences through peer learning with one another, and the P4 support team.

### Finding 3: Community is Key

#### Community Impact

Practicing the inherent value of upholding family and community interconnectedness, P4 grantees knew nutrition education activities needed to be open to the community to better sustain behavior and lifestyle change for participants.

#### Recruitment and Outreach

Grantees screened and recruited participants through a variety of community events to create widespread buy-in and support of the program. Examples of recruitment activities included hosting community health fairs, walk or run events, and a family movie night.

#### Local Partners

Grantees have partnered with local grocery retailers to provide produce and supplementary foods for P4 participants. Moreover, some grantees have developed relationships with local farmers and hunters to source fresh produce and traditional foods for the participants.

### Finding 4: Importance of Multidisciplinary Care

P4 grantees worked with their tribal health clinic teams to obtain clinical markers such as hemoglobin A1c and blood pressure. The grantees worked closely with participants by monitoring health outcomes. They were able to provide real-time education, based on clinical measures.

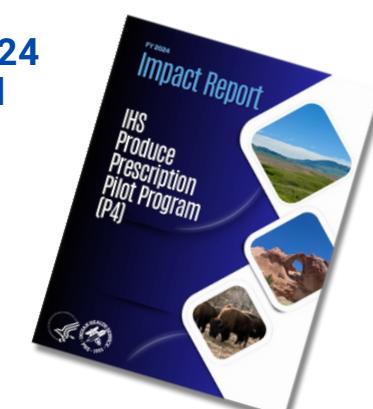
### Cultivating a Support Network

The P4 support team established a cohort model with P4 grantees right from the start.



This approach has nurtured a culture of collaboration and mutual learning among participants.

Access the full FY 2024  
P4 Impact Report and  
additional highlights.



Indian Health Service  
Division of Diabetes Treatment and Prevention