

Breakout Group Discussion Brainstorming/Sharing 8/16 re: strategic plan

Group 1: Develop shared administrative capacity

What was placed in Jamboard:

- Greater utilization of Listserv
- More administrative capacity
- Shared support/participation from members
 - Examples:
 - Hiring of an implementer who is focused on VeggieRx statewide

What was discussed during brainstorming/sharing:

- We need shared support on members as well, if this is going to become a statewide agency, need for having an implementer.
- Vision/Mission - - currently all-encompassing. Is it a broader vision to food as medicine or is it just to producers, or what is the actual mission?
- Learning to manage the all-encompassing aspect of it.
- Which way are we going?

Group 2: Establish program evaluation strategy

What was placed in Jamboard:

- Participant survey vs program census
- Collecting race/ethnicity data to see who programs are serving
- Identifying barriers in participant recruitment that would exclude undocumented populations, language barriers, and or fear of being reported
- Going to trusted agencies to reach populations that have been made to feel unsafe in traditional institutions
- Explore inroads with CCOs and covered services for the Healthier Oregon Population
- Deeper analysis of program beyond just participant experience
- Have more programs use OCFSN-developed shared survey
- What was discussed during brainstorming/sharing:
 - Collecting race/ethnicity data to see who programs are serving
 - Identifying barriers in participant recruitment that would exclude undocumented population, language barriers, and or fear of being reported
 - Going to trusted agencies to reach populations that have been made to feel unsafe in traditional institutions — fear of being surveyed (losing funding, etc)
 - Having interns doing research and analysis — more people using that survey
 - **Participant surveys — need to do larger program surveys**
 - Deeper dive into each aspect of how people are being served or distributing food
 - Looking at programs into individuals (more macro levels)
 - The work we are doing with each part of the food system
 - Barriers vs. perceived barriers

- Evaluation consultant hired (Adelante) - beneficial to do an evaluation on participants' lives - direct changes

Group 3: Systematize & streamline statewide program operations

What was placed in Jamboard:

- Create what an ideal standard program would look like.. using the components that already exist in our various programs.. so that moving forward, new programs have clear guidance that would be more consistent. Once we get a larger statewide grant.. currently existing programs can decide which pieces they want to add or modify to fit the standard created. Put the standard on the OCFSN veggie Rx webpage so it's easy for new programs to start.
- standardize currency and amount that goes on the card that folks use to purchase food
- What is the definition of veggie rx in oregon? some programs don't have a prescriber. What constitutes a program to be called veggie rx? Improving food insecurity? changing dietary outcomes?
- If we work together we are going to get better results. Meeting in person would be helpful. Impossible for us to get the same marketing.
- maybe there is a state marketing logo.. and then the local one.
- Maybe change the name to produce Rx
- More qualitative research (heart and soul)...not just numbers (quantitative)
 - Examples: One entity hold contract with/manage relationship with platform partner (About Fresh) on behalf of all State/Regional program
 - need for 1 lead coordinator in veggie rx whose full focus is veggie rx (produce rx)
 - post the programs and their associated clinics on the OCFSN website... so it's available for the public to see if their clinic is involved.. and inquire about it.. help push the envelope.
 - post all resources for the standard program on the OCFSN website.. so it's easily accessible.
 - Let's get to know each other, our programs, our roles as leaders in the community so we can work better together.
 - Meetings in-person to discuss Veggie Rx topics (Nation and statewide).
 - Evaluation: Emotional Impacts - Results from the heart of our participants.
 - Produce Rx vs Veggie Rx? Produce Rx is a nation-wide name is there a reason why? Food insecurity?
 - in person meetings to promote engagement
 - Continued meetings focused on the information out there.
 - Chances to connect with other leaders of produce rx programs.

What was discussed during brainstorming/sharing:

- If we want this network to connect in person - we need to come together in person and be more engaged.

- We are leaders in the community so it would be nice what is working for us/what are the challenges.
- Learning more about media/new marketing managers
- Case management going on - once you are in the program, there are so many other programs participants are then apart of
- People are looking for ways to connect = statewide coordinator, someone that is full time about Veggie Rx
 - Public facing
 - Shows people where the clinics are
 - Showing toolkits to exist
- We need to come up with what our ideal program looks like – so that people who want to join this area – then we can decide after the funding stream is constant
 - Help coordinate all of the ideas
 - Making the OCFSN website really robust
 - Focused conversation on standardization - nailing down the Oregon Veggie Rx definition.
 - Lots of similar programs/language surrounding it
 - Hard to compare and get a sense of where Veggie Rx in Oregon is

Group 4: Develop marketing & communications tools

What was placed in Jamboard:

- Many organizations have forms/FAQs that they use. It would be helpful to have overall information forms/fliers/etc. that are easy to share on a broad level.
- I think this an important goal if we are looking to increase programs across the state.
- Providing example documents for: Enrollment form, tracking form, fliers, brochures, training for prescribers and vendors.
- Assigning mentor(s)/mentee(s)
- Collect resources/marketing materials from established programs.
- Have an elevator speech that all organizations can use when talking with community champions, legislators, and funders.
- Develop a video series on a general Produce Prescription program. Maybe complete short videos introducing various programs across the state.
- Provide quarterly training for new organizations interested in a produce prescription program provided by those with established programs.
- Remember reading/comprehensive levels for professionals and for participants.
- This is difficult to distill down to a single document(s) because of the variety of programs.
 - Examples: State Logos (umpqua)

What was discussed during brainstorming/sharing:

- Important goal to improve and increase programs across the state
- A lot of organizations have a lot of forms and marketing tools, examples

- Elevator speech for speaking with legislators, good snapshot of what the programs are. All of these people will be hearing similar things so a wider net will be cast and similar
- Mentor/mentee programs
- Quarterly trainings for new programs - established by programs that have been around a little longer
- Videos for providing information
- Difficult to have single page documents – need to create “ultimate program” documents
- Materials that are marketed specifically for consumers vs professionals - keeping in mind health literacy when creating these documents.

Group 5 - Engage in research-based policy & advocacy activities

What was placed in Jamboard:

- Support research effort to identify how programs are being funded and what Medicare Advantage currently reimburses, and how Medicare funding could support Veggie Rx programs.
- Need resources and support to follow up on positive screens. Advocate for funding to support full workflow. closing the loop in terms of reimbursable codes. Sustainability
- Screening for HRSN is an unfunded mandate, no way to bill to complete screening. It's added work. When there's a positive screen - there's no way for CM, etc to bill.
- Medicare funding research on how to make it more streamlined so it's transferable between agencies. e.g. billable, referrals, etc.
 - Examples: OCFSN be involved in/advocating for implementation of Medicaid 1115 by partnering with CCOs
 - Advocate with OHA and regional CCOs to approve Veggie Rx as a health-related service need and utilizing CHWs to enroll eligible clients.
 - Getting clinical staff involved in pathways, workflows, referrals, billing.
 - Advocacy for different mechanism other than vouchers for folks to access veggie rx that make it easier to use

What was discussed during brainstorming/sharing:

- Research-based policy and advocacy
- Medicare funding, how does it work??? How is there a way for clients to get billed for it
- Waiver 1115 dollars being implemented
- Legacy just asked what the lift to look like - providing input, here is what the research says on how to do this.
- Advocate for - referrals and doing the tracking and how OHA policy is set up - there isn't a specific way to bill for that.
- Non-paper vouchers so there is not yet another way of payment.
- **Best practice === with modifications**

- Template of some sort to have the most people impacted and then be able to add things for specific practices/programs.

Group 6 - Develop sustainable growth & funding plan

What was placed in Jamboard:

- workgroups focused on how to leverage data for specific funding sources (ex. what would speak to a healthcare institution vs. gov.)
- Thinking of ways to frame the Veggie Rx work that might lead towards getting sustainable funding sources (ex. working with prenatal folks)
- Better resource sharing between orgs that have already established Produce Rx and prospective orgs so they can "show them the ropes"/share what works
- Share strategies that've led to maintaining financial sustainability
- Budget examples for people who want to start a new program to give an idea of fundraising needs
- Sustainability is important- but where do we start? How do we secure funding for Produce Rx in the beginning?
 - Examples: Strategize around the 1115 waiver and the new community capacity funding available to CBO's who can help implement the new benefits in 2024 and 2025

What was discussed during brainstorming/sharing:

- Kind of overwhelming to get started but sustainability is way more in the future
- Increase resource sharing - resource hub
- Best practices - interested organizations
- Budgeted examples - getting a better idea of what you're getting into
- CCO funding or different healthcare institutions to fund it
- Building connections within this hub to be a resource for each other
 - Waiver 1115 - what does it look like?

Barriers - people in the state are doing different ways of funding/partnering/how are we going to fund this? How are we going to do this? How do we make a referral pathway, using a census and it's a sticking point – when leadership is having funding questions, how much of the budget are we doing for this program?

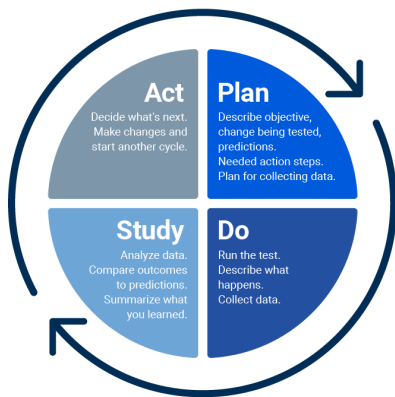
- As much as we can, have a streamlined process
- Keeping up the momentum and expertise – get something standard
- **Decide the best way and go with it**

The poll at the end = prioritization of the goals

1. Systematize & streamline statewide program operations
2. Develop shared administrative capacity
3. Develop sustainable growth & funding plan

4. Engage in research-based policy & advocacy activities
5. Establish program evaluation strategy

Tina Andrews expressed how they voted about the prioritization: Plan Do Study Act cycle: strategies is a good place to start before you implement it.



Conversation 3/3/23 re: GusNIP funds

What stakeholders are needed to expand Veggie Rx into a wider audience?

- Providers/clinics
- New partners/partners that exist/network mapping
- Farmers
- CCO's

In what ways do you see standardization/expansion benefiting your Veggie Rx program (or programs in general)

- Benefit- standard templates to use can help benefit organizations apply for funds as well as similar enrollment forms for participants (DUFB is recognizable; Veggie Prescription programs look similar)
- Benefit- systems work would be easier to be done if one organization could be the troubleshooting organization and help with the lift of the admin work
- Benefit- Shared equity goals
- Downside- Standardization doesn't allow programs to be able to be nimble and flexible - peoples' needs changes, meet them where they are

Identify any barriers you're facing within your program

- Need more staff support/overworked staff/volunteers/admin funding
- Funding/gap in costs between food to folks & administering program
- Time investment on clinic side/not the priority of the clinic (falls to wayside)
- challenge to find clinics/clinic involvement
- Redemption

What questions do you have?

- How to get patients more engaged and involved with the decision making-steering committee?
- how are your programs tracking? Umpqua uses OCFSN survey CareOregon uses PNOW? At waterfall they are the clinic that has the data-back of the house pulls data based on whatever shortcut code they put in there, tracking A1Cs if have gone down, if no longer have barrier to food, how many people are fed, internal tracking
- Who has been delivering - a lot of time/resources. How to prevent waste with this?
- Even when providing resources (recipes cards, ingredient lists, videos on how to cook) - still not able to identify some vegetables.
- Could OCFSN help with creating videos/supplying recipe cards?
- Where is this data going/we are so data driven - answering questions, but where is the data going? Who is ultimately processing it and how are we using that data to help the community at large. Try to only go with specific things that will help with that person - and use that treatment plan
- If we are taking time/how do we use it to benefit as a collective.
- How specific is the data that we are collecting? Don't want to ask for information that will deter someone from using the benefit.
- How are folks being identified? Is it just food insecurity, or is there a disease component?
- during COVID we were doing drop offs/deliveries but it's really expensive along with boxes-helps retention for participants but doesn't work in the case of debit card-is anyone in this group still doing deliveries? A lot of labor