Central Challenge: Find a way to coordinate data collection across CSA & Health Care programs to understand collective impact statewide.

Brief Background:

- The previous Farm to Plate ”Food and Health” cross cutting team tackled measuring collective impact, but found the category was too broad to bring down to specific common measures.
- By focusing on the CSA program structure, which largely parallels the national Produce Prescription structure, we might make the topic manageable and applicable to immediate program goals.
- Data collection is not the only topic addressed by the CSA & Health Care community practice, but early meetings confirmed that it remained a priority (for reasons cited on the next slide). It is also part of the underlying Farm to Plate organizational mission.

Summer, 2022

Improving Data Collection Systems - Considerations

Potential Benefits:

- Discover common program gaps that existing resources can fill through better alignment.
- Open more grant opportunities related to building systems at scale.
- Open more sustainable funding opportunities.
- Improve ability to compare Vermont programs with models in other regions for insight into program improvement.
- Help stakeholders understand CSA & health care projects within the broader food system and health care system in Vermont.

Potential Costs to Avoid:

- Diverting resources from individual program evaluation & improvement.
- Diverting resources into data collection that becomes data for its own sake, doesn't lead anywhere.
- Creating unnecessary administrative burden for programs.
- Creating barriers to participation by requesting too much information or overly sensitive information. Especially if participants can't see how the information improves their experience of the program.

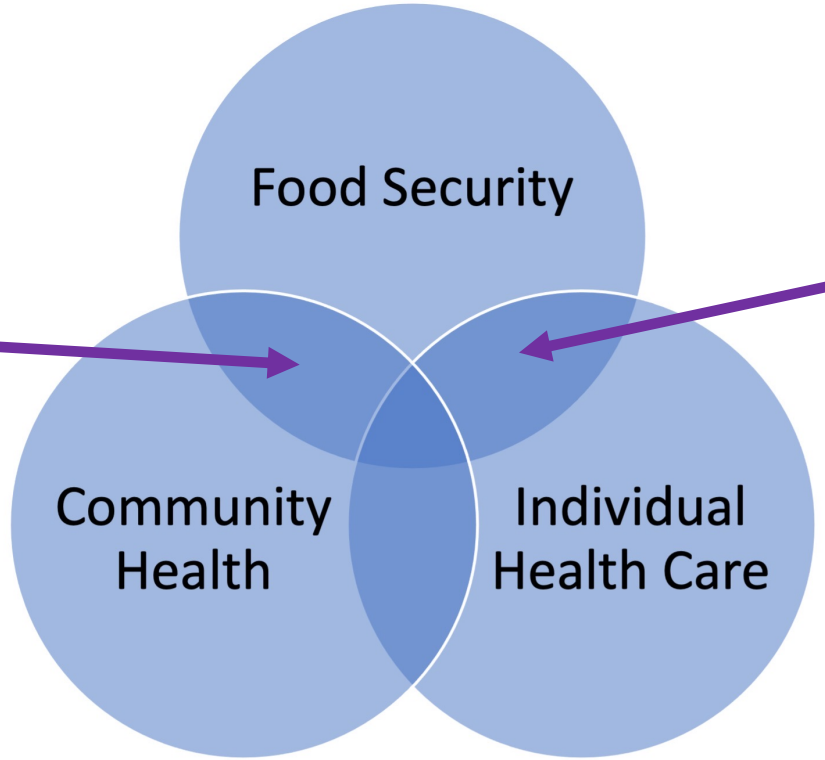
Central Challenge: Find a way to coordinate data collection across CSA & Health Care programs to understand collective impact statewide.

Additional Parameters:

- Builds from existing commonalities among programs, it isn't pushing anyone into a framework that doesn't apply to them or interfere with reporting to current funders.
- Information collected provides direct benefits to programs; in other words, it isn't a pure research project.
- Participants do not disclose medical information to non-medical partners as part of this effort.
- Minimal additional burden on program staff, volunteers, and participants – preference for using data already collected elsewhere; replacing or streamlining current questions; voluntary participation (for example, focus group for people interested in a particular topic).

Commonalities: CSAs Within Food As Medicine

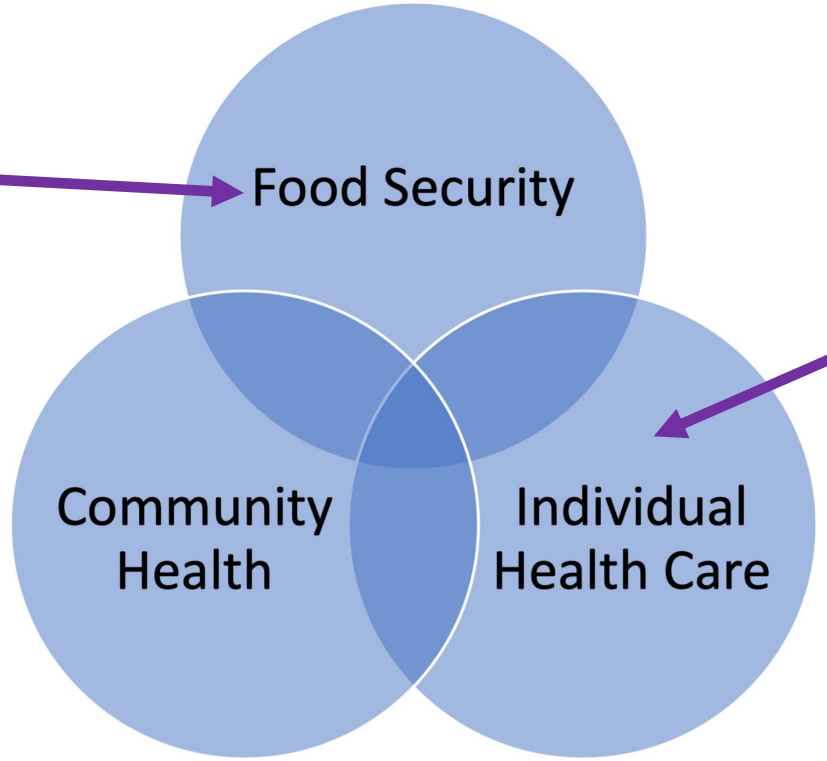
Most CSA program evaluations sit here – improving access to nutritious food leads to eating patterns that support generally better health across participants (on average, not tied to specific medical condition)



Some CSA program evaluations sit here – incorporating food access into individuals' treatment for specific medical conditions or pre-conditions.

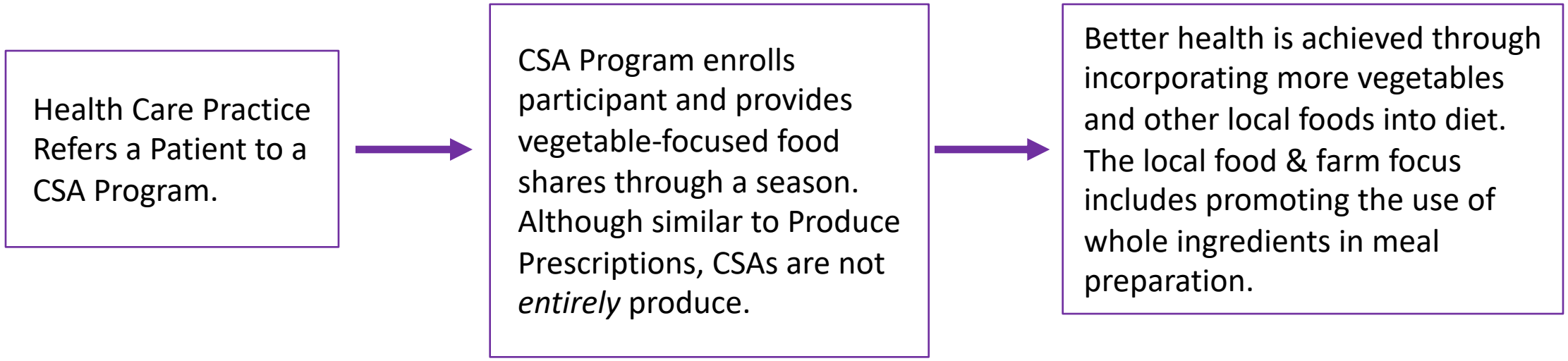
Commonalities: CSAs Within Food As Medicine

While related programs focus on foundational food security, a defining feature of the programs we're reviewing is that evaluations include improved health outcomes as a core goal.



Programs like Medically Tailored Meals address acute individual health care needs, such as transitioning home from a hospital stay or a significantly altered diet due to a complex medical concern. VT CSA & Health Care programs are not designed for this application.

Most Basic Program Model:



There are many variations on these basic steps, but we're looking for commonalities, not differences.

Most Basic Areas of Funder Focus:

Impact on Local Food Systems

- **Impact may be through local foods *purchased* or through other benefits like workforce development or establishing gleaning systems to reduce food waste.**

Impact on Health

- **Positive population health impact – eating patterns shown to produce (on average) better health outcomes over a lifetime. Also includes participants' sense of wellbeing.**
- **Some programs may be linked to treating or preventing particular medical conditions – within this category Vermont programs are currently focused common chronic conditions, not acute or complex individual needs.**

Funders making business donations to local non-profits as general community support are a category excluded from this analysis.

Local Food System Impact

From previous data sharing and review, we can divide common elements into categories of:

- Locally purchased food
- Locally non-purchased food – e.g. gleaned, grown by program, donated.
- Volume of food distributed
  - May wish to also divide Produce & Non-Produce as some potential funding sources are produce-specific.
- Farms engaged (purchased)
- Contributors engaged (non-purchased)
- Qualitative Broader Impact: Workforce development, agricultural education, community events, etc.

Local Food System Impact – Next Steps

There is some work to clean up units of measurement:

- Locally purchased food
- Locally non-purchased food – How to value non-purchased food
- Volume of food distributed – Units (for example, per household or per individual?); whether to have a produce / non-produce break down.
- Farms engaged (purchased) - Farmer contracting and sourcing systems is an area for future peer-learning discussion (not necessarily a data collection point).
- Contributors engaged (non-purchased) – Have not discussed how to capture & communicate broader engagement.
- Qualitative Broader Impact: Workforce development, agricultural education, community events, etc. – Story collection opportunity, also opportunity to engage with broader F2P network.

Health Impact – Diet-Related Conditions

- Because participants are referred from a health care provider, we know that their health information is already being collected in that provider's electronic health record or EHR (unless the referral is from a free clinic).
- The EHR can provide continuity over time (important for knowing long-term health improvements), show relevant interventions outside the CSA program (medications, nutrition services, complicating conditions), and is covered by existing patient privacy rules. It also provides a way to create comparison cohorts.
- Measuring "health care cost savings" depends on who is asking and what structure they're using to define the cost-benefit analysis. So, it does not make sense as a collective measure. However, a link to the EHR makes all forms of cost savings estimates more feasible.
- Making better use of health care partners' existing data collection systems meets the Community of Practice goal of not collecting information already being collected elsewhere, nor adding the participant burden of sharing sensitive information (or volunteer burden of appropriately handling this information).

Health Impact – Next Steps

- Building EHR data collection systems and workflows is outside the scope of the CSA Community of Practice.
- Two key elements within scope are:
  - Creating a “closed loop” so that the health care practice can mark patient participation in the CSA within their health records – see for example 2022 HIPAA presentation. This goal also extends beyond CSA programs and is a project for the VT Food Access & Health Care Consortium. VT FAHC can help engage interested CSA programs in these statewide conversations.
  - Supporting conversations between CSA Programs & their health care practice partners around what clinical measurements (if any) are relevant to individual program evaluations – First question is whether health care practice partners have specific clinical goals in this area or if their interest is more general prevention, and if it is general prevention what metrics they would look at for impact (see next section for one possible metric).

Health Impact – Dietary Change

- We have already reviewed the many different models of measuring dietary change in use in CSA & Health Care and related programs. There are a lot of possible tools.
  - A review of current funders and likely future funders for Vermont CSA programs shows different evaluation interests, so choosing the common measurement tool by what funders want is not an option, either.
- **There is one common question in linking dietary impacts of CSA programs to health outcomes - whether participants are able to sustain positive change outside of the CSA season.**
- Improving our collective understanding of this sustainable change challenge can help with individual programs' strategic planning, improve community resource alignment, and connect to potential larger grants to make system-wide improvement.

Health Impact – Sustainable Dietary Change

New proposal: Within health care, patient co-design is a way to tackle problems like how to support sustained dietary change. This approach would engage CSA program participants in talking through how *they* think about sustaining dietary improvement after the program. The process uncovers their preferred or default strategies, perceived strengths, anticipated challenges, and insights into how those challenges might best be addressed.

The final map of participants' take on sustaining dietary change can point to key community collaborations, new resources to develop, and/or improvements to existing program resources.

The identified elements can also be compared to standardized evaluation tools used for matching participants with resources & measuring impact.

Health Impact – Sustainable Dietary Change

New proposal cont'd: For project evaluation and collective impact on healthy eating patterns, this approach switches to a process evaluation – programs use patient co-design to guide strategy for supporting sustainable dietary change and then measure effective implementation of the identified next steps (including success in matching patients with appropriate resources).

This work can have a spillover effect on other areas – for example providing guidance around participants' interests & food needs as a CSA program expands its grower contracts.

Community health profiles, which are regularly collected, can show the community wide impact over time. The closed loop previously described can show impact on specific health indicators.

Health Impact – Sustainable Dietary Change

Proposed Next Steps to test whether the patient co-design framework could be useful for the CSA & Health Care programs:

- VT FAHC finds funding to do a test run of a participant perspective mapping exercise after this summer CSA season, using a small group from a single CSA program. This is a proof of concept.
  - We would contract with an experienced designer, likely from hiCOlab
- VT FAHC, Farm to Plate, and other interested funders identify a larger funding pool to support a statewide evaluation project if the proof of concept works.
  - Intent is that participation will be for any CSA programs interested in the project.
- While the co-design project is being tested and planned, the CSA Community of Practice:
  - Continues sharing educational opportunities on diet-related topics.
  - Maps activities programs are already undertaken to support participants year round – for example, the previous conversation on SNAP enrollment. Identifies any collaborative projects or deeper peer learning opportunities from these activities.

Summary of All Proposed Next Steps:

- VFFC and Farm-to-Plate take the lead on the “Local Food System Impact” data collection coordination.
  - This includes stories and examples of different approaches, currently being used as case studies to open peer sharing meetings.
- CSA CoP Members collect more details on their health care partners’ goals around collecting clinical data / measuring impact on specific conditions.
  - Conversations also include discussion of how data gets back to the health care parter / structured in the EHR.
- VT FAHC continues statewide background work on closed loop systems, when there is an opportunity to engage CSA CoP will do so.
  - Are there any current participants who have solved this that could be interviewed?
  - Does the group want any additional basic background presentations on the concept? We already had the technical HIPAA webinar piece.
- VT FAHC moves forward exploration of the sustaining dietary change piece.
  - Because co-design projects are time consuming and this is a new concept, the recommendation is to start with a small proof of concept before scaling statewide.