



# Food Farmacy

*A Guide for Offering Produce Prescription Programs in Native Communities*





# Welcome

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## ***Aanii/Boohzoo!***

The Inter-Tribal Council of Michigan, Inc. (ITCM) has a long-standing history of supporting Tribal health systems and community health programs in Michigan to improve nutrition among the Anishinaabe. In 2021, ITCM was awarded a Michigan Health Endowment Fund Nutrition and Healthy Lifestyles grant to serve three unique, rural Tribal communities from 2022-2023. The grant supported the cultural adaptation and implementation of unique community-based produce prescription programs, known locally as Food Farmacy programs, modeled after the Washtenaw County Health Department's *Prescription for Health: Program Implementation Guide*. Each Tribal community planned and offered a Food Farmacy program to address the nutrition needs and barriers faced by their community, partnered with local and tribally owned vendors, and incorporated traditional foods and cultural teachings.

This guide was created to support Tribal organizations as they design evidence-based produce prescription programs in their communities. The guide holds lessons learned through the program planning, implementation, and evaluation of Food Farmacy. Sample materials used in Food Farmacy are included in the Appendices. The guide focuses heavily on the adaptations Hannahville Indian Community, Little Traverse Bay Bands of Odawa Indians, and Pokagon Band of Potawatomi Food Farmacy staff made to the Washtenaw County Health Department's program model to fit their unique environments, systems, and cultural practices. By sharing our experience implementing a produce prescription program in multiple Tribal communities, we hope to inspire more Tribes to offer similar programs to improve nutrition and food access. We also recommend reading the *Prescription for Health: Program Implementation Guide* available for free on the Washtenaw County Health Department's website, in addition to our guide, to get a fuller picture of how to implement a successful, evidence-based produce prescription program.<sup>i</sup>

Miigwech!

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# Acknowledgements

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We humbly acknowledge the hard work and wisdom of people from these Tribal communities and share our sincerest gratitude for their dedication to improving health for members of their communities:






-  **Hannahville Indian Community**
-  **Little Traverse Bay Bands of Odawa Indians**
-  **Pokagon Band of Potawatomi Indians**

A sincere thank you to our project team and partners for your contributions:

## **Inter-Tribal Council of Michigan**

-  Hannah Swartz
-  Laura Fisher
-  Cathy Edgerly

## **Michigan Public Health Institute**

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## Use of Materials

Organizations are encouraged to use our experience to implement programs in their communities. Our program materials are described throughout this guide and included in the Appendices. You are welcome to use any materials, tools, or strategies discussed in this guide and adapt them specifically for your community. Permission is granted to reprint information in this publication if it keeps the program's integrity and is properly attributed to the Inter-Tribal Council of Michigan and the Michigan Public Health Institute (MPHI).

We suggest using an acknowledgment such as this one when using our Food Farmacy logo or materials: *This material was originally developed by the Inter-Tribal Council of Michigan and the Michigan Public Health Institute for the Food Farmacy program with funding by the Michigan Health Endowment Fund.*

Please let us know if you implement a produce prescription program in your tribal community! Contact our Program Manager, Hannah Swartz, MPH, for more information or guidance: [hannah.swartz@itcmi.org](mailto:hannah.swartz@itcmi.org) or (906) 632-1810.

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# Introduction & Background

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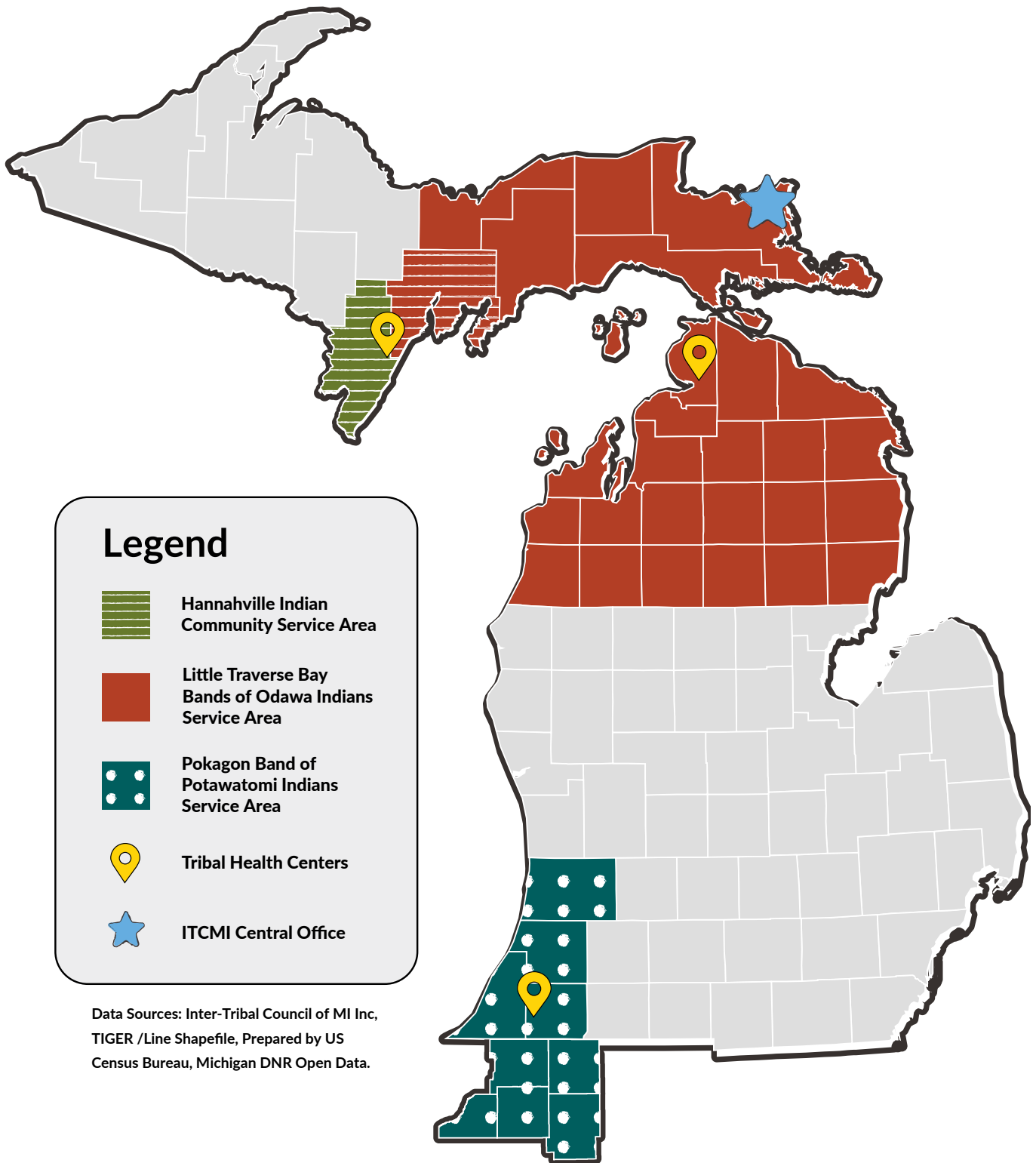
There is a heightened need for culturally tailored and evidence-based programs to address nutrition-related health disparities in Native communities. Native communities experience nutrition-related diseases such as obesity, diabetes, cancer, and heart disease at disproportionate rates compared to the general population.<sup>ii</sup> The underlying causes of these disparities are multi-faceted, and many are unique to the history of American Indians and Alaskan Natives.<sup>iii</sup> Despite overwhelming evidence of these disparities, few evidence-based programs for addressing nutrition-related diseases are based on studies that include or focus on the American Indian or Alaskan Native population.<sup>iv</sup>

Produce prescription programs, like the Washtenaw County *Prescription for Health* program, have a strong and growing base of evidence.<sup>v</sup> Outcomes include increasing fruit and vegetable intake, decreasing food insecurity, and better management of nutrition-related chronic diseases like diabetes and overweight or obesity.<sup>vi</sup> However, like other evidence-based programs, much of that evidence base is not grounded in Native communities. Research of other health information and programs shows that culturally tailored interventions can improve efficacy and better address disparities.<sup>vii</sup> When produce prescription programs have been implemented in Native communities, they were most successful when engaging community partners, promoting food sovereignty, and embracing creativity and flexibility in program implementation.<sup>viii</sup>

The Inter-Tribal Council of Michigan, Inc. (ITCM) received funding from the Michigan Health Endowment Fund to partner with three Michigan Tribes to culturally tailor and pilot a program like the Washtenaw County Health Department's *Prescription for Health* program. Our Food Farmacy program documented key changes in community environments and systems to support healthy traditional food consumption, provided culturally and community-based nutrition education, and promoted sustainable behavior change to improve health.

We believe produce prescription programs can positively affect health outcomes for Native Americans, especially when specifically tailored to fit the unique needs and strengths of each community. Therefore, we share our lessons learned from adapting a produce prescription program.

# Food Farmacy Sites



# The Partners

## Program Management

### *The Inter-Tribal Council of Michigan, Inc. – Health Education and Chronic Disease Department*

The Inter-Tribal Council of Michigan, Inc. (ITCM) is a 501c(3) non-profit Tribal organization located in Sault Ste. Marie, MI. ITCM represents the twelve federally recognized Tribes whose homelands exist in what is now known as the State of Michigan and is governed by a board of Tribal Chairpersons. ITCM's mission is to advocate for their member Tribes in program development, policy creation and implementation, and to supply training and technical assistance to better serve the American Indian population and improve their quality of life.

### *Michigan Public Health Institute – Center for Healthy Communities*

The Center for Healthy Communities (CHC) within the Michigan Public Health Institute (MPHI) works collaboratively with partners to transform public health systems and improve the health of communities through assessment, evaluation, and continuous quality improvement. MPHI-CHC uses a community-based participatory approach and offers expertise in conceptualization, design, data collection and management, data analyses, facilitation, and planning that is culturally responsive. MPHI-CHC was the evaluation partner for this project and has partnered with ITCM and Tribal communities for nearly 20 years to enhance capacity and evaluate community health programs.





## Participating Tribes



### *Hannahville Indian Community*

The Hannahville Indian Community (HIC) is a federally recognized Potawatomi Indian Tribe in Michigan's Upper Peninsula. HIC's service area includes over 945 enrolled members living on their reservation and in Delta and Menominee Counties. HIC owns an aquaponics greenhouse with various types of fresh produce, called AquaTerra, and runs a seasonal farmer's market. Many HIC community members manage chronic diseases such as obesity, diabetes, and cardiovascular disease. HIC saw this project as an opportunity to create awareness of available fresh fruits and vegetables while also increasing access and affordability.



### *Little Traverse Bay Bands of Odawa Indians*

The Little Traverse Bay Bands of Odawa Indians (LTBB) is a federally recognized Tribe in the northern part of the Lower Peninsula of Michigan, with headquarters centered in Petoskey. Currently, LTBB is home to 4,000 members. While the surrounding area includes a variety of large food corporations, such as Walmart, Aldi, Meijer, etc., LTBB Community Health staff saw this project as an opportunity to supply nutrition education to community members and connect them to local or tribal-owned food vendors. Before taking part in the program, many community members were unfamiliar with different fresh fruits and vegetables, unaware of seasonally available produce, and did not know how to create well-balanced meals.



### *Pokagon Band of Potawatomi Indians*

The Pokagon Band of Potawatomi Indians (POK) tribal headquarters are in Dowagiac, Michigan and they service a ten-county area of southwestern Michigan and northern Indiana with over 6,000 citizens. Pokagon Band of Potawatomi Indian's Community Health team sought out this funding not only to support healthy behavior change and increase access to fresh fruits and vegetables, but also to improve the affordability of nutritious foods for their community members. While many community members in Pokagon are low-income, they do not qualify for food assistance programs like the Supplemental Nutrition Assistance Program (SNAP), cannot rely on the commodities from the Federal Distribution Program on Indian Reservations (FDPIR) for the entire month, and cannot afford the fruits and vegetables at their local markets.

# Program Overview

## Description of Program

The Food Farmacy program connected the medical and food systems by creating a relationship between clinic and community health staff, their patients, and local farmers markets and other local food vendors to address nutrition-related health disparities. Health care providers, including, but not limited to, physicians, registered dietitians, and community health workers wrote “prescriptions” for patients to eat more nutritious foods, mainly fruits and vegetables, but also traditional foods like whole grains, legumes, and lean proteins. Patients “filled their prescriptions” when they met with program staff to receive support, nutrition education, and vouchers to spend on nutritious foods at local food vendor partners.

Each Tribe’s Food Farmacy program ran for a different length of time, ranging from twelve weeks to eighteen months. During the winter months, when fresh produce was limited, Tribal communities either paused their programming or partnered with year-round food vendors to continue offering fresh and frozen fruits and vegetables to patients.

## Program Goals



Increased fruit and vegetable consumption



Healthy behavior change



Strong connections between community members, health clinics, community health services, and local food systems

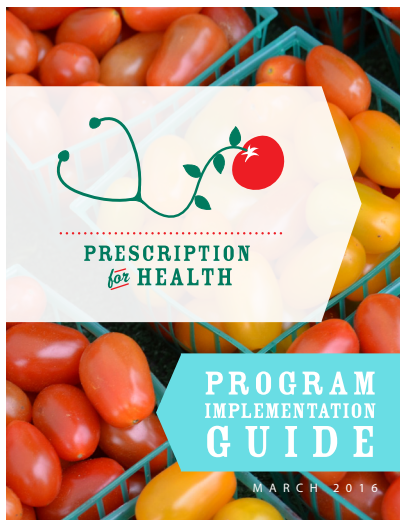


Decreased food insecurity



# Planning

## Program Model



The ITCM program manager, MPHl evaluation team, and Food Farmacy staff from each participating Tribe reviewed the Washtenaw County Health Department's *Prescription for Health Program Implementation Guide*. This evidence-based model was the starting point for collective and site-specific program planning. *Prescription for Health* supplied the framework for implementing a Produce Prescription Program. However, the *Prescription for Health* program was designed for and tested in a highly educated, urban-suburban area with a relatively high ratio of primary care physicians to residents, differing vastly from the participating rural Tribes implementing Food Farmacy.<sup>ix</sup> We predicted the need for adaptations to the model both upfront, during planning, and throughout program implementation.

Reference: Washtenaw County Health Department. (2016, March). *Prescription for Health: Program Implementation Guide*. Ypsilanti, MI.

## Advisory Team

The advisory team provided recommendations and technical assistance throughout the project, especially during the planning phase, to ensure cultural appropriateness and troubleshoot logistics. To assemble the advisory team, ITCM recruited individuals from each participating community and other Michigan tribal communities, who had experience in tribal nutrition projects, specifically produce prescription programs, and relationships with local food vendors. The final advisory team consisted of project coordinators and registered dietitians from each tribal community, a Farmer's Market Master, and the Food Distribution Program on Indian Reservations manager.

### Who should be recruited for an advisory team?



Program Managers



Evaluation Team



Subject Matter Experts



Program Coordinators



Registered Dietitians



Registered Nurses



Health Clinic Staff



## Community Partners

Prior relationships helped set up food vendor partners. Also, finding markets or stores that already took part in federally funded nutrition programs such as SNAP or WIC helped identify potential food vendor partners. Whether a partnership was brand new or based on a prior relationship, involvement from legal and accounting departments was needed to navigate the logistics of payment.



### Tip from Tribal Staff

Openly approach potential new food partners by sharing the purpose and process of the Food Farmacy program and the economic benefit to the vendor. Key processes, such as invoicing and voucher storage, should be discussed at the start of the partnership.



## Program Staff

Each Food Farmacy program was staffed with two to three Community Health staff members. The Program Coordinator role oversaw program development like food vendor contracts, provider education, patient recruitment, and evaluation documentation. Another role oversaw direct patient interactions like goal setting, nutrition education, and data collection. This role was filled by a Registered Dietician, Certified Diabetes Care and Education Specialist, Community Health Worker, or Wellness Advocate. Sometimes two staff members shared this role. There were ebbs and flows in staff time needed for patient outreach, education, and data input. These ebbs and flows were more pronounced for Food Farmacy programs using a cohort setting, where all patients started and ended the program around the same time. Staff time needed was more consistent for Food Farmacy programs where patients started and ended their participation on a rolling basis.



### Tip from Tribal Staff

To save staff time:

-  Collect and input data during patient visits.
-  Utilize technology such as text messaging and Facebook to remind patients of voucher expiration dates and other key dates.

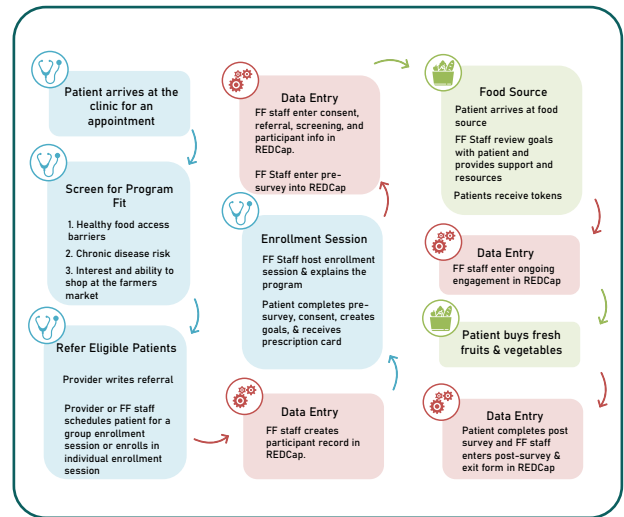
# Patient-Centered Program Maps

To keep the core of the *Prescription for Health* model and track adaptations made for community needs, MPHI developed an essential ingredients checklist (Appendix A), program map key (Appendix B), and program map template (Appendix C). Each participating Tribe continuously customized this program mapping tool to help in the planning process, visualize the program, and track adaptations made. The map assured adaptations made to the program to meet community needs did not lose “key ingredients” to evidence-based produce prescription programs derived from the *Prescription for Health: Program Implementation Guide*.

## Appendix B: Program Map Key



## Appendix C: Program Map Template



Additionally, each Tribe used the tool to guide check-ins with the advisory team. During monthly check-ins, tribal program coordinators discussed challenges, successes, lessons learned, and brainstormed potential program adaptations. Some adaptations were specific to an individual Tribe while other adaptations were implemented by two or all three Tribes. This breakdown is visible in the “Adaptations At-A-Glance” table on page 16 of this guide. ITCM and MPHI recorded and compiled meeting notes and individual Tribal Program Maps to document this adaptation process to create this guide.



### Tip from Tribal Staff

Documenting your program process, including changes, will help with coordinating staff time and onboarding new staff.

# Implementation

## Site-Specific Program Adaptations

### *Hannahville Indian Community*

Hannahville Indian Community (HIC) patients took part in a twelve-week Food Farmacy program. Hannahville's Food Farmacy staff implemented three rounds of the program. All patients started and finished each twelve-week program around the same time. During the recruitment period, patients were referred to the program by a provider at a routine visit, recruited via phone call based on eligibility, or contacted community health staff with interest after learning about the program through outreach efforts. Patients then scheduled and completed an enrollment and orientation session with the health educator or registered dietician. After enrollment, patients had to attend weekly one-on-one nutrition education sessions or group cook-along events to receive a \$20 voucher to buy fresh fruits, vegetables, lean meats, and proteins at a seasonal food vendor.

Two rounds of Hannahville's Food Farmacy program took place during the late summer and early fall growing seasons. During the growing season, they used the tribal on-site farmer's market as the food source. One round took place entirely during the winter season when the farmer's market was not in operation. During the twelve-week winter program, patients were offered both the tribally owned aquaponics greenhouse and the local meat market. Hannahville also offered patients garden kits and education.



*Lettuce for sale from AquaTerra, Hannahville Indian Community's aquaponics greenhouse.*



**Length of program:** 3 months

**Voucher incentive:** \$20 per week

**Food vendors:** Farmer's market, local meat market, aquaponics greenhouse



## ***Little Traverse Bay Bands of Odawa Indians***

Little Traverse Bay Bands of Odawa Indians patients took part in their Food Farmacy program for up to eighteen continuous months. During routine appointments at the tribal health clinic, patients were screened for healthy food access barriers, pregnancy and breastfeeding, chronic disease risk, interest in eating more fresh produce, and if they would shop at community markets. Their screening criteria are in Appendix D, as an example. If screening responses showed the patient was a good fit for the program, the patient was referred to LTBB's Community Health team. Some patients were referred directly by the Community Health team. Then, Food Farmacy staff reached out to the referred patient to schedule an orientation. Once the patient was enrolled, they took part in Food Farmacy for up to eighteen months. Patients met with the Community Health team once a month to set goals and receive educational packets that included recipes, community events, physical activity, and mental health information. At the monthly appointment, they also received \$55 worth of vouchers to be redeemed at participating food vendors.

Due to their large service area and limited growing season, LTBB created relationships with six local food vendors. Vendors included a tribally owned farm, local farm markets, and a year-round natural food co-op with two locations. Patient vouchers were used for fresh and frozen fruits, vegetables, lean proteins like meats and Greek yogurt, and dried fruits and legumes. Education was provided on purchasing, storing, and cooking with fruits, vegetables, and the lean proteins included in the program. The Community Health team used CareMessage to engage with patients.



*LTBB Food Farmacy Staff distribute vouchers to Food Farmacy participants at local farm.*



**Length of program:** 18 months

**Voucher incentive:** \$55 per month

**Food vendors:** 1 tribally owned farm, 3 local farm markets, and a natural foods store with 2 locations

## ***Pokagon Band of Potawatomi Indians***

Pokagon Band of Potawatomi Indians patients took part in their program for five-month periods. Patients were screened by providers for chronic disease risk (obesity, overweight, CVD, HTN, hyperlipemia, DM/Pre-DM, and lack of movement), food insecurity, and interest and ability to shop at the farmer's market at the tribal health clinic. Providers then discussed the program with the patients and referred them to Community Health. The Community Health Supervisor processed the referral and then sent it to the Health and Wellness Advocate. The Health and Wellness Advocate scheduled the patient for an enrollment session and five education sessions. Patients received a booklet of vouchers valuing \$40 at each education session.

Pokagon had three local farm markets for patients to choose from. Vouchers were used on fresh fruits and vegetables, lean meats, and mature plants paired with educational materials. Patients received potted plants to grow at home. Patients used the program on a rolling basis. This allowed the program to begin implementation as soon as the Health and Wellness Advocate was ready when there was still a small referral pool. Over time, provider and community awareness of the program grew, the referral pathway became stronger, and the referral pool grew.



*Pokagon Food Farmacy staff attend a community event to promote Food Farmacy.*

















**Length of program:** 5 months

















**Voucher incentive:** \$40 per month




























**Food vendors:** 3 local markets







# Adaptations At-A-Glance

This table summarizes adaptations made to the Prescription for Health model by the participating Tribes. Some adaptations were specific to an individual Tribe while other adaptations were implemented by two or all three tribes. If an activity was implemented in the Prescription for Health model, there is a mark in the Prescription for Health column. If an activity was implemented by Hannahville Indian Community, there is a mark in the "HIC" column. If an activity was implemented by Little Traverse Bay Band of Odawa Indians, there is a mark in the "LTBB" column. If an activity was implemented by the Pokagon Band of Potawatomi Indians, there is a mark in the "POK" column.

Phase I: Intake & Referral	Prescription for Health	HIC	LTBB	POK
Patient chart review to prompt provider referral				
Recruitment from programs with overlapping criteria				
Healthcare providers refer patients during appointments				
Recruitment at community events				
Continuously accepting referrals				

Phase II: Enrollment	Prescription for Health	HIC	LTBB	POK
Group enrollment at the program office				
Group enrollment at other locations in the community				
Individual enrollment at the office				
Individual enrollment at other locations in the community				
Electronic collection of pre-survey				
Paper collection of pre-survey				
Rolling and open enrollment				

Phase III: Patient Engagement	Prescription for Health	HIC	LTBB	POK
Phone visits				
Cooking Matters Classes				
Expanding benefits to include traditional foods and proteins				
Multiple food vendors				
Food vendors that are not farmer's markets				
Events or days where program staff are at the food vendor				
Meeting with patients and distributing vouchers weekly				
Meeting with patients and distributing vouchers monthly				
Allow children to take part with parental consent				
Mid-point survey				
CareMessage to communicate with patients				

Phase IV: Follow-up	Prescription for Health	HIC	LTBB	POK
Repeat patients				
Electronic collection of post-survey				
Paper collection of post-survey				



## Referral Pathways and Recruitment

Tribal health clinics are unique healthcare settings that were still responding to and recovering from the COVID-19 pandemic at the start of program implementation. Challenges during the first intake and recruitment phase included limited staff capacity, backlogs and waitlists of patients waiting for preventative care, and a high level of need and eligibility within each community.

Because of the high level of eligibility in the community, Food Farmacy staff felt it was unfair to only recruit patients who had an appointment scheduled during the time of program recruitment. To overcome these challenges, Food Farmacy staff reviewed patients' charts, found patients who fit program eligibility, conducted direct outreach, and then prompted tribal health providers to make a referral for interested and eligible patients.

Food Farmacy staff recruited program patients from patients already taking part in programs with overlapping eligibility criteria, such as the diabetes or weight management program. The staff used popular community events, like Health Fairs and Pow Wows, to promote the program and recruit patients. Once identified as an eligible patient interested in the program, they prompted the provider to supply a referral. By prompting providers to supply a referral, patients did not lose out on the chance to take part in the program while waiting for an appointment.

Face-to-face provider education about the program was important to build the referral pathway. Providers needed to be reminded of and educated about the program multiple times to incorporate it into their routine with patients at appointments.



Examples of Food Farmacy recruitment flyers from Hannahville Indian Community.

## Considerations for Food Vendor Partners

Training food vendor partners on the program goals and the voucher system was important for program patients and food vendor partners to have a positive experience using and accepting vouchers. When Food Farmacy staff were not present at a food vendor, patients were able to use their benefits independently.

Incorporating cultural considerations into the training for food vendor partners was also important for patients to feel comfortable using their benefits at food sources that may be new to them. After receiving negative feedback from a patient about how they felt treated by cashiers at one of the vendors, Food Farmacy staff addressed the concerns with the food vendor manager and requested to host a program and cultural sensitivity training for staff. This training improved the food vendor staff's understanding of the program logistics and how they could make Food Farmacy patients feel welcome. The training was recorded for onboarding new food vendor staff in the future. The training resulted in better customer service for Food Farmacy patients and a stronger relationship between the Food Farmacy staff and the food vendor.

While training for the food vendor partners was vital, Food Farmacy staff were clear that the burden of monitoring patients' food choices should not be placed on vendors. Conversations about what foods were most aligned with patients' health goals took place between Food Farmacy staff and patients, not food vendor staff and patients. This empowered patients to make healthy decisions on their own while shopping, instead of consulting with food vendors. Expecting vendors to watch patients' food choices would have eroded the relationships between the vendors and patients and decreased both vendors' and patients' desire to take part in the program.



### Tip from Tribal Staff

Communicate the food vendor's role in the Food Farmacy program to both food vendors and patients.

*Fresh fruits and vegetables and proteins available to LTBB Food Farmacy patients at local store.*

## Engaging Patients & Culturally-tailored Nutrition Education

**Vouchers.** Increasing voucher benefits to include traditional foods, lean meats, proteins, and garden kits incentivized patient enrollment and engagement. Color coding vouchers helped control how much patients spent on the different categories of food to keep the focus of the program on fruits and vegetables. Each Tribe determined the voucher amount, voucher distribution frequency, included foods, excluded foods, and color-coding system for their Food Farmacy program. For example, if red was meat, green was fruits and vegetables, and yellow was eggs, a patient received more green vouchers than red or yellow at each visit. Patients appreciated the ability to use their program benefits to apply the nutrition education they received about traditional foods, lean meats, and gardening. All patients enjoyed having more options for using their vouchers.

**Virtual engagement tools.** CareMessage is a web-based text messaging outreach tool that eased staff's ability to engage with patients and helped program engagement and retention. CareMessage is designed to improve patient engagement, encourage communication between patients and health staff, reduce no-shows, and streamline appointment reminders.<sup>x</sup> Food Farmacy staff mainly used CareMessage to send mass or automatized reminders to patients instead of spending a lot of time making multiple attempts to reach patients via phone calls.

Facebook and other social media platforms were an outreach tool all three programs opted to use for program advertisement, patient reminders, and updates for in-stock produce. Hannahville Indian Community provided live and recorded cooking demonstrations on their social media platforms with foods available at their food vendors.

**Patient-driven goal-setting.** Patients knew their individual goals and were excited to share their progress. Many patients' goals were to eat more fresh produce and use the vouchers to meet that goal. Staff helped patients with making their goals into small, tangible steps and behaviors. For example, if a patient said, "I want to lose 50 pounds," staff helped that patient figure out a healthy eating habit goal for the next week and gave more resources like a new recipe. Goal setting was not always nutrition-based; goals were for any aspect of holistic wellness. For example, some patients were cooped up at home since COVID and wanted to be more active in their community. They may make a goal to attend a community health event.



*Example Food Farmacy voucher.*



*HIC reminder sent to all participants via the CareMessage text messaging outreach tool.*





## Tip from Tribal Staff

Allowing patients to choose their own goals creates a sense of ownership and empowerment that leads to meaningful engagement and retention in the program.

For patients with transportation issues, goal-setting sessions took place over the phone, and some reduced their in-person session frequency from weekly to monthly. Offering drop-in dates when patients could come in if they were already nearby and offering different meeting locations to cover a larger service area (gym, health park, government center, etc.) also improved patient engagement and retention. Additionally, some drop-in dates took place at food vendors so patients received nutrition education when they picked up and redeemed their vouchers.

**Special Events.** The *Prescription for Health* model included special events for program patients. Food Farmacy Staff found it was the most effective use of their time to invest in multi-purpose events that were not limited to Food Farmacy patients. Food Farmacy patients were invited and encouraged to take part in other programs or events they were eligible for. Food Farmacy patients benefited from attending these events because they matched their goals. Food Farmacy staff benefited from Food Farmacy patients attending these events to maximize attendance.

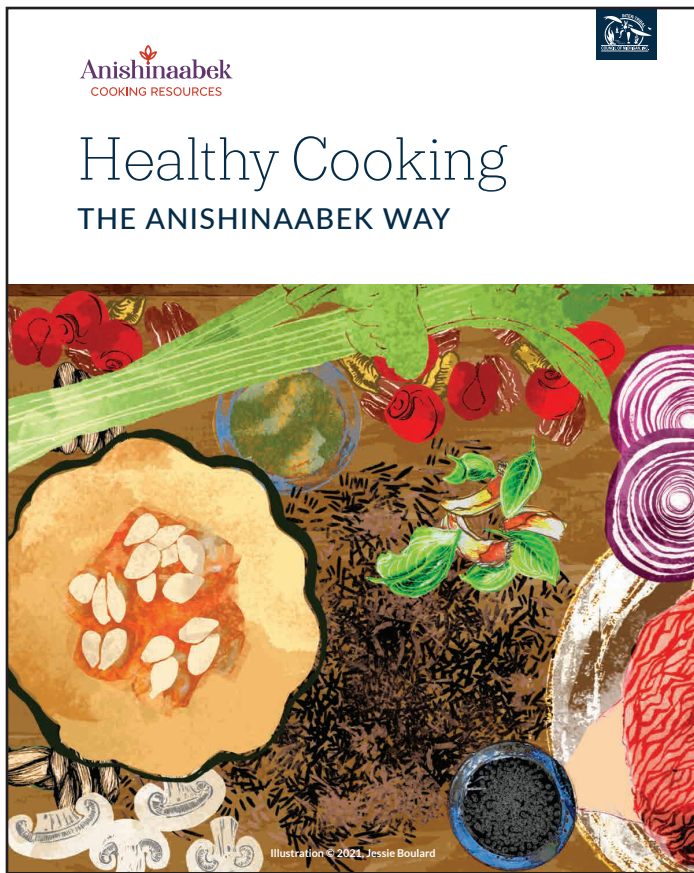


Pokagon Food Farmacy Staff promote Food Farmacy during community health events.



All three Tribes offered their patients a special event of culturally tailored Cooking Matters classes. Cooking Matters helps parents and caregivers develop their skills for shopping and cooking healthy foods on a budget through hands-on nutrition education.<sup>xi</sup> At the Little Traverse Bay Bands of Odawa Indians site, patients made seasonal recipes such as butternut squash, wild rice, and a Three Sisters Soup, which includes beans, squash, and corn. At the Pokagon site, patients tried swapping chicken for bison in sweet potato Sheperd's pie. In Hannahville, the instructors and patients used recipes that already included locally grown foods like squash and made dishes that would be easy for Elders to make with their grandchildren. Access all the [Cooking Matters recipes with indigenous foods](https://bit.ly/474Orx2) visit (URL: <https://bit.ly/474Orx2>).

For more [Anishinaabek Cooking Resources](https://bit.ly/489V4zm), visit (URL: <https://bit.ly/489V4zm>). The Inter-Tribal Council of Michigan and participating Food Farmacy Tribes developed a collection of recipes, cooking videos, and other healthy nutrition materials through support from its Michigan Tribal Food Access Coalition and Walmart Healthy Native Foods Projects. Each recipe promotes the use of healthy ingredients which are traditional foods to Michigan Native Americans, many of which are available at local grocery stores, farmer markets, or through Food Distribution Program on Indian Reservation (FDPIR) programs.



Scan QR code to download Healthy Cooking Anishinaabek Way Cookbook

*Healthy Cooking Anishinaabek Way Cookbook.*

# Evaluation

The Michigan Public Health Institute Center for Healthy Communities (MPHI-CHC) designed an evaluation plan to capture the process of how the three unique tribal communities adapted the produce prescription program along with health outcomes for their program patients. Key pieces of the evaluation included a reporting form for Food Pharmacy staff focused on patient activities and progress and collecting pre- and post-surveys from patients about their skills, behaviors, and overall health. REDCap, a secure web application for managing online surveys and databases, was used for streamlining the evaluation and data entry for Food Pharmacy staff.<sup>xii</sup> MPHI's Office of Research Integrity and Compliance reviewed, approved, and oversaw the project.

## Tip from Evaluation Staff



When designing your evaluation plan, prioritize quality over quantity! It's better to use fewer evaluation measures and tools well than to spread your staff too thin to collect a high volume of data. To prioritize what to include in your evaluation, reflect on what data will be most helpful to understand your program and make decisions for it.

## *Program Process Tracking*








For the process evaluation, MPHI-CHC used a combination of tools and data sources including meeting notes, conversations with staff, and the specially designed program map tool (Appendix B). Each Tribe was given a template to customize to their community. Comparing program maps from the template across many versions visually showed the adaptations Tribes made to Prescription for Health. Each Tribe tried to update their map as changes were made. It was often difficult to keep up with rapid changes in a busy environment. Therefore, MPHI-CHC asked Tribes to review their maps and update them quarterly when they were already reporting on their program updates and outputs.

Because the Little Traverse Bay Band of Odawa Indians had such a long participation window (18 months) and therefore longer time between the patient pre- and post-survey collection, the need for an extra evaluation point was pointed out. The mid-point survey (Appendix E) was designed to capture feedback from patients partway through program implementation for program adaptation to increase patient engagement. The survey shared a few questions with the pre- and post-survey to see if there were any program outcomes visible partway through the program. The survey also included questions designed to capture feedback to help staff problem-solve specific program challenges around patient engagement. This survey could be taken by patients via a REDCap survey link or via paper. Survey link distribution to program patients was through Care Message, a messaging tool available through their Electronic Health Record system.

Each site determined the staff person responsible for each evaluation activity and data storage based on agency-specific policies and procedures. The program maps were helpful not only for tracking the adaptations each Tribe made to *Prescription for Health* but also for keeping track of staff member evaluation responsibilities and data collection processes.

### **Site-level Quarterly Reporting**

A quarterly data collection survey was completed in REDCap by each Tribe to assess outputs and outcomes of the program. Data collection included program updates and outputs, such as:

-  Number of partnerships formed,
-  Number of patients referred to the program,
-  Number of patients enrolled in the program,
-  Number and value of vouchers distributed,
-  Number and value of vouchers redeemed by program patients,
-  Special events held, and
-  Success stories.

Data from these forms was included in the quarterly report required by the Michigan Health Endowment Fund.

#### **Tip from Evaluation Staff**



When considering when or how to collect data, look at existing processes and procedures and add data collection into them instead of creating new ones specifically for data collection. This ties data collection into your program more seamlessly and makes it easier for staff to remember.

### **Patient Pre- and Post-Surveys**

Before data collection, patients signed a consent form for the program evaluation (Appendix F). Patients were given unique patient identifiers for data collection used in place of identifying information. MPHI-CHC did not have access to individual identifiers like patient's names or EHR numbers. MPHI's Office of Research Integrity and Compliance reviewed, approved, and oversaw the project as a privacy-sensitive project with human participants that did not meet the federal definition of research and used proper protocols to minimize the likelihood and probability of loss of confidentiality and privacy to participants.

The key evaluation tool for measuring outcomes and behavior change for patients was the universal pre- and post-survey (Appendices G-J). Survey information was adapted from the pre- and post-survey shared in the *Prescription for Health: Program Implementation Guide*. Each Tribe had the opportunity to review the survey and give feedback to ensure the questions and answer options were relevant to their communities and add questions that would be helpful in their program planning. Surveys were completed by every consenting patient (or patient’s parent/guardian for minors) at every Tribe before participation and after completing the program. The pre- and post-surveys were taken by patients via paper or REDCap. The delivery method and data entry procedure were site-specific, identical information was collected from every patient at every site. Primarily, administration of the survey was via REDCap to minimize the data entry burden on staff at all sites.

### Individual-level Tracking

Due to varied site program participation, each Tribe had their own forms and procedures for collecting individual-level data from their patients. These forms tracked information like participation in nutrition education, voucher distribution, goal setting, outreach, and special event attendance. For example, Hannahville Indian Community Food Farmacy staff filled out a form with each patient during every visit. The form focused on patient-driven goal setting with reflection upon the last week (“How did I do?”) and goal setting for the next week (“This week I will...”). This example goal-setting form is included in Appendix L; it is adapted from the goal-setting form in the *Prescription for Health: Program Implementation Guide*. Staff first chose to administer this form via paper but found entering the paper form data into REDCap every week to be difficult. They switched to having patients complete the form electronically, so it was instantaneously stored in REDCap and accessible to all program staff. They preferred this process and eventually ended paper collection completely.



### Tip from Evaluation Staff

Use electronic data collection when possible. It significantly reduces the data entry burden on program staff and leads to higher quality and more complete evaluation data. For easier streamlining, data can also be collected directly within your EHR system (if it has the capability).

Record ID	New Participant Record (Intake and Referral)	Pre-Survey Adult (Enrollment)	Goal Tracking	Post-Survey (Follow-up)	Exit Form
H200	Food Farmacy ID H200	✓	+	+	+
H201	Food Farmacy ID H201	✓	+	+	+
H202	Food Farmacy ID H202	✓	+	+	+
H203	Food Farmacy ID H203	✓	+	+	+
H204	Food Farmacy ID H204	✓	+	+	+
H205	Food Farmacy ID H205	✓	+	+	+
H206	Food Farmacy ID H206	✓	+	+	+
H207	Food Farmacy ID H207	✓	+	+	+
H208	Food Farmacy ID H208	✓	+	+	+
H209	Food Farmacy ID H209	✓	+	+	+
H210	Food Farmacy ID H210	✓	+	+	+
H211	Food Farmacy ID H211	✓	+	+	+

Screenshot of participant tracking dashboard in REDCap.






# Endnotes

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- iii Unal, D. (2018). Sovereignty and social justice: How the concepts affect federal American Indian policy and American Indian health. Social Work in Public Health, 33(4), 359–270. <https://doi.org/10.1080/19371918.2018.1462287>
- iv Dhillon, J., Jacobs, A. G., Ortiz, S., & Diaz Rios, L. K. (2022). A Systematic Review of Literature on the Representation of Racial and Ethnic Minority Groups in Clinical Nutrition Interventions. Advances in Nutrition, 13(5), 1505–1528. <https://doi.org/10.1093/advances/nmac002>
- v Newman, T., Lee, J. S., Thompson, J. J., & Rajbhandari-Thapa, J. (2022). Current Landscape of Produce Prescription Programs in the US. Journal of Nutrition Education and Behavior, 54(6), 575–581. <https://doi.org/10.1016/j.jneb.2022.02.011>
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- ix Washtenaw County Health Department. (2016, March). Prescription for Health: Program Implementation Guide. Ypsilanti, MI.
- x CareMessage. (2022). Our platform. <https://www.caremessage.org/our-platform/>
- xi Biehl, E. (2023). MSU extension and tribal partners highlight indigenous foods through cooking matters program. <https://www.canr.msu.edu/news/msu-extension-and-tribal-partners-highlight-indigenous-foods-through-cooking-matters-program>
- xii Harris, P. A., Taylor, R., Minor, B. L., Elliott, V., Fernandez, M., O’Neal, L., McLeod, L., Delacqua, G., Delacqua, F., Kirby, J., & Duda, S. N. (2019). The redcap consortium: Building an international community of Software Platform Partners. Journal of Biomedical Informatics, 95, 103208. <https://doi.org/10.1016/j.jbi.2019.103208>

# Appendices

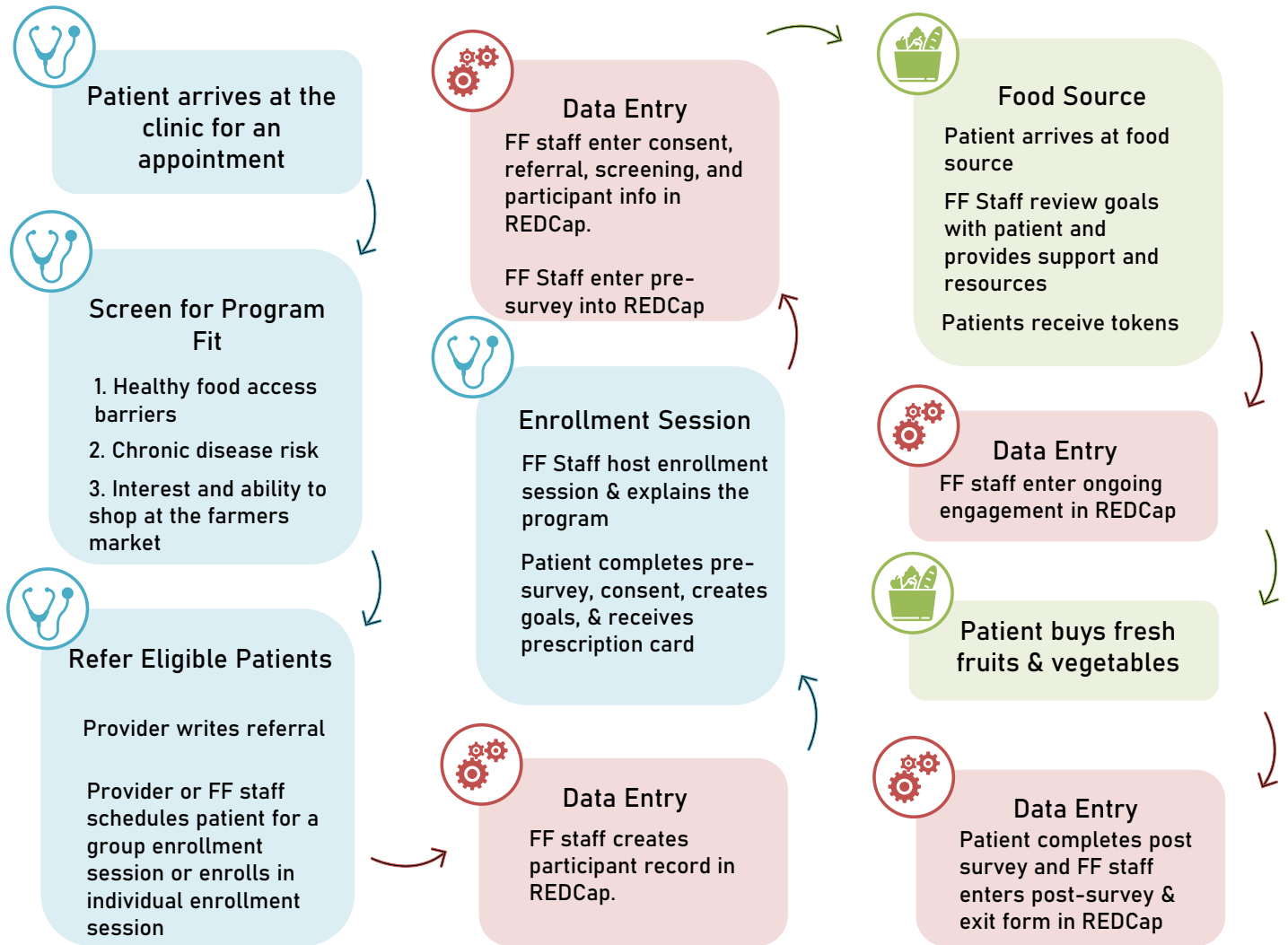
## Appendix A: Essential Ingredients Checklist

			
Health Partners	✓		
Food Source Partners			✓
Program Staff (CHW or others)		✓	
Trusted member of community or peer educator			
Ongoing engagement & token tracking			
Training for partners & staff	✓	✓	✓
Patient referral from Provider	✓		
Patient enrollment sessions	✓	✓	
Special events		✓	
Post-program follow-up with partners & participants	✓	✓	✓

# Appendix B: Program Map Key



# Appendix C: Program Map Template





## Appendix D: LTBB Screening Criteria

### LTBB Screening Criteria

1. Do you ever worry that you and/or your family will not have enough food (including fruits and vegetables) to eat?  Yes  No
2. Has your health care provider told you that you have prediabetes, diabetes, high blood pressure or high cholesterol?  Yes  No
3. Are you pregnant or breastfeeding?  Yes  No
4. Are you interested in eating more fruits and vegetables?  
 Yes  No
5. Are you willing to commit to attending an education session and going to a farm market in your area once per month through December 2023 to pick up fresh food?  
 Yes  No

## Appendix E: LTBB Mid-point Survey

The purpose of this survey is to evaluate how well this program is currently working and what could be improved upon to better serve you and the community. We would like to learn more about your experiences and satisfaction with the program. This information will help us plan the program to serve you better in the future. Participation in the program, in the evaluation, and in taking this survey are voluntary. The Food Farmacy Team values and thanks you for your time!

### Section I.

1. In general, do you think your health is:
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor
  
2. How do you feel your health has changed since you started the program?
  - Improved greatly
  - Improved some
  - Stayed the same
  - Declined some
  - Declined greatly
  - Unsure
  
3. What do you find yourself purchasing the most through the program?
  - Fruits
  - Vegetables
  - Other \_\_\_\_\_
  
4. What do you find yourself enjoying the most through the program?
  - Fruits
  - Vegetables
  - Whole grains
  - Lean protein (meat, seafood, hummus, greek yogurt, etc.)
  - Peas and beans (legumes)
  - Other \_\_\_\_\_
  
5. How do you feel your fruit and vegetable consumption has changed since you started with the program?
  - I eat more fruits and vegetables
  - I eat the same amount of fruits and vegetables
  - I eat less fruits and vegetables

6. What, in your opinion, is something you have enjoyed the most about the Food Farmacy program?

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7. What, if anything, would you change about the Food Farmacy program?

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8. Which of the following have been reasons that you have not used some or all of your vouchers?

*Choose all that apply.*

- Transportation
- I do not know how to use my vouchers
- I do not know how to store the fruits and vegetables available
- I do not know how to use the fruits and vegetables available
- The market or store is too far away
- I do not like going to the markets or stores that are part of the program
- I am too busy to get to the markets or stores
- I have too many health issues to be a part of this program
- I lost my vouchers
- The fresh fruits and vegetables available are too expensive
- The fresh fruits and vegetables available are poor in quality
- The types of fruits and vegetables I like are not available
- Other \_\_\_\_\_

8. Have you ever stockpiled or saved your vouchers for future use? If yes, please explain why.

- No
- Yes \_\_\_\_\_

9. Following are some statements about your satisfaction levels with the program overall. There are no right or wrong answers. Please choose the one answer that describes your opinion the best.

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
a. I feel satisfied with the <b>variety</b> of food options available to purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel satisfied with the <b>quality</b> of food options available to purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel satisfied with the <b>amount</b> of food options available to purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel satisfied with the <b>amount</b> of vouchers I got	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel comfortable and safe during each of my visits to the market(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel satisfied after each of my education or goal-setting sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel comfortable and safe during my visits with the Food Farmacy Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Overall, I feel very satisfied with the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section II.**

Please answer the following questions about the accessibility of the program.

10. How easy or difficult is it for you to pick-up your vouchers from the health care workers, in your opinion?

- Very easy
- Somewhat easy
- Neutral
- Somewhat difficult
- Very difficult

11. How easy or difficult is it for you to use your vouchers, in your opinion?

- Very easy
- Somewhat easy
- Neutral
- Somewhat difficult
- Very difficult

12. What is your main form of transportation to and from the program?
- Personal car
  - Borrowed car
  - Get a ride from a friend or family member
  - Bike
  - Walking
  - Bus or other public transportation
  - Other \_\_\_\_\_
13. How consistent is your main form of transportation to and from the program?
- Very consistent
  - Somewhat consistent
  - Not at all consistent
14. Have you found that the hours for voucher pick-up and goal-setting work for you and your schedule?
- Yes
  - Sometimes
  - No
15. Would additional assistance or information in any of the following areas be helpful?
- Choose all that apply*
- Making appointments
  - Where and/or how to pick-up your vouchers
  - Where and/or how to use your vouchers
  - Finding consistent transportation
  - Shopping at the market or stores
  - How to store the fruits and vegetables available
  - How to use the fruits and vegetables available
  - Other \_\_\_\_\_
  - I do not need additional assistance or information

Be sure to bring up any concerns with the Food Farmacy staff at your next goal setting or education session.

***Thank you for your participation!***



# Appendix F: Consent Form Templates



Staff Only:

Food Farmacy

Participant ID #: \_\_\_\_\_

## Participant Consent to Participate in Food Farmacy Evaluation

### Notice of Privacy

\*INSERT YOUR AGENCY NAME HERE\* will collect your personal information for Food Farmacy program tracking, benefits, and evaluation.

We will protect your personal information. We will keep your identity private, meaning only our staff will have access to your name and any information that may be used to identify you.

We will only discuss your personal health information with you, or the health provider that referred you to the Food Farmacy program.

\*INSERT YOUR AGENCY NAME HERE\* will collect data from you to evaluate how this program has affected you and to evaluate the overall results of this program. We will ask you to complete information forms, surveys, and goal tracking forms.

Before data is shared with anyone outside of the Food Farmacy program, your identifying information will be removed. Your de-identified data will be securely stored and shared with the \*INSERT YOUR PROGRAM EVALUATOR NAME HERE\*, our program evaluators. \*INSERT YOUR PROGRAM EVALUATOR NAME HERE\* will analyze our data to evaluate the Food Farmacy program and report overall results. \*INSERT YOUR PROGRAM EVALUATOR NAME HERE\* will follow all federal and tribal privacy and security rules as required by law.

We expect you will experience no discomfort other than what is expected may be encountered in everyday life. The chances of facing physical, psychological, or social risks from participating in the evaluation for the Food Farmacy program are minimal. The primary risk is loss of confidentiality if data were to be inadvertently disclosed. Steps taken to protect your privacy make this risk highly unlikely.

This program is voluntary. You can stop participating at any time and it won't affect other services that you are eligible to receive from this agency. You can choose to participate in the Food Farmacy program and NOT participate in the program evaluation.

Our program results will be shared with \*INSERT ANYONE WHO PROGRAM RESULTS WILL BE SHARED WITH, LIKE PROGRAM FUNDER\*. Overall results will also be shared with our community leaders and the public through reports, presentations, and data briefs. No publicly



Staff Only:

Food Farmacy

Participant ID #: \_\_\_\_\_

shared information will include any personal information that might possibly identify you (including quotes or photos), without your prior permission.

## **Participant Consent to Participate in Food Farmacy Evaluation**

### **Adult Form**

I agree to participate in the Food Farmacy program.

I know that I may receive a value of up to \*INSERT YOUR TOTAL BENEFIT AMOUNT IN \$ HERE\* in tokens/vouchers to purchase specific foods (such as fresh fruits and vegetables) from \*INSERT FOOD VENDOR NAME\* for participating in program activities.

I know that information I provide to the Food Farmacy program will only be used by \*INSERT YOUR AGENCY AND/OR EVALUATOR NAME HERE\* to manage and evaluate the program, complete required reports to the funder, and share program results publicly.

I know that my data may be included in the analysis that is presented in results reports, presentations, and articles. If my data are used, no identifying information will be shared without my permission.

I have read this consent form. My questions have been answered. I understand what I am agreeing to by signing this form.

Participant Name (printed): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Staff Only:

Food Farmacy

Participant ID #: \_\_\_\_\_

## Parent/Guardian Consent to Participate in Food Farmacy Evaluation

### Notice of Privacy

\*INSERT YOUR AGENCY NAME HERE\* will collect your household's and your child's/dependent's personal information for Food Farmacy program tracking, benefits, and evaluation.

We will protect your household's and your child's/dependent's personal information. We will keep your household's and your child's/dependent's identity private, meaning only our staff will have access to your name and any information that may be used to identify you.

We will only discuss your household's and your child's/dependent's personal health information with you, or the health provider that referred your child/dependent to the Food Farmacy program.

\*INSERT YOUR AGENCY NAME HERE\* will collect data from you to evaluate how this program has affected your household and your child/dependent to evaluate the overall results of this program. We will ask you to complete information forms, surveys, and goal tracking forms.

Before data is shared with anyone outside of the Food Farmacy program, your household and your child's/dependent's identifying information will be removed. Your de-identified data will be securely stored and shared with the \*INSERT YOUR PROGRAM EVALUATOR NAME HERE\*, our program evaluators. \*INSERT YOUR PROGRAM EVALUATOR NAME HERE\* will analyze our data to evaluate the Food Farmacy program and report overall results. \*INSERT YOUR PROGRAM EVALUATOR NAME HERE\* will follow all federal and tribal privacy and security rules as required by law.

We expect you or your child will experience no discomfort other than what is expected may be encountered in everyday life. The chances of facing physical, psychological, or social risks from participating in the evaluation for the Food Farmacy program are minimal. The primary risk is loss of confidentiality if data were to be inadvertently disclosed. Steps taken to protect you and your child's privacy make this risk highly unlikely.

Participation in this program is totally voluntary. You and your child/dependent can stop participating at any time and it will not affect other services that you are eligible to receive

from this agency. You and your child/dependent can choose to participate in the Food Farmacy program and NOT participate in the program evaluation.

Our program results will be shared with \*INSERT ANYONE WHO PROGRAM RESULTS WILL BE SHARED WITH, LIKE PROGRAM FUNDER\*. Overall results will also be shared with our community leaders and the public through reports, presentations, and data briefs. No publicly shared information will include any personal information that might possibly identify your household or your child/guardian without your prior permission, including quotes and photos/videos.

## **Parent/Guardian Consent to Participate in Food Farmacy Evaluation**

### **Child (Ages 2-17) Form**

I consent to my child's/dependent's participation in the Food Farmacy program.

I know that I may receive a value of up to \*INSERT YOUR TOTAL BENEFIT AMOUNT IN \$ HERE\* in tokens/vouchers to purchase specific foods (such as fresh fruits and vegetables) from \*INSERT FOOD VENDOR OR OUTLET NAME\* for participating in program activities on behalf of my child.

I know that information I provide to the Food Farmacy program will only be used by \*INSERT YOUR AGENCY AND/OR FUNDER NAME HERE\* to manage and evaluate the program, complete required reports to the funder, and share program results publicly.

I know that my household's or my child's/dependent's data may be included in the analysis that is presented in results reports, presentations, and articles. If my household's and/or my child's/dependent's data are used, no identifying information will be shared without my permission.

I have read the Parental/Guardian Consent to participate in the Food Farmacy evaluation. My questions have been answered. My signature on this form means that I agree to my child's/dependent's participation in the Food Farmacy program evaluation. I understand what I am agreeing to by signing this form.

Participant (Child's) Name (printed): \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

# Appendix G: Adult Pre-Survey

## Food Farmacy Pre-Survey

The purpose of this survey is to evaluate how this program has affected you and to evaluate the overall results of this program. We would like to learn about your shopping, cooking, and eating habits **before you started the program.** We would also like to know about your health **before you started the program.** This information will help us plan the program to serve you better. Before data is shared with anyone outside of the Food Farmacy program, your identifying information will be removed. Participation in the program, in the evaluation, and in taking this survey are voluntary. The Food Farmacy team values your time!

- A. Food Farmacy Participant ID: \_\_\_\_\_
- B. Have you signed a consent form?  
 Yes       No       Unsure
- C. Have you participated in this program before?  
 Yes       No       Unsure

### Section I.

1. In general, do you think your health is:

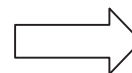
- Excellent
- Very good
- Good
- Fair
- Poor

2. Where do you usually get fresh produce (fruits and vegetables)? *Choose all that apply.*

- Grocery store
- Farmers' market
- Tribal Food Distribution Program (Commodities)
- Corner store, country store, convenience store
- Grow in your own backyard garden or community garden
- From family members or friends who grow their own
- Other: \_\_\_\_\_

3. How often do you have fruit and vegetables available at home? This includes fresh, dried, canned, and frozen fruits and vegetables.

- Never (0 days per week)
- Rarely (less than once a week)
- Sometimes (1-2 days per week)
- Often (3+ days per week)
- It varies week to week





4. What gets in the way of your household having fresh fruits and vegetables?

*Choose all that apply.*

- I/We do not have reliable transportation
- The market or store is too far away
- Fresh fruits and vegetables are too expensive
- Fresh fruits and vegetables are poor quality
- Fresh fruits and vegetables go bad before I can eat them
- Fresh fruits and vegetables are not available at all or some of the places that I shop
- The types of fruits and vegetables I like are not available
- I/We do not like fruits and vegetables
- I/We do not know how to prepare fruits and vegetables
- None of these
- Other: \_\_\_\_\_

5. In the last 3 months, did you or others in your home ever cut the size of your meals, skip meals, and/or buy fewer healthy foods (such as fruits & vegetables) because there was not enough money for food?

- Yes
- No
- Unsure

6. To you personally, how important is it to eat plenty of fruits and vegetables?

- Very Important
- Important
- Somewhat Important
- Not Important

7. Thinking about the foods you ate during the past month, including meals and snacks, how many times per week did you....

- a. eat a serving of **fruit** (not including juices)?  
\_\_\_\_\_ times per week
- b. eat a serving of **vegetables** (not including fries or fried potatoes)?  
\_\_\_\_\_ times per week
- c. eat foods like **chips, cookies, soda, take-out/carry-in, or fast food**?  
\_\_\_\_\_ times per week
- d. eat a meal or snack **prepared at home** by yourself, a friend, or a family member?  
\_\_\_\_\_ times per week

8. Following are some statements about fruits and vegetables. There are no right or wrong answers. Please choose the one answer that describes your opinion the best.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
a. I know how to prepare and cook fruits and vegetables for meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I know how to store fresh fruits and vegetables to increase their shelf life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating fruits and vegetables helps improve my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can count on the people around me to support me to eat more fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is important to me to eat more fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I decided to eat more fruits and vegetables, I am confident I would succeed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section II.**

Please answer the following questions about yourself.

15. What county do you live in?

County: \_\_\_\_\_

16. What is your age?

- 2-17 years
- 18 – 25 years
- 26 – 35 years
- 36 – 45 years
- 46 – 55 years
- 56 - 64 years
- 65+ years

17. How do you identify your gender? *Choose all that you use to identify yourself.*

- Female
- Male
- Transgender
- Non-binary
- Two-Spirit

18. How do you identify your race?

- African American / Black
- Native American / American Indian
- Latino / Hispanic or Spanish Origin
- Caucasian / White
- Asian / Asian American or Pacific Islander
- Some other race or ethnicity: \_\_\_\_\_

19. Does your household currently use any of the following programs?

- |                                  |                              |                             |                                 |
|----------------------------------|------------------------------|-----------------------------|---------------------------------|
| EBT/Bridge Card/SNAP/food stamps | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Double Up Food Bucks             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| WIC (Women, Infants & Children)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Senior Project/Market FRESH      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Tribal Commodity Food Program    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

***Thank you for your participation!***

## Appendix H: Adult Post-Survey

The purpose of this survey is to evaluate how this program has affected you and to evaluate the overall results of this program. We would like to learn about your shopping, cooking, and eating habits **after you completed the program**. We would also like to know about your health **after you completed the program**. This information will help us plan the program to serve you better. Before data is shared with anyone outside of the Food Farmacy program, your identifying information will be removed. Participation in the program, in the evaluation, and in taking this survey are voluntary. The Food Farmacy team values your time!

A. Food Farmacy Participant ID: \_\_\_\_\_

### Section I.

1. In general, do you think your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

2. Where do you usually get fresh produce (fruits and vegetables)? *Choose all that apply.*

- Grocery store
- Farmers' market
- Tribal Food Distribution Program (Commodities)
- Corner store, country store, convenience store
- Grow in your own backyard garden or community garden
- From family members or friends who grow their own
- Other (Please Specify): \_\_\_\_\_

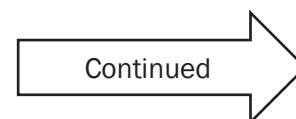
3. How often do you have fruit and vegetables available at home? This includes fresh, dried, canned, and frozen fruits and vegetables.

- Never (0 days per week)
- Rarely (less than once a week)
- Sometimes (1-2 days per week)
- Often (3+ days per week)
- It varies week to week

4. What gets in the way of your household having fresh fruits and vegetables?

*Choose all that apply.*

- I/We do not have reliable transportation
- The market or store is too far away
- Fresh fruits and vegetables are too expensive
- Fresh fruits and vegetables are poor quality



- Fresh fruits and vegetables go bad before I can eat them
- Fresh fruits and vegetables are not available at all or some of the places that I shop
- The types of fruits and vegetables I like are not available
- I/We do not like fruits and vegetables
- I/We do not know how to prepare fruits and vegetables
- None of these
- Other (Please Specify): \_\_\_\_\_

5. While participating in Food Farmacy, did the program help reduce or remove any of these barriers to having fresh fruits and vegetables for your household?

- Yes
- No
- Unsure

6. If yes, which barriers were reduced or removed because of the program?

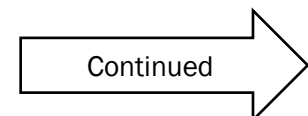
- Transportation
- Distance to market or store
- Cost of fresh fruits and vegetables
- Quality of fresh fruits and vegetables
- Availability of fresh fruits and vegetables
- Types of fruits and vegetables you like were not available
- Not liking to eat fruits and vegetables
- None
- Other: \_\_\_\_\_

7. In the last 3 months, did you or others in your home ever cut the size of your meals, skip meals, and/or buy fewer healthy foods (such as fruits & vegetables) because there was not enough money for food?

- Yes
- No
- Unsure

8. To you personally, how important is it to eat plenty of fruits and vegetables?

- Very Important
- Important
- Somewhat Important
- Not Important





9. Thinking about the foods you ate during the past month, including meals and snacks, how many times per week did you....

- a. eat a serving of **fruit** (not including juices)?  
 \_\_\_\_\_ times per week
- b. eat a serving of **vegetables** (not including fries or fried potatoes)?  
 \_\_\_\_\_ times per week
- c. eat foods like **chips, cookies, soda, take-out/carry-in, or fast food**?  
 \_\_\_\_\_ times per week
- d. eat a meal or snack **prepared at home** by yourself, a friend, or a family member?  
 \_\_\_\_\_ times per week

10. Following are some statements about fruits and vegetables. There are no right or wrong answers. Please choose the one answer that describes your opinion best.

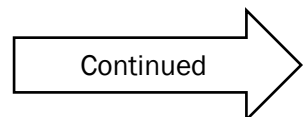
<i>Mark an "X" in the box that best matches your experience.</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
a. I know how to prepare and cook fruits and vegetables for meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I know how to store fresh fruits and vegetables to increase their shelf life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating fruits and vegetables helps improve my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can count on the people around me to support me to eat more fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is important to me to eat more fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I decided to eat more fruits and vegetables, I am confident I would succeed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section II.**

Please answer the following questions about your experience with the Food Farmacy program.

11. As a result of participating in the Food Farmacy program, do **you** eat more fruits and vegetables?

- Yes
- No
- Not Sure



12. As a result of participating in the Food Farmacy program, do **your family members** eat more fruits and vegetables?

- Yes
- No
- Not Sure
- Not Applicable

13. As a result of participating in the Food Farmacy program, do **you** manage your health conditions better?

- Yes
- No
- Not Sure
- Not Applicable

14. As a result of participating in the Food Farmacy program, did **you** try a new fruit or vegetable?

- Yes
- No
- Not Sure

15. As a result of participating in the Food Farmacy program, do **you** cook with fruits and vegetables that you did not cook with in the past?

- Yes
- No
- Not Sure

16. What, if any, **health benefits** did you have as a result of participating in the Food Farmacy program?

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17. What, if any, **lifestyle changes** did you make as a result of participating in the Food Farmacy program?

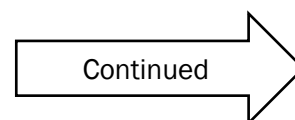
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18. How, if at all, did the Food Farmacy program help you with your health and wellness goals?

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19. What was the most significant change you experienced because of this program? It is significant if it feels significant to you. Please tell us a little bit about this change or write "No change."

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**Section III.**

Please answer the following questions about your experience with the Food Farmacy program.

20. How easy or difficult was the process of **getting your tokens or vouchers** from your health center?

- Very easy
- Usually easy
- It varied
- Usually difficult
- Very difficult

21. About how many of your food tokens or vouchers did you redeem?

- All of them
- Most of them
- Some of them
- A few of them
- None of them

22. How easy or difficult was it for you to redeem your tokens or vouchers to purchase fresh fruits and vegetables for this program?

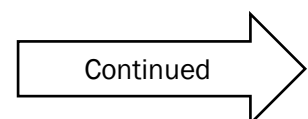
- Very easy
- Usually easy
- It varied
- Usually difficult
- Very difficult

23. How often was the **amount of the token or voucher** enough money to purchase the food you wanted or needed?

- Always
- Most of the time
- Some of the time
- Rarely
- Never

24. How satisfied were you with the **variety of food options** available to purchase with your tokens or vouchers?

- Very Satisfied
- Satisfied
- Somewhat Satisfied
- Not at all Satisfied



25. How satisfied were you with the **quality of food options** available to purchase with your tokens or vouchers?
- Very Satisfied
  - Satisfied
  - Somewhat Satisfied
  - Not at all Satisfied

26. What, if anything, would you change about the Food Farmacy program?

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***Miigwech (thank you) for your participation!***

## Appendix I: Child Pre-Survey

The purpose of this survey is to evaluate how this program has affected your child/dependent and to evaluate the overall results of this program. We would like to learn about the shopping, cooking, and eating habits of your household members, including the child/dependent who enrolled in the Food Farmacy program **before you started the program**. This information will help us plan the program to serve you better. Before data is shared with anyone outside of the Food Farmacy program, identifying information will be removed. Participation in the program, in the evaluation, and in taking this survey are voluntary. The Food Farmacy team values your time!

- A. Food Farmacy Participant ID: \_\_\_\_\_
- B. Have you signed a consent form on behalf of your child?  
 Yes       No       Unsure
- C. Has your child/dependent participated in this program before?  
 Yes       No       Unsure

### Section I.

1. In general, do you think your child/dependent's health is:  
 Excellent  
 Very good  
 Good  
 Fair  
 Poor  
 I don't know
2. Where does your household usually get fresh produce (fruits and vegetables)? *Choose all that apply.*  
 Grocery store  
 Farmers' market  
 Tribal Food Distribution Program (Commodities)  
 Corner store, country store, convenience store  
 Grow in your own backyard garden or community garden  
 From family members or friends who grow their own  
 Other: \_\_\_\_\_
3. How often do you have fruit and vegetables available at home? This includes fresh, dried, canned, and frozen fruits and vegetables.  
 Never (0 days per week)  
 Rarely (less than once a week)  
 Sometimes (1-2 days per week)  
 Often (3+ days per week)  
 It varies week to week
4. What gets in the way of your household having fresh fruits and vegetables?  
*Choose all that apply.*  
 We do not have reliable transportation





- The market or store is too far away
- Fresh fruits and vegetables are too expensive
- Fresh fruits and vegetables are poor quality
- Fresh fruits and vegetables go bad before we can eat them
- Fresh fruits and vegetables are not available at all or some of the places that we shop
- The types of fruits and vegetables we like are not available
- We do not like fruits and vegetables
- We do not know how to prepare fruits and vegetables
- None of these
- Other: \_\_\_\_\_

5. In the last 3 months, did you or others in your home ever cut the size of your meals, skip meals, and/or buy fewer healthy foods (such as fruits & vegetables) because there was not enough money for food?

- Yes                       No                       Unsure

6. From your perspective, how important is it to your family members that they eat plenty of fruits and vegetables?

- Very Important     Important     Somewhat Important     Not Important     Don't know

7. Thinking about the foods you provided your child/dependent during the past month, including meals and snacks, how many times per week did you....

- a. provide a **fruit** (not including juices)? \_\_\_\_\_ times per week
- b. provide a **vegetable** (not including fries or fried potatoes)? \_\_\_\_\_ times per week
- c. provide foods like **chips, cookies, soda, take-out/carry-in, or fast food**? \_\_\_\_\_ times per week
- d. provide a meal or snack **prepared at home** by yourself, a friend, or a family member? \_\_\_\_\_ times per week

8. Following are some statements about fruits and vegetables. There are no right or wrong answers. Please choose the one answer that describes your opinion the best.

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
a. I know how to prepare and cook fruits and vegetables for meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I know how to store fresh fruits and vegetables to increase their shelf life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating fruits and vegetables helps improve my child/dependent's health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is easy to get my child/dependent to eat the fruits and vegetables I provide them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is important to me for my child/dependent to eat more fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section II.**

Please answer the following questions about the child that is enrolled in the Food Farmacy program.

15. What county does your child/dependent live in?

County: \_\_\_\_\_

16. What is your child/dependent's age?

- 2-5 years
- 6-9 years
- 10-13 years
- 14-17 years

17. How does your child/dependent identify their gender? *Choose all that they use to identify themselves.*

- Female
- Male
- Transgender
- Non-binary
- Two-Spirit

18. What is your child/dependent's race? Choose all that apply.

- African American / Black
- Native American / American Indian
- Latino / Hispanic or Spanish Origin
- Caucasian / White
- Asian / Asian American or Pacific Islander
- Some other race or ethnicity: \_\_\_\_\_

19. Does your household currently use any of the following programs?

- |                                  |                              |                             |                                 |
|----------------------------------|------------------------------|-----------------------------|---------------------------------|
| EBT/Bridge Card/SNAP/food stamps | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Double Up Food Bucks             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| WIC (Women, Infants & Children)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Senior Project/Market FRESH      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Tribal Commodity Food Program    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

***Thank you for your participation***

# Appendix J: Child Post-Survey

## Food Farmacy Post-Survey (Child)

The purpose of this survey is to evaluate how this program has affected your child/dependent and to evaluate the overall results of this program. We would like to learn about the shopping, cooking, and eating habits of your household members, including the child/dependent who enrolled in the Food Farmacy program, **after you completed the program**. We would also like to know about your child/dependent's health **after you completed the program**. This information will help us plan the program to serve you better. Before data is shared with anyone outside of the Food Farmacy program, identifying information will be removed. Participation in the program, in the evaluation, and in taking this survey are voluntary. The Food Farmacy team values your time!

A. Food Farmacy Participant ID: \_\_\_\_\_

### Section I.

1. In general, do you think your child/dependent's health is:

- Excellent
- Very good
- Good
- Fair
- Poor

2. Where does your household usually get fresh produce (fruits and vegetables)? *Choose all that apply.*

- Grocery store
- Farmers' market
- Tribal Food Distribution Program (Commodities)
- Corner store, country store, convenience store
- Grow in your own backyard garden or community garden
- From family members or friends who grow their own
- Other: \_\_\_\_\_

3. How often do you have fruit and vegetables available at home? This includes fresh, dried, canned, and frozen fruits and vegetables.

- Never (0 days per week)
- Rarely (less than once a week)
- Sometimes (1-2 days per week)
- Often (3+ days per week)
- It varies week to week

4. What gets in the way of your household having fresh fruits and vegetables?

*Choose all that apply.*

- I/We do not have reliable transportation
- The market or store is too far away
- Fresh fruits and vegetables are too expensive

Continued 

- Fresh fruits and vegetables are poor quality
- Fresh fruits and vegetables go bad before I can eat them
- Fresh fruits and vegetables are not available at all or some of the places that I shop
- The types of fruits and vegetables I like are not available
- I/We do not like fruits and vegetables
- I/We do not know how to prepare fruits and vegetables
- None of these
- Other: \_\_\_\_\_

5. While participating in Food Farmacy, did the program help reduce or remove any of these barriers to having fresh fruits and vegetables for your household?

- Yes
- No
- Unsure

6. If yes, which barriers were reduced or removed because of the program?

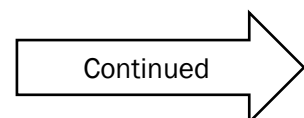
- Transportation
- Distance to market or store
- Cost of fresh fruits and vegetables
- Quality of fresh fruits and vegetables
- Types of fruits and vegetables you like were not available
- Not liking to eat fruits and vegetables
- None
- Other: \_\_\_\_\_

7. In the last 3 months, did you or others in your home ever cut the size of your meals, skip meals, and/or buy fewer healthy foods (such as fruits & vegetables) because there was not enough money for food?

- Yes
- No
- Unsure

8. From your perspective, how important is it to your family members that they eat plenty of fruits and vegetables?

- Very Important
- Important
- Somewhat Important
- Not Important



9. Thinking about the foods you provided your child/dependent during the past month, including meals and snacks, how many times per week did you....
- provide a serving of **fruit** (not including juices)?  
\_\_\_\_\_ times per week
  - provide a serving of **vegetables** (not including fries or fried potatoes)?  
\_\_\_\_\_ times per week
  - provide foods like **chips, cookies, soda, take-out/carry-in, or fast food**?  
\_\_\_\_\_ times per week
  - provide a meal or snack **prepared at home** by yourself, a friend, or a family member?  
\_\_\_\_\_ times per week

10. Following are some statements about fruits and vegetables. There are no right or wrong answers. Please choose the one answer that describes your opinion best.

<i>Mark an "X" in the box that best matches your experience.</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
a. I know how to prepare and cook fruits and vegetables for meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I know how to store fresh fruits and vegetables to increase their shelf life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating fruits and vegetables helps improve my child/dependent's health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is easy to get my child/dependent to eat the fruits and vegetables I provide them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is important to me for my child/dependent to eat more fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section II.**

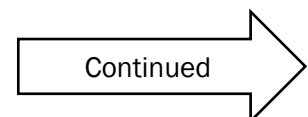
Please answer the following questions about your experience with the Food Farmacy program.

11. As a result of participating in the Food Farmacy program, does **your child** eat more fruits and vegetables?

- Yes
- No
- Not Sure

12. As a result of participating in the Food Farmacy program, do **your family members** eat more fruits and vegetables?

- Yes
- No
- Not Sure
- Not Applicable



13. As a result of participating in the Food Farmacy program, do **you** manage **your child's** health conditions better?

- Yes
- No
- Not Sure
- Not Applicable

14. As a result of participating in the Food Farmacy program, did **your child** try a new fruit or vegetable?

- Yes
- No
- Not Sure

15. As a result of participating in the Food Farmacy program, do **you** cook with fruits and vegetables that you did not cook with in the past?

- Yes
- No
- Not Sure

16. What, if any, **health benefits** did your child have as a result of participating in the Food Farmacy program?

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17. What, if any, **lifestyle changes** did you and/or your child make as a result of participating in the Food Farmacy program?

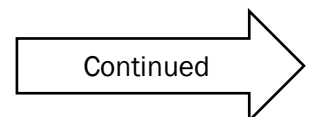
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18. How, if at all, did the Food Farmacy program help you and/or your child with your health and wellness goals?

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19. What was the most significant change you and/or your child experienced because of this program? It is significant if it feels significant to you. Please tell us a little bit about this change or write “No change.”
- 
- 

**Section III.**

Please answer the following questions about your experience with the Food Farmacy program.

20. How easy or difficult was the process of **getting your tokens or vouchers** from your health center?
- Very easy
  - Usually easy
  - It varied
  - Usually difficult
  - Very difficult
21. About how many of your food tokens or vouchers did you redeem?
- All of them
  - Most of them
  - Some of them
  - A few of them
  - None of them
22. How easy or difficult was it for you to redeem your tokens or vouchers to purchase fresh fruits and vegetables for this program?
- Very easy
  - Usually easy
  - It varied
  - Usually difficult
  - Very difficult
23. How often was the **amount of the token or voucher** enough money to purchase the food you wanted or needed?
- Always
  - Most of the time
  - Some of the time
  - Rarely
  - Never
24. How satisfied were you with the **variety of food options** available to purchase with your tokens or vouchers?
- Very Satisfied
  - Satisfied
  - Somewhat Satisfied
  - Not at all Satisfied

Continued 

25. How satisfied were you with the **quality of food options** available to purchase with your tokens or vouchers?

- Very Satisfied
- Satisfied
- Somewhat Satisfied
- Not at all Satisfied

26. What, if anything, would you change about the Food Farmacy program?

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***Miigwech (thank you) for your participation!***

# Appendix K: Zero Participation Post-Survey

## Post-Program Survey - ZERO PARTICIPATION

The purpose of this survey is to evaluate how this program has affected you and to evaluate the overall results of this program. This information will help us plan the program to serve you better. Before data is shared with anyone outside of the Food Farmacy program, your identifying information will be removed. Participation in the program, in the evaluation, and in taking this survey are voluntary. The Food Farmacy team values your time!

Food Farmacy Participant ID: \_\_\_\_\_

1. I see you were not able to visit with Food Farmacy staff to get your tokens/vouchers or visit the market to get to purchase fresh fruits and vegetables. What would you say are the reasons you did not participate in the program?
  - Forgot
  - Too Busy
  - Lost vouchers
  - Transportation
  - It wasn't worth it
  - Days or times didn't work for me
  - Didn't find anything/poor selection
  - Cost was too high
  - Health problem(s)
  - Other: \_\_\_\_\_

2. What can we do in the future to make this program easier to use and to get people to the market?

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# Appendix L: HIC Goal-Setting Form

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Reason for participating (check all):**

- Diabetes/pre-diabetes
- High blood pressure
- High cholesterol
- Heart disease
- Overweight
- Pregnancy/breastfeeding
- Food access issues
- Other: \_\_\_\_\_

**Patient goals:**

**Over the next six months, I will . . .**

- Visit the farmer’s market \_\_\_\_\_ times
- Eat \_\_\_\_\_ cups of fruits & vegetables each day
- Increase protein intake by \_\_\_\_\_.
- Snack on a fruit or veggie \_\_\_\_\_ times a day.
- Other: \_\_\_\_\_

**Goal Tracking:**

<b>This week I will:</b>	<b>Date:</b>
<i>How did I do? Poor, Ok, Great</i>	
<b>This week I will:</b>	<b>Date:</b>
<i>How did I do? Poor, Ok, Great</i>	
<b>This week I will:</b>	<b>Date:</b>
<i>How did I do? Poor, Ok, Great</i>	
<b>This week I will:</b>	<b>Date:</b>
<i>How did I do? Poor, Ok, Great</i>	
<b>This week I will:</b>	<b>Date:</b>
<i>How did I do? Poor, Ok, Great</i>	

<b>This week I will:</b>	<b>Date:</b>
<i>How did I do? Poor, Ok, Great</i>	
<b>This week I will:</b>	<b>Date:</b>
<i>How did I do? Poor, Ok, Great</i>	
<b>This week I will:</b>	<b>Date:</b>
<i>How did I do? Poor, Ok, Great</i>	
<b>This week I will:</b>	<b>Date:</b>
<i>How did I do? Poor, Ok, Great</i>	
<b>This week I will:</b>	<b>Date:</b>
<i>How did I do? Poor, Ok, Great</i>	



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