The George Institute for Global Health

UNSW SYDNEY

PRODUCE PRESCRIPTION STAKEHOLDER WORKSHOP GUIDE

Produce Prescription: innovative 'Food is Medicine' intervention to improve health among people with type 2 diabetes Prof Jason Wu

Activity (Time)	Description
Part 1: Welcome (5 minutes total)	
Welcome (2 mins)	Acknowledgement of Country • Welcome by the Chief Investigator (Professor Jason Wu) • Short acknowledgement of stakeholder groups participating in the workshop • Short overview describing concept of produce prescription and what the funded trial hopes to achieve. • Introduction and handover to facilitator (Jenn Madz)
Overview (3 mins)	• Short overview of the purpose of the workshop and the ground rules • Short explanation for how the Mural platforms works and how we want stakeholders to use and engage with the platform over the course of the workshop. • Short overview of the proposed intervention design and the type of feedback we are looking to receive over course of the workshop.
Part 2: Discussion (80 minutes total)	
Acceptability	
• **Ethicality, affective attitude, (10mins)**	1. From your personal and/or organisational perspective, do produce prescriptions align with your/your organisation's goals or values? a) If yes, why b) If no, why not? 2. Broadly speaking, what do you think are the a) potential benefits of implementing produce prescription programs into the Australian healthcare system? b) potential challenges of implementing produce prescription programs into the Australian healthcare system?
Program Design (40mins)	
• **Eligibility (10mins)**	3. What group(s) of individuals with type 2 diabetes should a produce prescription program be designed for? Why? Prompts: Consider ranges and severity of health status/biomarkers and social determinants measures (e.g. food insecurity, income), access, equity
• **Program partners (10mins)**	4. Which organisations are important to have involved in a produce prescription program for Type 2 diabetes? a) What do you think each of their roles would be? b) How should they work together? Prompts: consider food vendors, healthcare, 'prescribers', nutrition education, implementing organisations, research/evaluation, insurers/funders, partnership agreements, data sharing requirements.
• **Program infrastructure (10mins)**	5. Considering your district context/location, what would be the best way (i.e. mechanism) to get fresh produce to participants in this type of program?

	Prompts: consider program accessibility, viability, infrastructure, technology, resources, governance. a) Can you think of any barriers participants may have in receiving the produce? b) Can you think of any barriers to participants using produce prescriptions? Prompts: consider metro vs rural/remote differences, cultural and vendor diversity, stigma
• **Monitoring and evaluation (10min)**	6. From your perspective, what kind of data, measures and outcomes would be important to capture as part of produce prescription programs, to adequately assess the impact of the program on the participants? Prompts: clinical markers, hospitalisations/healthcare use, fruit & vegetable intake, food security, participant retention/satisfaction, adherence to care plan/medical advice, participant self-efficacy, agency KPI measures 7. Who has primary responsibility for program monitoring and evaluation?
Implementation and Adoption (30mins)	
• **An integrated pathway (10min)**	Now having considered the above, we would like you to think about how you see produce prescription as a 'therapy' being integrated into a model of care for type 2 diabetes at the local / district / state level. 8. What existing initiatives/schemes/services could this 'prescription' be integrated with to improve its sustainability and success? Prompts: consider coordinated care programs, state-based integrated care programs, existing prevention/treatment services.
• **Screening and referral (10min)**	9. How would screening and referral for eligible participants to this type of program be achieved? a) Do you think GP or other health professional referrals could work? What considerations go with this? Prompts: consider what screening and referral options are currently available, staffing and/or technology requirements, what standardised tools could be used
• **Funding (10min)**	10. From your perspective, what potential funding models would support implementation of produce prescription programs in NSW and Australia? Prompts: Some potential funding models to consider include - Block funding - Collaborative commissioning – shared investment - National Diabetes Services Scheme (NDSS) - The Medical Benefits Schedule (MBS)

	- The Pharmaceutical Benefits Scheme (PBS) - Bundled funding 11. Can you think of any challenges to covering the costs of a produce prescription program? Prompts: Standard cost drivers include cost per service, technological set-up (e.g. POS, EMR, distribution), admin/implementation costs, vendor, other nutrition support (e.g. education) and evaluation costs.
Part 3: Conclude (10 mins)	
• **Final thoughts (5min)**	12. Is there anything else that you feel is important to consider for sustainable produce prescription program implementation in NSW/Australia? Prompts: consider what legal and/or governance items are important, what policy or strategies to align with, what longer term resources and patient supports are needed
• **Wrap up & next steps (5 mins)**	• Short wrap-up of the content covered in the workshop and thank participants for their contribution. • Short overview to inform participants about plans for dissemination as well as next steps for the larger trial. • Remind participants that they may be contacted to participate in a follow-up interview. • Inform participants that they have one-week post-workshop to provide any additional thoughts/comments and to provide these via email.