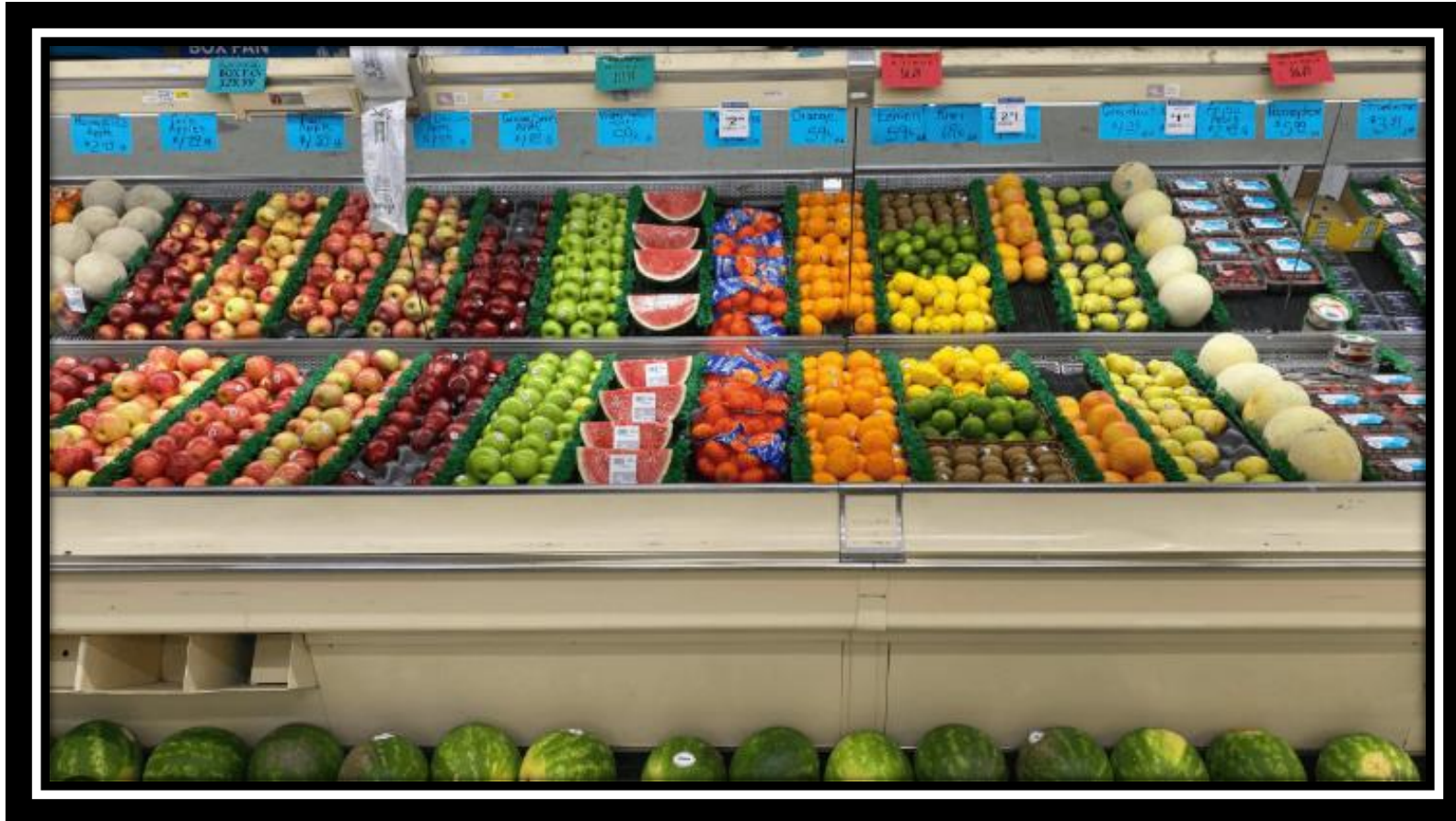


# From Aisles to Action: How Rural Grocery Stores can Play a Significant Role in the Growing Food Is Medicine Movement



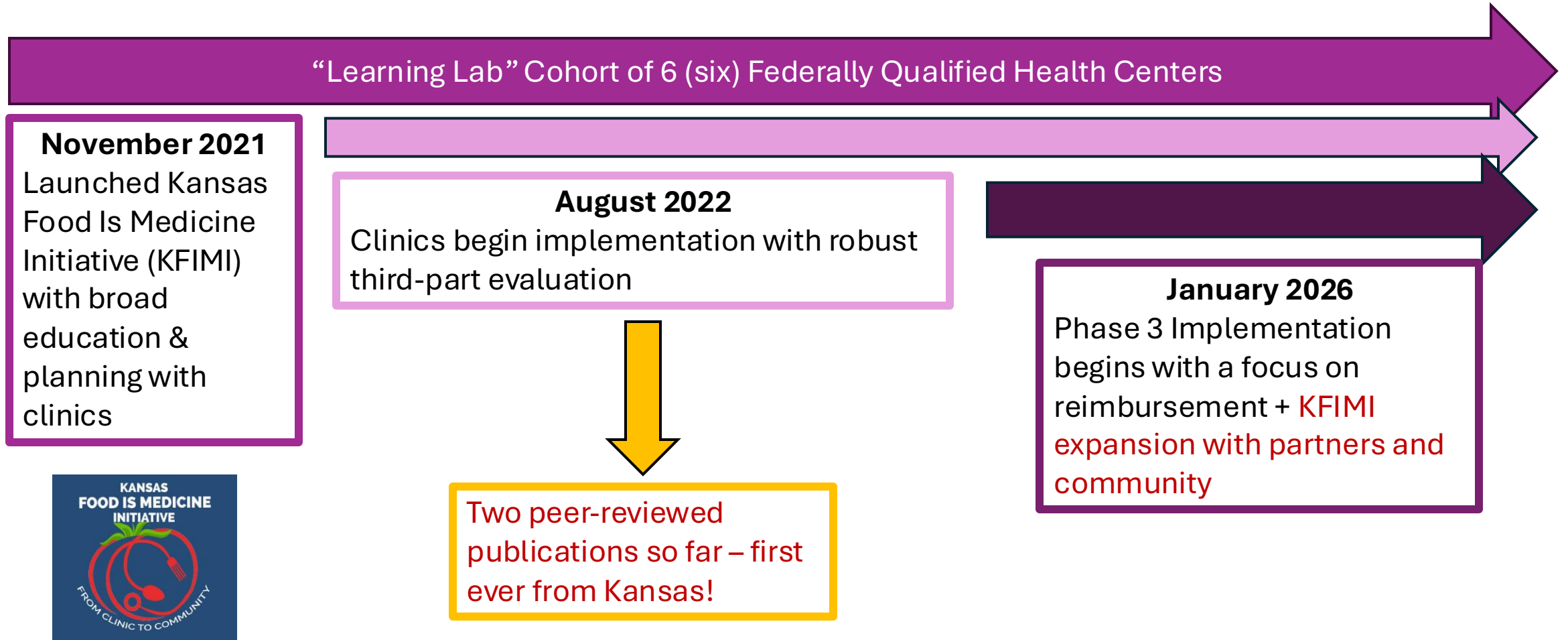
# *About Sunflower Foundation*

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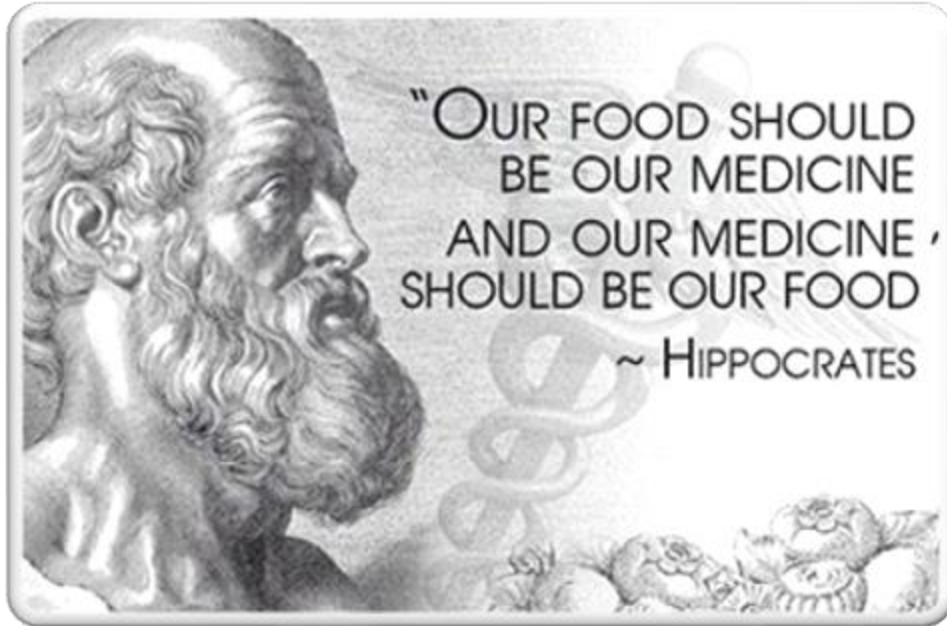
Sunflower Foundation was established in 2000 as a statewide health philanthropy with a mission to serve as a catalyst for improving the health of all Kansans. Based in Topeka but serving the entire state, the foundation believes a thriving, sustainable nonprofit sector contributes to healthy communities, and it is committed to investing in mission-aligned nonprofits through grants, partnerships, education, advocacy, collaborative learning, and capacity building.



# Kansas Food Is Medicine Initiative Journey



# *The Concept of Using Food for Health isn't New..*



# The Concept of Prescribing Food isn't New...



Late 1960s: Dr. H. Jack Geiger and colleagues offer “prescriptions” for food to families with malnourished children out of a community health center in Mound Bayou, Mississippi



1972–1975: WIC piloted and quickly adopted as national policy becoming the nation’s oldest & largest FIM program.

2009 Ryan White Extension Act: Medical nutrition therapy (MNT) defined as a core medical service (Part A funding) including the provision of medically-tailored food & supplements



Medically-tailored groceries

1985: Medically-tailored meal organizations established during the early HIV epidemic to combat wasting and HIV side effect management

Late 1990s–early 2000s: MTM providers expand to serve other acute & chronic health conditions



2010-2013: Association of Nutrition Services Agencies → Food Is Medicine Coalition

Medically-tailored meals

2007: Wholesome Wave founded



2014: Food Insecurity Nutrition Incentive Program (FINI) allows for “produce prescriptions”



2018: FINI renamed Gus Schumacher Nutrition Incentive Program (GusNIP) with expanded funding for produce prescriptions

Produce prescriptions



Sunflower Foundation

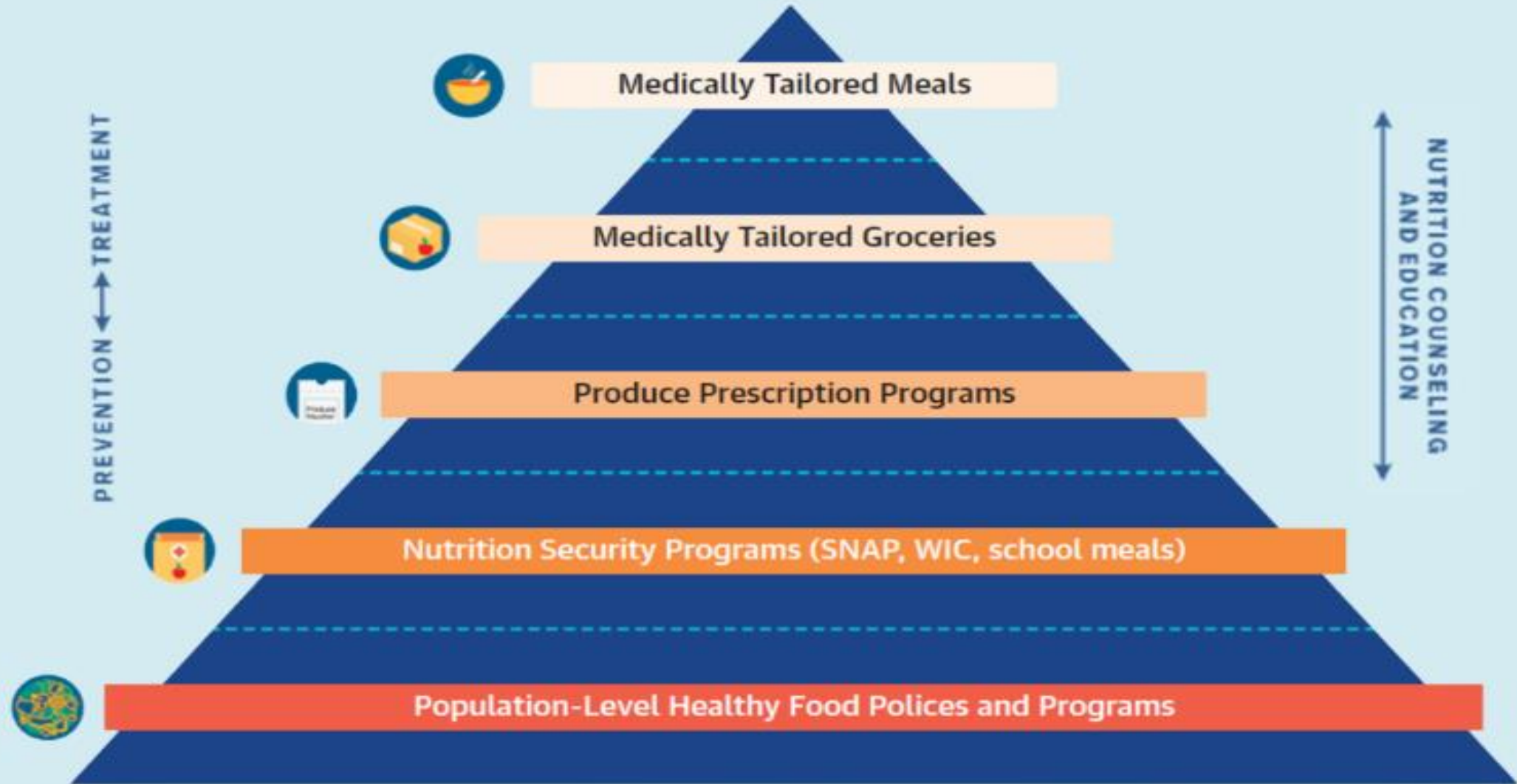
# What is FIM?

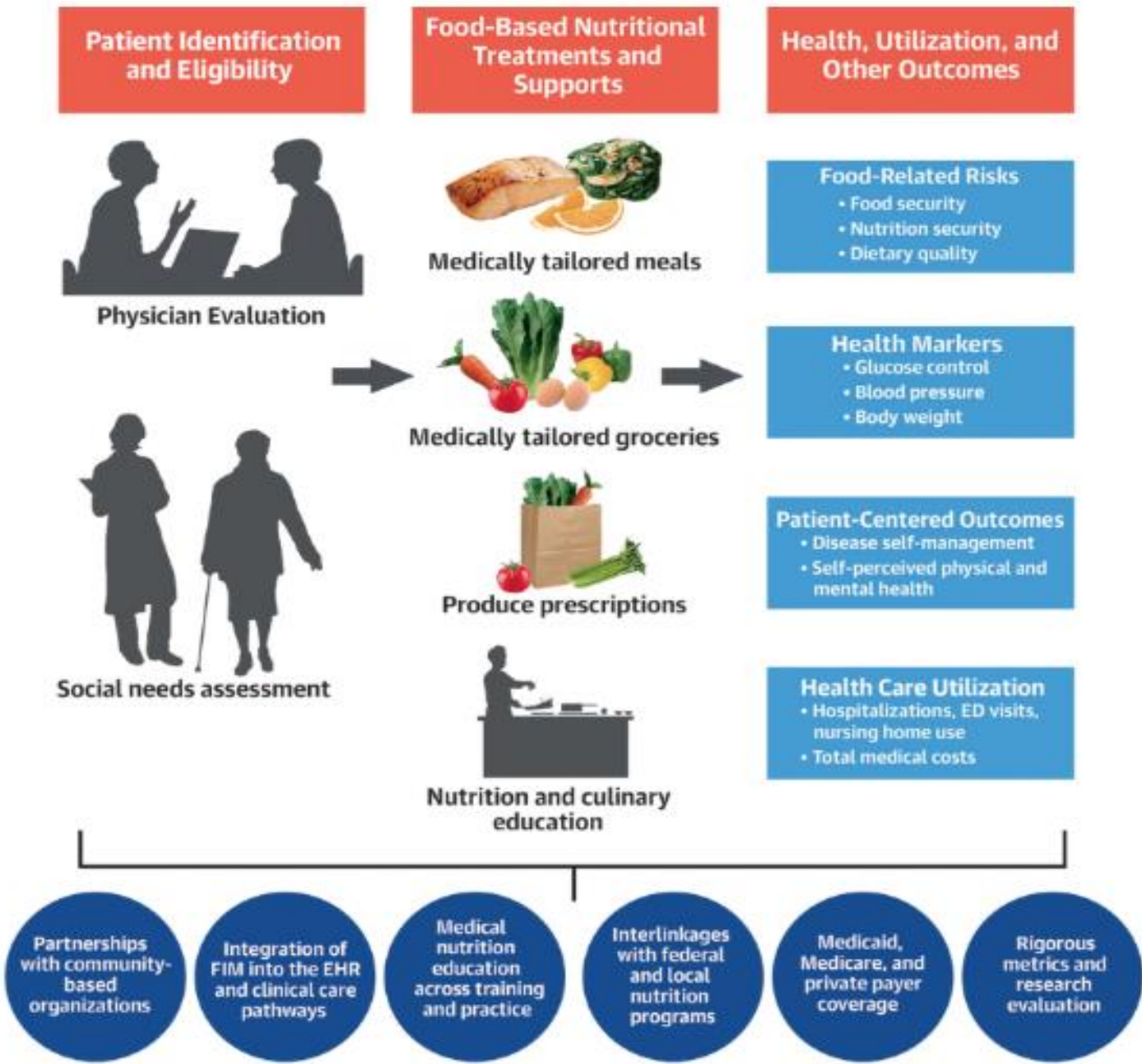
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- Food-based interventions with a direct connection to the health care system
- Nutrition is integrated within the medical model and therapeutic treatment plan to treat the progression of chronic, dietary-related disease.
- In addition to food, interventions may include education, food literacy skills, resource referrals, lifestyle change programs and peer support.
- Attention should be paid to the specific health needs and health equity priorities of different populations.

# *The Food Is Medicine Approach*



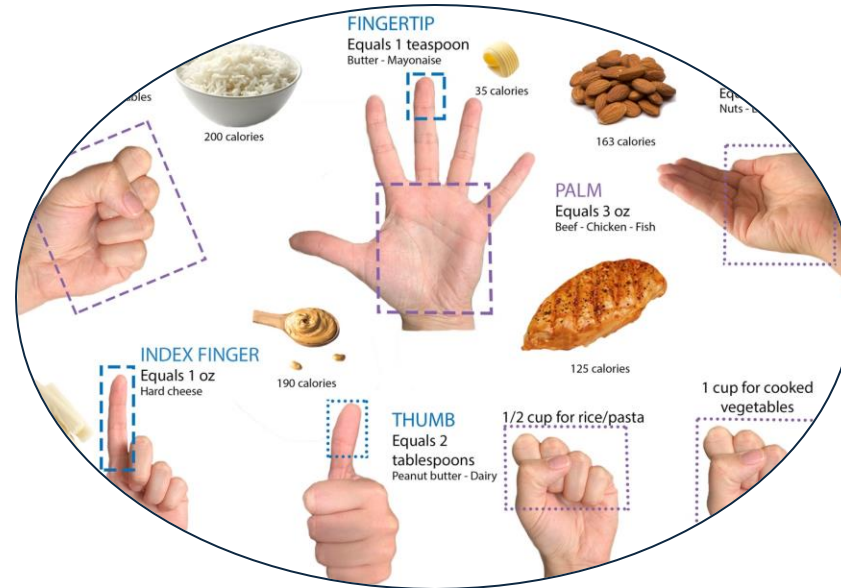


# Nutrition Prescription



## TYPE

Specify the food, not the nutrient



## AMOUNT

Specify serving size using visual estimations when possible



## FREQUENCY

Specify how many times per day or per week



# Accessing Food Is Medicine

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## FIM Programs Should Be:

- Easy to access and adopt by the people who will ultimately use them, and
- Easy to recommend and track for health care entities

Keeping these two goals in mind, how can we creatively leverage hyperlocal community assets like **rural grocery stores?**

# *Lack of local vendor in Rural*

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AmberMed Health Center, Hoxie Kansas



The Elephant Bistro & Bar, Hoxie Kansas



Jamboree Foods, Hoxie Kansas

# *Why Local Grocers can be Important FIM Partners*

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- Local food experts are trusted thought partners!
- Central food access points in the community
- Local grocer partnership is appealing to funders!



# Potential Roles of Local Grocers in FIM

FANTASTIC TOMATO SOUP  
BETTER FOR YOU



Better Than Bouillon Ham Base

**SAME  
FLAVOR.  
BETTER  
FOR YOU.**

Chef Steve's Chickpea Chowder Recipe

[DOWNLOAD RECIPE](#)



Smith Center Hospital and Gene's Heartland Foods in Smith Center, Kansas



Sunflower Foundation



## Partnership with Ron's local grocery store:

- Clinic needed dairy and lean proteins, spices, cooking oils and other cooking ingredients
- Ron's created special ordering sheet and invoice system for clinic, very seamless & flexible

# Produce Prescription Partnership



Produce Prescription Program

A framed graphic titled "What's in season?" with the "KC Fresh Rx" logo in the top right corner. On the left side of the frame is a vertical strip of various fruits and vegetables. The main content area displays five items with their names below them: Beets (a whole beet and a sliced one), Cauliflower (a head of cauliflower), Cherries (a bunch of red cherries), Garlic (two heads of garlic), and Herbs (a bunch of fresh green herbs). In the bottom right corner of the frame, there is a small video inset showing a woman with glasses speaking.

# Produce Prescription Partnership



# *Potential Roles of Local Grocers in FIM*

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## **Partner with local healthcare in your community!**

- Act as a redemption site for produce prescription programs
- Leverage store loyalty programs to identify and redeem preapproved healthy food items
- Share community room or kitchen space for nutrition or cooking education classes
- Put ingredients on sale for FIM Recipe of the Month or Week
- Shelf Talkers (tags) for FIM approved products
- Partner with healthcare to offer healthy ingredient meal kits or bundles
- Offer healthy recipes and shopping lists with guidance from your healthcare partner

# Examples Across the Country

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- [Tulsa Cares Monthly Groceries Program](#)
- [Fresh Funds for Moms – Kentucky](#)
- [Family Fruit & Vegetable Coupon Program](#)
- [Ochsner Eat Fit](#)
- [Food Pharmacy Pilot – North Carolina](#)



# Healthy Benefit or Over-the-Counter Cards

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HBC/OTC cards are similar to EBT or Debit cards usually distributed by Medicare Advantage or Medicaid Managed Care organizations to allow participants to purchase healthy food and sometimes health related items.

Why They're Challenging for Rural Grocers:

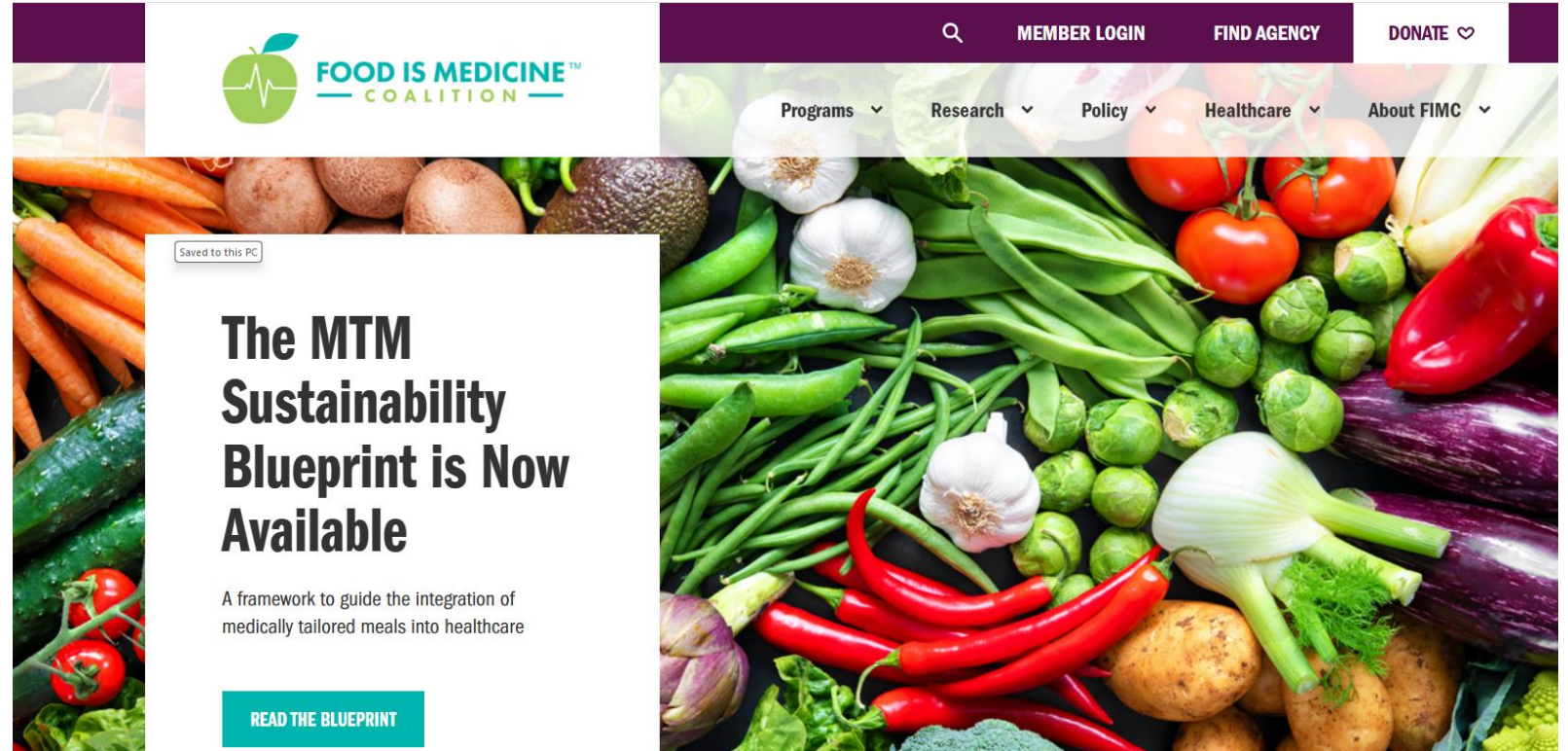
- Technology & POS system requirements
- Limited payment processors/vendors
- Complex product eligibility rules
- Cash flow & reimbursement delays
- Administrative & staff training burden
- Low/uncertain customer usage
- Connectivity issues



# Other Opportunities

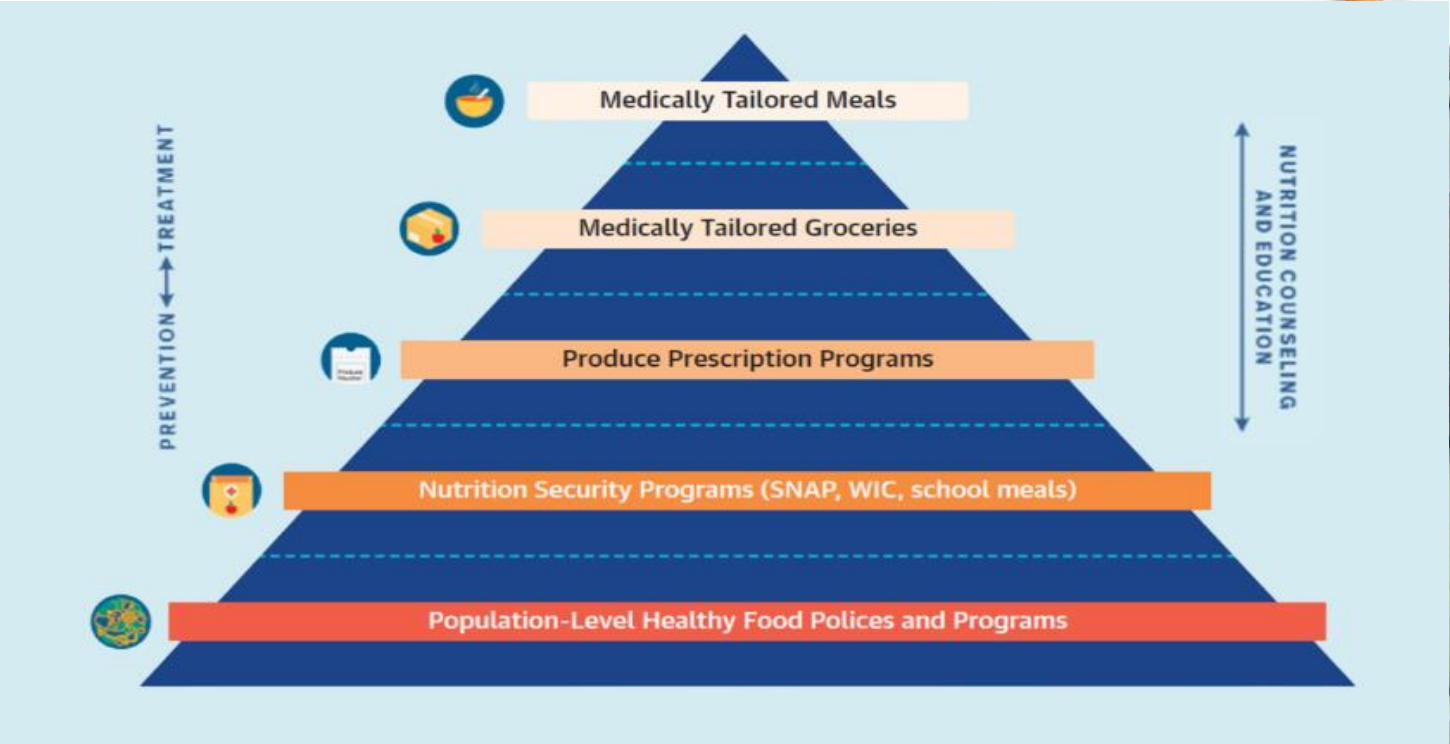
## Food is Medicine Coalition Accreditation:

- Medically Tailored Meals accreditation available now
- Medically Tailored Groceries accreditation in development



<https://fimcoalition.org/>

# Is FIM Sustainable?



# *Thank You!*

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**Kelli Mark, Director of Healthy Communities**

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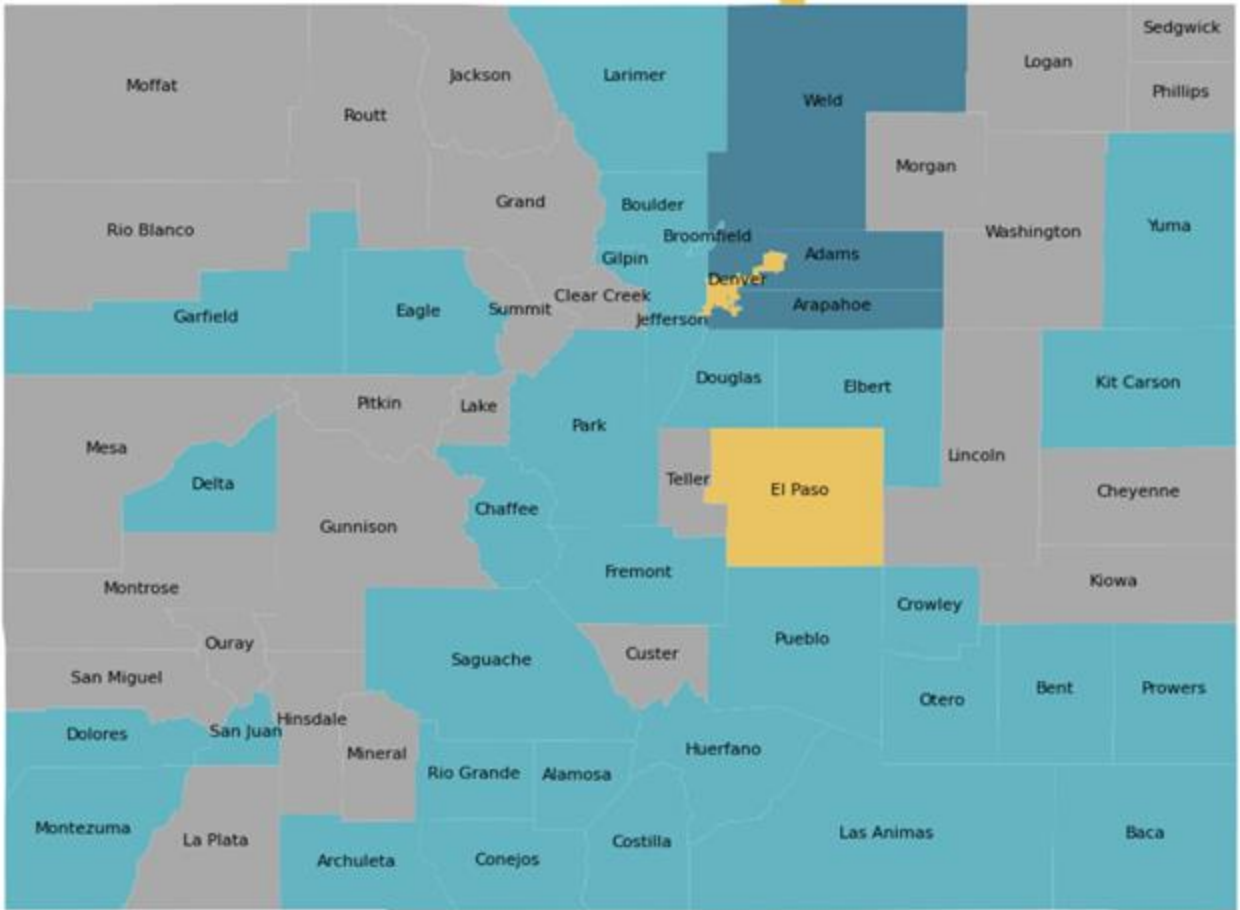
**Follow Us**



# Food Trust Program

How a Colorado Rural Market  
Exemplifies Best Practice in Health  
Food and Food is Medicine  
Programming





# WHO ARE WE?

Est. 2021 | Denver, Colorado

Colorado Food Cluster is a Colorado nonprofit building the technology infrastructure and program models that make Food is Medicine programs work at independent grocery stores. We build POS integrations, manage benefit platforms, and generate the data that payers and evaluators need — so grocers can focus on what they do best: running a great

**+ 8.7 Million**  
Meals & Snacks



**+33,432**  
Children



**120**  
Sites



**~ \$22,712,784**  
Federal Reimbursement



# Program History & Overview

We kept hearing the same story: food access programs were stalling at the grocery store. The technology was too complex, the vendors too expensive, and rural stores were last in line.

**So we built and assembled our own (probably against prevailing wisdom).**

Our goal: a frictionless, dignified, scalable model that any payer — healthcare system, city, philanthropy — could fund, and any independent grocer could operate.



## Our Goal

**No card. No coupon. No stigma.**

We set out to design a frictionless, dignified, scalable program model that any independent grocer could operate and any payer could fund — and generate research-grade data along the way.

Built to be adaptable — so healthcare systems, cities, and philanthropies can all plug in.



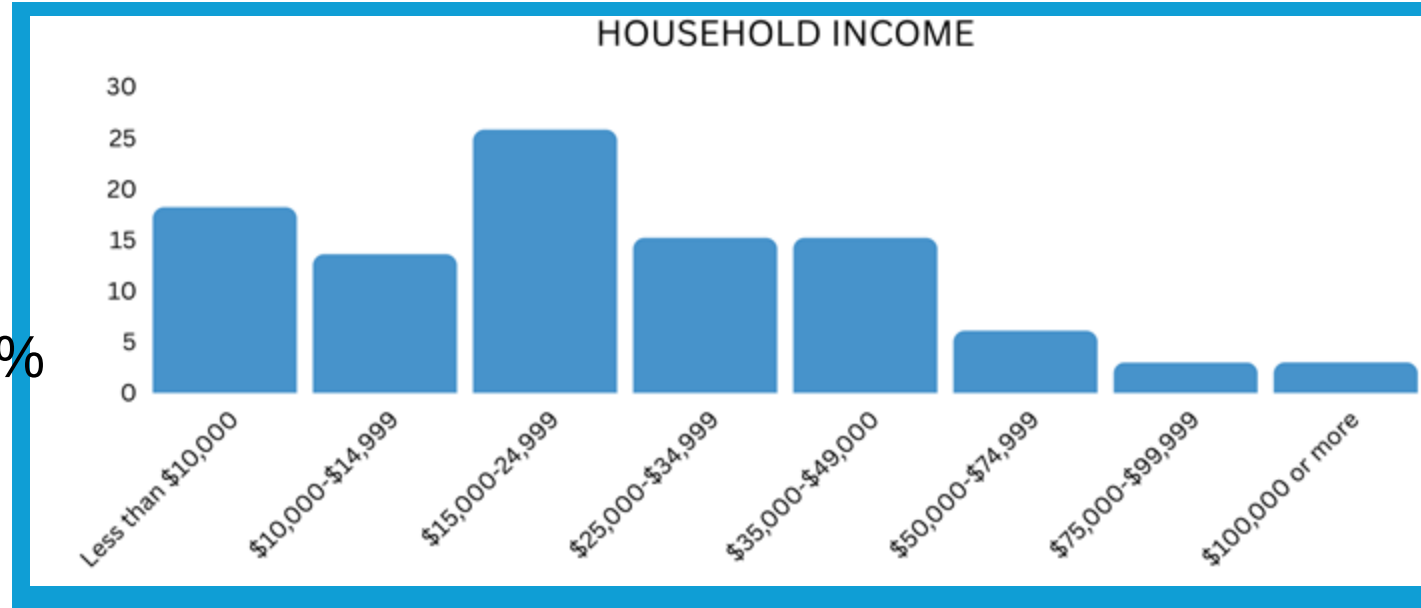
## Pilot Results at a Glance

- 120 participants (63 households) | \$150,000+ in redeemed groceries | 2,600 transactions | ~50% Medicaid enrolled
- 12-month program | Launched July 2025 | Two Colorado grocery stores | IRB oversight
- Research-grade transaction data: 18,000+ confirmed covered line items tracked at item level — not just redemption counts
- Grocers responded to an RFP to be host sites; relationships with grocers prior to encourage this was key
- CFC built a custom software with API to interface with the point of sale system to enable program delivery (more on this later)
- Would describe as Food is Medicine adjacent, but lacking healthcare
- There is a research component with oversight from a private IRB
- 3 major data sources for evaluation
  - Self report surveys (participants complete every 4 months)
  - Transaction data
  - CO APCD (healthcare claims data)



## How we enrolled participants

- **No income requirement. No chronic disease requirement.**
- Anyone 18+ residing in the program geography could enroll their household — and about 50% of participants were Medicaid-enrolled anyway
- Successfully enrolled mixed-income participants — removing screening barriers didn't compromise program reach
- Recruited via community partners; enrolled households through one-time sign-up — benefit loads automatically each period



## How does it work?

- \$11.23 per person per day — roughly what USDA's Thrifty Food Plan estimates it costs to feed one person daily. This is food replacement level, not a produce voucher. Family of three example:  $\$11.23 \times 3 \times 7 = \$234.83/\text{week}$
- Amount accumulates (not a use it or lose it during program period)
- Working with grocers, we control which items are eligible. But generally follow HER guidelines, such as fresh and some frozen non prepared fruits, vegetables, dairy, and meat products with some pantry items.
- Checkout is 3 steps: Enter shopper number → Eligible items auto-discounted → Pay remaining balance. No card, no forms, no visible difference from any other loyalty checkout
- No electronic benefit card, voucher, or coupon.



## Data and Evaluation

Vision: a 'data commons' that brings together transaction data, claims data, and survey data in one place — so payers, evaluators, and grocers all have what they need to make the case for FIM reimbursement.

- 3 data sources running in parallel: transaction data (item-level), self-report surveys (every 4 months), and CO APCD healthcare claims data
- Item-level granularity: 18,000+ confirmed covered line items tracked (entire basket, including payment type)
- Evaluating purchasing behavior, foot traffic, grocer value, health & wellbeing, financial security, and program engagement across the 12-month period
- Have a number of questions around foot traffic, purchasing behavior, quality of item purchasing, value to grocer, etc.
- Evaluating program use, health and wellbeing, financial security, importance of working with grocers, program engagement, etc
- Understanding grocer adoption and participation is key



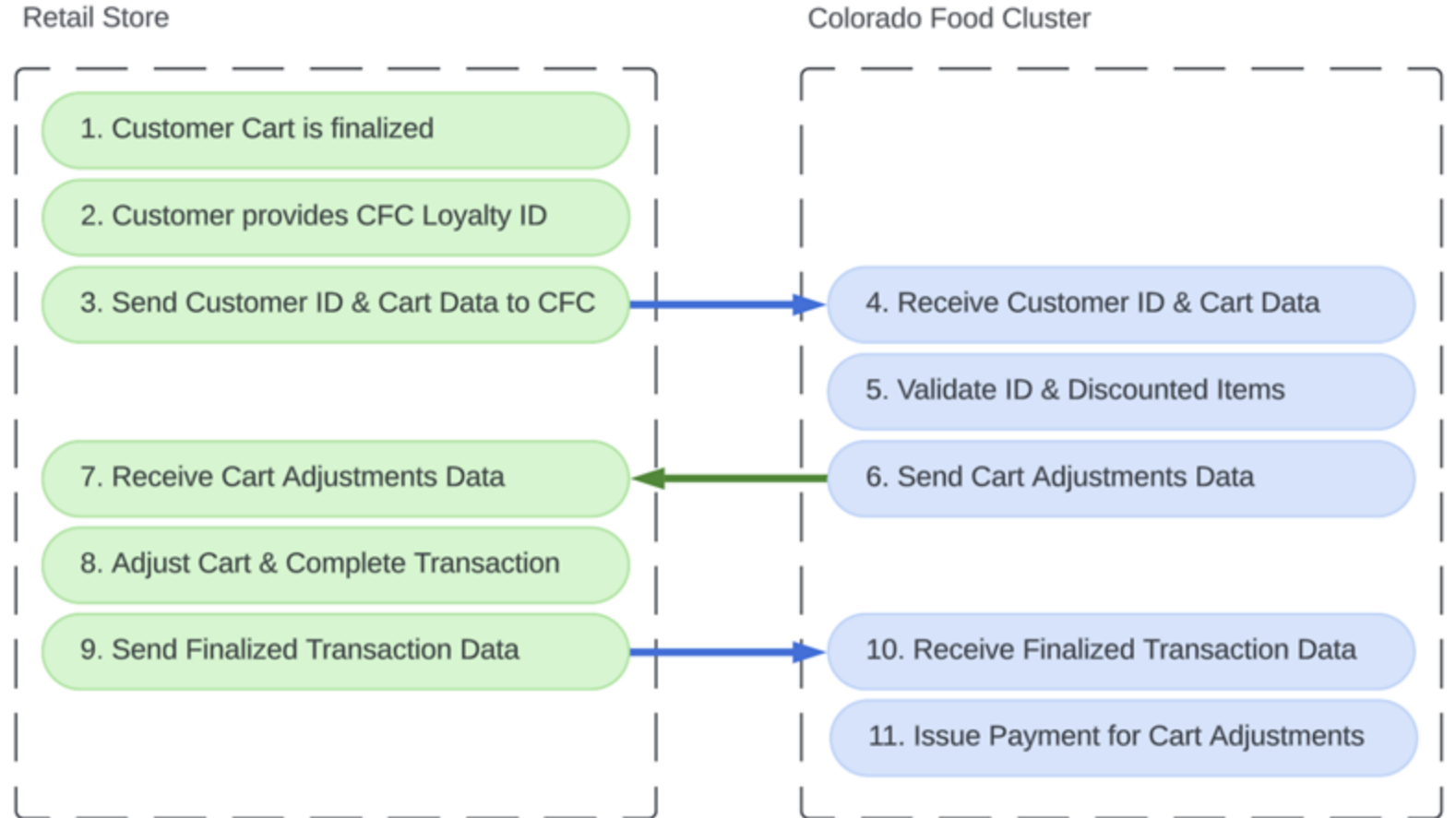
# How are produce rx and other programs typically administered

- EBT
- Supplemental benefit cards
- Loyalty programs
- Vouchers and coupons



# Our Underlying Infrastructure: Loyalty program

- CFC built a custom API that interfaces directly with the store's POS system, maintains an eligible item list, tracks real-time balances, and logs every transaction with item-level detail
- Scalable and cost-efficient — designed to interface across multiple POS types
- Frictionless and automatic — the grocer runs their store; the software handles the rest



# Why We Chose a Loyalty Model: Direct Comparison

Dimension	Traditional Voucher/Card Model	CFC Loyalty-Based Model
<b>Checkout experience</b>	Participant presents voucher/card separately; visible benefit use	Discount applied automatically via loyalty account; indistinguishable from other loyalty discounts
<b>Enrollment burden</b>	New card or voucher each program or period; can be lost or forgotten	One-time enrollment; benefit loads automatically each period
<b>Grocer POS requirements</b>	Requires specific card readers, processor agreements, complex product tagging	Interfaces via existing loyalty/POS infrastructure; CFC software enables multiple interfaces
<b>Stigma / dignity</b>	Medium/High — benefit use is visible to cashier and other customers	Low — no visible difference from standard shopping
<b>Administrative overhead</b>	Variable/Often High — voucher printing, distribution, tracking, reconciliation	Low — automated; tracked via transaction data in real time
<b>Data quality</b>	Variable; redemption often tracked manually	High — every transaction logged with item-level data for evaluation
<b>Benefit rollover</b>	Usually use-it-or-lose-it by period	Accumulates/individualized; does not expire during program period

# The Reality

- Hard to interface with point-of-sale systems
- Landscape is really fragmented
- Existing solutions are far from complete (feels like “format war”—anyone remember vhs vs Betamax? Hd dvd vs BluRay?)
- Solutions are costly
- Not everyone even wants to work with you if you are not at “scale”
- Product list upkeep requires ongoing communication with grocer
- The grocer is the face of the program

This all felt deeply unfair for rural communities, small nonprofits, and independent stores. Our answer was to build our own most viable product— not wait for a winner.



## Expanding Partnerships and Programs

- Exploring pilots with two self-insured hospital systems — their employee population mirrors their patient population, and the model translates directly
- Building the ecosystem capacity to support any payer: healthcare systems, cities, Medicaid MCOs, philanthropy
- We want to help empower the Simple Foods' of the word — independent rural grocers ready to bring Food is Medicine and healthy eating programs into their stores



## What Would It Take at Your Store?

- A POS system CFC can integrate with (we've done it before — we'll figure it out)
- A program sponsor to cover the benefit cost (healthcare system, health plan, city, philanthropy — we can help you think through this)
- Willingness to collaborate on an eligible item list and work with a community partner or clinic for enrollment

### Let's talk.

Jack Becker | [jack@emergentmatters.com](mailto:jack@emergentmatters.com)

Principal Program Strategy Advisor, Colorado Food Cluster



# Simple Foods Market



Follow Us -  
@simplefoodsco



## Our “Simple” Reality

- The Grocer is the Face of the Program & Trusted Partner
- Community Focused Centralized Food Access
- Customizable Sales & Program Based Signage
- Flexible Item List Designed for Program Goals
- Increased Interest from Community Funders
- Priceless Power of Social Capital

As an independent rural store  
our strength is our flexibility and community.  
We’ve leveraged this flexibility toward  
community partnerships.

**Get to Know US** – Ian Walker, [sfmarket@outlook.com](mailto:sfmarket@outlook.com)

