



Food by Prescription: Eligibility and Indicators

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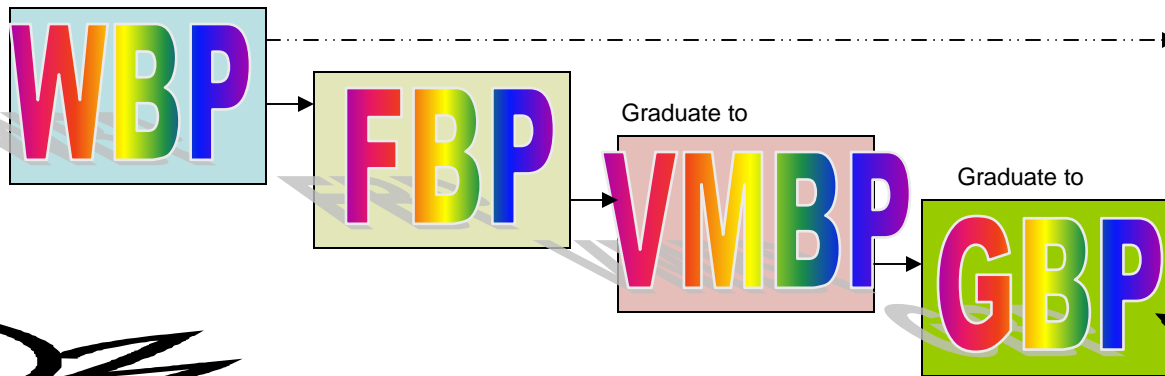
(Former Nutrition Team Leader in Dietetics and Small Garden Systems Project,
Kenya – the original “Kenya Model” of FBP)

History of “Kenya Model”

- USAID-funded “Dietetics” project
- Filling the missing gap: MNT in HIV/AIDS
- “By Prescription” components of the program were intensively created
- Program included development, testing, implementation of:
 - Assessment and evaluation of clinical data
 - Education for HCPs, CHWs, patients
 - Outreach to nursing and dietetics professionals

By Prescription Elements

- Water by Prescription (ongoing as needed)
- Food by Prescription (Q supplies and monitoring for “graduation”)
- Vitamins/Minerals BP (Q + duration of P/L)
- Gardens by Prescription (w/cont’d monitoring)



“Safety Net”work of Food Assistance & Development



Background for FBP

- Medical intervention for a medical issue
 - Malnutrition contributes to morbidity and mortality in HIV/AIDS patients
 - Malnutrition can be different from simple starvation in HIV infection and requires targeted interventions
 - Interventions are led by intention and not product types



What FBP Was:

- A medical-intention intervention
- Meant to halt and reverse the impact of malnutrition on the patient and disease process and progress
- A time-limited intervention
- A progressive implementation toward building necessary capacity for dealing with HIV complexities



What FBP Was Not:

- Feeding program with social and economic intent: FBP is not a resolution for “hunger” and “poverty” or non-medical support
- Product type(s)
 - In FBP the degree of malnutrition did not lead to product type
 - An appropriate medical indicator could lead to product type*
 - Problem-based management planned
 - Care in taking nutritional management seriously



Entry and Exit Criteria

- Entry criteria based on evidence that BMI is not adequately reflective of degree of malnutrition
- Redefinition of wasting included alternate criteria for the type of wasting seen in HIV
- Best available evidence specific to HIV was applied



Entry and Exit Criteria

- Tested at <20 BMI or $-1.5Z$
 - Severity of infection that initiates weight loss is more indicative of the level of functional loss
 - Tested against body composition and strength
- Included additional monitors
 - Pregnant and post-partum women
 - Mini-nutrition assessment
- Included safety net for pregnant women and children with vitamins/minerals



Data

- FBP data offered opportunities to:
 - Determine least expensive and invasive criteria specific to HIV care and treatment
 - Determine impact beyond weight
 - Determine cost effectiveness of MNT
 - improvement of indicators
 - support for other medical interventions
 - reduction in morbidity and mortality
 - Build capacity within professions and communities



Unfinished Biz

- Building beyond the start
 - Problem-based management criteria and products: the melding of appropriate products with appropriate intent in the context of HIV
 - Education and training to implement at highest possible level of expertise
 - Building a more sophisticated understanding of malnutrition in the context of HIV
 - More is not always better and can complicate the management of nutrition in HIV-infected patients.




Budget and Balance

- Food distribution considerations
 - Commercial vendor or partner?
 - Local or decentralized distribution?
 - Housed in pharmacy or elsewhere?
 - Capacity in each step of the way
 - Training needs to reduce product problems and build in “ownership” and sustainable features through a business model
 - Building for a “hand off” from the first day forward
 - Compliance with international standards



Budget and Balance

- Clinical partnerships
 - Understand capacity and attitudes in each
 - Dealing with patient, products, and data!! Oh my...
 - Recognize workloads in each area
 - Everyone is busy ... find your champions
 - Get bugs out and starting slowing
 - Getting buy-in ... design, test, adjust with partners
 - Keeping on top of problem-solving
 - Build capacity with recognition and education incentives
 - Build leadership and plan for “hand-off”



FBP Summary

- Very different takes on “what is FBP?”
- Programs align with PEPFAR strategies and requirements
- There is a lot of room to build the “Oscar winning performance” and make a lot of real difference for patients, communities
- Serious partnerships are key and maintenance will be labor intensive
- It matters what you leave behind...