

## Food Is Medicine Program: Patient Enrollment Script (with Nutrition Workshops)

**Objective:** To introduce the Food Is Medicine program (meals and workshops), explain its benefits, and enroll interested patients.

### CHW Pre-Call Checklist:

- ☐ Confirm patient's name, phone number, and language preference.
- ☐ Review patient's provider/clinic information and have their PCP name visible.
- ☐ Have the data tracker, **program FAQ sheet**, and current workshop schedule ready.

### Part 1: Introduction & Connection

Hello, my name is \_\_\_\_\_. I am a Community Health Worker with the Family Health Center at NYU Langone Health. Am I speaking to [patient name]?

[IF NO]: Is there a better time to reach \_\_\_\_\_? Thank you, and have a great day!

[IF YES]: Hello, [patient name]. I am calling because Dr. [patient's PCP] thinks this new program called "Food Is Medicine," would be great for you to join. This program was designed to help patients improve their ability to control their blood pressure, learn about nutrition and have access to healthy food. We think this could be really helpful for you. The purpose of this call is to see if you are interested in enrolling in the program. Would you be willing to hear more information about this program?

[IF NO]: Would you mind providing a reason why you are not interested so that we can improve our future recruitment efforts? [if patient is willing, select 'declined' drop-down reason from screening form accordingly]. If patient declined, please select the reason they declined:

☐ No time ☐ Too sick ☐ Not interested ☐ Concerns about additional burden ☐ Prefers provider to check bp ☐ Did not want to disclose health information ☐ Unknown ☐ Other ☐  
If other, please specify: \_\_\_\_\_

Thank you, and have a great day!

### Part 2: Explaining the Program (Meals & Workshops)

[IF YES]: "Great! The program is called '**Food Is Medicine.**' We know that having access to the right food and information can make a big difference in managing health conditions like [mention patient's general condition, e.g., high blood pressure, diabetes, heart health] and helping you feel your best."

"The program has two main parts, and both are **completely free of charge.**"

FOR PILOT ONLY:

"First, we provide you with the option of receiving healthy, ready-to-eat meals, made just for your health needs OR a fresh veggie and fruit box:

Think of these as prescription meals, or prescription produce recommended by your doctor or a dietitian to help you manage a health condition like diabetes, heart disease, or high blood pressure. The ready-to-eat meals are healthy and are delivered right to your door. The ingredients and recipes are specifically chosen to have the right nutrients you need—like being low in salt or sugar—so you don't have to do the guesswork. It's like having a chef and a nutritionist prepare your food to help you feel better!

Or if you prefer healthy vegetables and fruits, you will have the option to pick-up the healthy veggie and fruit box OR have them delivered. This is a box of fresh fruits and vegetables that a healthcare provider has specifically recommended for you to help with a health goal, like lowering your blood pressure or managing your weight. Instead of just getting any produce, the types and amounts in the box are chosen because they have the right vitamins and nutrients for your specific condition. It's a way to make healthy eating easier by giving you the exact ingredients that are best for your body. These are designed by nutritionists to support your specific health needs. You'll receive **[number] meals or produce once a week over the course of 6 months.**"

"Second, this program includes **in-person nutrition education workshops.** These are friendly, small group sessions where you can learn helpful tips about healthy eating, learn how the food you eat impacts your health, participate in cooking demos, or ask a nutritionist questions. It's also a great way to **connect with other people** in the community who are focused on their health, too. In

This program includes 6 in-person nutrition workshops held weekly on Wednesday afternoons or Friday mornings [if English] OR Friday mornings or afternoons [if Spanish]. Our first workshop starts on Wednesday, November 5<sup>th</sup> OR Friday, November 7<sup>th</sup> at the Family Support Center in Sunset Park."

Virtual nutrition workshops are also offered to those who are not available or able to attend in-person workshops.

**Tip:** Presenting the program in two clear parts makes it easy to understand. Framing the workshops as a place for "connection" reduces pressure and highlights the community-building aspect.

### **Part 3: Gauging Interest & Next Steps**

PILOT ONLY:

"So, you get the option of fresh produce pick-up at the Family Support Center OR convenient home-delivered produce plus access to these weekly supportive workshops. It's a voluntary program, of course, designed to be a support for you on your health journey. Does this sound like something you might be interested in?"

IF YES but preferred language in Spanish [make a note of the preferred language]

IF YES but day of the week does not work for them: "What other days of the week work best for you?"

IF YES but time of the day does not work for them: "What other times of the day work best for you?"

#### **If NO (to the entire program):**

"I completely understand, and I appreciate you taking the time to speak with me. This program is here if you change your mind in the future."

Would you mind providing a reason why you are not interested so that we can improve our future recruitment efforts? [if patient is willing, select 'declined' drop-down reason from screening form accordingly].

If patient declined, please select the reason they declined:

☐ No time ☐ Too sick ☐ Personal problems ☐ Not interested ☐ Concerns about additional burden ☐ Prefers provider to check bp ☐ Worry about additional cost ☐ Did not want to disclose health information ☐ Did not want to attend meetings in-person ☐ Unknown ☐ Other ☐ If other, please specify: \_\_\_\_\_

☐ Unable to participate in scheduled session/conflict with session schedules. Please check the days/write in the times that work best for them below.

Day ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Time From To From To From To From To From To From To From To  
AM AM  
PM PM

"Thank you again for your time, [Patient's Name]. Please don't hesitate to reach out if you reconsider. Have a wonderful day!"

**[If Maybe]:** "I completely understand, and I appreciate you taking the time to speak with me."

☐ Patient is still deciding, proceed with a follow-up call on:

Date: Time:

[IF YES Food Delivery]: "Wonderful! To get you signed up for the meal deliveries, I just need to confirm a few details. It will only take about 5-10 minutes."

FOR PILOT ONLY:

[IF YES Produce Delivery]: "Wonderful! You will receive the first fresh produce box at your first workshop. The following weeks, to get you scheduled for produce delivery, I just need to confirm a few details. It will only take about 5-10 minutes."

[IF YES Produce Pick-up]: "Wonderful! You will receive the first fresh produce box at the first workshop. To get you scheduled for produce pick-up, I just need to confirm a few details and provide you with the location for pick-up. It will only take about 5-10 minutes."

**Proceed with meal enrollment questions:**

1. "First, can I confirm the best delivery address for you is?" [repeat back to confirm]
2. "Do you have any food allergies we need to be aware of?"
3. "Are there any foods you strongly dislike or cannot eat for cultural or religious reasons?"

**Then, transition to workshop enrollment:**

"Great, your fresh produce [delivery or pick-up] details are all set. Now for the nutrition workshops, our first workshop is on [Wednesday, November 5<sup>th</sup> OR Friday, November 7<sup>th</sup>] and the topic is Introduction to Food Is Medicine.

Are you able to attend our first in-person nutrition workshop?

[If NO] No problem. We can also offer virtual nutrition workshops every other week anytime on Wednesdays or Fridays [if English] or anytime on Fridays [if Spanish]. Virtual nutrition workshops are scheduled every other week starting Wednesday, November 12<sup>th</sup> OR Friday, November 14<sup>th</sup>.

[If YES] Excellent, I can send you the information by [text/email]."

## **Part 4: Closing the Call**

"Alright, [Patient's Name], you are all set! Welcome to the Food Is Medicine program! As a reminder, your first fresh produce box will be ready for you at the first workshop, and will be available for pick-up every Friday between [time of day] OR will be delivered starting on [date] and once a week thereafter. I've also registered you for the workshop on [Date] and I'll send you a confirmation with the details right after our call."

"I am your main point of contact, so please feel free to call me directly at [Your Phone Number] if you have any questions about the meals or the workshops. I'll also give you a call next week to see how you're enjoying everything."