

EXECUTIVE SUMMARY WITH RECOMMENDATIONS

Produce Prescription Programs: U.S. Field Scan

April 2021

Wholesome Wave engaged DAISA Enterprises in 2020 to conduct a national scan of Produce Prescription Programs¹ to further the evidence-base and policy-change potential for investment in food & health systems through the produce prescription model. **This research defines and documents the reach and complexity of programs across the country, field-wide themes, collective resources, program operator challenges, innovations, and needs from across the past 10 years and presently.** Explicitly quantifying the number of programs led by Black, Indigenous, People of Color (BIPOC) was not a direct aim nor feasible within this research. However this report, in recognition of systemic health inequities which disproportionately affect BIPOC communities and demand that opportunity and resources be dispatched, notes there is a growing amount of BIPOC-led produce prescription programs.

Produce Prescription Programs in the United States: 2010-2020

Legend

Active Produce Prescription Headquarters

Counties Covered

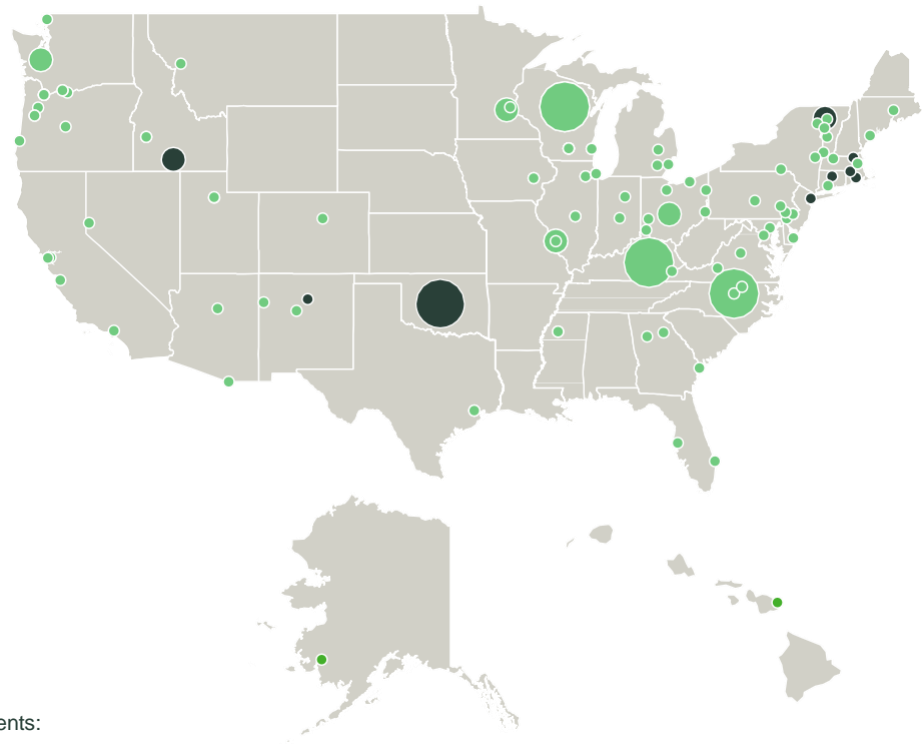
- 1 - 10
- 11 - 42
- 43 - 100

Inactive Produce Prescription Program Headquarters

Counties Covered

- 1 - 5
- > 5 - 14
- > 14 - 76

US State Boundaries



Number Active Programs: 94

Number of Inactive Programs: 14

Map reflects programs with these components:

- patient eligibility screening
- partnership with a healthcare organization
- prescriptions for healthy produce (fruits & vegetables with no added fats, sugars & salts at no or low cost)
- repeated dosage
- retail redemption

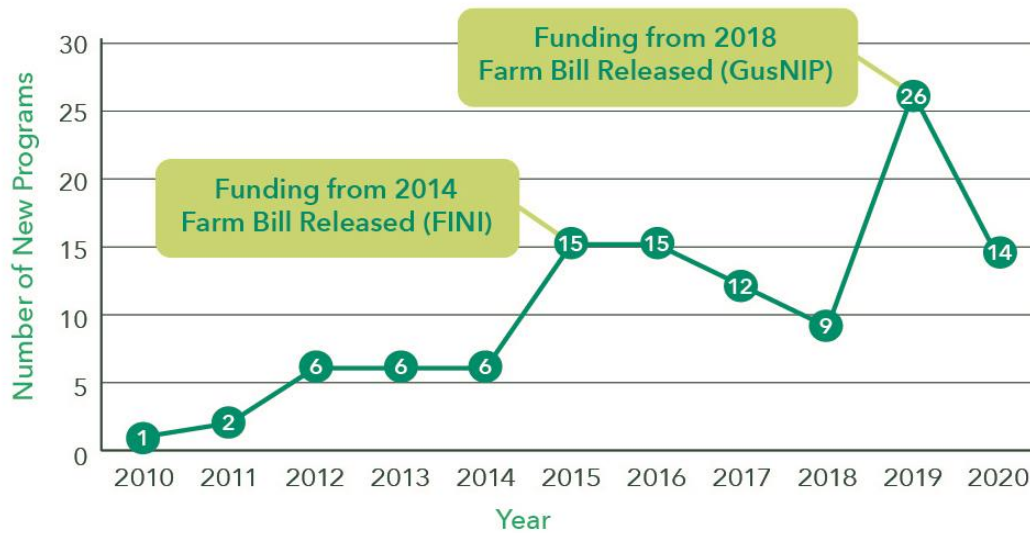
December 2020

¹ **What is a Produce Prescription Program?** A Produce Prescription Program is a medical treatment or preventative service for patients who are eligible due to a diet-related health risk or condition, food insecurity or other documented challenges in access to nutritious foods, and are referred by a healthcare provider or health insurance plan. These prescriptions are fulfilled through food retail and enable patients to access healthy produce with no added fats, sugars, or salt, at low or no cost to the patient. When appropriately dosed, Produce Prescription Programs are designed to improve healthcare outcomes, optimize medical spend, and increase patient engagement and satisfaction. — *National Produce Prescription Collaborative, March 2021*

DAISA identified and researched 108 new Produce Prescription Programs which began between 2010-2020 (94 active as of December 2020) and compiled a Program Operator Database consisting of data points related to program eligibility & operations, partnership development, program longevity, prescription redemption mechanism, funding sources, and more. Research also included in-depth semi-structured interviews with 19 of the program operators and compilation and review of 93 literature and media sources including news articles, press releases, peer-reviewed academic articles, reports & policy briefs, and program implementation guides & toolkits. Through data analysis, **the field scan describes the current landscape of the Produce Prescription field and lifts up the following key themes:**

1. **Geographic Distribution** | Between 2010 and 2020, 108 new programs housed within or partnering with healthcare entities began operations throughout the United States, with the fastest growth occurring within the last five years. We saw a fairly unequal distribution of programs by region: 8% in the Southwest, 8% in the Plains, 28% in the Midwest, 30% in the Northeast and 26% in the Pacific West.
2. **Prescription Redemption** | To redeem prescriptions, 48% of programs partner with farmers' markets and 67% utilize a paper voucher. However, partnership with retail grocery markets (29%) as well as on-site produce distribution (20%) are also growing in popularity as programs seek to diversify access.
3. **Program Eligibility** | The top three health factors used to screen eligible produce prescription patients were food insecurity (37%), unspecified diet-related chronic diseases (51%), and diabetes/pre-diabetes (31%). To increase equity and access, many programs are shifting away from requiring a diagnosis of a diet-related condition and instead screening more broadly for food insecurity or being at risk for disease.
4. **Barriers to Participation** | Programs are developing innovative models and partnerships to address prescription redemption barriers such as lack of accessible farmers' markets and grocery stores in rural areas, access to transportation and childcare, mobility challenges, and economic & cultural differences.
5. **Building Partnerships** | Hospital or clinic staff "champions" who advocate for produce prescriptions as preventative care are often crucial to program initiation and success, although that can leave programs vulnerable to collapse without overall institutional buy-in.
6. **Nutrition Education** | 70% of programs name nutrition education or culinary instruction as a crucial component that increases prescription redemption and produce utilization in the home, indicating the effectiveness of more robust, high-touch program offerings.
7. **Evaluation & Metrics** | While program integration with participants' Electronic Medical Record is not the norm, those programs with this access experience greater success with recruitment, documentation of health outcomes, and proving program effectiveness.
8. **Funding Sources** | Inconsistent funding leaves programs at risk of failure and hinders efforts to grow and innovate. There is a resounding call to integrate produce prescriptions as a preventative healthcare service within Medicare, Medicaid, and insurance plans. Of the programs reviewed, 16% were primarily funded through federal nutrition grant awards.
9. **Impact of COVID-19** | The pandemic has exacerbated food insecurity especially within BIPOC communities and the need for nutrition incentives is higher than ever. In pivoting operations, some programs have increased efficiency through delivery, drive-through markets and virtual educational offerings, while acknowledging the effects of inequitable Internet access and fewer opportunities for social interaction.

Number of New Produce Prescription Programs by Year 2010-2020



At the end of 2020, an additional 10 programs were granted GusNIP federal funding to start or expand Produce Prescription Programs. Of those 10, we consider 8 programs to be newly established programs that will launch in 2021. We have included these 8 new programs in this graph to accurately portray recent national program growth. However due to availability of data, these 8 new programs are not included in the data analysis presented in this report.

Recommendations: Advancing the Field

Below we provide 10 recommendations across two primary areas: *Establishing & Sustaining Programs and Bolstering Research for Understanding & Policy Advocacy*, to support on-the-ground program operators and partners to continue building a robust, equitable, and sustainable Produce Prescription field.

Establishing & Sustaining Programs

1. Form an open, inclusive Produce Prescription **Community of Practice** or Learning Community for program operators focused on information exchange, field coordination, and mutual support among existing and emerging programs.
2. Ensure that the evolving **National Produce Prescription Collaborative** includes a diverse, representative body of operators and representatives of all the sectors engaged in Produce Prescription programs, with core objectives of advancing equity and policy changes.
3. Identify dedicated Produce Prescription **technical assistance** consultants, alongside the services available for GusNIP recipients, in order to:
 - a. guide emerging programs and advance or scale up program operations.
 - b. support hospital-based program staff who need guidance in implementing community-based programs or building relationships with local food vendors.
 - c. assist programs' compliance with patient privacy laws (e.g. HIPAA) and integrating Electronic Medical Record referral technology.

4. Create a public, searchable database of federal and state-level **funding opportunities** for Produce Prescription programs. Specifically, research and compile models of state 1115 Waiver (Medicaid) funded programs and reimbursable structures to increase awareness and utilization and advocate for adoption in additional states.
5. In addition to program implementation funding, ensure designated funding is available for robust Produce Prescription program **data collection and evaluation**, alongside what is available for GusNIP recipients.

Bolstering Research for Understanding & Policy Advocacy

1. Advance research on the extent of **Produce Prescription programs led by and for Black, Indigenous, and other People of Color (BIPOC)** and recommendations to ensure a racial equity imperative is embedded within all policy and institutional resources.
2. Compile **all current and past Produce Prescription field research** into one easily accessible location.
3. Research and compile **strategies and tools to support healthcare partners** to increase patient recruitment and better capture healthcare cost savings. Simultaneously work to also affirm a values-based care model that not only assesses Return-on-Investment (ROI) but is inclusive of Patient-Oriented-Metrics (POM) including patient satisfaction, sense of wellbeing, social cohesion, and mental health.
4. Research and design a broadly-applicable, culturally-based **nutrition education curriculum** to complement Produce Prescription program development.
5. Building upon the findings in this report and others, **continue researching effective program design components** including eligibility requirements, prescription redemption methods, dosing levels, and program duration - to better understand variations and efficacy, towards best practices.

Ultimately the big promise of Produce Prescription Programs is the betterment of peoples' health and well-being for whom this effective model is both a prevention tool and healthcare intervention. This research demonstrates the broad, community-driven movement to design and operate programs, in a variety of urban, suburban, tribal, local, regional and statewide formats.

We must both continue to bolster all of these programs and to collectively drive to embed and institutionalize Produce Prescriptions within the healthcare payment model.



About Wholesome Wave

Wholesome Wave is the leading national organization working to increase affordable access to fruits and vegetables for Americans struggling with hunger. Founded in 2007 by James Beard Award-winning Chef Michel Nischan and former U.S. Undersecretary of Agriculture Gus Schumacher, Wholesome Wave addresses food insecurity by deploying innovative and effective solutions to provide affordable access to fruits and vegetables in diverse geographies and retail environments. Wholesome Wave pioneered Prescription Programs in 2010, and has launched numerous Rx Programs in the years since, partnering with FQHCs, hospitals, as well as other clinical partners and community-based organizations. wholesomewave.org



About DAISA Enterprises

DAISA Enterprises is a national consulting firm working at the intersection of food, culture, and health. We partner with social enterprises, nonprofits, policy makers, and investors to drive equitable food systems change and support the development of vibrant communities. DAISA provides innovative strategic and operational services including national field scan research, large-scale funding initiative design & management, and convening planning & facilitation. The DAISA team also facilitates the National Produce Prescription Collaborative (NPPC) and the National Equitable Food Oriented Development (EFOD) Collaborative. daisaenterprises.com

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