

SUMMARY REPORT:

HEALTHY FAMILIES PRODUCE Rx PROGRAM

Introduction

Share Our Strength's Health Systems team offers unique opportunities to reach children facing hunger by connecting families with critical food and financial resources through the communities, systems, and places they regularly use. In 2022, Share Our Strength—in partnership with Aetna Better Health of Louisiana, LSU AgCenter, and Vouchers 4 Veggies—launched a pilot produce prescription (PRx) program to connect families in Louisiana to healthcare and food systems in the state.

Produce prescription (PPR) programs bring together the healthcare and food sectors for families who experience food and financial insecurity. The National Produce Prescription Collaborative defines these programs as medical treatments or preventive services referred by a healthcare provider or health insurance plan to eligible patients who face food insecurity, diet-related health risks or conditions, or other documented challenges in accessing nutritious foods. These “prescription” programs allow patients to receive produce at low or no cost at various food retailers. A growing body of research shows these programs to be associated with reducing household food insecurity, increasing fruit and vegetable consumption, and decreasing hemoglobin A1C levels.¹



Through its Healthy Families Produce Rx (HFPRx) program, Share Our Strength aimed to reduce household food insecurity and increase fresh produce consumption for families in southern Louisiana. The program chose six rural parishes for several reasons. However, they mainly focused on the connection between hunger and child obesity. In southern Louisiana, the average child food insecurity and youth obesity rates were significantly higher than the national average. According to the United States Department of Agriculture (USDA), 11.7 million children lived in food-insecure households in 2020. Additionally, the National Institutes of Health found the prevalence of obesity among youth ages 2-19 in the U.S. from 2017-2020 was 21.5%.

¹ Garfield K, Scott E, Sukys K, et al. Mainstreaming Produce Prescriptions: A Policy Strategy Report.; 2021.

Share Our Strength received two grants funded by the USDA: the Gus Schumacher Nutrition Incentive Program (GusNIP) PPR grant, and the American Rescue Plan Act (ARPA) PPR grant. The GusNIP grant provided the initial funding for the pilot program, while the ARPA grant supported enhancements to the program that would aid in reaching project goals.

2021 GUSNIP PPR GRANT GOALS	2022 ARPA PPR GRANT GOALS
<p>Enroll 1,250 households.</p> <p>Improve child and household food security.</p> <p>Improve dietary health and access to fresh fruits and vegetables.</p> <p>Increase engagement with preventative health care.</p>	<p>Identify a technology-based solution that increases user ease of enrollment and voucher redemption.</p> <p>Offer small grants in support of clinical team capacity: to provide hands-on guidance for enrolling in HFPRx and for sharing information about community food resources.</p>

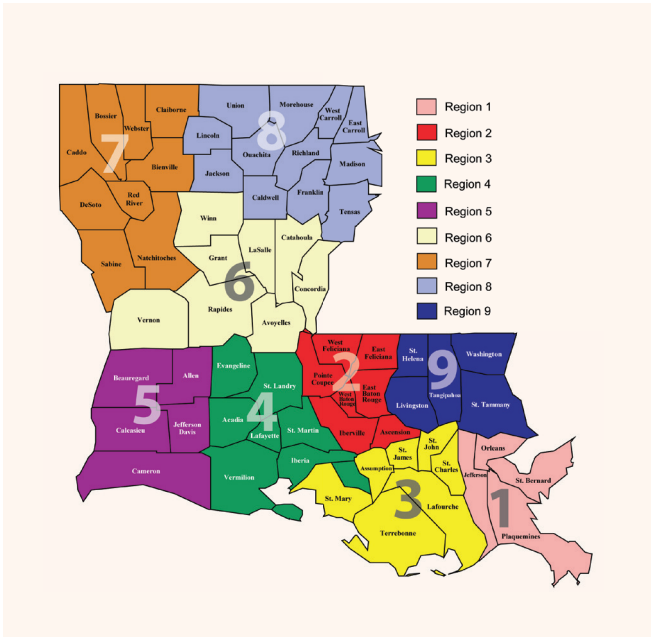
Program Overview

HFPRx provided eligible families in two regions of southern Louisiana with vouchers worth \$40 per month to buy fresh fruits and vegetables at select local farmers markets and grocery retailers. The original program design required eligible households to have at least one child living in the household who was 3-17 years old, was insured by Aetna Better Health of Louisiana, had a higher chance of developing diabetes or obesity, and lived in or saw a medical professional in one of six parishes within the two regions.

The enrollment plan called for participating healthcare clinics to introduce eligible patients to the program during well-child visits and enroll them into HFPRx using the Qualtrics app. Additionally, participating healthcare clinics would distribute vouchers after enrollment.

Vouchers 4 Veggies provided two types of vouchers for participants to use during their six-month program enrollment.

The Healthy Savings card would be used at Albertsons and Walmart stores in the Acadiana (Region 4) parishes of Acadia, Lafayette, and St. Landry. Paper vouchers could only be redeemed at local grocery stores and farmers markets in the Northshore (Region 9) parishes of St. Helena, Tangipahoa, and Washington.



Launching Healthy Families Produce Rx

Enrollment for Healthy Families Produce Rx was scheduled to start in March 2022 for the parishes in the Northshore region and in September 2022 for those in the Acadiana region. However, after meeting with clinic staff and local grocers about participating in the program, their feedback revealed concerns that needed to be addressed before the program could proceed. These concerns, which involved retailer recruitment and participant enrollment, prompted the project to pivot from its original program design and undergo several changes, as outlined in the tables below.



Retailer Recruitment	
CHALLENGES	ADAPTATIONS
<p>Independent retailers still reeling from pandemic struggles needed timely reimbursement.</p> <p>Accessibility: The location and hours of farmers markets and the lone local grocery store that agreed to participate in Northshore parishes were limited.</p>	<p>Offered options for participants to choose from:</p> <p>Paper vouchers for farmers markets and local grocer.</p> <p>Healthy Savings card made available in both regions.</p>

Enrollment Process	
CHALLENGES	ADAPTATIONS
<p>Identifying Aetna Better Health of LA patients.</p> <p>Scheduling well-child visits.</p> <p>Integrating enrollment and card distribution in a clinic setting.</p> <p>Limited staff capacity for outreach and enrollment.</p> <p>Low program recognition and community trust.</p>	<p>Opened to all Medicaid insurance plans.</p> <p>No well-child visit or reason for doctor visit required.</p> <p>Expanded enrollment sites to include community events.</p> <p>Developed alternative enrollment options (e.g. referral, self-enrollment, & funding program staff.)</p> <p>Built relationships with trusted community partners and embraced word of mouth as a recruitment method.</p>

KEY LEARNING

Removing Barriers to Enrollment

Months after arming the staff of four Southeast Community Health clinics with the materials to enroll its eligible Aetna Better Health of Louisiana (ABH) patients during well-child visits, HFPRx had only three eligible households enrolled by the end of July 2022. After removing well-child visits as a requirement, medical clinics as the only enrollment sites, and ABH as the only eligible Medicaid plan, HFPRx added 70 more participants by the end of 2022.

Seven months into 2023, HFPRx's enrollment total neared 600 eligible households. In the end, the program would serve nearly 2,000 Louisiana families.

Removing strict enrollment barriers was not the only key to the turnaround in participation. Distributing flyers with a QR Code linking to the program's enrollment form was also an essential step. This advice - creating materials that provided a self-enrollment option - came from Dr. Katie Queen, a pediatrician who championed the program.

Dr. Queen viewed a focus on enrollment at medical clinics as creating a burden for the staff at the clinic where she worked, as well as other understaffed facilities. By allowing a self-enrollment option, clinic staff could more easily refer families to the program, without adding burden.

Adapting New Solutions to Emerging Challenges

A project enhancement (ARPA) grant provided (1) an opportunity to address the challenges that emerged as program participants redeemed vouchers, and (2) the complications that developed from efforts to implement solutions to ongoing enrollment and clinic staff capacity issues.

Adopting technology solutions, providing clinic staff capacity support, employing Community Health Workers (CHWs), and addressing low voucher redemption prompted further modifications to the program and the proposed ideas for improving these areas for participants, clinics, and other stakeholders. Below are actions taken to adapt to these challenges.



Finding Technology Solutions

PROPOSED SOLUTIONS	NEW ADAPTATIONS
<p>Explored developing app to make program enrollment and voucher redemption easier.</p> <p>Identified a new voucher technology vendor, About Fresh, and discussed developing a self-enrollment option.</p>	<p>Added QR Code for application access.</p> <p>Set up self-enrollment through FindHelp website.</p> <p>Worked with About Fresh on a batch enrollment process.</p>

Clinic Staff Capacity to Support Enrollment

PROPOSED SOLUTIONS	NEW ADAPTATIONS
<p>Spoke with clinics about ways to support staff capacity, including grants.</p> <p>Partnered with LA Health Dept to hire CHWs to handle HFPRx enrollment.</p>	<p>Clinics focused on informing patients about HFPRx and directing them to self-enrollment options.</p> <p>Worked informally with current CHWs to assist with enrollment and support access to other programs, like SNAP.</p>

Low Voucher Redemption

PROPOSED SOLUTIONS	NEW ADAPTATIONS
<p>Increased reminders to use vouchers.</p> <p>Identified alternative voucher options with additional flexibility on store & farm market use.</p>	<p>Created monthly reminders for non and low-voucher users.</p> <p>Adopted new voucher technology to address some participant redemption barriers.</p> <p>Partnered with About Fresh and added the Fresh Connect debit card with a customer service option.</p>



KEY LEARNING

Adding Fresh Connect Debit Cards

Focus groups revealed participant preference for a single electronic voucher that could be used at a variety of retailers (e.g., large chain grocery stores, local grocers, and farmers markets). This capability was not available with the paper vouchers and Healthy Savings card technology used by Vouchers4 Veggies at the program launch.

Additionally, Healthy Savings cards had barcodes that required scanning, not swiping, which was how participants were used to handling electronic card payments. This distinction created confusion for some participants and cashiers.

ARPA grant funds were allocated to test the Fresh Connect debit card, a different voucher technology that could address this feedback and close these barriers to redemption. About Fresh's ability to onboard local farmers markets, and inclusion of a customer service option led to HFPRx offering an additional six months to a select group of participants and expanding enrollment in the Acadiana region to more than 350 new eligible households.

Additionally, the company worked with the HFPRx team to develop a process for uploading enrollment information for hundreds of participants simultaneously, streamlining program administration.



Project Timeline

	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024
Northshore Vouchers 4 veggies (v4v)	Planned Roll Out & Enrollment	June: 1st participant enrolled	Oct: Self-enrollment process launched	Nov: Enrollment ends				Dec: Redemption ends				
Acadiana Vouchers 4 veggies (v4v)				Planned Roll Out & Enrollment	Roll out & enrollment launched	June: 1st participant enrolled		Dec: Enrollment ends		May: Redemption ends		
Northshore Fresh Connect												Dec: Program ends
Acadiana Fresh Connect												Dec: Program ends

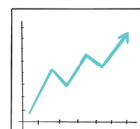
Success: By the Numbers



1,998
Households Enrolled



\$343,663
Redeemed



62%
Overall Redemption Rate*



\$326,838
to Grocery Retailers



\$16,825
to Farm Direct Sites

AMOUNTS BY VOUCHER TYPE



\$16,184
in Produce Rx Vouchers



\$208,889
in Healthy Savings Cards



\$118,590
in Fresh Connect Debit



\$435,951
put into the Louisiana Economy²

* In the 2022-2023 program year, the average redemption rate across all GusNIP PPR funded programs was 74.6%. This is an increase from the 53.4% total annual redemption rate in the previous grant year.

² The economic impact represents the amount of money generated in LA from Healthy Families Produce Rx's nutrition incentive project sales. This was calculated with a 1.2 economic multiplier for brick and mortar and 1.4 for farm direct and utilizes a self-reported amount of incentives redeemed at each site type. (Source: GusNIP NTAE Nutrition Incentive Economic Impact Calculator)

Success: By the Partnerships

Community Organizations	Local Food Access
St. Helena Healthy Community Bogalusa Strong Focus Franklinton Healthy Acadiana	Hammond Farmers & Artisans Market St. Helena Farmers Market, Greensburg Tangipahoa Food Pantry Greensburg Market
Public & Private Organizations (Statewide)	
Access Health Louisiana Louisiana Health Department: Community Health Workers Our Lady Health System St. Helena School-Based Health Centers	Aetna Better Health of Louisiana LSU AgCenter Southeast Community Health Systems
Social Care Networks	
FindHelp	mRelief

Program Champion Katie Queen, MD
 Our Lady of the Lake Children’s Health at Our Lady of the Angels Pediatrics
 Bogalusa, LA

“In my practice, I encounter families that struggle to afford healthy foods. The Healthy Families Produce Rx program provides a tangible resource to children and families in this community, connecting them with fresh fruits and vegetables and supporting healthy habits.”

– Katie Queen, MD



Success: Participant Feedback

Healthy Families Produce Rx (HFPRx) engaged participant feedback through an evaluation process that included partnering with Share Our Strength's Community Informed Design team. Through surveys, one-on-one interviews, and focus groups, participants clearly stated their high satisfaction with the program and its positive impact on household eating habits. They also noted barriers to redemption and offered suggestions for improvement.

High Program Satisfaction

Participants appreciated having an extra \$40 in their monthly budgets and access to fresh and healthy fruit and vegetable options. Overall, they found the program easy to use and stated it helped them get the essentials they needed, supported diet changes across the family, and increased family engagement in meal shopping, selection, and preparation.

"I loved being able to give my kids the free [reign] to pick the fruit they like."

"This was a great way for me to supplement my food stamps. It was a great way to be able to buy more meat than I could before because I can buy all this with this card and that was wonderful - even for a family like mine who eats a lot of fresh fruits and veggies."

"... just [having] a day out with my kids and going to the farmers market. I knew if I was broke, I knew I had at least \$40 to buy them if they wanted, you know, [to] buy something from the farmers market."

Program Impact

Participants strongly valued Healthy Families Produce Rx's impact on their family's eating and shopping habits.

"It reduced my trips to the food bank."

"It's definitely beneficial to have that extra \$40 to get them bananas and apples when they ask for it."

"I have more choices, and I'm able to purchase more choices with the fruit and vegetable card—and trust me—that \$40 goes a long way."



Fruit and Vegetable Consumption

Some participants noted that their families were trying new fruits and vegetables because of the program, which gave their children a chance to choose what produce they wanted to eat.

“We get at least one new thing [every month].”

“Being able to give them that healthy snack option compared to not being able to have any kind of snack.”

“My daughter [has] always liked fruit. I guess a lot of kids like fruit because they’re sweeter, but she’s eating more vegetables.”



Barriers to Redemption

Both paper and card users with high and low redemption rates alike perceived the lack of food retailer options as the most significant pain point and barrier to redemption. Paper voucher users were more likely to express concern about limited retailer options and support for card options.

(On limited retail options) “I wouldn’t say it was a problem, just kind of an inconvenience... I don’t have Walmart here. So, that means I have to travel to Walmart in order to use it.”

“That they could contract with basically any grocery store because I think that it would be a little more useful to some people because some people don’t have rides.”

(On paper voucher vs electronic card) “I don’t lose out on any of the value of, you know, compared to the [paper] vouchers. And more people take [Fresh Connect debit card], so I have a wider variety of vegetables and fruits and other things.”

Participant Recommendations

Participants identified the following program enhancements:

- Ability to roll over funds from month to month
- Ability to order produce online/participate in curbside pick-up
- Desire for program expansion beyond six months & one card per household
- Ability to utilize an app

Conclusion: Lessons Learned & Recommendations

The pilot project Healthy Families Produce Rx (HFPRx) set out to achieve six goals and succeeded in several due to previously mentioned adjustments. With 1,998 households enrolled, the program surpassed its goal of enrolling 1,250 Louisiana families. By offering fresh produce vouchers, HFPRx provided families who considered fresh fruits and vegetables too costly the means to purchase them. Furthermore, according to participant feedback, QR codes and Fresh Connect debit cards aided in making enrollment and voucher redemption easier. At the same time, understaffed clinics and other data-sharing obstacles limited the implementation and evaluation of program aspects that may have impacted an opportunity to understand participants’ dietary health and engagement with healthcare.

This Share Our Strength project aimed to influence Louisiana stakeholders by demonstrating a successful model of collaboration between a statewide health plan, local healthcare providers, community groups, and retailers with a stake in the project. Its goal was to leverage the program’s successes to sustain and scale the project across Louisiana and beyond.

While its successes were encouraging and instructional, implementation challenges and community feedback point to important lessons and recommendations for creating sustainable and impactful produce prescription programs in rural communities.



Lessons

Stop	Start	Continue
<ul style="list-style-type: none">• Unnecessary barriers to participation.• Limited retailer options.• Using paper vouchers.	<ul style="list-style-type: none">• Centering experiences of participants and other essential stakeholders in program design.• Developing & offering tech options that address common program barriers.	<ul style="list-style-type: none">• Ease of use.• Using electronic vouchers.• On-the-ground adjustments.• Listening to local stakeholders.• Expanding partnerships and enrollment options.

Recommendations

FUNDING

- **Explore sustainable funding opportunities.** The average life of PPR programs in the United States is only 4.5 years.³ Many programs rely on short-term funding streams (e.g., public or private grants), which often require most of the funds to be spent on food rather than administrative costs and can result in limited investment in operational infrastructure and long-term planning and sustainability.⁴ One alternative model is state funding which has been explored successfully in New Mexico and Washington state.⁵ Other states have also included coverage for nutrition supports, such as produce prescription programs, as part of Medicaid 1115 Waivers.⁶

PARTNERSHIP

- **Increase engagement with and inclusion of diverse stakeholders.** This not only aids in program design but also in program marketing, as well as the advancement of various food resource programs alongside more innovative food access solutions like produce prescription. These stakeholders could include CHWs, local civic groups and health professionals, and public and private organizations (e.g., nonprofits, research organizations, and government agencies).
- **Raise awareness about current produce incentive programs.** Work with local farmers and farmers markets in the cross-promotion of SNAP incentives (e.g., Double Up Food Bucks) and WIC produce (e.g. Cash Voucher Benefit & Farmers Market Nutrition Program) programs in local communities.

PROGRAM DESIGN

- **Integrate nutrition programs into clinical workflows within Medicaid-serving systems.** Connecting nutrition programs such as SNAP into the workflow of health systems serving Medicaid patients would allow health plan providers and care managers to identify members and refer them for enrollment in produce prescription and federal food programs.
- **Consider involving program users in the design phase.** Seeking out community voices through community forums and workshops can inform and improve planning, minimize barriers, and ensure programs meet participants' needs.

VOUCHER REDEMPTION

- **Develop food voucher systems that make it easier for families to find and access fresh and nutritious food.** Vouchers are more likely to be redeemed if they align with program participants' shopping habits (e.g., online shopping, delivery, and pickup; work easily with SNAP, WIC, and other nutrition assistance programs; and are accepted at various national, regional, and local stores and farmers markets).

³ Rodriguez ME, Drew C, Bellin R, Babaian A, Ross D. Produce Prescription Programs US Field Scan Report: 2010-2020.; 2021.

⁴ Garfield K, Scott E, Sukys K, et al. Mainstreaming Produce Prescriptions: A Policy Strategy Report.; 2021.

⁵ Immel, Audrey. 202x. Sustainability Spotlight: State Funding for Produce Prescriptions.

⁶ Kristin Sukys, Erika Hanson, Katie Garfield & Emily Broad Leib, Center for Health Law and Policy Innovation, Mainstreaming Produce Prescriptions in Medicaid Managed Care: A Policy Toolkit and Resource Library (June 2023).

Resources

CDC: Strategies for Fruit and Vegetable Voucher Incentives and Produce Prescription. <https://www.cdc.gov/nutrition/php/public-health-strategy/voucher-incentives-produce-prescriptions.html>

HHS Launches New Food is Medicine Virtual Toolkit. <https://www.gih.org/philanthropy-work/featured/hhs-launches-new-food-is-medicine-virtual-toolkit/>

Mainstreaming Produce Prescriptions: A Policy Strategy Report. <https://chlpi.org/wp-content/uploads/2013/12/Produce-RX-March-2021.pdf>

Rural Produce Prescription Toolkit: Increasing Access to Healthy Food for Rural Communities. https://bestpractices.nokidhungry.org/sites/default/files/media/Rural%2520Produce%2520Prescription%2520Toolkit_4.2022.pdf

For questions about Healthy Families Produce Rx, please contact:

Sarah Mills, Senior Manager, Health Systems; smills@strength.org

Katrina Scott, Coordinator, Healthy Families Produce Rx; kscott@strength.org

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