



# Sustainability Spotlight: State Funding for Produce Prescriptions

Models from Washington and New Mexico

# Authors

## **Audrey Immel, No Kid Hungry**

No child should go hungry in America. But millions of kids in the United States live with hunger. No Kid Hungry is working to end childhood hunger by helping launch and improve programs that give all kids the healthy food they need to thrive. This is a problem we know how to solve. No Kid Hungry is a campaign of Share Our Strength, an organization committed to ending hunger and poverty. Learn more about how No Kid Hungry helps kids thrive at [nokidhungry.org](http://nokidhungry.org).

# Interviewees

Claire Lane, Director, Anti-Hunger and Nutrition Coalition

Rita Condon, Program Manager, New Mexico Department of Health

Alyssa Auvinen, Program Manager, Washington State Department of Health

## Introduction

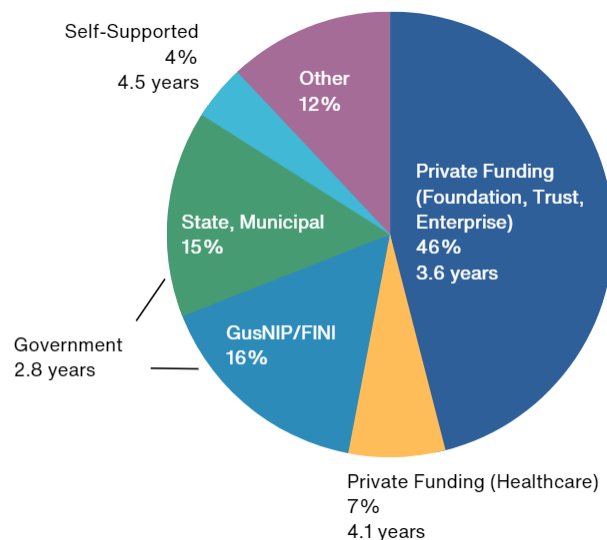
Produce prescriptions (PPR) offer a promising solution to improving access to nutritious foods for low-income families facing food insecurity and diet-related chronic diseases.<sup>1,2</sup> PPR programs allow a healthcare provider or community organization to prescribe fruits and vegetables to eligible patients, often in the form of vouchers or electronic debit cards. Growing evidence indicates that PPR can increase fruit and vegetable consumption and may improve health outcomes for low-income households.<sup>3</sup>

No Kid Hungry has invested over \$1 million in produce prescription programs across the country and partnered with Vouchers 4 Veggies to develop the [Rural Produce Prescription Toolkit](#) to address unique challenges for PPR programs in rural communities. **This case study from No Kid Hungry examines the challenges in funding sustainability for PPR and highlights two successful models of achieving state funding for PPR from Washington and New Mexico.**

### Sustainability Limitations for Produce Prescriptions

Despite the demonstrated benefits of PPR, these programs face challenges with sustainability. **PPR programs in the United States last only 4.5 years on average.**<sup>4</sup> Below are some limitations for the sustainability of produce prescription programs.

- Most PPR programs are primarily funded through foundation and other private grants which often require most of the funds to be spent on food rather than administrative costs, which can cause barriers to scaling and sustaining programs.<sup>5</sup>
- Many current produce prescription programs rely on short-term funding streams (e.g., public or private grants) which may not be sustainable and which contribute to lower investment in operational infrastructure and long-term planning and sustainability.<sup>5</sup>
- While GusNIP funding from the USDA provides some funding for PPR (\$10.8 million)<sup>6</sup>, most GusNIP funds go towards nutrition incentive programs such as SNAP produce matching (\$36.3 million).<sup>7</sup>



**Figure 1.** Primary funding source for PPR programs in the US and program longevity.<sup>4</sup>

## Why seek state funding for produce prescriptions?

One alternative to short-term or lower investment funding for PPR is seeking state appropriations for PPR. In a 2021 review of U.S. PPR programs, 31% of all programs were funded primarily through government funds and of those, 40% were funded through state and local mechanisms.<sup>4</sup> Some states have appropriated funds for produce prescription programs through the state general fund. A 2022 case study from the Nutrition Incentive Hub identified some distinct benefits of state funding for nutrition incentive programs, including PPR:

- The scale of a state budget is much larger than smaller foundations, allowing for the flexibility to support capacity-building and administrative needs.
- States tend not to require matching funds and a program can use state funds to match another grant.<sup>8</sup>
- States have flexibility in who they target for PPR, whereas Medicaid funding may be restricted for populations with specific health conditions. State funding can also reach populations that are more likely to be uninsured such as undocumented immigrants.

## Successful Models: State Funding for Produce Prescriptions in Washington and New Mexico

In 2019, Washington passed HB1587, legislation that secured state funding to continue a federal grant program that provided produce prescriptions for low residents facing food insecurity in 12 counties.<sup>9</sup> In 2022, the New Mexico Governor's office included historic funding for the Food, Farm and Hunger Initiative in the Executive Budget Proposal, which included funds for a state-wide produce prescription program.<sup>10</sup>

The two states had different paths to securing funding for produce prescription programs from the states' general fund, but both benefited from proving the concept, community advocacy and identifying allies in state government.

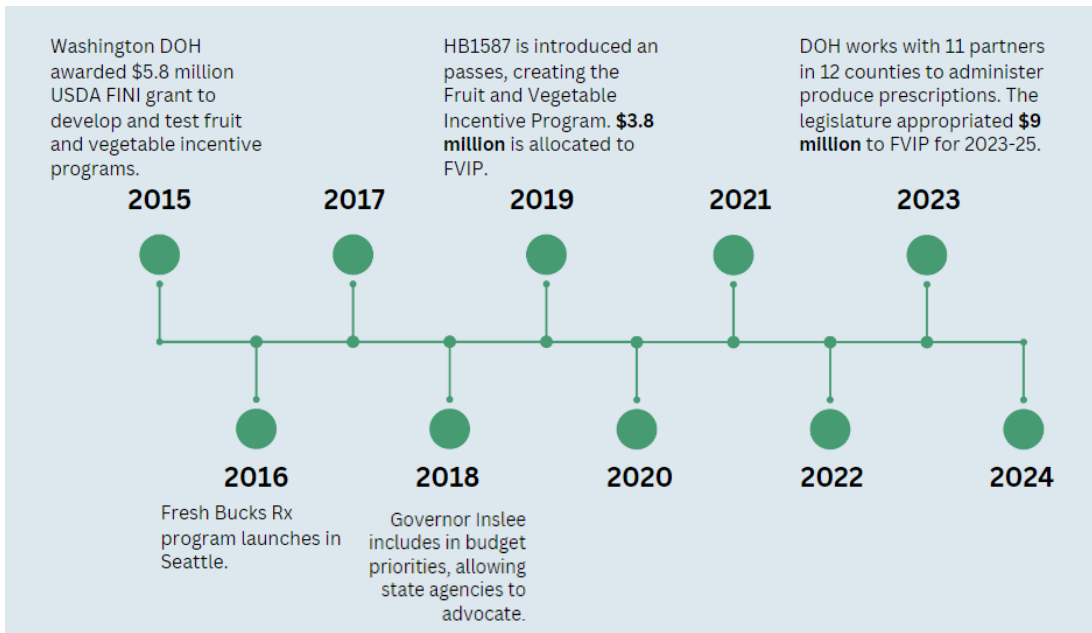
### 1: Proving the Concept

#### *Washington*

The Washington Fruit and Vegetable Incentives Program (FVIP) originated from a federal USDA Food Insecurity Nutrition Incentive (FINI) grant of \$5.8 million for 2015-2020. The FINI grant program provided fruit and vegetable incentives and produce prescriptions to SNAP recipients in Washington.<sup>9</sup>

Because FVIP was a continuation of a FINI grant program, the Department of Health already had a wealth of evidence and community stakeholders to back up the continuation of the PPR and nutrition incentives funding. By the end of the FINI project in 2019, DOH worked with 15 health systems on local pilots, including Fresh Bucks Rx in Seattle.<sup>11</sup>

After FVIP was established, DOH continued to build evidence and make a case for sustained funding. In 2021, the DOH released a progress report on FVIP to the legislature, as required in HB1587.<sup>12</sup> This report underscored the importance of sustained state funding for the produce prescription program. Unlike the SNAP incentive programs under FVIP, by that time, the Produce Rx program was not supported by a GusNIP grant and solely relied on state funding. The report stated that uncertainty about funding threatened program planning and integrity, as it was difficult to plan past the two years that funding was granted for. The DOH report recommended ongoing state funding for FVIP as well as working to integrate Fruit and Vegetable Prescriptions into the healthcare payment system through Medicaid waivers.



**Figure 2.** Timeline of establishing the Fruit and Vegetable Incentives Program in Washington.

*New Mexico*

The \$24.4 million funding plan of the Food, Farm and Hunger Initiative included \$500 thousand of non-recurring funding for a new state-wide Fruit and Vegetable Prescription Program (FVRx).<sup>10</sup> In April 2022, the New Mexico Department of Health released an RFP to contract with health providers and non-profit organizations working in tribal, rural and frontier communities. Presbyterian Healthcare Services, The New Mexico Farmers Market Association, and Community Outreach and Patient Engagement were granted funding based on their experience in produce prescriptions and capacity to administer a state-wide PPR program.

Unlike FVIP, the New Mexico Fruit and Vegetable Prescription Program (FVRx) was a brand new funding initiative for New Mexico. Rita Condon, Program Manager at the Department of Health, said that robust data collection and evaluation will be crucial to making the case for sustained funding.

During 2023 budget planning, the Department of Health asked for recurring funds but was given another non-recurring \$500 thousand. While the program expects to have funds for the next four years, Condon wonders whether the program will be sustainable if not built into the budget as a recurring expense. A new RFP for program contractors, released in 2023, will award organizations \$500 thousand of funding for four years, subject to legislative approval.

Condon says for the program to be sustainable, she needs more paid workforce, ideally a contractor in each county. She has been advocating for expanding the program to new areas to reach the most remote and rural areas of New Mexico and working to gather as much evidence as possible to prove the concept.

## **Recommendation**

*Start small and build a proof of concept.*

Starting small and building a proof of concept is more likely to lead to approved state funding than a produce prescription program that has not been tested. FVIP was established in Washington as a federal grant for the program came to an end. Advocates could point to the direct loss of food access that a funding gap would lead to. The Department of Health also had proof of concept from their previous pilot programs through the FINI grant. While the New Mexico FVRx program was brand new, they contracted with experienced organizations that had capacity to run a statewide program and are focused on robust evaluation to make the case for continued funding.

## **2: Community Advocacy**

### *Washington*

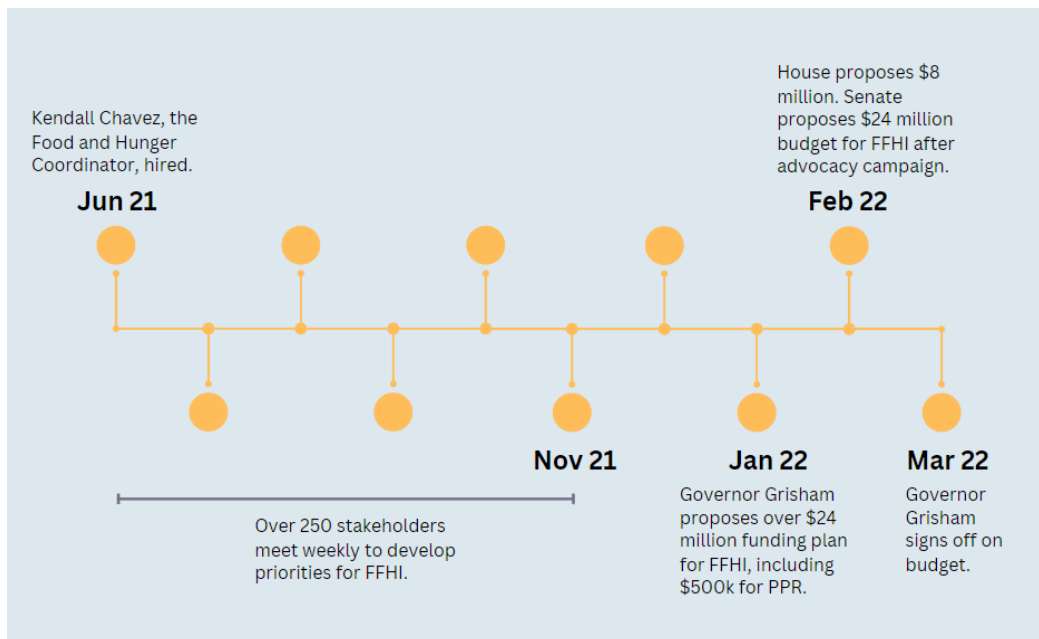
In 2019, with the end of the FINI grant approaching, the Washington Anti-Hunger & Nutrition Coalition (AHNC) was one of the major players in advocating for a bill to ensure state funding continued for the program, regardless of what happened with federal funding. The AHNC is an advocacy organization that convenes anti-hunger stakeholders and community members to share their voices with Washington legislators. During the 2019 legislative session, the coalition advocated for the development of HB1587, a bill to establish the Washington Fruit and Vegetable Incentives Program in statute. One of the key factors in the advocacy campaign was bringing together organizations representing the various stakeholders who make the program work: farmers, farmers markets, grocery stores, health care organizations, and anti-hunger advocates. HB1587 was also the top item on the list of legislative priorities for Hunger Action Day 2019, AHNC's annual lobby day in Olympia.<sup>13</sup>

### *New Mexico*

Behind the FFHI was months of advocacy work, spearheaded by the Food, Farm and Hunger steering committee. Led by Kendall Chavez, the Food and Hunger Coordinator for the Governor's Office, the committee included 250 community stakeholders, including farmers, state agency representatives, community organizations and more. The committee met for eight hours weekly for over 18 weeks and held over 55 meetings to discuss issue areas and where to allocate money in the FY23 executive budget. For those who could not attend weekly meetings, the Governor's Office held focus group interviews and ongoing presentations with tribal leaders.<sup>14</sup>

In an interview with Generation Justice, Chavez stressed the importance of planning alongside community in a state like New Mexico, where food is tied so closely to history, land and culture.<sup>14</sup> The state is home to 23 native tribes and a strong Indo-Hispanic legacy.<sup>15</sup>

After the funding for FFHI was included in the executive budget proposal, the next step was getting the legislature on board. The New Mexico House initially only approved \$8 million of the \$24.4 million plan.<sup>16</sup> According to Condon, it was the Senate that secured the full funding after advocates "flooded the senate" with a letter writing campaign. While state employees are not allowed to advocate directly to legislators, Condon worked with the many contractors the Department of Health works with across the state to connect with their legislators.



**Figure 3.** Timeline of establishing the Food Farm and Hunger Initiative in New Mexico

## Recommendation

*Build or join a coalition of food stakeholders in your state.*

In both Washington and New Mexico, coalition-building and community planning were essential in the policy-making process. The Washington Anti-Hunger and Nutrition Coalition used their collective voice to get HB1587 introduced and testify to the legislature. The 250 member Food, Farm and Hunger steering committee worked together to influence the executive budget and flood the Senate with community input. [Here](#) is a list of anti-hunger organizations in each state that may already be doing this work.<sup>19</sup>

*Understand the budgeting and legislative process in your state.*

State general funds were secured through different means in Washington and New Mexico. In Washington, a house bill was introduced that guaranteed funding for an already-existing nutrition incentive and produce prescription program. In New Mexico, a budget plan that created a new produce prescription program was introduced through the executive budget and was then approved by the legislature.

In both cases, advocates needed to understand the budgeting process and timeline in their states. By having a policy expert on your team or working with pro-bono lobbyists and other experts, programs and coalitions can understand the nuances of their state's budgeting process. Proposed budgets are rarely granted in full, so it is important to know the cost threshold for the produce prescription program.

## 3: Government Allies and PPR Champions

### Washington

Having a strong ally in the state legislature was essential to the passing of HB1587. AHNC identified Representative Marcus Riccelli and Senator Claire Wilson to sponsor the bill in each chamber. Rep. Riccelli has a history of supporting health equity measures as an employee at a federally qualified health center and member of the House Health Care and Wellness committee.<sup>17</sup> Sen. Wilson began her career as a WIC

counselor and has a deep understanding of public nutrition programs. Riccelli also has worked with AHNC in the past, making him the perfect champion for the bill. Rep. Riccelli and AHNC members testified at a public hearing for HB1587 with the House Human Services & Early Learning Committee.<sup>18</sup> Claire Lane, the Director of AHNC, stressed the importance of finding allies in the legislature that “understood the intersectionality of food insecurity.” Riccelli provided a public face to the bill, releasing a video explaining the importance of HB1587 and doing interviews with local newspapers.

### *New Mexico*

One of the factors that contributed to securing funding for the FFHI in 2022 was Governor Grisham’s clear commitment to food-related issues with the hiring of a full-time Food and Hunger Coordinator. Without dedicated staff involved in the planning and advocacy process, the Governor’s Office would have struggled to bring together a diverse group of stakeholders in the steering committee. Having the FFHI spearheaded by an employee in the Governor’s Office also gave advocates valuable insight into the budget and legislative process.

#### **Recommendation**

Collaborating with legislators and policymakers can be a great way to get initiatives introduced and learn more about the legislative process. Identify champions in state government that have a track record of supporting similar causes and keep them engaged throughout the policy development process. Here are some ways to engage with champions:

- Build a relationship by attending public events, town hall meetings or conferences where they are present.
- Articulate how supporting funding for produce prescriptions aligns with their broader goals, including how it would benefit their constituents or their policy agenda.
- Communicate regularly with state champions, providing data and subject matter expertise on your policy so they can be prepared to speak publicly.

## **Conclusion**

Securing state funding for produce prescription programs is not a perfect solution for the sustainability concerns that these programs face. Produce Rx programs funded by government sources last only 2.8 years on average compared to private healthcare funds (4.1) and private foundation funds (3.6).<sup>4</sup> Organizations may wish to utilize state funding for matching and supplementing foundation and private funds, while scaling and growing their evidence base for future funding opportunities.

The stories in this case study demonstrate how advocates in Washington and New Mexico took advantage of proving the concept, community advocacy and coalition-building, and identifying PPR champions to secure state general funds for produce prescriptions.



	Washington	New Mexico
<i>Program</i>	Fruit and Vegetable Incentives Program	New Mexico Fruit and Vegetable Prescription Program
<i>Funding Mechanism</i>	Legislation - <a href="#">HB1587 2019</a>	Governor Grisham's 2022 <a href="#">Executive Budget Proposal</a>
<i>Program Stage</i>	Continuation of previous pilot programs under FINI grant	New PPR program
<i>Advocacy Lead</i>	Non-Profit Coalition – WA Anti-Hunger & Nutrition Coalition	Food Farm and Hunger Steering Committee led by Governor's Office
<i>Program Partners</i>	Eleven healthcare systems and public health agencies	NM Farmers Market Association Presbyterian Healthcare Services Community Outreach and Patient Engagement

**Figure 4.** Comparison of Washington and New Mexico PPR initiatives.

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