



RURAL PRODUCE PRESCRIPTION TOOLKIT

Increasing Access to Healthy Food
for Rural Communities



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ABOUT THIS TOOLKIT



About This Toolkit

This toolkit is intended to be a practical, user-friendly guide for those planning and operating produce prescription programs in rural areas. It provides an important framework and steps to consider if you're thinking of establishing a produce prescription program in your community. Additionally, current produce prescription program implementers will find key considerations for program scaling and sustainability. Topics covered in this toolkit include:



**Program Funding
& Sustainability**



**Establishing and
Managing Partnerships**



Program Design



Program Evaluation

While other resources exist for those seeking to develop a produce prescription program, this toolkit is designed specifically for rural communities, with special consideration given to the unique challenges they often face, such as limited transportation, fewer food retail options and access to healthy foods, as well as limited internet connectivity. Although it is important to acknowledge common obstacles, this toolkit also provides examples, strategies, and recommendations for how rural communities can utilize existing strengths and assets to address these challenges.

This toolkit was informed by the voices and experiences of rural produce prescription program operators and partners across the country. Through surveys and interviews, we drew upon the rich and varied perspectives of program coordinators, grant writers, healthcare providers, nutrition educators, evaluators, and program leadership to provide key insights and lessons learned around the complex nature of operating rural produce prescription programs.

By highlighting examples of innovative solutions and strategies already happening in rural communities across the country, we aim to provide others with a real-world roadmap for establishing a produce prescription program in their own rural community.



ABOUT THE AUTHORS

Vouchers 4 Veggies

Vouchers 4 Veggies (V4V), a transformative program housed within the University of California San Francisco's Center for Vulnerable Populations, aims to increase access and affordability of healthy foods for households with low-income by providing vouchers for fruits and vegetables. Founded in 2015 by Dr. Hilary Seligman, a nationally recognized expert on the intersection between food insecurity and health, V4V was originally designed to address the unique food security issues in San Francisco, but has since expanded to several other, both rural and urban, communities across the country.



ABOUT THE AUTHORS

No Kid Hungry

No child should go hungry in America. But in the wake of the coronavirus pandemic, millions of kids could face hunger this year. 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.



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BACKGROUND



What is a Produce Prescription Program?

Produce prescription programs are a proven strategy to support food security and increase healthy food access for households with low-income or those diagnosed with a diet-related health condition. They also provide a bridge between community-based organizations, the healthcare system, and local food systems - establishing long-term partnerships around the shared goal of improving the health and health equity of those in their community.

A growing body of evidence shows that produce prescription programs improve the health and nutrition of those participating. Participation in a produce prescription program is associated with reductions in household food insecurity, increased consumption of fruits and vegetables, lowered body mass index (BMI), and decreased hemoglobin A1C levels (a measure of diabetes control).^{1,2,3} Additional documented benefits include increased participant knowledge around purchasing and preparing healthy food, improved overall health management, better patient-provider communication, and economic benefits to local food systems.^{4,5} Further, emerging research indicates that produce prescription programs have the potential to be cost-effective, thus providing healthcare and community partners with a proven strategy that benefits health systems, households, individual patients, and local economies.⁶

A produce prescription program is defined as:



A health intervention for patients who are eligible due to health risk or diet-related diagnosis, lack of access to nutritious foods, and are referred by a health care provider or health insurance plan. These prescriptions are fulfilled through food retail and enable patients to access 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 spending, and increase patient engagement and satisfaction.”⁷

- National Produce Prescription Collaborative, February 2020

Simply put, a typical produce prescription model begins with the screening and referral of a patient to the program by a healthcare provider or other staff. The patient is then issued a 'prescription' - most often in the form of a paper voucher or electronic debit card - that can be redeemed for fruits and vegetables at local food retail or farm-direct options (see Figure 1), all with the purpose of improving food security, healthy food access, or other health metrics. This is often done in close collaboration with community partners, who may manage administrative and operational aspects of the program and may also assist with recruitment and referrals.

FIGURE 1:

Flow of A Produce Prescription Program



National Produce Prescription Collaborative (NPPC), February 2020

* Not All Produce Prescription Programs Require an Education Component
 ** Some Programs Use Third Party Evaluation



The Need for Produce Prescription Programs in Rural Communities

According to the United States Department of Agriculture (USDA), more than 38 million people, including 12 million children, in the United States (US) experienced food insecurity in 2020, meaning their access to adequate food was limited by a lack of money or other resources.⁸ Thus 1 in every 8 US households struggles to put nutritious food on the table. The COVID-19 pandemic has only made food insecurity worse for many households by impacting food availability and prices nationwide.

Rural households are more likely to experience food insecurity than those located in metropolitan areas. In the US, rural communities make up 91% of the counties with the highest rates of food insecurity.⁸ In addition, 86% of the counties with the highest percentage of children at risk for food insecurity are rural. Poverty, which is associated with food insecurity, also tends to be worse in rural communities than in urban communities. In 2019, 13.3% of all people in rural areas lived below the federal poverty line compared to 10% of people in urban areas.⁹ It is well documented that food insecurity is linked with a wide range of negative health outcomes and diet-related diseases, such as diabetes, hypertension, heart disease, and obesity, among others, with people living in rural communities at higher risk than their urban counterparts.

It is also important to recognize that rural communities face additional challenges to accessing healthy food, such as lack of transportation, increased distance from healthy food options, higher transportation costs and time spent on travel, and potentially limited availability and higher prices on non-local items.





Lifting Up the Rural Perspective

As the produce prescription model has gained widespread recognition as an effective and efficient tool to assist healthcare providers with addressing their patients' food security and nutrition needs, many local health systems and community-based organizations have partnered to implement produce prescription programs in their communities. A recent report by DAISA Enterprises and Wholesome Wave identified more than one hundred produce prescription programs in operation between 2010 and 2020.¹⁰ While the growth of these programs is a positive step towards mainstream adoption of a more preventative approach to healthcare, it is important to note the unequal distribution of produce prescription programs across the United States, with 8% in the Southeast, 8% in the Plains, 28% in the Midwest, 30% in the Northeast, and 26% in the Pacific West.¹⁰ There are substantially fewer programs in the more rural South, Plains, and Midwest regions of the country, excluding urban Midwestern cities.

Most research evaluating such programs has also been based in urban settings. Although crucial to advancing the understanding of produce prescription's impact on health, these studies may not be taking into consideration the unique environmental and societal factors that contribute to the rural experience. Although a few key research studies exist documenting improvements in food security and fruit and vegetable consumption among rural produce prescription program participants, such as findings from the Community Empowerment and Patient Empowerment (COPE) program in New Mexico, most studies have evaluated programs in urban communities.¹¹⁻¹⁴

Produce prescription programs have emerged in recent years as an evidence-based strategy to improve health and nutrition. However, in order to truly support the mainstream adoption of these programs, it is critical to invest funding and research in rural communities. Research should not only examine the impacts on individual health, but also on the critical components essential for program success, including addressing the barriers to adoption of traditional models and identifying innovative solutions for rural communities.

Produce prescription programs should be uniquely tailored to meet the specific needs of each community. In this toolkit, we share strategies and lessons learned from produce prescription programs operating in rural areas across the country, identifying specific ways to utilize community strengths and assets to address the unique challenges, such as transportation and limited food retail options, often faced by program operators in rural communities.



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FUNDING

FUNDING

Funding is a common challenge experienced by many produce prescription program operators in both urban and rural communities alike. Most available funding mechanisms do not currently allow for long-term sustainability or program growth; however, as momentum for produce prescription model grows, opportunities are emerging to allow for more sustainable funding pathways. This section of the toolkit outlines common funding challenges and highlights innovative opportunities that produce prescription programs in rural communities can explore.

The Current Funding Landscape

Current funding tends to be short-term (typically one to three years) and grant-based and does not recognize the complex nature of produce prescription programs. Programs often require six to twelve months of planning and partnership building prior to launch, leaving little time for implementation and evaluation with current funding models. They also often require the majority of funds be spent directly on the food incentives themselves, and do not provide funding for the administrative administrative and infrastructure costs necessary to operate a produce prescription program. While testing the efficacy of produce prescription programs across populations is important, current funding tends to center around funder priorities, which can limit who is eligible to receive produce prescriptions.

In addition to the challenges described above, rural communities can face additional obstacles, which hinder their ability to secure funding. Some of the challenges described by rural produce prescription program operators are:



- ✓ **Smaller pool of funders focused on rural health**
- ✓ **Funds do not cover transportation, technology, or infrastructure costs**
- ✓ **Difficult to compete for funding with larger, urban programs that have more internal capacity dedicated to fundraising and infrastructure development.**

Despite these challenges, there are produce prescription programs in rural communities that have successfully navigated existing opportunities to secure funding using innovative solutions. Additionally, as produce prescriptions gain recognition as an effective strategy to improve health by both the health care and social service sectors, there has been a substantial increase in the number and types of funders interested in financially supporting this model.

Grant-Based Funding Pathways

Grant-based funding is the most common form of financial support for produce prescription programs and includes a wide range of funders, including foundations, non-profit organizations, government agencies, state and local health departments, and local health plans. Although there are limitations, such as those described in the section above, grant-based opportunities can provide the flexibility and innovation needed to operate a rural produce prescription program. Although not a long-term, sustainable option, grant-based funding pathways often provide avenues for seed funding or funding to get programs off the ground. Smaller programs or programs in preliminary phases may consider grant-based funding pathways as a starting place while considering other funding options for future growth and sustainability. Examples of common grant opportunities include:

FOUNDATIONS & NON-PROFIT ORGANIZATIONS

FUNDER DESCRIPTION

There are many national, state, regional and local foundations and non-profit organizations interested in funding rural communities and supporting rural health.

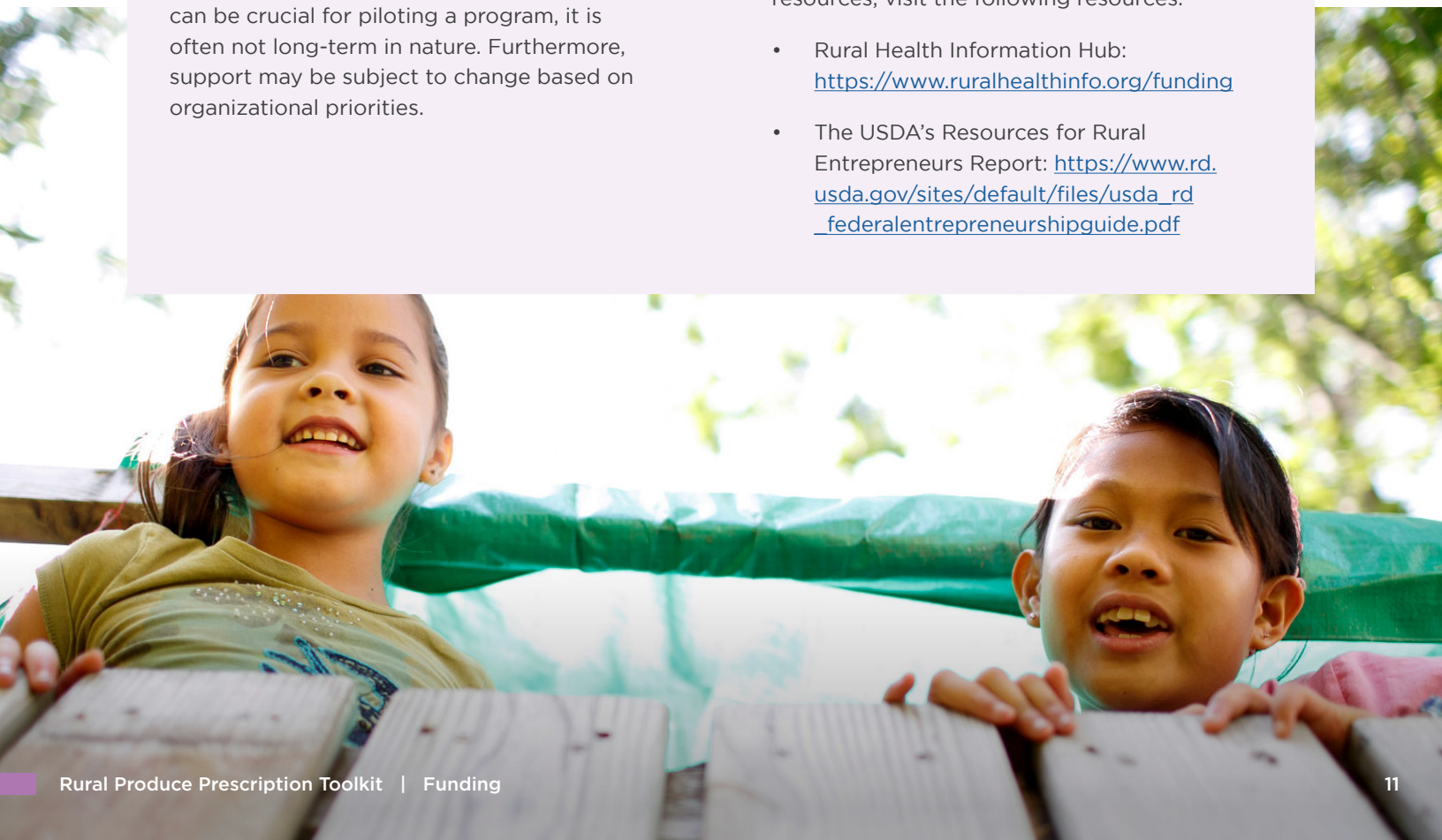
Foundations may offer funding to support a produce prescription program or provide a combination of funding and implementation/technical support. Although this type of support can be crucial for piloting a program, it is often not long-term in nature. Furthermore, support may be subject to change based on organizational priorities.

EXAMPLES

- Share Our Strength
- American Heart Association
- Wholesome Wave
- Robert Wood Johnson Foundation

For other rural funding opportunities and resources, visit the following resources:

- Rural Health Information Hub: <https://www.ruralhealthinfo.org/funding>
- The USDA's Resources for Rural Entrepreneurs Report: https://www.rd.usda.gov/sites/default/files/usda_rd_federalentrepreneurshipguide.pdf





GOVERNMENT AGENCIES

	DESCRIPTION	EXAMPLES	EXISTING OR EMERGING
Gus Schumacher Nutrition Incentive Program (GusNIP)	Authorized under 2018 Farm Bill and administered by the USDA’s National Institute of Food and Agriculture (NIFA), funds Produce Prescription Projects to increase the consumption of fruits and vegetables, reduce food insecurity, and reduce healthcare usage and associated costs.	Visit the Nutrition Incentive Hub for more information	Existing
Centers for Disease Control and Prevention (CDC)	CDC funds state & local health departments and land-grant universities to implement strategies that equitably address obesity and food and nutrition security in states experiencing the highest health disparities.	<p>State Physical Activity and Nutrition (SPAN)</p> <p>High Obesity Program (HOP)</p> <p>Racial and Ethnic Approaches to Community Health (REACH)</p> <p>Building Resilient Inclusive Communities (BRIC)</p>	Existing
SSB Taxes	Sugar-sweetened beverage (SSB) taxes are a promising policy approach being adopted at the city and county levels to reduce SSB consumption and improve population health outcomes. While all SSB taxes are currently in urban cities, additional communities, including rural areas, may adopt SSB taxes as data emerges supporting their impact on health.	<p>Cities with SSB Taxes:</p> <p>Seattle, Washington</p> <p>Boulder, Colorado</p> <p>San Francisco, California</p> <p>Berkeley, California</p> <p>Oakland, California</p> <p>Albany, California</p>	Existing

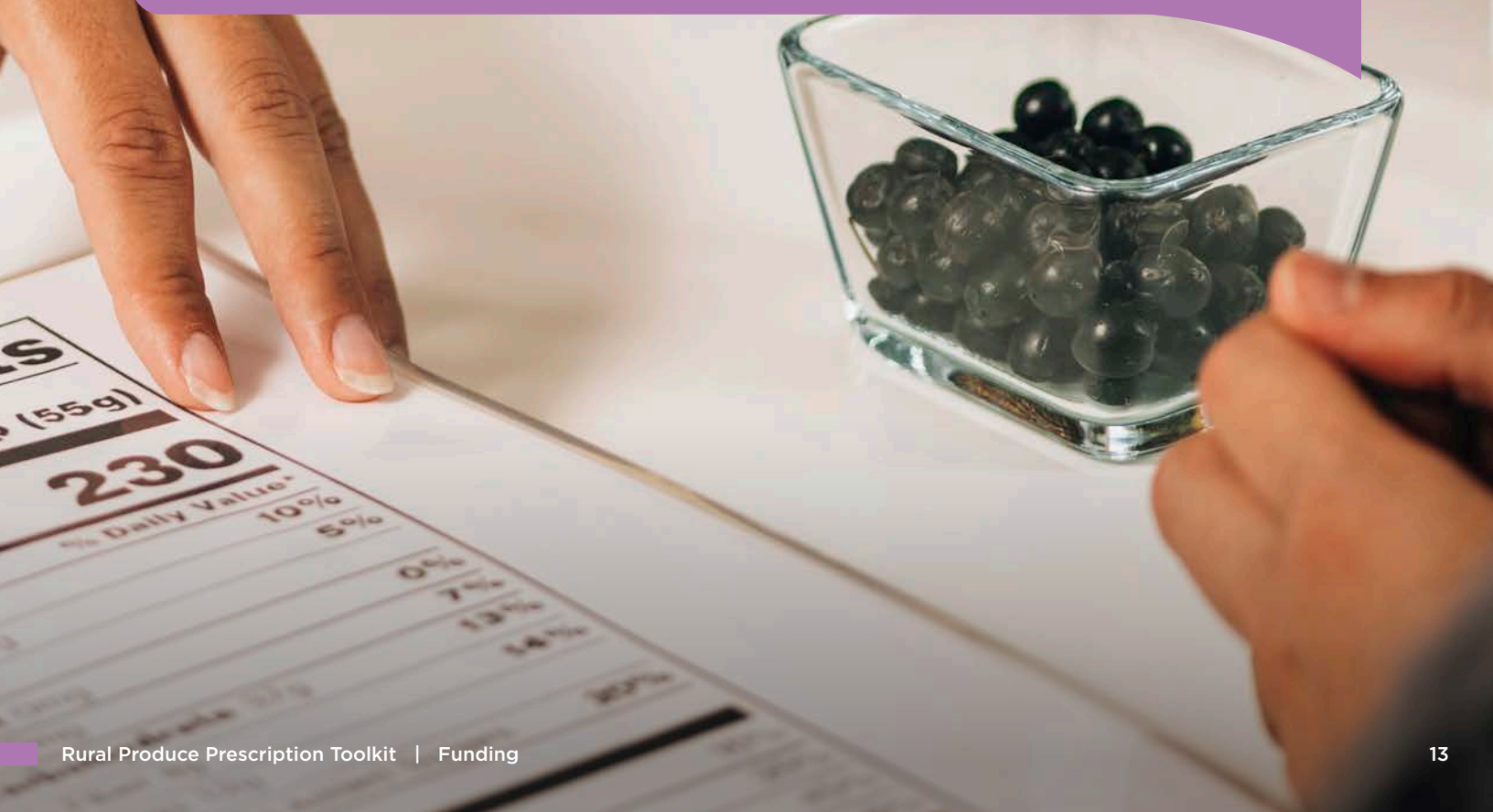


RURAL CONSIDERATION

Leverage CDC REACH Funding in Your Community

Nearly 40 state and local health departments across the country receive CDC REACH funding to partner with community-based organizations and implement a broad spectrum of interventions to improve health disparities. Connect with your local health department around current or potential REACH funding to support a produce prescription program.

The Marion County Public Health Department produce prescription program in Indiana uses REACH funding to refer patients to nutrition education and fresh produce. Their program provides a valuable tool for healthcare staff to address health disparities among patients.





Healthcare Funding Pathways

An increasing number of health plans and managed care organizations are interested in addressing their patients' social determinants of health – or the underlying reasons, such as food insecurity or lack of access to healthy food, that contribute to their poor physical health – and are exploring various funding pathways to support produce prescription programs.

As the produce prescription model gains recognition for being a cost-effective way to improve health and food security, there is growing momentum to create more sustainable funding pathways. A strategy being actively explored is including produce prescription programs as a covered benefit through state Medicaid programs and Medicaid managed care organizations (MCO). This provides rural healthcare providers with a mechanism to sustain produce prescription programs in states whose Medicaid plans have chosen to adopt this coverage option. Check to see if your state is currently or has plans to adopt these procedural strategies to cover produce prescription programs. If your produce prescription program is not yet ready or does not have the capacity to access these types of funding opportunities, consider partnering with a larger organization to leverage their knowledge and resources. Consider that upstream funding opportunities such as these are good opportunities for rural produce prescription programs to develop partnerships that could lead to future potential funding.

HEALTHCARE FUNDING PATHWAYS

	DESCRIPTION	EXAMPLES	FUNDING MECHANISM (GRANT VS. COVERED BENEFIT)	EXISTING OR EMERGING
MEDICAID MANAGED CARE OPPORTUNITIES	<p>MCOs provide the delivery of Medicaid health benefits through contracted agreements with state Medicaid agencies. States have flexibility to implement a range of interventions that exceed traditional care and are focused on improving outcomes and reducing healthcare costs for populations with chronic conditions.</p>	<p>Medicaid MCOs can choose to adopt the following opportunities to cover access to produce prescription programs for their patients:</p> <p>In Lieu of Services (ILOS): cost-effective substitute to a service covered under the State Plan (examples: New York & California)</p> <p>Value-Added Services: services not covered under the State Plan, but voluntarily offered by the MCO</p> <p>Quality Improvement Activities: Activities designed to improve health quality and outcomes (example: Oregon)</p>	Covered Benefit	Emerging
MEDICAID WAIVER OPPORTUNITIES	<p>Although not covered under standard Medicaid benefits, state Medicaid agencies have been allowed to cover certain nutrition interventions, including produce prescription programs, via Medicaid waiver authority. See the State Waivers List at Medicaid.gov to find more information about opportunities in your state.</p>	<p>Section 1115 Demonstration Waiver: Allows State Medicaid agencies to test or pilot new approaches or projects that are “likely to assist in promoting the objectives” of the Medicaid program (examples: Massachusetts & North Carolina)</p>	Covered Benefit	Emerging
COMMUNITY HEALTH BENEFITS	<p>As required by the Affordable Care Act, non-profit health systems conduct community health needs assessments every 3 years to identify community health needs and then distribute local grants to address those identified priority areas.</p>	<p>Visit the Delivering Community Benefit: Healthy Food Playbook for more information and resources</p>	Grant Funds	Existing

Sustainable Funding Solutions

Future funding for produce prescription programs must consider their complex nature and provide flexible, long-term support in order to truly impact both individual and community health. Emerging approaches, particularly healthcare adoption, provide promising opportunities to integrate produce prescription programs into existing health systems and create a more sustainable program model.



RURAL CONSIDERATION

Diversified Funding Sources

The **Eat Well** produce prescription program in North Carolina is a statewide produce prescription program with funds for fruits and vegetables directly loaded on to a participant's grocery store loyalty card. Operating in every county across North Carolina, **Eat Well** receives federal funding from Blue Cross North Carolina's Medicaid and USDA's GusNIP, state funding from the CARES Act for Healthy Helping, as well as local foundation funding. This diversity in funding sources has allowed **Eat Well** to scale statewide and reach additional vulnerable populations in North Carolina.

The **MCHC Farmacy produce prescription program** is a produce prescription program operating across three counties in rural southeastern Kentucky. Patients enrolled at MCHC clinics receive tokens to use at local farmers markets. The program receives funding from USDA GusNIP as well as local funding through a health system's community benefits program - allowing them to sustain and expand their program over the past five years.



RURAL CONSIDERATION

Leverage Community Networks to Engage New Partners

To maximize the limited resources available in rural communities, it can be strategic to engage partners not typically thought of as traditional partners in a produce prescription program. Leveraging existing networks and coalitions - whether formal or informal - strengthens your capacity to seek funding and may open additional funding opportunities.

Vermont Farm to Plate, a statewide system plan to 'increase economic development and jobs in the farm and food sector and improve access to healthy local food for all Vermonters', brings together produce prescription partners from across the state to share lessons learned and identify funding opportunities. In addition, the **Farmacy produce prescription program** in Rutland County produce prescription program leveraged a partnership with a local bank, who provided funding in the form of sponsorships to support program implementation.

Cornell Extension's **Food as Medicine Tompkins produce prescription program** relies closely on partnerships with local colleges and researchers, including a partnership with Cornell's School of Public Health where faculty assist with writing and reviewing grant applications. The program staff also partners with a neighboring produce prescription program, sharing resources and funding to stretch available resources further.

Things to Consider When Building a Program Budget

When creating a budget for your produce prescription program, it can be easy to underestimate the actual costs necessary to successfully operate the program. It is important to anticipate all potential costs, not just costs of the produce incentive itself. Think about it this way - it is impossible for a voucher to be designed, printed, distributed, tracked, reimbursed, and evaluated by itself. There are organizations, personnel, retail partners, systems, and technologies involved that need to be taken into consideration when designing a budget.



Common Budget Categories:

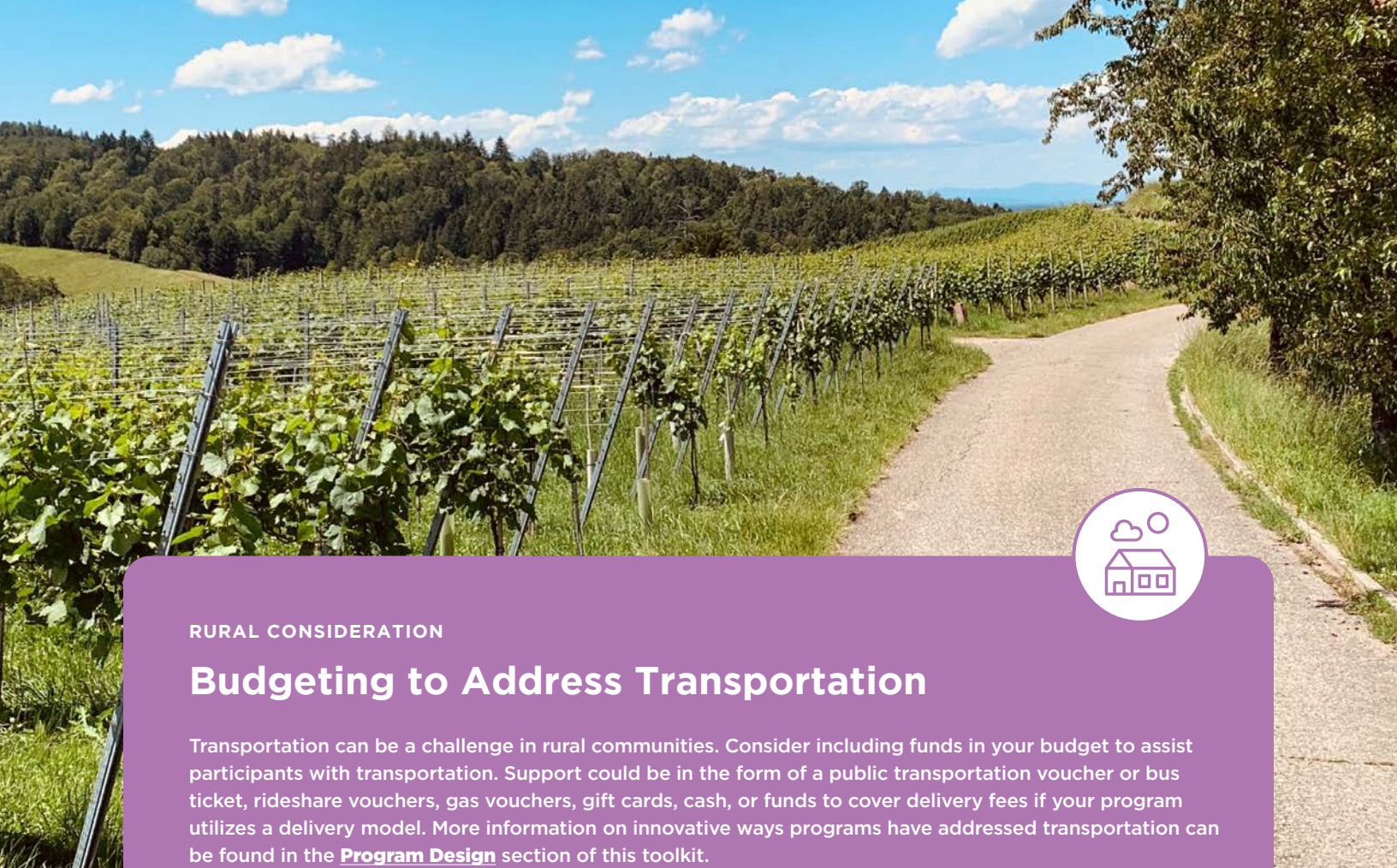
PRODUCE INCENTIVE COSTS

Since produce prescription programs often vary in the incentive amounts distributed each month, costs will vary based on dosage amount (with typical dosages varying from \$40-\$80/month) number of participants, program duration, and funding.

STAFF/PERSONNEL TIME COSTS

- ☑ **Program coordinator:** It is important to estimate a realistic amount of time it takes to manage implementation of a produce prescription program. Duties might include establishing and managing community partnerships, training community partners, distributing incentives and program materials, evaluation assistance, volunteer management, and grant writing/reporting support.
- ☑ **Program operations:** Consider including funding to support the administrative duties required to operate a produce prescription program. Duties might include material preparation, incentive collection and processing, data entry, or produce box assembly.
- ☑ **Clinic or community-based organization partner:** Include adequate funding for clinic and/or community partners to cover their costs associated with implementing the program such as nutrition education or community health worker time and on-site administration costs.





RURAL CONSIDERATION

Budgeting to Address Transportation

Transportation can be a challenge in rural communities. Consider including funds in your budget to assist participants with transportation. Support could be in the form of a public transportation voucher or bus ticket, rideshare vouchers, gas vouchers, gift cards, cash, or funds to cover delivery fees if your program utilizes a delivery model. More information on innovative ways programs have addressed transportation can be found in the [Program Design](#) section of this toolkit.

MATERIALS & SUPPLIES COSTS

When deciding what materials and supplies you will need, it is important to consider the following questions that will impact the program budget:



- ☑ **Are you printing paper vouchers?** Are you providing nutrition education or other associated materials along with the vouchers? Will you need to design customized materials for different populations or partner sites? Make sure to include these printing costs and the time it takes to design these materials.
- ☑ **How are you recruiting participants?** Include the costs of designing and printing fliers, posters, and advertisements (radio/tv/print).
- ☑ **Will you be mailing incentives to participants?** Make sure to include the cost of postage and mailing supplies.
- ☑ **What are your technology needs?** Include costs for items such as tablets, computers, or online survey software.
- ☑ Other supply considerations might include farmers market tokens or boxes for produce shares.

EVALUATION COSTS

When planning a program evaluation that is realistic and responsive to challenges faced by rural communities, it is important to consider the following questions that will impact the program budget:



- ✔ **Are you administering surveys?** Are they paper-based or electronic? Consider including funds to purchase tablets and internet hot spots or make sure to include the printing costs of paper enrollment forms and surveys. Also consider purchasing access to a web-based survey platform, such as Qualtrics, to assist with survey administration. If conducting paper surveying, consider the cost of data entry and cleaning.
- ✔ **Do you need Institutional Review Board (IRB) approval for your evaluation?** If so, it is important to include any potential costs associated with an IRB submission. See the [Nutrition Incentive Hub](#) for more details.
- ✔ **Who is conducting your evaluation?** Consider including funds that supports staff time for data collection, data cleaning and analysis. Depending on your program model, this might be stipends for student data collectors or staff time to support clinic partners in extracting data from the electronic health record and data sharing.
- ✔ **Consider including participant incentives for survey completion in your budget.** This could be in the form of a gift card, cash, or transportation assistance. See the [Program Evaluation](#) section of this toolkit for more information.





4

PARTNERSHIPS



Developing Successful Community Partnerships

Partnerships, whether with healthcare, community-based organizations, or food retailers, are key to the success of any produce prescription program; perhaps even more so in rural communities because of the unique challenges often solved through local partnerships. Operating a successful produce prescription program requires a thorough understanding of a community's needs, thus making it vital to develop partnerships with organizations and groups who live and work there and can help identify critical needs as well as tap into existing networks and resources. This section of the toolkit is intended to provide important steps, helpful tips, and considerations to take when establishing partnerships to support a produce prescription program in a rural community.



Getting to Know the Community

Every rural community is different - each with its own unique healthcare, food, transportation, faith-based, and social service networks. When developing a produce prescription program, it is important to be aware of the infrastructure and resources already available. Conducting a community assessment, whether formal or informal, will allow you to gain an understanding of important community characteristics, assets, and challenges that may impact and should inform your program design. Validated community assessment tools exist, such as the [Nutrition Environment Measures Survey](#), [The Food Environment Atlas](#), and [Tackling Hunger](#) that are helpful resources to guide your process.

Important information to gather on the existing food, nutrition, healthcare, and transportation landscape in your rural community may include:

- ☑ **What community-based organizations exist where people access resources, services, or activities?** These are potential community partners. Potential examples in rural communities are the local YMCA, afterschool programs, community centers, schools, senior centers, food banks and pantries, or family resource centers.
- ☑ **Is there a faith-based network in your area?** Churches often play an important role in rural communities and many are interested in the health of their parishioners. Local churches can play an important role in recruiting, advertising, or supporting your produce prescription program.
- ☑ **Where do people access healthcare? Is there a local health system?** Identify if there are federally qualified healthcare centers (FQHCs), community clinics, or larger health systems in operation. These are important potential healthcare partners with your produce prescription program.
- ☑ **Where do people shop for food?** Are there grocery stores, big box stores (such as Walmart), dollar stores (such as Dollar General), independent grocers, small corner stores, farmers markets, farm stands, independent farmers, or community-supported agriculture (CSA) programs? Identifying the available food retail options in the community is very important as these are potential partners in your produce prescription program.
- ☑ **What other food assistance resources exist in the community?** Potential examples could be the local food bank or food pantry, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) or the Supplemental Nutrition Assistance Program (SNAP) agency, Meals on Wheels, or soup kitchen/free dining room.
- ☑ **What transportation options are available?** Is there public transportation? How walkable is the community? Do people travel long distances to do their food shopping?



RURAL CONSIDERATION

Retailers Outside of Your Community

Are there stores located outside of your community that residents report traveling to? Consider the shopping preferences of your program participants - some people in rural communities may be willing to travel further, yet less often, to do their grocery shopping.

The **Cumberland PATH produce prescription program** in Cumberland County, Virginia found that most participants preferred to travel outside of the county to shop at a large, full-service grocery store - typically shopping on a monthly basis. As a result, the PATH program saw a dramatic increase in incentive redemption rates after partnering with this preferred retailer.

Identifying the Need

Who are you trying to reach with your produce prescription program? What are the identified health disparities? Who is most impacted by food insecurity? These are important questions that should guide you as you build relationships, develop partnerships, and identify the specific needs in the community. You should consider partnering with organizations that work with the populations you are hoping to reach. Who would most benefit from a produce prescription program in your community?



Families and individuals with low-income



Families and individuals experiencing food insecurity



Households with a diagnosis of diabetes, overweight or obesity, or other diet-related conditions



Households with young children



Partnership Best Practices



Partnerships are key to the success and sustainability of any produce prescription program. Developing strong community partnerships requires thoughtful consideration, but there are some identified best practices when it comes to developing long lasting collaborations.

COMMUNITY PARTNERSHIPS

When developing partnerships with local organizations, it is important to consider how they might work with you to implement your produce prescription program. Some partners might assist with marketing and advertising, while others may help with recruitment, referrals, and other administrative activities. Important things to consider are:

- ✓ **What populations do they serve?** It is important to partner with groups that serve the target population you are hoping to reach with your produce prescription program. For example, do you hope to reach families with young children? Consider connecting with a local school, afterschool program, family resource center, or WIC location in your community.
- ✓ **What is their reputation in the community?** Organizations, groups, or coalitions that are well-known or well-respected in the community can play an important role in their ability to recruit and serve as champions for your produce prescription program.
- ✓ **What is their interest and capacity?** Many local organizations operate with a small staff and budget and have many competing priorities to address with limited resources. It is important that community partners are aware of any staff time that will be required of them, and you might consider compensating them for their time.



RURAL CONSIDERATION

Explore Diverse Community Partnerships

Many rural communities do not have the same number of resources and services available as their urban counterparts do, so it may be necessary to establish connections with groups not typically thought of as produce prescription program partners. Although an organization's main purpose may not be nutrition or food security, it still might be interested in the health of their community members and agree that produce prescription programs are a great tool. Rural communities are often tightly connected. Tap into the informal networks and existing relationships to build community-wide support. Consider nontraditional partners such as the parks and recreation department, local Head Start agency, library, or community center. Make the case to them as to how their support or involvement in advocating for or partnering with the program could be mutually beneficial.

Community Farm Alliance's produce prescription program in rural Kentucky, FreshRx for MOMs, partners with a myriad of community partners including schools and early childcare centers to identify and enroll pregnant mothers into their program.



HEALTHCARE PARTNERSHIPS

When developing partnerships with healthcare, it is important to consider aspects such as their capacity, interests, and goals in the partnership. Below are identified best practices as well as important things to consider:

- ✔ **Meet with clinic leadership to present the concept of a produce prescription program, its goals, how it works, and the potential benefits to their clinic and patients.** Establishing buy-in from leadership at the beginning is often key to the success and sustainability of the program.
- ✔ **Establish mutually agreed upon outcomes of interest.** What health metrics do you want to collect to demonstrate the impact of the program? Possible metrics to consider are hemoglobin A1c, BMI, and medication adherence, in addition to food security, and fruit and vegetable consumption. It is important to note process metrics are the most important to determine and collect before outcome metrics as your health care partner will likely need to help with process metrics as well.
- ✔ **Establish the ability to collect health data.** Can you or your healthcare partner collect the data you want? Are you going to collect data via participant surveys or through the electronic health record (EHR)? Do clinic staff have capacity to administer surveys or extract data from the EHR? See the [Program Evaluation](#) section of this toolkit for more information.
- ✔ **Execute necessary data sharing and partnership agreements.** Establish a [Memorandum of Understanding \(MOU\)](#) outlining agreements between both parties. Determine whether a data sharing agreement is needed and ensure you are following [Health Insurance Portability and Accountability Act \(HIPAA\)](#) requirements.

- ✔ **Meet with providers and clinic staff to present the program and develop buy-in.** Providers and clinic staff will be more involved in the day to day aspects of the program, so it is important for them to understand the program, imagine how it fits into clinic workflows, and why it is important for their patients. Consider meeting with community health Workers (CHWs) as they can play a vital role in produce prescription programs. Many programs partner closely with CHWs to support program implementation and evaluation. For more information about CHWs, visit the [Rural Health Information Hub website](#).
- ✔ **Determine workflow integration.** Healthcare partners are busy, so it is imperative to determine how your program will fit into their workflow. Ask your partners to envision how they see the program implemented at their site. Some questions to ask include:
 - ✔ **Who will be administering the program?** Healthcare providers often have limited time. Consider medical assistants, nutritionists or dietitians, CHWs, or medical, nursing student, or dietetic intern.
 - ✔ **What is the referral system?** Will providers identify patients and refer for enrollment? Will program administrators pull a list of eligible patients?
 - ✔ **Will the program be integrated into other services?** Produce prescription programs often occur in tandem with nutrition education or other health-related curriculums. This provides an opportunity to provide resources to help patients put what they learn into action!
- ✔ **Explore partnerships with nontraditional health sites.** If there is no healthcare system or clinic in your community, consider partnering with a school-based health center or the local WIC agency.





RURAL CONSIDERATION

Land Grant Universities and Cooperative Extension Programs

Land-grant universities share a mission of agricultural teaching, research, and extension, with each state having at least one land-grant university and many rural states having multiple, including Tribal Colleges and Universities (TCUs). Many are deeply engaged in their communities through Extension Programs and are often involved in efforts to improve local food systems. Produce prescription programs can be an appealing intervention to support both local agriculture and improve community health.

The Louisiana-based **Healthy Families Produce Rx program** partners with the Louisiana State University (LSU) AgCenter's Healthy Communities initiative, an outreach arm of the LSU system, to offer produce vouchers redeemable at the AgCenter's partnering farmers markets.



ACADEMIC PARTNERSHIPS

Partnerships with academic institutions, such as local or regional colleges or land grant universities, can be beneficial for produce prescription programs for the following reasons:

- ✔ **Evaluation support:** Researchers and students can help with evaluation and data analysis.
- ✔ **Informing program design:** Some institutions have courses or staff with expertise in public health program design.
- ✔ **IRB approval:** Academic partners can assist with IRB approval if a more rigorous program evaluation is desired.
- ✔ **Volunteer opportunities:** Students are often seeking volunteer or intern opportunities and can assist with recruitment, survey administration, and data collection, among other activities.

FOOD RETAIL PARTNERSHIPS

Partnerships with food retailers play a pivotal role in the success of your produce prescription program. As each rural community is unique with its own availability of food stores and farm direct options, it is critically important to partner with those in your community that are accessible, affordable, and known in the community. Below are identified best practices and items to take into consideration when deciding who will be your food retail partners:

- ✔ **Where do people do their food shopping?** Are their big box stores or national grocery chains? Do people shop at smaller corner stores and independent grocers?
- ✔ **Or does the community have farmers markets and local agriculture?** In rural communities that may not have as many grocery stores or markets, you might consider partnering with local farmers to provide the fruits and vegetables for your produce prescription program - either through a CSA, farm stand, or produce delivery model.
- ✔ **Where are the stores or farmers markets located?** It is important to consider accessibility - is the market walking distance from health clinics or accessible by public transportation?
- ✔ **What is the quality and quantity of produce sold?** It is important to partner with markets that have high quality options available to customers.
- ✔ **Does the market have a good reputation and culturally relevant options?**
- ✔ **Does the market have capacity and interest?** Participating markets where people shop tend to become the 'face' of your produce prescription program. It is important to partner with markets that have the capacity to accept the prescriptions and interest in participating.
- ✔ **Establish appropriate contracts and agreements.** Consider developing an MOU outlining both parties' responsibilities, including prescription redemption and reimbursement processes, payment schedule, reporting, training, and communication plans.



RURAL CONSIDERATION

Partner with Local Agriculture

In rural communities that lack easy access to brick & mortar grocery stores, explore partnerships that tap into existing farm-direct networks, such as farmers markets, mobile markets, CSA programs, or produce delivery programs.

The **Farmacy produce prescription program** in Rutland County, Vermont partners with new farmers to offer CSA shares to their participants. Each spring, Farmacy provides partnering farmers with a \$1500 stipend - thus supporting the local food system and giving farmers a predictable source of income and honoring their time and commitment to the partnership.

Champions for Program Success

Identifying and developing champions for your produce prescription program is often reported as a primary key to long-term success and sustainability. Whether the champion is at the leadership level or among staff or program participants, champions speak positively about the program – building support and enthusiasm within their own organizations as well as the broader community that can lead to higher participation or even increased funding. Once you've identified a champion for your program, it is important that you foster and support their efforts. Below are examples of produce prescription programs whose champions have made important contributions to program success.



Program Champions in Action

EAT WELL

The North-Carolina-based produce prescription program, [Eat Well](#), experienced rapid growth in 2020 at the onset of the COVID-19 pandemic and was awarded substantial funds to support food security state-wide. Eat Well participants have funds directly loaded on to their Food Lion loyalty card, a grocery store chain with store locations in every North Carolina county. Eat Well staff emphasize the rapid expansion would not have been possible without a champion within Food Lion's corporate offices who was integral to expanding the food retail partnership statewide.

NAVAJO FV RX

In the [Navajo RV Rx produce prescription program](#), which operates across the Navajo Nation, patients are recruited and enrolled into a fruit and vegetable voucher program at their local health clinic. During early stages of the program, a local pediatrician played an important role by advocating for the program to other providers, nurses, and nursing aides and helping to integrate recruitment processes into the clinic workflow. Over subsequent years, this same pediatrician has continued leading quality improvement and program sustainability efforts.





Maintaining Partnerships for Program Sustainability

Effectively sustaining a produce prescription program requires constant nurturing of community partnerships. It is important to not only establish relationships, but to maintain a continued presence in the community. Best practices for sustaining community partnerships include:



Offer a stipend to community partners for their time and involvement in the program.

Build these costs into your program budget.



Develop and foster program champions among your community partners.

Work to develop new champions. Former program participants can be great messengers for your program.



Engage in continuous quality improvement efforts. Seek feedback from community partners and program participants as to what worked and what aspects of the program can be improved.



Provide ongoing training and technical assistance to partners. Assist them with processes around successfully integrating the produce prescription program into their existing workflow. It must work for them, or it will not work at all.



5

**PROGRAM
DESIGN**

Designing Your Program

The design of your produce prescription program will depend on funding, partnerships, and the overall goals you wish to achieve. It should also reflect the community in which it is operating. This section of the toolkit is intended to provide lessons learned, best practices, and considerations when designing a produce prescription program in a rural community.



Ensuring Equity in Program Design

Committing to diversity, equity, and inclusion (DEI) in your program design and evaluation ensures partners and individuals with less power in the community have a voice and provides accountability to your program. A [DEI lens](#) provides a framework for questioning program processes and assumptions, including any inequities that may exist within the program or that the program is upholding.

Many inequities may be exacerbated in rural communities where historically less resources and funding have gone to support community needs. Examples of an equity approach in rural areas would be to consider transportation barriers, lower literacy rates, and limited access to Wi-Fi and broadband technology. Prioritize partnerships with Black, Indigenous, and people of color (BIPOC) farmers and community-based organizations. Identify the disparities in your community and elicit feedback from participants and partners as to the best approaches to address these inequities. Ensure your planning and design process is participant-centered and informed throughout all phases of program design.



Determining Prescription Dose, Length, & Frequency

How much should each produce 'prescription' be worth?

How long should participants be in the program?

How often should participants receive their 'prescriptions'?

These are commonly asked questions when first designing a produce prescription program. Given there is no standardized prescription dose, frequency, or program length, these can vary based on a number of factors. To help make those determinations, you may consider the following questions to guide you:

- ✔ **How much funding do you have?** How many individuals or households do you want to reach? Consider the pros and cons of serving less people with a higher dose or vice versa, which largely depends on your desired program outcomes.
- ✔ **What are the desired outcomes of your program?** Impacting long-term behavior change or health improvements may require a longer program, whereas improving fruit and vegetable consumption may require an incentive amount of at least \$40 per month at a shorter duration.¹⁵
- ✔ **Will the prescription dose vary dependent upon household size?** Providing larger households with a larger prescription dose may decrease the number you can reach but may better meet their food security and nutrition needs.
- ✔ **Does your region have access to year-round produce?** Many communities do not have access to local produce options during the winter season, so if you plan to partner with local farmers your program length may be contingent upon the growing season.
- ✔ Produce prescription programs are often coupled with clinical appointments or nutrition education classes. **How often do participants engage in these activities - weekly, monthly, bi-monthly?**
- ✔ **What is your internal capacity to support prescription distribution? What is the capacity of participants to travel to pick up their benefits?** Distributing produce prescriptions on a monthly, quarterly, or bi-monthly basis, as opposed to weekly, may reduce administrative burdens as well as burdens to participants.

For other considerations on prescription dose, frequency, or program length, check out the [Promising Practices: Implementing a Produce Prescription Program in the Health Care Setting Report](#).



RURAL CONSIDERATION

Addressing the Lack of Year-Round Produce

Rural communities do not have access to year-round fresh produce options. Consider offering frozen or canned produce options during months when fresh produce may be difficult to access. Frozen or canned produce options may also be helpful for participants who drive far distances or shop infrequently. This may be compounded in the wintertime when participants may experience severe weather and unsafe travel conditions.

Programs such as the **Purdue Extension's Nutrition Education produce prescription program** incorporates food preservation workshops into their nutrition education programming, teaching participants how to freeze and preserve fresh produce bought at the local farmers market for winter months.

Determining Prescription Method

Produce prescriptions are typically given to participants via a paper voucher or electronic method, such as debit card or app. Determine which method will work best for your produce prescription program based on your community's existing infrastructure and target population.



PAPER PRESCRIPTIONS

The majority of produce prescription programs still use some form of paper vouchers as their prescription delivery method, although there is growing momentum for a transition to emerging electronic methods (like a debit card) that aim to facilitate scale and streamlining. Below are considerations when designing a program with printed vouchers:

✔ PARTICIPANT CONSIDERATIONS

Due to their ability to work with local markets and farm direct options, vouchers may offer more opportunities for participant choice and culturally relevant options compared to electronic methods. Paper vouchers work well for those who prefer or need lower tech options, such as older adults, and are a physical reminder to spend their prescriptions.

✔ RETAILER CONSIDERATIONS

Since they typically do not require integration into the retailer's point-of-sale (POS) system, paper vouchers work well with smaller grocers and farm-direct options. But the initial set up time to develop relationships with multiple retailers is time intensive. Large national grocery chains often require corporate approval and a lengthy contracting process.

✔ DESIGN CONSIDERATIONS

Consider ways to reduce stigma and increase flexibility, such as not requiring participant verification or signature. Do you need to include information on vouchers in multiple languages? Do you need to include icons or pictures on the voucher design for those with low literacy?



RURAL CONSIDERATION

Taking Literacy into Account in Program Design

Literacy rates in rural areas are often lower than in urban areas. As a result, it is important to consider literacy needs when designing program materials. Simple, highly visual materials along with brief video tutorials can be helpful tactics to support participants with lower literacy. Consider in-person or video-based nutrition education, rather than written materials.

ELECTRONIC PRESCRIPTIONS

New and emerging electronic prescription options include debit cards, apps, and grocery loyalty cards. In contrast to paper vouchers, electronic options may be more user-friendly, allow for rapid scale, and reduce administrative burdens. They also allow for purchase and redemption data in real time. As more options emerge for produce prescription programs, the following will be important to take into consideration:

✓ PARTICIPANT CONSIDERATIONS

With an electronic prescription, participants may lose the visual reminder of how much they have left to spend. Consider including education on how to check your balance. Electronic options often require access to a computer or smartphone, which may not be as available or reliable in rural communities.

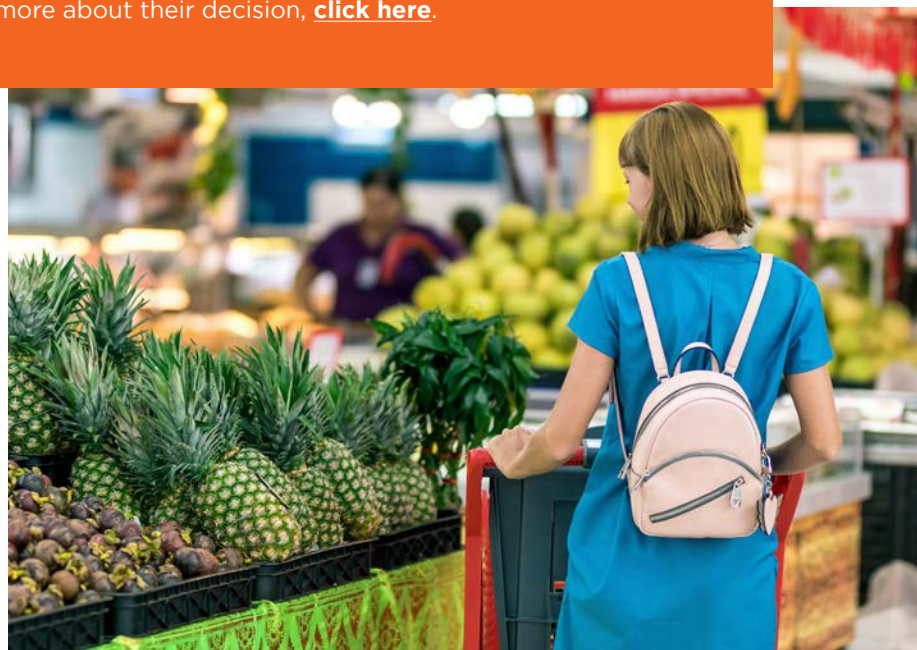
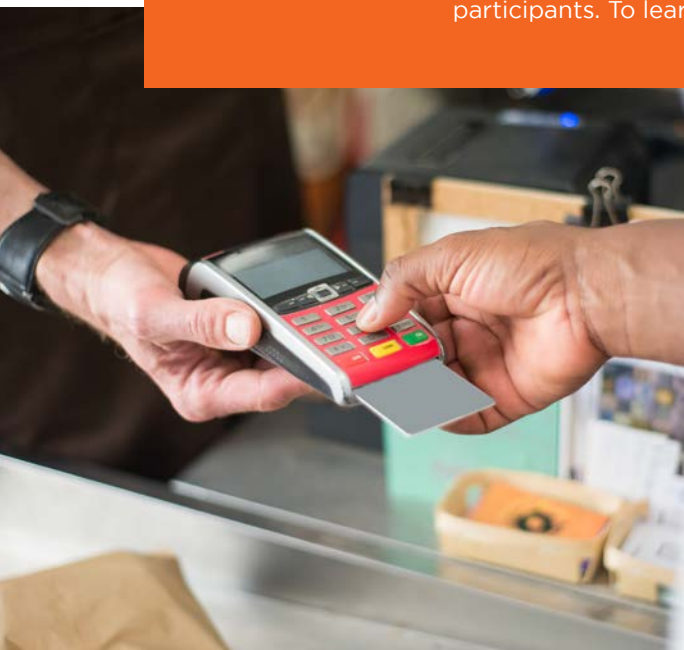
✓ RETAILER CONSIDERATIONS

Many emerging technologies have existing partnerships with national grocery chains, providing opportunities to partner with large, well-known grocery stores. In rural communities, it is important to consider where stores are located and how accessible and affordably priced they are for participants. When transitioning to an electronic platform, you may lose the ability to partner with farmers markets and smaller, independent grocery stores.

✓ COST CONSIDERATIONS

As most of the technologies described above are new, the associated costs vary widely and are often cost-prohibitive for smaller programs. Identify the option – whether debit card, app, or loyalty card – that might work for your program and explore their costs and any minimum purchase requirements (ex., minimum number of participants) Consider partnering with other produce prescription programs that are also interested in this technology option to increase your reach and potential number served.

Some programs may choose to use multiple prescription models to best meet the needs of their participants. The **Cumberland PATH produce prescription program** in Virginia shifted prescription models from paper vouchers to a debit card after receiving feedback from participants. To learn more about their decision, [click here](#).



Determining Distribution Method

Produce prescriptions are typically redeemed through either in-store purchases at brick & mortar locations, such as grocery stores and corner stores, or farm-direct options that include farmers markets, community-supported agriculture (CSA) programs, mobile markets, on-site food pharmacies, among other innovative solutions grounded in local agriculture. In contrast to urban communities where many options might be available, rural communities may not have as many grocery store options available to them. When determining where and how your produce prescriptions will be redeemed, it is important that you select options that are available, accessible, and affordable to your participants.



RURAL CONSIDERATION

Farm Direct

In rural communities that may lack easy access to grocery stores, farm-direct options present an opportunity to impact not only the health of program participants, but also local food systems by supporting local farmers. If a farm-direct option would work in your community, consider identifying existing CSA programs or farmers markets to partner with.



COMMUNITY-SUPPORTED AGRICULTURE

The CSA model is an innovative way in which produce prescription programs can partner with local agriculture to provide participants with seasonal fresh produce and local farmers with a predictable income source. The CSA model also works well with food assistance organizations, such as food banks or pantries, where boxes are built from donated produce. Some questions to consider with a CSA model are:

- ✔ **How many farms are participating in your CSA network?** What is the process for working with all participating farms to prepare produce boxes?
- ✔ **Do participants select which produce they receive? Or is the produce pre-selected based on availability?** If you have staff or volunteer capacity, consider tailoring boxes to participant preferences or dietary needs. The North Valley Food Bank produce prescription program incorporate participant preferences into their produce boxes, utilizing volunteers to pack tailored produce boxes.
- ✔ **Can you provide accompanying nutrition education or healthy recipes?**
- ✔ **How do participants get their produce boxes?** Is there a centralized pick up location? Is there a delivery option? Transportation is often a challenge in rural communities so a delivery option or central pick-up location can be effective strategies.
- ✔ **Is the CSA available year-round?**



FARMERS MARKETS

Farmers markets are a natural partner for produce prescription programs and another opportunity to not only impact individual health, but also support local food systems. Some questions to consider when partnering with farmers markets to accept your produce prescriptions are:

- ✔ **Do they operate year-round? What are their days and hours of operation?**
- ✔ **How are the prescriptions redeemed? With individual farmers or at a central booth?**
- ✔ **Do you need accompanying nutrition education or healthy recipes?**
- ✔ **What is the agreed upon reimbursement system?**





OTHER INNOVATIVE FARM-DIRECT SOLUTIONS

Many other innovative farm-direct models have emerged to reduce participants' barriers to accessing high quality fruits and vegetables. Below are examples you may consider for your produce prescription program.

- ✔ **Mobile markets** are similar to farmers markets, but typically operate from a mobile vehicle such as a truck. Mobile markets can travel to specific communities that may have limited access to healthy food options.
- ✔ **Clinic-based food pharmacies** are similar to farmers markets but are located at the clinic where patients receive care. Food pharmacies may also incorporate nutrition education and health screenings in addition to providing access to fresh and healthy foods for patients.



BRICK & MORTAR RETAIL LOCATIONS

Brick & mortar food retail locations, such as grocery, convenience, and corner stores, are important options to consider as redemption locations for your produce prescription program. Design your program and select your food retail partners around what is available and accessible in the community. In many rural communities you might consider partnering with the following brick and mortar locations:

- ✔ **Dollar stores:** many locations now sell fresh and frozen fruits and vegetables
- ✔ **Convenience stores:** prioritize those that sell at least several types of produce
- ✔ **General stores:** many sell fresh produce along with other household items
- ✔ **Grocery stores:** many rural communities may have either independently owned or national chain grocery store locations
- ✔ **Big box stores:** many rural communities are near big box store locations

RURAL CONSIDERATION

Addressing Transportation Barriers in your Program Design

Transportation, whether a lack of public transportation, limited access to personal vehicles, or large distances to travel coupled with high gas costs, is consistently identified as one of the greatest barriers to accessing affordable, high-quality fruits and vegetables in rural areas. If you think transportation will be a challenge for your participants, it is important that you include strategies to address this in your program design. Several existing produce prescription programs operating in rural communities have found innovative ways to overcome the obstacle of limited transportation, with some of their best practices included below:

- ✔ **Consider a delivery model for your produce prescription program.** This can be done using internal drivers or a partnership with a 3rd party delivery company. Produce deliveries can be to individual households or to centralized locations following a pre-determined schedule.
- ✔ **Tap into local volunteer networks!** The Vermont-based Farmacy Food as Medicine Program leveraged federal funding to partner with a public transport agency who hired volunteer drivers, who were reimbursed for their mileage, to drop off produce bags to participants.
- ✔ **If delivery is not an option, consider creating centralized pick-up locations that are accessible and well-known to participants, such as the clinic or community-based organization itself.**
- ✔ **Medicaid offers transportation support to health appointments.** Check your state Medicaid plan for coverage options in your area. The Navajo Rx Program does this by supporting patients in using Medicaid transportation to clinics, where a clinical appointment is coupled with a produce box pick up.
- ✔ **Consider including transportation support along with the produce prescription (bus ticket, gas gift card).**

Determining Participant Enrollment & Prescription Tracking Systems

After establishing community and/or clinical partnerships, you will need to work with them to develop participant enrollment and prescription tracking systems that community partners can easily adopt and integrate into existing organizational workflows.

PARTICIPANT ENROLLMENT

- ☑ **How will participant eligibility be determined?** Typically, once eligibility criteria have been established by all partners, clinic or community partner staff will identify an internal system for identifying their eligible participants.
- ☑ **Which partner is responsible for participant enrollment?** Is it done by clinic staff as part of a clinical appointment or health education programming? Or do clinic staff refer to another partner, such as a community-based organization or program administrator, for enrollment? Work with partners to determine a feasible workflow. Healthcare providers are often too busy to do the enrollment themselves but may refer to a dietitian, community healthcare worker, or health educator.
- ☑ **How is the enrollment conducted?** Does it take place during an in-person visit or can it be conducted remotely, such as over the phone? Is the enrollment form paper-based or can it be done on-line? What information do we need to capture on the enrollment form?
- ☑ **When is the produce prescription given to the participant?** Is it directly following enrollment into the program? Who is responsible for giving the prescription to the participant – is it given in-person by the clinic or community partner following enrollment or is it mailed to the participant?



RURAL CONSIDERATION

Program Operation with Limited Internet Access

Many program administrators note lack of access to consistent, reliable internet service as a barrier to program implementation. In rural areas, Wi-Fi limitations may not only occur in participant homes, but also in clinics and community organizations. This may increase the need for in-person, paper-based enrollment and survey options. Many online survey platforms, such as Qualtrics, can operate without internet access, allowing for program enrollment and participant surveys to be completed without access to the internet and then downloaded once access has been restored.



PRODUCE PRESCRIPTION TRACKING SYSTEMS

Operating a produce prescription program is not as easy as simply enrolling participants and giving them a voucher for healthy food. The sustainability of your program depends on having organized systems to measure and track a number your metrics – such as number of participants enrolled and produce prescriptions given and used. Tracking needs will vary based on individual program reporting requirements and outcomes sought. The following are best practices, recommendations, and considerations when developing your tracking systems:

- ☑ **As produce prescriptions have cash value, it is fiscally prudent to document when vouchers or debit cards are given to community partners for their distribution to participants.** An example of a tracking form used to document the delivery of incentives, vouchers or debit cards, between community partners can be found [here](#).
- ☑ **What information do you need to keep track of?** Below are metrics that often need to be tracked by produce prescription programs:
 - ☑ **Participant Enrollment**
 - ☑ **Prescriptions Issued**
 - ☑ **Prescriptions Redeemed**
- ☑ **Do you need to track prescriptions at the individual or aggregate level?** Keep in mind that more detailed tracking requires more staff time. An example of how to track via prescription serial numbers can be found [here](#).
- ☑ **Are you accurately calculating redemption rates?** To calculate accurate redemption rates and for fiscal accountability, it is important to factor in any unused 'prescriptions'. An example of a form to track unused prescriptions can be found [here](#).



6

PROGRAM EVALUATION

Program Evaluation

Is our produce prescription program achieving its goals?

Are participants consuming more fruits and vegetables because of our program?

Did we reach our intended audience?

These are questions often asked by program operators as well as funders which can be answered through an evaluation of your produce prescription program. Program evaluation allows you to measure impact and effectiveness. It also helps you develop strong feedback loops between participants, partners, and funders. Reasons to conduct a program evaluation include:



- ✓ **To monitor quality of your program and inform your quality improvement efforts**
- ✓ **To report program impacts to stakeholders and program supporters**
- ✓ **To build program buy-in from community partners**
- ✓ **To meet reporting requirements from funders**
- ✓ **To inform larger policy discussions**
- ✓ **To leverage evaluation findings for future funding**

While evaluation is important for measuring impact and program sustainability, it is important to keep in mind that it also requires time, staff capacity, and funding — making it particularly challenging and important to consider in rural communities where resources may be limited. Collect enough data to measure program goals and outcomes, but do not collect unnecessary data that may burden staff and participants. The [CDC's framework for public health program evaluation](#) may be a helpful resource for practical guiding standards for effective evaluation.

This section of the toolkit outlines best practices and important considerations when evaluating a produce prescription program in a rural community.

Determining Your Purpose

Your evaluation should be driven by your program goals and desired outcomes. Important questions to consider when determining your evaluation purpose include:



What do you have the capacity and ability to collect? Consider the capacity of program staff and community partners to successfully conduct the evaluation.

What does success look like for your program? Identify important metrics for program success including who are your program reaches, what your incentive redemption rate is, or which vendors you partner with.

What outcomes do you want to measure? Food security, fruit and vegetable consumption, and self-reported health status are common metrics, but are there other metrics specific to your community you want to measure?

Consider including both process and outcome evaluation areas in your evaluation plan.

Process evaluation focuses on the effectiveness of implementation processes and may include evaluation of areas such as prescription redemption, participant satisfaction, or quality assurance. Process evaluation can identify any needed adjustments or modifications to the program design or implementation.

Outcome evaluation assesses the effectiveness of the program in producing change. Evaluated areas may include health outcomes, healthcare utilization, or healthcare costs. The [Promising Practices Report: Implementing a Produce Prescription Program in the Health Care Setting](#) is a helpful tool when designing your evaluation plan. It is difficult to conduct evaluations of outcomes related to a produce prescription program, particularly in rural settings where the number of participants may be small. Consider partnering with a local university or other programs.





The Value of Shared Metrics

Broad policy change that supports sustainable funding for produce prescription programs will require a collaborative effort demonstrating collective impact, regardless of geographic location. Individual produce prescription programs are often too small to detect statistically significant impacts; however, pooling data across many programs provides an opportunity to produce generalizable information on the impact of produce prescription programs nationwide.

As a result, many programs have adopted shared metrics to benchmark outcomes to other produce prescription programs across the country. Visit the [Nutrition Incentive Hub](#) for survey tools, evaluation resources, as well as a complete list of tools to measure important outcomes, including:



FOOD SECURITY



**FRUIT AND VEGETABLE
CONSUMPTION**



HEALTH STATUS



RURAL CONSIDERATION

Additional Metrics to Consider in Rural Communities

The metrics listed above should be core metrics for all produce prescription program evaluations; however, there may be optional metrics to consider including in your evaluation to help answer specific questions about your rural community. The Nutrition Incentive Hub compiled a [list of potential metrics](#) that may be pertinent to rural produce prescription program evaluation including:

- ✓ Food Environment
- ✓ Food Literacy and Preferences
- ✓ Food Shopping Patterns
- ✓ Food Sovereignty
- ✓ Mental Health
- ✓ Psychosocial Variables

Evaluation Methods

SURVEYS*

Surveys are a commonly used evaluation tool for measuring produce prescription program impact. Thoughtfully developed surveys take into consideration **staff and participant capacity, reporting requirements, desired program goals, and time**. Keep your surveys as short as possible and only ask questions that provide information for the key metrics you want to measure.

*Consider language and literacy needs, keeping survey questions simple and translating into preferred languages as needed.

PARTICIPANT SURVEYS



WHEN will participants complete the surveys? Pre-and post-surveys are typically administered at two time points - upon enrollment into the produce prescription program and again when nearing program completion.



WHO will be responsible for administration and collection of participant surveys? The clinic partner or program administrator? Determine workflow and processes between all partners prior to the launch of your program.



WHAT is the best survey method for your program?

- Paper-based surveys** may work well for rural communities as they do not require access to technology and can be mailed or completed in-person. But the additional staff time necessary for data entry should be taken into consideration.
- Electronic-based surveys** can streamline data collection and save time on data entry. Consider any technology limitations for community partners and participants as electronic surveys often rely on access to a computer, tablet, email, internet connection, or smartphone.



HOW will surveys be administered? Various options produce prescription programs report are:

- During scheduled clinic visit
- During produce pick up
- Over the phone
- By text, email, or mail



It's ok to try several strategies to determine which is best for your participants



WHERE will your collected data be stored? Is your data de-identified? It is important to ensure you are in [HIPAA compliance](#).



WHO is conducting the data analysis? If staff or community partners do not have the capacity or necessary expertise, consider partnering with a local college or university.

To maintain confidentiality, it is important to keep survey responses separate from any identifying information, such as names and addresses. To do this, assign each participant a unique ID. This will allow your evaluator to link individual surveys AND contact information or other program data without using personal information. Clinic staff can also assign a participant ID in the patient's EMR to pull health record data at a later date without identifying the participant.



RURAL CONSIDERATION

Survey Administration

Produce prescription programs in rural communities may need to consider the following:

- ✓ **Do all clinic and community partners have reliable access to the internet?**
- ✓ **Do all clinic and community partners have access to a computer, tablet, or phone?** Consider paper vs. online survey options for those who have connectivity limitations.
- ✓ **Do all participants have reliable access to internet, phone service, or a computer?** Limited technology and connectivity are commonly cited barriers for participants in rural communities, impacting the feasibility of texting, emailing, or phone-based surveys.
- ✓ **Do participants have literacy needs?** Lower literacy rates in rural communities may impact a participant's ability to complete the survey. Consider having staff assist by phone or in-person.
- ✓ **Will participants have to make an extra trip to complete the surveys?** Because transportation is a challenge in many rural areas, consider having participants complete surveys during an already scheduled clinic visit or produce pick-up.
- ✓ **Do participants feel comfortable sharing information orally with staff they know as members of the community?** In many rural communities, everyone knows each other and it may become more intrusive to administer a survey orally.

The **New Mexico-based FreshRx produce prescription program** originally planned for surveys to be completed by tablet, while still offering a paper option by request. They found that the majority of participants chose paper surveys.

For the **North Valley Food Bank's produce prescription program** in rural Montana, mail and internet access is limited for program participants and additional trips to complete paperwork are challenging because of transportation barriers, particularly during winter months. Program staff rely heavily on phone-based communications, including survey administration, to increase accessibility completion.

PROGRAM PARTNER SURVEYS

In addition to participant surveys, collecting feedback from community, healthcare, and food retail partners provides an opportunity to obtain important information about the impact of your program and support quality improvement efforts.

Community and healthcare partner surveys can provide you with valuable information, such as ease of implementation, program perception in the community, areas for improvement, and perceived impact.

Surveys of food retail partners provide an opportunity to understand how the program has impacted sales, increased revenue, increased the customer base, and reduced food waste. The **Nutrition Incentive Hub** has a complete list of common metrics for survey food retail partners, as well as survey tools and resources.

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS

Conducting interviews and focus groups provide context to the quantitative data collected in surveys. Interviews with participants, community partners, and food retailers provide an opportunity to dive deeper into intangible program impacts and assess any needs for quality improvement. Interviews and focus groups also allow you to dive in deeper into responses captured from surveys. They typically include open-ended questions aimed at understanding program impacts, program improvement, and barriers or facilitators to program participation. Stories captured through interviews and focus groups can be vital to future fundraising and marketing.



RURAL CONSIDERATION

Offer Participant Stipends

Getting participants to complete surveys, particularly follow-up surveys, may be especially challenging in rural communities where transportation and limited internet access are common issues. Participants deserve to be compensated for their time completing the survey!

Consider offering participants a stipend, in the form of cash, gift card, or transportation voucher, for completing the program surveys. Build this expense into your budget ahead of time.

The chances are high your survey completion rates will go up!

ELECTRONIC HEALTH RECORD DATA

Electronic Health Record (EHR) data contains protected patient health information that allows you to measure changes in biometric health metrics collected during healthcare visits. A strong healthcare partner with the ability to collect this information is necessary to extract EHR data, often prohibiting smaller or community-based produce prescription programs from the ability to collect such data. If you are able to collect EHR data, the health metrics you collect should depend on the types of patients your program is reaching (people with diabetes, children, etc) program goals and desired outcomes.

Commonly collected health metrics for produce prescription program participants include:



Blood pressure

Labs (e.g., hemoglobin A1C, blood lipid profile)

BMI or height and weight

Diagnoses and conditions (e.g., diabetes, pre-diabetes, hypertension, obesity)

Utilization (e.g., preventable emergency department visits)

If you will be accessing EHR data, make sure all necessary data sharing agreements are in place and determine if you will need **individual-level data** or **aggregate data**. For more information on data sharing agreements and HIPAA considerations, consider partnering with a local university or another larger program or visit the Partnership section of this toolkit.

CLAIMS DATA

Health insurance claims can be used as a complement to EHR data to evaluate a program's impact on cost and health care outcomes. Claims data is administrative data that comes from billing information submitted by providers and hospitals to public and private insurers. Claims data usually includes information on patient visits, diagnoses, treatments, and costs. Although claims data can be a rich source of information, working with claims data can also require a significant amount of time and expertise. Furthermore, this data is typically governed by strict privacy rules, and will necessitate the need for data sharing agreements.



In Conclusion

We hope this toolkit provided practical step-by-step guidance to developing, sustaining, and scaling your produce prescription program. The innovative solutions and strategies highlighted throughout this toolkit are just a small sample of the work to be done to impact both individual and community health in rural communities. Sustainability of produce prescription programs in these communities will require flexible, long-term funding support. Healthcare adoption provides promising opportunities to create a more sustainable program model, but the work being done in rural communities today will ensure produce prescription programs are driven by community characteristics, assets, and challenges and are tailored to the needs of each unique community they operate in.



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- Fresh Rx for MOMs produce prescription program
- Healthy Families Rx produce prescription program
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- Mountain Comprehensive Health Corporation (MCHC) Farmacy produce prescription program
- Navajo FV Rx produce prescription program
- Northern Roots produce prescription programs
- North Valley Food Bank produce prescription program
- Purdue Extension's Nutrition Education produce prescription program
- Veggie Rx to HEAL produce prescription program



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APPENDIX

**Voucher Program Participant Tracking
Distribution Site:**

	Date	New or Returning	Participant Name or ID	Forms			Vouchers Distributed					
				Enrollment	Baseline	F/U	Apr	May	Jun	Jul	Aug	Sep
1		N -- R					Apr	May	Jun	Jul	Aug	Sep
2		N -- R					Apr	May	Jun	Jul	Aug	Sep
3		N -- R					Apr	May	Jun	Jul	Aug	Sep
4		N -- R					Apr	May	Jun	Jul	Aug	Sep
5		N -- R					Apr	May	Jun	Jul	Aug	Sep
6		N -- R					Apr	May	Jun	Jul	Aug	Sep
7		N -- R					Apr	May	Jun	Jul	Aug	Sep
8		N -- R					Apr	May	Jun	Jul	Aug	Sep
9		N -- R					Apr	May	Jun	Jul	Aug	Sep
10		N -- R					Apr	May	Jun	Jul	Aug	Sep
11		N -- R					Apr	May	Jun	Jul	Aug	Sep
12		N -- R					Apr	May	Jun	Jul	Aug	Sep
13		N -- R					Apr	May	Jun	Jul	Aug	Sep
	Date	New or Returning	Participant Name or ID	Forms			Vouchers Distributed					

Sample Enrollment Form

Name: _____ Date of birth: ____/____/____

Address: _____ San Francisco, CA ZIP: _____

Phone: () _____ - _____ Email: _____

Best way to reach you:

Phone Email Text message Other: _____

Race/ethnicity:

Latino/Hispanic White/Caucasian Black/African American Asian or Pacific Islander

Native American or American Indian Do not wish to answer Other: _____

Gender:

Female Male Trans male Trans female Do not wish to answer

Genderqueer/gender non-binary Not listed, please specify _____

Number of people in your household*: _____

**A household means a group of people who live together and share expenses (including participant)*

What is your household's total monthly income? N/A \$1-\$500 \$501-\$1000 \$1001-\$2000

None \$2001-\$3000 \$3001 or more

Participant agreement

I understand:

- The [Program Name] voucher is used only for fresh or frozen fruits and vegetables.
- The voucher cannot be sold to others.
- If I spend more than the voucher amount, I will pay the extra.
- If I spend less than the voucher amount, no change will be given back to me.
- The voucher is considered a gift voucher and has no cash value.
- I have reviewed the criteria and am eligible for the program. I enter the program in good will.

Signature of participant: _____ **Date:** ____/____/____

To be completed by site staff only

Enrollment Month: _____

Eligibility category:

Enrollment Year: _____

SSI/SSDI

Pregnant

Site: _____

Other (ex 50+ or family household)

I have verified that this client meets the eligibility criteria for participation in the [Program Name].

Signature of staff: _____ **Date:** ____/____/____

Site: _____

VOUCHER DROPOFF RECEIPT

I, _____, at _____ confirm that [Program Name] staff delivered vouchers on _____, and that they have been safely locked.

Vouchers must be secured safely (such as in a lock box or safe) and appropriate fiscal controls must be maintained at all times, as the vouchers are of redeemable cash value. If vouchers are found to be used for purposes other than specified [program name] program guidelines, your organization may be held financially liable for face value of vouchers.

Voucher Serial Numbers:

As reported by [program name] staff, the following vouchers were delivered:

Total Vouchers	Serial Numbers:

Signature of Site Staff

Date

Signature of [Program Name] Staff

Date

[Program Name] UNUSED VOUCHER FORM

Please document the **number of unused vouchers** at the end of each month. We will collect a copy of this sheet when we pick up any unused vouchers.

I, _____, at _____ am **returning** the **unused vouchers** listed below to [Program Name] staff on ____/____/_____.

Month of voucher	# of vouchers left over/not distributed
November	
December	
January	
February	
March	
April	

Signature of CBO staff

Date

Signature of [Program Name] Staff

Date



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