Centers for Disease Control and Prevention
REACH
Racial and Ethnic Approaches to Community Health

Better Health Partnership
Collaborating for a healthy community

ProducePERKS

CASE WESTERN RESERVE UNIVERSITY
Mary Ann Swetland Center for Environmental Health

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REACH
Produce Prescription Workshop & Technical Assistance Sessions
Frequently Asked Questions

Version 1.0

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The following FAQs are developed from questions asked by people who registered or attended workshops and technical assistance sessions organized by the Swetland Center in partnership with Produce Perks Midwest and Better Health Partnership. This FAQ will be updated as new questions emerge, and as more information is available about produce prescription programming. If you have suggestions for improving these FAQs, please email Linea Webb at lxw684@case.edu. Made possible with funding from the Centers for Disease Control and Prevention REACH Grant.

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Getting Started

- **What is a produce prescription?**
    - Produce prescriptions for fruits and vegetables are a way to support the nutritional needs of patients with food insecurity in a health care setting. Health care professionals write produce prescriptions for patients. Patients can use the prescriptions either in the health care setting or in their community to receive produce.
- **Which healthcare institutions currently offer produce prescriptions in Cuyahoga County, Ohio?**
    - Cleveland Clinic
    - MetroHealth
    - Neighborhood Family Practice
    - University Hospitals
- **How do produce prescription programs operate?**
    - Healthcare workers begin by assessing a patient and their needs. “Patients may be screened for social needs or food insecurity. Eligibility can also be determined in other ways, such as health risks or diagnoses or participation in the Supplemental Nutrition Assistance Program (SNAP), Medicaid, or WIC” (*Components of Fruit and Vegetable Programs*, CDC, November 2024). If the patient is eligible, the healthcare worker writes a prescription for fruits and vegetables. The patient uses that prescription to purchase fruits and vegetables, increasing their consumption. Some agencies may require that produce prescriptions should be administered by a healthcare worker with the ability to write prescriptions; however, there are no federal or state regulations on this. Many produce prescription programs across the country use a variety of healthcare workers. In many cases patients are required to check in monthly or bi-monthly to receive their prescriptions.
- **How can we incorporate it into existing programs at our organization?**
    - There are three models of Produce Prescription programming: vouchers, produce box delivery and on-site. The voucher model utilizes partnerships within the local

food systems to identify redemption locations. In this model, participants can choose their own produce. Redemption locations can be grocery stores, farmers markets, farm stands or food banks that partner with the program. Vouchers are typically restricted to fruits and vegetables, and are given out monthly, bi-monthly or weekly. They can come in the form of physical vouchers, electronic coupons, or digital benefits.

In a produce box delivery model, a farmer or grocery store partner prepares a produce box for delivery to the patient's home, or to an agreed upon drop-off location. In this model, a separate delivery service may be required, such as DoorDash.

In an on-site model, a clinic or hospital system creates their own Food Farmacy or partners with a food distribution organization to offer produce to patients on-site.

- **What is the best way to approach an organization to implement a new produce prescription program?**
    - From the perspective of a healthcare organization, the practice should first seek a partner organization that has a history in this space, and then find one that is located around the practice. The Nourishing Power Network's Resource Community is a great place to start.
- **How might these programs be leveraged to support individuals covered through Medicaid?**
    - Aligning with Comprehensive Primary Care (CPC) quality goals
    - Advocacy: Make the case to Managed Care Organizations (MCOs) that produce prescription programs improve patient health outcomes, while lowering long-term health care costs.
    - Read this report for more tips: Mainstreaming Produce Prescriptions in Medicaid Managed Care (Center for Health Law and Policy Innovation of Harvard Law School, June 2023).

Funding

- **How do you fund a produce prescription program?**

1. Federal Grants

- **GUSNIP (Gus Schumacher Nutrition Incentive Program):** This USDA program offers grants to support produce prescription projects aimed at increasing the consumption of fruits and vegetables among low-income individuals.

- **CDC Grants:** The Centers for Disease Control and Prevention (CDC) offers grants through its Chronic Disease Prevention programs, which can support health interventions like produce prescription initiatives.
- **Medicaid Waivers:** Some states allow Medicaid to cover or pilot produce prescription programs as part of a broader healthcare initiative. While Ohio is not among them yet, there are significant advocacy efforts underway.

2. State and Local Government Funding

- **Health Departments:** State and local health departments may allocate funds to support nutrition and food security initiatives, including produce prescriptions.
- **Municipal Grants and Partnerships:** Cities or counties may provide funding.

3. Healthcare Partnerships

- **Health Insurers and Managed Care Organizations:** Insurance companies and healthcare systems increasingly recognize the value of food as medicine and may invest in or fund produce prescription programs to reduce healthcare costs.
- **Hospitals and Clinics:** Non-profit hospitals, particularly those with community health needs assessments, might fund produce prescriptions as part of their community benefit obligations.

4. Non-Profit and Foundation Grants

- **Local and National Foundations:** Foundations focused on health equity, food access, or community well-being may offer grants. Examples include the Robert Wood Johnson Foundation, Kresge Foundation, and local community foundations.
- **Non-Profit Organizations:** Some non-profits working on food security, health disparities, or public health (like the Ohio Nutrition Incentive Network) may apply for grants or raise funds to run or support produce prescription programs.

- **How do I find out if there is funding to support deployment at my organization?**
    - You and your team should review grant and payor contracts to identify allowable funding. Many grants exclude direct support of food, as well as payor contracts (there does not exist a current mechanism of food reimbursement through payors). As a result, successful implementation of this program often necessitates braided

funding, where operational funds (or development dollars) support the food purchases, while other funds support staff/supplies.

- **How do I create buy-in at my organization and ask for funding for food redemption?**
    - Making the case with the organization's philanthropic development person. The key would be looking at patient outcomes, as aligning with the expected requirements from the Centers for Medicare & Medicaid Services (CMS) regarding social determinants of health (SDOH) is critical. If health care practices are doing SDOH screeners, there needs to be something to follow-up. Another route would be to frame this as a community benefit – as SDOH need data that can demonstrate the food insecurity prevalence of your patient population (or neighborhoods you serve). Your patient outreach team can be integrated into these programs to more fully link users of the program back into care.

Policy

- **How much do these programs rely or depend on state laws?**
    - State laws do not regulate produce prescriptions in the same way as medication. There is not a standard protocol on how produce prescriptions need to be offered. There are two main pathways for produce prescription- either through federal/state-run programs, or through changes in the reimbursement component through Medicare and Medicaid, specifically through the waiver program. Some agencies may require that produce prescriptions should be administered by a healthcare worker with the ability to write prescriptions; however, there are no federal or state regulations on this. Many produce prescription programs across the country use a variety of healthcare workers.

Accessibility

- **How can we get more routine access to these programs?**
    - In order to gain more routine access to Produce Prescription Programs, new programs should seek to:
        - Integrate into other medical care or community health programs;

        - Measure outcomes that tie to value based care models, where reimbursement is tied to health outcomes;
        - Educate about opportunities for State of Ohio Medicaid Waivers;
        - Engage insurers and Managed Care Organizations;
        - Pilot programs that measure healthcare savings, healthy eating behavior change, and addressing social determinants of health.

- **How can we create awareness about the program and make it more prevalent to many more people?**
    - To increase participation in the program, more healthcare providers must offer produce prescriptions. Development of stakeholders and advocates among healthcare system leaders will result in additional funding and expansion opportunities for produce prescription programs.

- **Are they accessible to independent practices? What are the eligibility requirements?**
    - Any healthcare provider may begin a produce prescription program and design their own eligibility criteria. Key partnerships in order to launch a program include a funding partner, voucher redemption locations, etc. Contact the Ohio Nutrition Incentive Network at info@produceperks.org to see if existing programs have available spots for new practices.

- **How can I educate and improve access for people?**
    - Create or expand a communication campaign for priority communities to promote awareness and use of produce prescription programs. Use the campaign to improve the understanding of the importance of nutrition to health. Be sure the materials are culturally and linguistically appropriate for the priority groups.
    - Engage community members, food systems representatives, and other experts to ensure initiatives promote equity in the food system. For example, people who have lacked access to fruits and vegetables should help guide program development, implementation, and evaluation.
    - Connect incentive and prescription programs to local food sources, including farmers and food business owners from socially disadvantaged groups. Also, find out if redemption sites are offering culturally preferred foods*. Help partners identify priority populations and learn how to tailor their nutrition education and marketing to these populations. **Culturally preferred foods are safe and nutritious*

foods that meet the diverse tastes and needs of customers based on their cultural identity.

- Engage state and local transit authorities and planners to decrease barriers in taking public transit to sites that offer prescription redemption.
- Support local policies that increase participation in produce prescription initiatives. Such policies could provide funding that makes it easier for food retailers that accept these prescriptions to sell produce.

These recommendations are from the CDC's website: "Strategies for Fruit and Vegetable Voucher Incentives and Produce Prescriptions," February 12, 2024.

Implementation

- **How do you implement a produce prescription program?**
  - **Design a Program:**
    - Select A Cohort
      - Example: We will serve 100 diabetic & food insecure patients.
    - Set Outcome Goals
      - Example: 60% will experience improved A1C levels by the end of the program.
    - Plan For Evaluation
      - Example: Will your program require institutional review board approval? Who can complete the evaluation? What metrics do you need to collect?
    - Determine Duration
      - Example: Participants may remain enrolled in the program for 6 months.
    - Select Program Model
      - Example: A voucher program will best serve our patients.
    - Identify Partners
      - Example: Meet with local food, research, or non-profit partners.
  - **Recruitment & Enrollment:**
    - Target population (age, race & ethnicity, health insurance status, etc.)
    - Eligibility criteria & indicators
    - Target recruitment and enrollment
    - Recruitment methods
    - Enrollment timing (at first visit, enrollment period, etc.)

        - Things that may happen at enrollment:
            - Obtain consent
            - Obtain baseline data and/or pre-survey
            - Educate participant on program goals and participation

- **Participant Check-Ins:**
    - Format
    - Frequency
    - Number of visits to participate in/complete a program
    - Outcomes
    - Things that may happen at a check-in:
        - Delivery of prescription (voucher programs)
        - Nutrition education
        - Surveys
        - Discuss/collect progress metrics

- **Prescription Management:**
    - Prescription guidelines (how is the amount determined?)
    - Prescription amount
    - Prescription distribution (how much will you distribute per visit?)
    - Prescription denomination (if voucher)
    - Crucial partnerships:
        - Produce box procurement partner
        - Produce box delivery partner
        - Voucher redemption management partners
        - Referral partners

- **Nutrition Education/Wrap-Around Services:**
    - Curriculum
    - Cultural relevance
    - Format
    - Partnerships
    - Address barriers to patient success:
        - Translations
        - Transportation
        - Access to prescription redemption locations
        - Childcare

- **Graduation/Off-Ramp:**
    - Program completion measures

        - Continued resources
        - Opt-Outs

- **Data Collection:**

    - Informed consent
    - Demographic data
    - Eligibility criteria
    - Fruit & vegetable consumption
    - Food/nutrition insecurity
    - Knowledge/skills about healthy eating and preparation
    - Program completion rates
    - Program participation metrics
    - Voucher distribution and redemption rates
    - Health outcomes
    - Participant satisfaction
    - For each data point, consider your methods:
        - Surveys (quantitative/qualitative)
        - Medical records
        - Logs
        - Attendance records
        - Prescription tracking
    - Keep your data impactful with these tips:
        - Align data collection with your outcome goals
        - Just because you can collect something, doesn't mean you should
        - Consider data privacy

- **Healthcare Provider Capacity:**

    - Do you have the ability to recruit and enroll? Who in the organization can do so?
    - Do you have the capacity to meet with *X* number of patients for *X* number of visits? These may not be billable hours, so who can do so?
    - Are you able to collect program biometric and other data?
    - Do you have the capacity to follow-up with patients who miss check-ins?
    - Do you have organizational support to handle staff transitions within the program?
    - Does prescription programming align with your organization's other initiatives?

- **Project Management & Systems:**

    - Staff

        - A Program Champion can help to keep the team on track in managing patient participation, partners, and monitoring outcomes.
    - Data Collection Platforms
        - HIPAA compliant data collection and storage platforms are essential in prescription programs. If this is outside the medical record, then staff training, troubleshooting, and technical assistance should be planned for.
    - Reflection
        - Building reflection time with the team can enhance patient experience by allowing space for program feedback.

- **Partnerships:**
    - Strong, multi-sector partnerships are essential to produce prescription programming.
    - Food System Infrastructure Partners:
        - Cuyahoga County has a strong local and community food access point infrastructure. Key organizations can facilitate produce delivery, voucher, or referral programs.
    - Nutrition Education Partners:
        - Non-profit and private businesses can provide nutrition and cooking education services. Many have experience in providing culturally relevant curriculum.
    - Program Management Partners:
        - You may wish to contract with a non-profit partner to help design and operate your program. These organizations can create program materials, manage contractors or other partners, manage redemption site recruitment and voucher redemption, and offer data collection and evaluation services.
    - Evaluation Partners:
        - Universities or consulting firms can provide robust evaluation if the program is a formal study, or if a higher level of evaluation is desired.

● How do you connect to vendors who can fill patients' prescriptions?

- Cuyahoga County has a robust local food system network that already participate in nutrition incentive programs. You can learn more about how to connect with these sites by contacting the Ohio Nutrition Incentive Network at info@produceperks.org.

- **What are the best practices for local Black, Indigenous, and People of Color (BIPOC) farmers sourcing and integrating culturally preferred foods into produce prescription programs?**
    - The best way to integrate BIPOC food growers is to contact produce prescription organizations. There are some gaps in this area as a lot of program implementers are unaware of where and how to find local growers and producers. Getting feedback from those receiving produce prescriptions is important. The REACH Fellowship at the Swetland Center hopes to create innovation in this space, fostering creative ways to collaborate with produce prescription actors to have a culturally relevant program.
- **How do I sell my produce and offer my organization's services to produce prescription programs?**
    - Find a network of redemption sites that suit your program. These centers are equipped with information to guide those working on produce prescriptions.
- **For those who do not have a food pantry onsite, how is food conveyed to recipients?**
    - Clinics could utilize a voucher program, where participants can visit local food retailers to pick out their own produce utilizing produce prescription vouchers, or a delivery program, where a produce box is delivered to the patient's home.
- **Is it more beneficial for individuals to pick up produce and if they cannot, is there a way that someone can either pick it up for them or a delivery system?**
    - There are pros and cons to both a voucher and a produce box delivery program. A voucher model allows individuals the dignity of choice in selecting fruits and vegetables appropriate for their family. If a participant experiences transportation barriers or mobility issues, a home delivery model may be the best resource.

Additional Resources

If you want to learn more about produce prescriptions, please visit:

- National Produce Prescription Collaborative
- USDA Gus Schumacher Nutrition Incentive Program (GusNIP)
- GusNIP Nutrition Incentive Hub
- Harvard Center for Health Law and Policy Innovation
- Indian Health Service
- Produce Perks Midwest
- Centers for Disease Control & Prevention (CDC)
- Wholesome Wave