New Potential for Produce

Increasing Patient Access to Fresh Fruits and Vegetables through Clinical Prescriptions

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The Challenge

- Less than 20% of American adults eat enough F&V

- Unhealthy food choices lead to obesity and diet-related chronic disease
  - More than 1 in 3 U.S. adults are obese
  - Costing the U.S. $147 billion per year

How do we increase F&V intake in the U.S., particularly among chronically ill individuals?
FVRx as (one) Solution

A way for providers to help increase patient access to healthy, affordable food through written prescriptions for fresh F&V vouchers.

- Wholesome Wave, leading the national FVRx movement since 2008

FVRx Program Components

- Key Stakeholders
- Development & Funding
- **Produce Delivery Model**
- Utilization Rates
- Health Outcomes
- Sustainability

$1 per day, per family member
Case Study: 3 Primary FVRx Delivery Models

Model 1: Community
Model 2: Individual
Model 3: Neighborhood

Facilitators and barriers to feasibility and scalability examined for each produce delivery model

Suggestions made for future FVRx program development and growth
1. Linkage to Farmers’ Markets

**+**

- Client choice
- Existing infrastructure
- Urban & rural settings
- WIC/SNAP certification

**-**

- Transportation required
- Vendor commitment
- Seasonal
- Farmers' Market stigma

**Best for:** Mobile patients who have more regular access to affordable transportation
2. Medically-tailed Meal Kits

- **Plus**: Personalization, Short & long-term health improvements, Shorter hospital stays, Less overall ED visits
- **Minus**: Labor-intensive, Limited food-based social opportunities, Reduced client choice, High upfront costs

**Best for**: Chronically-ill, potentially homebound patients with specialized dietary needs
3. Neighborhood-based Mobile Markets

**+**
- Reaches isolated pop.
- Community engagement
- Flexible routes
- WIC/SNAP certification

**-**
- Logistical coordination
- Vehicle costs/mainten.
- Effective marketing
- Uncertain profitability

**Best for:** Individuals living in neighborhoods with limited transportation and few food retail options
Conclusions

- Increase FV consumption
- Chronic Disease Mgmt
- Improve Local Economy
- Financial Support
- Feasibility Criteria
- Creative Collaboration
- WIC & SNAP
- SNAP CSA
- Double Up Food Bucks
- Long-term Outcomes
- Cost Analyses
- Combined Models
Acknowledgements

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- FVRx Innovators, including:
  - Wholesome Wave
  - Project Open Hand & UCSF
  - FreshTruck
References

3. Wholesome Wave. The Fruit and Vegetable Prescription Program Toolkit
References (continued)

References (continued)

References (continued)


Image sources
1. Unsplash.com
2. Thenounproject.com
3. Wholesomewave.org
4. Openhand.org
5. Freshtruck.org
Appendix A

FVRx Program Innovators

Los Angeles, CA | 2016
Eisner Pediatric & Family Medical Center and Target Corporation

- Through this program 500 pediatric patients and their families in Los Angeles will receive prescriptions for produce that they can redeem at Target and local farmers markets.
- This is the largest Fruit and Vegetable Prescription Program® (FVRx®) to date.

Minneapolis, MN | 2014
The Center for Prevention at Blue Cross and Blue Shield of Minnesota

- Testing FVRx Program impact on adult diabetics and prescription redemption at Coborn's grocery store in Melrose, MN.

New York City | 2013–2015
The New York City Health and Hospitals Corporation (HHC)

- Refining the FVRx model to be scaled at hospitals city-wide, then replicated throughout the country.

Navajo Nation | 2015
Community Outreach and Patient Empowerment (COPE) Project

- Bringing healthy food access to Navajo Nation by offering chronic disease prevention outreach through community, clinic, and retail partnerships.
Appendix B

Wholesome Wave’s FVRx Framework

The FVRx® Process

1. Patients are recruited by a health care provider to the FVRx program.

2. Participants attend multiple FVRx visits in a clinical or community setting to receive nutrition education and/or to discuss healthy eating.

3. At each visit, participants receive an FVRx prescription and are requested to participate in a pre- and post-evaluation.

4. Participants redeem FVRx prescription vouchers for fresh, nutritious food at participating retailers, where redemption is tracked.
Appendix C
Wholesome Wave, Model 1

FVRx's Reach | 2011-2015

8,425 Individuals and family members | 15% Receive WIC | 61% Receive SNAP | 82% are covered by Medicaid/Public | 2.9% Uninsured

10 States
CA, CT, GA, MA, ME, MN, NM, NY, RI, TX, Washington, D.C. and Navajo Nation
Appendix D

Project Open Hand & UCSF, Model 2

Food=Medicine
Pilot Study

Methodology: Study participants will receive three meals a day for four-to-six months from Project Open Hand, meals that are tailored to meet 100% of their nutritional needs and integrated into their overall health care. The study will include up to 60 participants, clients who are mildly and severely symptomatic with HIV/AIDS, clients with diabetes, and clients with a dual diagnosis of HIV and diabetes.

In addition to nutritious meals, participants will receive intensive case management and enhanced nutritional counseling and education from Project Open Hand. Working with the UCSF research team, we will closely monitor their physical and mental health, doctor and emergency room visits, nutritional status and adherence to therapy.
Appendix E
FreshTruck, Model 3

3 FreshCash

Our ‘food prescription’ model. FreshCash is gift cards that are purchased by our network of healthcare providers and other sponsors, and distributed to families to shop at any of our Weekly Market sites or Pop-Up programs.
## Appendix F

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<th>Client Choice</th>
<th>WIC/SNAP</th>
<th>Personalization</th>
<th>Urban</th>
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<th>Community Engagement</th>
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