Nutrition Incentive Hub
CREATED BY GUSNIP NTAE CENTER

Best Practices for Implementing a Produce Prescription Project

Produce prescription (PPR) projects, as funded by the Gus Schumacher Nutrition Incentive Program (GusNIP), support the health of Americans by providing financial incentives for fresh fruits and vegetables. Most PPR participants have a diet-related chronic disease and are experiencing food insecurity.

There have been many successes with PPR projects, but there are still questions about how to best structure projects for success, such as: **how are existing projects structured?** And, **how can you encourage participants to redeem their incentives and stay engaged?**

This brief report shares learnings from surveys (n=77) and interviews (n=15) with GusNIP PPR project leaders to address these questions. These learnings provide general guidance, although community context, resources, and capacity should always be considered in project-specific decision-making. The findings are based on data from two forthcoming papers. This resource will be updated to reflect the citations when published.

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How are PPR Projects Structured?

~ 600 participants

The average enrollment goal for PPR projects over the life of the GusNIP award (typically 3 years).

$49.67

The average incentive amount issued per distribution.

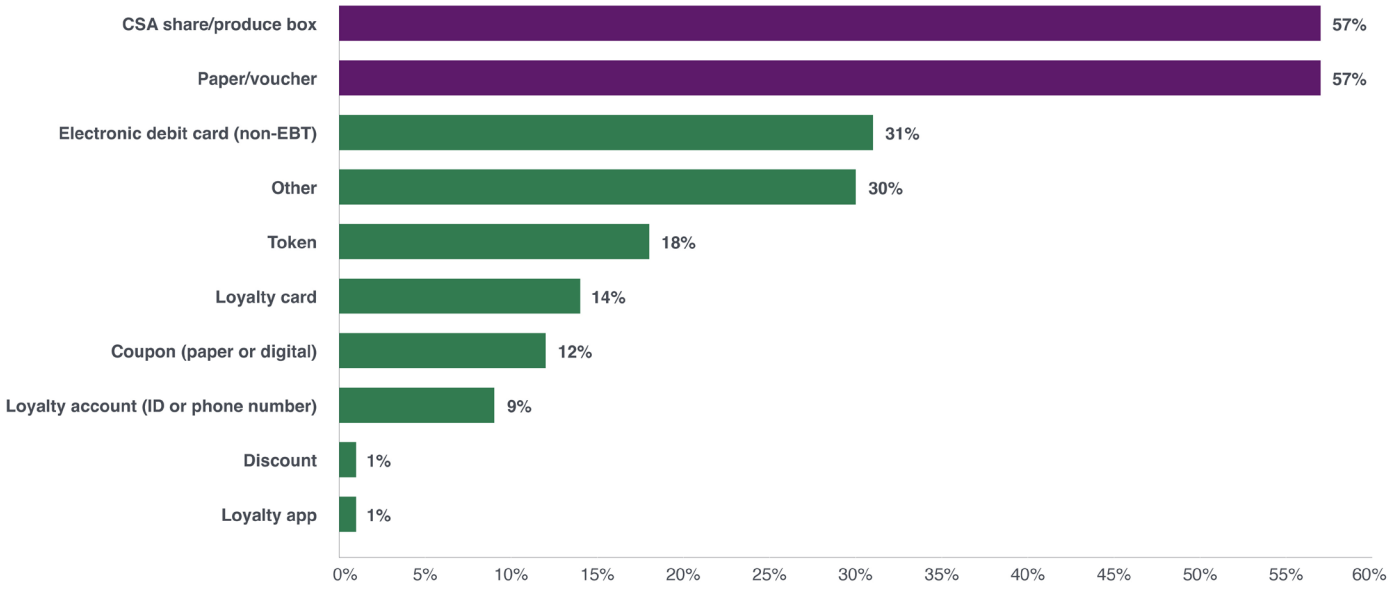
1 time per month

The most common incentive issuance frequency.

5 – 6 months

The most common project length.

Methods of Incentive Distribution



Survey respondents could select multiple options for incentive distribution. Projects most commonly provide incentives in the form of community supported agriculture (CSA) share/produce boxes or paper/vouchers.

What are PPR Projects Doing?

PPR Projects **Almost Universally:**

- **Offer nutrition education** (98%) such as educational materials (92%), in-person group education (71%), and sometimes, virtual group education (38%) or one-on-one counseling (34%).
- **Offer varieties of fruits and vegetables** to accommodate diverse cultural preferences (96%).
- **Have a "program champion"** (e.g., healthcare providers) at a partner organization that drives the work forward (95%).
- **Follow up on participant progress** to proactively address issues (95%). This includes having **established onboarding approaches/resources** for new participants (100%) and **established approaches/resources to address questions/issues** from participants (e.g., hotline, dedicated staff person; 96%).
- **Have redemption sites with hours of operation** that accommodate a variety of work schedules (94%).
- **Engage with technical assistance partners** (e.g., GusNIP NTAE) to overcome challenges (93%).

PPR Projects **Typically:**

- **Provide updates to health care providers** about their patients' engagement (89%).
- **Provide resources** for those with **technology limitations** (e.g., provide technical assistance on using cards; 88%) or **transportation barriers** (e.g., cover costs for transportation or delivery fees; 72%).
- **Offer resources for people who do not communicate in English** (e.g., multilingual staff, translated materials; 87%).
- Have redemption sites in areas **accessible by public transportation** (85%).
- **Have formal agreements (e.g., MOU)** between organizations to share participant data (83%).
- **Use shared systems** (e.g., CRM software) for tracking and communicating individual **PPR referrals** (81%). *An exploratory analysis of these data found using **a shared system (e.g., CRM software) for tracking PPR referrals** between partners is associated with higher monthly redemption per participant ($22 vs $8; p=0.01).*
- **Have established approaches/resources to remind** participants to use their incentives (81%).
- **Prioritize local food procurement** either sometimes or all the time (79%).
- **Allow participants to choose** their produce (75%).
- Have established **approaches/resources for community oversight** (e.g., community advisory board; 74%).
- **Start with a small-scale test** or pilot project (72%).
- **Have auxiliary services** (71%) such as resource referrals (56%) or federal benefit application assistance, such as SNAP (32%).

PPR Projects **Sometimes:**

- **Operate with cross-sector partnerships** (65%) including healthcare, community-based organizations, & universities.
- **Have alternate funding sources** besides GusNIP (64%). *An exploratory analysis of these data found never or sometimes having alternate sources of funding is associated with higher monthly redemption per participants ($17 vs $6; p=0.02).*
- Work with redemption sites that **have compatible technology** (e.g., point-of-sale systems; 63%).
- **Match participants with a peer navigator** who accompanies them as they use the PPR (46%).
- Offer **home delivery** of food (38%).
- Provide **resources for those who do not have kitchen equipment** (e.g., knives, cookware, refrigeration; 32%).

What Best Practices do Project Leaders Recommend?

1. **Carefully select partners and sites** based on their capacity, location, logistical compatibility, and alignment with your project's mission.

> "Just because a clinic wants to [participate in a PPR project], doesn't mean they're able to… If you work with a clinic who really can't… it doesn't work well, and they don't support the participants... it's not worth it in the end."

> "In order for our program to run year around, we have to shift from partnering with local producers to partnering with grocery stores and those redemption sites that are going to be able to have reliable food sources throughout the year."

2. **Provide added services** (e.g., nutrition education) not only to build skills, but also to encourage engagement, foster relationships between staff and participants, and create opportunities for social connections among participants.

> "The education piece is what's going to ensure that they're actually using the actual prescription and produce and that they're going to be able to make longer-term changes."

3. **Use a participant-centered project design** that includes navigation support, clear communication and reminders, and personalized options tailored to the participants' needs and preferences.

> "We do ongoing text messages and reminders. We answer questions through text, but they also have... phone numbers they can call to ask questions like, 'What is this mushroom? What do we do with it?'"

> "Expecting a lot of flexibility from the participants is not a guarantee. I would say that the programs that do best are themselves more flexible..."

4. **Leverage technology and systems** for data sharing, monitoring, and participant tracking across partner sites.

> "We are tracking their purchases, how often they shopped, how much produce they bought – like by the pound. I can even track that down to the item. So, we've been able to analyze the top [produce choices]."

> "With the card program, we have access now to see what was in the basket, so what was purchased. It's more... for the storytelling part, so we can talk about our program beyond dollars issued and dollars redeemed. What is going to people's tables?"

5. **Design projects** with an understanding of the community's socioeconomic environment, challenges, and strengths, while actively involving community members in planning and decision-making.

> "I really just can't stress enough adapting as nonprofits, you know, the economy is constantly changing. Our food system is constantly changing. We just need to constantly adapt and change to meet the needs of the people that we work with..."

> "… everything is so expensive right now a lot of our patients are feeding other people… so we're talking to people, and I know that they're not consuming it… Once you really sit down and talk to them, they're like, 'Well, my neighbor's got five kids, and she doesn't have a lot so when I come get my food, I always take half of it to her.'"