Background

Higher fruit and vegetable intakes have been associated with reduced risk of chronic disease, including heart disease, stroke, high blood pressure, type 2 diabetes, and some cancers.1–4 Yet, most children and adolescents do not consume the recommended amount.4–5 Several studies have found the use of fruit and vegetable prescription programs increase affordability of healthy foods and improve fruit and vegetable consumption among participants.4–6 Additional research is needed to determine effects of such programs on pediatric patients and their caregivers. Wholesome Wave is the leading national nonprofit working on Produce Prescription Programs.6 From 2018-2019, University of Idaho Extension collaborated with Wholesome Wave to administer the Produce Prescription program in South Central Idaho, which Wholesome Wave provided the design and leadership for the program.

Objective

To examine the effectiveness of a Fruit and Vegetable Prescription (FV Rx) program for at-risk children and their caregivers.

Methods

Pediatric patients aged 2-18, deemed to be at risk of diet-related chronic disease were screened by clinicians and were prescribed fruits and vegetables for six months (October 2018-March 2019). Caregivers received a FV Rx card ($60 per month) to purchase fresh fruits and vegetables at participating grocery stores. Nutrition education classes and grocery shopping classes were also offered to caregivers.

Surveys were administered to collect demographic data; pre/post caregiver and child weekly dietary intake; pre/post attitudes, beliefs, and health status (Likert scale); and overall experience participating in the FV Rx program. Percent of participants reporting increased dietary intake or a positive shift on the Likert scale from pre-to post-program assessment was recorded.

Results

Ninety-four caregiver-child dyads completed pre- and post-surveys (children’s mean age: 8.9 ± 5.0, 50% males, 78.5% Hispanic). Most families (60%) were currently receiving or had received SNAP benefits in the past and used FV Rx cards once or twice a month (57%). Caregivers reported participating stores were easy to get to (88%), and they felt comfortable using the card (69%).

Caregivers reported positive shifts in children’s dietary intake including increased intake of fruits (62%), green leafy salad (56%), and beans (45%) (see Table 1). There were also positive shifts in caregivers’ personal dietary intake, with more adults meeting the dietary guidelines for fruit (59%) and vegetable intake (25%) following the program than before (37% and 6% fruit and vegetable, respectively).

Conclusions

By increasing access and affordability of healthy foods through a FV Rx program in clinical settings, children and their caregivers can make positive shifts to improve dietary intake and health beliefs which may reduce risk of chronic disease.

References:


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