

Impact of a Produce Prescription Program on Shopping Habits and Fruit and Vegetable Consumption Among New Yorkers with Hypertension

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Background:

- Hypertension is a major risk factor for heart disease, a leading cause of death both in New York City (NYC) and nationwide.
- Consuming a diet rich in fruits and vegetables (F/V) can reduce the risk of cardiovascular disease¹.
- The cost of F/V is a barrier to consumption for many New Yorkers.
- From 2017-2021, the NYC Department of Health's Pharmacy to Farm Prescriptions program provided coupons redeemable for F/V at farmers markets.

Objective:

- To assess changes in fruit and vegetable consumption and farmers markets shopping behaviors among Pharmacy to Farm participants.

Study Design, Settings, Participants:

- Eligible participants were
 - 18+ years
 - On medication for hypertension
 - Receiving Supplemental Nutrition Assistance Program (SNAP) benefits
- Recruitment occurred at 19 participating NYC pharmacies.
- Participants received monthly prescriptions for \$30 worth of Health Bucks coupons redeemable for fresh produce at NYC farmers markets.
- At enrollment and each subsequent pharmacy visit, participants were encouraged to complete a self-administered survey about F/V consumption and farmers market shopping behaviors.

Measured Outcome/Analysis:

- Total daily servings of F/V were calculated and compared at enrollment and at the last completed survey using the Wilcoxon signed-rank test.
- McNemar's tests were used to compare changes in shopping frequency and behaviors at farmers markets.



Results:

- A total of 1,019 participants had at least one follow-up survey with complete responses for all F/V consumption questions. Table 1. shows the demographic makeup of participants
 - Median time from enrollment to last survey was 264 days (min-max: 20-1,383 days).
- At enrollment median F/V intake was 2.44 (IQR-1.52, 3.71) servings per day
- Comparing enrollment to last survey, daily F/V consumption was unchanged. Similar trends were observed for fruit and vegetable consumption analyzed independently (Table 2.)
- The percent of participants that reported shopping at farmers markets at least once a month increased (Figure 1.)
- Most participants reported buying more F/V at farmers markets since joining the program. (Figure 2.)

Table 1. Demographics of survey participants

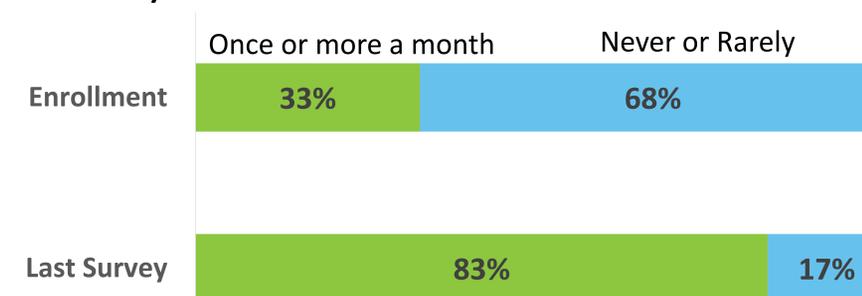
	Participants with complete F/V responses (N=1019)	n (%)
Sex		
Female	685	(68)
Male	317	(32)
Race/Ethnicity		
Black /African-American	179	(18)
Hispanic or Latino	580	(59)
White	81	(8)
Asian	105	(11)
Other	32	(3)
Age at Enrollment		
18-44 years	41	(4)
45-64 years	361	(36)
65+ years	597	(60)
Education Attainment		
Less than HS	391	(43)
HS Graduate	243	(26)
Some College	138	(15)
College Graduate	146	(16)

Note: number may not sum to total due to missing data

Table 2. Change in daily fruit and vegetable intake

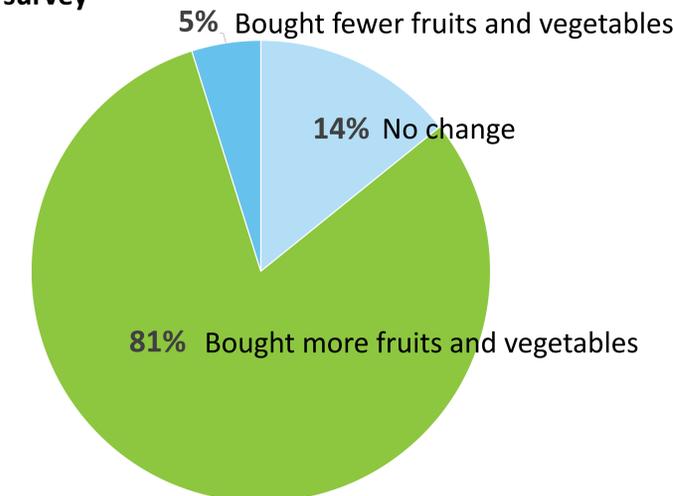
Servings/Day	Median (IQR)	P-Value
Total Fruit + Vegetables	-0.03 (-1.01, 1.00)	0.767
Vegetables Only	-0.01 (-0.74, 0.79)	0.386
Fruit Only	0.00 (-0.36, 0.29)	0.516

Figure 1. Shopping frequency at farmers markets between enrollment and last survey



P-value for McNemar test: <0.001

Figure 2. Reported change in fruit and vegetable purchases at farmers markets at last survey



Conclusion:

- Participants reported a significant increase in shopping frequency and increased F/V purchases at farmers markets. However, this did not translate to increases in self-reported F/V consumption.

Implications and Future Research

- Null observed changes in F/V consumption necessitates further evaluation of the program and participant experience
 - Program elements to consider:
 - Program setting (pharmacy incentive disbursement/ farmers market for redemption)
 - Incentive amount
 - Evaluation procedures
- Focus groups are planned to explore questions around barriers to increased fruit and vegetable consumption, understand participant experience of survey collections, and identify opportunities for future incentive programs

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1. Aune D, et al. Fruit and vegetable intake and the risk of cardiovascular disease, total cancer and all-cause mortality-a systematic review and dose-response meta-analysis of prospective studies. Int J Epidemiol. 2017 Jun 1;46(3):1029-1056.