

# Produce Prescription Projects: Challenges, Solutions, and Emerging Best Practices - Perspectives from Health Care Providers across the United States



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## Background

- The Gus Schumacher Nutrition Incentive Program (GusNIP) funds United States-based produce prescription programs (PPR) to improve fruit and vegetable purchasing and intake.
- GusNIP grantees are required to have a health care partner or be a health care entity (e.g., hospital, federally qualified health center) and to enroll individuals who (1) are eligible for income-qualifying benefits like Supplemental Nutrition Assistance Program (SNAP) or Medicaid, and (2) have low-income that suffers from, or at risk of developing, a diet-related health condition.

## Purpose

The purpose of this research was to explore health care providers' perspectives on barriers and facilitators that define GusNIP produce prescription program success and determine emerging best practices for program improvement.

## Methods

- Design:** The Theoretical Framework of Acceptability and constructivist methodological approach framed this multiple methods study.
- Participants/Recruitment:** Survey participants (n=34) were health care providers (e.g., physicians, nurses, dietitians) using maximum variation sampling. A subsample of these participants (n=15) were further recruited to participate in in-depth interviews using snowball sampling methods.
- Data collection:** Surveys were conducted via Qualtrics and interviews were administered via videoconference, recorded, and transcribed verbatim.
- Analysis:** Survey results were analyzed using R statistical software. Transcripts were coded using a multi-stage thematic analysis process including both inductive and deductive coding by two independent coders using Atlas.ti.

## Results

### Survey Results

	All Respondents n (%)	Interviewed Respondents n (%)
<b>Gender</b>		
Women	33 (97.06)	15 (100)
Prefer not to answer	1 (2.94)	0
Total	34 (100)	15 (100)
<b>Age</b>		
Mean (SD)	42 (10.70)	39 (9.79)
Range	25-70	25-54
<b>Ethnicity – Hispanic, Latino/a, or Spanish origin</b>		
Yes	4 (11.76)	1 (6.67)
No	29 (85.29)	14 (93.33)
Prefer not to answer	1 (2.94)	0
<b>Race</b>		
American Indian or Alaska Native	4 (11.76)	0
Asian	1 (2.94)	0
Black or African American	2 (5.88)	0
Native Hawaiian or Other Pacific Islander	0	0
White	23 (67.65)	14 (93.33)
Other race	3 (8.82)	1 (6.67)
More than one race	1 (2.94)	0
<b>Primary clinical training/profession</b>		
Case manager, care coordinator, social worker (enrollment specialist, care coordinator, case management, program coordinator)	8 (23.53)	4 (26.67)
Health educator	1 (2.94)	1 (6.67)
MD/DO	5 (14.71)	1 (6.67)
Mental health professional	2 (5.88)	0
Nurse Practitioner / Physician assistant	3 (8.82)	1 (6.67)
Nursing professional (registered nurse, RN, nurse educator, registered nurse (2), CNA)	5 (14.71)	2 (13.33)
Pharmacist, Physical therapist / occupational therapist / speech language pathologist	0	0
Registered Dietitian Nutritionist (RDN), Registered Diet Technician	7 (20.58)	5 (33.33)
Other	3 (8.82)	1 (6.67)

Three key themes emerged across these interviews:

### 1. Operational challenges exist to operating PPR programs

*It's just staffing and time. I mean – we don't have either to really recruit well or explain to patients everything they need to get the vouchers, where to spend the vouchers, get to the classes. It's a lot. It's like we need one person hired to do that job. [physician]*

### 2. Proposed and actualized solutions and emerging best practices to operate PPR programs are underway

*People just have a hard time getting around, so we offer [NAME OF TRANSIT SERVICE] free of charge for medical appointments, but then since we are right here on campus, they can also see the dietitian, get their food at the market with their vouchers, and even we had a COVID-19 testing site available right at the market out there.*

### 3. HCPs are satisfied with PPR programs and appreciate that further evaluation is needed for program sustainability

*So, and then having that access to their electronic medical record, we can look at any type of nutrition-related labs. (...) So we're looking at those kind of outcome drivers to see how do we improve your health through this program and to make the case that these programs work and need to be continued longer than just this one grant. [social worker]*

## Conclusion

- Funding a designated clinic-based staff member to run PPR operations and evaluation is crucial for the success and sustainability of PPR projects.
- PPR program leaders/administrators need to consider clinic-based workflow to ensure their success.
- Health care providers who work with PPRs are largely satisfied with the program and desire program expansion and sustainability.

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Nutrition Incentive Hub