

June 2024



Nutrition Incentive & Produce Prescription Programs: A New York State Landscape Assessment Executive Summary



**Field & Fork
Network**

Developed by Field & Fork Network in collaboration with the New York State Physical Activity and Nutrition (SPAN) Program at the New York State Department of Health.

The content of this publication is solely the responsibility of the authors and does not necessarily represent the official views of Health Research, Inc., or the State of New York.





Executive Summary

In New York State, nearly one in four adults, or almost 25%, experience food insecurity.¹ In addition, 10.5% of households in the state report food insecurity, which is more common in families with children.² Those experiencing food insecurity are at a greater risk for numerous chronic diseases, such as heart disease, diabetes, obesity, cancer, asthma, arthritis, chronic obstructive pulmonary disease, and kidney disease. Due to structural barriers and inequities, access to affordable and healthy foods, like fruits and vegetables, is limited for many groups. This includes residents of rural areas, Black, Indigenous, and People of Color (BIPOC) communities, low-income neighborhoods, and individuals with disabilities.³ Increasing research highlights how specific nutrition interventions can tackle the link between diet and health, dismantling systemic barriers that limit access to fruits and vegetables, ultimately leading to better health outcomes. Two essential, evidence-driven public health initiatives that enhance the intake of fruits and vegetables for households with lower income are Nutrition Incentive programs and Produce Prescription programs.

Nutrition Incentive programs provide monetary assistance to eligible low-income shoppers when they make purchases. These incentives can be used at food pantries, farmers' markets, retail stores, online grocery services, and mobile markets. In **Produce Prescription programs**, healthcare providers can prescribe fruits and vegetables, often with vouchers, for patients with chronic illnesses who have limited access to healthy food. These prescriptions can be used in healthcare settings or at local farmers' markets, grocery stores, and mobile markets. Produce Prescription programs are designed to improve healthcare outcomes, optimize medical spending, and increase patient engagement and satisfaction.³ Both programs may also include educational resources about food, cooking, and nutrition to promote a healthy diet. They also increase the demand for fruits and vegetables, which helps local farmers, food hubs, distributors, and retailers.³

Some states, including New York State, and communities have existing programs for Nutrition Incentive and Produce Prescription programs that could be expanded, and some insurance providers or health systems may have programs that can be adapted.³ Implementing these programs requires collaboration between healthcare, transportation, and agriculture sectors to ensure a good supply of culturally preferred fruits and vegetables.³

In 2024, Field & Fork Network, in partnership with the New York State Department of Health, conducted an initial landscape assessment providing an overview of current Nutrition Incentive and Produce Prescription programs in New York State.



Overview of Landscape Assessment

The Nutrition Incentive & Produce Prescription Programs: A New York State Landscape Assessment focuses on New York State and includes a more detailed analysis within nine counties in Western New York: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Monroe, Niagara, Orleans, and Wyoming counties. The purpose of this landscape assessment was to gather information on existing Nutrition Incentive and Produce Prescription programs in New York State to formulate a strategy for expansion and enhancement.

A literature review was conducted to gather names of existing partners and programs. Additionally, a semi-structured interview guide was developed, and interviews were conducted with known partners and thought leaders in the PRx space. A partnership was established with the New York State Food as Medicine Coalition to create and disseminate a statewide survey to gather data on program models and best practices for operating PRx programs.

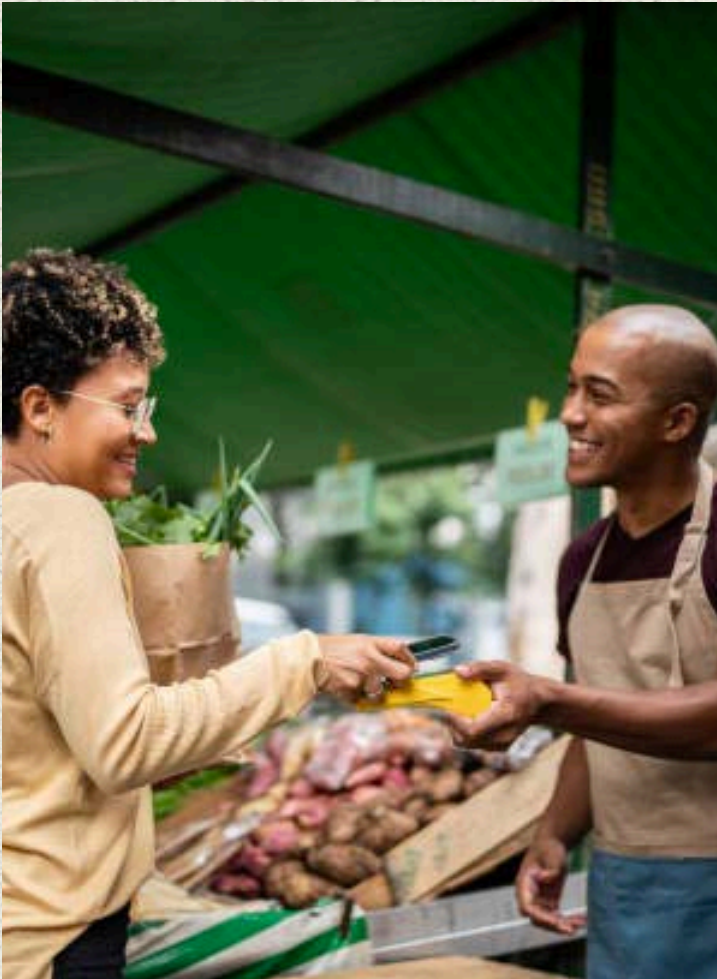
This assessment supports the Centers for Disease Control and Prevention (CDC) State Physical Activity and Nutrition (SPAN) Program's priority strategy to enhance and expand nutrition incentive and produce prescription programs.

Summary of Key Findings

The following section contains key findings from the assessment for each program type.

Nutrition Incentive Programs

- There were at least **seven large Nutrition Incentive programs** operating and various other local programs.
- These programs use a mix of: paper vouchers/coupons, tokens, loyalty cards, and instant discounts to issue nutrition incentives.
- In the nine counties of Western New York, there were four Nutrition Incentive programs operating.
- Across the nine counties of Western New York, there were 126 Nutrition Incentive redemption sites including grocery stores, farmers markets, farm stands and mobile markets.



Produce Prescription Programs

- There were at least **18 different active Produce Prescription programs**.
- Entities that partner with Produce Prescription programs include:
 - Administrative entities, such as nonprofits and public education agencies
 - Health care providers such as a Federally Qualified Health Centers (FQHCs) and outpatient health clinics
 - Produce Prescription program voucher redemption sites, such as farmers markets, mobile markets, farm stands, and grocery stores
 - Produce Prescription program participants
- The length of a Produce Prescription program length ranged from 6 weeks to 24 weeks.
- The amount of money to purchase fruits and vegetables provided to Produce Prescription program participants ranged from \$84 to \$192 throughout the duration of the program.
- 72% of Produce Prescription programs used paper vouchers, 22% used no vouchers and 6% used digital or VISA cards.
- 67% of the Produce Prescription programs include nutrition education as a component.



Barriers and Recommendations

The tables below list the common barriers and challenges to operating Nutrition Incentive and Produce Prescription Programs in New York State, with accompanying recommendations for possible solutions to those barriers.

Produce Prescription Programs

Barriers

Funding

Many PRx programs are grant funded and need to consistently seek out funding to continue operating. This takes up staff time and capacity and makes innovation, expansion and sustainability more difficult to achieve

Partnerships

Staff turnover, busy schedules, and HIPAA/other confidentiality laws within the healthcare system contribute to an overall decline in momentum from healthcare provider partners which leads to decreased program participation and efficacy

Evaluation

Some partners had little to no evaluation of their PRx programs, making funder casemaking and defining program impact more difficult

Geographic

The only PRx redemption locations in Western New York are in Erie, Chautauqua, or Genesee County, highlighting a service gap of PRx programs in the region

Recommendations

Funding

- Transparency and clear communication in the application process for funding of Medicaid 1115 Waiver
- Increase GusNIP funding
- Better accessibility for GusNIP application
- Increase healthcare provider funding/ sponsorships
- Highlight the cost savings associated with healthier patients

Partnerships

- Designate partnership coordinator role to maintain communications with healthcare partners
- Designate a PRx champion on the healthcare team
- Establish a framework for agreements between organizations and healthcare providers that address confidentiality concerns

Evaluation

- Establish metrics and processes for tracking across multiple programs
- Develop staff capacity to support this

Geographic

- Identify high-need areas in areas without existing PRx programs in Western New York
- Establish partnerships in unserved regions of Western New York
- Encourage communication between existing active PRx programs and their service areas

Nutrition Incentive Programs

Barriers

Marketing & Outreach

- Lack of customer awareness of programs
- Lack of customer information in languages other than English
- Limited customer awareness and infrastructure outside current program areas

Urban Site Concentration

- High concentration of NI redemption sites and outreach in urban areas
- Lack of redemption sites in smaller cities leads to a lack of education and access

Limited Program Staff Capacity

- Lack of staff capacity leads to slower expansion of NI programs and redemption sites
- Lack of staff leads to limited site support and participant outreach and education

Program Administration Technology

- Paper vouchers or tokens needs to be hand counted is high capacity and room for human error
- SNAP processing leading to disruption in service to customers
- Participant confusion around specific NI programs due to similarities

Deficient Funding & Supporting Policies

- Few and inconsistent long-term funding opportunities, leads to inadequate funding and staff capacity that stymies expansion efforts

Recommendations

Marketing & Outreach

- Simplify and streamline customer focused marketing material of NI programs
- Place materials translated into other languages in an accessible area on websites. Share with redemption sites and community partners
- Increase partnerships with existing organizations

Urban Site Concentration

- Identify high-need, underserved areas by NI programs and focus expansion efforts
- Create partnerships with established organizations in underserved areas
- Collaborate expansion efforts to avoid duplication of efforts

Limited Program Staff Capacity

- Additional funding opportunities to support new program staff focused on expansion and outreach
- Create a unified messaging campaign amongst programs that boost education around nutrition incentives
- Create a coalition of nutrition incentive programs

Program Administration Technology

- Explore technology alternatives to paper vouchers and tokens such as EBT card integrated electronic Healthy Incentive Program
- Encourage development of administrative techniques and technology that are accessible for participants and vendors
- Provide participants and redemption sites with materials that outline all NI programs offered

Deficient Funding & Supporting Policies

- Create state-supported EBT integration program
- Advocate for programs to be included in multi-year, stabilized federal funding mechanisms
- Increase funding for and lower the required match for GusNIP funding

Conclusion and Next Steps

Conclusion

Nutrition Incentive and Produce Prescription programs in New York State play a crucial role in improving access to healthy, nutritious foods and addressing diet-related chronic diseases, particularly in low-income and underserved communities. To maximize their impact, there is a need for sustained funding, broader geographic reach, stronger health care partnerships, and improved program outreach. Furthermore, the CDC recommends public health actions at the state and local level to expand or enhance Nutrition Incentive and Produce Prescription programs. The recommendations derived from the NYS landscape assessment align with CDC recommended public health actions. Addressing identified barriers and challenges facing these critical programs can improve access to and consumption of fruits and vegetables among low-income New Yorkers, which will lead to healthier New Yorkers.

References

1. New York State Department of Health. Self-Reported Food Insecurity Among New York State Adults by County, BRFSS 2021. Accessed January 29, 2025. https://www.health.ny.gov/statistics/prevention/injury_prevention/information_for_action/docs/2023-12_ifa_report.pdf
2. Hunger Solutions New York. Hunger in NYS. Accessed January 29, 2025. <https://hungersolutionsny.org/resources-action/hunger-in-nys/>
3. Center for Disease Control and Prevention. Strategies for Fruit and Vegetable Voucher Incentives and Produce Prescriptions. Accessed January 29, 2025. <https://www.cdc.gov/nutrition/php/public-health-strategy/voucher-incentives-produce-prescriptions.html>
[CDC_AAref_Val=https://www.cdc.gov/nutrition/state-and-local-strategies/priority-incentives-prescriptions.html](https://www.cdc.gov/nutrition/state-and-local-strategies/priority-incentives-prescriptions.html)