



What Are We Learning from GusNIP Produce Prescription Projects?

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About Gretchen Swanson Center for Nutrition



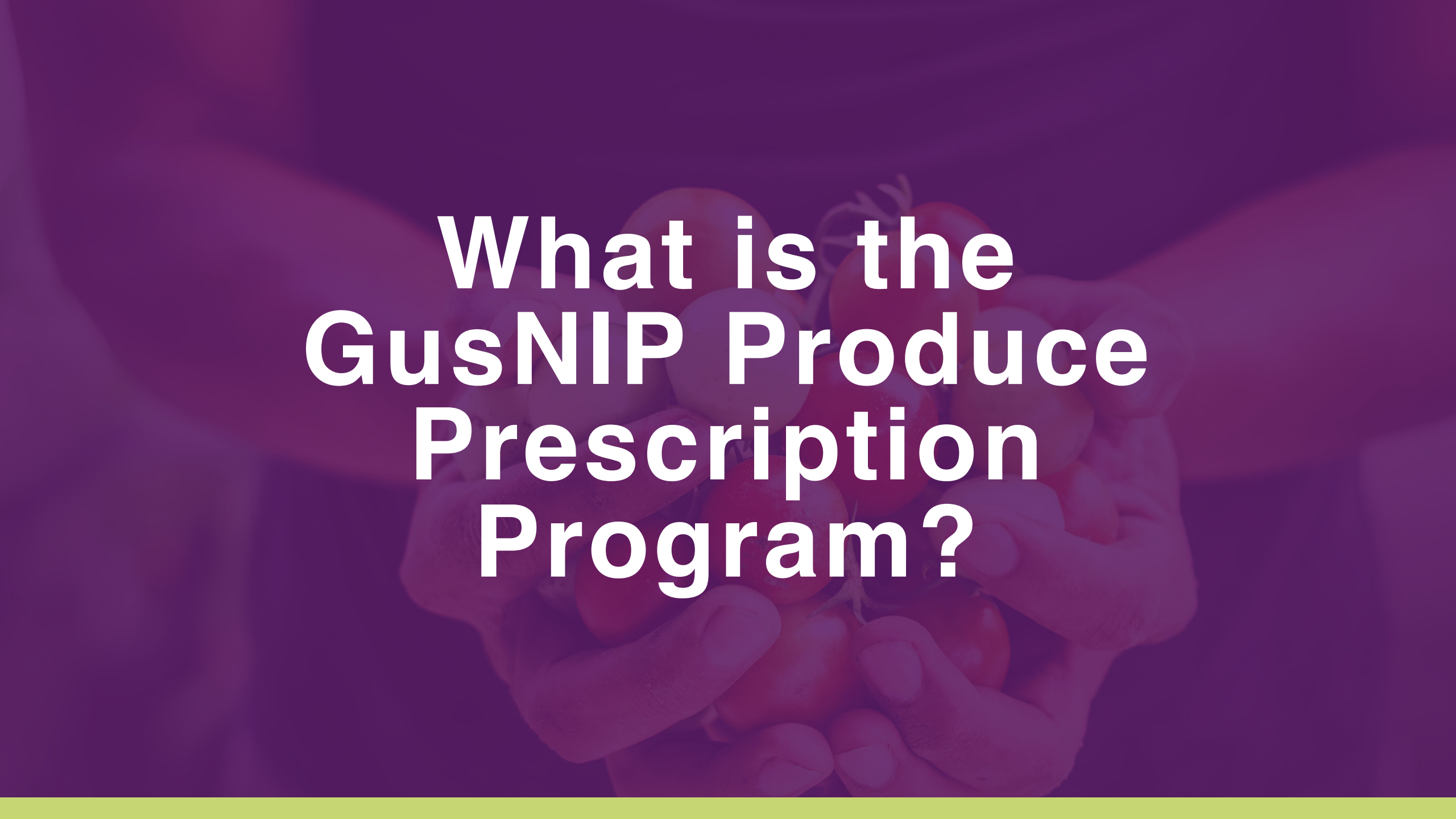
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- * The Gretchen Swanson Center for Nutrition (GSCN) is a national nonprofit research institute providing expertise in the measurement and evaluation of public health nutrition efforts.
- * GSCN's work helps to develop, enhance, and expand programs focused on promoting food and nutrition security, healthy eating active living and local food systems.
- * GSCN emphasizes health equity across all of our initiatives.
- * We are dedicated to building measurement strategies to assess the impact of innovative health-related programs.
- * We work nationally and internationally, partnering with other nonprofits, academia, government, and private foundations to conduct research, evaluation, and scientific strategic planning.

A pair of hands is shown holding a bunch of small, red cherry tomatoes. The background is a solid purple color. The text is overlaid on the image in a large, white, sans-serif font.

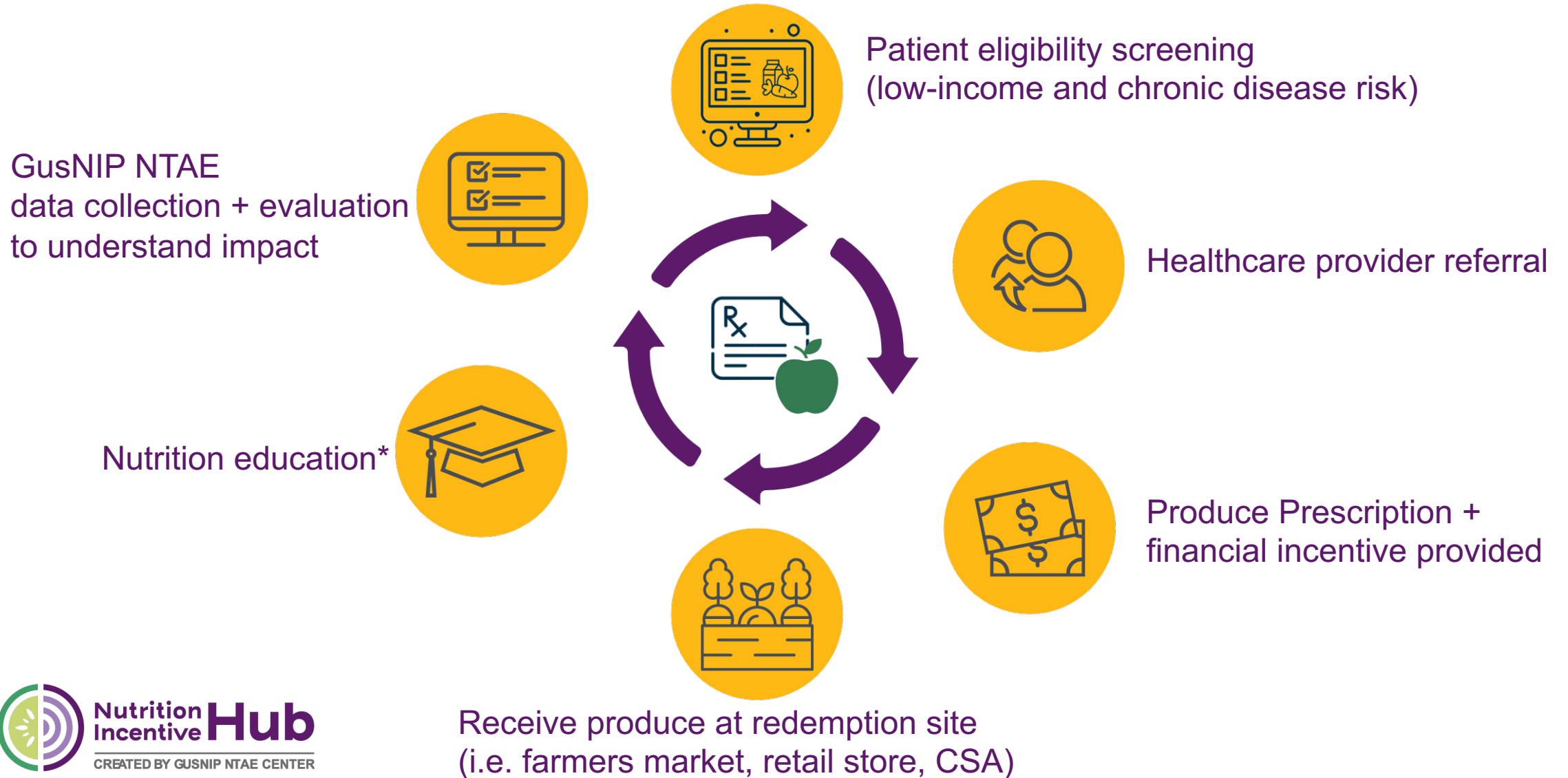
What is the GusNIP Produce Prescription Program?

GusNIP Goals

- Increase the purchase and consumption of fruits and vegetables among participating households
- Reduce individual and household food insecurity
- Improve health outcomes of participating households
- Decrease associated healthcare use and costs



How Produce Prescriptions Work



GusNIP PPR Landscape: 2022 - 2023



117

Active PPR Projects
in 36 States



\$56,552,579

Total Award Funds Currently Active
(as of September 1, 2023)
Award Range: \$80,839 - \$500,000



22,571

PPR Participants Enrolled

A photograph of two hands cupping a bunch of small, red cherry tomatoes. The image is overlaid with a semi-transparent purple filter. The text "What are We Learning?" is centered over the image in a white, bold, sans-serif font.

What are We Learning?

Presentation Topic?

“Just tell them what you’re learning about what kinds of FIM interventions are working? What is the best dose? What is the best duration?....”

No one knows.

(Check back January 31, 2025)

What We Measure in GusNIP PPR

- Grantee level data
 - Produce prescription dollars issued and redeemed
 - Number of participants
 - Project characteristics
 - Reach and representativeness in geographic project areas
- Participant level data
 - Baseline and follow-up: fruit & vegetable intake, food security, self-reported health
 - Satisfaction
 - # of prescription redemptions (i.e., dosage)
- In the works...
 - Multi-site trial w/ control group
 - EHR data on biomarkers and utilization
 - Self-reported utilization
 - Claims data on utilization
 - Retail transaction data on food received
 - Interviews with participants



**What *Should*
FIM Measure?**

Metrics are like...



Farm Bill

- GusNIP Produce Prescriptions should improve:
 - Fruit and vegetable intake
 - Individual and household food security
 - **Health care utilization and cost**

Health Care Systems and Payers

- FIM should improve:
 - **Cost and utilization**
 - Quality measures (HEDIS?)
 - Patient quality of life
 - Patient/member satisfaction and enrollment

Community-based Organizations and Charitable Food System

- FIM should improve:
 - **Reimbursement for referrals from health care**
 - Individual and household food and nutrition security
 - Individual and community health and well-being
 - Nutrition-related chronic disease prevalence and complications
 - Economics for food systems and farmers
 - Workforce participation

Participants

- FIM should support:

- ???

- My nutrition, my health indicators, how I feel, my household's nutrition and their well being, my household's economic situation (e.g., trade-offs), my household's cultural identity and dietary preferences, our communities' well being

- I might rather have gotten help with employment or housing

A pair of hands is shown holding a bunch of small, round, red tomatoes. The background is a solid purple color. The text is overlaid on the image in a white, bold, sans-serif font.

**Warning Light
Related to Cost
as the Field's
Key Metric...**

“The idea that [FIM] should save money for all cases and all people is ‘too high a bar,’ since other treatments in health care aren’t held to that standard. **[FIM expert]** added that ‘**food is medicine**’ isn’t intended to be a ‘charitable program’ attempting to reach patients with the most **social needs** but to instead **treat disease.**”

–[National news publication] on 11/10/2023

JAMA Internal Medicine **Randomized Controlled Trial**

- 465 patients
- FIM intervention improved HbA1c
- But not more than usual care control group

- Warning Light: Current evidence for cost effectiveness and/or cost savings of FIM is based on assumption there will be clinically significant change in HbA1c

Doyle J, Alsan M, Skelley N, Lu Y, Cawley J. Effect of an Intensive Food-as-Medicine Program on Health and Health Care Use: A Randomized Clinical Trial. *JAMA Intern Med*. Published online December 26, 2023. doi:10.1001/jamainternmed.2023.6670



Future of FIM will be Defined by Metrics



Metrics	FIM for Type 2 diabetes
Per Member Per Month Cost	●
Care utilization (amputations)	●
Biomarkers (HbA1c)	●
Health behaviors (diet quality)	●
Patient reported outcomes (quality of life)	●
SDoH (household food security)	●
Benefits to Household Members	Nope
Benefits to Communities (food access, food production, climate)	Nope

Metrics

Ozempic for
Type 2
diabetes

FIM for
Type 2
diabetes

Per Member Per Month Cost

●

●

Care utilization (amputations)

●

●

Biomarkers (HbA1c)

●

●

Health behaviors (diet quality)

●

●

Patient reported outcomes (quality of life)

●

●

SDoH (household food security)

●

Benefits to Household Members

●?

Benefits to Communities (food access, food production, climate)

●?

Not *more* research.

Different research.

- Rigorously report on reality.
- Describe who is being reached and how your program(s) operates, including non-food components.
- Add control groups where budgets and sample sizes allow.
- Use shared metrics where possible.
- Qualitative research is vital.
- Include metrics that align with your program's dose and time frame
- Include metrics that match the story of your context and community.
- Costs and claims are important, but work with communities to consider how your metrics reflect your projects', participants', and communities' heart and soul.
 - Supporting people and households?
 - Transforming communities and economies?
 - Participant- and community-defined ways to describe "health"?

Contact for questions about this presentation:
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