INTRO & BACKGROUND

HOW CAN A PRODUCE PRESCRIPTION PROGRAM CENTER HEALTH EQUITY AS IT GROWS?

Produce prescription (Rx) programs are a proven intervention to delay the onset and progression of chronic illness in structurally vulnerable groups.1 Improving diet quality interrupts the pathophysiology of chronic illness.2

The Produce Rx Program at DOH currently utilizes paper vouchers. Transitioning to electronic benefits can reduce stigma and increase participation.3,4

An annual application process will facilitate compliance with legislative rules and equitable access.

METHODS

ELECTRONIC BENEFIT MECHANISM

> Interviewed staff and outlined DOH requirements for electronic benefits
> Connected with other produce prescription programs for lessons learned and met with vendors for demos
> Mapped out internal DOH processes to request funding and establish a contract; established cross-departmental collaboration with WIC for potential integration

HEALTHCARE ORGANIZATION APPLICATION

> Used BRFSS, Washington Tracking Network, and WA Aggregated Health Center Data to build an evidence-based scoring rubric for prospective healthcare partners
> Matched application questions to legislative language and measures of social determinants of health

OBJECTIVES

> Explore electronic benefit mechanism solutions and create an overview of existing options, including capabilities and cost
> Create implementation, monitoring & evaluation plans for transition from vouchers to electronic benefit mechanism
> Develop an annual healthcare organization application process and supporting materials that align with legislative language and health equity goals

RECOMMENDATIONS

> Choose a scalable electronic benefit solution that can accommodate a wide range of retailers and cultural preferences
> Build in program monitoring and evaluation through participant & retailer surveys, as well as a regular cycle of summative evaluation, to ensure equitable delivery
> Launch application process statewide for FY 2023; use it to annually re-evaluate partners for fit with health equity goals

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REFERENCES


Figure 1. Food security and the pathophysiology of diet-related chronic illness

Image: Medical Bag, 2018.

MECHANISM TARGETED BY PRODUCE PRESCRIPTION PROGRAMS

LOW FOOD SECURITY → REDUCED DIET QUALITY → INCREASED INCIDENCE OF DIET-RELATED CHRONIC ILLNESS