

Title

Integrating Produce Prescriptions into Healthcare: Lessons Learned from Vouchers 4 Veggies

Abstract

Background

Food is medicine interventions, such as produce prescriptions, have gained traction as strategies to improve nutrition and health. Evidence suggests that these programs can improve diet and health outcomes, however, widespread adoption remains limited. One pathway to broader implementation is through 1115 waivers, which enable Medicaid to cover services that address social determinants of health.

Objective

This presentation will describe the policy landscape that allows for 1115 waiver adoption and subsequent health plan reimbursement. We use Vouchers 4 Veggies (V4V), a San Francisco-based produce prescription program, as a case study to illustrate the successes and challenges encountered in expanding services under California's CalAIM 1115 waiver.

Methods

V4V provides low-income individuals at risk for, or affected by, diet-related chronic diseases with vouchers for 6-9 months to purchase fruits and vegetables at participating vendors. Participants enroll through partnering clinics or community-based organizations (CBOs). Since 2015, V4V has collected data from program administration records, surveys, and interviews from participants, vendors, and community partners to evaluate impact on fruit and vegetable intake, food security, health status, satisfaction, and engagement.

Results

V4V has served 25,000+ households through a network of 150+ CBOs and clinics. Pre- and post-surveys showed statistically significant increases in food security and fruit and vegetable consumption. Participants, implementing partners, and vendors reported high program satisfaction. Despite our successes, we've identified key challenges unique to implementing with healthcare, including referral pathways, billing, and data infrastructure, which is informing our healthcare adoption strategy.

Conclusion

CBOs like V4V aiming to expand their programs through 1115 waivers often face significant barriers. Successful implementation with Medicaid plans depends on an organization's understanding of the unique aspects of contracting with health plans and its ability to adapt to the complexities of the healthcare setting. We aim to share insights and lessons learned so far during CalAIM implementation.