Nutrition Incentive Hub

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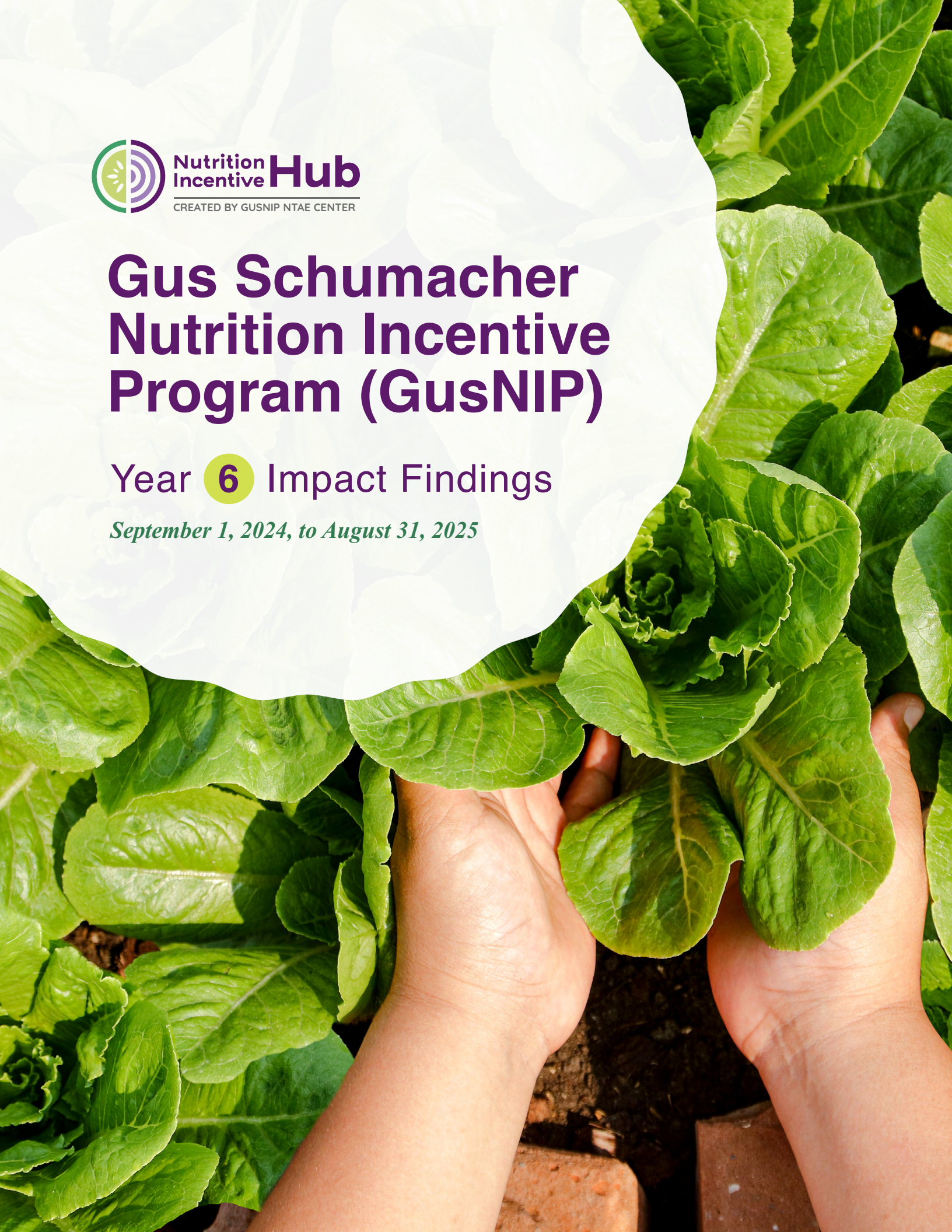
Gus Schumacher Nutrition Incentive Program (GusNIP)

Year 6 Impact Findings

September 1, 2024, to August 31, 2025



ACKNOWLEDGMENTS

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Overview

Gus Schumacher Nutrition Incentive Program (GusNIP)

The Gus Schumacher Nutrition Incentive Program (GusNIP) helps millions of Americans access and consume fruits and vegetables (FVs), which are emphasized in the latest edition of the *Dietary Guidelines for Americans*[1] given their roles in health promotion and disease prevention.[2] GusNIP also generates significant positive impacts on the American food system, including small and midsized farmers. Administered by the United States Department of Agriculture (USDA), National Institute of Food and Agriculture (NIFA) in collaboration with the Food and Nutrition Administration (FNA), GusNIP is comprised of three competitive grant programs:

1. **Nutrition Incentive Program (NI):** Provides matched incentives to individuals participating in USDA's Supplemental Nutrition Assistance Program (SNAP) or Nutrition Assistance Program (NAP) for the purchase of FVs without added sugars, fats, oils, and salt.

2. **Produce Prescription Program (PPR):** Provides a prescription for free or reduced cost fresh FVs to individuals with low income and at risk for diet-related chronic disease(s) in coordination with a healthcare entity.

3. **The Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (NTAE):** Improves the efficiency and effectiveness of GusNIP projects through training, technical assistance, reporting, and evaluation; conducts and disseminates a national evaluation to measure impact across all GusNIP-funded projects.

This year's Impact Findings Report (September 1, 2024, to August 31, 2025) demonstrates how GusNIP NI and PPR projects continue to bring together farmers, retailers, healthcare providers, and community organizations to deliver targeted support that increases consumer purchasing power while expanding American markets for FVs. Through its dollar-for-dollar matching requirement[3] and reinvestment across farm direct and -and-mortar retail settings, GusNIP generates sustained consumer demand, improves farmer profitability, and strengthens regional agriculture and related market infrastructure. When incentives are redeemed, participating retailers and farms benefit from increased sales. Due to GusNIP, American consumers benefit. Altogether, GusNIP advances USDA's commitment to strengthen federal nutrition programs that promote healthy individuals, families, and communities in the U.S.

What is an Incentive?

GusNIP incentives result in increased fruit and vegetable purchasing. In NI projects, SNAP participants receive incentives in the form of a discount or coupon for FVs when they make a qualifying purchase at a participating site. In some NI models, a participant who spends $10 in SNAP benefits on FVs can use an additional $10 in incentives to purchase twice as much produce. For PPR projects, incentives are referred to as produce prescriptions that are provided by a healthcare professional to individuals with low income and at risk for diet-related chronic disease(s). For example, a participant diagnosed with diabetes receives a $50 voucher each month for 12 months to purchase fresh FVs.

[1] U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2025-2030*. 10th ed; 2026, Accessed March 19, 2026. https://cdn.realfood.gov/DGA.pdf

[2] Lee SH. *Adults Meeting Fruit and Vegetable Intake Recommendations — United States, 2019*. MMWR Morb Mortal Wkly Rep. 2022;71.

[3] Dollar-for-dollar match funding is required for all GusNIP-funded NI projects. Grantees may meet their match requirement through cash and/or in-kind contributions, including third-party in-kind contributions that are fairly evaluated, including facilities, equipment, or services. Common sources of matching funding include state or local governments, philanthropy, and private partners.

Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (NTAE)

The NTAE maximizes GusNIP investments by increasing the efficiency and effectiveness of NI and PPR projects. The NTAE works with grantees, applicants, and their partners to streamline implementation, understand and apply best practices, and reach more families, farmers, and food retailers. **Center for Nutrition & Health Impact** (CNHI) is the public health nutrition research and evaluation nonprofit that leads the NTAE in a cooperative agreement with **USDA NIFA**. CNHI partners with **Fair Food Network**, the **University of California San Francisco**, and a coalition of national partners referred to as the **Nutrition Incentive Hub**. The NTAE and Nutrition Incentive Hub provide comprehensive reporting, evaluation, technical assistance, and information support to GusNIP applicants and grantees (**Appendix 1**). Specialists at the NTAE and Nutrition Incentive Hub provide tailored guidance to facilitate successful project implementation and to enable evaluation of the impact of GusNIP using a set of shared measures across all NI and PPR projects.[4] Throughout the remainder of this report, the NTAE and Nutrition Incentive Hub are collectively referred to as "NTAE."

NTAE services are based on best practices and tailored to the specifics of NI and PPR approaches. As illustrated in **Figure 1**, the NTAE supports individual NI and PPR projects to optimize GusNIP implementation and to measure and report key outcomes and impacts. Findings from individual projects are aggregated by the NTAE to demonstrate the national impact of GusNIP and are disseminated to USDA NIFA, USDA FNA, Congress, grantees, and other interested parties.

[4] In this report, the term "project" refers to a set of activities and deliverables funded by an NI or PPR award.

Figure 1. NTAE's Role in Supporting NI and PPR Projects and Demonstrating Impact

Core Measures: Nutrition Incentive and Produce Prescription Projects

NI and PPR grantees collaborate with the NTAE to collect data that show the benefits of GusNIP to participants, partnering sites, and communities. These core measures enable the NTAE to determine the extent to which GusNIP NI and PPR projects affect key outcomes, such as food security, FV intake, health, and economic impact. These data also help guide iterative improvements in GusNIP operations, such as reaching more people and maximizing dollars spent on incentives for FVs. Core measures provide the NTAE with evidence to demonstrate the collective impact of GusNIP and to enhance program operations that lead to even greater successes and efficiencies year after year.

Participant-level core measures (**Appendix 2**) were used to assess the impact of NI and PPR projects on FV intake, food security, and other indicators of health. NI projects collected core measures via a cross-sectional survey and PPR projects collected surveys at both pre- and post-project. See **Appendix 2** for a detailed account of methods used to collect and analyze participant-level core measures data. Site-level core measures (**Appendix 3**) were used to provide descriptive information about project implementation, incentive utilization, and project reach. See **Appendix 3** for more information on the methods used to collect and analyze site-level core measures data.[5]

What are sites?

Sites are the locations where GusNIP projects are administered and participants receive and redeem incentives. **GusNIP sites are divided into three types:**

Farm Direct (FD) Sites: *farmers markets, farm stands, community supported agriculture (CSA), and mobile markets.*

Brick-and-Mortar (B&M) Sites: *grocery stores, supermarkets, corner stores, and wholesale distributors.*

Healthcare Clinics (clinics): *Federally Qualified Health Centers (FQHC), primary care offices, hospitals, and Veterans Affairs hospitals/clinics.*

NI and PPR projects include FD and B&M sites where participants receive and redeem incentives. PPR projects also include healthcare clinics where participants receive and/or redeem incentives.

[5] For both NI and PPR projects, enrollment, incentive distribution, and incentive redemption occur at food retail outlets and clinics (i.e., sites). Sites are referred to as "firms" in the GusNIP Request for Applications. All NI sites are SNAP-authorized food retail outlets.

About this Report

This year six report (September 1, 2024, to August 31, 2025) highlights the national impact of GusNIP, the successes of NI and PPR projects, and the accomplishments of the NTAE and Nutrition Incentive Hub. Year six findings are reported across all GusNIP portfolio awards, including those supported by the Gus Schumacher Nutrition Incentive Program COVID Relief and Response (GusCRR) grants program and USDA's American Rescue Plan Act (ARPA) funding.[6]

During year six, NIFA funded 14 new NI proposals totaling $36.3 million and 12 new PPR proposals totaling $5.8 million. In addition, the NTAE received $7 million from NIFA to evaluate GusNIP's impact, and to ensure projects maximize the dollars that reach participants, families, farmers, and food retailers.

Including the 26 new grantees, the NTAE supported 187 total active awards in year six. **Table 1** displays the count of awards by program year, award type (PPR vs. NI), and mechanism. This report presents aggregate results from projects funded by all award mechanisms and refers to all GusNIP projects, regardless of mechanism, as NI or PPR projects.

For example, results for GusCRR PPR and ARPA PPR are not distinguished. For a glossary of acronyms/abbreviations, see **Appendix 4**.

[6] ARPA PPR awards included three types: 1) PPR Meritorious (highly ranked, unfunded applications from FY21), 2) PPR Enhancement (additional funding to existing PPR awards), and 3) PPR Standard (funded applications from FY22).

Table 1. Number of New and Active GusNIP Awards in Year 6 by Award Mechanism*

Award Mechanism	Y6 New Awards	Y6 Total Active Awards
GusNIP NI	14	63
GusNIP PPR	12	59
GusCRR NI	--	10
GusCRR PPR	--	12
ARPA PPR	--	43
Total	**26**	**187**

*Cells marked with a "--" symbol indicate that there weren't any new Y6 awards of the corresponding award mechanism.

GusNIP Investments and Impact

This report builds on reports from the previous five years and demonstrates the longstanding and far-reaching achievements of GusNIP. In particular, the GusNIP Year 6 Impact Findings Report addresses geographic reach to participants and communities, dollar amount of incentives redeemed for FVs, and economic impact of GusNIP.

Description of 2024-2025 Grantees

In year six, USDA NIFA invested in new GusNIP NI and PPR projects in 17 states, Washington, D.C., and two United States (U.S.) territories. NI awards ranged from $60,880 to $8.7 million and spanned seven months to four years. PPR awards averaged approximately $480,000 each and ranged from two to three years. Eligible entities for GusNIP NI and PPR projects are limited to governmental agencies and nonprofits classified as community-based organizations, healthcare organizations, and universities or other higher education organizations.[7] Sixty-two percent of the newly awarded grantees represented community-based organizations (**Appendix 5**). The remaining 38% of grantees were healthcare organizations, state and local government agencies, and universities.

Project models used to distribute incentives or produce prescriptions to participants varied across grantees. PPR projects often used vouchers, debit cards, or produce boxes to distribute produce prescriptions ranging from $11 to $69 per week, depending on household size, project goals, and budget. NI projects used a variety of mechanisms to distribute incentives, including point-of-sale discounts, paper and digital coupons, loyalty accounts, and produce boxes. Incentives provided by NI projects specified dollar amount caps by day, month, or year, such as $10 per day, $60 per month, or $500 per year. Most projects used a 1:1 match (e.g., spend $10 and get $10 for FVs). Details about funding amounts, geographic reach, GusNIP site types, NI/PPR project models, and links to the descriptions of projects awarded in year six are available in **Appendix 5**.

[7] Beginning in 2024, higher education organizations applying for a GusNIP award were required to document their designation as an entity within the governmental agency structure (e.g., Department of Agriculture, Department of Education, Department of Public Health).

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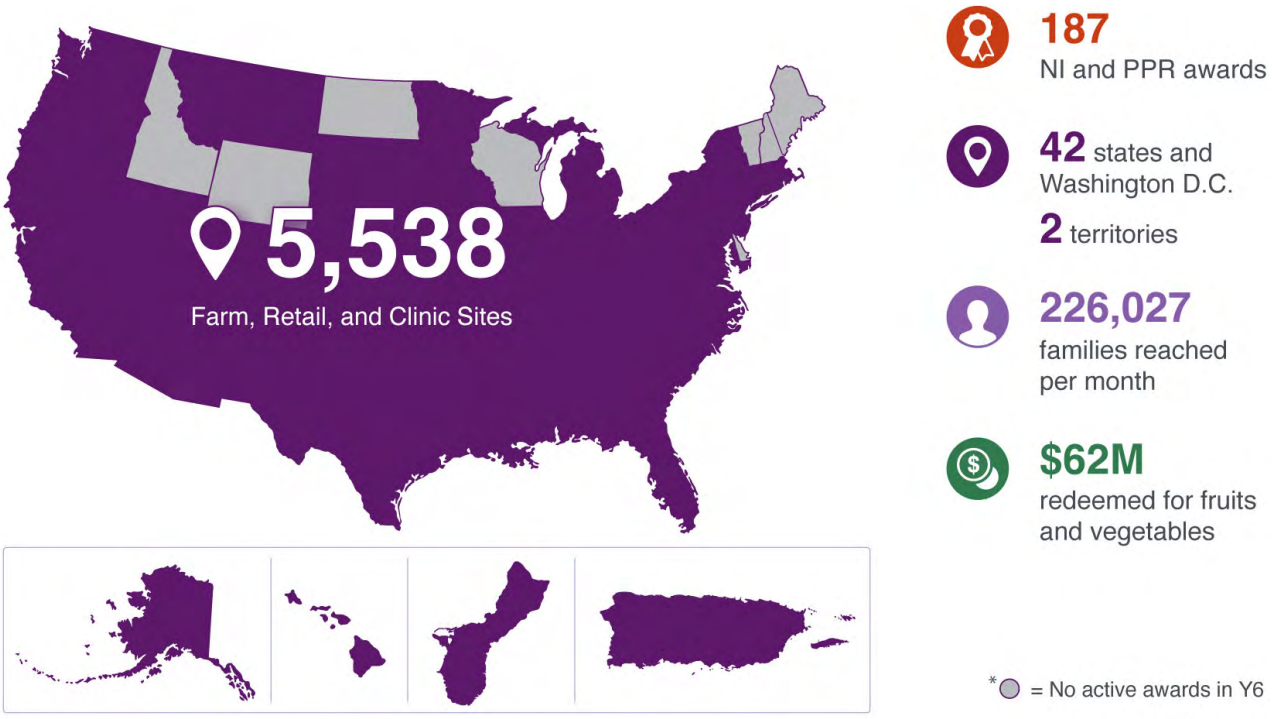
GusNIP Reach: Growth Over Time

This report describes two main aspects of GusNIP reach:

1. The number of participants served by NI/PPR projects at any given time (for more details, refer to the NI and PPR sections below).
2. The number of GusNIP sites in operation, or "active," during the reporting period.

Across the country, the number of GusNIP projects, states with GusNIP projects, and active NI and PPR sites has grown considerably since the launch of GusNIP in 2019. In year six, 187 active GusNIP-funded NI and PPR projects in 42 states, Washington, D.C., Guam, and Puerto Rico reached more than 226,000 American families each month. Active GusNIP sites expanded to include **5,538 locations where participants received and redeemed incentives for FVs** (Figure 2). This is more than 200 new NI and PPR sites compared to year five and over **seven times the number of locations available in year one**. The expanded reach of GusNIP projects has significantly increased the number of locations where participants can purchase FVs for their families while also creating more economic opportunities in local communities.

Figure 2. States and Territories Where GusNIP Grantees Were Located in Year 6 (2024-2025)



To explore the number and location of active GusNIP sites, visit the NTAE-developed **GusNIP Site Map** available on the Nutrition Incentive Hub Website. Updated twice per year, this interactive map depicts the spatial distribution of NI and PPR projects and their demographic context. Grantees, government officials, and policymakers can use the map to identify gaps in coverage, strategically expand programs where they are needed most, and make data-driven decisions that enhance food access and promote healthier communities.

GusNIP Incentives Redeemed

When families participating in GusNIP redeem incentives, more people have nutritious FVs to eat, and communities benefit from local spending. In year six, federal funding spent on all project costs totaled $50.6M across the GusNIP portfolio of awards. This federal investment plus match funding[8] resulted in $62.2M in incentives redeemed, which is 123% of federal input. Since year one, there has been remarkable growth in the dollar amount of incentives redeemed. Compared to year one, year six grantees redeemed more than 15 times the overall dollar value of incentives ($62,201,578 in year six vs. $4,061,755 in year one; **Figure 3**). As a result, families living below the federal poverty line brought home more FVs, which led to better diets, greater levels of household food security, and improved health. Redeemed incentives supported farmers, independent grocers, and other food retailers with FV sales that may not otherwise have occurred, boosting local economies while promoting community health.[9]

> **"...the vouchers have provided meaningful economic relief, allowing families to stretch their food budgets while maintaining consistent access to fresh fruits and vegetables. This combined health and financial impact has strengthened participant commitment and reinforces the value of continuing and expanding the program."**
>
> *—Western Region PPR Grantee*

[8] Incentives redeemed include both federal grant dollars and match funding. Dollar-for-dollar match funding is required for all GusNIP-funded NI projects. Grantees may meet their match requirement through cash and/or in-kind contributions, including third-party in-kind contributions fairly evaluated, including facilities, equipment, or services.

[9] *The Gus Schumacher Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (GusNIP NTAE) Progress Report to Congress*. Govinfo. Accessed March 27, 2026. https://www.govinfo.gov/app/collection/cmr/National%20Institute%20of%20Food%20and%20Agriculture

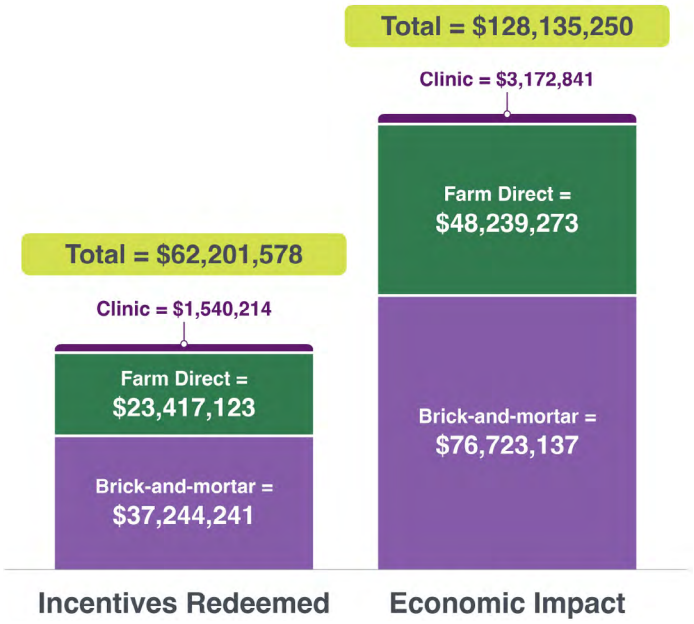
Figure 3. GusNIP Incentives Redeemed in Year 6 (2024-2025): Growth Over Time

Economic Impact of NI and PPR Projects

Compared to all previous years of GusNIP, NI and PPR projects in year six generated the largest total local economic impact. **Families who participated in the program purchased more than $62 million worth of FVs, which generated an estimated $128 million impact on local economies.** Over the first six years of GusNIP, the program has delivered more than **$482M in economic benefits for communities nationwide**, demonstrating a substantial return on the federal investment and money staying within local communities. **Figure 4** depicts total NI and PPR incentives redeemed at brick-and-mortar, farm direct, and clinic sites, as well as the corresponding economic impact during year six.

To maintain consistency, this report uses the same methodologies as previous reports (see **Appendix 3**) to summarize the total economic impact of NI and PPR projects. Practitioners who want to more precisely estimate and communicate the economic impact of NI projects should explore the NTAE-developed **GusNIP NTAE Nutrition Incentive Economic Impact Calculator**. This customized calculator accounts for economic factors attributed to NI projects, considers state-specific factors, and generates a geographically precise economic impact.

Figure 4. GusNIP's* Local Economic Impact in Year 6 by Site Type (2024-2025)



Analysis includes both NI and PPR projects. Dollar amounts are rounded to the nearest dollar.

> **"[The NI project] makes up a big majority of our income, sometimes up to 50% for us. It also allows us to feed people who need it."**
>
> *— Southern Region Farmer*

GusNIP Nutrition Incentive (NI) Projects

Data gathered by the Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (NTAE) demonstrate that NIs improved fruit and vegetable (FV) intake, household food security, and perceived health.

NI projects offer matched incentives to individuals using Supplemental Nutrition Assistance Program (SNAP) or Nutrition Assistance Program (NAP) benefits. Incentives provide discounts or coupons to participants when they purchase FVs at participating food retail outlets. For instance, in a 1:1 SNAP for FVs model, an NI participant who spends $10 in SNAP benefits would receive an additional $10 worth of FVs, effectively doubling their purchasing power and enhancing their family's access to nutritious foods.

All NI grants awarded between 2019-2024 and active during GusNIP Year 6 (September 1, 2024, to August 31, 2025) collected and shared core measures data with the NTAE.[10]

Core measures provide information related to sites where NI projects operated as well as the impact of those projects on participant and community outcomes. With this information, the NTAE tracked geographical reach for various regions and communities; estimated the number of individuals served; quantified the dollar amount of incentives distributed and redeemed; and explored how sites implemented NI projects.

> **"The biggest community impact we have seen is through the healing power of food. One member's spouse had a pre-diabetes diagnosis at the start of our first season, prompting her to join our CSA and do more vegetable-based cooking, which resulted in a clean bill of health at the next check-up... Our food is healing people both through its material, nutritional value and its symbolic value as a social bridge."**
>
> *— Northeastern Region NI Farmer*

GusNIP at NI Sites: Operation and Geographical Reach

Grantees submitted site-level data for 73 NI awards using the Nutrition Incentive Hub secure web portal. Site-level data (e.g., methods used to distribute and redeem incentives) provide context for how NI projects were implemented across the United States (U.S.). Researchers and practitioners use site-specific results (e.g., dollar amount of incentives redeemed each month) to assess variations in project geographical reach, project components, and effectiveness across different geographic, economic, and demographic settings.

These insights help identify best practices, challenges, and other factors that influence program success. Additionally, site-level data enable NI projects to tailor interventions to meet the unique needs of community members and ensure ongoing impact. Evaluating site-level findings strengthens the impact of NI initiatives by supporting data-driven decision-making and continuous improvement in project efficiency and outcomes. See **Appendix 3** for descriptions of the methods and measures for site-level reporting and **Appendix 6** for all NI site-level results tables.

[10] GusNIP Pilot Projects were not required to report core measures data.

Where Did NI Projects Operate?

In year six, NI projects further expanded access to FVs. GusNIP NI incentives were distributed and redeemed across 3,908 sites, including 2,314 farm direct (FD) and 1,594 brick-and-mortar (B&M) sites (**Figure 5**). Since GusNIP's inception, the NTAE has worked diligently with grocers and point-of-sale technology providers to develop streamlined solutions for GusNIP NI projects. As a result of this technical assistance, the number of NI B&M sites tripled between year two and year six (505 in year two vs. 1,594 in year six). The NTAE provided similarly robust support to streamline GusNIP program implementation at FD sites. The effort of the NTAE generated consistent growth that resulted in double the number of NI FD sites over the same period (1,146 in year two vs. 2,314 in year six).

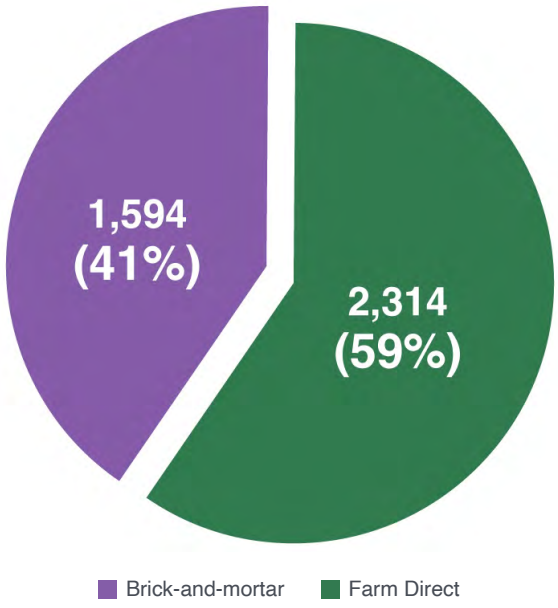
The location of NI sites in year six included urban (79.9%), rural (18.9%), and tribal (1.2%) geographies (**Table 2**). The expansion of GusNIP sites directly addresses ongoing challenges that families living below the federal poverty line face when attempting to access food outlets with healthy options like FVs.[11, 12]

Table 2. Geographies Where NI Sites Were Located (2024-2025; n = 3,908)

Location	N (%)
Rural	739 (18.9%)
Rural and Tribal	18 (0.5%)
Urban	3,122 (79.9%)
Urban and Tribal	29 (0.7%)
Total	**3,908**

The increased number of NI sites means that eligible individuals and their families can more easily purchase FVs at nearby grocery stores, farmers markets, or other participating food retail outlets. A total of 3,908 NI sites were active in year six with an average of 53.5 sites per NI project. The average number of sites per project in year six is comparable to the average number of sites per project in year five (n = 51.7). Due to the seasonality of farming and timing of peak harvesting months, FD sites were more prevalent in the fall, spring, and summer than in the winter months. In contrast, the number of B&M sites stayed relatively constant throughout the year (**Figure 6**). Year six GusNIP FD versus B&M site trends are consistent with previous years and reflect seasonal variation in incentive distribution and redemption at FD sites due to changes related to growing and harvesting seasons.

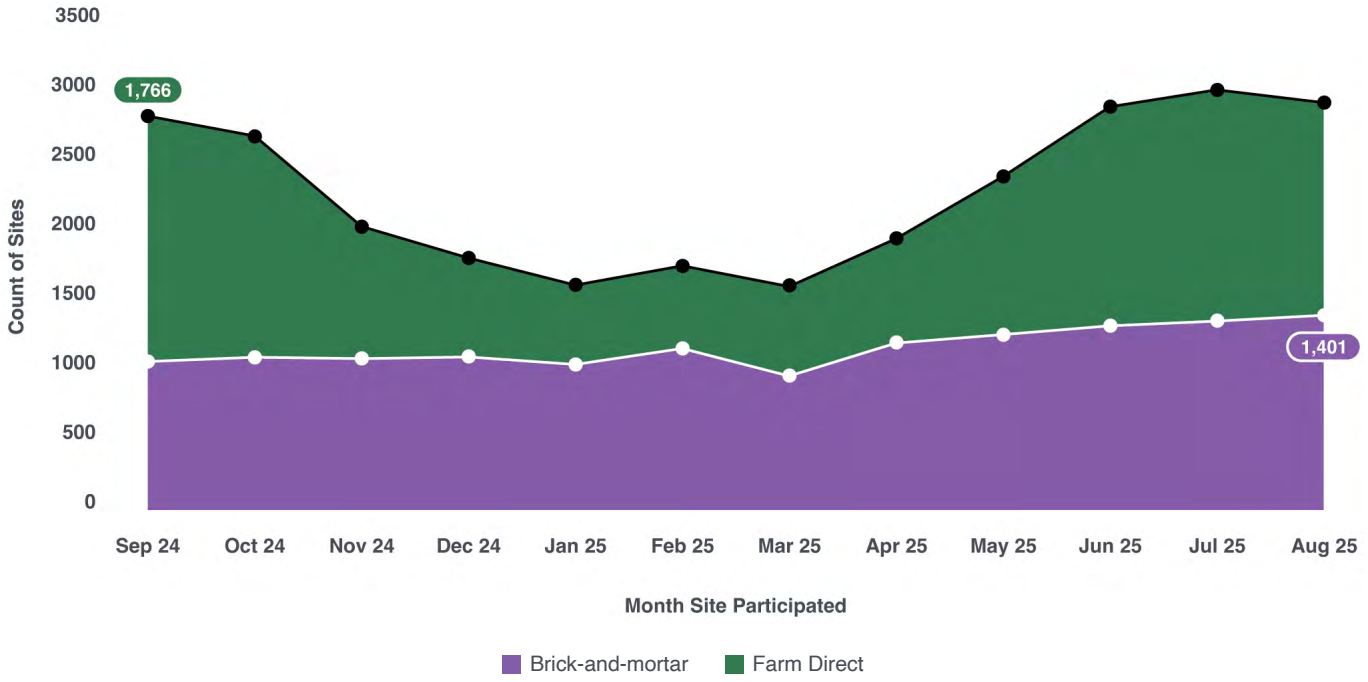
Figure 5. NI Site Types (2024-2025; n = 3,908)



[11] Ohri-Vachaspati P, DeWeese RS, Acciai F, et al. *Healthy food access in low-income high-minority communities: a longitudinal assessment—2009–2017.* Int J Environ Res Public Health. 2019 Jul;16(13):2354. https://doi.org/10.3390/ijerph16132354

[12] Madlala SS, Hill J, Kunneke E, Lopes T, Faber M. *Adult food choices in association with the local retail food environment and food access in resource-poor communities: a scoping review.* BMC Public Health. 2023 Jun 6;23(1):1083. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-15996-y

Figure 6. Total Number of Sites Participating in NI Projects by Month of Operation (2024-2025; n = 3,703)*



*3,703 out of 3,908 total sites reported monthly incentive distribution and/or redemption data to the NTAE. The number of participating sites represents a monthly total (e.g., September 2024 is 2,834), not a cumulative count of sites across the reporting year.

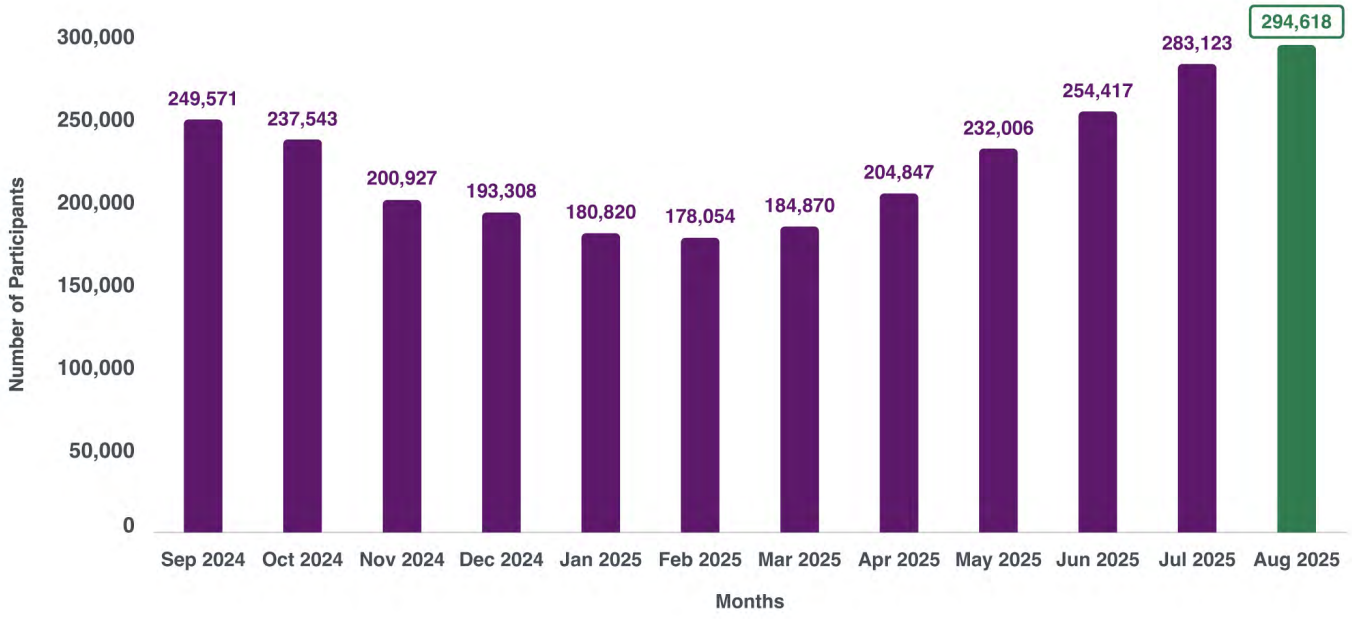
How Many People Did NI Projects Reach?

This report defines reach as the number of participants served by NI projects at any given time. NI sites were asked to indicate the number of unique participants served monthly. Tracking the unique number of participants reached by NI projects is crucial for a few reasons. First, it measures program utilization, helping partners understand the scale and effectiveness of their efforts to increase FV access. Additionally, tracking participation trends over time can inform program improvements, such as identifying barriers to access or engagement. From a funding and policy perspective, demonstrating NI project reach with concrete numbers strengthens the case for continued investment and expansion by showing the direct impact on FV intake and food security. Lastly, having reliable participant reach data allows decision makers and interested parties to discern the actual impact of NI projects on American families.

Although reach is an important measure of NI project effectiveness, collecting precise reach data was not always possible. Some sites were unable to track unique participants reached due to point-of-sale system limitations, confidentiality requirements when tracking SNAP transactions, or technology limitations of cash registers. Understanding unique reach is further complicated since FVs acquired with incentives not only reach individuals, but their households as well. To address the challenge of tracking unique participants, the NTAE developed a method to estimate reach based on reports from those NI sites that reported unique participants reached as well as the dollar amount of incentives redeemed. Proxy estimates of NI participants reached each month during year six were derived using NI site data from year one through year five.

The NTAE estimated that an average of 224,509 NI participants were reached monthly during year six. The highest number of participants were reached during August 2025 (n = 294,618; **Figure 7**). The number of participants reached monthly was higher in year six than in year five (n = 183,905 in year five). This is encouraging given that the number of active NI projects in year six (n = 73) was lower than in year five (n = 77) and indicates gains in efficiency as more people were reached through fewer NI projects. See **Table A1** in **Appendix 6** for the estimated number of NI participants reached each month by award mechanism.

Figure 7. Total Estimated Number of Participants Across NI Projects in Year 6 by Month (2024-2025)



How Did NI Participants Redeem Incentives?

NI participants received incentives after purchasing project-eligible food with their SNAP benefits. Incentives were then redeemed for eligible FVs at participating sites (see **Appendix 7** for definitions and examples of products designated eligible for receiving and redeeming incentives). GusNIP projects utilize a variety of models to refine which items are available for earning and redeeming incentives. Adjusting items that earn and redeem incentives helps projects manage their budgets and encourages behavior change in participants. Among B&M sites (n = 1,537), the models included earning incentives from the purchase of fresh FVs (58.7%), all FVs (i.e., fresh, canned, frozen, dried, plants, and/or seeds; 20.9%), any SNAP-eligible product (14.3%), and state or regionally grown FVs (6.1%; **Table A2**).

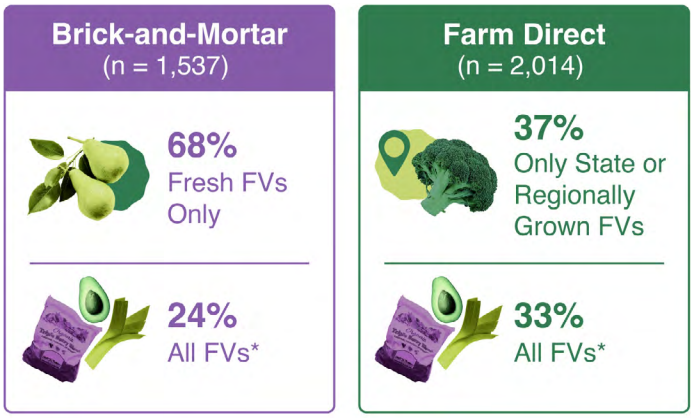
"One of our regular SNAP shoppers, a senior living on a fixed income, shared that [the NI project] has made it possible for her to buy fresh fruits and vegetables again after years of relying mostly on canned goods. She said the extra dollars she earns through [the NI project] allow her to get produce like lettuce, tomatoes, and berries each week without worrying about her budget. She mentioned that she now feels healthier and more energetic and even enjoys preparing meals again. Stories like hers reflect how [the NI project] is helping families and individuals stretch their benefits, eat healthier, and feel more connected to their local food system."

— Southern Region Grocery Store Operator

Among FD sites (n = 2,014), most participants earned incentives from the purchase of any SNAP-eligible product (74.7%). A smaller share earned incentives from purchasing fresh FVs (10.7%), all FVs (i.e., fresh, canned, frozen, dried, plants, and/or seeds; 7.6%), and state or regionally grown FVs (7.0%; **Table A2**). The most common model at FD sites—earning incentives from any SNAP-eligible purchase—also helps streamline the shopping experience for NI participants.

GusNIP NI projects offer participants the opportunity to redeem incentives for dried, fresh, frozen, and/or canned FVs without added sugars, fats, oils, or salt. Grantees can further limit redemption eligibility, such as incentive redemption limited to local or regional FVs (**Appendix 7**). Among B&M sites (n = 1,537), the most common items eligible for incentive redemption were fresh FVs (68.4%), followed by all FVs (i.e., fresh, canned, frozen, dried, plants, and/or seeds; 24.3%; **Figure 8**; **Table A3**). Among FD sites (n = 2,014), the most common items eligible for incentive redemption were state or regionally grown FVs (37.1%), followed by all FVs (i.e., fresh, canned, frozen, dried, plants, and/or seeds; 32.6%) and fresh FVs (30.3%; **Figure 8**; **Table A3**).

Figure 8. Foods Most Commonly Eligible for Incentive Redemption among NI Projects by Site Type (2024-2025; n = 3,551)*



*3,551 sites reported the methods used and the type of foods eligible for incentive redemption. This is fewer sites than reported elsewhere in the report because some sites did not provide data on incentive methods or eligible foods.

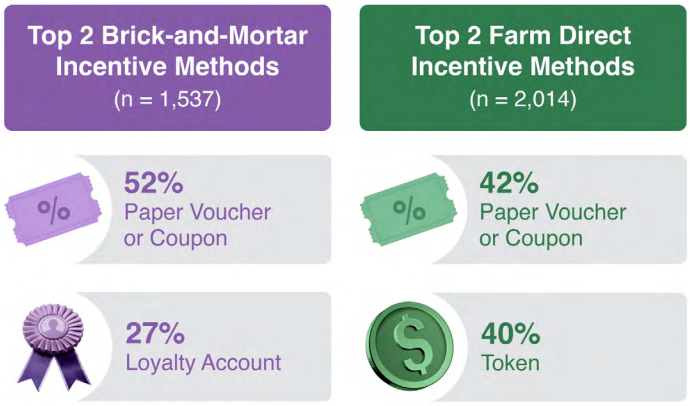
The methods used to distribute and redeem incentives varied among GusNIP projects. See **Appendix 7** for definitions and examples of incentive distribution and redemption methods. Across NI projects (n = 3,551 sites), paper vouchers or coupons remained the most common method for incentive distribution and redemption (46.5%), followed by token (22.8%), automatic discount at register (15.7%), and store loyalty account (12.9%; **Table A4**). Some NI projects reported other methods for incentive distribution and redemption, such as a CSA share or produce box (1.6%) or participants' existing SNAP EBT card (2.0%; **Table A4**).

FD sites used tokens as a way for participants to redeem incentives more often than B&M sites (39.9% vs. 0.4%).[13] Conversely, loyalty accounts were used more often at B&M compared to FD sites (27.0% vs. 2.1%). Differences in the financial instrument used to distribute and redeem incentives by site type are reported in **Table A4** and summarized in **Figure 9**. The high prevalence of paper vouchers or coupons, tokens, and loyalty accounts for incentive distribution likely reflects the relative ease of using these distribution methods among sites and the acceptability of these distribution methods among NI participants.

[13] Tokens were most often used at FD sites because FD sites tend to use central EBT terminals where tokens are dispersed.

Understanding project characteristics, such as methods for incentive distribution and redemption, is critical for maximizing GusNIP effectiveness. This information not only helps guide implementation strategies for ongoing and future NI projects but also drives research on which strategies work best under what conditions. For instance, NTAE researchers analyzed data from previous grant years and found that B&M sites that utilized automatic discounts at the register had 3.5 times more incentives redeemed compared to physical incentives, such as coupons and loyalty cards.[14] However, it is important to note that shoppers who benefit from these automatic discounts may not be fully aware of the program itself. As a result, some consumers might not consciously recognize the changes in their purchasing behaviors. These types of research findings provide a more precise understanding of which project characteristics and models are most effective and thereafter inform project implementation.

Figure 9. Most Common Incentive Distribution/ Redemption Methods Used in NI Projects by Site Type (2024-2025; n = 3,551)*



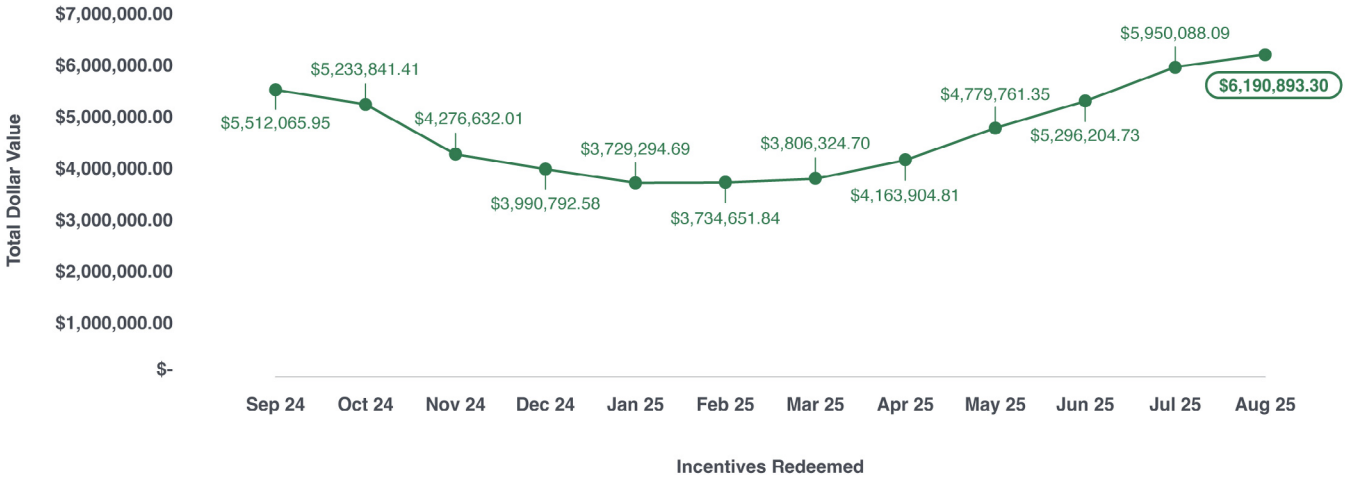
*3,551 sites reported the methods used and the type of foods eligible for incentive redemption. This is fewer sites than reported elsewhere in the report because some sites did not provide data on incentive methods or eligible foods.

How Many NI Incentive Dollars Were Redeemed?

In year six, NI participants redeemed $56,664,455 of incentives across NI sites in 35 states and two U.S. territories (**Table A5**). An average of $15,537 in incentives were redeemed per site (**Table A5**). Incentives redemption was lowest in January 2025 ($3,729,295) and highest in August 2025 ($6,190,893; **Figure 10**). The summertime peak for incentive redemption is expected given that NI projects include 59.2% FD sites, which operate seasonally to align with growing and harvesting seasons.

[14] Parks CA, Mitchell E, Shanks CB, et al. *Which Program Implementation Factors Lead to more Fruit and Vegetable Purchases? An Exploratory Analysis of Nutrition Incentive Programs across the United States.* Curr Dev Nutr. 2023;7(12):102040. https://cdn.nutrition.org/article/S2475-2991(23)26624-X/fulltext

Figure 10. Incentive Redemption in Dollars for NI Projects (2024-2025; n = 3,708)*



*3,708 out of 3,908 total sites reported monthly incentive redemption data to the NTAE. The number of participating sites represents a monthly total, not a cumulative count of sites across the reporting year.

What Other Services Did NI Sites Offer?

Beyond FV incentives, many NI sites offered nutrition education, support services, marketing activities, and other complementary services (see **Appendix 7** for definitions and examples). NTAE researchers have found that providing complementary services in combination with incentives positively influenced incentive redemption. It is important to further examine complementary services to help researchers, practitioners, and policymakers support project models that lead to improved outcomes for participants, projects, and communities.

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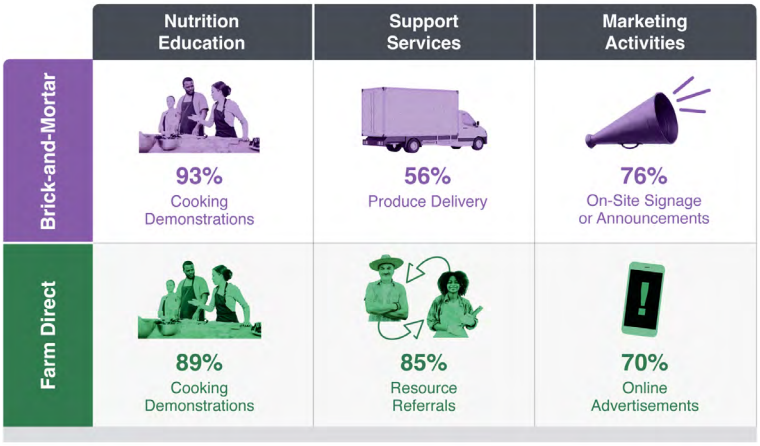
Tables A6, A7, and A8 summarize the nutrition activities, support services, and marketing activities offered at NI sites. **Figure 11** summarizes the nutrition education, support services, and marketing activities most offered at FD and B&M sites.[15] ***Overall, in year six:***

- **Forty-two percent** of NI sites (n = 1,625) offered nutrition education to augment incentive programs and increase nutrition knowledge to support behavior change among NI participants (**Table A6**). The most common nutrition education activities included cooking demonstrations (90.2%), nutrition education by partner agencies (e.g., EFNEP or WIC; 29.2%), and food navigation or tours (19.3%; **Table A6**). The most common type of nutrition education provided at both FD and B&M sites was cooking demonstrations (**Figure 11**).
- **Thirty-five percent** of NI sites (n = 1,387) offered support services to address common barriers to access (**Table A7**). Resource referrals (69.6%) were the most common support service, followed by produce delivery (27.1%) and shopping assistance (23.0%; **Table A7**). FD and B&M sites differed in the most common type of support service offered. B&M sites most often offered produce delivery (56.8%) and resource referrals (48.2%). FD sites most often offered resource referrals (84.8%; **Figure 11**).
- **Eighty-four percent** of NI sites (n = 3,288) used marketing activities to increase awareness of and participation in the project (**Table A8**). The most common marketing activities were on-site signage or announcements (69.1%), online advertisements (54.6%), direct promotions distributed by direct mail, email, or phone (52.1%), and multi-lingual promotions (29.2%; **Table A8**). The most common marketing activity at B&M sites was using on-site signage or announcements, while at FD sites the most common marketing activity was using online advertisements (**Figure 11**).

Figure 11. Most Common Nutrition Education, Support Services, and Marketing Activities Among NI Sites that Provided These Offerings (2024-2025)*



*Percentages displayed are out of sites that offered any nutrition education, support services, or marketing activities. Since some NI sites offer multiple services, percentages do not add up to 100%.

GusNIP NI Participants: Impacts on Nutrition and Health

NI grantees with active projects[16] collected participant-level data in year six. NI participant results in this report include data collected during year six only. Reporting on participant-level outcomes for NI projects is essential for understanding the impact of incentive initiatives on individuals and households. By tracking changes in FV intake, food security status, and health outcomes by project exposure, researchers and project implementers can determine whether NI projects are having the intended impact on participants. These data help identify trends across different populations, ensuring that projects reach the populations they intend to serve. Participant-level data are a key component in determining the effectiveness of these projects and refining strategies to maximize reach and impact.

[15] Percentages displayed are out of sites that offered any nutrition education, support services, or marketing activities respectively. Percentages do not add up to 100% as some NI sites offer multiple services.

[16] All NI grantees with active projects, except GusNIP Pilot Projects, are expected to collect participant-level surveys each year.

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"Really just wanted to express my sincere GRATITUDE & APPRECIATION for this specialized program. I know everything costs money, and as we all know groceries definitely are no exception. I'm a fan of fruits and veggies, and so to those behind the scenes making this available. THANK YOU AND KUDOS!"

— Southern Region NI Participant

What Were the Characteristics of NI Participants?

NI grantees collected surveys from 4,605 participants.[17] The sample size collected across the 73 active NI projects ranged from as few as seven to as many as 537 participants, with an average of 63 surveys collected per active NI project.[18] Resulting participant-level data represented all four regions of the U.S. as defined by the U.S. Department of Agriculture (USDA), National Institute of Food and Agriculture (NIFA; **Appendix 8**), with the greatest number of surveys collected in the Western region (29.8%; **Table 3**).[19]

Table 3. Number of NI Surveys Collected Across U.S. Regions (Defined by USDA NIFA)

Region	N (%)
Western	1,370 (29.8%)
Southern	1,181 (25.7%)
Northeast	1,154 (25.1%)
North Central	900 (19.5%)
Total	**4,605**

Participant-level data reflected in **Table A9** display the sociodemographic characteristics of NI participants surveyed during year six. Most NI participants identified as female (78.1%), White (44.1%) or Black or African American (26.0%), and non-Hispanic/Latino (78.6%), with an average age of 47 years. Compared to the overall U.S. population (50.5% female), the NI sample included a greater proportion of females (78.1%).[20]

Additionally, the NI sample included a greater proportion of individuals of color (48.3%) than the U.S. population.[21] NI sample characteristics were similar to the overall SNAP population, which is GusNIP's intended population. National data on the characteristics of shoppers using SNAP in 2020 revealed that the overall SNAP population was 37.9% White, 25.5% Black or African American, 15.1% Hispanic/Latino, and between 36 and 59 years old (22.9%).[22]

How Did We Analyze the Impact of NI Participation?

When analyzing the impact of NI project participation, it is important to ensure all projects and participants have equivalent representation. Since the sample size varied greatly among NI projects, weighting was applied when analyzing key participant-level outcomes, including FV intake, food security, perceived health, and program satisfaction. Specifically, outcome data were down weighted for projects that collected more than the expected number of participant surveys.[23] Without weighting, one or a few projects with very large sample sizes could have biased the results.

[17] NI surveys are collected annually by grantees using a repeated cross-sectional design. This means the same individuals are not followed over time, rather a convenience sample is collected annually.

[18] The wide range in number of surveys collected reflects varying evaluation capacity among funded organizations and the timing of reporting deadlines in relation to when a project began administering surveys.

[19] Distribution of surveys across geographic regions is influenced by the number of active NI projects in each region and by projects providing different sample sizes based on their award type and capacity.

[20] American Community Survey 2023 vintage five-year estimates.

[21] 36.6% of the U.S. population is non-white according to the American Community Survey 2023 vintage five-year estimates.

[22] Cronquist K, Eiffes B. *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2020*. U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support; 2022.

[23] Down weighting results means that the NTAE applied a value to outcomes that is the expected number of surveys for a grantee divided by the actual number of surveys received. Note that for weighted outcomes cell counts may not be whole numbers, and these have been rounded to whole numbers for ease of interpretation.

How Did NI Projects Impact Household Food Security?

Household food security, which NI projects intend to support, improved after participating in an NI project. Household food security was assessed using the U.S. Household Food Security Survey Module: Six-Item Short Form.[24,25] Of the 1,090 NI survey participants used in the weighted analysis of household food security, 428 (39.3%) participants were found to be food secure and 662 (60.7%) were food insecure (**Table A10**). Household food security among the NI sample was very low compared to the 86.3% of all U.S. households that reported household food security in 2024[26] and compared to the 61.3% of U.S. households living at or below 100% of the federal poverty line that reported household food security.[27] Household food security among the NI sample was also very low compared to the overall SNAP population, reported by one study to be 78.6% in 2021.[28] Comparison of the NI participant sample household food security to national estimates of household food security indicates that NI projects reached households in need of food assistance.

When food security levels were examined by dose[29] (**Figure 12**), **individuals with longer participation in the NI project (six months or more) were more likely to report household food security (44.0%) when compared to those with less than six months of participation (37.7%) and first-time participants (31.0%).**

> **"[The NI project's] support reminds me that there are still people and communities who genuinely care. Having access to fresh, local food for my family means more than I can put into words. It's not just nourishment; it's peace of mind, and that's something priceless...What you all are doing goes beyond farming; it's planting seeds of hope and compassion in moments when people need it most."**
>
> *— Northeastern Region NI Participant*

[24] *Food Security in the U.S. - Survey Tools* | Economic Research Service. Accessed February 09, 2026. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools#six

[25] Household food security includes participants reporting high household food security or marginal food security. Household food insecurity includes participants reporting low household food security or very low household food security.

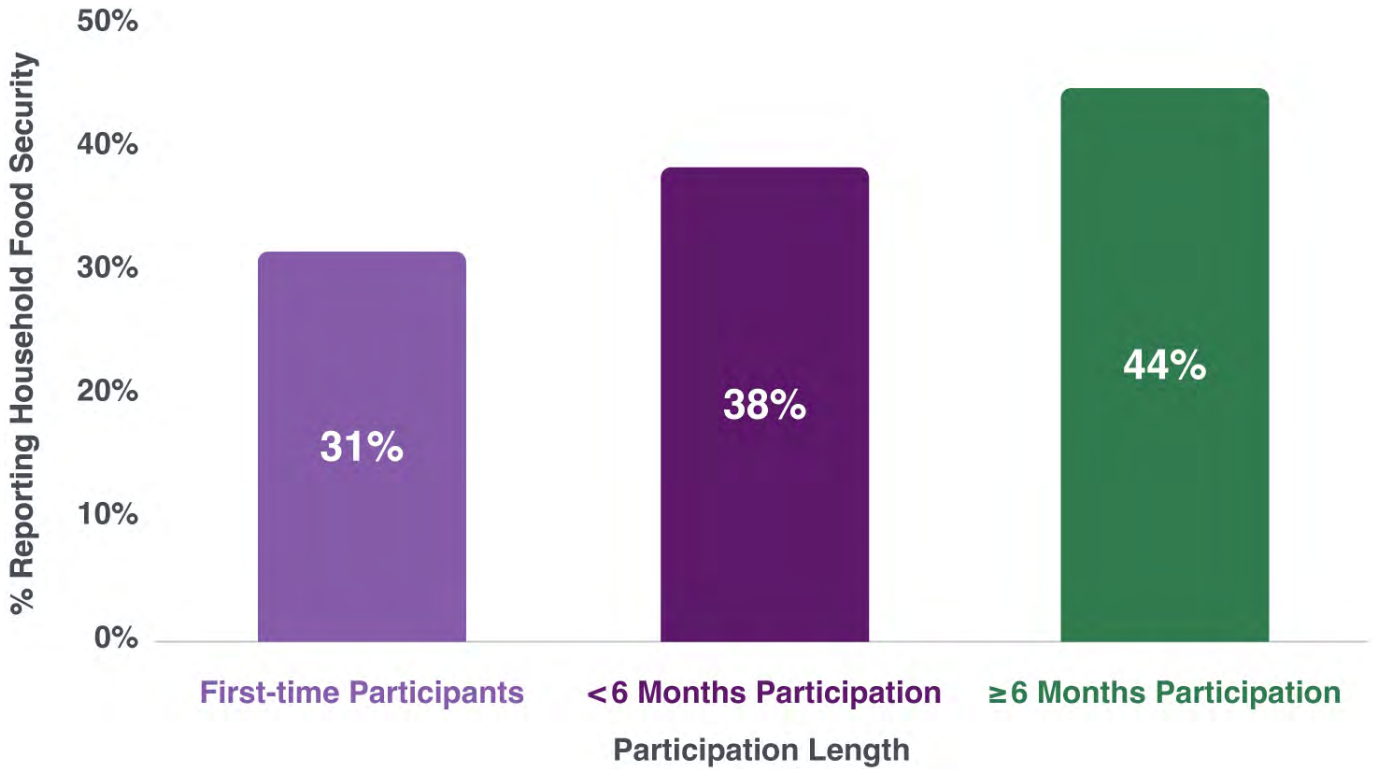
[26] Rabbitt MP, Reed-Jones M, Hales LJ, Suttles S, Burke, MP. *Household food security in the United States in 2024, ERR-358*, U.S. Department of Agriculture, Economic Research Service; 2025. https://www.ers.usda.gov/publications/pub-details?pubid=113622

[27] United States Department of Agriculture, Economic Research Service. *Key Statistics & Graphics*. Accessed February 19, 2025. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#householdtype

[28] Brady PJ, Harnack L, Widome R, Berry KM, Valluri S. *Food security among SNAP participants 2019 to 2021: a cross-sectional analysis of current population survey food security supplement data.* J Nutr Sci. 2023;12:e45. Published 2023 Apr 11. https://doi.org/10.1017/jns.2023.32

[29] Length of participation in NI is used as a proxy to measure dose and assesses whether participants are using an NI program for the first time, and if not, how long they have used the program.

Figure 12. Percentage of NI Participants Who Reported Household Food Security Increased With Longer Participation in NI Projects (2024-2025; n = 987)*



*Percentages reported are compared against food insecure households within the same participation length category.

In the year six NI sample, there were several sociodemographic groups that reported lower household food security than the average NI program rate of food security (39.3%; **Table A10**). Individuals aged 45 to 64 and individuals aged 18-24 reported lower household food security (33.9% and 35.2% respectively) when compared to other age groups. In addition, NI participants who identified as Hispanic/Latino reported lower household food security (36.7%) compared to participants who identified as non-Hispanic/Latino and those who preferred not to answer when asked about their ethnicity (**Table A10**).

Table A10 details the distribution of household food security rates across all sociodemographic characteristics. National food insecurity data also showed differences in ethnic and racial categories. Hispanic/Latino and Black or African American households were less likely to be food secure than White, non-Hispanic/Latino households across the U.S.[27] In general, sociodemographic characteristics of the NI participant sample resemble national sociodemographic characteristics among people experiencing household food insecurity.

How Did NI Projects Impact Fruit and Vegetable Intake?

Another goal of NI projects is to increase participant FV intake through increased FV purchases. Achieving adequate FV intake can be challenging for households living below the federal poverty line, especially due to the increasing cost of purchasing FVs.[30] FV intake for all NI survey respondents was calculated using the 10-item Dietary Screener Questionnaire (DSQ; described in **Appendix 3**).

On average, NI participants reported a greater intake of vegetables (1.60 cups/day) versus fruit (1.04 cups/day) for a total of 2.63 FV cups/day (**Table A11**).[31] As in year five,[32] these values were greater than the average reported intake levels for FVs among U.S. adults (vegetables = 1.55 cups/day; fruit = 0.88 cups/day).[33] The year six NI participant FV intake values were also greater than the average reported intake levels for FVs among the U.S. population with low income. For context, the 2025-2030 U.S. Dietary Guidelines for Americans (DGA) recommends that adults eat 3 cups of vegetables and 2 cups of fruits each day for a 2,000 calorie/day diet, totaling 5 cups of FVs per day.[34] When compared to both the national population and individuals with low income, NI participants have higher levels of FV intake. However, all groups fall below the recommended daily intake.

"I have trouble having enough for other things but not produce. I can afford to eat healthy foods–produce–mostly because of the [NI] program. Without it, it would be hard to get adequate nutrition."

— North Central Region NI participant

Male participants reported a greater FV intake (2.94 FV cups/day) than female participants (2.55 FV cups/day). Participants aged 18 to 24 reported the lowest FV intake among all groups (2.54 FV cups/day). Western region participants reported the greatest intake of FVs (2.71 FV cups/day) compared to other regions (range = 2.55 to 2.65 FV cups/day; **Table A11**). FV intake was similar across site types (FD = 2.64 cups/day; B&M = 2.62 cups/day). Prior research has generally associated FD site participation with elevated FV intake.[35]

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[30] United States Government Accountability Office. *Food Prices: Information on Trends, Factors, and Federal Roles*. Published March 28, 2023. Accessed January 25, 2025. https://www.gao.gov/products/gao-23-105846

[31] Different sample sizes were used to calculate vegetable intake, fruit intake, and total fruit and vegetable intake. Therefore, cups of vegetables plus cups of fruit may not equal the total fruit and vegetable intake either overall or within categories. See Table A11.

[32] Year five vegetable intake = 1.59 cups/day, year five fruit intake = 1.07 cups/day

[33] U.S. Department of Agriculture, Economic Research Service. *Food Consumption, Nutrient Intakes, and Diet Quality*. Updated February 25, 2025. Accessed February 28, 2025. https://www.ers.usda.gov/data-products/food-consumption-nutrient-intakes-and-diet-quality (FVI in cups/day estimates for U.S. adults were calculated using FVI in cups/day for females, age 20+ and males, age 20+ cohorts and applying sample size proportions.)

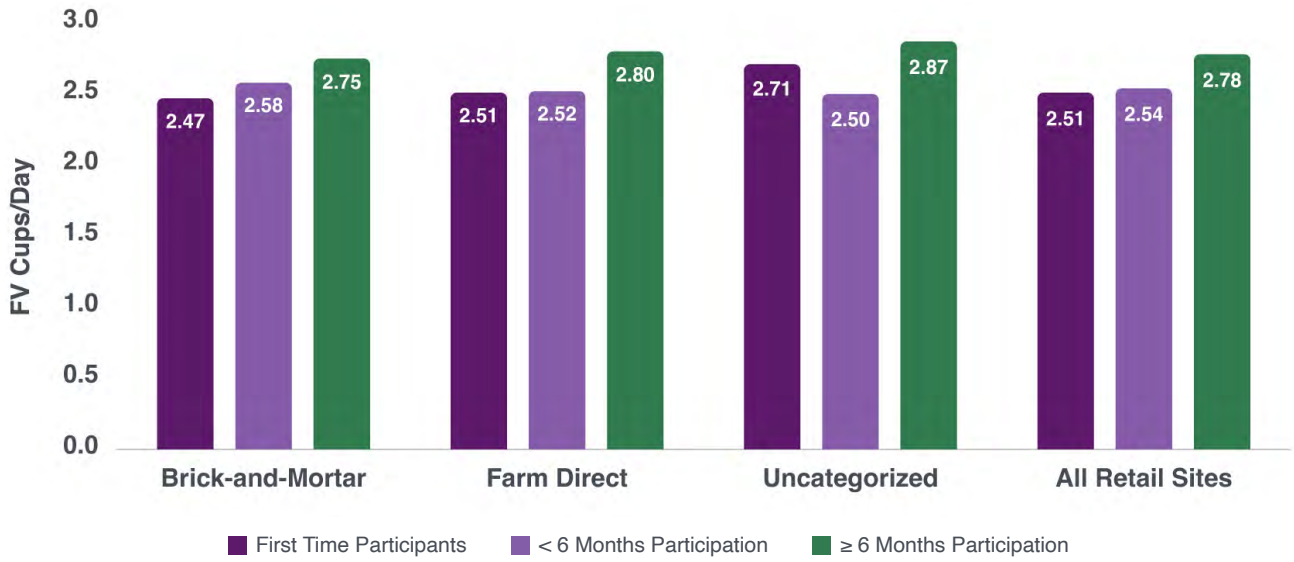
[34] United States Department of Agriculture and United States Department of Health and Human Services. *Dietary Guidelines for Americans: Daily Servings by Calorie Level, 2025-2030*. 10th Edition. Published January 2026. Accessed February 11, 2026. Realfood.gov.

[35] Taylor DE, Lusuegro A, Loong V, et al. *Racial, gender, and age dynamics in Michigan's urban and rural farmers markets: Reducing food insecurity, and the impacts of a pandemic.* Am Behav Sci. 2022;66(7):894-936. https://doi.org/10.1177/00027642211013387

Across all retail sites, NI participants who reported redeeming incentives for six months or more reported higher FV intake (2.78 FV cups/day) than those who reported redeeming incentives for less than six months (2.54 FV cups/day) or redeeming incentives for the first time (2.51 FV cups/day; **Figure 13**). As with years two to five, the GusNIP year six results demonstrate a higher FV intake among those utilizing the program for six months or more when compared to first-time participants (+0.27 FV cups/day at all retail sites).

These FV intake results are particularly meaningful given that prior research demonstrated a dose-response relationship between FV intake and health, where incremental increases in FV intake are health protective.[36] In other words, even moderate increases in FV intake can result in better health. As the GusNIP program continues to grow, it is encouraging to see the continued association between NI participation and increased FV intake. Additionally, the DSQ assesses impact on only an individual's FV intake, but the impact on FV intake could extend to the whole household. **Figure 13** displays differences in FV intake by site type and length of participation.

Figure 13. Average Daily FV Intake Increases by Participation Length at All Retail Sites Across NI Projects (2024-2025; n = 3,583)



[36] Bellavia A, Larsson SC, Bottai M, et al. Fruit and vegetable consumption and all-cause mortality: *A dose-response analysis. Am J Clin Nutr.* 2013;98(2):454-9. https://doi.org/10.3945/ajcn.112.056119

How Did NI Projects Impact Perceived Health?

Previous research has established that FV intake is associated with improved health outcomes.[37,38] In other words, as FV intake increases, instances of death and disease decrease. Therefore, NI participants (n = 1,074) were asked to self-report on their health as either poor, fair, good, very good, or excellent.[39] NI participants were most likely to perceive their health as good (38.0%), followed by fair (30.1%) and very good (16.1%; **Table A12**). Individuals who participated in NI projects for six months or more reported good, very good, or excellent health more often (64.6%) than first-time participants (54.8%; **Figure 14**). These results are consistent with year two through year five results and continue to indicate that **longer-term participation in NI projects is associated with improved perceived health among participants.**

Figure 14. Perceived Health Improves With Longer Participation Across NI Projects (2024-2025; n = 1,074)*

*This figure does not include the following categories: don't know/ prefer not to answer and missing

> **" ...[the NI project] really helps us out, the people that rely on it I know really get a lot of benefit from it. I've talked to other people that get the [NI project] coins, too, and they're always like, this is a godsend basically."**
>
> — *Western Region NI Participant*

How Satisfied Were Participants With NI Projects?

Among NI participants who reported program satisfaction (n = 1,184), 88.8% felt positively or very positively about the NI project (**Figure 15**). This high satisfaction rate among NI participants has remained around 88% for four years after it increased 11 percentage points between year two and year three. Program satisfaction was slightly higher among B&M participants, with 92.9% reporting they felt positively or very positively about the NI project they participated in, compared to 88.8% of FD participants (**Table A13**). This difference may be due to site characteristics rather than the NI project itself. In other words, B&M sites may have different features compared to FD sites that contributed to positive feelings and program satisfaction, such as greater selection of FVs, longer shopping hours, and easier to use programs. A very small proportion (1%) of NI participants reported very negative experiences with NI projects (**Table A13**). These responses indicate NI projects are very well perceived overall.

[37] Wallace TC, Bailey RL, Blumberg JB, et al. *Fruits, vegetables, and health: A comprehensive narrative, umbrella review of the science and recommendations for enhanced public policy to improve intake.* Crit Rev Food Sci Nutr. 2020;60(13):2174-211. https://doi.org/10.1080/10408398.2019.1632258

[38] Wang DD, Li Y, Bhupathiraju SN, et al. *Fruit and vegetable intake and mortality: Results from 2 prospective cohort studies of U.S. males and females and a meta-analysis of 26 cohort studies.* Circulation. 2021;143(17):1642-1654. https://doi.org/10.1161/circulationaha.120.048996

[39] Self-reported health was measured using a single-item tool developed by the Centers for Disease Control and Prevention. Citation: Centers for Disease Control and Prevention. *Measuring healthy days: Population assessment of health-related quality of life.* Atlanta Georgia CDC. 2000. https://stacks.cdc.gov/view/cdc/6406

Figure 15. Program Satisfaction Among NI Participants (2024-2025; n = 1,184)*

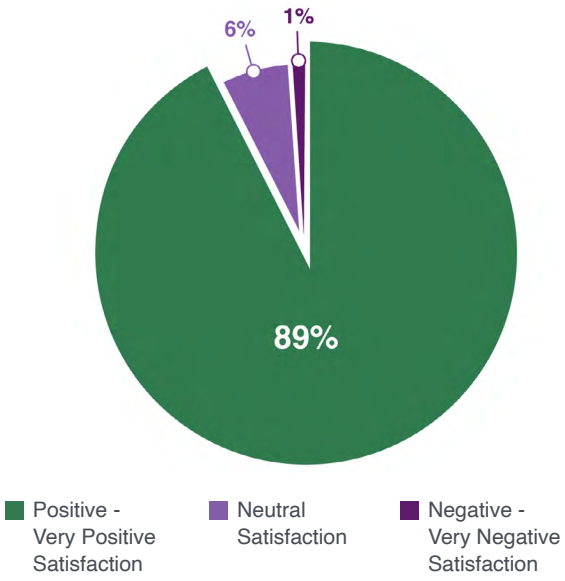


*Figure excludes missing and don't know/prefer not to answer responses. Total % does not equal 100% because don't know/prefer not to answer responses (4%) are not displayed.

New Developments in NI Evaluation

The NTAE made further strides in evaluating NI projects in year six. With GusNIP NI projects located in nearly every state and a growing number of territories, the NTAE has generated a robust aggregate dataset. The dataset not only allows for the assessment of key program outcomes, but also provides an opportunity to learn more about NI project implementation, including the NI project characteristics that influence success. Using the NI aggregate dataset and additional data collected from grantees and other partners, NTAE researchers were able to answer questions of interest to GusNIP practitioners, policymakers, and researchers through scientific, peer-reviewed manuscripts. Key NI project research questions and details about the corresponding manuscripts for year six are provided below. The Nutrition Incentive Hub website lists all NTAE-developed manuscripts.

1. **Is longer participation in an NI project associated with significant improvements in fruit and vegetable intake, food security, and perceived health?**[40] NTAE researchers used multi-year, aggregated NI project data to explore the association between the length of project participation and participant fruit and vegetable intake, food security, and perceived health. Findings indicated that longer NI project participation, characterized by at least six months or more, was associated with higher fruit and vegetable intake, improved food security, and better perceived health when compared with first time participants. This study leveraged three years of data across a large sample of participants, demonstrating that NI projects support favorable outcomes at scale. Expanding reach and helping participants to remain engaged over time may result in meaningful population level impacts.

2. **How can community-based programs use a tool for measuring skin carotenoids to evaluate their projects?**[41] Objective measures of FV intake, such as the Veggie Meter, offer a promising way to improve the rigor of nutrition intervention evaluations beyond traditional self-reported dietary assessment tools. NTAE researchers interviewed individuals with experience employing the Veggie Meter (including GusNIP grantees), to understand how data collection protocols were adhered to or adapted in community-based data collection settings. Participants reported adhering to some aspects of data collection protocols, while adapting others based on site-specific needs and limitations. An understanding of how the Veggie Meter is used in community-based settings can help researchers design data collection protocols that support measurement rigor and align with community-based resources and engagement activities.

[40] Byker Shanks C, Uy WF, Zhang N, et al. *Nutrition Incentives Associated With Improved Outcomes: 2020-2023 Results From the U.S Gus Schumacher Nutrition Incentive Program.* AJPM Focus. 2025;4(4):100348. Published 2025 Apr 11. doi:10.1016/j.focus.2025.100348

[41] Byker Shanks C, Izumi B, Eastman J, Hartenfeld M, Jilcott Pitts S. *Application and Adaptation of a Tool for Measuring Skin Carotenoids in Community-Based Settings: A Mixed Methods Study.* J Acad Nutr Diet. Published online December 18, 2025. doi:10.1016/j.jand.2025.156273

3 **What quantitative measures are being used to evaluate NI projects in the United States?**[42] Researchers conducted a comprehensive scoping review of published peer-reviewed and practice-based literature to understand how NI projects have historically been evaluated using quantitative measures. The resulting manuscript was the first large-scale and comprehensive literature review of NI projects. Based on findings from the review of 127 sources, the most common type of data collected across NI projects were participant-level measures (e.g., sociodemographic characteristics and food-purchasing behaviors) and site-level measures related to incentive redemption and distribution. Quantitative data on process, partner experiences, and community impacts were collected least often. Understanding the types of quantitative measures, patterns of use, and gaps across NI projects can help identify measurement tools that balance rigor, feasibility, and GusNIP goals.

4 **What kinds of nutrition education are NI projects offering and what are opportunities to improve nutrition education within GusNIP?**[43] Researchers characterized the landscape of nutrition education among GusNIP NI and PPR projects. This research documented a wide variety of education types, dosage, and intensity. Many GusNIP NI and PPR projects utilized multiple types of nutrition education to enhance the impact of FV incentives. Opportunities for improvement included offering nutrition education at a higher percentage of sites within each project, partnering with other federal nutrition programs such as the Expanded Food and Nutrition Education Program (EFNEP), and leveraging registered dietitian nutritionists for one-on-one nutrition counseling in clinic settings. Characterizing the nutrition education landscape among NI and PPR projects is an important precursor to a comprehensive evaluation of GusNIP. Identifying opportunities for improvement enables new and established projects to optimize the impact of combining incentives with nutrition education.

5 **What qualitative studies have been conducted on NI projects, and what can they tell us?**[44] NTAE researchers conducted a scoping review of peer-reviewed literature to understand qualitative insights related to NI projects (and PPR projects) from a variety of implementor, partner, and participant perspectives. Data from 49 sources were organized by facilitators for success, project barriers, and recommendations for future projects. Successful NI projects provided participants with financial resource management for food, social support, and improved knowledge. Several factors were barriers to NI project engagement including transportation for participants and staffing capacity for implementors. Overall, results underscored the importance of partnerships, alignment of resources, and providing tailored project implementation support to partners as essential NI components for success. Attention to these findings for NI project development and measurement could help to strengthen NI project delivery and impacts.

Together, these findings demonstrate the growing strength of the NI evidence base and the value of coordinated, multi-year evaluation efforts. As GusNIP continues, these insights can inform program design, strengthen implementation, and support data-driven decision-making to maximize impact across communities.

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[42] Fung Uy W, Houghtaling B, Parks CA, et al. *Quantitative measures used to evaluate nutrition incentive programs in the United States: A scoping review*. In Press: Nutr Rev. 2026.

[43] Akin J, Stotz S, Sanville L, Yaroch AL, Shanks CB. *Nutrition Education Across Gus Schumacher Nutrition Incentive Programs: A Landscape Analysis*. J Nutr Educ Behav. 2025;57(5):425-434. doi:10.1016/j.jneb.2025.01.009

[44] Parks CA, Stotz SA, Floyd Clark A, et al. *Exploring Qualitative Insights Into Nutrition Incentive and Produce Prescription Programs: A Scoping Review*. Nutr Rev. 2025. doi:10.1093/nutrit/nuaf150

GusNIP Produce Prescription (PPR) Projects

Data gathered by the Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (NTAE) demonstrate that produce prescriptions improved fruit and vegetable (FV) intake, household food security, and health. Healthcare professionals at clinics provided PPR participants with an incentive, commonly referred to as a produce prescription. The produce prescription could be exchanged for free or reduced cost FVs at farm direct (FD), brick-and-mortar (B&M), and clinic sites.

"[The] ability to buy fruits and veggies [is] getting very expensive and my income is limited; without this program I cannot afford produce. It is a huge help to my budget and healthy lifestyle."

— Northeastern Region PPR Participant

Produce prescriptions are intended to help prevent or treat diet-related chronic disease and were based on specific eligibility criteria (e.g., chronic disease diagnosis such as type 2 diabetes). PPR projects are designed to improve participants' health outcomes by increasing FV intake, supporting food security, and improving healthcare utilization (e.g., reduced emergency department visits and hospitalizations).

All PPR grants awarded between 2019-2024 and active during GusNIP Year 6 (September 1, 2024, to August 31, 2025) collected and shared core measures data with the NTAE. Core measures provide information related to the sites where PPR projects operated as well as the impact of those projects on participant outcomes. With this information, the NTAE tracked reach to various regions, communities, and individuals; quantified the dollar amount of produce prescriptions redeemed; and explored how sites implemented PPR projects.

GusNIP at PPR Sites: Operation and Geographical Reach

Grantees submitted site-level data for 87 PPR projects via the **Nutrition Incentive Hub** secure web portal. Site-level data provide context for how PPR projects were implemented across the United States (U.S.) Researchers and practitioners use site-specific results to assess variations in project reach, project components, and effectiveness across different geographic, economic, and demographic settings. These insights help identify best practices, challenges, and other factors that influence continued program success.

Additionally, site-level data enable PPR projects to tailor interventions to meet the unique needs of participants and ensure ongoing impact. Evaluating site-level findings strengthens PPR initiatives by facilitating data-driven decision making and continuous improvements in project efficiency and outcomes. See **Appendix 3** for descriptions of methods and measures used for site-level reporting. See **Appendix 9** for all PPR site-level results tables.

Where Did PPR Projects Operate?

In year six, GusNIP PPR projects operated across 2,070 FD, B&M, and clinic sites allowing expanded access to FVs via produce prescriptions (**Figure 16**). Most PPR sites (85.7%) were located in urban areas, while 14.1% were in rural areas. Less than 1% of PPR sites were in areas serving tribal populations (**Table 4**). It is important to note that sites in urban geographies may serve rural or tribal communities, so location alone does not describe the full reach of PPR sites. Participants were most often screened for eligibility and enrolled at clinic sites where produce prescriptions were distributed. Participants most often redeemed produce prescriptions at B&M or FD sites. Year six data show an increase in the number of locations where participants could enroll in projects and redeem produce prescriptions compared to year five data (1,835 PPR sites in year five).

Figure 16. PPR Project Site Types (2024-2025; n = 2,070)

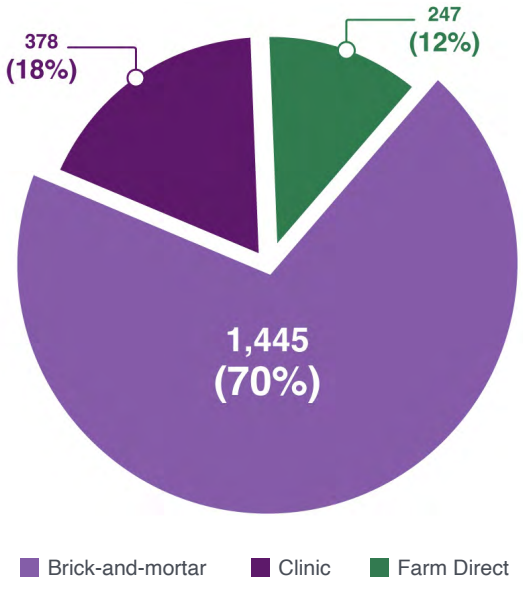


Table 4. Geographies Where PPR Sites Were Located (2024-2025; n = 2,070)

Location	N (%)
Rural	292 (14.1%)
Rural and Tribal	3 (0.1%)
Urban	1,774 (85.7%)
Urban and Tribal	1 (0.1%)
Total	**2,070**

How Many People Did PPR Projects Reach?

Reach is defined as the number of participants enrolled in a PPR project within a given timeframe. Tracking the unique number of participants served is crucial. Reach indicates the scale and effectiveness of PPR projects in improving FV access. Additionally, tracking participation trends over time can highlight changes in demand for PPR projects. Reach data can also provide timely opportunities to quickly address emerging challenges to project engagement. Finally, tracking the reach of PPR projects provides numbers that powerfully demonstrate PPR projects' contributions to families' food security, nutrition, and overall health.

To measure reach, PPR sites were asked to report the number of newly enrolled participants each month (see **"Who Was Eligible to Participate in PPR?"** for details about enrollment). During year six, 18,203 PPR participants were enrolled. The number of participants continued a decreasing trend from year four to year five. The number of participants reached in year six was lower than in year five (n = 21,648) and in year four (n = 22,571). This decrease was likely due to the greater number of PPR projects that submitted site-level data in year four (n = 115) compared to year five (n = 94) and year six (n = 87).

How Did PPR Participants Redeem Produce Prescriptions?

Those PPR participants who met income- and health-related eligibility criteria (e.g., eligible for SNAP or participating in Medicaid) were prescribed FVs by a healthcare professional. Participants could then exchange produce prescriptions for free or reduced cost FVs, often at B&M or FD sites.

Produce prescriptions were distributed using a variety of methods, including loyalty cards, tokens, vouchers, and community supported agriculture (CSA) shares or produce boxes (see **Appendix 7** for definitions and examples). The most common method for prescription distribution across PPR sites was paper voucher or coupon (33.3%), followed by benefit/debit card (29.8%), CSA share or produce box (24.4%), and token (10.4% **Table B1**). A smaller proportion of PPR projects reported other methods of distribution, such as a loyalty account (10.8%; **Table B1**).

There were also differences in distribution methods among PPR site types (**Figure 17**). Clinics were the most likely site type to distribute produce prescriptions. The most common distribution method at clinics was benefit or debit cards (41.3%). B&M sites were the least likely site type to distribute produce prescriptions. When B&M sites did distribute produce prescriptions, they most commonly did so in the form of CSA shares or produce boxes (39.3%). This likely indicates that the 11 B&M sites served as CSA pick up locations. FD sites most often distributed produce prescriptions in the form of tokens (46.8%), followed by CSA shares or produce boxes (33.9%; **Figure 17**).

As specified in the PPR Request for Applications, only fresh FVs were automatically eligible for redemption within PPR projects. However, grantees were able to seek an exemption from USDA NIFA to allow prescription redemption for non-fresh FVs (e.g., canned, frozen, dried). Such exemptions were granted to accommodate cultural preference, seasonality, and/or accessibility of fresh FVs in a project's geographic area.[45] Grantees could further decide what type of FVs were eligible for redemption within their project. For example, a grantee might have adjusted eligibility criteria to prioritize regionally or locally grown FVs. Eligibility requirements, exemptions, and modifications resulted in a wide variety of FV types eligible for prescription redemption across PPR sites. For example, most PPR sites specified any fresh FVs (93.8%) as eligible for prescription redemption. Another group of sites focused eligibility on state or regionally grown FVs (5.8%; **Table B2**).

[45] United States Department of Agriculture, National Institute of Food and Agriculture. *Request for Applications: The Gus Schumacher Nutrition Incentive Program Produce Prescription Program (Fiscal Year 2024).* Accessed February 3, 2025. https://www.nifa.usda.gov/sites/default/files/2023-11/FY24-GusNIP-PPR-RFA-508-P.pdf

Figure 17. Most Common Prescription Distribution Methods Used Across PPR Projects by Site Type (2024-2025; n = 279)

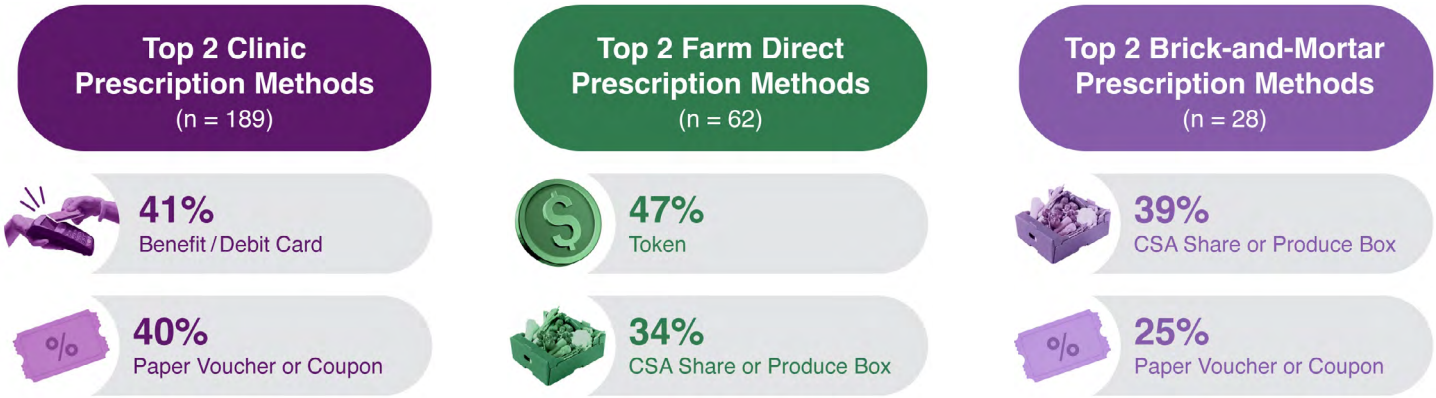
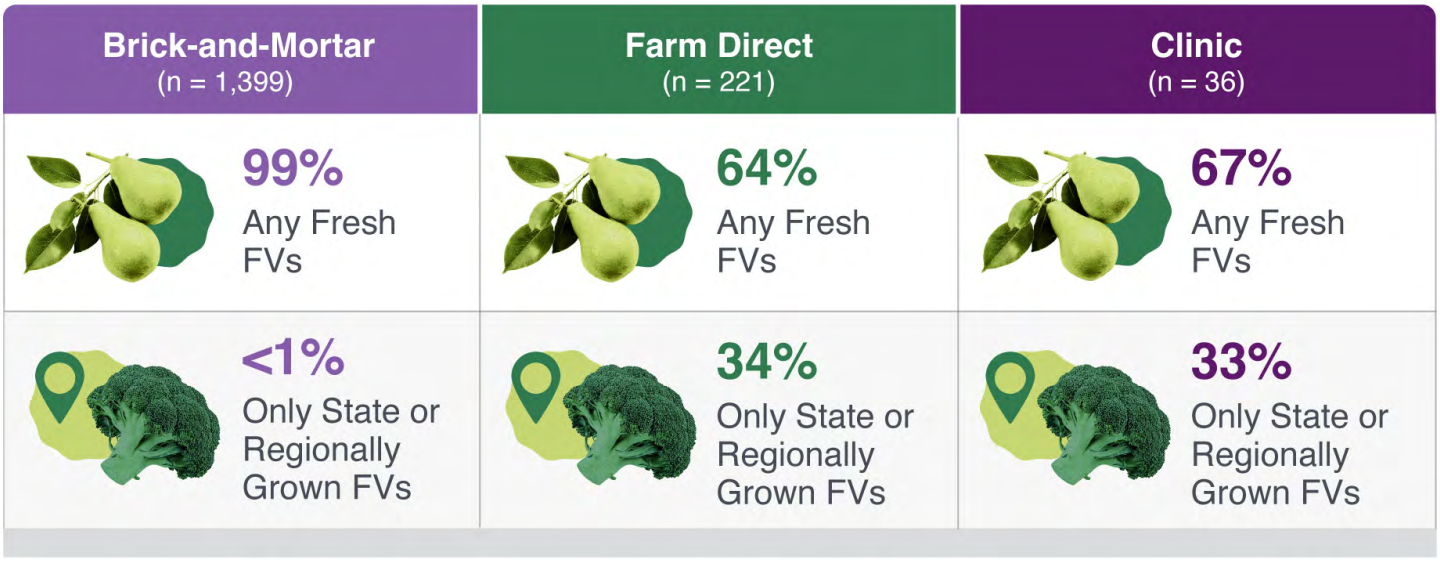


Figure 18 shows the most common FV types that were eligible for prescription redemption among the three types of PPR sites in year six. All three site types most commonly specified only fresh FVs as eligible for prescription redemption (B&M 99.2%; clinic 66.7%; FD 63.8%). However, a relatively large percentage of FD sites (34.4%) and clinic sites (33.3%) focused eligibility on state or regionally grown FVs, compared to B&M sites (0.57%; Table B2; Figure 18). FD sites (e.g., farmers markets) often sell a higher proportion of local FVs than B&M sites. FD and clinic sites may be better suited and more likely to focus eligibility on state or regionally grown FVs due to partnerships with local farmers.

PPR projects used a wide range of methods to distribute and redeem produce prescriptions for FVs. Therefore, the PPR portfolio offered a unique opportunity to investigate how distribution and redemption methods impacted health in local communities. For example, were health outcomes better among participants in programs that distributed produce prescriptions via CSA boxes versus those that used loyalty accounts? NTAE researchers leveraged data from PPR projects to identify how project design choices are associated with participant engagement and outcomes. See "New Developments in PPR Evaluation" to learn more about this and other examples of how PPR projects are answering key questions of interest to PPR practitioners, policymakers, and researchers.

Figure 18. Most Common Fruits and Vegetables Eligible for Prescription Redemption Across PPR Projects by Site Type (2024-2025; n = 1,656)*



*All FVs includes fresh, canned, frozen, dried, plants, and/or seeds.

How Many Produce Prescription Dollars Were Redeemed?

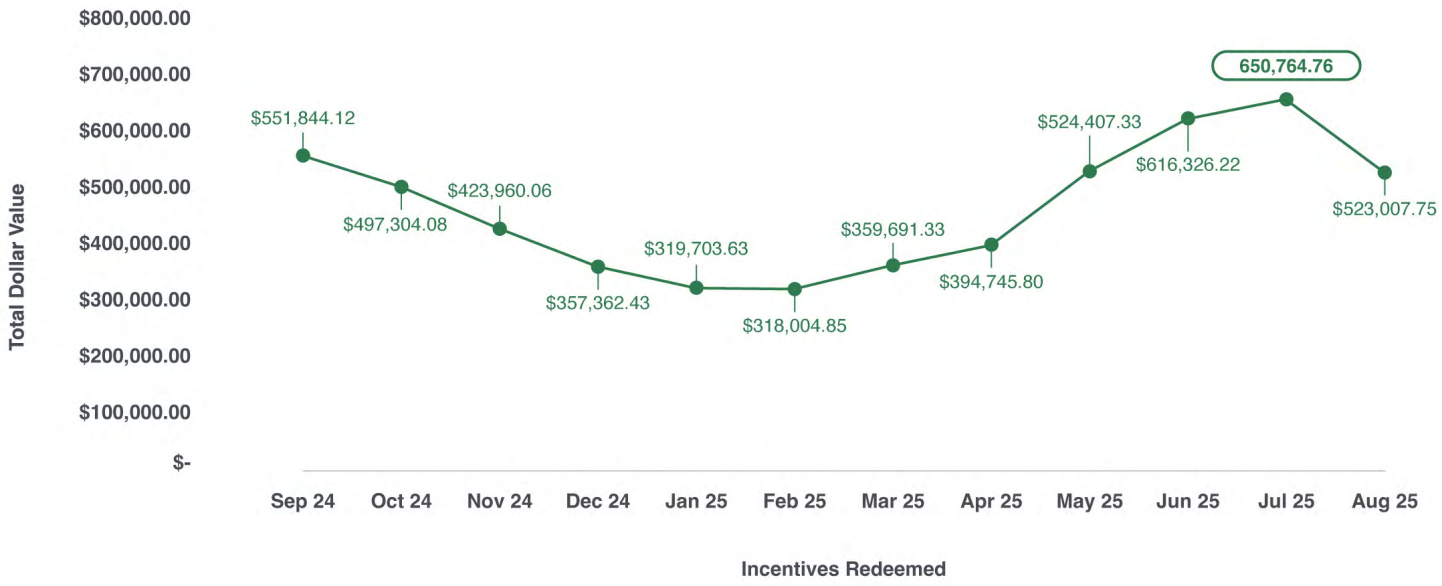
In year six, across FD, B&M, and clinic PPR redemption sites, $5,537,122 worth of produce prescriptions were redeemed (**Table B3**). An average of $3,739 in produce prescriptions were redeemed per site per month. There were fewer produce prescriptions redeemed in year six compared to year five. The decreased dollars redeemed in year six could reflect the decrease in the number of operating PPR awards in year six relative to year five (as described in "How Many People Did PPR Reach?").

Among all PPR projects, prescription redemption was lowest ($318,005) in February 2025 (**Figure 19**). Prescription redemption was highest ($650,765) in July 2025 (**Figure 19**). Produce prescription redemption may peak in summer and early fall months because several PPR projects take advantage of increased fresh produce available during the peak growing seasons at FD outlets, like farmers markets and CSA programs. Identifying and understanding seasonal variations in prescription distribution and redemption could reveal trends over time and allow PPR practitioners to plan for surges in enrollment and/or optimize marketing to potential participants.

What Other Services Did PPR Sites Offer?

In addition to produce prescriptions, many PPR projects offered nutrition education resources, support services, and/or marketing activities (see **Appendix 7** for definitions and examples). NTAE researchers have found that offering complementary services in combination with nutrition incentive (NI) projects increases incentive redemption. Given these findings, NTAE researchers are currently conducting similar studies with PPR projects. Continued examination of complementary services will help practitioners, policymakers, and researchers support project models that improve health outcomes and economic impact.

Figure 19. Prescription Distribution and Redemption in Dollars for PPR Projects (2024-2025)



"I have no words to express my gratitude for [the PPR project]. I joined the program during a very vulnerable time in my life..., and my blood pressure was very high. When I started the program...I never imagined how much my life would change. The vouchers, without a doubt, were a tremendous help to my finances. I also began attending the cooking classes, where I met new people and learned to cook something I had never done before. Today, I feel like a different person. My blood pressure has improved, I have lost weight, I exercise regularly, and I feel better both physically and emotionally. I am deeply grateful to [the PPR project] for the support and impact this program has had on my life."

— Western Region PPR Participant

Tables B4, B5, and B6 summarize the nutrition activities, support services, and marketing activities offered at PPR sites. **Figure 20** summarizes the nutrition education, support services, and marketing activities most commonly offered at B&M, FD, and clinic sites.[46]

[46] Percentages displayed are of sites that offered any nutrition education, support services, or marketing activities respectively. Percentages do not add up to 100% as some PPR sites offered multiple services.

Overall, in year six:

- **Twenty-eight percent** of PPR sites (n = 583) offered one or more nutrition education activities to increase nutrition knowledge and support behavior change among PPR participants (**Table B4**). Nutrition education in PPR projects often focused on building participants' capacity to purchase, prepare, and eat FVs. Cooking demonstrations were overwhelmingly the most common nutrition education activity offered at PPR sites (78.0%; **Table B4**). Other nutrition education activities included nutrition education by partner agencies (e.g., EFNEP or WIC; 30.7%), one-on-one or small group nutrition education (29.5%), food navigation or tours (12.4%), and virtual or electronic nutrition education (9.3%; **Table B4**).
- **Thirty-five percent** of PPR sites (n = 726) offered support services to address common barriers to access (**Table B5**). The most commonly offered support services were resource referrals (67.1%), produce delivery (33.9%), shopping assistance (12.1%), and transportation (7.4%; **Table B5**). FD sites and clinics most often provided resource referrals. Whereas B&M sites, which included grocery stores with on-site pharmacies, provided immunizations (67.2%) much more often than resource referrals (40.8%). Additionally, clinic sites also frequently provided immunizations (55.8%). (**Table B5**)
- **Twenty-eight percent** of PPR sites (n = 588) utilized marketing activities to increase awareness of and participation in the project (**Table B6**). The most common marketing activity among all PPR site types was on-site signage or announcements (46.1%; **Table B6**). Other marketing activities included direct promotions distributed by mail, email, or phone (35.5%), provider referrals (43.9%), and online advertisements (30.8%; **Table B6**).

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Figure 20. Most Common Nutrition Education, Support Services, and Marketing Activities by PPR Site Types* (2024-2025)

	Nutrition Education	Support Services	Marketing Activities
Brick-and-Mortar	93% Cooking Demonstrations	67% Immunizations	72% On-Site Signage or Announcements
Farm Direct	81% Cooking Demonstrations	85% Resource Referrals	45% On-Site Signage or Announcements
Clinics	67% Cooking Demonstrations	91% Resource Referrals	85% Provider Referrals

* Percentages displayed are out of sites that offered any nutrition education, support services, or marketing activities respectively. Percentages do not add up to 100% as some PPR sites offer multiple services.

GusNIP PPR Participants: Impacts on Nutrition and Health

PPR grantees with active projects[47] collected participant-level data in year six. Analysis of participant-level outcomes for PPR projects is essential for understanding the impact of produce prescriptions on participants. PPR projects evaluate changes in FV intake, food security status, and self-reported health. Analyses of these changes illustrate the impact of PPR projects on nutrition and overall well-being. Additionally, participant-level reporting clarifies who is reached by PPR projects. Participant-level data are a key component to determining the effectiveness of these programs and refining strategies for maximizing their reach and impact.

> **"This isn't just free food for me; this will save my life."**
>
> *— Southern Region PPR participant*

[47] All PPR grantees with active projects are expected to collect participant-level surveys throughout the life of their award.

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The following subsections use year six baseline survey data to describe characteristics of PPR participants. After discussing the characteristics of year six PPR participants, the remainder of the section uses data from projects that completed award requirements in year six to illustrate the impact of PPR participation on health.

Who Was Eligible to Participate in PPR?

To participate in a PPR project, an individual must have been eligible for SNAP or enrolled in medical assistance (e.g., Medicaid) and currently at risk for a diet-related health condition. Beyond these eligibility requirements, PPR projects could further define their areas of focus with additional enrollment criteria. For example, many PPR projects also included screening positive for food insecurity as an indicator of risk for diet-related health conditions. Flexibility to focus on specific health and nutrition concerns allows projects to address issues of the greatest concern in their communities (e.g., high blood pressure or diabetes).

What Were the Characteristics of PPR Participants?

A total of 5,409 participants across 72 PPR projects completed baseline surveys at enrollment in year six. The number of baseline surveys collected per project ranged from as few as one to as many as 653, with an average of 75 baseline surveys collected per PPR project.[48] The year six baseline sample was 15% smaller than year five (n = 6,327), likely reflecting both the smaller number of active PPR grantees in year six and the fact that year six projects collected fewer surveys on average than year five projects (75 vs. 89 surveys per project).

The resulting participant-level data represented all four USDA NIFA regions (**Appendix 8**). The highest percentage of baseline surveys were collected from the Western region (50.5%; **Table 5**). Distribution of surveys across geographic regions is influenced by the number of active PPR projects in each region and by different sample size requirements based on award type and capacity.

Table 5. Number of PPR Surveys Collected Across U.S. Regions (Defined by USDA NIFA)

Region	N (%)
Western	2,729 (50.5%)
Southern	936 (17.3%)
Northeast	894 (16.5%)
North Central	850 (15.7%)
Total	**5,409**

Baseline survey data indicated a varied sample of PPR participants. Most PPR participants who completed a baseline survey for year six were 45 years of age or older (62.6%) with an average age of 50.5 years, female (77.1%), White (34.2%), and non-Hispanic/Latino (59.9%; **Table B7**). Many participants described themselves as another race (17.5%), Black or African American (14.3%), and/or Hispanic/Latino (38.0%; **Table B7**). Below, outcomes related to food security, FV intake, and health are detailed. Due to skipped questions or partially completed surveys, the number of participants completing each measure varied.

[48] Variability in the number of baseline surveys per project is related to the amount of time elapsed since a project's start date (e.g., whether the project is in its first or third year). The number of baseline surveys collected also reflects whether the project reached its cumulative participant recruitment goal in a prior year.

Of the 5,012 participants enrolled during year six who completed the baseline measure for household food insecurity,[49] only 35.4% reported household food security within the past 30 days.[50] Nearly double that percentage (64.6%) reported experiencing household food insecurity within the previous 30 days (**Table B8**). Comparatively, USDA reports 13.7% of all U.S. households in 2024 experienced food insecurity in the past 12 months.[51] PPR participation is limited to individuals with low income. Since food insecurity is strongly associated with living below the federal poverty line, the high prevalence of food insecurity among PPR participants at baseline is expected.

Of the 4,738 participants from year six who completed the 10-item Dietary Screener Questionnaire (DSQ) to measure daily FV intake at baseline, the average FV intake was 2.29 cups/day (**Table B9**; DSQ is described in **Appendix 3**). These baseline results fall below the 2020-2025 U.S. Dietary Guidelines for Americans (DGA) recommendation of 3.5 to 5 total FV cups/day. PPR participants' average reported vegetable intake at baseline (1.43 cups/day) was slightly lower than U.S. adults' average reported vegetable intake levels (1.55 cups/day).[52,53] PPR participants' average fruit intake (0.85 cups/day) was similar to the U.S. adult average (0.88 cups/day).*

These results underscore the opportunity for PPR projects to make progress toward the goal of improving participants' health through increased consumption of FVs, especially vegetables.

Of the 4,121 participants who self-reported their health status at baseline, 14.4% reported poor health status, 43.9% reported fair health status, and 40.5% reported a health status of good, very good, or excellent (**Table B10**). This finding is considerably different from the perceived health status of most U.S. adults, among whom approximately 80% reported a health status of good, very good, or excellent.[54] Since self-reported health is positively correlated with actual health,[55] the high percentage of PPR participants who reported fair or poor health at baseline indicates that PPR projects enrolled participants who are at risk for a diet-related health condition, which is an eligibility requirement for PPR projects.

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[49] *Food Security in the U.S. - Survey Tools* | Economic Research Service. Accessed February 19, 2025. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools#six

[50] Household food security includes participants reporting high household food security or marginal food security. Household food insecurity includes participants reporting low household food security or very low household food security.

[51] Rabbitt MP, Reed-Jones M, Hales LJ, Suttles S, Burke MP. *Household food security in the United States in 2024*, ERR-358, U.S. Department of Agriculture, Economic Research Service; 2025. https://ers.usda.gov/sites/default/files/_laserfiche/publications/113623/ERR-358.pdf?v=58914

[52] U.S. Department of Agriculture, Economic Research Service. *Food Consumption, Nutrient Intakes, and Diet Quality*. Updated February 25, 2025. Accessed February 11, 2026. https://www.ers.usda.gov/data-products/food-consumption-nutrient-intakes-and-diet-quality

[53] FVI in cups/day estimates were calculated using FVI in cups/day for females, age 20+ and males, age 20+ cohorts and applying sample size proportions.

[54] *Adult Self-Reported Health Status*. KFF. Accessed February 19, 2025. https://www.kff.org/other/state-indicator/adult-self-reported-health-status/

[55] *Health Status* - Health, United States. Published June 2023. Available at: https://www.cdc.gov/nchs/hus/topics/health-status.htm

How Did We Analyze the Impact of PPR Participation?

Participant-level impact of PPR projects was evaluated by comparing individual participants' baseline and follow-up surveys. Baseline surveys were administered around the time of enrollment to capture a snapshot of participants' food security, FV intake, and perceived health experiences prior to PPR participation. Follow-up surveys were administered after participants were in the project for a period of time determined by the PPR project.[56] Follow-up surveys measured participants' FV intake, household food security, and perceived health experiences after receiving produce and support services through the PPR project. Comparative analysis of baseline and follow-up surveys included data from all participants who: (1) participated in a PPR project that completed its award in year six, (2) had a matched baseline and follow-up survey from any year of the PPR project, (3) had not participated in the PPR project prior to completing the baseline survey, and (4) had engaged with the PPR project to receive FVs at least once prior to completing the follow-up survey. These criteria ensured the analysis included participants from throughout the entire lifecycle of completed projects. Criteria also ensured that baseline and follow-up data were collected from the same participants, rather than different groups of people.

Additionally, these criteria limited the analysis to participants who were new to the project at baseline but had engaged with the project prior to completing the follow-up survey. Given these criteria, changes in participants' responses from baseline to follow-up reflect changes from before engagement to after engagement with the project. These changes are therefore useful to demonstrate the impact of PPR participation on key outcomes.

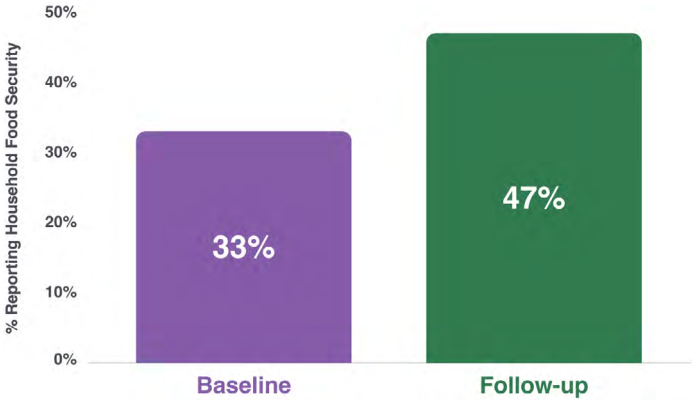
Of the 30 PPR projects that completed awards in year six, 24 projects provided baseline and follow-up surveys from 1,824 participants who met the previously mentioned inclusion criteria. These 24 projects operated between 2021-2025 and collected baseline and follow-up surveys at any point during those years. **Appendix 9** presents a comprehensive set of tables that describe the 1,824 participants whose data were used to assess PPR project impact on participants. The average age of participants included in the year six impact analysis was 50.3 years. Most participants were female (77.4%) and non-Hispanic/Latino (60.0%; **Table B7**). Many participants described themselves as Black or African American (22.8%) and/or Other (22.2%; **Table B7**). Additional information about participants' age, sex, race, ethnicity, and region is reported in **Table B7**.

[56] Most projects set at least a 60-day minimum as the time period between baseline and follow-up surveys, but the amount of time between baseline and follow-up surveys varied among projects.

How Did PPR Projects Impact Household Food Security?

PPR projects are intended to support participants' household food security. Household food security was assessed using the U.S. Household Food Security Survey Module: Six-Item Short Form.[57] Within the 24 projects, 1,785 participants completed the food security measure at baseline and follow-up. At baseline, 32.8% of participants reported household food security within the previous 30 days and 67.2% reported experiencing household food insecurity within the previous 30 days. At the time of the follow-up survey, 46.5% of participants reported household food security and 53.5% reported experiencing household food insecurity within the previous 30 days (**Table B11**; **Figure 21**). **These results demonstrate a meaningful increase in household food security after participation in a PPR project.** In other words, household food security improved after participation in a PPR project. Increased household food security among PPR participants from baseline to follow-up aligns with results observed in other studies of produce prescriptions.[58, 59, 60, 61]

Figure 21. Percentage of PPR Participants Who Reported Household Food Security Increased from Baseline to Follow-up (2024-2025; n =1,785)*



*Participants included in this figure are from 24 projects that completed their award in year six and collected both baseline and follow-up surveys from participants.

How Did PPR Projects Impact Fruit and Vegetable Intake?

PPR projects aim to improve health outcomes through increased consumption of FVs. The year six results indicate progress towards this goal. Previous research has established that FV intake is associated with improved health outcomes.[62] In other words, as FV intake increases, instances of death and disease decrease. Achieving adequate FV intake can be challenging for households living below the federal poverty line.[63,64] FV intake for PPR survey respondents was calculated using the 10-item DSQ (described in **Appendix 3**).

[57] Household food security includes participants reporting high household food security or marginal food security. Household food insecurity includes participants reporting low household food security or very low household food security.

[58] Jones LJ, Van Wassenhove-Paetzold J, Thomas K, et al. *Impact of a fruit and vegetable prescription program on health outcomes and behaviors in young navajo children*. Curr Dev Nutr. 2020;4(8):nzaa109. https://doi.org/10.1093/cdn/nzaa109

[59] Ridberg RA, Bell J F, Merritt KE, et al. *A pediatric fruit and vegetable prescription program increases food security in low-income households*. J Nutr Educ Behav. 2019;51(2):224-230.e1. https://doi.org/10.1016/j.jneb.2018.08.003

[60] Aiyer JN, Raber M, Bello RS, et al. *A pilot food prescription program promotes produce intake and decreases food insecurity*. Transl Behav Med. 2019;9(5):922-930. doi:10.1093/tbm/ibz112. https://doi.org/10.1093/tbm/ibz112

[61] Hager K, Du M, Li Z, et al. *Impact of produce prescriptions on diet, food security, and cardiometabolic health outcomes: A multisite evaluation of 9 produce prescription programs in the United States.* Circ Cardiovasc Qual Outcomes. Sep 2023;16(9):e009520. https://doi.org/10.1161/CIRCOUTCOMES.122.009520

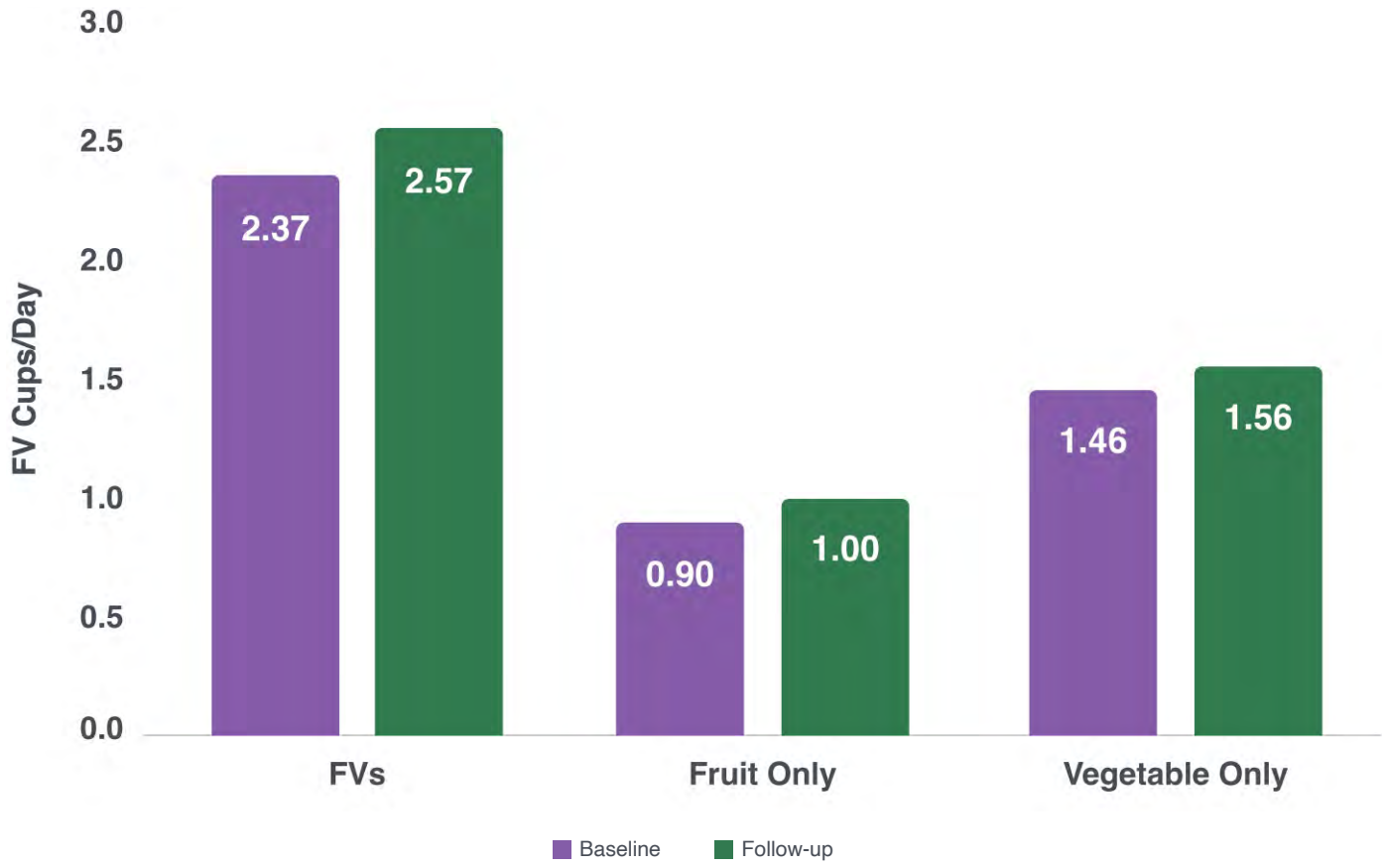
[62] Wallace TC, Bailey RL, Blumberg JB, et al. *Fruits, vegetables, and health: A comprehensive narrative, umbrella review of the science and recommendations for enhanced public policy to improve intake.* Crit Rev Food Sci Nutr. 2020;60(13):2174-211. https://doi.org/10.1080/10408398.2019.1632258

[63] Cassady D, Jetter KM, Culp J. *Is price a barrier to eating more fruits and vegetables for low-income families?* J Am Diet Assoc. 2007;107(11):1909-1915. doi:10.1016/j.jada.2007.08.015

[64] Haynes-Maslow L, Parsons SE, Wheeler SB, Leone LA. *A Qualitative Study of Perceived Barriers to Fruit and Vegetable Consumption Among Low-Income Populations, North Carolina, 2011*. Prev Chronic Dis. 2013;10:120206. http://dx.doi.org/10.5888/pcd10.120206

Within the 22 projects included in this analysis,[65] 1,250 participants completed the DSQ for daily FV intake at baseline and follow-up. The average baseline FV intake was 2.37 FV cups/day (**Table B12**; **Figure 22**). **At follow-up, PPR participants reported an average FV intake of 2.57 cups/day, a 0.20 FV cups/day increase from baseline.** This increase included a 0.10 cups/day increase in fruit intake (from 0.90 to 1.00 cups/day) and a 0.10 cups/day increase in vegetable intake (from 1.46 to 1.56 cups/day; **Table B12**; **Figure 22**). **This increase represents a small but meaningful[66] step toward consuming the recommended number of daily cups of FVs.**

Figure 22. Average Daily FV Cup Equivalents Among PPR Participants at Baseline and Follow-up (2024-2025; n = 1,250)*



*Participants included in this figure are from 22 projects that completed their award in year six, collected both baseline and follow-up surveys from participants, and had complete data to calculate FV intake.

[65] Twenty-four projects provided baseline and follow-up surveys from participants that met the inclusion criteria for this analysis. Of these 24 projects, two projects were excluded from the analysis because their surveys were missing data needed to calculate FV intake.

[66] Bellavia A, Larsson SC, Bottai M, Wolk A, Orsini N. *Fruit and vegetable consumption and all-cause mortality: a dose response analysis*. Am J Clin Nutr. 2013;98(2):454-459. https://doi.org/10.3945/ajcn.112.056119

The 0.20 cups/day increase in FV intake among participants in the 22 projects that completed their award in year six is fairly comparable with the 0.13 cups/day increase reported in the GusNIP **Year 5 Impact Findings Report** by the 21 projects that completed awards in that year as well as the 0.19 cups/day increase reported in the GusNIP **Year 4 Impact Findings Report** by the four projects that completed awards that year.

Among the 22 projects, FV intake change varied widely. At the highest end of the range, participants from one project increased FV intake by an average of 0.46 cups/day. Conversely, participants in one project decreased FV intake by an average of 0.37 cups/day. Variations in FV intake across projects may be related to differences in PPR project design. PPR projects vary in intensity, duration, and complementary services offered. These differences can lead to variations in participant engagement and prescription redemption, which can in turn affect FV intake. As noted above, NTAE researchers are leveraging data from PPR projects to show how project design choices are associated with participant engagement and outcomes. See "New Developments in PPR Evaluation" for details.

"I have diabetes, and it helped me decrease my A1C a lot I think… My blood sugar was very high before and lately it's been lower, I eat healthier. The program has helped me a lot."

— Western Region PPR Participant

How Did PPR Projects Impact Perceived Health?

As previously noted, a goal of PPR projects is to improve health through increased consumption of FVs. Therefore, PPR participants were asked to self-report on their health as either poor, fair, good, very good, or excellent. Within the 24 projects included in this analysis, 1,824 participants reported perceived health[67] at baseline and follow-up (**Table B10**).

From baseline to follow-up, there was an increase in PPR participants reporting good, very good, or excellent health (baseline = 39.4%; follow-up = 50.0%; **Figure 23**). Moreover, from baseline to follow-up there was a decrease in the number and proportion of PPR participants who reported poor health (baseline = 10.8%; follow-up = 8.0%) or fair health (baseline = 47.6%; follow-up = 39.2%; **Table B10**; **Figure 23**). In previous years, similar findings were observed where the participants reporting good, very good, or excellent health increased from baseline to follow-up. For example, there was an increase in participants reporting good, very good, or excellent health in year five (baseline = 44.7%; follow-up = 51.0%) and in year four (baseline = 49.6%; follow-up = 66.4%).

[67] Self-reported health was measured using a single-item tool developed by the Centers for Disease Control and Prevention. Citation: Centers for Disease Control and Prevention. *Measuring healthy days: Population assessment of health-related quality of life*. Atlanta Georgia CDC. 2000. https://stacks.cdc.gov/view/cdc/6406

Figure 23. Perceived Health of PPR Participant at Baseline and Follow-up (2024-2025; n = 1,824)*

NOTE: This figure does not include the following categories: don't know/prefer not to answer and missing.

* Participants included in this figure are from 24 projects that completed their award in year six and collected both baseline and follow-up surveys from participants.

Improvements in perceived health status after PPR participation are promising. Single-item assessments of perceived health (such as the one used for PPR projects) are used as proxies for actual health.[68] Moreover, self-reporting worse perceived health has been consistently associated with higher morbidity[69] and mortality risk.[70] People living below the federal poverty line tend to report fair or poor health status more often than people with higher income levels. This is important to note because PPR participants must be eligible for SNAP or enrolled in medical assistance, both of which are limited to individuals with low incomes. These improvements in perceived health status are particularly meaningful because PPR participants already had or were at risk for a chronic condition at the time of enrollment.

How Satisfied Were Participants With PPR Projects?

The PPR follow-up survey asked participants to rate their satisfaction with PPR projects. Among the 1,824 participants who responded to this question, the overwhelming majority (93.6%) felt positive or very positive about their PPR participation (**Figure 24**; **Table B13**). A small percentage (0.9%) felt negative or very negative. Participants' consistent satisfaction is a strong indication that PPR projects are meeting or exceeding participants' expectations. This high level of satisfaction coupled with consistent evidence of PPR projects' positive impact are indicative of successful implementation of PPR in communities across the U.S. Satisfaction was similar in prior years. In both year five and year four, the overwhelming majority of participants (year five = 93.1%; n = 1,962 and year four = 93.9%; n = 176) felt positive or very positive about their PPR participation.

[68] *Health Status* - Health, United States. Published June 2023. Available at: https://www.cdc.gov/nchs/hus/topics/health-status.htm

[69] Latham K, Peek CW. *Self-rated health and morbidity onset among late midlife U.S. adults.* J Gerontol B Psychol Sci Soc Sci. 2013;68(1):107-116. doi:10.1093/geronb/gbs104

[70] DeSalvo KB, Bloser N, Reynolds K, et al. *Mortality prediction with a single general self-rated health question.* J Gen Intern Med. 2006;21:267-75. https://doi.org/10.1111/j.1525-1497.2005.00291.x

Figure 24. Program Satisfaction Among PPR Project Participants (2024-2025; n = 1,824)*

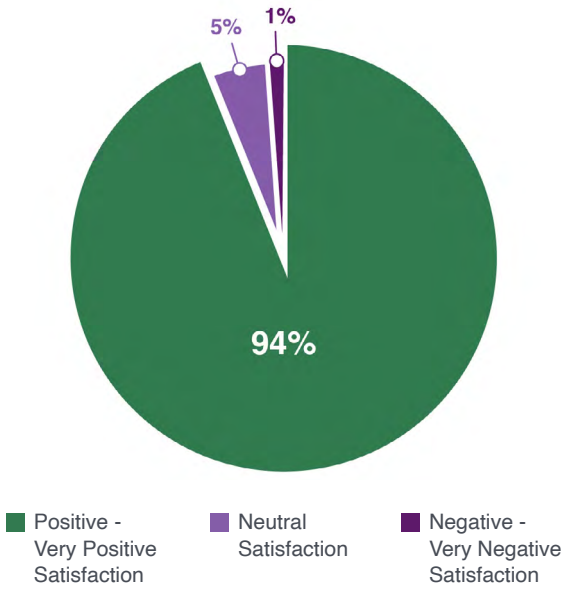


*Figure excludes missing and don't know/prefer not to answer responses.

New Developments in PPR Evaluation

Year six was an exciting year for PPR evaluation. NTAE researchers worked closely with grantees and other partners to conduct data collection and analysis for several studies designed to answer questions of interest to GusNIP practitioners, policymakers, and researchers. Given that the GusNIP PPR program is the only nationwide initiative of its scale, there is a unique opportunity to learn how to design and deploy effective PPR projects within dozens of distinctive communities across the U.S. To this end, the NTAE published several manuscripts that explored GusNIP PPR project implementation and outcomes. Key PPR project research questions and details about the corresponding manuscripts are provided below. See the **Nutrition Incentive Hub website** for a comprehensive list of all NTAE-developed manuscripts.

1 **To what extent is PPR participation associated with changes in participants' health outcomes?**[71] In order to estimate the impact of PPR participation, NTAE researchers analyzed electronic health records (EHR) from a pilot of 1,489 participants from four GusNIP PPR projects. Results showed clinically and statistically significant improvements in HbA1c and blood pressure. From pre-enrollment to follow-up, participants' HbA1c decreased by 0.5 units (8.2% to 7.7%). Improvements were more pronounced among participants with HbA1c greater than 9% at baseline, decreasing by 1.9 units (11.1% to 9.2%). From pre-enrollment to follow-up, systolic blood pressure (SBP) decreased by 1.8 mmHg (from 131 mmHg to 129.2 mmHg) and diastolic blood pressure (DBP) decreased by 2 mmHg (78.8 mmHg to 76.8 mmHg). Improvements were notable among participants with stage 2 hypertension, with decreases of 10.7 mmHg in SBP (148.5 mmHg to 137.8 mmHg) and 5.7 mmHg in DBP (85.6 mmHg to 79.9 mmHg). The magnitude of these improvements is similar to assumptions used in a microsimulation study[72] which showed that if health and diet improvements (including HbA1c decrease of 0.6 units) held up at scale and over time, they would result in healthcare savings of approximately $40 billion dollars. This study represents the first in a series of NTAE studies that rely on a standardized EHR data template. As this dataset grows, the NTAE will partner with grantees to answer more nuanced questions about the variability of health impact according to PPR project design. This line of research will benefit the work of practitioners, policymakers, and researchers to implement PPR projects that demonstrate consistent improvement in health through increased consumption of FVs.

[71] Zigmont V, Marriott J, Mitchell E, et.al. *Improvement in glycosylated hemoglobin A1c and blood pressure as measured through electronic health records across four produce prescription projects in the northeastern and Western United States*. Prev Med Rep. 2026;62:103394. doi:10.1016/jpmedr.2026.103394

[72] *True cost of food: Food is medicine case study*. Tufts University and the Rockefeller Foundation; 2023; https://tuftsfoodismedicine.org/wp-content/uploads/2023/09/Tufts_True_Cost_of_FIM_Case-Study_Report_Sep_2023.pdf

2 **What have individual GusNIP PPR projects found related to health outcomes among GusNIP PPR participants?**[73] NTAE researchers identified and reviewed 16 PPR studies that used GusNIP funding. The review assessed the methodological rigor of each study and summarized the findings related to health outcomes associated with participation in GusNIP PPR. NTAE researchers determined that most studies had low methodological rigor and fewer than half demonstrated improvements in health outcomes attributed to PPR participation. The authors concluded that evidence for GusNIP PPR's effectiveness is nascent but growing and future studies will benefit from controlled study designs that include standardized metrics to assess project impacts, as well as improvements in participant outcomes.

3 **What factors have the potential to influence PPR participant engagement and incentive redemption?**[74] To summarize lessons learned around incentive redemption, NTAE researchers interviewed PPR grantees with high redemption rates as well as those that experienced redemption challenges. Using information from these interviews, the NTAE developed a best-practices guide to help current and future PPR practitioners optimize the impact and efficiency of their projects. In order to reach as wide an audience as possible, the best-practices guide is publicly available via the **Nutrition Incentive Hub** website. This project leveraged funding from a partnership with the American Heart Association's Health Care by Food Initiative.

4 **Who are GusNIP PPR projects reaching?**[75] To identify opportunities for expanded reach, NTAE researchers examined a sample of over 21,000 PPR participants at program enrollment and described their sociodemographic characteristics, health characteristics, and geographic location. One main finding is that GusNIP PPR projects are reaching the intended populations for these projects (i.e., individuals with low food security, low fruit and vegetable intake, and at high risk for diet-related chronic disease). Opportunities to increase reach include enrolling more male participants and expanding the geographic reach beyond the 37 states and the District of Columbia currently operating projects. Leveraging momentum to make produce prescriptions a standard part of medical care could help engage additional groups in produce prescription projects.

5 **What are the barriers to collecting EHR data in PPR projects? How can researchers and PPR project implementers overcome these barriers?**[76] Using insights from four GusNIP PPR projects, this study details the challenges and barriers associated with collecting EHR data and outlines steps clinic staff and evaluators can take to minimize EHR data collection challenges. The authors concluded that while EHR data can be instrumental in assessing effectiveness of PPR projects, much care and intention must be given to setting up and executing a successful EHR data collection process. It is important to note that not all PPR projects have the capacity required to accomplish EHR data collection.

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[73] Byker Shanks C, Park MS, Yaroch AL, Short E, Seligman HK. *Health outcomes of produce prescription programs associated with Gus Schumacher Nutrition Incentive Program funding.* Annu Rev Nutr. 2025;45(1):319-333. doi: 10.1146/annurev-nutr-111124-092627

[74] Calloway EE, Houghtaling B, Mitchell EJ, et al. *Participant Redemption and Engagement in Produce Prescription Programs: A Qualitative Analysis of Implementer Perspectives.* Curr Dev Nutr. 2025;9(9):107530. Published 2025 Aug 23. doi:10.1016/j.cdnut.2025.107530

[75] Byker Shanks C, Zigmont VA, Quattro R, et al. *Characteristics of the People and Communities Served by GusNIP Produce Prescriptions: United States, 2020-2024.* Am J Public Health. 2025;115(12):2015-2019. doi:10.2105/AJPH.2025.308293

[76] Stotz SA, Seligman H, Yaroch AL, et al. *The realities of data derived from electronic health records to evaluate health outcomes, utilization, and cost of produce prescription programs: A multiple case study evaluation.* J Public Health Res. 2025;14(2):22799036251329452. Published 2025 Apr 11. doi:10.1177/22799036251329452

Driving Grantee Success: NTAE and Nutrition Hub Impact in Year 6

During year six, the NTAE continued to fulfill its ongoing mandate to provide implementation-and evaluation-related support and services to all GusNIP projects, serving each individual project as well as the portfolio as a whole. Through initiatives designed to increase NI and PPR project efficiency and effectiveness in communities, the NTAE helped to maximize the federal investment in GusNIP.

> **"We appreciate the genuine support we receive [from the NTAE] and feel that we are able to reach out and be heard, with responses from very intellectual professionals with loads of institutional knowledge and it's been incredibly impactful for us to learn from. It has also been impactful to be connected to so many organizations and networks who have been doing this work for years and are passionate about sharing their experiences with others."**
>
> *— North Central Region PPR Grantee*

The NTAE continued to provide comprehensive, integrated technical assistance to GusNIP grantees through nearly 1,500 instances of group and one-on-one support, resource development and dissemination, and peer learning and networking opportunities. One-on-one support provided by NTAE advisors contributed to enhanced grantee capacity for evidence-based implementation and timely, high-quality collection and submission of site- and participant-level data. Results gleaned from the 2025 technical assistance survey revealed 91% of grantees reported being satisfied or extremely satisfied with the NTAE support, citing measurable gains in efficiency, such as faster reporting, clear priorities, and stronger partner collaboration. Grantees' ability to collect timely, high-quality data directly impacts the NTAE's charge to aggregate and showcase the impact of GusNIP to USDA NIFA, Congress, and the NI and PPR fields at-large.

In year six, the NTAE developed approximately 40 new resources around a variety of topics, including how to enhance PPR project technology systems and healthcare partnerships, guidance on tax implications for PPR incentives and potential Medicaid funding pathways, and methods to estimate NI project reach. Developed in response to needs expressed by GusNIP grantees, as well as emerging policies, these resources clearly demonstrate the NTAE's responsiveness to the field as well as its capacity to help grantees implement more effective and efficient projects and evaluations. The NTAE fostered peer learning and networking through eight communities of practice that focused on topics significant to grantees, such as nutrition education, state funding, and marketing and communications. Additionally, workshops, field visits, and peer-to-peer networking offered during the combined USDA NIFA GusNIP Project Director's meeting and GusNIP National Convening provided a streamlined and beneficial experience for grantees.

The NTAE continued to strengthen the evidence base for NI and PPR projects through its research and evaluation efforts (i.e., reporting site- and participant-level data collected by grantees to demonstrate the national impact of GusNIP). Specifically in year six, participant-level data (i.e., surveys) from more than 10,000 participants and site-level data from more than 5,500 sites allowed the NTAE to demonstrate the collective national impact of NI and PPR projects. The impact of NI and PPR projects was further showcased through publication of eight peer-reviewed papers by the NTAE (**Appendix 10**) on a range of topics including improved outcomes in NI and PPR projects, enhancements to NI/PPR data collection, qualitative insights to optimize NI/PPR projects, and nutrition education in NI/PPR projects. Finally, the NTAE leveraged external funding to implement six substudy investigations to further enhance evidence about NI and PPR project impacts. Substudies included an assessment of NI projects' impact on dietary quality and intake among newer retail sites, an assessment of the relationship between PPR participation and healthcare utilization, and a case study examining farmers' experiences participating in NI and PPR projects.

For the last six years, the core metrics (i.e., the required site- and participant-level data collected by all grantees) have allowed the NTAE to aggregate a vast amount of data to show the annual impact of GusNIP on key outcomes of FV intake, food security, and other related topics. In response to feedback from GusNIP grantees, partners, and USDA NIFA, the NTAE identified opportunities to enhance the efficiency and effectiveness of the core metrics for grantees while reducing burden on participants and sites. During year six, the NTAE initiated a core metrics revision process.

As a first step in collaboratively developing new approaches to NI and PPR evaluation with grantees, the NTAE launched the GusNIP Community Voices (GCV) initiative. A group of 32 GusNIP grantees participated in GCV by providing feedback on the core metrics in focus groups. During year seven, the NTAE will build upon year six GCV feedback to pilot new quantitative and qualitative measures with a small number of GusNIP grantees. These pilot initiatives will enable the testing of rigorous and lower burden evaluation options to assess their feasibility among GusNIP grantees. Results from pilot initiatives will inform revised core metrics that are expected to launch in the 2026-2027 program year. In summary, the NTAE remains committed to demonstrating the impact of GusNIP on key outcomes, while exploring new research questions and innovative methodologies to continue to tell the stories of GusNIP projects.

Conclusions and Next Steps for Future Years

Since its launch in 2019, GusNIP has strengthened the health and economic vitality of American communities by helping families afford nutritious food while supporting U.S. farmers and food retailers. The program reaches Americans at elevated risk for diet-related chronic disease,[77] which aligns with the federal government's broader mission to prevent chronic disease through improved nutrition. At the same time, GusNIP reinforces USDA's commitment to American agriculture by increasing demand for FVs, which in turn boosts sales for food retailers and farmers. GusNIP has generated hundreds of millions of dollars for local communities.

These positive economic impacts have ripple effects that benefit businesses, including small, midsized, and specialty crop farmers working to stay competitive in regional markets.[78, 79]

In year six, GusNIP expanded to support even more people and communities than in previous years—operating at the greatest number of sites, having the largest dollar amount of incentives redeemed, and generating the highest local economic impact to date. GusNIP reached more than 226,000 American families each month in year six, resulting in $62.2 million in redeemed nutrition incentives and produce prescriptions. For the fifth year in a row, participants and sites reported expanded access to FVs, increased FV intake, and improved food security among families with low income as well as increased produce sales for farmers and retailers. Nutrition incentive dollars directly supported farmers and flowed through more than 5,500 food retail outlets and clinics located in 42 states, Washington, D.C., Guam, and Puerto Rico.

In partnership with USDA NIFA, the NTAE and Nutrition Incentive Hub continue to provide vital support to NI and PPR applicants, grantees, and practitioners across the country. Through collaborations with community experts, the NTAE offers essential resources and hands-on support that empower grantees to improve efficiency and fosters project innovation. The combined effort of USDA NIFA, the NTAE, and Nutrition Incentive Hub results in more effective NI and PPR projects, ensuring that GusNIP helps to stretch American consumers' food budgets for FV purchases, improves healthcare linkages and outcomes, and supports local economies.

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[77] Conrad Z, Rehm CD, Wilde P, Mozaffarian D. *Cardiometabolic Mortality by Supplemental Nutrition Assistance Program Participation and Eligibility in the United States.* Am J Public Health. 2017;107(3):466-474. doi:10.2105/AJPH.2016.303608

[78] *Over 140,000 Farms Lost in 5 Years.* American Farm Bureau Federation. Accessed February 11, 2026. https://www.fb.org/market-intel/over-140-000-farms-lost-in-5-years

[79] *USDA census: Smaller farms falling further behind* | Environmental Working Group. February 13, 2024. Accessed February 11, 2026. https://www.ewg.org/news-insights/news-release/2024/02/usda-census-smaller-farms-falling-further-behind

The NTAE remains committed to maximizing the value of the federal investment in GusNIP by helping NI and PPR projects operate efficiently, scale successfully, and demonstrate measurable outcomes. In the coming years, the NTAE will prioritize strategies that strengthen program delivery, expand reach to all GusNIP audiences, and continue to demonstrate GusNIP's value to American families, farmers, retailers, and communities.

The NTAE's key strategies include:

- **Provide additional resources and training opportunities** to GusNIP grantees that are seeking to expand the number and variety of funding sources that support their projects.
- **Collaborate with GusNIP grantees and applicants** to map NI or PPR reach in their communities by utilizing NTAE tools like the GusNIP Site Map.
- **Implement new core measures** to strengthen GusNIP's story, highlight innovative strategies, and align with public health approaches.
- **Evaluate modernized delivery systems** that improve efficiency and customer service experience among those who participate, including the integration of electronic health records (EHR) and incentive or produce prescription delivery systems.
- **Enhance the efficiency and effectiveness of local community GusNIP projects** by providing national best practices and access to resources, ensuring that programs can scale and sustain themselves based on state policy options.
- **Release key findings** from rigorous and complementary evaluations that highlight the impact of GusNIP on healthy choices, improved health outcomes, and promotion of strong families and resilient communities.
- **Continue to deepen the connections** between GusNIP families, American farmers, and food retailers to ensure that local economies benefit from increased demand for FVs.

This work is supported by Gus Schumacher Nutrition Incentive Program grant no. 2023-70414- 40461/project accession no. 1031111 from the USDA National Institute of Food and Agriculture.

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Learn more at **www.nutritionincentivehub.org**

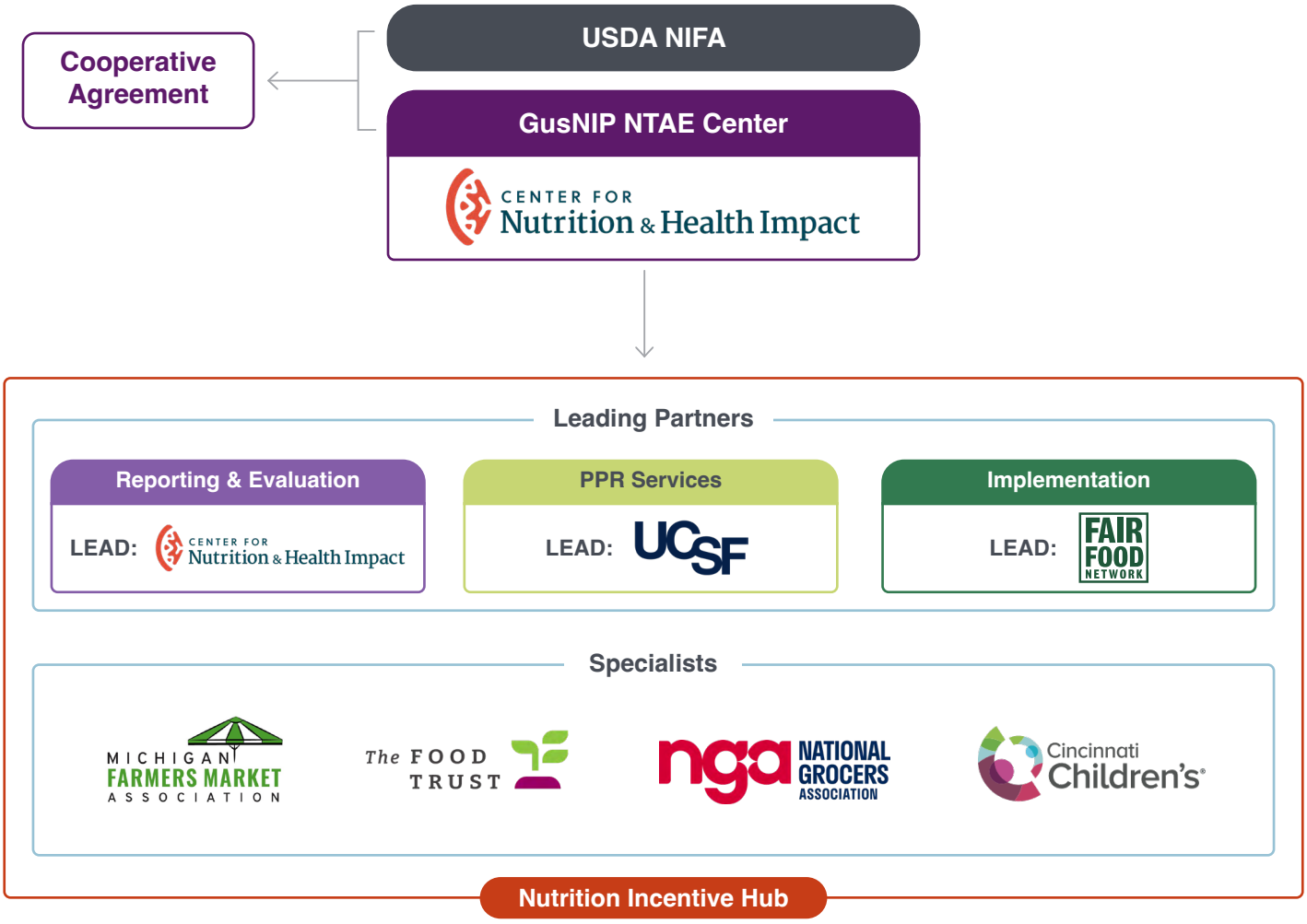
FUNDING STATEMENT

This work is supported by Gus Schumacher Nutrition Incentive Program grant no. 2023-70414- 40461/project accession no. 1031111 from the USDA National Institute of Food and Agriculture.

Nutrition Incentive Hub

CREATED BY GUSNIP NTAE CENTER

Appendix 1. Core Partner Structure



Appendix 2. Participant-Level Data Collection Methodology

Overview of Participant-Level Core Measures for the Gus Schumacher Nutrition Incentive Program (GusNIP)

What are participant-level outcomes?
Participant-level outcomes are meant to assess the experiences of individuals receiving services from GusNIP projects. These outcomes are measured using a set of survey items (described below) validated among populations with low income that were selected for feasibility and ease of use.

What are GusNIP's participant-level core measures?
Participant-level core measures evaluate key participant-level outcomes related to the GusNIP intervention. In 2019, the Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (NTAE) worked with the U.S. Department of Agriculture (USDA), National Institute of Food and Agriculture (NIFA), grantees, sites,[1] and expert partners to identify and establish methods and measures to evaluate core participant-level outcomes.

When are participant-level outcomes collected?
Nutrition incentive project (NI) grantees collect cross-sectional surveys annually throughout the award duration with sample size dependent on project size (i.e., pilot, standard, or large scale). Produce prescription project (PPR) grantees collect surveys at baseline and follow-up among a cohort or cohorts of participants enrolled in the project over the duration of the award. NI and PPR participant-level data collected by August 31 are submitted annually to NTAE.

Participant-Level Survey Modules

Rationale for the selection of each survey module, which contain the participant-level core measures, is described on the Nutrition Incentive Hub website for **NI projects** and for **PPR projects**. The following sections provide a brief description of each survey module and an explanation of how each survey module was administered.

Food Security.
Participants were asked to respond to the **USDA Six-Item Household Food Security Survey Module**. The module includes six questions about food eaten in the household within the last 30 days and whether the participant was able to afford the food needed by their household. Applying USDA's scoring mechanism, each affirmative response received one point, for a possible total score range of 0-6. For all grantees, response options "often true" or "sometimes true" were affirmative. Total scores of 0-1 were considered "high/marginal food security," scores of 2-4 were considered "low food security," and scores of 5-6 were considered "very low food security."

Fruit and Vegetable Intake (FVI).
To assess FVI, participants were asked about their intake frequency of 10 food and beverage items: 100% fruit juice, fruit, salad, fried potatoes, other kinds of potatoes, cooked dried beans, other vegetables, salsa, pizza, and tomato sauce.

Items were sourced from the **Questionnaire (DSQ)** used in the **National Health and Nutrition Examination Survey (NHANES) 2009-2010 series**.[2] Some grantees further tailored the food examples within each question to be more culturally relevant among the communities they serve.

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[1] Sites are locations where GusNIP projects are administered. They are referred to as "firms" in the GusNIP Request for Applications. All NI sites are SNAP-authorized food retail outlets.

[2] Epidemiology and Genomics Research Program. (n.d). *Dietary screener questionnaire in the NHANES 2009-10: Background.* National Institutes of Health, National Cancer Institute, Division of Cancer Control and Population Sciences. https://epi.grants.cancer.gov/nhanes/dietscreen/

Response options for each item included: "Never," "1 time last month," "2-3 times last month," "1 time per week," "2 times per week," "3-4 times per week," "5-6 times per week," "1 time per day," "2 or more times per day," with the addition of "2-3 times per day," "4-5 times per day," and "6 or more times per day" for the 100% fruit juice item only.[3] Frequency responses were converted to daily frequencies according to the table below.

Daily Frequency Values for 10-item DSQ

Frequency Response	Daily Frequency Value
Never	0
1 time last month	0.033
2-3 times last month	0.083
1 time per week	0.143
2 times per week	0.286
3-4 times per week	0.5
5-6 times per week	0.786
1 time per day	1
2 or more times per day	2
2-3 times per day	2.5
4-5 times per day	4.5
6 or more times per day	6

After responses were converted to daily frequency values, data were inputted into a **scoring algorithm** specifically developed for the DSQ to determine *daily cup equivalents* of FVI based upon participant demographics.

Sociodemographic Characteristics.
Sociodemographic data are limited to age, sex, race, and ethnicity. Basic demographic information allows researchers to understand which populations NI and PPR projects are reaching and whether project impacts differ among those populations. Demographic data are also used in the DSQ calculation.

Other Project Impacts.
All participants were asked to respond to a single question about program satisfaction[4]: "Overall, how would you rate your experience with [NI or PPR project name]?" Response options were on a 5-point Likert scale ranging from very negative to very positive. Participants were also asked a single question about their health status: "Would you say in general that your health is poor, fair, good, very good, or excellent?"

Supplementary Participant-Level Data Collection Resources

GusNIP NTAE developed and maintains a list of optional topics and constructs for participant-level surveys to help grantees identify additional items that may be of interest and relevant to their specific project.[5] With a growing number of GusNIP grantees focused on families, GusNIP NTAE has developed a suite of youth and parent survey items and modules. These tools are used when a project has a child-focused component and is interested in exploring youth health outcomes. The full versions of these tools, including baseline and follow-up surveys for both children and parents, can be found on the **Supplementary and Recommended Metrics** page of the Nutrition Incentive Hub website. Additionally, some GusNIP PPR grantees piloted a survey module for self-reported healthcare utilization adapted from NHANES 2017-2018 Hospital Utilization and Access to Care. This resource is available upon **request**. Although supplementary and recommended participant-level metrics are relevant and of interest to specific projects, these data are not reported by the GusNIP NTAE in the Impact Findings.

[3] The fruit juice item includes three response options that are not included as response options for the other items ("2-3 times per day," "4-5 times per day," and "6 or more times per day"). Food items have a response option "2 or more times per day."

[4] Program satisfaction refers to the measure used to rate participant satisfaction with the NI/PPR project.

[5] Additional items are often related to the main outcomes of FVI and food security, such as hunger-coping and trade-off behaviors, transportation, food literacy and preferences, and health conditions.

Sample Size Requirements

The tables below show survey sample size requirements by year and project type. Program advisors (PAs) work one-on-one with grantees to determine the best sampling and survey administration procedures to achieve the required sample size. NI grantees collect surveys once annually. PPR grantees collect surveys across their award period, surveying the same participants at two time points (baseline and follow-up).

GusNIP Sample Size Requirements

Award Year	GusNIP Pilot Projects (NI)	GusNIP Projects (NI)	GusNIP Large Scale Projects (NI)	GusNIP Produce Prescription Projects (PPR)
2019	Not required	150	230	100-130
2020	Not required	100	150	100-130
2021	Not required	100	150	100-130
2022	Not required	100	150	100-130
2023	Not required	100	100	100-130
2024	Not required	100	100	100-130
2025	Not required	30	30	30[1]

[1] PPR projects are required to collect at least 30 matched baseline-follow-up surveys from project participants throughout the period of award.

GusCRR Sample Size Requirements

Award Year	GusCRR Projects (NI)	GusCRR Large Scale Projects (NI)	GusCRR Produce Prescription Projects (PPR)
2021	75	100	75
2022	75	100	75
2023	75	100	75
2024	75	100	75
2025	30	30	30[1]

[1] PPR projects are required to collect at least 30 matched baseline-follow-up surveys from project participants throughout the period of award.

ARPA Sample Size Requirements

Award Year	ARPA PPR Meritorious	ARPA PPR Enhancement	ARPA PPR Standard
2022	100-130	100-130	100-130
2023	100-130	100-130	100-130
2024	100-130	100-130	100-130
2025	30	30	30[1]

[1] PPR projects are required to collect at least 30 matched baseline-follow-up surveys from project participants throughout the period of award.

Inclusion and Exclusion Criteria for Participant-Level Surveys

NI survey respondents were required to be 18 years of age or older and participants of an NI project. PPR survey respondents were PPR project participants recruited through health clinics or health programs. Therefore, PPR survey respondents were 18 years of age or older and met any specific PPR project eligibility criteria outlined by the grantee (e.g., diabetes diagnosis, Medicaid recipient). Each grantee's final sample size was comprised of surveys that (1) had responses to at least 75% of survey questions; (2) had complete responses for the DSQ; (3) had complete responses for food security; (4) had responses for age and sex. Additional criteria for the matched PPR sample include participants who (1) participated in a PPR project that completed its award in Y6 (September 1, 2024-August 31, 2025); (2) had a matched baseline and follow-up survey from any year of the PPR award; (3) had not used PPR redemptions at baseline and had used PPR redemptions at least once at follow-up.

Appendix 3. Site-Level Data Collection Methodology

Overview of Site-Level Core Measures for GusNIP

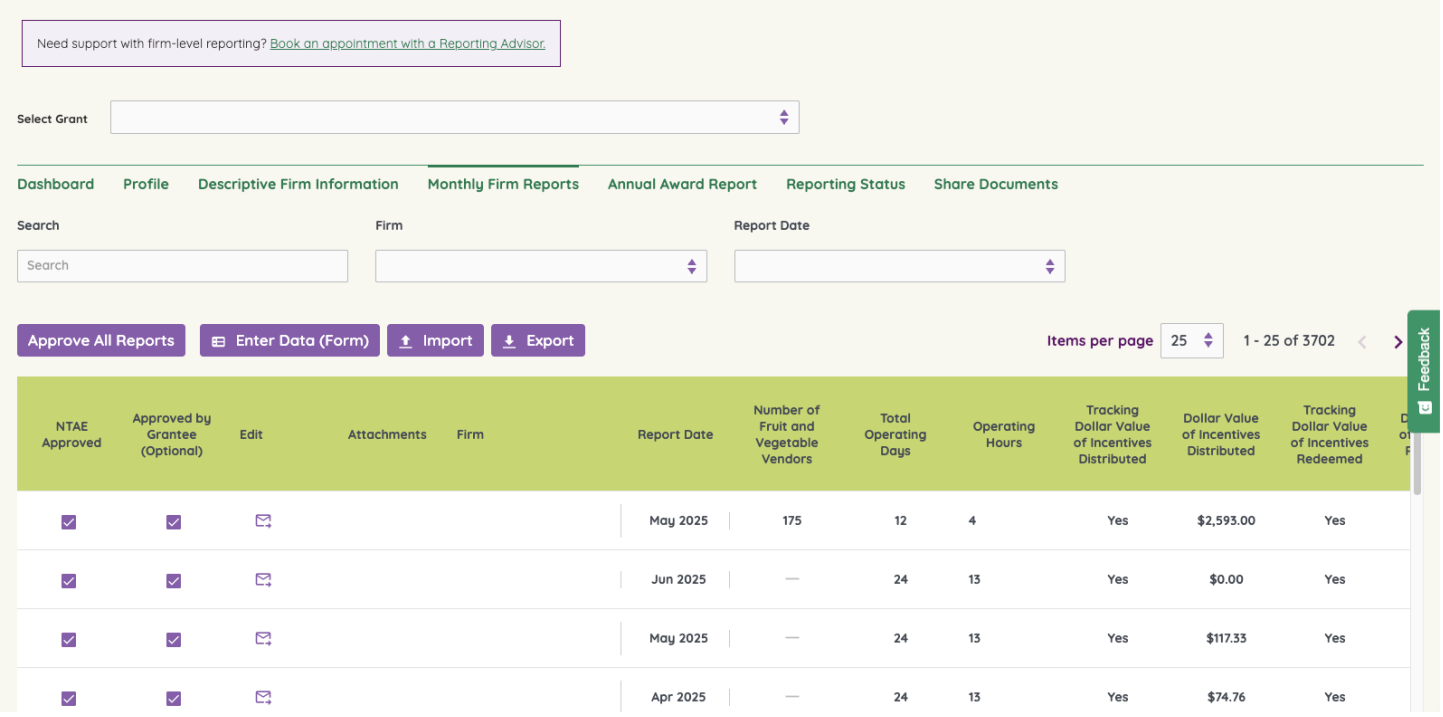
What are site-level outcomes?
Site-level outcomes monitor project implementation and identify which properties of NI and PPR projects are most effective at increasing incentive redemption. These core measures are collected from food retail outlets as well as clinics and are reported by farm direct (FD), brick-and-mortar (B&M), and clinic categories. Site-level data, such as the dollar amount of incentives distributed and redeemed each month, are also used to calculate local economic impact.

What are GusNIP's site-level core measures?
The site-level core measures evaluate key site-level outcomes related to the GusNIP intervention. In 2019, the NTAE worked with USDA NIFA, grantees, sites, and expert partners to identify methods and measures to evaluate core site-level outcomes.

When are site-level outcomes collected?
NI and PPR grantees work with collaborating sites to submit the site-level data to the GusNIP NTAE monthly and annually.

Site-Level Data Collection

Grantees submitted site-level reports to the GusNIP NTAE via the **Nutrition Incentive Hub** portal. The following screenshot shows the portal reporting page with grantee and site information redacted.



Site-level reporting data come from three sources:

- Monthly Site Reports (1 per site per month)
- Descriptive Site Information (1 per site per year on September 30)
- Annual Award Report (1 per grant award per year on September 30)

Site-level reporting data are based on a series of core measures. The tables below summarize core measures with specific attention to variation by project type (NI or PPR) and site type (B&M, FD, clinic).

NI Site-Level Core Measures

Core measures for **grantee organizations** are outlined below. Grantees report these measures for each award. Therefore, multiple reports are required if the grantee has multiple awards.

Core Measure	# of Fields	Example Item	Rationale
Grantee-level information ***Reported annually***	2	Expenses associated with establishment and operations of the project.	Allows for determination of actual costs and provides input to cost-related analyses.

Core measures for **brick-and-mortar sites**, including supermarkets, grocery stores, and small format stores, are outlined below. Grantees are required to report these measures for each of their brick-and-mortar sites.

Core Measure	# of Fields	Example Item	Rationale
Site-level descriptive information ***Reported annually***	12-13*	Financial instrument used for SNAP purchases and incentives. Products eligible for incentives.	Provides site-level descriptive information to understand contextual elements of project delivery and implementation.
Site-level numeric measures ***Reported monthly***	4-12*	Amount ($) of incentives redeemed. Number of unique incentive customers.	Describes NI utilization and redemption patterns and tracks "dose" of intervention.

* Exact number of fields varies depending upon additional programming offered at the site.

Core measures for **farm direct sites**, including farmers markets, farm stands, and CSAs, are outlined below. Grantees are required to report these measures for each of their farm direct sites.

Core Measure	# of Fields	Example Item	Rationale
Site-level descriptive information ***Reported annually***	12-13*	Financial instrument used for SNAP purchases and incentives. Products eligible for incentives.	Provides site-level descriptive information to understand contextual elements of project delivery and implementation.
Site-level numeric measures ***Reported monthly***	5-13*	Amount ($) of incentives redeemed. Number of unique incentive customers. Number of fruit and vegetable vendors.	Describes NI utilization and redemption patterns and tracks "dose" of intervention.

* Exact number of fields varies depending upon additional programming offered at the site.

PPR Site-Level Core Measures

Core measures for **grantee organizations** are outlined below. Grantees report these measures for each award. Therefore, multiple reports are required if the grantee has multiple awards.

Core Measure	# of Fields	Example Item	Rationale
Grantee-level information ***Reported annually***	2	Expenses associated with establishment and operations of the project.	Allows for determination of actual costs and provides input to cost-related analyses.

Core measures for **brick-and-mortar sites**, including supermarkets, grocery stores, and small format stores, that allow redemption of produce prescriptions, are outlined below. Grantees are required to report these measures for each of their brick-and-mortar sites.

Core Measure	# of Fields	Example Item	Rationale
Site-level descriptive information ***Reported annually***	8-18*	Financial instrument used for PPR incentives. FV products eligible for incentives.	Provides site-level descriptive information to understand contextual elements of project delivery and implementation.
Site-level numeric measures **Reported monthly**	5-14*	Amount ($) of PPR incentives redeemed.	Describes PPR utilization and redemption patterns and tracks "dose" of intervention.

* Exact number of fields varies depending upon additional programming offered at the site

Core measures for **farm direct sites**, including farmers markets, farm stands, and CSAs, that allow redemption of produce prescriptions are outlined below. Grantees are required to report these measures for each of their farm direct sites.

Core Measure	# of Fields	Example Item	Rationale
Site-level descriptive information ***Reported annually***	8-18*	Financial instrument used for PPR incentives. FV products eligible for incentives.	Provides site-level descriptive information to understand contextual elements of project delivery and implementation.
Site-level numeric measures ***Reported monthly***	5-14*	Amount ($) of PPR incentives redeemed.	Describes PPR utilization and redemption patterns and tracks "dose" of intervention.

* Exact number of fields varies depending upon additional programming offered at the site.

Core measures for **clinics** that enroll participants, distribute produce prescriptions, and/or allow the redemption of produce prescriptions are outlined below. Grantees are required to report these measures for each of their clinics that enroll, distribute, and/or allow the redemption of produce prescriptions.

Core Measure	# of Fields	Example Item	Rationale
Site-level descriptive information ***Reported annually***	8-18*	Financial instrument used for PPR incentives. FV products eligible for incentives.	Provides site-level descriptive information to understand contextual elements of project delivery and implementation.
Site-level numeric measures ***Reported monthly***	5-11*	Amount ($) of PPR incentives distributed. Number of PPR project participants enrolled and completed.	Describes PPR utilization and redemption patterns and tracks "dose" of intervention. Tracks project participation.

* Exact number of fields varies depending upon clinic site type (i.e., enrollment site, distribution site, redemption site) and if the clinic offers additional programming.

Economic Impact

NTAE used the **Local Food System Economic Impact Calculator** to summarize economic impact of NI and PPR projects. This calculator was used to maintain year-to-year consistency of the local economic impact estimate reported in this and previous impact findings reports. The impact calculation uses the dollar amount of incentives redeemed at a site in combination with a geographically specific multiplier to estimate the change in the local community economy associated with incentive redemption. The estimated impact includes both direct effects (e.g., incentive redemption at participating sites) as well as indirect effects (e.g., how sites spend the extra revenue on hiring, marketing) and is indicative of the upper bound of economic impact an initiative (e.g., GusNIP project) may generate.

Appendix 4. Glossary of Acronyms/Abbreviations

Abbreviation/Acronym	Full Name/Description
A	
ARPA	American Rescue Plan Act
B	
B&M	brick-and-mortar
C	
CDC	Centers for Disease Control and Prevention
CNHI	Center for Nutrition & Health Impact
COVID or COVID-19	coronavirus disease of 2019
CSA	community supported agriculture
D	
DBP	diastolic blood pressure
DGA	Dietary Guidelines for Americans
DSQ	Dietary Screener Questionnaire
E	
EBT	electronic benefits transfer
EFNEP	Expanded Food and Nutrition Education Program
EHR	electronic health records
F	
FD	farm direct
FNA	Food and Nutrition Administration
FQHC	Federally Qualified Health Center
FVI	fruit and vegetable intake
FV / FVs	fruit(s) and vegetable(s)
G	
GCV	GusNIP Community Voices
GusCRR	GusNIP COVID Relief and Response
GusNIP	Gus Schumacher Nutrition Incentive Program (formerly the FINI Program). Also refers to the family of awards from the USDA National Institute of Food and Agriculture (GusNIP, GusCRR, and ARPA funded awards).
H	
HbA1c or A1c	hemoglobin A1c (measurement for blood sugar)

Abbreviation/Acronym	Full Name/Description
I-M	
N	
NAP	Nutrition Assistance Program
NIFA	National Institute of Food and Agriculture, USDA
NI	nutrition incentive (general; includes SNAP incentives); Nutrition Incentive Program funded by GusNIP
NTAE or NTAE Center	Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center. Also known as the NTAE Center. The Center for Nutrition & Health Impact is the current NTAE awardee for GusNIP.
O	
P	
PPR	produce prescription (general); Produce Prescription Program funded by GusNIP
Q-R	
S	
SBP	systolic blood pressure
SNAP	Supplemental Nutrition Assistance Program
T	
U	
USDA	United States Department of Agriculture
U.S.	United States of America
V	
W	
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
X-Z	

Appendix 5. Description of 2024 GusNIP Grantees

2024 GusNIP Grantees: Produce Prescription Projects (PPR)

The 2024 GusNIP PPR RFA states that all GusNIP PPR projects must:

1. Include a letter of support from one or more healthcare partners.
2. Prescribe fresh fruits and vegetables to eligible individuals.

Individuals are eligible to participate in a GusNIP PPR project if they are eligible for:

1. Benefits under the Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.); or
2. Medical assistance under a state plan or a waiver of such a plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and enrolled under such plan or waiver; and
3. A member of a low-income household that suffers from, or is at risk of developing, a diet-related health condition.

All funded GusNIP PPR projects are required to adhere to these eligibility criteria. Beyond these eligibility requirements, PPR projects can further define who can enroll in the PPR project. For example, many PPR projects also include screening positive for food insecurity as an indicator of risk for diet-related health conditions. These additional criteria are identified in the "Additional Enrollment Criteria" column of the table below. Flexibility to focus on specific health and nutrition concerns allows projects to address issues of the greatest concern in their communities (e.g., high blood pressure or diabetes).

Grantee	Grantee Type[1]	Total Grant Amount and Duration	Additional Priority Population(s)[2]	Intervention Duration	Site Type(s)[3]	Prescription Amount and Mechanism	State(s) Reached
Arizona Community Health Workers Association	CBO	$480,427 3 years	--	9 months	B&M, FD	$100 voucher; monthly	AZ
Boulder County Public Health	GOV	$479,723 2 years	Pregnant people	Variable, from enrollment through the end of the fourth trimester	Clinic, FD	Produce box; bi-weekly	CO
Chicago Horticultural Society	CBO	$480,441 2 years	--	40 weeks	Clinic, FD	Produce box; weekly	IL

Grantee	Grantee Type[1]	Total Grant Amount and Duration	Additional Priority Population(s)[2]	Intervention Duration	Site Type(s)[3]	Prescription Amount and Mechanism	State(s) Reached
DC Greens	CBO	$480,441 2 years	--	12 months	B&M, Clinic	$80 - $120 prepaid debit card (based on household size); monthly	DC
Family Health Centers of San Diego	CBO	$480,441 3 years	--	12 months	Clinic	$53 CSA share or produce box; weekly or multiple times per week	CA
La Semilla Food Center	HCO	$480,441 3 years	--	6 months	Clinic, FD	$50 CSA share or produce box; weekly or multiple times per week	NM
Lake County Tribal Health Consortium	HCO	$480,440 3 years	American Indian and Alaska Native populations	6 months	Clinic, FD	$100 CSA share or produce box; monthly	CA
Local Environmental Agriculture Project	CBO	$479,918 3 years	--	6 months	B&M, Clinic, FD	$60 - $300 coupon, CSA share, or produce box (based on household size); variable frequencies	VA
Shalom Farms	CBO	$480,440 3 years	--	6 months	FD	$30 voucher; weekly or multiple times per week	VA

Grantee	Grantee Type[1]	Total Grant Amount and Duration	Additional Priority Population(s)[2]	Intervention Duration	Site Type(s)[3]	Prescription Amount and Mechanism	State(s) Reached
Sheridan County Hospital	HCO	$477,648 3 years	Children aged 3 – 18 years	8 months	B&M, Clinic	$50 - $150 CSA share or produce box; monthly	KS
The Richford Health Center	HCO	$480,440 3 years	--	12 months	B&M, Clinic	$20 loyalty account (plastic card); weekly or multiple times per week	VA
University of Arkansas System	UNI	$480,325 3 years	Cancer patients and survivors	Variable, up to 24 months	Clinic	$19 CSA share or produce box; weekly or multiple times per week	AR

[1] Eligible entities for GusNIP NI and PPR projects are limited to governmental agencies and non-profits which are further classified as: CBO = community based organization or other non-profit; GOV = state or local government agency; HCO = healthcare organization; UNI = university or other higher education organization; Other.

[2] Additional priority population(s) sourced from project summaries within USDA's Current Research Information System

[3] Site types include: brick-and-mortar (B&M), clinic, and farm direct (FD)

2024 GusNIP Grantees: Nutrition Incentive Projects (NI)

For GusNIP Nutrition Incentive projects, there are three allowable incentive models:

1. Fruits and vegetables for fruits and vegetables: SNAP/NAP participants purchase fruits or vegetables using their SNAP/NAP benefits and then receive incentives that are redeemable only for the purchase of fruits or vegetables.
2. Any SNAP/NAP eligible food for fruits and vegetables: SNAP/NAP participants purchase any SNAP/NAP eligible food using their SNAP/NAP benefits and then receive incentives that are redeemable only for the purchase of fruits or vegetables.
3. Fruits and vegetables for any SNAP/NAP eligible food: SNAP/NAP participants purchase fruits or vegetables using their SNAP/NAP benefits and then receive incentives that are redeemable for the purchase of any SNAP/NAP eligible food.

All funded GusNIP NI projects must adhere to one or a combination of these three incentive models. Additional details about each project's incentive model are identified in the "Match Amount and Mechanism" column of the table on the next page.

Grantee	Grantee Type[1]	Total Grant Amount and Duration[2]	Site Type(s)[3]	Match Amount and Mechanism	State(s) Reached
GusNIP Large Scale Projects					
Banco de Alimentos Puerto Rico, Inc	CBO	$2,100,000 3 years	B&M	3:1; up to $60 monthly; produce box	PR
City Green Inc	CBO	$2,048,422 3 years	B&M, FD	1:1 or 50% off; $10 per day; coupon	NJ
Farmers Market Fund	CBO	$5,358,439 2 years	B&M, FD	1:1 or 50% off; $10 per day; coupon, CSA share, discount (paper, point-of-sale, or voucher), loyalty account (unique ID or phone number)	OR
Iowa Healthiest State Initiative	CBO	$4,820,792 3 years	B&M, FD	1:1 or 50% off; $15 per day; loyalty card	IA
Produce Perks Midwest Inc	CBO	$2,852,190 7 months	B&M, FD	1:1 or 50% off; $25 per day; coupon (paper or digital), discount (paper, point-of-sale, or voucher), token	OH
Sustainable Food Center Inc	CBO	$8,699,885 4 years	B&M, FD	1:1 or 50% off; $30 per day; CSA share, coupon (paper or digital), discount (paper, point-of-sale, or voucher)	TX
The Food Basket Inc	CBO	$8,405,085 3 years	B&M, FD	1:1 or 50% off; variable frequency, variable caps; coupon (paper or digital), discount (paper, point-of-sale, or voucher)	HI
Utah Department of Health and Human Services	GOV	$1,113,783 3 years	B&M, FD	1:2 or 66% off; $20 per day; EBT card, discount (paper, point-of-sale, or voucher), produce box, token	UT

Grantee	Grantee Type[1]	Total Grant Amount and Duration[2]	Site Type(s)[3]	Match Amount and Mechanism	State(s) Reached
GusNIP Standard Projects					
D'Youville College	UNI	$460,000 2 years	B&M	1:1 or 50% off; $500 per year; loyalty card	NY
GusNIP Pilot Projects					
Clemson University	UNI	$83,084 1 year	B&M	1:2 or 66% off; $60 per month; discount (paper or voucher)	SC
Partners for Active Living	CBO	$60,880 1 year	B&M, FD	1:1 or 50% off; $40 per day; coupon (paper or digital), token	SC
Project Open Hand	CBO	$100,000 1 year	B&M	1:2 or 66% off; $70 per month for six months; discount (paper, point-of-sale, or voucher)	CA
Royten's Enrichment Academy Community Hope	CBO	$100,000 1 year	FD	1:1 or 50% off; $50 per day; token	CA
University of Guam	UNI	$100,000 1 year	B&M	1:1 or 50% off; no cap; EBT card	GU

[1] Eligible entities for GusNIP NI and PPR projects are limited to governmental agencies and non-profits which are further classified as: CBO = community based organization or other non-profit; GOV = state or local government agency; HCO = healthcare organization; UNI = university or other higher education organization; Other.

[2] Grant duration uses no cost extension date, where applicable.

[3] Site types include: brick-and-mortar (B&M) and farm direct (FD).

Appendix 6. Nutrition Incentive Results Tables

Nutrition Incentive Site-Level Results Tables

Table A1. Total Estimated Number of NI Participants in Y6 by Month and Award Mechanism

Month and Year	GusNIP Customers Served	GusCRR Customers Served	Total
September 2024	225,057	24,514	249,571
October 2024	210,102	27,441	237,543
November 2024	174,640	26,287	200,927
December 2024	168,125	25,183	193,308
January 2025	160,841	19,979	180,820
February 2025	156,715	21,338	178,054
March 2025	158,606	26,264	184,870
April 2025	174,433	30,414	204,847
May 2025	198,351	33,655	232,006
June 2025	217,249	37,168	254,417
July 2025	233,362	49,761	283,123
August 2025	245,846	48,773	294,618
Monthly Average	193,611	30,898	224,509

Table A2. SNAP Purchases/Products Eligible to Trigger Incentive Distribution by Site Type for NI Projects (2024-2025)[1]

Eligible SNAP Purchases/Products	B&M (n = 1,537)	FD (n = 2,014)	Total NI (N = 3,551)
All FVs (fresh, canned, frozen, dried, plants, and/or seeds) n (%)	321 (20.88%)	153 (7.60%)	474 (13.35%)
All SNAP Eligible Items n (%)	220 (14.31%)	1,505 (74.73%)	1,725 (48.58%)
Fresh FVs Only n (%)	902 (58.69%)	215 (10.68%)	1,117 (31.46%)
Only State or Regionally Grown FVs n (%)	94 (6.12%)	141 (7.00%)	235 (6.62%)

B&M = brick-and-mortar sites; FD = farm direct sites; FVs = fruits and vegetables; N = total number in sample; n = number in subsample; NI = nutrition incentive; SNAP = Supplemental Nutrition Assistance Program

[1] Sites that did not report on SNAP purchases/products eligible to trigger incentives for incentive redemption (e.g., scenarios where this question was not applicable) were removed from the sample. Thus, the number of sites (n) in each column header is based on the number of sites that have data for this metric, not the total number of sites. Percentages are column percentages.

Table A3. Fruits and Vegetables (FVs) Eligible for Incentive Redemption by Site Type for NI Projects (2024-2025)[1]

Eligible FVs	B&M (n = 1,537)	FD (n = 2,014)	Total NI (N = 3,551)
Fresh FVs Only n (%)	1,051 (68.38%)	610 (30.29%)	1,661 (46.78%)
All FVs (fresh, canned, frozen, dried, plants, and/or seeds) n (%)	374 (24.33%)	656 (32.57%)	1,030 (29.01%)
Only State or Regionally Grown FVs n (%)	112 (7.29%)	747 (37.09%)	859 (24.19%)
Only Organically grown FVs n (%)	0 (0.00%)	1 (0.05%)	1 (0.03%)

B&M = brick-and-mortar sites; FD = farm direct sites; FVs = fruits and vegetables; N = total number in sample; n = number in subsample; NI = nutrition incentive

[1] Sites that did not report on FVs eligible for incentives (e.g., scenarios where this question was not applicable) were removed from the sample. Thus, the number of sites (n) in each column header is based on the number of sites that have data for this metric, not the total number of sites. Percentages are column percentages.

Table A4. Methods for Incentive Distribution/Redemption by Site Type for NI Projects (2024-2025)[1]

Methods	B&M (n = 1,537)	FD (n = 2,014)	Total NI (N = 3,551)
CSA Share or Produce Box n (%)	1 (0.07%)	54 (2.68%)	55 (1.55%)
Discount at Register n (%)	293 (19.06%)	265 (13.16%)	558 (15.71%)
EBT Card n (%)	31 (2.02%)	40 (1.99%)	71 (2.00%)
Loyalty Account[2] n (%)	415 (27.00%)	42 (2.09%)	457 (12.87%)
Paper Voucher or Coupon n (%)	803 (52.24%)	849 (42.15%)	1,652 (46.52%)
Token n (%)	6 (0.39%)	803 (39.87%)	809 (22.78%)
Other n (%)	2 (0.13%)	0 (0.00%)	2 (0.06%)

B&M = brick-and-mortar sites; EBT = electronic benefit transfer; FD = farm direct sites; N = total number in sample; n = number in subsample; NI = nutrition incentive

[1] Sites that did not report on methods for incentive redemption (e.g., scenarios where this question was not applicable) were removed from the sample. Thus, the number of sites (n) in each column header is based on the number of sites that have data for this metric, not the total number of sites. Percentages are column percentages. Sites may select multiple options for methods for incentive redemption so the rows in each column may not add up to the number of sites (n) and the percentages may add to more than 100%.

[2] Loyalty account includes sites with online loyalty accounts, loyalty cards, and/or ID-based loyalty accounts.

Table A5. Annual Incentive Distribution and Redemption by Site Type for NI Projects (2024-2025)[1]

Incentive Distribution and Redemption	GusNIP NI (n = 3,251)	GusCRR NI (n = 562)	B&M (n = 1,532)	FD (n = 2,176)	All Sites (N = 3,708)
Annual Incentives Distributed					
Total	$80,852,950.23	$14,185,701.59	$71,911,190.75	$23,127,461.07	$ 95,038,651.82
Mean[2]	$25,393.51	$25,331.61	$48,588.64	$10,712.12	$ 25,384.26
Annual Incentives Redeemed					
Total	$49,365,065.53	$7,299,389.93	$34,998,401.58	$21,666,053.88	$ 56,664,455.46
Mean[2]	$16,001.64	$12,988.24	$22,919.71	$10,752.38	$15,537.28
Annual Redemption Rate					
Total[3]	61.06%	51.46%	48.67%	93.68%	59.62%

B&M = brick-and-mortar sites; FD = farm direct sites; GusNIP NI = NI awards through GusNIP; GusCRR NI = NI awards through COVID Relief and Response; N = total number in sample; n = number in subsample; NI = nutrition incentive

[1] Number of sites (n) in each column header represents the number of active sites in each category and includes sites with missing data for each metric. Many sites operate using both GusNIP and GusCRR funding. In addition, some sites operate multiple projects and multiple project types (e.g., NI and PPR projects). Thus, there is overlap in the counts of sites attributed to distinct funding sources.

[2] Means were calculated by dividing the total dollar value of incentives distributed or redeemed by the number of sites with data for that metric. Sites with missing data were excluded from the calculation.

[3] Total annual redemption rate is calculated as the total annual incentives redeemed divided by the total annual incentives distributed in each column and is represented as a percentage.

Table A6. Nutrition Education Activities Offered by Site Type Among NI Projects that Offered Any Nutrition Education (2024-2025)[1]

Nutrition Education Activities	B&M (n = 319)	FD (n = 1,306)	Total NI (N = 1,625)
1:1 or Small Group Nutrition Education n (%)	18 (5.64%)	75 (5.74%)	93 (5.72%)
Partnering Nutrition Education[2] n (%)	57 (17.87%)	417 (31.93%)	474 (29.17%)
Cooking Demonstrations[3] n (%)	297 (93.10%)	1,168 (89.43%)	1,465 (90.15%)
Food Navigation or Tours n (%)	24 (7.52%)	289 (22.13%)	313 (19.26%)
E-interventions n (%)	3 (0.94%)	26 (1.99%)	29 (1.78%)

B&M = brick-and-mortar sites; FD = farm direct sites; N = total number in sample; n = number in subsample; NI = nutrition incentive

[1] Sites that did not report on nutrition education offered (e.g., scenarios where this question was not applicable) were removed from the sample. Thus, the number of sites (n) in each column header is based on the number of sites that have data for this metric, not the total number of sites. Percentages are column percentages. Sites may select multiple options for nutrition education activities so the rows in each column will not add up to the number of sites (n).

[2] Other external agencies (e.g., EFNEP or WIC) offer educational programming.

[3] Survey responses included in the cooking demonstration category are: "Taste Test-Cooking Demos," "Recipes or Cookbooks," "Nutrition Ed Materials," and "Gardening Demonstrations."

Table A7. Support Services Offered by Site Type Among NI Projects that Offered Any Support Service (2024-2025)[1]

Support Services	B&M (n = 523)	FD (n = 864)	Total NI (N = 1,387)
Resource Referrals n (%)	233 (48.18%)	732 (84.80%)	965 (69.57%)
Produce Delivery n (%)	297 (56.79%)	79 (9.14%)	376 (27.11%)
Transportation n (%)	16 (3.06%)	39 (4.51%)	55 (3.97%)
Shopping Assistance n (%)	168 (32.12%)	151 (17.48%)	319 (23.00%)
Health Fairs and Other Community Building Activities n (%)	3 (0.57%)	84 (9.72%)	87 (6.27%)
Voter Registration and Other Civic Engagement n (%)	4 (0.76%)	68 (7.87%)	72 (5.19%)
Immunizations n (%)	44 (8.41%)	10 (1.16%)	54 (3.89%)

B&M = brick-and-mortar sites; FD = farm direct sites; N = total number in sample; n = number in subsample; NI = nutrition incentive

[1] Sites that did not report on support services offered (e.g., scenarios where this question was not applicable) were removed from the sample. Thus, the number of sites (n) in each column header is based on the number of sites that have data for this metric, not the total number of sites. Percentages are column percentages. Sites may select multiple options for support services so the rows in each column will not add up to the number of sites (n).

Table A8. Marketing Activities Offered by Site Type Among NI Projects that Conducted Any Marketing Activities (2024-2025)[1]

Marketing Activities	B&M (n = 1,333)	FD (n = 1,955)	Total NI (N = 3,288)
On-site Signage or Announcements n (%)	1,016 (76.22%)	1,256 (64.25%)	2,272 (69.10%)
Direct Promotions Distributed by Direct Mail, Email, Phone n (%)	566 (42.46%)	1,146 (58.62%)	1,712 (52.07%)
Public Promotions n (%)	188 (14.10%)	445 (22.76%)	633 (19.25%)
Multilingual Promotions n (%)	288 (21.61%)	671 (34.32%)	959 (29.17%)
Directories n (%)	86 (6.45%)	340 (17.39%)	426 (12.96%)
Online Advertisements n (%)	424 (31.81%)	1,370 (70.08%)	1,794 (54.56%)
Provider Referral n (%)	11 (0.83%)	39 (1.99%)	50 (1.52%)

B&M = brick-and-mortar sites; FD = farm direct sites; N = total number in sample; n = number in subsample; NI = nutrition incentive

[1] Sites that did not report on project marketing activities (e.g., scenarios where this question was not applicable) were removed from the sample. Thus, the number of sites (n) in each column header is based on the number of sites that have data for this metric, not the total number of sites. Percentages are column percentages. Sites may select multiple options for marketing services so the rows in each column will not add up to the number of sites (n).

Nutrition Incentive Participant-Level Results Tables

Table A9. Sociodemographic Characteristics of NI Project Participants (N = 4,605) by Site Type (2024-2025)[1]

Sociodemographic Characteristics	Brick-and-Mortar (n = 1,857)	Farm Direct (n = 2,230)	Uncategorized[2] (n = 518)	Overall (N = 4,605)
Age (Years)				
Participants Reporting Age (n)	1,714	2,062	459	4,235
Mean (SD)	45.69 (15.41)	47.85 (15.93)	46.97 (14.99)	46.88 (15.65)
Age Group (Years) n (%)				
18 to 24	86 (4.81%)	69 (3.24%)	13 (2.72%)	168 (3.82%)
25 to 34	388 (21.71%)	436 (20.46%)	99 (20.71%)	923 (21.00%)
35 to 44	443 (24.79%)	499 (23.42%)	109 (22.80%)	1,051 (23.91%)
45 to 64	549 (30.72%)	674 (31.63%)	181 (37.87%)	1,404 (31.94%)
65 and over	248 (13.88%)	383 (17.97%)	57 (11.92%)	688 (15.65%)
Prefer Not to Answer	73 (4.09%)	70 (3.28%)	19 (3.97%)	162 (3.69%)
Missing[3]	70	99	40	209

Sociodemographic Characteristics	Brick-and-Mortar (n = 1,857)	Farm Direct (n = 2,230)	Uncategorized[2] (n = 518)	Overall (N = 4,605)
Sex n (%)				
Female	1,443 (81.39%)	1,614 (76.97%)	339 (70.92%)	3,396 (78.10%)
Male	266 (15.00%)	424 (20.22%)	118 (24.69%)	808 (18.58%)
Prefer Not to Answer	64 (3.61%)	59 (2.81%)	21 (4.39%)	144 (3.31%)
Missing	84	133	40	257
Race n (%)				
American Indian or Alaskan Native	32 (1.77%)	34 (1.59%)	9 (1.84%)	75 (1.69%)
Asian	50 (2.76%)	143 (6.67%)	28 (5.74%)	221 (4.98%)
Black or African American	570 (31.51%)	473 (22.06%)	112 (22.95%)	1,155 (26.01%)
More Than One Race	88 (4.86%)	226 (10.54%)	39 (7.99%)	353 (7.95%)
Native Hawaiian	17 (0.94%)	82 (3.82%)	7 (1.43%)	106 (2.39%)
Other	108 (5.97%)	95 (4.43%)	10 (2.05%)	213 (4.80%)
Other Pacific Islander	5 (0.28%)	15 (0.70%)	3 (0.61%)	23 (0.52%)
White	816 (45.11%)	900 (41.98%)	241 (49.39%)	1,957 (44.07%)
Don't Know/Not Sure	27 (1.49%)	42 (1.96%)	9 (1.84%)	78 (1.76%)
Prefer Not to Answer	96 (5.31%)	134 (6.25%)	30 (6.15%)	260 (5.85%)
Missing	48	86	30	164
Ethnicity n (%)				
Hispanic/Latino	266 (15.30%)	406 (19.00%)	54 (12.13%)	726 (16.80%)
Non-Hispanic/Latino	1,402 (80.62%)	1,636 (76.56%)	358 (80.45%)	3,396 (78.59%)
Prefer Not to Answer	71 (4.08%)	95 (4.45%)	33 (7.42%)	199 (4.61%)
Missing	118	93	73	284
Region[4] n (%)				
Northeast	324 (17.45%)	640 (28.70%)	190 (36.68%)	1,154 (25.06%)
North Central	344 (18.52%)	523 (23.45%)	33 (6.37%)	900 (19.54%)
Southern	720 (38.77%)	321 (14.39%)	140 (27.03%)	1,181 (25.65%)
Western	469 (25.26%)	746 (33.45%)	155 (29.92%)	1,370 (29.75%)
Total[5] n (%)[6]	1,857 (40.33%)	2,230 (48.43%)	518 (11.25%)	4,605

N = total number in sample; n = number in subsample; NI = nutrition incentive

[1] Variables are in alphabetical order following recent guidance from: Flanagin, A., Frey, T., Christiansen, S.L., AMA Manual of Style Committee. Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals. JAMA. 2021;326(7):621–627.

[2] Participants were considered "uncategorized" if they did not specify a type of site attached to the location where they took the survey. Many participants completed the survey online, so identifying a site location where the survey occurred was not feasible.

[3] Missing values for age group, sex, ethnicity, and race are not included in percentage calculations.

[4] Regions defined by: United States Department of Agriculture, National Institute of Food and Agriculture.

[5] Total displayed as row percentage. In other words, of the total sample, 40.33% of participants can be attributed to brick-and-mortar sites, 48.43% to farm direct sites, and 11.25% were uncategorized.

[6] n (%) values in the table are weighted based on the number of survey responses provided by grantee over expected. Missing counts represent the actual number of survey responses with missing values. As such, the missing counts and total n's may not add up to the total number of surveys.

Table A10. Frequency and Percentage of Food Security Status Among NI Project Participants (N = 1,090) by Sociodemographic Characteristics (2024-2025)[1,2,3]

Sociodemographic Characteristics	Food Secure (n = 428)	Food Insecure (n = 662)	Overall (N = 1,090)
Age (Years)			
Mean (SD)	46.94 (8.34)	47.13 (7.54)	47.05 (7.85)
Age Group (Years) n (%)			
18 to 24	14 (35.19%)	25 (64.81%)	39 (3.66%)
25 to 34	102 (45.74%)	121 (54.26%)	222 (21.10%)
35 to 44	90 (37.24%)	151 (62.76%)	241 (22.82%)
45 to 64	112 (33.93%)	218 (66.07%)	330 (31.28%)
65 and over	74 (42.88%)	98 (57.12%)	172 (16.29%)
Prefer Not to Answer	24 (47.36%)	27 (52.64%)	51 (4.85%)
Missing	44	83	127
Sex n (%)			
Female	314 (39.50%)	481 (60.50%)	795 (76.84%)
Male	78 (37.67%)	128 (62.33%)	206 (19.90%)
Prefer Not to Answer	15 (43.21%)	19 (56.79%)	34 (3.26%)
Missing	65	113	178
Race n (%)			
American Indian or Alaskan Native	11 (38.94%)	16 (61.06%)	27 (2.54%)
Asian	20 (43.42%)	27 (56.58%)	47 (4.42%)
Black or African American	76 (32.77%)	156 (67.23%)	232 (21.85%)
More Than One Race	24 (36.89%)	41 (63.11%)	65 (6.13%)
Other	19 (32.71%)	39 (67.29%)	57 (5.41%)
White	218 (42.35%)	297 (57.65%)	515 (48.40%)
Don't Know/Not Sure	8 (28.98%)	20 (71.02%)	28 (2.63%)
Prefer Not to Answer	36 (47.05%)	41 (52.95%)	77 (7.28%)
Missing	26	57	83
Ethnicity n (%)			
Hispanic/Latino	82 (36.70%)	142 (63.30%)	224 (21.60%)
Non-Hispanic/Latino	302 (39.92%)	455 (60.08%)	758 (73.05%)
Prefer Not to Answer	24 (43.42%)	31 (56.58%)	55 (5.35%)
Missing	70	131	201

Sociodemographic Characteristics	Food Secure (n = 428)	Food Insecure (n = 662)	Overall (N = 1,090)
Region[4] n (%)			
North Central	115 (45.35%)	138 (54.65%)	253 (23.22%)
Northeast	122 (38.65%)	193 (61.35%)	315 (28.94%)
Southern	79 (38.15%)	127 (61.85%)	206 (18.92%)
Western	112 (35.66%)	203 (64.34%)	315 (28.93%)
Total[5] n (%)	428 (39.27%)	662 (60.73)	1,090

N = total number in sample; n = number in subsample; NI = nutrition incentive

[1] Variables are in alphabetical order following recent guidance from: Flanagin, A., Frey, T., Christiansen, S.L., AMA Manual of Style Committee. Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals. *JAMA*. 2021;326(7):621–627.

[2] Table displays row percentages (age group, sex ethnicity, race, region, and total sample). Example: Of participants aged 18 to 24, 35.19% were food secure and 64.81% were food insecure. Missing values for age group, sex, ethnicity, and race are not included in percentage calculations.

[3] Distributions in this table are weighted which will cause the counts to not be whole numbers. Therefore, weighted data were rounded to whole numbers for appearance. See "How Did We Analyze the Impact of NI Participation?" in the main report for an explanation of how weighting was applied to this table.

[4] Regions defined by: United States Department of Agriculture, National Institute of Food and Agriculture.

[5] NI participants without enough data to compute food insecurity are not included in this table. Data not shown for two race categories (Native Hawaiian and Other Pacific Islander) due to sample sizes <10 participants.

Table A11. Daily FVs Cup Equivalents Among NI Participants (N = 3,952) Across Sociodemographic Characteristics (2024-2025)[1]

Sociodemographic Characteristics	Fruits and Vegetables[1] (n = 3,842)	Fruits Only (n = 3,952)	Vegetables[2] Only (n = 3,882)
Age Group (Years) Mean (SD)			
18 to 24	2.54 (0.40)	1.16 (0.29)	1.43 (0.20)
25 to 34	2.56 (0.43)	1.09 (0.28)	1.51 (0.24)
35 to 44	2.63 (0.43)	1.06 (0.24)	1.60 (0.27)
45 to 64	2.66 (0.44)	1.03 (0.25)	1.62 (0.26)
65 and over	2.65 (0.40)	0.97 (0.20)	1.67 (0.26)
Sex Mean (SD)			
Female	2.55 (0.39)	1.03 (0.23)	1.53 (0.23)
Male	2.94 (0.52)	1.09 (0.31)	1.84 (0.32)
Race Mean (SD)			
American Indian or Alaskan Native	2.49 (0.39)	0.92 (0.28)	1.55 (0.20)
Asian	2.65 (0.41)	1.02 (0.22)	1.61 (0.25)
Black or African American	2.61 (0.40)	1.09 (0.26)	1.56 (0.24)
More Than One Race	2.70 (0.39)	1.06 (0.23)	1.64 (0.23)
Other	2.60 (0.52)	1.01 (0.26)	1.63 (0.32)
White	2.63 (0.43)	1.03 (0.24)	1.60 (0.26)
Don't Know/Not Sure	2.48 (0.55)	0.94 (0.30)	1.54 (0.35)
Prefer Not to Answer	2.64 (0.47)	1.08 (0.29)	1.61 (0.25)

Sociodemographic Characteristics	Fruits and Vegetables[1] (n = 3,842)	Fruits Only (n = 3,952)	Vegetables[2] Only (n = 3,882)
Ethnicity Mean (SD)			
Hispanic/Latino	2.57 (0.50)	1.01 (0.28)	1.59 (0.30)
Non-Hispanic/Latino	2.64 (0.41)	1.06 (0.24)	1.59 (0.24)
Prefer Not to Answer	2.63 (0.51)	1.02 (0.28)	1.67 (0.31)
Region[3] Mean (SD)			
North Central	2.57 (0.43)	1.00 (0.24)	1.57 (0.26)
Northeast	2.65 (0.46)	1.06 (0.29)	1.60 (0.27)
Southern	2.55 (0.37)	1.03 (0.23)	1.55 (0.21)
Western	2.71 (0.44)	1.08 (0.24)	1.64 (0.27)
Total Mean (SD)	2.63 (0.43)	1.04 (0.25)	1.60 (0.26)

N = total number in sample; n = number in subsample; NI = nutrition incentive; FVs = fruits and vegetables

[1] Variables are in alphabetical order following recent guidance from: Flanagin, A., Frey, T., Christiansen, S.L., AMA Manual of Style Committee. Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals. *JAMA*. 2021;326(7):621–627.

[2] Vegetables calculated with legumes and without french fries.

[3] Regions defined by: United States Department of Agriculture, National Institute of Food and Agriculture.

[4] NI participants without enough data to compute FV intake are not included in this table. Data not shown for two race categories (Native Hawaiian and Other Pacific Islander) due to sample sizes <10 participants.

Table A12. Perceived Health Status Among NI Project Participants (N = 1,074) by Program Participation Length (2024-2025)[1,2]

Perceived Health Status n (%)	First-time Participants (n = 231)	< 6 Months Participation (n = 341)	≥ 6 Months Participation (n = 502)	Overall NI (N = 1,074)
Poor	19 (8.57%)	20 (6.28%)	32 (6.57%)	79 (6.92%)
Fair	75 (33.90%)	95 (29.40%)	135 (27.82%)	341 (30.09%)
Good	91 (40.70%)	122 (37.65%)	183 (37.73%)	431 (37.98%)
Very Good	21 (9.43%)	57 (17.77%)	93 (19.24%)	183 (16.13%)
Excellent	10 (4.69%)	25 (7.67%)	37 (7.65%)	79 (6.99%)
Don't Know/Prefer Not to Answer	6 (2.71%)	4 (1.24%)	5 (0.99%)	21 (1.88%)
Missing[3]	22	58	57	137
Total[4] n (%)	231 (21.51%)	341 (31.75%)	502 (46.74%)	1,074

N = total number in sample; n = number in subsample; NI = nutrition incentive

[1] Distributions in this table are weighted which will cause the counts to not be whole numbers. Therefore, weighted data were rounded to whole numbers for appearance. See "How Did We Analyze the Impact of NI Participation?" in the main report for an explanation of how weighting was applied to this table.

[2] n (%) values in the table are weighted based on the number of survey responses provided by grantee over expected. Missing counts represent the actual number of survey responses with missing values. As such, the missing counts and total n's may not add up to the total number of surveys.

[3] Missing values for perceived health status are not included in percentage calculations.

[4] Total displayed as row percentage for duration. Example: Of the total sample, 21.51% were first-time participants, 31.75% participated for less than 6 months, and 46.74% participated for 6 months or more.

Table A13. Program Satisfaction[1] Among NI Project Participants (N = 1,184) by Site Type (2024-2025)[2,3]

Program Satisfaction n (%)	Brick-and-Mortar (n = 453)	Farm Direct (n = 574)	Uncategorized (n = 157)	Overall (N = 1,184)
Very Negative	2 (0.50%)	3 (0.55%)	1 (1.39%)	6 (0.61%)
Negative	3 (0.74%)	3 (0.62%)	2 (1.66%)	8 (0.77%)
Neutral	14 (3.45%)	35 (6.54%)	12 (11.17%)	61 (5.78%)
Positive	74 (17.72%)	119 (22.40%)	21 (20.31%)	214 (20.34%)
Very Positive	313 (75.19%)	354 (66.36%)	54 (52.29%)	721 (68.46%)
Don't Know/Prefer Not to Answer	10 (2.41%)	19 (3.53%)	14 (13.19%)	43 (4.04%)
Missing[4]	159	103	149	411
Total[5] n (%)	453 (38.26%)	574 (48.48%)	157 (13.26%)	1184

N = total number in sample; n = number in subsample; NI = nutrition incentive

[1] Program satisfaction refers to the measure used to rate participant satisfaction with the NI/PPR project.

[2] Distributions in this table are weighted which will cause the counts to not be whole numbers. Therefore, weighted data were rounded to whole numbers for appearance. See "How Did We Analyze the Impact of NI Participation?" in the main report for an explanation of how weighting was applied to this table.

[3] n (%) values in the table are weighted based on the number of survey responses provided by grantee over expected. Missing counts represent the actual number of survey responses with missing values. As such the missing counts and total n's may not add up to the total number of surveys.

[4] Missing values for program satisfaction are not included in percentage calculations.

[5] Total displayed as row percentage for site type. Example: Of the total sample, 38.26% were brick-and-mortar participants, 48.48% were farm direct participants, and 13.26% were uncategorized.

Appendix 7. Core Measures Terms, Definitions, and Examples

Definitions and Examples of Incentive Distribution/Redemption Methods

Incentive Distribution/ Redemption Methods	Definitions and Examples
Token	The incentive is a physical item typically provided in farmers market settings when an NI participant swipes their EBT card or a PPR participant presents their prescription at a central location.
Paper vouchers or coupons	The incentive or prescription is printed on a receipt or other paper mechanism and is available for the participant to use on subsequent shopping trips; essentially a rebate.
Loyalty account	The incentive or prescription is integrated into a site's loyalty program through a physical card or unique account number. Some loyalty accounts are associated with a grocery store or chain of grocery stores while some operate independently.
Discount at the register	The incentive or prescription is an automatic discount provided at the point of sale.
EBT cards	The incentive is integrated into an NI participant's EBT card. EBT integration is an emerging technology among NI projects.
CSA share or produce box	The incentive or prescription is given to NI/PPR participants as a weekly or monthly CSA share or produce box.

Definitions and Examples of Eligible Products for Earning and Redeeming Incentives[1]

Eligible Products	Definitions and Examples
All SNAP-eligible items	An incentive model where participants can earn incentives on any SNAP-eligible item (typically in FD settings), not just FVs. Incentives can only be redeemed on FVs, which may not apply to all SNAP-eligible items.
Fresh FVs only	An incentive model where participants can earn/redeem incentives or prescriptions on the purchase of fresh FVs only.
All FVs (fresh, canned, frozen, dried, plants, and/or seeds)	An incentive model where participants can earn/redeem incentives on the purchase of any FV, which may include canned, dried, or frozen FVs without added sugars, fats, oils, or salt/sodium.
Only State or Regionally Grown FVs	An incentive model where participants can earn/redeem incentives or prescriptions on FVs that are grown locally or regionally.

[1] For GusNIP Nutrition Incentive projects, there are three allowable incentive models: 1.) Fruits and vegetables for fruits and vegetables: SNAP/NAP participants purchase fruits or vegetables using their SNAP/NAP benefits and then receive incentives that are redeemable only for the purchase of fruits or vegetables, 2.) Any SNAP/NAP eligible food for fruits and vegetables: SNAP/NAP participants purchase any SNAP/NAP eligible food using their SNAP/NAP benefits and then receive incentives that are redeemable only for the purchase of fruits or vegetables, 3.) Fruits and vegetables for any SNAP/NAP eligible food: SNAP/NAP participants purchase fruits or vegetables using their SNAP/NAP benefits and then receive incentives that are redeemable for the purchase of any SNAP/NAP eligible food.

Definitions and Examples of Nutrition Education, Support Services, and Marketing Activities

Nutrition Education Activities	Definitions and Examples
1:1 or small group nutrition education	Formalized programs like the Diabetes Prevention Program (DPP) or RD consultation that occur individually or in small group settings.
Partnering nutrition education	Other external agencies (e.g., EFNEP or WIC) that offer educational programming.
Cooking demonstrations	Food demonstrations, taste testing, and recipe sharing.
Food navigation/tours	Tours for participants in and around the food outlet to demonstrate how to use the program onsite.
E-interventions	Virtual classes and electronic delivery of nutrition education materials.
Other	Education programming that does not fit into the categories above.

Support Services	Definitions and Examples
Resource referrals	Activities that help participants access other needed resources such as emergency food or housing.
Health fairs and other community building	Activities that support health (e.g., physical activity, flu shots) and social support among participants and the community (e.g., health fairs, volunteer training).
Produce delivery and transportation services	Activities that either deliver the produce to participants or provide transportation to program locations.
Voter registration and other civic engagement	Activities that support civic engagement in the community such as voter registration.
COVID testing/vaccination	Onsite COVID testing and/or vaccinations.

Marketing Promotions	Definitions and Examples
On-site signage or announcements	All forms of signage (e.g., flyer, banner) or announcements (e.g., intercom) at the site locations.
Direct advertising distributed by direct mail, email, phone	Materials that are distributed by direct mail, email, or phone.
Public promotions	Radio or TV advertisements, outdoor advertisements (e.g., billboard, transit), and public events.
Multilingual promotions	Promotions of any type that were translated into languages other than English.
Online advertisements	Advertisements posted online and/or mobile apps as well as search engine optimization efforts.
Directories	List of resources available in the community.

Appendix 8. USDA NIFA Regions

NORTH CENTRAL

- Illinois
- Indiana
- Iowa
- Kansas
- Michigan
- Minnesota
- Missouri
- Nebraska
- North Dakota
- Ohio
- South Dakota
- Wisconsin

NORTHEAST

- Connecticut
- Delaware
- District of Columbia
- Maine
- Maryland
- Massachusetts
- New Hampshire
- New Jersey
- New York
- Pennsylvania
- Rhode Island
- Vermont
- West Virginia

SOUTHERN

- Alabama
- Arkansas
- Florida
- Georgia
- Kentucky
- Louisiana
- Mississippi
- North Carolina
- Oklahoma
- Puerto Rico
- South Carolina
- Tennessee
- Texas
- U.S. Virgin Islands
- Virginia

WESTERN

- Alaska
- American Samoa
- Arizona
- California
- Colorado
- Federated States of Micronesia
- Guam
- Hawaii
- Idaho
- Montana
- New Mexico
- Nevada
- Northern Mariana Islands
- Oregon
- Utah
- Washington
- Wyoming

Appendix 9. Produce Prescription Results Tables

Produce Prescription Site-Level Results Tables

Table B1. Methods for Prescription Distribution by Site Type (N = 279) for PPR Projects (2024-2025)[1]

Methods	B&M (n = 28)	FD (n = 62)	Clinics (n = 189)	Total PPR (N = 279)
CSA Share or Produce Box n (%)	11 (39.29%)	21 (33.87%)	36 (19.05%)	68 (24.37%)
Benefit/Debit Card n (%)	5 (17.86%)	0 (0.00%)	78 (41.27%)	83 (29.75%)
Loyalty Account[2] n (%)	3 (10.71%)	1 (1.61%)	26 (13.76%)	30 (10.75%)
Paper Voucher or Coupon n (%)	7 (25.00%)	11 (17.74%)	75 (39.68%)	93 (33.33%)
Token n (%)	0 (0.00%)	29 (46.77%)	0 (0.00%)	29 (10.39%)
Other n (%)	2 (7.14%)	0 (0.00%)	0 (0.00%)	2 (0.72%)

B&M = brick-and-mortar sites; CSA = community supported agriculture; FD = farm direct sites; N = total number in sample; n = number in subsample; PPR = produce prescription

[1] Sites that did not report on financial instruments for incentive distribution (e.g., scenarios where this question was not applicable) were removed from the sample. Thus, the number of sites (n) in each column header is based on the number of sites that have data for this metric, not the total number of sites. Percentages are column percentages. Sites may select multiple options for financial instruments for incentive redemption so the rows in each column may not add up to the number of sites (n) and the percentages may add to more than 100%.

[2] Loyalty account includes sites with online loyalty accounts, loyalty cards, and/or ID-based loyalty accounts.

Table B2. Fruits and Vegetables (FVs) Eligible for Prescription Redemption by Site Type (N = 1,656) for PPR Projects (2024-2025)[1]

Eligible FVs	B&M (n = 1,399)	FD (n = 221)	Clinics (n = 36)	Total PPR (N = 1,656)
Fresh FVs only n (%)	1,388 (99.21%)	141 (63.80%)	24 (66.67%)	1,553 (93.78%)
All FVs (fresh, canned, frozen, dried, plants, and/or seeds)[2] n (%)	3 (0.21%)	4 (1.81%)	0 (0.00%)	7 (0.42%)
Only State or Regionally Grown FVs n (%)	8 (0.57%)	76 (34.39%)	12 (33.33%)	96 (5.80%)

B&M = brick-and-mortar sites; FD = farm direct sites; FVs = fruits and vegetables; N = total number in sample; n = number in subsample; PPR = produce prescription

[1] Sites that did not report on FVs eligible for incentives (e.g., scenarios where this question was not applicable) were removed from the sample. Thus, the number of sites (n) in each column header is based on the number of sites that have data for this metric, not the total number of sites. Percentages are column percentages.

[2] NIFA accepts justifications for broadening the range of fresh FVs prescribed to emphasize culturally sensitive foods and food practices, as well as in cases where food supply and food system disruptions may hinder access to fresh fruits and vegetables.

Table B3. Annual Incentive Distribution and Redemption by Site Type (N = 1,706) for PPR Projects (2024-2025)[1]

Incentive Distribution and Redemption	GusNIP PPR (n = 459)	GusCRR PPR (n = 397)	ARPA PPR (n = 1,058)	B&M (n = 1,164)	FD (n = 223)	Clinics (n = 319)	All Sites (N = 1,706)
Annual Incentives Distributed							
Total	$1,861,775.39	$808,937.52	$4,258,624.66	$1,578,716.59	$1,268,918.83	$4,081,702.15	$6,929,337.57
Mean[2]	$32,662.73	$20,223.44	$17,241.40	$45,106.19	$21,148.65	$16,797.13	$20,143.42
Annual Incentives Redeemed							
Total	$1,413,933.12	$700,351.26	$3,422,837.98	$2,245,839.76	$1,751,068.72	$1,540,213.88	$5,537,122.36
Mean[2]	$3,440.23	$1,950.84	$4,814.12	$2,270.82	$8,583.67	$17,502.43	$3,738.77
Annual Redemption Rate							
Total[3]	75.95%	86.58%	80.37%	142.26%	138.00%	37.73%	79.91%

B&M = brick-and-mortar sites; FD = farm direct sites; GusNIP PPR = PPR awards through GusNIP; GusNIP CRR = PPR awards through COVID Relief and Response; N = total number in sample; n = number in subsample; PPR = produce prescription

[1] Number of sites (n) in each column header represents the number of active sites in each category and includes sites with missing data for each metric. Many sites operate using both GusNIP and GusCRR funding. In addition, some sites operate multiple projects and multiple project types (e.g., NI and PPR projects). Thus, there is overlap in the counts of sites attributed to distinct funding sources.

[2] Means were calculated by dividing the total dollar value of incentives distributed or redeemed by the number of sites with data for that metric. Sites with missing data were excluded from the calculation.

[3] Total annual redemption rate is the total annual incentives redeemed divided by the total annual incentives distributed in each column and is represented as a percentage.

Table B4. Nutrition Education Activities Offered by Site Type (N = 583) Among PPR Projects that Offered Any Nutrition Education (2024-2025)[1]

Nutrition Education Activities	B&M (n = 169)	FD (n = 146)	Clinics (n = 268)	Total PPR (N = 583)
1:1 or Small Group Nutrition Education n (%)	12 (7.10%)	8 (5.48%)	152 (56.72%)	172 (29.50%)
Partnering Nutrition Education[2] n (%)	36 (21.30%)	37 (25.34%)	106 (39.55%)	179 (30.70%)
Cooking Demonstrations[3] n (%)	157 (92.90%)	118 (80.82%)	180 (67.16%)	455 (78.04%)
Food Navigation or Tours n (%)	6 (3.55%)	37 (25.34%)	29 (10.82%)	72 (12.35%)
E-interventions n (%)	14 (8.28%)	2 (1.37%)	38 (14.18%)	54 (9.26%)

B&M = brick-and-mortar sites; FD = farm direct sites; N = total number in sample; n = number in subsample; PPR = produce prescription

[1] Sites that did not report on nutrition education (i.e., scenarios where this question was not applicable) were removed from the sample. Thus, the number of sites (n) in each column header is based on the number of sites that have data for this metric, not the total number of sites. Percentages are column percentages. Sites may select multiple options for nutrition education activities so the rows in each column will not add up to the number of sites (n).

[2] Other external agencies (e.g., EFNEP or WIC) offer educational programming.

[3] Cooking Demonstrations responses included, "Taste Test-Cooking Demos," "Recipes or Cookbooks," "Nutrition Ed Materials," and "Gardening Demonstrations."

Table B5. Support Services Offered by Site Type Among PPR Projects (N = 726) that Offered Any Support Services (2024-2025)[1]

Support Services	B&M (n = 338)	FD (n = 105)	Clinics (n = 283)	Total PPR (N = 726)
Resource Referrals n (%)	138 (40.83%)	89 (84.76%)	260 (91.87%)	487 (67.08%)
Produce Delivery n (%)	207 (61.24%)	16 (15.24%)	23 (8.13%)	246 (33.88%)
Transportation n (%)	3 (0.89%)	3 (2.86%)	48 (16.96%)	54 (7.44%)
Shopping Assistance n (%)	59 (17.46%)	27 (25.71%)	2 (0.71%)	88 (12.12%)
Health Fairs and Other Community Building Activities n (%)	0 (0.00%)	8 (7.62%)	54 (19.08%)	62 (8.54%)
Voter Registration and Other Civic Engagement n (%)	1 (0.30%)	5 (4.76%)	8 (2.83%)	14 (1.93%)
Immunizations n (%)	227 (67.16%)	0 (0.00%)	158 (55.83%)	385 (53.03%)

B&M = brick-and-mortar sites; COVID = coronavirus disease of 2019; FD = farm direct sites; N = total number in sample; n = number in subsample; PPR = produce prescription

[1] Sites that did not report on support services (e.g., scenarios where this question was not applicable) were removed from the sample. Thus, the number of sites (n) in each column header is based on the number of sites that have data for this metric, not the total number of sites. Percentages are column percentages. Sites may select multiple options for auxiliary services, so the rows in each column will not add up to the number of sites (n).

Table B6. Marketing Activities Offered by Site Type (N = 588) Among PPR Projects that Conducted Any Marketing Activities (2024-2025)[1]

Support Services	B&M (n = 149)	FD (n = 187)	Clinics (n = 252)	Total PPR (N = 588)
On-site Signage or Announcements n (%)	108 (72.48%)	84 (44.92%)	79 (31.35%)	271 (46.09%)
Direct Promotions Distributed by Direct Mail, Email, Phone n (%)	36 (24.16%)	80 (42.78%)	93 (36.90%)	209 (35.54%)
Public Promotions n (%)	7 (4.70%)	15 (8.02%)	26 (10.32%)	48 (8.16%)
Multi-lingual Promotions n (%)	8 (5.37%)	26 (13.90%)	51 (20.24%)	85 (14.46%)
Directories n (%)	2 (1.34%)	5 (2.67%)	3 (1.19%)	10 (1.70%)
Online Advertisements n (%)	57 (38.26%)	78 (41.71%)	46 (18.25%)	181 (30.78%)
Provider Referral n (%)	13 (8.72%)	30 (16.04%)	215 (85.32%)	258 (43.88%)

B&M = brick-and-mortar sites; FD = farm direct sites; N = total number in sample; n = number in subsample; PPR = produce prescription

[1] Sites that did not report on project marketing activities (e.g., scenarios where this question was not applicable) were removed from the sample. Thus, the number of sites (n) in each column header is based on the number of sites that have data for this metric, not the total number of sites. Percentages are column percentages. Sites may select multiple options for marketing services so the rows in each column will not add up to the number of sites (n).

Produce Prescription Participant-Level Results Tables

Table B7. Sociodemographic Characteristics at Baseline Among PPR Participants Who Completed Baseline Surveys in Y6 (N = 5,409) and PPR Participants in the Y6 Impact Analysis (N = 1,824; 2024-2025)[1]

Sociodemographic Characteristics	Participants Who Completed Baseline Surveys in Y6 (N = 5,409)[2]	Participants in the Y6 Impact Analysis (N = 1,824)[3]
Age (Years)		
Participants Reporting Age (n)	5,200	1,791
Mean (SD)	50.54 (15.99)	50.29 (16.33)
Age Group (Years) n (%)		
18 to 24	311 (5.88%)	130 (7.27%)
25 to 34	748 (14.15%)	275 (15.38%)
35 to 44	866 (16.39%)	235 (13.14%)
45 to 64	2,202 (41.67%)	779 (43.57%)
65 and over	1,107 (20.95%)	369 (20.64%)
Prefer Not to Answer	51 (0.96%)	0 (0.00%)
Missing[4]	124	36
Sex n (%)		
Female	4,100 (77.07%)	1,406 (77.42%)
Male	1,172 (22.03%)	384 (21.15%)
Prefer Not to Answer	48 (0.90%)	26 (1.43%)
Missing	89	8
Race n (%)		
American Indian or Alaskan Native	186 (3.51%)	21 (1.18%)
Asian	198 (3.73%)	156 (8.78%)
Black or African American	759 (14.30%)	404 (22.75%)
More Than One Race	499 (9.40%)	84 (4.73%)
Native Hawaiian	330 (6.22%)	31 (1.75%)
Other	926 (17.45%)	395 (22.24%)
Other Pacific Islander	114 (2.15%)	371 (20.89%)
White	1,812 (34.15%)	200 (11.26%)
Don't Know/Not Sure	189 (3.56%)	27 (1.52%)
Prefer Not to Answer	293 (5.52%)	87 (4.90%)
Missing	103	48
Ethnicity n (%)		
Hispanic/Latino	2,010 (38.02%)	616 (38.84%)
Non-Hispanic/Latino	3,166 (59.89%)	951 (59.96%)
Prefer Not to Answer	110 (2.08%)	19 (1.20%)
Missing	123	238

Sociodemographic Characteristics	Participants Who Completed Baseline Surveys in Y6 (N = 5,409)[2]	Participants in the Y6 Impact Analysis (N = 1,824)[3]
Ethnicity n (%)		
Hispanic/Latino	2,010 (38.02%)	616 (38.84%)
Non-Hispanic/Latino	3,166 (59.89%)	951 (59.96%)
Prefer Not to Answer	110 (2.08%)	19 (1.20%)
Missing	123	238
Region[5] n (%)		
Northeast	894 (16.53%)	155 (8.50%)
North Central	850 (15.72%)	105 (5.76%)
Southern	936 (17.31%)	405 (22.20%)
Western	2,729 (50.45%)	1,159 (63.54%)
Missing	0	0

N = total number in sample; n = number in subsample; PPR = produce prescription

[1] Variables are in alphabetical order following recent guidance from: Flanagin, A., Frey, T., Christiansen, S.L., AMA Manual of Style Committee. Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals. JAMA. 2021;326(7):621–627.

[2] Participants with only a baseline survey in Y6 (September 1, 2024-August 31, 2025) and follow-up planned for subsequent reporting periods.

[3] Participants with baseline and follow-up surveys collected at any time during the award period for projects that ended in Y6 (September 1, 2024-August 31, 2025).

[4] Missing values for age group, sex, ethnicity, and race are not included in percentage calculations.

[5] Regions defined by: United States Department of Agriculture, National Institute of Food and Agriculture.

Table B8. Frequency and Percentage of Food Security Status Among PPR Participants Who Completed Baseline Surveys in Y6 (N = 5,012)1 by Sociodemographic Characteristics (2024-2025)[2]

Sociodemographic Characteristics	Food Secure (n = 1,774)	Food Insecure (n = 3,238)
Age (Years)		
Participants Reporting Age (n)	1,717	3,149
Mean (SD)	49.91 (17.58)	51.11 (15.23)
Age Group (Years) n (%)		
18 to 24	149 (50.00%)	149 (50.00%)
25 to 34	294 (42.00%)	406 (58.00%)
35 to 44	264 (33.00%)	536 (67.00%)
45 to 64	603 (29.60%)	1,434 (70.40%)
65 and over	422 (39.62%)	643 (60.38%)
Prefer Not to Answer	21 (42.86%)	28 (57.14%)
Missing	21	42
Sex n (%)		
Female	1,372 (35.81%)	2,459 (64.19%)
Male	372 (33.85%)	727 (66.15%)
Prefer Not to Answer	21 (47.73%)	23 (52.27%)
Missing	9	29

Sociodemographic Characteristics	Food Secure (n = 1,774)	Food Insecure (n = 3,238)
Race n (%)		
American Indian or Alaskan Native	53 (28.65%)	132 (71.35%)
Asian	66 (35.11%)	122 (64.89%)
Black or African American	248 (34.21%)	477 (65.79%)
More Than One Race	216 (45.09%)	263 (54.91%)
Native Hawaiian	179 (55.42%)	144 (44.58%)
Other	237 (26.10%)	671 (73.90%)
Other Pacific Islander	54 (49.09%)	56 (50.91%)
White	541 (33.85%)	1,057 (66.15%)
Don't Know/Not Sure	58 (33.33%)	116 (66.67%)
Prefer Not to Answer	108 (39.71%)	164 (60.29%)
Missing	14	36
Ethnicity n (%)		
Hispanic/Latino	588 (31.09%)	1,303 (68.91%)
Non-Hispanic/Latino	1,121 (38.03%)	1,827 (61.97%)
Prefer Not to Answer	35 (34.31%)	67 (65.69%)
Missing	30	41
Region[3] n (%)		
Northeast	281 (33.98%)	546 (66.02%)
North Central	207 (25.56%)	603 (74.44%)
Southern	337 (37.53%)	561 (62.47%)
Western	949 (38.31%)	1,528 (61.69%)
Missing	0	0
Total n (%)	1,774 (35.40%)	3,238 (64.60%)

N = total number in sample; n = number in subsample; PPR = produce prescription

[1] Participants with a baseline survey in Y6 (September 1, 2024-August 31, 2025) from all active PPR projects. Due to missing data for key variables in this table, the sample size (N) in this table differs from what was reported for the full Baseline Only Sample (N = 5,409).

[2] Variables are in alphabetical order following recent guidance from: Flanagin, A., Frey, T., Christiansen, S.L., AMA Manual of Style Committee. Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals. *JAMA*. 2021;326(7):621–627.

[3] Regions defined by: United States Department of Agriculture, National Institute of Food and Agriculture.

Table B9. Daily FV Cup Equivalents Among PPR Participants Who Completed Baseline Surveys in Y6 (N = 4,738)[1] Across Sociodemographic Characteristics (2024-2025)[2]

Sociodemographic Characteristics	Fruits and Vegetables (n = 4,738)	Fruits Only (n = 4,738)	Vegetables Only (n = 4,738)
Age Group (Years) Mean (SD)			
18 to 24	2.19 (0.69)	0.92 (0.50)	1.29 (0.34)
25 to 34	2.2 (0.60)	0.91 (0.43)	1.31 (0.32)
35 to 44	2.27 (0.70)	0.86 (0.40)	1.43 (0.44)
45 to 64	2.33 (0.70)	0.84 (0.38)	1.46 (0.44)
65 and over	2.31 (0.62)	0.81 (0.33)	1.47 (0.41)
Sex Mean (SD)			
Female	2.21 (0.62)	0.85 (0.37)	1.36 (0.37)
Male	2.57 (0.75)	0.87 (0.44)	1.66 (0.47)
Race Mean (SD)			
American Indian or Alaskan Native	2.26 (0.75)	0.9 (0.45)	1.37 (0.43)
Asian	2.27 (0.73)	0.82 (0.42)	1.41 (0.45)
Black or African American	2.35 (0.73)	0.92 (0.45)	1.44 (0.45)
More Than One Race	2.12 (0.65)	0.79 (0.37)	1.32 (0.40)
Native Hawaiian	2.09 (0.50)	0.75 (0.29)	1.31 (0.33)
Other	2.41 (0.64)	0.84 (0.33)	1.55 (0.43)
Other Pacific Islander	2.17 (0.59)	0.8 (0.33)	1.36 (0.40)
White	2.3 (0.68)	0.88 (0.40)	1.43 (0.40)
Don't Know/Not Sure	2.12 (0.65)	0.79 (0.37)	1.32 (0.40)
Prefer Not to Answer	2.25 (0.65)	0.82 (0.40)	1.44 (0.39)
Ethnicity Mean (SD)			
Hispanic/Latino	2.38 (0.66)	0.86 (0.37)	1.51 (0.43)
Non-Hispanic/Latino	2.22 (0.67)	0.84 (0.40)	1.37 (0.39)
Prefer Not to Answer	2.39 (0.72)	0.88 (0.40)	1.5 (0.43)
Region[3] Mean (SD)			
Northeast	2.35 (0.68)	0.86 (0.40)	1.47 (0.42)
North Central	2.24 (0.67)	0.88 (0.40)	1.39 (0.41)
Southern	2.31 (0.67)	0.9 (0.44)	1.41 (0.38)
Western	2.27 (0.67)	0.82 (0.36)	1.43 (0.43)
Total Mean (SD)	2.29 (0.67)	0.85 (0.39)	1.43 (0.42)

N = total number in sample; n = number in subsample; PPR = produce prescription

[1] Participants with a baseline survey in Y6 (September 1, 2024-August 31, 2025) from all active PPR projects. Due to missing data for key variables in this table, the sample size (N) in this table differs from what was reported for the full Baseline Only Sample (N = 5,409).

[2] Variables are in alphabetical order following recent guidance from: Flanagin, A., Frey, T., Christiansen, S.L., AMA Manual of Style Committee. Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals. *JAMA.* 2021;326(7):621–627.

[3] Regions defined by: United States Department of Agriculture, National Institute of Food and Agriculture.

Table B10. Perceived Health Status of PPR Participants Among PPR Participants Who Completed Baseline Surveys in Y6 (N = 4,121) and PPR Participants in the Y6 Impact Analysis (N = 1,824; 2024-2025)

Perceived Health n (%)	Participants Who Completed Baseline Surveys in Y6[1] (N = 4,121)	Participants in the Y6 Impact Analysis at Baseline[2] (N = 1,824)	Participants in the Y6 Impact Analysis at Follow-up[2] (N = 1,824)
Poor	585 (14.44%)	196 (10.79%)	145 (8.02%)
Fair	1,779 (43.90%)	865 (47.63%)	709 (39.19%)
Good	1,214 (29.96%)	522 (28.74%)	652 (36.04%)
Very Good	331 (8.17%)	153 (8.43%)	176 (9.73%)
Excellent	94 (2.32%)	40 (2.20%)	76 (4.20%)
Don't Know/ Prefer Not to Answer	49 (1.21%)	40 (2.20%)	51 (2.82%)
Missing[3]	69	8	15

N = total number in sample; n = number in subsample; PPR = produce prescription

[1] Participants with a baseline survey in Y6 (September 1, 2024-August 31, 2025) from all active PPR projects.

[2] Participants who (1) participated in a PPR project that completed its award in Y6 (September 1, 2024-August 31, 2025); (2) had a matched baseline and follow-up survey from any year of the PPR award; (3) had not used PPR redemptions at baseline and had used PPR redemptions at least once at follow-up.

[3] Missing values for perceived health status are not included in percentage calculations.

Table B11. Frequency and Percentage of Food Security Status Among PPR Participants in the Y6 Impact Analysis (N = 1,785)[1] by Sociodemographic Characteristics (2024-2025)[2,3]

Sociodemographic Characteristics	Food Secure Baseline (n = 585)	Food Secure Post (n = 830)	Food Insecure Baseline (n = 1,200)	Food Insecure Post (n = 955)
Age (Years)				
n	572	815	1181	938
Mean (SD)	48.58 (17.72)	50.80 (17.20)	51.28 (15.54)	50.05 (15.53)
Age Group (Years) n (%)				
18 to 24	59 (46.09%)	77 (60.16%)	69 (53.91%)	51 (39.84%)
25 to 34	110 (41.20%)	120 (44.94%)	157 (58.80%)	147 (55.06%)
35 to 44	69 (30.67%)	87 (38.67%)	156 (69.33%)	138 (61.33%)
45 to 64	216 (28.16%)	330 (43.02%)	551 (71.84%)	437 (56.98%)
65 and over	117 (32.23%)	198 (54.55%)	246 (67.77%)	165 (45.45%)
Missing	14	18	21	17
Sex n (%)				
Female	439 (31.95%)	629 (45.78%)	935 (68.05%)	745 (54.22%)
Male	126 (33.42%)	185 (49.07%)	251 (66.58%)	192 (50.93%)
Prefer Not to Answer	16 (61.54%)	14 (53.85%)	10 (38.46%)	12 (46.15%)
Missing	8	8	8	8

Sociodemographic Characteristics	Food Secure Baseline (n = 585)	Food Secure Post (n = 830)	Food Insecure Baseline (n = 1,200)	Food Insecure Post (n = 955)
Race n (%)				
American Indian or Alaskan Native	3 (14.29%)	7 (33.33%)	18 (85.71%)	14 (66.67%)
Asian	31 (20.13%)	81 (52.60%)	123 (79.87%)	73 (47.40%)
Black or African American	131 (33.16%)	216 (54.68%)	264 (66.84%)	179 (45.32%)
More Than One Race	77 (39.49%)	86 (44.10%)	118 (60.51%)	109 (55.90%)
Native Hawaiian	38 (46.34%)	42 (51.22%)	44 (53.66%)	40 (48.78%)
Other	115 (31.08%)	157 (42.43%)	255 (68.92%)	213 (57.57%)
Other Pacific Islander	13 (43.33%)	14 (46.67%)	17 (56.67%)	16 (53.33%)
White	102 (26.84%)	147 (38.68%)	278 (73.16%)	233 (61.32%)
Don't Know/Not Sure	16 (61.54%)	15 (57.69%)	10 (38.46%)	11 (42.31%)
Prefer Not to Answer	37 (44.05%)	44 (52.38%)	47 (55.95%)	40 (47.62%)
Missing	22	21	26	27
Ethnicity n (%)				
Hispanic/Latino	219 (35.84%)	271 (44.35%)	392 (64.16%)	340 (55.65%)
Non-Hispanic/Latino	306 (33.19%)	442 (47.94%)	616 (66.81%)	480 (52.06%)
Prefer Not to Answer	8 (42.11%)	9 (47.37%)	11 (57.89%)	10 (52.63%)
Missing	52	108	181	125
Region[4] n (%)				
Northeast	78 (52.00%)	81 (54.00%)	72 (48.00%)	69 (46.00%)
North Central	31 (30.10%)	56 (54.37%)	72 (69.90%)	47 (45.63%)
Southern	129 (32.91%)	183 (46.68%)	263 (67.09%)	209 (53.32%)
Western	347 (30.44%)	510 (44.74%)	793 (69.56%)	630 (55.26%)
Missing	0	0	0	0
Total n (%)	585 (32.77%)	830 (46.50%)	1200 (67.23%)	955 (53.50%)

N = total number in sample; n = number in subsample; PPR = produce prescription

[1] Participants with baseline and follow-up surveys collected at any time during the award period for projects that ended in Y6 (September 1, 2024-August 31, 2025).

[2] Missing values for age group, sex, ethnicity, and race are not included in percentage calculations.

[3] Variables are in alphabetical order following recent guidance from: Flanagin, A., Frey, T., Christiansen, S.L., AMA Manual of Style Committee. Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals. *JAMA*. 2021;326(7):621–627.

[4] Regions defined by: United States Department of Agriculture, National Institute of Food and Agriculture.

Table B12. Daily FV Cup Equivalents Among PPR Participants in the Y6 Impact Analysis (N = 1,250)[1] Across Sociodemographic Characteristics (2024-2025)[2]

Sociodemographic Characteristics	Fruits and Vegetables[3] Baseline (n = 1,250)	Fruits and Vegetables[3] Post (n = 1,250)	Fruits Only Baseline (n = 1,250)	Fruits Only Post (n = 1,250)	Vegetables Only Y6 Baseline (n = 1,250)	Vegetables Only Y6 Post (n = 1,250)
Age Group (Years) Mean (SD)						
18 to 24	2.25 (0.77)	2.26 (0.56)	1.01 (0.59)	0.97 (0.46)	1.29 (0.38)	1.34 (0.30)
25 to 34	2.27 (0.69)	2.50 (0.73)	0.96 (0.49)	1.09 (0.52)	1.31 (0.31)	1.43 (0.36)
35 to 44	2.38 (0.73)	2.57 (0.70)	0.92 (0.46)	1.02 (0.44)	1.47 (0.42)	1.58 (0.43)
45 to 64	2.43 (0.76)	2.62 (0.77)	0.89 (0.41)	0.97 (0.42)	1.52 (0.47)	1.62 (0.48)
65 and over	2.34 (0.69)	2.61 (0.67)	0.83 (0.34)	0.96 (0.37)	1.48 (0.48)	1.62 (0.46)
Sex Mean (SD)						
Male	2.30 (0.67)	2.51 (0.69)	0.90 (0.42)	1.00 (0.42)	1.40 (0.39)	1.51 (0.41)
Female	2.61 (0.89)	2.78 (0.82)	0.89 (0.51)	0.97 (0.50)	1.69 (0.56)	1.78 (0.52)
Race Mean (SD)						
American Indian or Alaskan Native	1.98 (0.33)	2.76 (1.25)	0.66 (0.23)	1.04 (0.57)	1.28 (0.21)	1.68 (0.82)
Asian	2.37 (0.54)	2.64 (0.66)	0.79 (0.28)	0.92 (0.34)	1.56 (0.34)	1.66 (0.41)
Black or African American	2.34 (0.71)	2.53 (0.75)	0.94 (0.50)	1.03 (0.51)	1.39 (0.40)	1.50 (0.42)
More Than One Race	2.34 (0.82)	2.54 (0.70)	0.89 (0.49)	0.98 (0.40)	1.44 (0.52)	1.54 (0.42)
Native Hawaiian	2.40 (0.66)	2.65 (0.88)	0.85 (0.29)	0.98 (0.41)	1.52 (0.48)	1.64 (0.58)
Other	2.59 (0.70)	2.68 (0.66)	0.90 (0.33)	0.97 (0.32)	1.65 (0.45)	1.70 (0.46)
Other Pacific Islander	2.17 (0.50)	2.88 (0.94)	0.87 (0.28)	1.18 (0.53)	1.29 (0.31)	1.73 (0.58)
White	2.38 (0.79)	2.52 (0.69)	0.91 (0.47)	0.96 (0.41)	1.47 (0.47)	1.55 (0.42)
Don't Know/Not Sure	2.16 (0.62)	2.49 (0.43)	0.82 (0.45)	0.97 (0.38)	1.38 (0.33)	1.55 (0.24)
Prefer Not to Answer	2.24 (0.62)	2.51 (0.61)	0.84 (0.30)	1.04 (0.40)	1.41 (0.41)	1.49 (0.40)
Ethnicity Mean (SD)						
Hispanic/Latino	2.40 (0.72)	2.62 (0.69)	0.90 (0.38)	1.01 (0.40)	1.50 (0.46)	1.61 (0.46)
Non-Hispanic/Latino	2.37 (0.76)	2.55 (0.74)	0.92 (0.48)	1.00 (0.46)	1.44 (0.45)	1.55 (0.44)
Prefer Not to Answer	2.38 (0.71)	2.42 (0.41)	0.94 (0.39)	0.99 (0.36)	1.40 (0.29)	1.42 (0.21)
Region[4] Mean (SD)						
Northeast	2.19 (0.69)	2.41 (0.71)	0.95 (0.48)	1.02 (0.50)	1.28 (0.42)	1.44 (0.43)
North Central	2.37 (0.78)	2.62 (0.74)	0.92 (0.45)	1.11 (0.53)	1.45 (0.46)	1.51 (0.43)
Southern	2.34 (0.77)	2.47 (0.70)	0.90 (0.46)	0.97 (0.42)	1.42 (0.47)	1.50 (0.42)
Western	2.42 (0.70)	2.64 (0.73)	0.89 (0.42)	0.99 (0.41)	1.51 (0.42)	1.63 (0.46)
Total Mean (SD)	2.37 (0.73)	2.57 (0.73)	0.90 (0.44)	1.00 (0.43)	1.46 (0.44)	1.56 (0.45)

N = total number in sample; n = number in subsample; PPR = produce prescription

[1] Participants with baseline and follow-up surveys collected at any time during the award period for projects that ended in Y6 (September 1, 2024-August 31, 2025).

[2] Variables are in alphabetical order following recent guidance from: Flanagin, A., Frey, T., Christiansen, S.L., AMA Manual of Style Committee. Updated guidance on the reporting of race and ethnicity in medical and science journals. *JAMA.* 2021;326(7):621-7.

[3] Vegetables calculated with legumes and without french fries.

[4] Regions defined by: United States Department of Agriculture, National Institute of Food and Agriculture.

Table B13. Program Satisfaction[1] Among PPR Participants at Follow-Up Among PPR Participants in the Y6 Impact Analysis (N = 1,824; 2024-2025)

Program Satisfaction n (%)	Participants in the Y6 Impact Analysis (N = 1,824)[2]
Very Negative	6 (0.33%)
Negative	11 (0.60%)
Neutral	83 (4.56%)
Positive	476 (26.14%)
Very Positive	1,229 (67.49%)
Don't Know/ Prefer Not to Answer	16 (0.88%)
Missing[3]	3

N = total number in sample; n = number in subsample; PPR = produce prescription

[1] Program satisfaction refers to the measure used to rate participant satisfaction with the NI/PPR project.

[2] Participants who (1) participated in a PPR project that completed its award in Y6 (September 1, 2024-August 31, 2025); (2) had a matched baseline and follow-up survey from any year of the PPR award; (3) had not used PPR redemptions at baseline and had used PPR redemptions at least once at follow-up.

[3] Missing values for program satisfaction are not included in percentage calculations.

Appendix 10. Peer-Reviewed Publications During Year 6

Ridberg RA, Maitin-Shepard M, Garfield K, et al. Food is medicine national summit: Transforming health care. *Am J Clin Nutr*. 2024;120(6):1441-1456. **doi:10.1016/j.ajcnut.2024.09.027**

Akin J, Stotz S, Sanville L, Yaroch AL, Byker Shanks C. Nutrition education across Gus Schumacher Nutrition Incentive Programs: A landscape analysis. *J Nutr Educ Behav*. 2025;57(5):425-434. **doi:10.1016/j.jneb.2025.01.009**

Byker Shanks C, Fung Uy W, Zhang, N, et al. Nutrition incentives associated with improved outcomes: 2020-2023 results from the United States Gus Schumacher Nutrition Incentive Program (GusNIP). *AJPM Focus*. 2025:100348. **doi:10.1016/j.focus.2025.100348**

Byker Shanks C, Izumi B, Eastman J, Alvord TW, Yaroch AL. Improving public health data collection approaches across populations: Findings from a national evaluation of fruit and vegetable incentives. *Public Health Nutr*. 2025;28(1):e67. **doi:10.1017/S1368980025000084**

Byker Shanks C, Park MS, Yaroch AL, Short E, Seligman HK. Health outcomes of produce prescription programs associated with Gus Schumacher Nutrition Incentive Program funding. *Annu Rev Nutr*. 2025;45(1):319-333. **doi:10.1146/annurev-nutr-111124-092627**

Calloway EE, Houghtaling B, Mitchell EJ, et al. Participant redemption and engagement in produce prescription programs: A qualitative analysis of implementer perspectives. *Curr Dev Nutr*. 2025;9(9):107530. 2025. **doi:10.1016/j.cdnut.2025.107530**

Parks CA, Stotz SA, Floyd Clark A, et al. Exploring qualitative insights into nutrition incentive and produce prescription programs: A scoping review. *Nutr Rev*. 2025:nuaf150. **doi:10.1093/nutrit/nuaf150**

Stotz SA, Seligman H, Yaroch AL, et al. The realities of data derived from electronic health records to evaluate health outcomes, utilization, and cost of produce prescription programs: A multiple case study evaluation. *J Public Health Res*. 2025;14(2):22799036251329452. **doi:10.1177/22799036251329452**