Nutrition Incentive Hub

CREATED BY GUSNIP NTAE CENTER

Produce Prescription (PPR) Implementation Logic Model

Resource Prepared by Michigan Farmers Market Association

June 2022

The Nutrition Incentive Hub, created by the Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (NTAE), is a coalition of partners that supports nutrition incentive and produce prescription projects. The NTAE Center is supported by Gus Schumacher Nutrition Incentive Program grant no. 2019-70030-30415/project accession no. 1020863 from the USDA National Institute of Food and Agriculture.

Workflow for Produce Prescription (PPR) Project Implementation

INPUTS

Step 1: Identification and Referral

- Healthcare Partner(s) to identify and refer participants to the PPR project. Examples could include primary care physicians, social workers, and clinical staff
- Eligibility criteria
- Patient referral screening tool Examples include paper, online, or using Electronic Medical Records (EMRs)

Step 2: Enrollment

- Organization(s) to facilitate enrollment. Examples could include project coordinators, healthcare partners, public health departments, nutrition education partners, community health workers, and the participating location(s) where produce prescriptions can be redeemed
- Enrollment session agenda/outline
- Program materials and handouts
- Participant pre-program survey and/or methods for tracking baseline data

ACTIVITIES

Step 1: Identification and Referral

- Identify participants in the target population
- Screen and verify participants for eligibility based on established criteria
- Refer eligible participants to PPR project

Step 2: Enrollment

- Schedule participant for enrollment session
- Hold enrollment sessions at redemption site(s), a pre-determined location, or over the phone to provide participants with a program overview and a prescription to redeem fruits and vegetables
- Collect participant baseline data
- If applicable, provide nutrition education and facilitate goal setting for healthy eating. Nutrition education could include knowledge and skills for choosing, preparing, and eating fresh fruit and vegetables, recipe sharing and tastings, cooking demonstrations, and storage tips.

OUTPUTS

Step 1: Identification and Referral

- Number of participants referred

Step 2: Enrollment

- Number of participants enrolled
- Completed pre-program survey and baseline data
- Consent form signed by patient

OUTCOMES

Short-term: Improvement of dietary health through increased consumption of fruits and vegetables

Intermediate: Reduction of individual and household food insecurity

Long-term: Reduction in emergency healthcare use and costs associated with managing diet-related chronic disease

Project team should identify additional target outcomes specific to their evaluation plan

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Step 3: Redemption • Location(s) where produce prescriptions can be redeemed. Examples could include grocery stores, farmers markets, etc. • Alternative currency (if necessary) • Redemption record-keeping tools **Step 4: Continued Participant Support and Education** • Organization(s) to facilitate participant support and education. May be the same or different from organization completing enrollment • Program materials and handouts **Step 5: Program Close-Out** • Program Coordinator(s) • Participant, firm, and healthcare partner post-program surveys and methods for tracking post-program data **Step 6: Reimbursement** • Program Coordinator(s) • Location(s) where produce prescriptions can be redeemed • Established frequency and method for reimbursement	**Step 3: Redemption** • Participating firms (redemption locations) exchange produce prescriptions or alternative currency for fruits and vegetables • Track participant attendance and maintain redemption records **Step 4: Continued Participant Support and Education** • Follow-up with participants who have not redeemed their produce prescriptions and discuss barriers to redemption • If applicable, continue to provide nutrition education to and facilitate goal setting with participants. Could be done at the firm (redemption location) or a pre-determined location, or over the phone. **Step 5: Program Close-Out** • Collect patient post-program data • Collect post-program data from partners including participating firms and healthcare partners • Identify changes for program improvement **Step 6: Reimbursement** • Reimburse participating firms for alternative currency redeemed	**Step 3: Redemption** • Number of enrolled participants who redeemed their produce prescriptions • Number of times each participant has visited the firm (redemption location) **Step 4: Continued Participant Support and Education** • Documented barriers for participation • Change in participant knowledge of program and relevant nutrition education **Step 5: Program Close-Out** • Completed post-program surveys and feedback from firms and healthcare partners • Completed participant post-program data including survey, biometrics, and self-reported health outcomes and/or behavior changes **Step 6: Reimbursement** • Number of voucher/tokens redeemed (redemption percentage) • Amount spent on fruits and vegetables	**Short-term**: Improvement of dietary health through increased consumption of fruits and vegetables **Intermediate**: Reduction of individual and household food insecurity **Long-term**: Reduction in emergency healthcare use and costs associated with managing diet-related chronic disease *Project team should identify additional target outcomes specific to their evaluation plan*

EVALUATION

Work with the Reporting and Evaluation team to implement the Evaluation Plan to assess the impact of project participation on the target audience.