

# Produce Prescription Programs in Ohio: A Landscape Assessment



## What Are Produce Prescription Programs?

**Produce Prescription (PRx) Programs** are a way for healthcare providers to prescribe free fruits and vegetables for patients with chronic diseases and lack of access to nutritious foods. The prescriptions may be redeemed in the healthcare setting or at local farmers markets, mobile markets, brick-and-mortar or online grocery stores, or at food pantries that distribute fresh produce. Many programs also offer nutrition education opportunities.

### The Challenge

- Diet-related chronic diseases are associated with 85% of healthcare spending in the U.S.
- Poor nutrition is a leading cause of illness in the US.
- More than 1.6 million Ohioans are food insecure; and Black and Hispanic communities experience higher rates of food insecurity.
- More than 1 million Ohio adults have diabetes, and almost 1 million Ohio adults have pre-diabetes.

### PRx Program Benefits

- PRx programs are cost-effective. A modeling study predicts that, if covered, fruit and vegetable incentives lead to \$39.7 billion dollars of annual healthcare savings for eligible Medicaid and Medicare beneficiaries.
- PRx programs improve nutrition (food security, fruit and vegetable consumption), and health outcomes (A1c levels, BMI, blood pressure, and preterm birth rates).



## What Do PRx Programs in Ohio Look Like?

Across Ohio, there are at least **30** different PRx programs, operating across **48** different sites.

In 2024, the Ohio Department of Health (ODH) conducted a Landscape Assessment of PRx programs in Ohio. ODH surveyed 35 Ohio-based PRx program staff and interviewed 14 of the survey respondents. This brief highlights the key findings, as well as challenges faced, supports needed, and themes from interviews with PRx program leaders.

- **100%** of PRx programs involve a healthcare organization.
- **83%** of programs determine prescription amount and quantity based on size of the household.
- **63%** of programs offer nutrition education such as setting goals around nutrition, cooking demonstrations and classes, and/or distribution of educational resources.

### Partnerships

**57%** partner with retailers (grocery stores, farmers' markets).

**43%** partner with food banks or pantries.

Additional partners include health departments, universities, insurance providers, coalitions, and non-profit organizations.

### Screening Practices & EHR Use

**90%** screen for food insecurity.

**77%** screen for chronic conditions.

**57%** use Electronic Health Records (EHR) to screen, track, and refer patients to PRx.

### Redemption Options

**46%** Farmers markets.

**37%** Food pantries.

**37%** Onsite health system pantries/coolers.

**31%** Grocery stores.

**29%** Home delivery options.



## What Do PRx Programs in Ohio Look Like? (cont.)

While PRx programs show positive health, nutrition, and cost-savings outcomes, program administrators face challenges such as unsustainable funding, clinical staff turnover, and low participant retention, as noted in both the [existing literature](#) and in the Ohio-based survey and interview results.

### Top 5 Challenges

Program sustainability	49%
Securing sufficient funding	40%
Participant retention	40%
Limited staff capacity & turnover	37%
Food sourcing & distribution	34%

### Top 5 Supports Needed

Clinical systems integration	43%
Creating materials & resources	37%
Data analysis & reporting support	34%
Survey design & administration	26%
Program marketing	23%

### Current Funding

The majority of programs reported receiving funds from multiple sources including local foundations, healthcare systems, Medicaid Managed Care plans, hospital community benefit dollars, and federal funding such as the United States Department of Agriculture (USDA) Gus Schumacher Nutrition Incentive Program (GusNIP).



## Themes From Ohio PRx Program Leaders

- **Strong social connections** with healthcare providers, farmers, pantry staff, and participants are key to PRx programs' success in encouraging program use, promoting behavior change, and improving retention.
- **Integrating Community Health Workers** and social workers into PRx programs enhances patient retention and connects them to additional needed resources.
- **Participant choice and supporting the local economy** are key considerations for PRx programs when designing the produce redemption options.
- **Prioritizing local or regional sourcing of produce** by PRx programs strengthens the state and local agricultural economy.
- **Stable funding is needed to expand and protect Ohio's PRx programs.** The majority of Ohio PRx programs are currently funded through grants, creating sustainability challenges.
- **Widespread interest exists in exploring statewide policy opportunities** such as the Medicaid 1115 Demonstration Waiver, In Lieu of Services, and/or Medicaid Value-Added Services that can provide coverage for nutrition services including PRx programs.
- **Cross-sector collaboration** across different PRx programs and Food is Medicine stakeholders will help expand the reach of PRx programs and support a pathway toward sustainable funding in Ohio.



## For More Information

- For more information, contact Casey Slive, ODH Food Access Coordinator: [casey.slive@odh.ohio.gov](mailto:casey.slive@odh.ohio.gov).