

NEW MEXICO FARMERS' MARKETING ASSOCIATION



EVALUATION

REPORT

MAY 2024





Acknowledgments

This evaluation benefited tremendously from the time and engagement provided by the staff from FreshRx partner organizations who participated in focus groups, interviews, and/or a survey. Their generous giving of time and willingness to share their perspectives are greatly appreciated. The report presented here attempts to highlight their voices, perceptions, and experiences to help tell the story of this program. These stories, woven together, paint a picture of how the FreshRx program has benefited lives of individuals and families as well as their communities. They speak of collaborative efforts to provide fresh fruits and vegetables from local New Mexican growers for those who need it. The depth and richness of what is in the pages that follow simply would not have been possible without those who shared so graciously and openly.

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Executive Summary

During the first quarter of 2024 the New Mexico Farmers' Marketing Association (NMFMA) carried out a process and outcomes evaluation of its 2023 FreshRx activities among its partner health clinics. The evaluation goal was *"to assess how effective, appropriate, and inclusive the NMFMA's FreshRx program activities were in 2023 and to determine how programming can be improved in the future,"* as program impacts on health and behavior change are assessed annually by the National Training and Evaluation Center for the NMFMA's federally funded FreshRx programs. The evaluation included primary data collection using both quantitative and qualitative methods along with a desk review of key program documents and data previously collected for state reporting and for national research and evaluation efforts.

Overall feedback on the FreshRx program was extremely positive, with numerous partners highlighting how the program benefits individual lives, especially among marginalized populations and those that are impacted most by food insecurity and health disparities. All evaluation respondents spoke very clearly of the importance of this type of program and the positive impacts that FreshRx provides. There was consistent appreciation for the program and its ability to reach vulnerable populations. This was coupled with feedback that current resources are not adequate to meet the needs of clients served by program partners, as only a limited number of participants benefit from the program each year. Partner staff further indicated that FreshRx is contributing to broader shifts in how health clinics and other community-based partners address food insecurity and diet-related health disparities. The experiences shared through this evaluation show that the program is having a broad impact on partner perspectives as to the benefits of produce prescriptions as an important tool in helping clients address diet-related disease and food insecurity. In this way, importantly, the program is impacting the wider system despite having limited resources and a limited reach.

Program benefits extend beyond the food incentive to include the local food economy and food environment. For example, whereas many produce prescription programs around the country do not have a local sourcing requirement, all produce must be locally grown in New Mexico for the NMFMA program. As a result, individual farmers as well as local food hubs in New Mexico are benefiting. FreshRx partners highlighted appreciation for fostering partnerships with local farmers and that the program contributes to the local economy. The program is also finding success in promoting awareness around access to local food. Despite the various successes, several challenges were raised that will require attention in the future - including transportation as well as a number of issues with farmers' markets and with the food boxes/bags.

It is clear from the evaluation that there is an important story here to tell, especially in using food from local producers to help respond to and address food insecurity in the state. Expanding funding and resources would enable organizations to serve more people and meet more of the current need for produce prescription food incentive and complementary activity resources. As momentum at state and national levels continues around including produce prescriptions as a covered healthcare cost - through Medicaid and eventually private providers - it will also be important to advocate for maintaining a local food system component as part of the FreshRx experience in New Mexico. The connection of the produce prescription to local producers was a theme emphasized by many evaluation respondents, highlighting the importance of incorporating local priorities and community-based models when considering solutions at a wider scale.



I. Introduction

The New Mexico Farmers' Marketing Association (NMFMA) is currently implementing a FreshRx produce prescription program, which is funded via two grants from the US Department of Agriculture (USDA) along with funding from the State of New Mexico. The program aims to increase the consumption of fresh, New Mexico-grown produce among nutritionally-at-risk, low-income residents, and to increase produce sales for local farmers. In this way, the NMFMA's FreshRx program works to address nutrition disparities while increasing local farmer income and economic resilience. The NMFMA initially started FreshRx through a small pilot that ran from 2012-2014 and worked through one partner in Española. Over the past several years, the program has gradually expanded in terms of the number of partners, the number of people benefiting from the program, and geographic reach. To implement FreshRx, the NMFMA works through health clinics and other community-based partners in numerous parts of the state. The majority of the NMFMA's clinic partners are Federally Qualified Health Centers, which are community-based providers that receive federal health resources; the NMFMA also works with nearly a dozen Tribal partners. In 2023, the NMFMA worked with 23 partners in Northern, Central, and Southern New Mexico, reaching 1550 families through this program. See Annex 1 for a list of the partners and number of families served per partner in 2023.

All produce provided through the NMFMA's FreshRx must be locally grown, and the food incentive is given either through a CSA-style food bag / box or through food vouchers to be redeemed at participating farmers' markets. In 2023, total sales for local producers reached nearly \$550,000 – \$100,000 through voucher use at 18 participating market outlets, and just over \$450,000 for food bags/ boxes from 9 participating farms/ aggregators/food hub suppliers. See Annex 2 for more details on voucher and bag/box sales.

The NMFMA's FreshRx program is part of a broader nationwide network of Produce Prescription initiatives that aim to positively impact fruit and vegetable intake, food security, and the local economy among priority populations. Produce Prescription programming also attempts to decrease health care utilization and cost, given that: inadequate fruit and vegetable intake is linked to obesity, type 2 diabetes, and other non-communicable diseases and health concerns; poor diet and related health complications add tremendous costs to healthcare; and diet-related diseases are one of the leading causes of death in the US. FreshRx program participants are selected based on a few criteria: if they are food insecure;¹ if they are a member of a low-income household that suffers from, or is at risk of developing, a diet-related health condition; or if they receive Medicaid or SNAP benefits.

¹ The USDA defines food insecurity as "the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways." See here (accessed 4/10/24): <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/measurement/>

In addition to the NMFMA's program, there are two other Produce Prescription programs in New Mexico: one is managed by Community Outreach and Patient Empowerment (COPE) and implemented on Navajo Nation, and the other is managed by Presbyterian and implemented in Central and Northern New Mexico. These other programs are implemented differently than FreshRx so outcomes may differ widely.

Produce Prescription projects attempt to reach populations with limited access to healthcare and who will benefit from the food incentive and associated complementary activities. This type of program is particularly relevant in New Mexico, where high rates of poverty and one of the lowest fruit and vegetable consumption rates in the country contribute to high levels of obesity and food insecurity. At the same time, the state has a robust local food system movement supported by a long tradition of small and mid-sized agriculture produced especially by land-based communities, as well as an active and coordinated effort of community health clinics and food security organizations working across the state to improve health and nutrition.

FreshRx efforts to increase fruit and vegetable consumption are based on four main approaches:

- 1- Reducing the cost barriers to accessing fresh produce;
- 2- Increasing participant knowledge about nutrition;
- 3- Increasing participant familiarity with produce and cooking techniques;
- 4- Providing targeted outreach for ongoing support.

These approaches are accomplished through the use of the produce prescription food incentive combined with, in most cases, a complementary suite of activities including: nutrition education and messaging (1-on-1 and in groups); cooking demonstrations and cooking classes; and providing healthy recipes that highlight local produce. For the NMFMA during 2023, there was a high degree of variability among partners in terms of which, if any, complementary activities were provided in addition to the food incentive.

One of the NMFMA's current FreshRx grants from the USDA includes Evaluation as one of three program areas with the aim of documenting "the process, challenges, and successes of implementation and operations," along with undertaking an "outcome assessment documenting the project's effectiveness in increasing fruit and vegetable purchases and consumption among participants." As a result, during the first quarter of 2024 the NMFMA planned and carried out a process and outcomes evaluation of its 2023 FreshRx activities. The evaluation was led by the NMFMA's Monitoring, Evaluation, Research, and Learning (MERL) Lead and included primary data collection using quantitative and qualitative methods along with a desk review of key program documents and data previously collected for state reporting and for national research and evaluation efforts. This report presents the results of the evaluation and is organized as follows: after the introduction, Section II details the scope and methodology; Section III provides findings and recommendations categorized by: Overall, Food Incentives, Complementary Activities, and Partner Support; Section IV concludes with a list of the report recommendations. A synopsis presenting a high-level summary of findings and recommendations is also available.

II. Evaluation Scope & Methodology

The evaluation goal was “to assess how effective, appropriate, and inclusive the NMFMA’s FreshRx program activities were in 2023 and to determine how programming can be improved in the future.” As a result, the evaluation will help identify program strengths and weaknesses, as well as recommendations moving forward. It is important to note that this evaluation is distinct from the efforts being led by the GusNIP Training, Technical Assistance, Evaluation, and Information Center (NTAE), which is responsible for determining impacts of produce prescription programs nationwide on participant food security status, fruit and vegetable intake, perceived health status, and other program impacts through pre- and post-activity surveys among participants. As this evaluation focuses more on program implementation, it is meant to build upon and complement - rather than duplicate - the NTAE’s work. Furthermore, the NTAE’s work only encompasses the FreshRx participants being funded through USDA funding, so it does not reach all of those benefiting from the NMFMA’s FreshRx activities.

Table 1 below presents the methods and tools used to address the evaluation goal and key questions that supported the goal. These questions included:

- What were the biggest successes and challenges of the program activities?
- Were program activities culturally and contextually appropriate for the participants?
- How well did the NMFMA train and provide other resources to partners?
- How well did program outreach and materials as well as complementary program activities serve the participants?
- How effective were the food incentives?
- Did the program target the appropriate partners, the appropriate clients, and the appropriate number of clients per partner?
- How well did the Community of Practice serve the project?
- What external factors helped/hindered the program?

Table 1. NMFMA FreshRx Evaluation Methods

Method/tool	Time frame	Mode	Results
Community Health Worker (CHW) Survey	January 19 - March 22, 2024	In-person survey for CHWs attending an in-person program event Electronic survey via Survey Monkey for CHWs that do not attend the in-person	27 surveys completed out of 33 potential respondents (82% response rate)
Clinic Manager and CHW Focus Group Discussions (FGDs)	February 26 - March 19, 2024	Zoom calls led by NMFMA MERL Lead	4 FGDs completed with 11 FGD participants representing 5 partners
Clinic Manager and CHW Key Informant Interviews (KIIs)	March 4 - 14, 2024	Zoom calls led by NMFMA MERL Lead	4 KIIs completed with 4 participants representing 4 partners
Desk Review	January - March 2024	Review of key Program Documents and Data	Review of: -Program proposal -Monthly reports to the state -Annual sales data -NTAE reports and data -Program materials

Data Analysis & Presentation

All survey data was entered into Survey Monkey, and this was aggregated and reviewed through Survey Monkey's "Analyze Results" and "Present Results" features. Analysis of the survey data was then used to refine the KII/FGD tool. For qualitative data, FGD and KII Zoom calls were recorded (after consent from participants), and the calls were then transcribed using Zoom transcription features. The transcriptions were reviewed and coded for key themes and sub-themes, with main findings organized per theme and sub-theme. Triangulation was achieved through using multiple primary data collection methods along with the review of information from a variety of sources during the desk review. The draft report was shared with program leadership for review; feedback was incorporated into the final report.

Evaluation Limitations

Data collected through the evaluation was done with health clinic partner staff, who provided a wealth of information based on their experiences with the program. As a result, one of the biggest strengths of the evaluation is that it centers partner voices and perspectives. However, this also means that the evaluation does not include direct feedback from clients themselves (i.e., those that benefited directly from FreshRx program activities) because the NMFMA does not have direct access to these populations. This limitation was addressed through collecting data from a wide number of partner organizations as well as including different types of data collection questions - some of which asked for the partner staff experiences directly (e.g., effectiveness of the trainings the NMFMA provided to partner staff) whereas others asked what clients reported to partner staff about the program (e.g., what clients experienced at markets, what foods were most/ least appreciated, etc.). In addition, the information gathered through primary data collection has been triangulated with NTAE survey data, in which more than 90% of 313 respondents stated that they had a positive or very positive experience with FreshRx. Many FGD and KII participants also reported that they had gone with clients to the farmers' markets and could thus speak to these direct experiences in the FGDs and KIIs. The evaluation findings seem very robust but should still be understood with this overall limitation in mind.





III. Key Findings & Recommendations

a. Overall

Overall feedback on the FreshRx program was extremely positive, with numerous respondents highlighting the importance of telling the story of how the program benefits individual lives, especially among marginalized populations and those that are most impacted by food insecurity and health disparities. There was consistent appreciation for the program and understanding that current resources are not adequate to meet the needs of clients served by program partners. Partner staff further indicated that FreshRx was helping to contribute to a broader shift in the healthcare world - going beyond traditional Western medical approaches and moving towards a “Food is Medicine” type approach.

“It’d be great for leaders to know how important...the whole food security issue is. I know that word is thrown around a lot, but maybe leaders don’t really understand the full depth of what it means.”
- FreshRx Partner Staff Interview

Providing access to fresh, healthy, nutritious, and local food was noted by many respondents as the program’s greatest benefit. One partner that began implementing FreshRx in 2023 stated:

“From a medical standpoint...as a provider...it’s one thing to make recommendations for health promotion. But to be able to give patients the resources to actually follow through with those things makes a much bigger impact, you know, because we can counsel our patients on improving their diet and exercise, but if these... risk factors that they have, like poor diet, is otherwise non-modifiable because they don’t have, you know, the means, because unfortunately healthier food is more expensive in most cases. If that’s just outside of their possibility, then...the counseling falls on deaf ears; and so to be able to provide the counseling and provide a resource that has the potential for longevity, I think that was really special.”

Many additional program strengths were noted, and these are included in the report’s various sections below; it is also important to note that despite the many positive attributes of the NMFMA FreshRx activities, there were several key challenges that were highlighted that will require attention in the future. These are also detailed in the report.

Key overall findings include:

The FreshRx program is contributing to broader shifts in how health clinics and other community-based partners address food insecurity.

Based on feedback from the FGDs, KIIs, and surveys alike, it is clear that the FreshRx program is helping contribute to shifts in how community partners and health providers address food insecurity and diet-related health disparities. One partner whose clinic only started implementing FreshRx in 2023 shared: “This is something that’s new for our kind of facility. Thinking broadly, thinking more complex beyond a medical framework and actually thinking about how we can provide resources to our communities that are not medical.” Another partner that has been implementing FreshRx for several years noted: “One of the neat things that I’ve been able to see is that, you know, when you have these providers who start thinking about these types of resources really as that Food is Medicine, right? And it becomes this valuable piece of what a provider can do for a patient.” All FGD and KII participants spoke very clearly of the importance of this type of program and the positive impacts that FreshRx provides. Although there are a limited number of participants that benefit from the program each year and available resources are insufficient for the need (which is discussed further below), the experiences shared through this evaluation show that the program is having a broad impact on partner perspectives as to the benefits of produce prescriptions as an important tool in helping clients address diet-related disease and food insecurity. In this way, importantly, the program is impacting the wider system despite having limited resources and a limited reach in terms of number of people accessing the produce prescription in a given year.

FreshRx reached vulnerable, marginalized populations but resources are not sufficient to meet the need.

The broad FreshRx eligibility and targeting criteria (food insecurity, being a member of a low-income household that has or is at risk of having a diet-related health condition or receiving Medicaid or SNAP benefits) meant that partners were able to reach marginalized populations in need. Selecting exactly who benefited also varied quite a bit from partner to partner, as each individual partner determined more specifically who would benefit, since, as one FGD participant noted when discussing eligibility criteria: “Food insecurity, chronic conditions - [that’s] most of our patient population basically.” Another partner framed the patients in the program she managed as “folks that were in need, experiencing lack of food access.” Regardless of how exactly each partner decided to further refine its targeting approach, it is clear that the FreshRx program was serving populations in need. One FGD participant summed it up as, “Overall, [the program] has helped a very, very marginalized group of people. Very marginalized - health-wise, finances, food choices, and so on and so forth.”

While the program is serving those in need, it is also clear that there is significantly more demand than current resources can support. The demand for FreshRx outpacing supply was mentioned in almost all FGDs and KIIs. One partner likened the reach they have in one area in Northern New Mexico as a drop in the bucket compared to the need for this type of intervention. At the same time, several partners noted that staff capacity would be a challenge when thinking about increasing the number of FreshRx participants.

Partners and participants alike greatly appreciate the program.

Partners expressed appreciation for their organizations being able to participate in FreshRx. During one KII, a partner noted: “We would just really like to thank all the people that got us the bags and collected the food and bagged everything and then, you know, brought it to us and stuff like that, because that’s just so helpful... We’re thankful for it... very appreciative and thankful for this opportunity.” Another partner described the work in the following way: “It’s phenomenal - what we can

get done sometimes... I know we're kind of like contributing to the larger thing at stake here." Moreover, as alluded to above, many partners emphasized that the program improves the care that they can provide and was contributing to building a sense of agency, self-efficacy, and hopefully longer-term behavior change among families by providing a concrete resource for managing their health. One provider noted, "If we can get them to a point where they can use that resource, or you know, we can offer the resource, and then they can utilize that resource and sustain with that resource. I think that's where we're headed with this program."

Partners additionally spoke of how much participants appreciate FreshRx, as it provides families with high quality and healthy food while cutting down on grocery costs. One interviewee talked about how the program made people feel good to be thought of and said that "We never heard nothing bad ever, ever about anything. Just people say, 'thank you,' you know... 'Thank you for delivering it to me,' I think, and then a lot of more, just like, 'Thank you for thinking of me.'" Another interviewee explained that "I had nothing but positive feedback from a lot of the clients just saying like, right now, cause of the cost of groceries right now, just being kind of outrageous... that they were really happy when I would give them... vouchers, and then they'd go trade them in at the farmers' market for their tokens." An FGD participant explained it as such: "I was really happy to hear the feedback from the families... that the families did utilize it (the incentive). They enjoyed it, and I've had conversations with families that are asking us if we're going to do it again... That in itself for me is a success, because it shows that even if it was a little bit of a difference, we made a difference." Finally, another FGD participant exclaimed: "There are families who do come to our site to pick up the bags, and... seeing the reaction on their face of receiving the bag... It's pure joy, like they're excited to receive the bag, and you know they look forward to every week coming in and picking up the bags."



Program benefits extend beyond the food incentive to include the local food economy and food environment.

"For certain folks and certain families, you know money to shop at a farmers' market, and to experience the farmers' market and [be able] to pay a little more for a locally grown organic tomato, right, and to hopefully be able to taste the difference. That sort of thing, the experience, you can't put a value on that."

-FreshRx Partner FGD participant

In addition to benefiting program participants and their families, FreshRx in New Mexico also has an impact on the local economy. Whereas many produce prescription programs around the country do not have a local food sourcing requirement, all produce must be locally grown in New Mexico for the NMFMA FreshRx program.² As a result, individual farmers as well as local food hubs and distributors in New Mexico are benefiting from FreshRx sales. In 2023, for example, FreshRx sales through the NMFMA program totaled \$547,315, and in 2022 sales were \$190,638 (see Table 2 and Annex 2 for additional details). FreshRx partners expressed great appreciation for the program allowing them to foster partnerships with local farmers and that the program contributes to the local economy. One FGD participant said, "We do support our local farmers... it was really nice getting to know them as well," and another

noted, "For this type of programming the resource being funds to procure locally grown produce. ... I think [about] the economic benefit of that, too. Just pumping dollars back into our local economy, supporting our local growers... It makes a whole lot of sense economically, you know."

² According to the NTAE, as of FY2022, less than 8% out of nearly 800 Produce Prescription sites included a stipulation of "only state or regionally grown FVs" (fruits and vegetables).

Table 2. FreshRx Voucher and Box/Bag Sales, 2022-2023

Year	2023		2022	
	Vouchers	Boxes/ Bags	Vouchers	Boxes/ Bags
# Supplier Outlets	18 Outlets	9 Farms/Hubs/ Aggregators/ Distributors	16 Outlets	7 Farms/Hubs/ Aggregators/ Distributors
Total Sales	\$96,849	\$450,466	\$44,438	\$146,200
Mean \$ Amount	\$5,381 per outlet	\$50,052 per supplier	\$2,777 per outlet	\$20,886 per supplier
\$ Amount Range	\$52 [min.] - -\$28,167 [max.]	\$7,200 [min.] - \$226,350 [max.]	\$108 [min.] - \$18,247 [max.]	\$7,020 [min.] - \$72,000 [max.]
Standard Deviation	7,976	68,914	4,643	22,999

“Bringing awareness to the farmers market is just kind of a success in its own.”
- FreshRx Partner FGD participant

In addition to individual food producers benefiting from FreshRx sales, through the voucher incentives many participants are introduced to farmers’ markets for the first time. During FGDs and KIs, partner staff discussed the educational aspect for participants, partner staff, and providers alike in learning more about farmers’ markets, stating that many of them were going to a market for the first time.

One FGD participant explained,

“I think kind of bringing that into light for individuals that you don’t just have to shop at Walmart or...big chains. You can do [a] local farmers’ market. I also think kind of our providers being more in the loop of what’s available in their local area and having that conversation with patients about local food and then referring them over to the CHWs, I think those are successes from a program role.”

Another FGD participant noted,

“The FreshRx vouchers introduced to a lot of patients that had never been to a farmers’ market before. And it was the first time, so that was something new for them, and they had a very good experience with that (being at the market), because it’s not only going to get your groceries, I mean, you know, your vegetables and stuff. It’s also fun, entertaining, and...it’s just something that they had never done before, and it was a good experience for them.” This same respondent later commented, *“I also had a few moms that were saying, ‘Okay, I like to take my kids with me, because that way they can experience to go and choose a vegetable that they have never eaten before.’ And that’s, you know, something that my children can have...’ They can go in and try something new that they haven’t tried before, especially when it comes to vegetables.”*

The social benefits of going to the market in terms of opportunities for families to spend time together were consistently mentioned as a success of the program.

“Not only did we provide fresh fruits and vegetables, we also provided mental well-being.”

- FreshRx Partner interviewee

Several partners mentioned aspects of social/emotional/mental well-being of program participants that they felt were being supported through FreshRx. This was discussed in a few different focus groups and interviews, and was most clearly explained in one particular FGD:

“A lot of them...they were more mindful. When they got their food they were more careful how to make a menu and plan for the food and make healthy choices. And some of these patients that I worked with had diabetes, and that helped them a lot.... It changed them... [It] got them to cook together. They were neighbors...they cooked together, and that...as their isolation as a very marginalized people, that helped a lot.”

FreshRx utilizes a very flexible program model.

The NMFMA FreshRx program uses a very flexible model that allows partners to adapt the program to fit their needs and available resources. This flexibility was noticed in several areas, including: who benefits (based on the broad eligibility criteria discussed above); how the incentive is provided (for example, with vouchers, it depends on the partner how often during the season vouchers were provided to participants; for food boxes/bags, most partners required participant pick-up but there are partners that did home delivery); frequency and consistency of follow-up with participants; and what, if any, complementary activities (such as nutrition education, cooking classes, etc.) are provided. As a result, it is important to note that the ways in which partners implemented the program were very diverse. In addition, few - if any - partners were able to offer the full suite of complementary activities. The flexible model seemed to be appreciated by most partners, with one FGD participant stating *“Unfortunately, not all programs are like that. But this one really, I think tailors to be as flexible as possible.”* However, staff from one clinic noted: *“It would be nice to have a framework for new clinics who are implementing the program. We appreciate the flexibility, but structure would have been helpful.”*

The program was generally reported to be culturally relevant and appropriate.

Nearly all survey respondents found program activities to be “kind of” or “very” culturally appropriate, as Figure 1 shows.

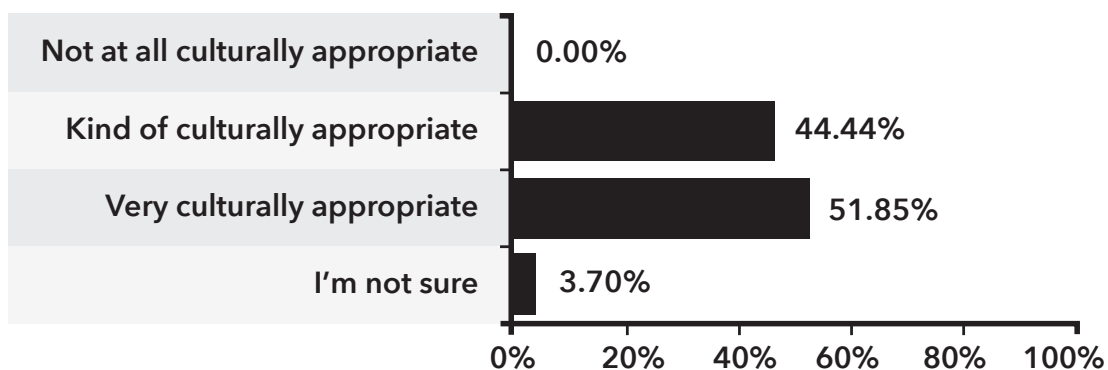


Figure 1. Survey participant (n=27) perspective on how culturally appropriate they feel the FreshRx program activities are to the patients participating in the program



In terms of the food incentive, partners that provided vouchers rated the foods at the farmers' market more culturally relevant than the foods provided in the boxes/ bags; this was primarily because there were often items in the boxes and bags that were new or unfamiliar to the participants. Other qualitative comments about cultural relevance were mixed. One partner noted that the program promoted sharing meals and family togetherness while another explained that it provided people "with the opportunity and encouragement to shop at places they might not normally consider and to try things they might not normally try due to cost or inconvenience. [It] creates an environment and a culture of encouragement, opportunity, and access, breaking down barriers of class." The recipes that were provided by the NMFMA were found to be culturally relevant by some partners but not by others. In addition, multiple partners noted that some of their patients did not have easy access to markets. Finally, one of the Tribal partners highlighted the importance of doing more learning and research on Tribal communities before setting up program activities.

There is an important balance to find in addressing immediate food insecurity needs with promoting longer-term behavior change and healthy eating.

As described above, FreshRx is clearly succeeding in reaching vulnerable, food insecure populations that need the type of fruit and vegetable incentive the program provides. There were discussions, however, about how to balance the immediate hunger needs with the importance of also promoting healthy diets over the long-term. One FGD participant noted:

"It's a question, too, of how are we going to use this program. You know, how are we gonna work it into the education that we already do? If we are intending to use this program to feed folks that are in need of food, then yeah, pantry staples that are really...familiar, that are infinitely usable, that are able to be eaten without being cooked was also something that came up quite a bit with folks that came to me."

Another FGD participant said:

"I heard of...us not knowing what patients really should be benefiting from this. Is it really food insecurity? Or is it seen for a nutrition kind of lifestyle change right? And being a health educator, it's always about the lifestyle change. And if we're looking at it from a clinical point of view, it's about changing numbers, changing lifestyle, better habits, right, opening up those kinds of eyes and senses to what else is out there... From a health education perspective, it's really trying to get patients to try new vegetables, new fruits, kind of eat the rainbow. What the nutritional facts are, how is that gonna change to your body, to your system, to your palate, what that looks like."

This tension arose especially in comments about contents of the food boxes/ bags; while most partners recognized the importance of offering a limited number of new items, there was significant concern that the content of the food boxes/bags at times went too far in that direction. As a result, multiple partners reported that they had participants discontinue participation and/or received reports of products being thrown away because participants did not know what to do with the new product and/or received too much of it.

In spite of the successes, several challenges were consistently reported - including transportation and some issues with farmers' markets and the food boxes/bags.

"I wanna say that as maybe critical as I have come across, I think this is a phenomenal program. And so, really, more than anything, a lot of what I'm sharing is because I see it (FreshRx) being something that can be extremely beneficial for our community and is beneficial as is, but would be so much better with certain changes."

-FreshRx Partner FGD Participant

Transportation and/or distribution was raised as a major issue in nearly every FGD and KII. For participants using vouchers, transportation to farmers' markets was consistently noted as a barrier, especially for populations that lived further from participating markets. One FGD participant linked transportation challenges with overall difficulties in accessing food: "A lot of folks who were referred to my program were folks that were in need experiencing lack of food access and with a lack of access to food tends to come other, sort of, lacking of other resources. And so I had a lot of people who were really struggling with getting transportation to markets." For food box/ bag recipients, there were a few partners that provided home delivery some or all of the time but noted the time and logistical challenges this posed. One interviewee even delivered bags on their own time: "I would go through and call each one remind them to come, pick up their bag and most everybody did. But there was a lot of issues with transportation, because the people who can't afford fruits and vegetables also can't afford gas. So that was like our biggest challenge. So I did do a lot of delivering the bags, which was time consuming, cause I was doing that on my own personal time." Transportation was also highlighted as a limit in terms of the potential geographic reach of the program:

"For me...[the greatest barrier]...is always going to be transportation. And yet, so until we can figure out home delivery models and the resources to support that we're going to be missing a big chunk of people, especially, and rural parts of our state."

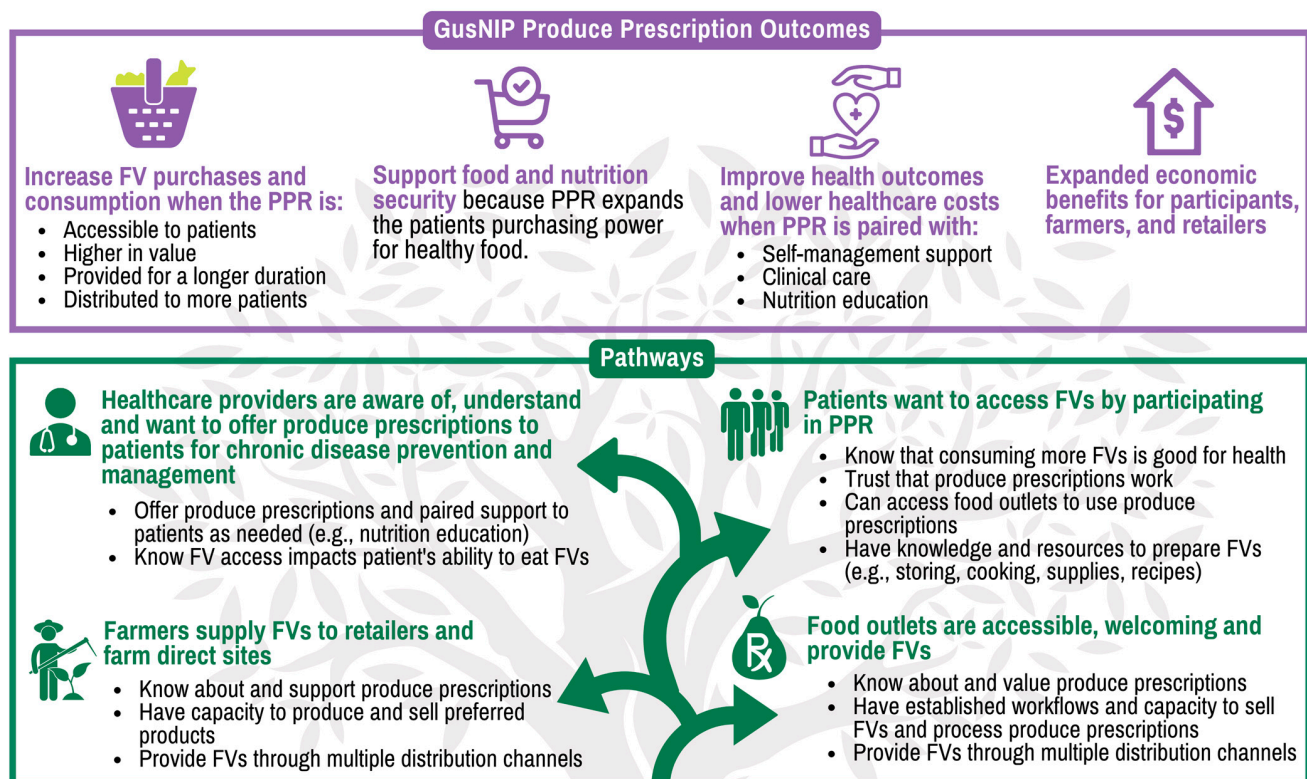
A second major challenge revolved around issues with farmers' markets. While many clinic staff talked about the numerous positive benefits that participants reported from their experiences at the markets, several concerns were also raised. One concern that came up consistently was the limited days and hours that markets are open and that these times often didn't work very well for FreshRx participants - "patients didn't necessarily have a Wednesday morning to go, or Saturdays were really busy." In addition, partners reported that it was easy for participants and partner staff themselves to get confused about various aspects of the program - including which markets were participating (especially early in the season); which vendors at participating markets were FreshRx vendors; and what items at FreshRx vendors were eligible or ineligible for purchase (honey, for example, was cited multiple times as a product that was a source of confusion). It was also reported that a couple of markets only had one or two items at various times of the season, which severely limited participant ability to get a variety of produce from the market and to be able to choose what they wanted. Finally, there were reports of difficulties participants had in obtaining tokens and limited availability of tokens, with partners stating that in certain instances led to participants feeling embarrassed. With the food boxes/ bags, there were two main critiques raised, the first being that the boxes/bags contained too many foods that were new or unfamiliar to participants, and the second that there was too much redundancy in the weekly products provided. Additional details on participant experiences at the markets and with the boxes/bags are discussed further in the Food Incentives section below. Despite these challenges, the overall quality and freshness of the food sourced at farmers' markets and through the boxes/ bags was consistently praised by FreshRx program partners.

Overall Recommendations

(1) Work with partners to clearly define the most important desired outcomes for participants, acknowledging the need for balancing both food and nutrition security along with limits funders place on what types of foods can be provided.³

A useful resource for this process could be the GusNIP Produce Prescription (PPR) Theory of Change that was recently developed through a consultative process led by the NTAE.⁴ The visuals showing Outcomes and Pathways seem particularly relevant and could be worth sharing with partners as one way to spur further discussion among program leadership and partners.

Figure 2. GusNIP PPR Theory of Change Outcomes and Pathways (Stotz et al, 2023)



(2) Develop long-term planning approaches for program participants, especially related to:

- The length of time participants will receive the food incentive along with general criteria to determine when participants will no longer receive the incentive; and*
- How to continue providing access to resources that facilitate fruit and vegetable consumption after participants have stopped receiving the food incentive.*

³ Over the past few years, the US Department of Agriculture has started to promote both food security and nutrition security to more intentionally integrate the importance of nutrition for optimal health and well-being.

⁴ Stotz, S.A.; Nugent, N.B.; Akers, M.; Leng, K.; Byker Shanks, C.; Yaroch, A.L.; Krieger, J.; Szczepaniak, M.; Seligman, H. How the Gus Schumacher Produce Prescription Program Works: An Adaptation of a Nutrition Incentive Theory of Change. *Nutrients* 2023, 15, 3352. <https://doi.org/10.3390/nu15153352>

Building upon the first recommendation, it will be important for the NMFMA to work with partners on longer-term planning. These plans will need some partner-specific components as well as components that are common across all partners.

One avenue for doing this would be to promote food assistance programs that also have a local, community food systems component, such as Double Up Food Bucks for SNAP recipients, the WIC Farmers' Market Nutrition Program, and the Senior Farmers' Market Nutrition Program. As an example, based on baseline data from the NTAE, 45% of NMFMA FreshRx participants used SNAP in the past 30 days, and approximately 75% of that group have been using SNAP for at least one year. This seems to indicate there could be tremendous potential in linking FreshRx participants to Double Up Food Bucks.

(3) Maintain overall programming flexibility while providing tools and guidance for the partners who need it.

It is important for partners to maintain the ability to adapt the FreshRx program model to suit their needs and capacities as well as the local context and the needs of participants. At the same time, it seems equally important that program leadership provide more structure for those who need it, especially newer partners. This could be done through further building out the Community of Practice as a space for sharing of tools, information, best practices, and lessons learned. See Section IV Recommendations for additional details on the Community of Practice.

(4) Prioritize addressing challenges that are most within the NMFMA's and partners' control.

There are several issues related to participant experience at the market, content of food boxes/bags, etc., that can be acted upon and should be prioritized in the immediate future. For the transportation issue, it is a major systemic barrier that goes well beyond the program and what is in the program's control. As a result, addressing transportation challenges at this point will likely go beyond program resources. However, the NMFMA and partners should continue to explore alternative distribution models, creative partnerships, or small-scale trial-and-error type pilots.

(5) Tell the FreshRx story and advocate for sustained and expanded long term resources that maintain the program's local economy and community connections.

It is clear from the evaluation that there is an important story here to tell, especially in using food from local producers to help respond to and address food insecurity in the state. One FGD participant expressed this in the following way: *"I can continue to advocate, and I can continue to make sure that families can submit their testimonies, and, you know, give us praise on what it is that they liked about the program, what they've learned from the program."* Expanding funding and resources for the program would enable organizations to serve more people and meet more of the current need for produce prescription food incentive and complementary activity resources. As momentum continues around including produce prescriptions as a covered healthcare cost - through Medicaid and eventually private providers - it will also be important to advocate for maintaining a local food system component as part of the FreshRx experience in New Mexico. The connection of the produce prescription to local producers was a theme emphasized by many evaluation respondents, highlighting the importance of incorporating local priorities and community-based models when considering solutions at a wider scale. FreshRx advocates could look to the evolution of the New Mexico Grown (NM Grown) program, the state's institutional local food procurement program, for

how to build out a model that incorporates a local component in a broader system. NM Grown provides resources to institutions to purchase locally produced food from New Mexican farmers and ranchers, food hubs, and distributors, and serves children in pre-school settings, students in K-12 schools, elders at senior centers, and food insecure clients at food banks. Importantly, NM Grown exists alongside standard institutional procurement by schools, pre-schools, senior centers, and food banks. Examples from other states such as Michigan can also provide ideas for advocacy approaches

In November 2023, the Michigan Farmers Markets Association (MIFMA) hosted the first Legislative Education Day for Produce Prescription Programs in Michigan. In total, twenty-nine legislative meetings were held throughout the day representing districts across the state. The focus of these conversations was on raising awareness of the programs and educating legislators on how and why they should support these programs in the future. MIFMA Produce Prescription Program Manager Bella Pagogna explains, "It is important to start the conversation now so we can start to build those relationships and familiarize legislators with programs operating in their district and the impacts those programs are having on their constituents so that they can be prepared to support future policy asks." (Source: MIFMA 2023 Annual Report)

b. Food Incentives

The produce prescription food incentive is offered through one of the following modalities: i) vouchers that are redeemed for tokens to be used at local participating farmers' markets;⁵ ii) CSA-style food boxes or bags that are either delivered to FreshRx participants or picked up by participants; and iii) a choice of vouchers or the food box/bag. As noted above, all produce must be locally grown in New Mexico. The overall quality and freshness of the food sourced at markets and through the boxes/ bags was consistently highlighted by FreshRx program partners, as illustrated by the following partner feedback:

"The biggest success to me is just getting families wanting more fresh food. I mean, they shop at Walmart, and I hear it all the time. They say it's supposed to be fresh, but when they taste it, it has no taste. So I think the fact that they want more fresh, [and] they can tell a difference, to me that's success."



The food incentive provides participants with a concrete resource for accessing fruits and vegetables, thereby helping address food insecurity and other diet-related health problems. Providing the food incentive is not, however, without its challenges. This section presents overall findings related to food incentives as well as findings specific to vouchers and those specific to food boxes/bags.

⁵ These are paper vouchers that are provided to partners before the season starts. The vouchers are organized into envelopes so that each patient will get an envelope containing 16 vouchers worth \$20/each. The partner is then responsible for handing out the vouchers during visits with the patient; the vouchers are then exchanged for tokens by the patient at the farmers' market.

Key Food Incentive findings include:

There seem to be clear benefits for those who participate in FreshRx activities and use the food incentive

In addition to the numerous benefits noted just above and in the overall findings section, food incentive-related benefits are encapsulated in the following statements from partners:

"My patients really relied on this program to help them eat well. They were able to take what we talked about in clinic and use healthy foods to be healthier."

"I think parents were like, when they went [to the market] and they got to use it, and went home with this stock of things that just were free, they were excited, and you could hear that excitement in their voices. And if they tried something new, or if their child ate something new that they wouldn't have done before, or if it was something mom had never bought, there was like some real interest in that."

"This was very beneficial to those households who weren't able to obtain fresh produce at times."

Fruits and basics/staples were universally liked.

When asked what foods were most appreciated, partner respondents consistently commented on how much participants – for vouchers and food boxes/bags – liked the fruit. One FGD participant highlighted, "From what I did hear from parents and families is that they loved the fruit. The fruit was like the big thing that they talked about a lot." In addition to fruit, staple/basic foods that participants were familiar with were mentioned as being especially appreciated by participants. "Having more [items] like chile, tomatoes, onions. Just the basics, you know, what they cook more...."

There are numerous pros and cons to the type of food incentive provided

Partner experience with vouchers and food boxes/ bags indicates that both types of incentives have advantages and disadvantages alike. For each type, some aspects were appreciated whereas other aspects were critiqued. Vouchers for redemption at farmers' markets provide choice in terms of type of produce and how much of each product to purchase, whereas boxes/ bags generally offer more convenience and a guaranteed variety of product (though with no choice in the products). From a producer perspective, more farmers benefited from the voucher model but at lower average sales per supplier than the box/ bag model. Finally, it is worth noting that one partner talked about providing participants with the option of choosing vouchers or a box/bag, and they reported that participants appreciated being able to choose between the two options (with some participants even switching from one to the other in the middle of the season).

Voucher-specific findings include:

Many participants reportedly appreciated being able to select their produce and had positive experiences at the farmers' market.

Survey results of partners were quite positive in terms of their perceptions of participant satisfaction with vouchers, as Table 3 shows. One partner stated in a focus group that "It's really nice for our patients to be able to pick and choose what produce and vegetables they like. That's great for their family and be able to purchase them with the vouchers and tokens. Yeah, it gives them more responsibility, you know, and [to] be able to decide on their own what they really want, you know, which is nice."

Table 3. Survey respondent (n=12) perception of level of patient satisfaction with food vouchers used at the farmers' market

	Mean (SD) ^a	Dissatisfied ^b n (%)	Neutral n (%)	Satisfied ^c n (%)	N/A n (%)
Food freshness and quality	4.67 (0.65)	0 (0)	1 (8)	11 (92)	0 (0)
Food health and nutrition	4.64 (0.67)	0 (0)	1 (9)	10 (91)	0 (0)
Food variety	4.55 (0.69)	0 (0)	1 (9)	10 (91)	1 (0)
Foods that are culturally relevant	4.42 (0.67)	0 (0)	1 (8)	11 (92)	0 (0)
Foods that are familiar	4.5 (0.67)	0 (0)	1 (8)	11 (92)	0 (0)

^aVery dissatisfied=1, dissatisfied=2, neutral=3, satisfied=4, very satisfied=5; ^bDissatisfied = very dissatisfied and dissatisfied; ^cSatisfied = very satisfied and satisfied

Another theme that emerged from the FGDs and KIs was that vouchers provided an opportunity for participants to try new products on their own and of their own choosing (as opposed to food boxes/ bags). In addition, farmers' markets provided participants with an alternative to conventional grocery shopping.

As noted in the previous section, partners also highlighted various positive social and community-oriented experiences at markets that participants had reported to them. One partner commented on how the vendors treated the FreshRx participants: "The people selling the produce were really nice to them...like they didn't treat them any different. They didn't say like, 'Oh, you're using tokens' or anything like that, they're like, 'Oh, thank you. Have a good day.'"

Finally, it was reported that participants had more positive experiences if they had previous experience at the farmers' markets or extra support the first time they are going. One partner noted during an FGD, "The parents that used the vouchers and were comfortable in that [farmers' market] setting thrived... they used it, whereas somebody who's more reserved or didn't know where to go or how to do it were more hesitant overall to even try. So I think it's just figuring out how to improve those for who have never been to a farmers' market." During another FGD, a partner reflected: "When we go with the patients to the farmers' market with the vouchers, with some of them... it was very successful." The benefit of accompanying first-time voucher users to the farmers' market was mentioned in several FGDs and interviews.

Participants had difficulties getting to the markets and also had some negative experiences at the market

As noted previously, the limited operating days and hours of participating farmers' markets made it difficult especially for working individuals or those with other commitments to get to the market. In addition, some partners noted that there was confusion in terms of which markets were participating and their opening hours, especially early in the season, which made it difficult to be able to provide the accurate information the participants needed to get to market. One clinic staff noted, "It makes

it really hard on a Monday from like 10 to 2, if you're lucky. So if you work or you have kids, and you want your kids to go to help, because it's their voucher to be able to pick the fruits and vegetables that they want. So that way they can have that healthy behavior change and feel empowered to make that decision. It makes it really hard when things are limited to them." Other challenges in getting to market include transportation especially for the elderly participants who were not in close proximity to a participating market, and those without cars. Finally, during one FGD a partner raised that there was confusion among patients regarding the expiration dates on vouchers, which differed from farmers' market closing dates. "The only thing that I can say about the vouchers is that, even though we did the explanation on when the vouchers expire, you know how the voucher has an expiration date on the bottom. And it's longer than the farmers' market expiration date. So it was a little bit of confusion there."

Partners also stated that market managers did not always know the ins-and-outs of the FreshRx program, which could be a source of frustration for partners trying to help their clients and also for the participants themselves once they were at the market. In terms of the market experience, product availability and variety was reported to be a major concern in at least two participating markets, which had only 1-2 products during at least one week during the season. These markets did not have many vendors, either and one partner stated that some patients did not continue to use their vouchers because of lack of product variety.

During FGDs and KIs, partner respondents also stated that participants faced a number of challenges with the voucher redemption process, including confusion among market managers and vendors about voucher usage, difficulties in obtaining tokens, and limitations on token availability. For instance, at times participants were not clear which vendors at the market were FreshRx vendors, and some vendors weren't aware of the program. For those that were participating vendors, the participants did not always know what foods were eligible/ ineligible to be purchased with their tokens. This reportedly led to frustration among certain participants.

"Getting a token was an act of Congress sometimes for the patients."
-FreshRx partner FGD participant

There were multiple mentions of specific challenges participants faced with the token process; one survey respondent said that "Not having tokens is a big problem for Native families that traveled great distances and felt like the lack of tokens [was] only an issue for them," and that there is a "need to make sure sites have enough tokens so people traveling a long distance are not turn[ed] away." During one of the FGDs, partner staff noted that they were also aware of a market that had run out of tokens, that participants couldn't exchange as many vouchers as they had because the market might be low on vouchers, and that navigating the voucher and token process at market could bring anxiety and embarrassment at times to participants. One partner described this during an FGD:

"I had this problem...when I went...with the patients [to the market]... And I had to fight, because... the guy would say 'What tokens we don't have the tokens, we don't understand what you're talking about'... I have to be honest, it was sometimes quite embarrassing for some of our patients... Some of the vendors, they didn't know what the tokens were, then they would not accept it. So I had to go...to the front with the market manager, whoever it was, tell them, 'They're not taking this, what do I do?', and [then] go back again. And it was quite challenging to do that when I went with the patients and some vendors didn't accept it. Some did."

Finally, there were concerns raised in a few of the focus groups about differing costs or prices at farmers' markets, and that a certain dollar amount of vouchers at one market would not go near as far at another market because of significantly different prices among markets.

Vouchers were not always utilized.

According to the most recent NTAE annual report, nationwide total voucher redemption rate was 53.4% for the year September 2021 through August 2022 (taking the sum of voucher incentives divided by the sum of incentives redeemed across all grantees). For the NMFMA's FreshRx voucher activities during 2023, the redemption rate was approximately 45% (compared to 100% for food boxes/bags). This type of program inefficiency is in many ways to be expected, but the challenges noted directly above also contribute to underutilization of vouchers.⁶ The issue of unused vouchers was raised as a frustration in multiple focus groups - one partner summarized it as such: "When you have a set of vouchers that go out to someone who hasn't used them... how do you proceed with that, right? So there's this lost set of vouchers. And then [same] with the second set." Patient follow-up for check-in and distribution of additional rounds of vouchers (beyond the initial allotment) was cited as another logistical difficulty.



Box/ Bag-specific findings include:

Food box/ bag quality, nutrition, and being from local producers were highly appreciated.

Survey results of partners were also very positive in terms of their perceptions of participant satisfaction with CSA-style food boxes/ bags, as Table 4 illustrates. This was especially true of product freshness and quality, which FGD and KII participants also consistently highlighted as a benefit of the food boxes/ bags (one partner described the quality as "phenomenal"). The health and nutrition of the boxes/ bags was also highly rated. Partners also appreciated the farmers that provided the fruits and vegetables - one interviewee explained that:

"People really took a lot of pride in it, because it was like New Mexico farmers...and people know how hard it is to farm. You know how much work that people have to put into it. And so people were appreciative, you know, like they would get the bags, and you know they would smell it. 'Look at all the dirt, like this is really fresh.' And...I mean I didn't see them cook it or eat it, but from the way people talked it was assumed that they really enjoyed it.... That's great. And so... if they're eating it, then of course, there's tons of health benefits, right?"

⁶ As a contrast, food boxes/ bags do not have this same issue. Multiple partners noted that they were able to give any unclaimed or undistributed boxes/bags to others in need.

Table 4. Survey respondent (n=16) perception of level of patient satisfaction with food boxes

	Mean (SD) ^a	Dissatisfied ^b n (%)	Neutral n (%)	Satisfied ^c n (%)	N/A n (%)
Food freshness and quality	4.81 (0.40)	0 (0)	0 (0)	16 (100)	0 (0)
Food health and nutrition	4.69 (0.60)	0 (0)	1 (6)	15 (94)	0 (0)
Food variety	4.44 (0.73)	0 (0)	2 (12.5)	14 (87.5)	1 (0)
Foods that are culturally relevant	4.19 (0.91)	0 (0)	5 (31.3)	11 (68.7)	0 (0)
Foods that are familiar	4.4 (0.73)	0 (0)	2 (12.5)	14 (87.5)	0 (0)

^aVery dissatisfied=1, dissatisfied=2, neutral=3, satisfied=4, very satisfied=5; ^bDissatisfied = very dissatisfied and dissatisfied; ^cSatisfied = very satisfied and satisfied

Because of the difference in modality between vouchers and boxes/bags, partners that used boxes/bags talked a lot more about providing supplementary information along with the boxes/ bags, such as recipes, nutritional value, information on source farms, etc. One noted, *“The produce bags that we were getting were fantastic educational tools.”*

Use of too many unfamiliar foods and product redundancy were the biggest food box/ bag issues cited by partners.

One critique of the food boxes/ bags was that they contained too many foods that were new or unfamiliar to participants. While partners said there were participants that appreciated getting new items to try, it also led to reports of participants throwing out certain products that they did not know what to do with and to program dissatisfaction for some participants, despite efforts to provide information on ways to utilize the unfamiliar foods. One partner also noted that some families had told them there was too much redundancy in the products provided each week, and that families *“decided to decline [participating] the second year just because they were telling us that there was a lot of redundancy in the produce... If they were getting the same thing in their bags every week, it started to get a little overwhelming for them, and they didn’t know what to do with it.”*

Transportation and logistics were also an issue for the box/ bag modality.

Partners using boxes/ bags for the food incentive utilized different ways for participants to obtain their box/ bag - including participant pick-up at a clinic, school, or other community location; partner distribution to participant homes; or some combination thereof. Logistics requirements also included coordinating the box/ bag drop-off with suppliers at a centralized location and at a time that would allow for participant distribution. If boxes/ bags needed to be stored for any period of time, refrigerated storage was also required. Arranging the various transportation and logistics took a fair amount of staff time, and partners recognized and appreciated that it was a lot of work that was done by many people (farmers, packers, drivers, etc.).



Food Incentive Recommendations

(1) Develop a tool to help clarify decision-making for when to use vouchers and when to use boxes/ bags.

Getting the food incentive “right” is a challenge and there are trade-offs in either modality as discussed above. It is important to understand what the trade-offs are, and also how to plan for/ mitigate weaknesses in whichever modality is used by specific partners. It will be helpful to provide guidance in terms of tailoring the food incentive choice to the needs of the participants based on the context they are in. Annex 4 provides a potential tool that could be used as part of the food incentive decision-making process. The tool is meant to help partners determine whether or not conditions are in place to use vouchers.⁷ The starting point for the tool is considering vouchers since the voucher model is more decentralized and taps into an existing local food structure. However, given the rural nature of the state, the limited offerings at some of the smaller farmers’ markets, lower redemption rates for vouchers, other benefits of the box/bag model, and funder preferences, it is extremely likely that food boxes/bags will remain an important food incentive option for the foreseeable future.

The NMFMA could also look more into what it would mean to offer more partners the ability to provide participants with the option to select vouchers or boxes/ bags, and the pros and cons of that type of approach (including for producers).

(2) Better accommodate voucher program participants to improve their experiences at the markets:

a. Enhance customer service provided to FreshRx participants at the market so that no FreshRx participant is ever denied produce because of administrative issues and that participants have a positive experience:

- Ensure market managers and vendors understand and can clearly explain the FreshRx voucher and token process as well as the list of eligible products for purchase with vouchers;
- Make sure that markets have adequate tokens and are not at risk of running out of tokens;
- Provide clear guidance to market managers for what they can do in the event that markets happen to run out of tokens so that no participant is ever turned away;
- Further investigate the misalignment between voucher expiration dates and market closing dates to determine the extent of this as a challenge, and consider adding clarifying information on program materials and/or in partner onboarding to address this issue.

⁷ This includes criteria such as: availability at the market of a diverse selection of produce during the months FreshRx is operational; the market being open at times that are convenient enough for participants to get there; length of the market season; relative proximity of the market; and market management buy-in and capacity to support the program.

Finally, during one FGD it was suggested to consider using a debit card-type system instead of tokens, though there would be costs and challenges associated with that type of change. Any shift of that nature would require an in-depth cost-benefit analysis and adequate resources.

b. Encourage partners to provide greater support to participants going to the market for the first time, which could be accomplished through:

- Encouraging partners to offer to accompany participants on their first visit, for those who have never been to the market before;
- Ensuring partner staff offer a “warm hand-off” when providing information to patients on exactly how the voucher process works;
- The NMFMA could explore organizing market tours for partner staff who are interested in learning more about farmers’ markets;
- The NMFMA could also look at ways to offer shared staffing resources that could be made available for follow-up with FreshRx participants or to accompany new patients to the market for the first time, etc. A recent paper examining the NTAE’s Capacity Building and Innovation Fund, which helps strengthen organizational ability to implement a Nutrition Incentive or Produce Prescription project, found that many recent proposals to the fund proposed “to hire hourly workers such as program navigators (e.g., community health workers or promotoras) to help bolster patron engagement.”⁸ It could be worth discussing this or other types of creative shared resource-sharing with partners, if funding allows for these measures.

(3) Ensure better balance of product in boxes/ bags and not too much redundancy.

Based on survey responses, FGDs, and KIIs, the product choices in the food boxes/ bags could use improvement. To do this, the NMFMA can work closely with partners and with the food producers to lessen the number and volume of unfamiliar products and also the redundancy of products over time. While the introduction of some unfamiliar products makes sense and was appreciated, it should be done with discernment and err on the side of fewer, rather than more, new products. It is also important to provide information on new or unfamiliar products so that participants feel supported in understanding how to use them. One partner suggested the idea of using a QR code with a list of box/ bag items and source farms and stapling the QR code to the box/bag. Another partner suggested including information on the nutritional value, uses of the products, and a couple of recipes that could be provided with the box/ bag. To address the issue of redundancy, there is a need to diversify the produce offerings, providing a wider range of familiar products, including staples, to maintain interest and engagement among participants.

(4) Use hyper-local sourcing for food boxes/ bags, when possible.

Given the program’s emphasis on fostering community and strengthening local food systems, it would be worth exploring sourcing for the food boxes/ bags from producers who are from or near the community where participants are receiving the boxes/ bags. In certain communities this may not be possible if there is limited volume, aggregation, or distribution capacity; but in general, the fewer ‘food miles’ that products travel, the better.

⁸ Stotz, S. A., Fricke, H., Byker Shanks, C., Reynolds, M., Lasswell, T., Sanville, L., Hoh, R., & Parks, C. A. (2024). Strengthening nutrition incentive and produce prescription projects: An examination of a capacity building and innovation fund. *Journal of Agriculture, Food Systems, and Community Development*, 13(2), 161-174. <https://doi.org/10.5304/jafscd.2024.132.016>

(5) Develop program guidance with options for partners for what to do with unused vouchers and unused boxes/ bags.

Numerous partner staff talked about what they did, or thought about doing, with vouchers and boxes/ bags that were not distributed. Since this is an issue that impacts all partners, it would be helpful to have program guidance and a set of clear options for what to do in these situations so that resources are used as effectively and efficiently as possible.

(6) Look to expand the number of participating farmers' markets, if/ when/ where appropriate.

The food voucher modality works best when participants have access to farmers' markets in or near their communities. Therefore the more markets that participate, the better; however, any new participating markets still need to have the enabling conditions to ensure success, e.g.,: sufficient product availability and variety, Market Manager buy-in, etc.

(7) Establish a complaints mechanism for the program so that key stakeholders (participants, vendors, partners, and market managers) have a way that they can voice problems that they may encounter.





c. Complementary Activities

In addition to the food incentive, produce prescription programs can offer a number of complementary activities that help provide participants with various sorts of information and engagement while encouraging longer-term healthy, nutritious diets. For the NMFMA and partners, the complementary activities included information on how the program works, outreach materials, nutrition education, recipes, cooking classes, cooking demonstrations at markets, and use of a texting platform for getting market-related updates. Table 5 below provides partner survey respondent feedback on these activities. While survey responses were fairly positive, because of the variation in terms of the level of partner implementation, there were few robust findings that were consistently reported through the FGDs and the KIs. The qualitative data collection therefore tended to focus more on the food incentive than the complementary activities. In addition, based on post participation survey from the NTAE, approximately 75% of NMFMA FreshRx participants completing the NTAE survey reported that they did not participate in any nutrition or food education activities, such as virtual or in-person cooking classes, as part of the FreshRx program. As a result of all these factors, the findings in this section are limited.

Table 5. Survey participant (n=27) perspective on how well complementary FreshRx activities met patient needs

	Mean (SD) ^a	Poorly ^b n (%)	Neutral n (%)	Well ^c n (%)	N/A n (%)
Welcome packet program outreach and guidelines	4.44 (0.92)	2 (7.41)	1 (3.70)	22 (81.5)	2 (7.41)
Welcome packet recipes	4.15 (0.97)	1 (3.70)	4 (14.8)	21 (77.8)	1 (3.70)
1-on-1 nutrition education	3.88 (1.09)	2 (7.41)	7 (25.9)	16 (59.3)	2 (7.41)
Cooking classes	4.04 (1.02)	2 (7.41)	6 (22.2)	15 (55.6)	4 (14.8)
Cooking demonstrations	3.96 (1.12)	2 (7.41)	6 (22.2)	16 (59.2)	3 (11.1)
GoodFoodNM texting program enrollment	3.84 (1.34)	2 (7.41)	6 (22.2)	11 (40.7)	8 (29.6)

^aVery poorly=1, poorly=2, neutral=3, well=4, very well=5; ^bPoorly = very poorly and poorly;

^cWell = very well and well

Key Complementary Activities findings include:

The NMFMA's FreshRx partners varied widely in terms of what complementary activities were provided, though partner staff appreciated educational aspects of the program.

There was significant variation in terms of complementary activities that partners provided to their clientele from implementing none of them at all to almost all of them. Partners talked most about nutrition education and recipes. FGDs and KIs showed that the program facilitated opportunities for participants to learn about different types of produce and how to incorporate them into their diets. This educational aspect was seen as important in promoting healthier eating habits, as illustrated by the following partner comment: "Being able to have the opportunity to give those vegetables and the fruits to the families was really neat, because we could give them education on those different types of fruits and vegetables, like what they were good for. We gave them recipes as far as like how they could use them in their house. And it's been a really good program and I continue to want to use it, if possible, in the future."

Partners noted the challenge of getting people to classes or events.

One partner, when discussing cooking classes they offered, explained that "the challenge, sometimes, too, is the people that we need to come are not the ones coming." In terms of attendees, this same partner noted: "It's just kind of sporadic. Like some days we'll have only like five [participants], and then some days we'll have 10, and then some days we'll have two. It just depends on what's going on in the community, if people have rides. But they enjoyed it because it's a cooking demo, and then, of course, everybody gets to taste. So it was, you know, informative and it was good. But...it's not consistently attended... It'd be nice if we had 15 people every time, but we just don't." This points to the importance of balancing complementary activities with available resources as well as community interest and ability to participate.

GoodFoodNM was not used much.

Based on survey results, FGDs, and KIs, there was limited perceived use of the NMFMA's GoodFoodNM texting platform (which provides those who subscribe with text updates on markets open in their community, recipes, nutrition education, etc.). Several partners reported not being aware of GoodFoodNM or not knowing what it was or how exactly it worked.

Complementary Activities Recommendations

(1) Provide support in helping partners find the right balance of complementary activities to offer - based on available resources and potential benefits of the various activities.

It is very apparent that integrating educational resources, such as recipe suggestions or nutritional information, can empower recipients to make healthier food choices and maximize the benefits of the program. At the same time, to do so requires time and resources and organizing classes, workshops, or demonstrations still may have limited participation. Therefore, it is important for partners to determine what the best activities are for their participants to help ensure they can utilize the food incentive to maximum benefit.

(2) Help partners track benefits and effectiveness of various complementary activities, as well as to share best practices and lessons learned (see recommendation on the Community of Practice in the Partner Support section below).

(3) Determine how best to use GoodFoodNM in FreshRx programming in the future based on further exploration of potential benefits and complexities of encouraging subscribers to sign up.

d. Partner Support

This section looks at support the NMFMA provided to FreshRx implementing partners, including program preparation and training; program materials (available in English and Spanish);⁹ and ongoing technical support and assistance. Prior to the start of the season, NMFMA program leadership arranges for Zoom calls or in-person meetings with the main FreshRx point of contact (the partner “champion”) and their supervisor. For the NTAE surveys, written, printed instructions on how to administer the surveys are sent along with paper copies of the surveys. At the end of the season, the NMFMA organizes a FreshRx partner Zoom call where all clinic staff are invited to provide feedback on the season. The NMFMA also ensures that partners complete required monthly reporting. Feedback on the support the NMFMA provides to partners was positive overall, with a few challenges also raised. These are detailed below.

Table 6. Survey participant (n=27) perspective on how well the NMFMA helped prepare them to implement FreshRx program activities

	Mean (SD) ^a	Poorly ^b n (%)	Neutral n (%)	Well ^c n (%)	N/A n (%)
Training provided before the start of the program	4.5 (0.83)	1 (3.70)	2 (7.41)	21 (77.78)	3 (11.1)
Program materials, requirements, and guidelines	4.67 (0.56)	0 (0)	1 (3.70)	26 (96.3)	0 (0)
Nutrition education information to provide to patients	4.44 (0.93)	1 (3.70)	2 (7.41)	24 (88.89)	0 (0)
End of year feedback meeting	4.5 (0.83)	1 (3.70)	2 (7.41)	21 (77.78)	3 (11.1)

^aVery poorly=1, poorly=2, neutral=3, well=4, very well=5; ^bPoorly = very poorly and poorly;

^cWell = very well and well

⁹ Program materials typically included: 2-page program flyer on how it works; cartoon rendering of the voucher and token process (for partners using vouchers); harvest calendar; Local Food Guide; GoodFoodNM flyer; NMFMA-created printed brochures with nutritional guidance and materials promoting eating locally; a set of 6 recipes; and the baseline and post-participation survey for the partners funded by the USDA grants.

Key Partner Support findings include:

Program preparation is helpful and needs to start as early as possible, and extra orientation support may be needed for new partners

Partners that received training and orientation were generally pleased with what was provided by the NMFMA. They also highlighted the importance of ensuring that medical assistants and Community Health Workers (CHWs) have all of what they need to be able to present the program to patients and be able to provide what one partner described as a “warm hand-off” to talk the patient through how the program works (rather than just handing them a folder with the information in it). Numerous partners also stated that program preparation needs to start as early as possible so that the program can begin in earnest at the beginning of the season. Finally, one of the newer partners said that they would have benefited from a bit more guidance - how to follow-up with patients, how best to encourage the prescription, a model for patient education, etc. This was expressed as follows: “I think we would have benefited from a little more guidance...having more feedback or insight from what has worked with other clinics.”

Welcome packet and program materials received mixed reviews.

There was a lack of consensus on the content of the welcome packet and program materials (most of which are in English and Spanish). One FGD participant elaborated, “That folder was very comprehensive and colorful, and that’s just to draw their attention and everything. And so it was really nice, because you had nutritional information about the colors of the different vegetables and fruits. And how’s that’s related to health benefits. The recipes were nice. It was just very professionally done...I felt everything was presented well, looked well, and it provided what was needed.” However, there were also critiques that the folder contained too much information or information that was difficult to follow. One partner reported:

“I’m all for resources, but it did cause confusion. Especially, I’m thinking about...the little magazine that has all of the farmers’ markets (the Local Food Guide). And it was big, and through that suggestion it made it seem like you could go there for the FreshRx programs. I know there was a separate piece of paper there, and the legend, you know, within that pamphlet or brochure. But I feel like there’s some really pretty harsh assumptions there by doing that, and that is that everybody has the same level of literacy, and I don’t know what grade level you guys use for the literacy. But even to me, like following that (Local Food Guide) magazine... was kind of difficult.

So it wasn’t maybe as informative as or simplistic, maybe. Yeah, it was a pretty print out. Yeah, no doubt, like it was nicely done. But I think maybe just simplifying the folder itself as a handout would be like reducing it only to the clinic or the places that are available, and that one handout sheet was quite nice because it covered places throughout the whole state. And so it just felt more concise, right?”

NMFMA staff support was highly appreciated and seen as extremely responsive helpful.

The support provided by the NMFMA - especially the program coordinator - was highlighted by numerous partners, as seen from the following:

“The collaboration she and I have is great, she is very open to questions/inquires regarding the FreshRx program. She was wonderful in coordinating communication with the farmers and other entities who did cooking demos for my program.”

"As far as training she has been phenomenal, she's been so great she's reachable at any given time. You send her an email, and she'll respond promptly."

"It (the program) didn't seem like it was anything extra because she was there at any given time that we needed her assistance."

Program implementation was fairly easy to add onto existing services, but some partner staff needed to work on their own time and staff turnover is also a challenge.

Partners mainly reported that the staffing required to implement FreshRx activities were not too onerous, noting that it was fairly easy to integrate into ongoing workflows especially since it improved the care that they were able to provide. The importance of partners having a key FreshRx point person, or "champion," was also emphasized. In this regard, staff turnover can be a challenge especially if the champion or others on the frontlines of program delivery leave.

In addition, partners in two FGDs and one interview talked about efforts they made on their own time to help with the program. One partner staff, for instance, met first-time participants at the market to help them understand how to navigate using FreshRx at the market. This was done in the staff member's own free time. Another partner staff stated that, "Since we don't have transportation for our patients, some of the times I took some of my patients to the farmers' market on a Saturday morning," which was also done on their own time. Another partner noted that transportation constraints often resulted in personally delivering food bags to participant homes, which was time-consuming and done during non-work hours.

The NTAE survey was raised by multiple partners as a challenge.

For partners that are funded through the USDA grants, the NTAE requires that partners have patients fill out baseline and post-activity surveys. To date, more than 500 baseline surveys and over 300 post surveys have been completed. However, there were concerns about the length of the survey and its relevance, with questions raised about what the information was used for. One FGD participant also noted, "There is a link to do it online. But I found it pretty uncomfortable that I didn't know where that survey was going. There wasn't any like verification to us that the survey was completed... [Also] I just have to ask, how do those questions help gather information that's actually beneficial?" Another participant in the same FGD added on, "The additional thing with those surveys again is, you know it was, I guess, unclear, as to how important they were for participation, or if they were actually a requirement for participation... But also, then, you know, there was a lot of variability in our success in being able to complete the questionnaires or have the patients complete those because of that, how vague it was on whether it was required." Similar issues were raised in another FGD and noting that it was more difficult to get the post surveys than the baseline surveys.

Partners are asking for more opportunities to share information, resources, and experiences.

There was interest on the part of multiple partners to be able to learn from others implementing FreshRx, about what others have done to make the program successful and also about what has not worked in the past. One partner stated, "How can we all come together, maybe in the beginning of the season, or whatever we want to call that. Just look at all these resources that are out there... Having the space to talk about it, share resources, I think. It also brings that community together of us who are like on the ground trying to make it work." Another partner noted that they did not participate in the end of year feedback meeting. For new partners especially, there is a sense that they could have benefited from more opportunities to interact with others.

Partner Support Recommendations

(1) Start programming earlier in the season so that participants will fully benefit from peak produce periods and to allow recipients of vouchers more time to use them.

(2) Revisit the program welcome packet content with partner input.

This process could include removing some of the current welcome packet materials while adding in others with an aim to making sure that participants don't feel overwhelmed and that all information provided is totally accurate. The NMFMA could also work with partners to determine if there are materials that could be provided during follow-up visits (such as information promoting Double Up Food Bucks, the WIC Farmers' Market Nutrition Program, and the Senior Farmers' Market Program). One partner also suggested thinking about developing child-friendly pictorial educational materials, in particular to educate children about the importance of farmers' markets and the journey of local food from farm to market.

(3) Further establish a FreshRx Community of Practice for interested partners.

The NMFMA can provide a more intentional and regular space for partners to share resources, experiences, common challenges, lessons learned, and best practices. This could include regular calls (quarterly or bi-annual), setting up a shared space for partners to share tools and templates they use, introducing ways for new partners to receive extra support and even mentoring from more established partners, etc. The Community of Practice can be centered around learning and sharing. The NMFMA has quite a bit of experience it can build upon with this type of collaborative endeavor including monthly market manager forums, the Approved Supplier Program food safety trainer network, and the Regional Food Systems Partnership project. Michigan also has a Produce Prescription Statewide Learning Network that could be a good resource in building out a Community of Practice.¹⁰

(4) Clarify guidance for partners related to the NTAE survey and provide more information back to partners on survey findings and voucher redemption rates at the end of the season.

Making sure partners understand that the NTAE survey is a requirement for FreshRx activities using USDA funding would be useful, as would clarifying to partners what the survey is for as well as expectations around how many surveys partners are expected to collect.

In addition, the NMFMA could inquire with the NTAE about there not being a confirmation page when completing the survey, as well as having a more official link for the survey. Finally, it would help at the end of the season to provide partners with more information back on the program - including a summary report of the NTAE survey findings, redemption rates for each partner, and any other programmatic data that has been collected from the season.

¹⁰ For a snapshot of Michigan's produce prescription learning network: <https://mifma.org/wp-content/uploads/2023/07/Produce-Prescription-One-Page-Update-2.20.23-HAL.pdf>

IV. List of All Report Recommendations

The final section of the report includes a consolidated list of all recommendations that were provided in Section III.

Overall Recommendations

- (1) Work with partners to clearly define the most important desired outcomes for participants, acknowledging the need for balancing both food and nutrition security along with limits funders place on what types of foods can be provided.
- (2) Develop long-term planning approaches for program participants related to: i) length of time participants will receive the food incentive and general criteria to determine when participants will no longer receive the incentive; ii) how to continue providing access to resources that facilitate fruit and vegetable consumption post FreshRx participation.
- (3) Maintain overall programming flexibility while providing tools and guidance for the partners who need it.
- (4) Prioritize addressing challenges that are most within the NMFMA's and partners' control.
- (5) Tell the FreshRx story and advocate for sustained and expanded long-term resources that maintain the program's local economy and community connections.

Food Incentive Recommendations

- (1) Develop a tool to help clarify decision-making for when to use vouchers and when to use boxes/ bags.
- (2) Better accommodate voucher program participants to improve their experiences at the markets, through:
 - Enhancing customer services at the markets;
 - Encouraging partners to provide greater support to first-time market goers.
- (3) Ensure better balance of product in boxes/ bags and not too much redundancy.
- (4) Use hyper-local sourcing for food boxes/ bags, when possible.
- (5) Develop program guidance with options for partners for what to do with unused vouchers and unused boxes/ bags.
- (6) Look to expand the number of participating farmers' markets, if/ when/ where appropriate.
- (7) Establish a complaints mechanism for the program so that key stakeholders have a way that they can voice problems that they may encounter.

Complementary Activities Recommendations

(1) Provide support in helping partners find the right balance of complementary activities to offer.

(2) Help partners track benefits and effectiveness of various complementary activities, as well as to share best practices and lessons learned.

(3) Determine how best to use GoodFoodNM in FreshRx programming in the future based on further exploration of potential benefits and complexities of encouraging subscribers to sign up.

Partner Support Recommendations

(1) Start programming earlier in the season so that participants will fully benefit from peak produce periods and to allow recipients of vouchers more time to use them.

(2) Revisit the program welcome packet content with partner input.

(3) Further establish a FreshRx Community of Practice for interested partners.

(4) Clarify guidance for partners related to the NTAE survey and provide more information back to partners on survey findings and voucher redemption rates at the end of the season.

Annexes

Annex 1. List of FreshRx Partners and # of Families Reached in 2023

Clinic/ Organization name	# Families Reached in 2023
After Hours Pediatrics	200
Cañoncito (To'Hajiilee)	50
Christus St. Vincent	30
Cochiti Pueblo	20
El Centro Family Health	90
First Choice Community Health	210
First Nations Community HealthSource	70
Gerald Champion Regional Medical Center	50
Hidalgo Medical Services	90
Isleta Pueblo	20
La Familia	90
La Clinica de Familia	100
Laguna Pueblo	30
Nambe Pueblo	20
Ohkay Owingeh	50
PMG	15
Pojoaque Pueblo	20
Presbyterian Health Services	185
Santa Clara Pueblo	20
Santo Domingo/Kewa Pueblo	20
San Felipe Pueblo	20
San Ildefonso Pueblo	20
Southwest Care	50
Taos Pueblo	80
Total # Families Reached in 2023	1550

Annex 2. FreshRx Sales, 2022-2023

Market Outlet -Vouchers	Sales - 2023	Sales - 2022
Abiquiu	\$582	N/A
ABQ Rail Yards	\$15,475	\$4,146
Alamogordo	\$1,261	N/A
Albuquerque Downtown	\$19,954	\$7,681
Belen	\$4,559	\$2,096
Bosque Farms	\$574	\$108
Cedar Crest	\$52	\$223
Espanola	\$9,457	\$4,268
Las Vegas - Tierra Encantada	N/A	\$180
Las Vegas Tri-County	\$3,016	\$1,558
Los Alamos	\$391	\$129
Los Lunas	\$2,283	\$307
Pecos	\$65	N/A
Reunity Resources	\$292	N/A
Santa Fe	\$28,167	\$18,247
Silver City	\$5,778	\$3,236
Socorro	\$2,875	\$1,244
South Valley	\$401	\$427
Taos	\$1,667	\$250
Tucumcari	N/A	\$338
Total Vouchers	\$96,849	\$44,438
Boxes/Bags	Sales - 2023	Sales - 2022
Food Hubs	\$151,766	\$56,000
Individual Farms	\$298,700	\$90,200
Total Boxes /Bags	\$450,466	\$146,200
GRAND TOTAL [Vouchers + Boxes/Bags]	\$547,315	\$190,638

Annex 3. Data Collection Tools

[FreshRx Program Survey](#)

[FreshRx Focus Group Discussion/ Key Informant Interview Guide](#)

Annex 4. Food Incentive Decision-Making Guidance

Vouchers- *For consideration of potential participating farmers' markets, the following questions are important:*

- (1) Is there availability of a diverse variety fruits and vegetables at the market during the months FreshRx will be operating?
- (2) Does the timing of planned voucher usage overlap with the time of the season at the market when there is adequate fruit and vegetable supply and variety?
- (3) Are there enough participating vendors at the market to handle the potential number of FreshRx participants?
- (4) Is the market open at times that are convenient enough for participants to go to it?
- (5) Is the Market Manager completely on board with the FreshRx program, and does the market have time and capacity to support FreshRx shoppers (in terms of addressing questions, troubleshooting issues that arise, etc.)?

For patients, the issue of market access is a very important consideration, in terms of how easy or difficult it will be for patients to get to the market given location, when it's open, if there are public or shared transport options, etc.

For Food Boxes/ Bags:

- (1) Is hyper-local sourcing possible?
- (2) Is CSA-style sourcing available in the quantities required for the needed products?
- (3) Are all transport and distribution requirements met?
- (4) If storage space is required, is it available?

