

PRODUCE RX | Impact of the Produce Prescription Program on Food & Nutrition Security, Produce Consumption and Health Status in Marion County, Indiana

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INTRODUCTION

In Marion County, IN, 53% of households have experienced food insecurity in the last year, while 37% of households faced very low food security.¹ The lack of access to fresh produce fuels the county's high chronic disease rates.^{1,2} In line with national trends, Marion County in particular, is facing a steady increase in chronic health conditions. As of 2023, approximately 38% of adult residents in Marion County are obese, 38% suffer from high blood pressure, and 13% have diabetes.³

To address these interconnected issues, the Marion County Public Health Department (MCPHD) has a Produce Prescription (Produce Rx) program. The objective of the Produce Rx program is to improve fruit and vegetable consumption, decrease food and nutrition insecurity, and improve health status in Marion County by providing participants with the education and resources to buy fresh produce.

METHODS & DESIGN

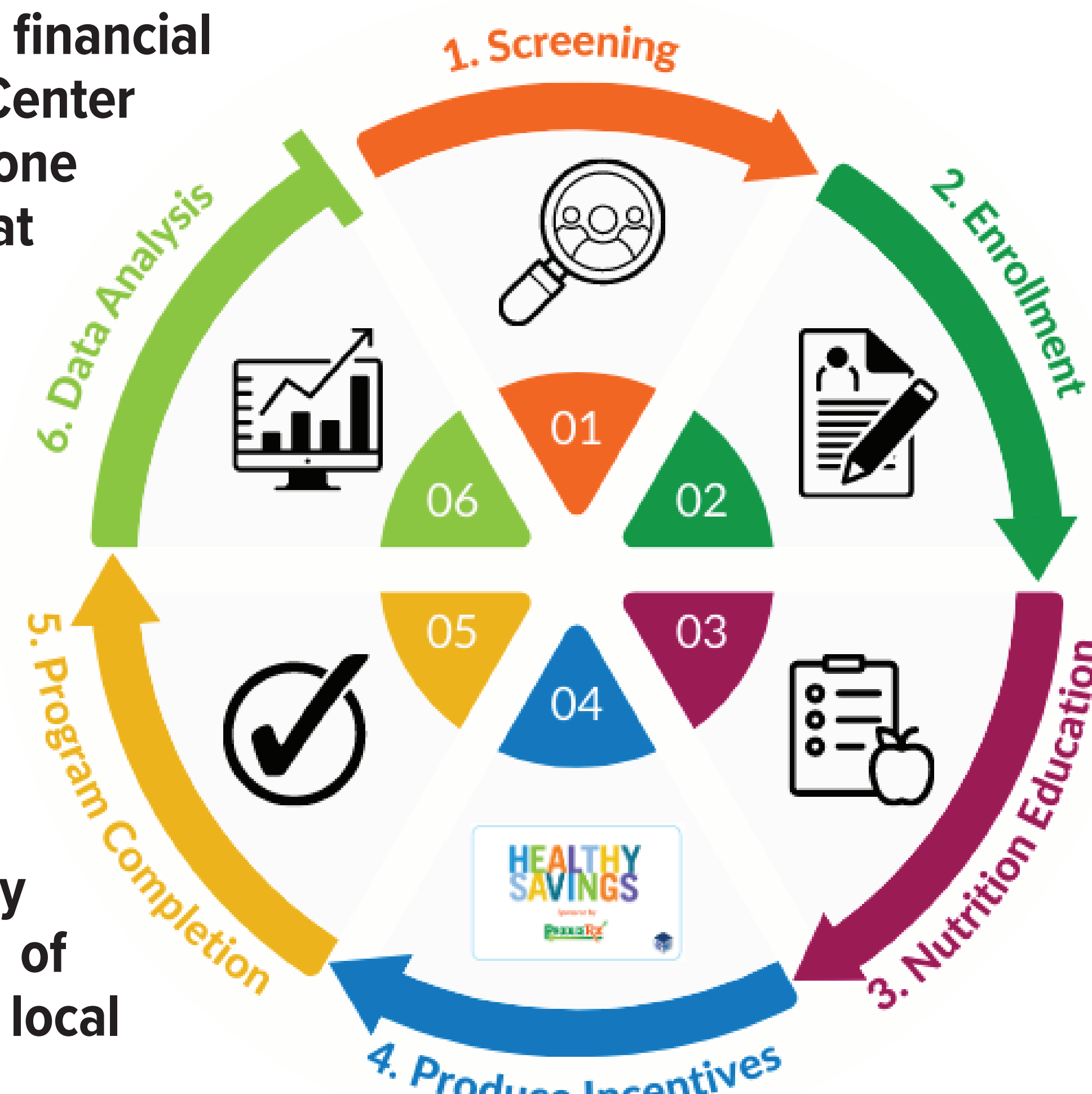
Produce Rx provides nutrition education and financial incentives to eligible patients at Eskenazi Health Center (EHC). To qualify, patients had to have at least one chronic disease, identify as food insecure, and be at least 18 years of age.

During this analysis period, Produce Rx cohorts were 12 months in length. Participants received monthly nutrition education (taught by dedicated EHC dietitians) for the first four months. Throughout the entire cohort period each participant received \$90/month exclusively for fresh produce loaded onto a Healthy Savings card that they could use at major retailers such as Kroger, Walmart, and Meijer. In lieu of a Healthy Savings card, participants also had the option of weekly home-delivery of fresh produce from a local farm.

A new cohort at EHC was initiated every four months. Cohort sizes ranged from 26 to 67 participants, with 310 participants completing the program between December 2022 through July 2025.

With the introduction of the Gus Schumacher Nutrition Incentive Program (GusNIP) grant in 2022, electronic data collection became feasible. The data presented in our results began in 2022 and extended through July 2025, covering 8 different cohorts.

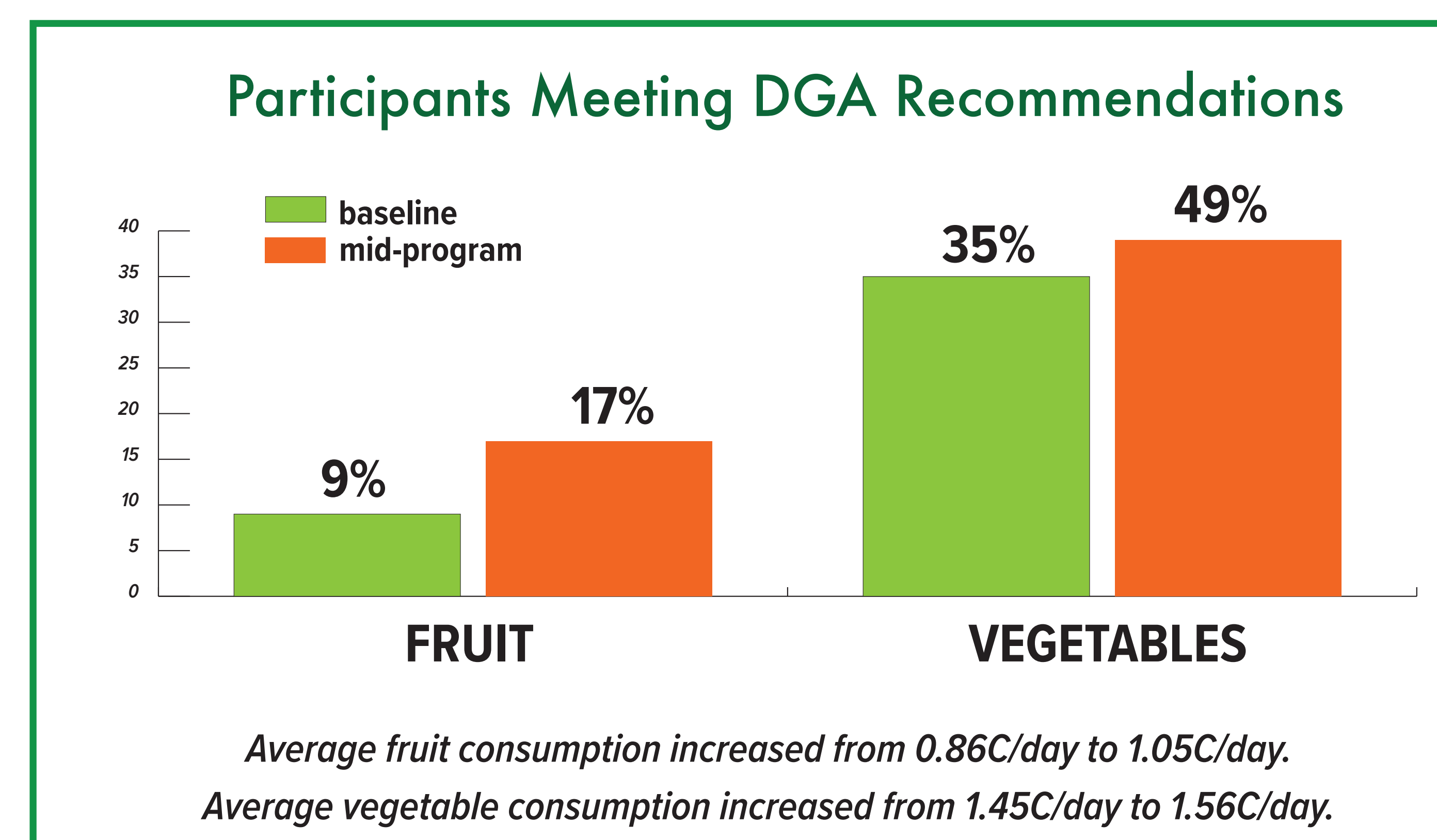
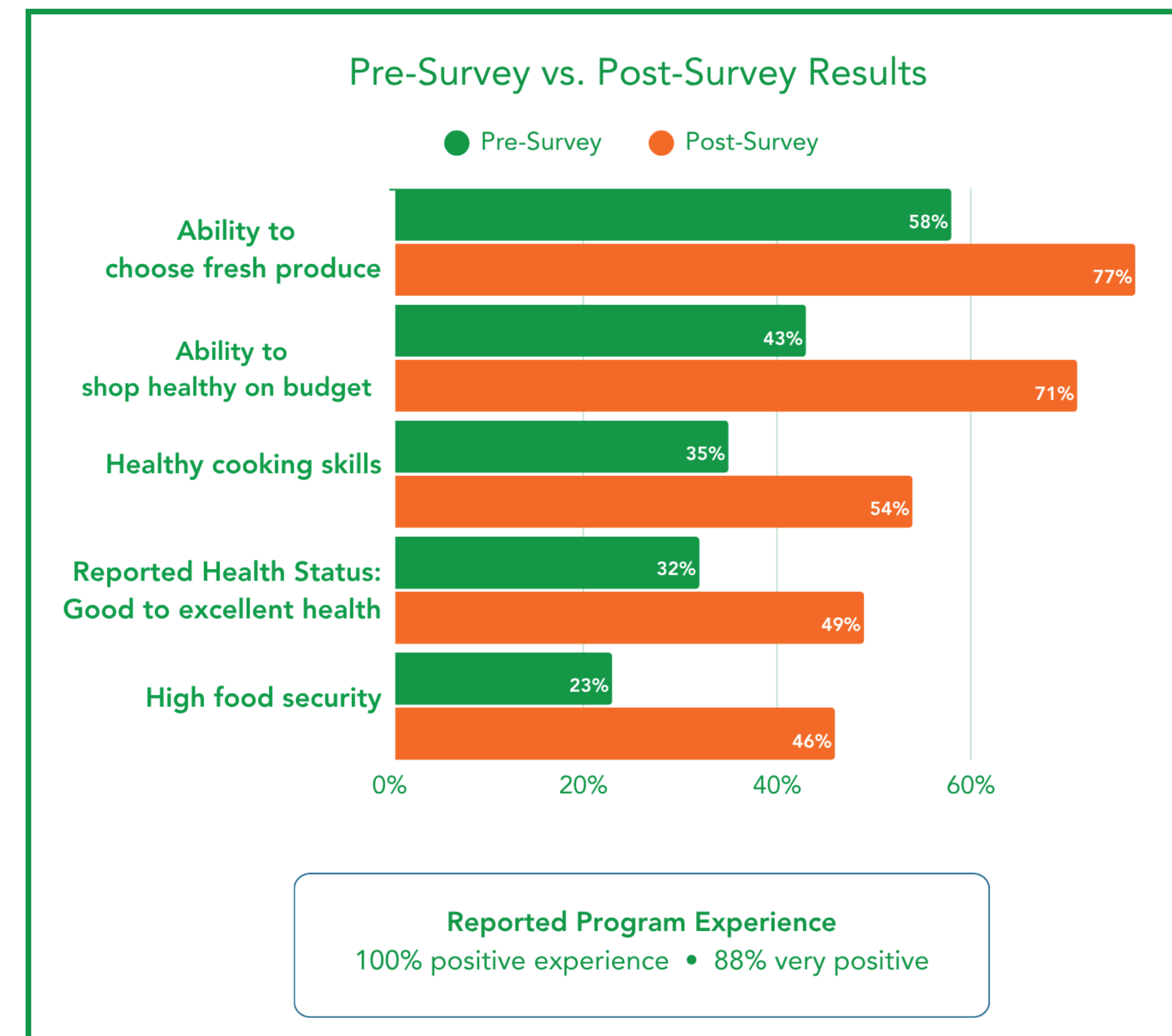
To measure impact, the Marion County Public Health Department (MCPHD) collected qualitative and quantitative survey data using Research Electronic Data Capture (REDCap) and obtained electronic medical record data through a partnership with Regenstrief Institute, Inc. Outcomes of interest included aggregated data on health outcomes (e.g., blood pressure, A1C, and BMI), produce consumption, and food security collected from the participants at pre-, mid-, and post- program.



RESULTS

Produce Rx participants demonstrated significant improvements in food and nutrition security and self-reported health over the program.

Particularly, participants reported an improvement in food security, the ability to afford balanced meals, an increased confidence in shopping for healthy foods, and current health. Data shows that a significant increase in fruit and vegetable intake was seen after the four-month education phase. Once access to fresh produce was concluded post-program, this measurement leveled off after 30 days post intervention. At 6 months, the average A1C showed an encouraging downward trend from 8.1 to 7.9 among participants. These graphs illustrate some of the most notable outcomes in greater detail.



IMPACT

Participants served (from Feb 2022 – July 2025): 310 • Clinics supported: 7
Incentive dollars redeemed: \$228,683

PARTICIPANT QUOTES

"I have lost seven pounds and have more energy now that I am eating better. I tried a ton of new fruits and vegetables - coconuts, star fruits, mint, etc."

"I learned a lot and learned to focus on my nutrition. I realized that when I didn't eat right, I didn't feel good. The class has taught me how to measure and read labels."

CHALLENGES / LIMITATIONS

While behavioral outcomes were largely positive, biometric markers did not show statistically significant improvement, potentially due to limited A1C data (34% of participants) compared with blood pressure (BP) data (80%) at both baseline and month 6. Biometric data were obtained from documented hospital visits within a 60-day window of both time points (baseline and 6 months); this may have both favored participants with more frequent healthcare visits, while the broader data-extraction window may have reduced precision around the targeted time points. BMI data were excluded from the analysis because EMR data pulls did not include weight measurement units, making values difficult to interpret reliably.

CONCLUSIONS

Results suggest that providing participants with the resources to purchase fresh produce improves food and nutrition security. However, once access is reduced, it can be difficult to maintain a balanced diet. Furthermore, nutrition education may play a role in the increased consumption of fresh fruits and vegetables, improved cooking skills, and nutrition knowledge. Additional research is needed to better understand how program participation influences biometric outcomes at different timepoints in the program. To achieve this, future efforts should focus on expanding patient cohorts and standardizing direct biometric data collection rather than relying on electronic medical records. Additionally, securing sustainable funding and offering more produce delivery options will be essential to expanding long-term patient access to affordable, fresh fruits and vegetables.

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References



Acknowledgements

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