



HARVESTING HEALTH:

A COMMUNITY-BASED PARTICIPATORY EVALUATION OF THE VEGGIE Rx PROGRAM

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EXECUTIVE SUMMARY

Gorge Grown Food Network’s *Veggie Rx* is a fruit and vegetable prescription program designed to alleviate food insecurity and increase intake of fresh produce. The program allows health care and social service providers to “prescribe” vouchers to those who screen positive for food insecurity. Vouchers can then be used to purchase fresh fruit and vegetables at farmers markets and grocery stores.

The Center for Outcomes Research and Education (CORE) and The Next Door partnered to conduct a community-based participatory evaluation of the Veggie Rx program. We wanted to collect early input from participants about the program’s impact on food access and overall health. However, since the program had only been operational for a few months, we also wanted to gather feedback on participant experience to help us understand how the program could be improved.

To learn about participants’ experiences with the program, we conducted a series of focus groups featuring the Photovoice methodology. In Photovoice focus groups, questions and topics aren’t defined by the facilitator; instead, participants bring photographs they have taken that represent their experience, and the conversation starts with the photos. Over the one month study period, our research team held 6 focus groups—3 in English, 3 in Spanish. Our findings and recommendations are summarized below.

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KEY FINDINGS

RECOMMENDATIONS

<p>Food insecurity is chronic. We learned that food insecurity isn’t periodic or random; it’s chronic and complex. We also learned that some participants felt skilled in cooking and budgeting, while others were in the process of learning those skills. Participants were grateful for the Veggie Rx vouchers, but did say that the screening process was uncomfortable.</p> <p><i>TO LEARN MORE, SEE PAGES 5-7.</i></p>	<p>CONTEXT AND RESPONSE TO THE PROGRAM</p>	<p>Improve access through redesign of the prescription and redemption processes. There may be food-insecure populations that will not access current distribution (screening) sites; in order to increase access to the program, distribution sites should be varied and screening questions — if required — should be offered as part of a larger question set.</p> <p><i>TO LEARN MORE, SEE PAGE 8.</i></p>
<p>Participants used vouchers with prudence and with gratitude. Many were confused about how to use the program. Once they figured it out, they loved going to the market and supporting local farmers. Participants bought with shrewdness and cooked with delight. They expressed gratitude for the program, and support modifications to the refill process in order to ensure longevity.</p> <p><i>TO LEARN MORE, SEE PAGES 9-13.</i></p>	<p>IMPROVING USER EXPERIENCE</p>	<p>Base program refinements on community strengths. Offering more information during the prescribing process will likely increase redemption rates. Furthermore, since stigmatization was a challenge, education of retail partners may magnify impact on food insecurity. Finally, participants took joy in supporting local businesses; marketing should highlight this feature of the program.</p> <p><i>TO LEARN MORE, SEE PAGE 14.</i></p>
<p>Participants report positive diet, health, and economic outcomes. According to focus group participants, Veggie Rx increased food security and improved nutritional intake. Better nutrition led to self-reported better physical and mental health. The vouchers aided family finances, and may also have potential to influence the regional economy.</p> <p><i>TO LEARN MORE, SEE PAGES 15-18.</i></p>	<p>MEASURING IMPACT</p>	<p>Use participant voice to further inform program design. Changes in program design should be based on a logic model, and quantitative data on process and outcomes metrics could test the hypotheses in the logic model. Finally, the leadership team should continue to invite recipients to share feedback, and at least one voucher recipient should have a seat on the leadership team.</p> <p><i>TO LEARN MORE, SEE PAGE 19.</i></p>

Finally, participants saw access to food as dependent upon a single factor: financial stability. While the sustainability of food systems and food distribution likely plays a part in food security, participants generally said that if they had access to more financial resources, they would be able to eat well enough to achieve good physical and mental health. This suggests that unless the Veggie Rx program’s vision is to supply enough vouchers to eliminate the gap in finances (no matter the size), the program team should partner with regional leaders on a comprehensive strategy to achieve food security targets.

VEGGIE Rx: DIAGNOSING AND TREATING HUNGER

A Bounty Problem. The Mid-Columbia region is known for its agricultural bounty; thousands of acres of pear, apple, and cherry orchards bloom each year, and smaller vegetable farms are emerging. Despite the fertility of the region, however, many Mid-Columbia residents struggle to get enough to eat.

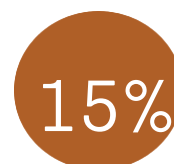
A 2015 regional survey exploring food insecurity found that this problem was pervasive throughout the region; findings inspired local leaders to partner to reduce hunger and improve access to healthy local produce.

PERVASIVE FOOD INSECURITY

A 2015 regional survey found that 45% of area residents receive SNAP, WIC, and/or Free and Reduced Lunch.



Respondents who reported that they worry about running out of food before they have enough money to buy more.



Respondents who reported that they had actually run out of food in the past month.

Cross, Suzanne and Ben Zimmerman. May 2015. "Gorge Wide Food Survey Results" Presentation to the Columbia Gorge CCO Advisory Council.



A Local Solution. To tackle food insecurity, a coalition of regional funders sponsored Veggie Rx, a food voucher program administered by Gorge Grown Food Network. Gorge Grown’s mission is to build a resilient and inclusive regional food system that improves the health and well-being of the community. Working with more than **150 farmers**, Gorge Grown supports and educates local producers while connecting them to consumers.

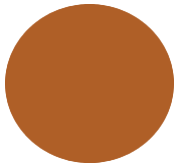
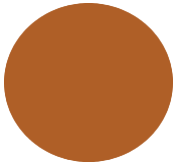
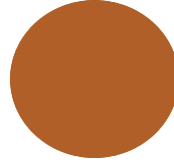
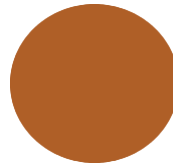
Veggie Rx allows clinicians and social service providers to “prescribe” vouchers that participants can use to buy fresh fruit and veggies at local farmers markets and retail stores.

Why Veggie Rx is Different.

Many food prescription programs have been limited to a small subpopulation. In contrast, the Veggie Rx program run by Gorge Grown was designed from the outset to be a widespread regional mechanism for supporting food security in the area. Additionally, many food prescription programs have been run through the health care system. Veggie Rx, on the other hand, is a cross-sector partnership among a variety of stakeholders — including clinics, health departments, Head Start, social workers, housing authority and others — that is operated primarily by an organization committed to supporting local farmers.

MEASURING IMPACT FOR A NEW PROGRAM

Veggie Rx began distributing vouchers in August 2015. Here’s how the program works:

 <p>The project’s workflow begins with a screening for food insecurity. 35 community partners—including primary care providers, WIC offices, senior service offices, Head Start, and the Housing Authority—developed processes to use the two-question screening instrument (see page 7) to identify families and individuals experiencing food insecurity.</p>	 <p>If a person screened positive for food insecurity, the screener could offer Veggie Rx vouchers as one of several supports to increase access to food. Vouchers come in packets; each packet contains 10 vouchers worth \$2 each, for a total value of \$20. An individual received one packet at a time, while a family could receive up to three packets based on family size.</p>	 <p>From August through November 2015, vouchers were accepted at 10 farmers’ markets throughout the region. Vouchers could be used for fresh fruits and vegetables only. Beginning in October, as farmers markets began to shut down, several grocery stores began accepting the vouchers. By January 2016, 29 retail partners (grocery stores and farm stands) were participating.</p>	 <p>Participants could use a slip included in the voucher packet to request refill packets. Refills were available at the distribution partner sites (such as primary care clinics and WIC offices) as well as at the farmers’ market. Initially, there was no limit on the number of refills that could be received. Later, feedback from participants and distribution partners helped to establish more prudent limits on refills.</p>
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Applying Design Theory to Evaluation Planning

Veggie Rx program leadership wanted to know: How are we doing? To answer this question, they called upon our research team, a partnership between a research and evaluation shop and a social service agency committed to healthy families. Together, we applied design theory, which suggests that the best products are created by producing early prototypes and soliciting immediate feedback for improvement. Veggie Rx was a prototype; **quantifying outcomes would only be useful if the team knew how those outcomes were achieved and what more could be done to magnify any positive effect**. Gorge Grown needed rich contextual data on user experience. They asked CORE and The Next Door to conduct focus groups with voucher users in order to learn:

<p>Research Question #1</p> <p>What was the initial response to Veggie Rx?</p> <p>What contextual conditions did participants face? What was it like to be screened for food insecurity?</p>	<p>Research Question #2</p> <p>How can we improve user experience?</p> <p>How can logistics, workflows, experience, or branding/communications be improved to maximize effective use of the vouchers?</p>	<p>Research Question #3</p> <p>What is the impact?</p> <p>What is the program’s impact on access to food, nutritional intake, and health outcomes?</p>
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METHODS: CAPTURING STORIES WITH PICTURES

The specific problem of food insecurity presents critical challenges for the design, implementation, and evaluation of programs designed to ameliorate it. It can be difficult to find people who are hungry, and can be even harder to convince them that it's *okay* to talk about why they aren't getting sufficient nutrition.

Because of these challenges, a classic quantitative evaluation would have

been insufficient. Basic program data, such as the rate of voucher redemption, would not help Gorge Grown understand how to re-design the program for improved redemption rates. And a basic survey would be vulnerable to under-reporting and response bias. Such evaluation methods would be unlikely to uncover the complex, hidden, culturally-based and unspoken drivers of behaviors related to food insecurity, and would therefore be of limited use to program improvement efforts.

Instead, Gorge Grown opted for a qualitative community-based participatory evaluation. Two teams jointly led the evaluation: **CORE**, a research and evaluation shop with expertise in mixed-methods evaluation of community programs, and **The Next Door**, a social service agency dedicated to healthy families. The team designed focus groups based on the Photovoice methodology.

POSSIBLE FOOD INSECURITY CHALLENGES

Food is *cultural*

Hunger is often *hidden*

The *disenfranchised* are often disproportionately affected

HOW CHALLENGES SURFACE IN COMMUNITIES

Different communities have different **customs** and **expectations** when it comes to growing, purchasing, cooking and eating food

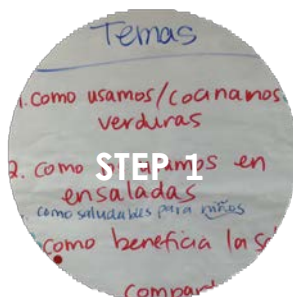
Those facing food insecurity often feel **immense shame** and may be **hesitant to share details** about their experience or about the extent of their hunger

These populations may not have access to the **social capital** required to normalize the experience and **organize community solutions**

Photovoice is a method for generating complex dialogue among diverse and disenfranchised populations to build a shared understanding of the forces that contribute to community outcomes. Participants take photographs of their world, and then use those photos to inspire conversation that reach policy-makers and stakeholders.

Photovoice has a rich history and has been used and adapted in many different cultures around the US and the world to explore complex problems related to health and public health topics. This provides the basis for its use as our primary method for the Veggie Rx evaluation.

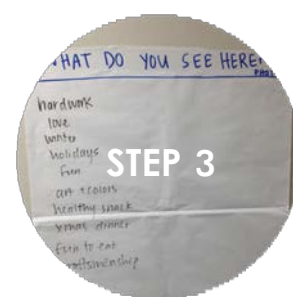
CENTRAL TENETS OF PHOTOVOICE



Participants — NOT researchers — select themes



Participants take their own photos based on the theme



Broad, open-ended questions stimulate a participant-driven conversation

Why are Photovoice focus groups different?

In contrast to traditional focus groups, which often rely on semi-structured questions planned ahead by evaluators, the Photovoice methodology is **open-ended** and **participant-led**. Its central strength is that it allows participants from marginalized cultures to talk about what *they* think is important and to tell their stories in their own way.

Wang C, Burris MA. Photovoice: concept, methodology, and use for participatory needs assessment. Health education & behavior : the official publication of the Society for Public Health Education. 1997 Jun;24(3):369-87. Wang CC, Morrel-Samuels S, Hutchison PM, Bell L, Pestronk RM. Flint Photovoice: community building among youths, adults, and policymakers. American journal of public health. 2004 Jun;94(6):911-3.

METHODS: FIELDING THE PHOTOVOICE PROJECT



As part of the voucher enrollment process, participants could tell us if they were willing to participate in a focus group. Working through a randomized list of those who had indicated interest, two community health workers recruited participants representing a range of age groups, genders, and geographic locations.

For a complete breakdown of participants' demographics, see Appendix A. Participants were recruited into either an English- or Spanish-speaking cohort, and cohorts included participants who *had* used their vouchers as well as participants who *had not* used the vouchers. Partners were allowed to participate; a total of 18 households are represented.

NOTE: This process may have resulted in a study sample that was disproportionately more likely to have access to transportation, to be underemployed, or simply more likely to have free time. They may also have been disproportionately more likely to be interested in communicating their opinions about the program.

TOTAL PARTICIPANTS	24
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Attended **at least one** focus group

ENGLISH	14
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SPANISH	10
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Attended **all three** focus groups

ENGLISH	10
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SPANISH	7
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In most cases, the Photovoice session was facilitated by a trained qualitative researcher from CORE and a trained community health worker (CHW) from The Next Door. The two facilitators took notes on flip charts; a third researcher took notes on paper. Immediately after each session, the team held a debrief session to capture key topics, issues and lessons that had emerged during the focus group. Three sessions were held with each cohort. *Note: Topics for photos were selected by each cohort; that is why they differ.*

	SESSION 1		SESSION 2		SESSION 3
ENGLISH-SPEAKING COHORT	11 Participants	(Participants took photos related to THANKSGIVING)	14 Participants	(Participants took photos related to FOOD AS ART)	12 Participants
	- Introductions		- Discussion of 10 photos		- Discussion of 10 photos
	- Informed Consent		- Selection of Theme #2 (Food as Art)		- Final questions about Veggie Rx Program
	- Selection of Theme #1 (THANKSGIVING)				
SPANISH-SPEAKING COHORT	10 Participants	(Participants took photos related to VOUCHERS IMPACT ON LIVES)	7 Participants	(Participants took photos related to HEALTH)	9 Participants
	- Introductions		- Discussion of 4 photos		- Discussion of 6 photos
	- Informed Consent		- Selection of Theme #2 (HOW THE VOUCHERS BENEFIT YOUR HEALTH)		- Final questions about Veggie Rx Program
	- Selection of Theme #1 (HOW OUR LIVES ARE BETTER WITH THE VOUCHERS)				



Flip chart session notes, paper session notes, and debrief session notes were transcribed and combined into a single data file; these notes were then organized in relation to key patterns. Initial findings were reviewed by the entire evaluation team and refined to include missing topics and deeper contextual interpretation.

In the next three sections, we present key findings for each Research Question. Each page details a single key finding, and also features a participant-taken photo and matching story. At the end of each section, we include recommendations before exploring the next Research Question. A summary of all recommendations can be found in Appendix B.

FOOD INSECURITY IS OFTEN CHRONIC

What We Learned

Respondents told stories of what it was like to live under a *general, recurring, or constant* threat of going without enough to eat.

Income goes to rent, then utilities, and then food. After that, people worry whether there is enough left over. They worry that their children are not getting adequate nutrition, or that they will have nothing to offer if family or friends visit. They worry about their own health, too.



Learning More

BUDGETING

Participants said they limit themselves to the cheapest food they can buy, often opting for canned, frozen, or processed foods. They worry about the health consequences of eating this way. While many respondents were suffering from health problems such as diabetes, they told us that they were not able to afford to eat as the doctor had recommended.

FEEDING THE FAMILY

Food insecurity for the individual almost always meant food insecurity for the family. Many respondents said they were responsible for feeding many family members, and they did not separate their own nutritional needs from the needs of the family. “These are rough times with no job,” said one member of the Spanish-speaking cohort. “The kids are crying because there is nothing in the fridge.”

TINA'S STORY

“It’s not just my kids that are hungry. There are a lot of kids in the neighborhood who are worse off, and no one is looking out for them.

So I want them to know that if you come to my house, you’re gonna get fed.

I try to buy fresh fruit for the kids’ snacks, but they go so fast. Towards the end of the month they’re – and I’m ashamed to say it – they’re getting Goldfish or something.

It’s been so great to have the vouchers, because now I can put a big old bowl of fruit up there, and all the kids can pick something.”

SCREENING: OPPORTUNITIES TO REFINE

What We Learned

Most participants had received their prescription at one of three places: One Community Health, the WIC office, or DHS. Some were surprised to receive the vouchers; others had sought them out because they learned about the program through word-of-mouth.

Screening was uncomfortable for many; hunger is a taboo subject.

Screening Questions:

1. In the last 12 months, did you and the people you live with worry that you would run out of food before you were able to get more?
2. In the last 12 months, did you and the people you live with run out of food before you were able to get more?

Learning More

SCREENING SITE

The English-speaking cohort preferred being screened at health care organizations compared to WIC offices in terms of the comfort and ease of voucher distribution. Most Spanish-speaking participants, on the other hand, received vouchers from the same WIC specialist at the WIC office in Hood River. Participants appreciated that she connected them to other forms of assistance. These participants were screened at a *child's* visit; in general, they said they do not seek health care for themselves. Cultural differences as well as insurance status may account for this.

A BETTER SCREENING

Participants acknowledged that screening questions added to shame they already carry with them; they would prefer that the screening questions be folded into a longer list of questions, so that they wouldn't feel singled out for their inability to feed their family. They preferred to be screened by someone who was friendly, who spoke their language, and who could connect them to additional resources. New screening locations, such as worksites and social service organizations, may increase take-up among those not likely to seek health care.

VOUCHERS: NOT A BAND-AID



Participants in both cohorts insisted that the vouchers “aren’t a handout.” Unlike a “band-aid” – which hides larger problems – the voucher program treats the cause of their ailment (hunger). Participants saw vouchers as an acceptable alternative medicine. Spanish-speaking participants described doctors as non-responsive when they had suggested “natural remedies,” and were pleased that Veggie Rx used fresh food as a treatment. The photo to the left is of the green smoothies used as a remedy in one participant’s family.

HUNGER WON'T BE SOLVED WITH EDUCATION

What We Learned

Focus group participants were, in general, informed about household budgets and about nutrition. While some were novices, others were capable — even skilled— cooks. They told us that they *want* to eat healthy foods, but that they simply can't afford to. "I know I'm not supposed to eat high carb foods," said one diabetic. "But sometimes that's all there is."



Learning More

BUDGET WHIZ

Participants were smart and careful when it came to their food budgets. They knew which stores were best for finding discounts on certain items, and they knew where food banks and free meals could be found. They would stretch vegetables or meat by serving them with rice or pasta. While some voucher recipients might benefit from a course on budgeting, these particular recipients were experts.

SAVVY SURVIVOR

Most participants in the English-speaking cohort were receiving food stamps (SNAP) and/or WIC. A few had started gardens to provide more food for the family. Several wanted to tell stories of their preserving skills: one participant had used her voucher to buy a case of peaches on sale and had canned them; another had pureed beets and frozen them to use for baby food.

DIANE'S STORY

"There are all sorts of ingredients that went into our chili.

We wanted to find a way to make the leftover turkey last. So I filled a crock pot. There's tons of vegetables in there. Mushrooms, peppers, tomatoes.

I bought all of those using the Rx's. I got the peppers on sale. You have to use them fast, because they go bad.

It feels good to make our own food, but you have to make it last. I've got my boy, and then his friends come over and they want to eat, too. Sometimes I don't have much. But that chili fed us for three days."

RECOMMENDATIONS

We wanted to know about the **initial response** to the Veggie Rx program. What contextual conditions did participants face? What did it feel like to be screened for food insecurity?

1

The Veggie Rx voucher program will benefit from playing a part in a comprehensive regional strategy to alleviate food insecurity.

While the program was a “pleasant surprise,” food insecurity is chronic. Participants didn’t need a little extra help for one month; they struggle every month. In order to achieve goals related to measures of food insecurity, complementary programs and strategies will be necessary.

2

Distribution sites should be varied to capture those who aren’t being served.

Participants indicated that they wanted to be screened at a site where they felt comfortable; what’s “comfortable” may be different for different populations. While Veggie Rx has cast a wide net, any eligible residents will not be reached at the current distribution sites. Additional options might include worksites, food banks, or social service organizations.

3

Screening questions should be offered as part of a larger question set.

The screening questions are somewhat taboo and conjure feelings of shame and discomfort. They may be best introduced as part of a larger set of questions about socioeconomic needs.

4

There is little evidence that participants need nutrition education.

An early suggestion was that participants be offered the chance to take classes in order to earn extra vouchers. Participants in both cohorts demonstrated a rich understanding of how to budget for groceries and how to cook healthy meals. Several participants could probably have taught a class themselves. While not all voucher recipients are likely to be avid cooks, program leadership should not assume that recipients are uneducated about nutrition and cooking.

Should recipients be screened?

Our focus groups revealed that there are many eligible individuals who will not be able to access the program because a) they do not frequent potential screening sites, and b) they are not likely to answer the screening questions truthfully. The Veggie Rx leadership team may benefit from a discussion of the alternatives to screening— such as an “open door policy,” proxy screening tools, or partnering with community champions to encourage participation. There may be a more equitable way to serve those in need.

“THE FARMERS SMILED WHEN THEY SAW US”

What We Learned

Participants who used their vouchers at farmers’ markets reported unequivocally positive experiences. Farmers often greeted participants with excitement and a warm smile. For many, this was the first time that they had visited their local farmers’ markets. *“We hadn’t had healthy food in a while,”* said one.

Participants were happy to support the hardworking farmers in their region, and to be a part of the cycle of the local farming economy.



Learning More

BEAUTY AND BOUNTY

Participants took pleasure in the abundance of different varieties of produce, all in different shapes and colors. Spanish-speaking participants liked that the farmers were willing to bargain, and some participants reported that when they used the vouchers, the farmers threw in “a little extra.” *“Veggie Rx feels like a gift,”* said one participant, “but it shouldn’t have to feel like a gift to have fruits and veggies for your family.”

FULL CIRCLE

Participants received good service at the farmers’ market. In turn, participants took their role in supporting local farmers and local businesses seriously. They noted their disappointment that produce in the Gorge is shipped away. *“It’s nice to be able to shake the hand of the person that brought the food to you,”* said one. “You can talk to them and ask them questions. It was exciting to talk to them about what it took to produce that food.”

BRITTANY’S STORY

“My kids came with me to the market. I feel like for the first time they are learning that food doesn’t come from the refrigerator.”

People work so hard to grow this food for us, and we live in a special place.

The food there is just better. It’s in season. With the vouchers, I tell my kids to pick anything they want.

My son got to try a fresh peach for the first time. His eyes got so big— peaches are fuzzy, you know. It’s such a privilege to be there with a person when they try something for the first time.”

GROCERY STORES: A KEY OPPORTUNITY

What We Learned

Participants were happy to support local businesses by using the vouchers at grocery stores. They expressed being glad that the money was “staying within the community.” Nevertheless, some faced embarrassment and stigmatization from grocery staff and other customers, which prevented some from attempting to use the vouchers.

Grocery stores play a key role in the regional food system. If grocery store owners cultivate a spirit of warm welcome to all, then some of the pain and anxiety associated with food insecurity might be alleviated. CHWs could be a resource in such an effort—trained in adult education, they may be able to provide cultural competency training.

Learning More

A DESIGN CHALLENGE

Participants were confused about where the vouchers could be used and what they could pay for; this led to awkward conversations with grocery staff. Others reported that it took the cashier a long time to process one \$2 voucher at a time. This delay led to impatience, sighs, and eye-rolling from other customers, and participants thought that might explain cashier irritation. Participants suggested that vouchers could be offered in larger increments to speed up redemption, or that manager approval be waived to allow a cashier to process the vouchers.

A SERVICE CHALLENGE

Several participants felt stigmatized when using WIC or SNAP at grocery stores. They told stories of cashiers or other shoppers making judgmental comments about their purchases. While some were relieved to find that the vouchers did not come with the same stigma, others—especially English-speaking participants—said that cashiers made them feel ashamed to use the vouchers. An effort to engage and educate grocery store ownership and staff—to ready them to serve those in need—might not need to be led by Gorge Grown, but it would likely support the success of the voucher program.



RITA'S STORY

“Why didn't I use the voucher? Because I don't want people to look at me.

There's a stereotype in our community that Hispanics use more resources.

I don't want to use the voucher because then people will think that about me.”

“WHERE CAN I USE IT?”

What We Learned

Participants were confused about what the vouchers could be used for. Even though the list of retail partners was listed in the packet, some participants still went to several stores before being able to use the vouchers.

Logos or maps may be helpful in printed materials. However, participants would have preferred that the prescriber spent time talking about exactly how to use the vouchers and about what to eat and why. Participants also asked for a sticker in the window of the stores that would let them know that vouchers were accepted.

Learning More

WARM HANDOFF

Most participants had to teach themselves how to use the vouchers. Several participants described trying several stores before finding a place that would accept the voucher, and other participants said that grocery stores were inconsistent in terms of which produce items were eligible for the program. Questions arose: Does cilantro count? How about a package of brussel sprouts?

MORE OPTIONS, PLEASE

Both groups requested expanding the number and type of stores that accept the vouchers. Safeway was mentioned most often, and Fred Meyer was mentioned as well. English-speaking respondents wanted retail sites in more remote areas (including orchards and U-pick sites), while the Spanish-speaking participants suggested engaging more stores with the freshest selection of produce.



PATRICIA'S STORY

“I was so sad, because Thanksgiving was coming up and I didn’t have anything to bring.

Then I got the voucher. The store was offering a discount on turkey if you bought \$50 worth of other things, and they let me use my voucher as part of the \$50.

So we were able to buy a turkey, and use my voucher for the ingredients for the side dishes.

My mom is pre-diabetic, and my brother has diverticulitis. Veggie Vouchers allowed me to give my mom cranberries, because she can’t have the canned sauce. I was just glad to be able to contribute.”

BOUGHT WITH SHREWDNESS; COOKED WITH DELIGHT

What We Learned

Many participants described using their expertise in budget-consciousness (built up through years of food insecurity) to make the vouchers go as far as possible. They wanted program leadership to know that they used the program sensibly— with prudence and with gratitude.

Once they got home, though, they had fun. “You can get variety,” said one participant. They had more access to “things you have to pass up when you’re on a really strict budget.” Another said, “I felt like a kid in a candy store.”

Learning More

DELIGHT

People described the joy and excitement they felt when they bought new exotic produce such as starfruit or pomegranate. One participant was thrilled that she could try a “round pepper” that she had always wanted to try; another tried cantaloupe for the first time.

One participant said that he loved making “green smoothies” for his grandkids using the leafy greens he had bought.

PRIDE

We heard how participants had devised new recipes, and how they had artfully arranged the presentation. They told us how proud they were to feed their families healthy food. They “shared the bounty,” offering food to friends and neighbors. They told us how their meals represented community, education, and love. And they talked with wonder and pleasure about how good it tasted.



FOOD IS LOVE

“I see a mom who really loves her kids. It took a lot of time to do that. I feel like I should fold a load of laundry for you now or something.”

“Once your kids are here, it’s your job to nourish that kid. But we’re building memories, not just nourishing bellies.”

“When I have healthy food in the house, the kids know where to find it!”

“I JUST WANT THE PROGRAM TO CONTINUE”

What We Learned

Many participants were concerned about the sustainability of the program, and were eager to be part of a sustainability solution. They wanted to spread the word so that others would take advantage of the program.

They recognized that there was doubtlessly some limit on the number of vouchers available, and they were willing to use fewer vouchers themselves in order to ensure access for all.

Participants prefer to get their refills at the place where they use the vouchers. This meant they could take just one trip rather than two.

Learning More

FEARS OF ABUSE

Respondents were concerned that fraud or misuse would jeopardize the longevity of the program: several worried that vouchers would be sold for cash. They offered solutions, such as a swipe card or punch card rather than paper vouchers. Several in the English-speaking focus group advocated for a photo ID; such a system would likely be a barrier for those who have to worry about warrants or immigration status.

TRADE?

Participants in the English-speaking focus group suggested opening a Veggie Rx community farm, or working at an orchard in order to earn vouchers. This group wanted to contribute as members of a regional agricultural economy. Some may be willing and eager to volunteer their time as part of the program—whether by mentoring others, staffing a refill station, or participating in gleaning efforts.



GETTING REFILLS RIGHT

Participants felt ownership for the program's spread and its sustainability. They knew that a new refill system would support the longevity of the program.

*The **number** of refills available was less important to participants than **where** they would have to go to receive the refill. When we asked about a monthly limit on refills, participants did not object. However, when we mentioned the idea of allowing refills only at the site of the original prescription, participants reacted strongly.*

*In general, the main objection came from those who had originally received their prescription at a site that was too distant and out of the way of their normal lives. **"I'd spend \$20 on gas just to get the \$20 voucher,"** said one participant.*

RECOMMENDATIONS

We wanted to know how we could improve the Veggie Rx experience for recipients. How could we re-design the logistics, workflows, experience, or branding of the program to maximize effective use of the vouchers?

1

To ensure that participants use the voucher, refine the prescription experience as well as the redemption experience.

Participants generally did not know how to use the vouchers when they left the clinic, and would have preferred to receive an in-person orientation to the program. Participants loved going to the farmers' market, but experienced some stigma or hassle at grocery stores.

2

Marketing insight: Participants want to support the local food economy.

Being able to interact with and support local farmers and shopkeepers brought participants joy. This could be a key marketing insight: promotional assets should highlight the regional nature of the program. It could also be a programming insight: participants may be willing to volunteer for the program.

3

*When it comes to refills, limitations as to **volume** are welcome. Limitations on geographic **access** are frustrating.*

Participants are willing to limit their use in order to ensure that more people have access. They worry about fraud, and would support a swipe card or punch card solution. However, they do not want to have to jump through extra hoops to access the vouchers; they'd prefer to access refills at the site of redemption.

4

Education and engagement of retail partners may significantly magnify the Veggie Rx program's impact on food insecurity.

Participants noted that it is common to experience stigmatization as a "WIC mama," a food stamp recipient, or simply as a Latino/a resident. Eradicating such stigmatization could be a powerful way to reduce food insecurity; grocery stores could become important partners in increasing access to food. With regional support, CHWs could develop and implement cultural competency training for grocery store employees.

Fun with Photovoice

Each week we waited eagerly for the photos to come in, and participants were thrilled to show us what they had done with their vouchers. They took pride in their cooking, their photography and their art direction. Each session began with a shared meal around the table, and children and babies joined in. At the last session, some participants even exchanged Christmas gifts. It was a reminder of how **even evaluation can be a community-building activity**.

DIET AND NUTRITION IMPACTS

What We Heard

Participants told us that the Veggie Rx program had reduced food insecurity by increasing their grocery budget. This increase enabled them to purchase the healthy foods they *already wanted*. Participants told us they were eating more fresh fruit and vegetables as a result of the program. And — according to their parents — children were eating more fresh produce as well.



Learning More

ACCESS

Before learning about Veggie Rx, respondents said that they had wanted to eat fresh produce but at times had not been able to afford to do so. They also told us that they did not usually attend farmers' markets. The primary barrier to access to fresh fruits and vegetables was affordability; the vouchers made fresh produce affordable and thereby improved access.

INTAKE

The majority of focus group attendees were mothers. A dominant theme throughout the focus group was that the extra money for produce had translated to increased fruit and vegetable consumption for children. Mothers were relieved that they could afford healthy food for their kids. They experienced the impact themselves, too: one said, *"I'm setting an example for my kids."*

EAT A RAINBOW

"What I really love is to eat the rainbow. I love a big salad with every color in there."

"Fresh fruit is expensive. And you can't find coupons for them."

"I make smoothies with fruits and vegetables, flaxseed and yogurt. The kids love them."

"I'm eating fresh, not processed. I crave the nutrition."

"I used to avoid the veggie aisle because I couldn't afford it; Now it's where we meet!"

IMPACT ON PHYSICAL HEALTH

What We Learned

Impact of the voucher program on physical health was expressed in two ways: improved diabetes self-management, and improved weight control.

The Spanish-speaking cohort also discussed a natural remedy made with ingredients bought using vouchers. *“My flu ended sooner,”* said one. Another said, *“my kid went back to school quicker.”*

While they did report short-term benefits, participants saw access to healthy produce as critical to long-term health— and said that it was more effective than medication.

Learning More

DIABETIC DIET

Many participants were either diabetic themselves or cared for someone who was. Diabetes was discussed with anxiety, and was seen as an invisible, uncontrollable threat. Knowing that diet matters, knowing that uncontrolled diabetes could lead to complications or death— and then knowing that they couldn’t afford to eat right— participants worried about the inevitable consequences of their food choices. The vegetables they bought with the vouchers put them at ease, and made them feel some control over a frightening disease.

WEIGHT CONTROL

Several participants— especially in the Spanish-speaking cohort— discussed how the added fruits and vegetables had resulted in improved weight control. One participant said that she could eat smaller portions when the food was higher-quality. One mother told us that her son’s weight stabilized after she replaced processed food with fresh fruits and vegetables.



ROBERT'S STORY

“I’m diabetic. I don’t get what I’m supposed to eat because it doesn’t last.

I know I’m not supposed to eat so much pasta or rice. But rice barely costs anything, and it’s filling.

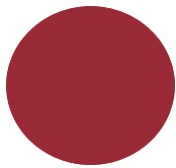
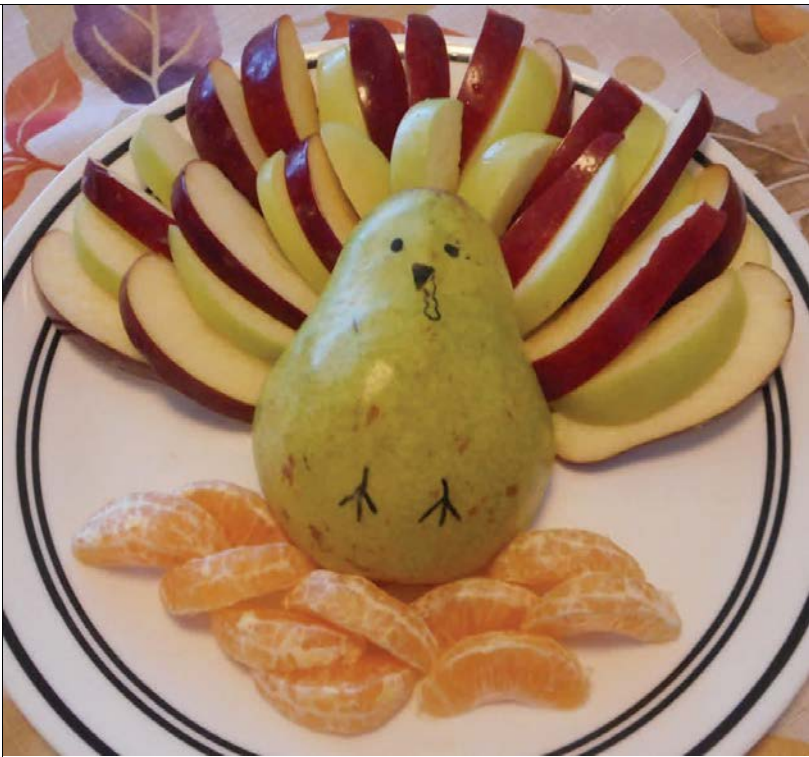
Did you know you can put pasta sauce on spaghetti squash and it tastes the same? Can’t tell the difference.

For the first time in my life, I’m eating healthy.”

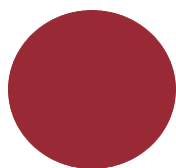
IMPACT ON MENTAL HEALTH

What We Learned

Stories told in the focus groups suggest that the Veggie Rx program had an impact on mental health in two ways. First, improved food security— both having *more* to eat and having *better food* to eat— directly reduced anxiety and stress. Second, participants suggested that the increased nutritional value of food reduced symptoms of mental illness such as anxiety or ADHD.



Participants felt intense shame at not being able to provide for friends and family. Stigmatization compounded that shame and added a sense of injustice. They feared the health consequences of poor nutrition for their family. Vouchers alleviated many of these stressors. Adequate access to food allowed participants to relax and enjoy recreation or playing with children. “My kids are free to just be kids,” said one participant.



Participants said that they “feel better” when they eat well. One told us that her headaches were gone, and another told us that she had more energy. Others expressed improved sleep habits and moods. One mother told us that her son has been diagnosed with ADHD, and that improved diet had controlled his symptoms. Another mother said that too many cookies gave her child anxiety, and healthier food allowed him to relax.

LUPE'S STORY

“My child cries when the fridge is empty. My son doesn't like meat, and we don't get enough vegetables.

Recently he was diagnosed with anemia. He doesn't like meat! I don't know what to give him.

He looks at the refrigerator and cries. It's a lot of stress for me.

The program is good because my kids like fruits and vegetables. They don't like meat.”

ECONOMIC IMPACTS

What We Learned

Participants identified two kinds of economic impacts that could be associated with the Veggie Rx program. First, they are spending *new money* — that is, money they wouldn't have otherwise — on fruits and vegetables. This new spending **benefits local farmers and shopkeepers**. Second, the availability of money for food has an impact on **family finances**: when they needed to, participants could reallocate spending to cover a car repair or school supplies.

While not explicitly discussed in focus groups, additional economic impacts are implied. First, improved mental health and physical health could theoretically translate to **reduced health care costs**.

Second, improved health and reduced stress, fear, and anxiety could translate to **increased self-efficacy, productivity in the workplace, time spent in career development, time spent parenting, or days in school**. These, too, could have wide-ranging impacts on the regional economy.

Learning More

MONEY & HEALTH

The relationship between economic health and physical health was important to both cohorts, but especially so in the Spanish-speaking cohort.

There, “economic health” was listed alongside physical health in a definition of holistic health, and participants stressed how it was directly related to safety and financial security. “I have less stress,” said one participant, “because I’m *safe now with Veggie Rx*.”

LATENT POWER

Focus group participants were bright, social, and funny. They were full of creativity, resourcefulness, and insight. Many worked hard at low-wage jobs, and struggled to get the hours they needed to make a sufficient income. Rather than the spectral archetype of the “freerider,” participants acted more like innovative entrepreneurs-to-be. Low-income residents in the Mid-Columbia region may possess immense latent power for community change. When they no longer wrestle with chronic food insecurity— *then* what will they accomplish?



RAUL'S STORY

“Local businesses are benefitting from this program.

To get more businesses involved, we need to spread the wealth across all participating stores.

This way no one store will benefit more than others. And stores that aren't currently participating will become interested and will join.

This will start a domino effect until most region stores welcome the use of Veggie Rx creating a full circle of economic development.”

RECOMMENDATIONS

Rather than testing the impact of Veggie Rx on *predicted* outcomes such as vegetable intake, blood sugar control, or health care costs, we wanted to capture the impacts observed by participants themselves. Participants described concrete impacts on food security/access to food, diet/nutrition, physical health, mental health, and financial health. Below, we discuss the implications of this qualitative evidence for future administrative activities, including qualitative measurement.

1

Qualitative evidence should be used to finalize a logic model.

This theoretical model will identify both **program-level drivers** of outcomes (such as number of retail partners) and the **contextual factors** that could mitigate or magnify any anticipated impacts. The logic model could be used to develop hypotheses that could then be tested by future evaluations. A proposed logic model created by CORE and The Next Door can be found in Appendix C.

2

Qualitative evidence from this report should be used to refine the program design; modifications should be tracked and tested.

To test the impacts suggested by focus group participants, the program should consider implementing a rigorous tracking system so that use of voucher can be tracked on the individual level and analyzed in relation to complementary data sources.

3

Recipients should be offered the chance to share their stories.

Focus group participants took joy in sharing stories and socializing with other voucher recipients. In order to give participants control over their own story, we recommend encouraging storytelling through personal relationships — for instance, by checking in with recipients at the market or by hosting a gathering— rather than through the submission of a form or survey. Program staff should collect these “impact stories” to support additional grant proposals or strategic initiatives.

4

Voucher recipients should have a seat on the leadership team.

Recipients have key insights that could expedite the program improvement process, and they understand how programmatic changes will affect the end user. We recommend that one or two recipients join the team in planning for the next stage of the Veggie Rx program.

Next Steps for Outcomes Evaluation

This qualitative evidence of program impacts should inform future evaluation design. A robust quantitative evaluation could measure **process outcomes** such as number of participants screened, number of retail partners, and recipient satisfaction with different aspects of the program. Improvements in process measures could magnify the program’s impact on **intermediate outcomes**, such as food insecurity, chronic disease self-management, and stress. Those intermediate outcomes could in turn be linked to **ultimate outcomes**, such as improved health and reduced costs.

SUMMARY OF FINDINGS

CORE and The Next Door partnered to conduct a community-based participatory evaluation of the Veggie Rx program. Using the Photovoice methodology, we asked participants to take photographs that represented their experiences with food and with the Veggie Rx program. Participants told us that, in just the first four months, the Veggie Rx program had an impact on their food security, that it enabled them to eat more fresh produce, and that they felt better as a result.

Limitations

Study participants self-selected into the evaluation, so conclusions may not represent certain groups, such as single men or night shift workers. Also, those who did not use the vouchers were underrepresented in our study sample, impairing our ability to draw conclusions about barriers to use.

Focus groups recordings were not transcribed; analysis was based on notes and researcher memory.

Finally, the researchers built relationships with the participants over the course of three sessions. We sought to limit the influence of investigator bias by requiring consensus on all findings and by getting feedback on findings from researchers not involved in the focus groups.

KEY FINDINGS

CONTEXT AND RESPONSE TO THE PROGRAM

Food insecurity isn't periodic or random; it's chronic and complex.

Screening for food insecurity triggered shame.

Hunger isn't an education problem; it's an access and cost problem.

IMPROVING USER EXPERIENCE

People loved going to the market and supporting local farmers.

Some encountered stigmatization at grocery stores.

Many were confused about where and how to use the program.

Participants bought with shrewdness and cooked with delight.

Participants support modifications to the refill process.

MEASURING IMPACT

Veggie Rx increased food security and improved nutritional intake.

Better nutrition led to better physical health.

Improved food security and better nutrition improved mental health.

Veggie Rx has the potential for regional economic impact.

FIRST STEPS

Our Report includes 12 programmatic recommendations. The rationale for these 12 strategies is supported by qualitative evidence, but their feasibility is not. Here are three recommendations to start.

1. Add one or two voucher recipients to the program leadership team. Their knowledge and insight could improve program efficiency and reduce cost.
2. Modify materials to make it easier to understand how the program works. A map or logos may help those who have trouble reading to understand where the vouchers can be used. A sticker or placard could help participants identify Veggie Rx partners.
3. Partner with regional leaders on a comprehensive regional food security strategy. Veggie Rx should not be regarded as the definitive solution to food insecurity; rather, it is part of a more comprehensive approach. Program leadership should be at the table as further strategic initiatives are developed to alleviate food insecurity in the region.

IMPLICATIONS FOR REGIONAL FOOD SECURITY EFFORTS

Study participants were eager to eat healthy, nutritious, fresh, organic, and local fruit and vegetables. They enjoyed the aesthetic and sensory experience of the farmer's markets, and loved introducing children to new kinds of produce. We learned that they were knowledgeable about nutrition and that they were skilled cooks, and that they loved sharing with friends and family. We learned that they had a great respect for farmers and business owners, and that it gave them a sense of pride to be able to participate in the local food economy. And we learned that they were shrewd, knowledgeable, tenacious, creative, and resourceful.

At the same time that we observed these strengths within the community of voucher recipients, we also observed that they allocate a significant portion of their energy and their thoughts to thinking about how to make their scarce resources stretch. They wonder: What if it doesn't last? What if I just eat rice? What will happen to my children if they just eat rice? What will I bring to the potluck? Additional stress surrounded the use of WIC, food stamps, and even the vouchers. Participants wondered: Will I be criticized, judged, or stigmatized if I use this support? The act of selecting and purchasing food was shrouded in an atmosphere of fear, trepidation, shame, and scarcity— these are the symptoms of chronic food insecurity.

Our analysis suggests that there is untapped, latent potential within the community of people in the Gorge who are food insecure. Though they have innovative suggestions for program and system design, and though they are eager to participate in efforts to sustain and improve their community, they may not be participating for several reasons. They may be undocumented, they may feel excluded, they may face language barriers— or they may simply be spending available energy on the stress of living in poverty.

Applying a **community-based design** approach — involving community members in design, evaluation, and governance — to strategic planning and to program design could have the double advantage of simultaneously achieving regional benchmarks while building community cohesion and engagement. Co-designing job training or education programs with community members could enhance their relevance and efficiency. Creating trade or barter opportunities — such as community gardens or pro-bono skill building — that contribute to a larger community capacity for self-sufficiency could strengthen social ties while improving family finances. And working to destigmatize public assistance— especially since those receiving public assistance are nearly a majority— could open the door for wider civic involvement while decreasing the psychological burden of food insecurity.



MARIA'S STORY

"I was so proud of this meal. My boys and their friends came over and cooked. Because I used my vouchers on the fruit, I was able to buy tuna and mussels. My boys have never cooked with either."

PARTICIPANT ATTENDANCE & DEMOGRAPHICS

TOTAL PARTICIPANTS

24

ATTENDANCE

Attended **at least one** focus group

ENGLISH	14
SPANISH	10

Attended **all three** focus groups

ENGLISH	10
SPANISH	7

DEMOGRAPHICS

Age—English

20s	4
30s	5
40s	3
50s and older	2

Age—Spanish

20s	5
30s	1
40s	2
50s and older	2

Gender—English

Female	11
Male	3

Gender—Spanish

Female	7
Male	3

Residency—English

Hood River, OR	2
The Dalles, OR	4
Cascade Locks, OR	1
Trout Lake, WA	1
Mosier, OR	1
Goldendale, WA	2
White Salmon, WA	2
Lyle, WA	1

Residency—Spanish

Hood River, OR	4
Parkdale, OR	3
The Dalles, OR	1
Odell, OR	2

SUMMARY OF RECOMMENDATIONS

CONTEXT AND RESPONSE TO THE PROGRAM

The Veggie Rx voucher program will benefit from playing a part in a comprehensive regional strategy to alleviate food insecurity. While the program was a “pleasant surprise,” food insecurity is chronic. Participants didn’t need a little extra help for one month; they struggle every month. In order to achieve goals related to measures of food insecurity, complementary programs and strategies will be necessary.

Distribution sites should be varied to capture those who aren’t being served. Participants indicated that they wanted to be screened at a site where they felt comfortable; what’s “comfortable” may be different for different populations. Many eligible residents will not be reached at the current distribution sites. Additional options might include worksites, food banks, or Latino-focused social service organizations.

Screening questions should be offered as part of a larger question set. The screening questions are somewhat taboo and conjure feelings of shame and discomfort. They may be best introduced as part of a larger set of questions about socioeconomic needs.

There is little evidence that participants need nutrition education. An early suggestion was that participants be offered the chance to take classes in order to earn extra vouchers. Participants in both cohorts demonstrated a rich understanding of how to budget for groceries and how to cook healthy meals. Several participants could probably have taught a class themselves. While not all voucher recipients are likely to be avid cooks, program leadership should not assume that recipients are uneducated.

IMPROVING USER EXPERIENCE

To ensure that participants use the voucher, refine the prescription experience as well as the redemption experience. Participants generally did not know how to use the vouchers when they left the clinic, and would have preferred to receive an in-person orientation to the program. Participants loved going to the farmer’s market, but experienced some stigma at grocery stores.

Marketing insight: Participants want to support the local food economy. Being able to interact with and support local farmers and shopkeepers brought participants joy. This could be a key marketing insight: promotional assets should highlight the regional nature of the program. It could also be a programming insight: participants may be willing to volunteer for the program.

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SUMMARY OF RECOMMENDATIONS (CONT.)

MEASURING IMPACT

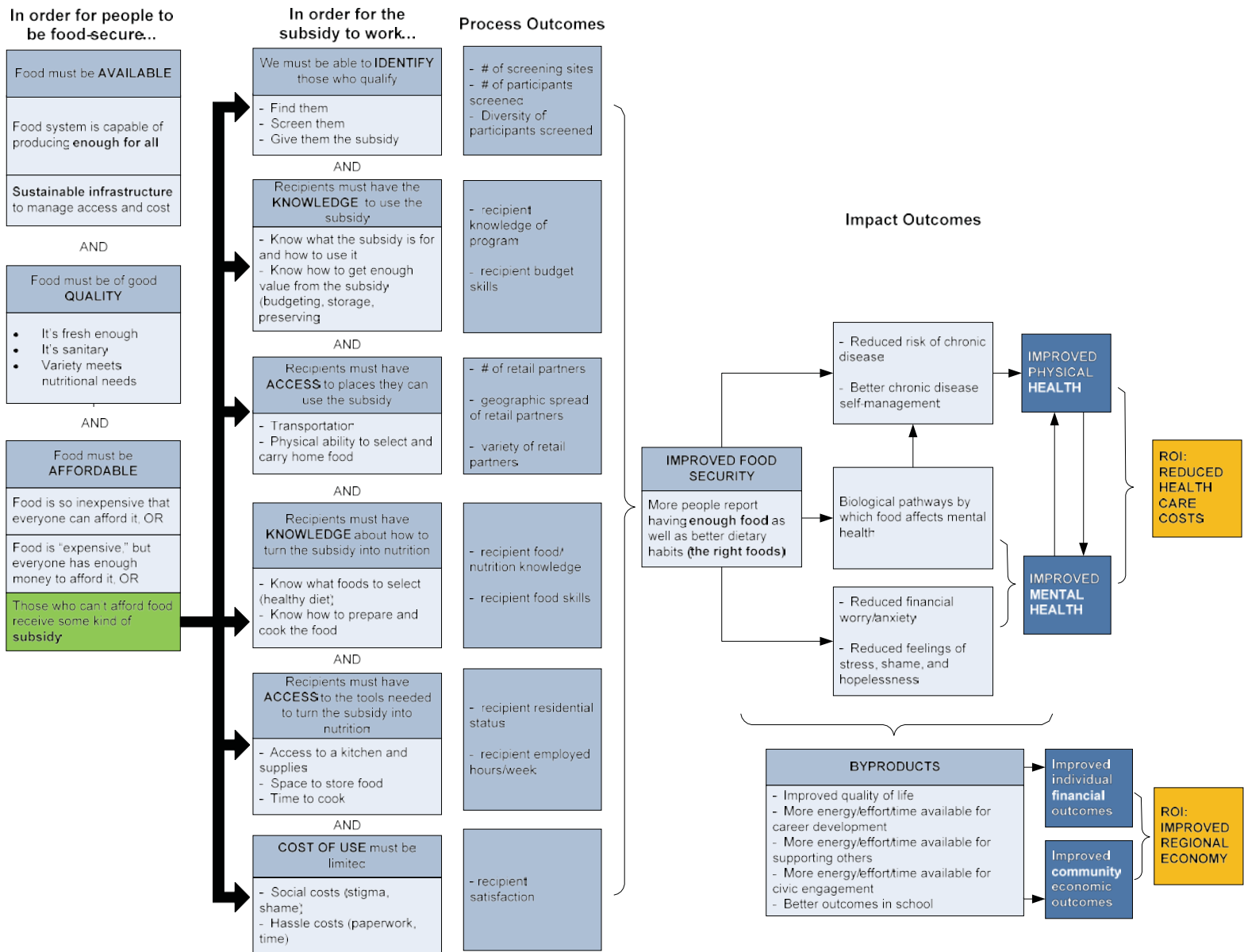
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PROPOSED LOGIC MODEL



Logic model was developed in collaboration with Hannah Cohen-Cline at CORE.