



**community food centres**  
**CANADA** good food is just the beginning

# FRUIT AND VEGETABLE VOUCHER PROGRAM BACKGROUND

Over the past decade, a growing number of programs have been developed that provide subsidized access to fresh fruit and vegetables through vouchers or prescriptions as a way to reduce financial barriers to healthy food, improve health, and support local farmers.

Demonstrated benefits of fruit and vegetable voucher programs include increased rates of fruit and vegetable intake, reduced BMI among overweight participants, and improved food security at the household level. Diets rich in fruits and vegetables are vital to reducing the risk of chronic diet-related diseases such as diabetes, cardiovascular disease, osteoporosis and dental disease.<sup>1 2</sup> Fruit and vegetable voucher schemes have also been found to benefit farmers and local markets by attracting new and repeat customers to farmers' markets, and increasing the viability of fresh produce markets in low-income areas.

The bulk of fruit and vegetable voucher programs are in the United States, though a few comparable programs have been established or piloted in parts of Canada and Europe. While various fruit and vegetable voucher models have been developed, two prominent models have spread rapidly in recent years: the double-value model and the prescription model.

Additionally, research suggests that scaled-up fruit and vegetable subsidies could lead to major health benefits and cost savings. A U.S.-based study predicted that a 10% fruit and vegetable subsidy could prevent or postpone more than 150,000 deaths due to heart disease alone within 15 years, and would be five times more effective than a sugar-sweetened beverage tax.<sup>3</sup> A UK study showed similar results, finding that healthy food subsidies would effectively reduce unhealthy food consumption while also leading to significant cost savings in the long-term.<sup>4</sup> Research also suggests that targeted fruit and vegetable subsidies for low-income populations could help to reduce socioeconomic health disparities.<sup>5</sup>

## **Double-value model**

The double-value model leverages federal nutrition benefit programs, such as the food stamps program, now known as the Supplemental Nutrition Assistance Program (SNAP), and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). These benefit

programs provide monthly cheques, vouchers, or debit cards to people who are living on low incomes and/or at nutritional risk. Benefits can be used to buy food at grocery stores and other food vendors.<sup>6 7</sup> While federal nutrition benefits provide an important source of food for millions of food-insecure Americans, the value of benefits can be limited and it can be difficult for people to access and afford healthy food options. For example, the average SNAP recipient receives \$126 per month in benefits, roughly \$1.40 per meal.<sup>8</sup> Healthy foods are more expensive on average than less healthy options,<sup>9</sup> making it difficult to choose healthy foods on a tight budget. Additionally, fresh produce is often less accessible in low-income areas.<sup>10</sup>

The double-value model helps people living on low incomes to stretch their food budgets and increase their access to fresh produce, while also supporting local farmers. For every dollar a customer spends using federal nutrition benefits at a participating farmers' market, they receive one market voucher which can be used to buy fresh fruits and vegetables.<sup>11</sup>

The idea of offering market vouchers to leverage federal nutrition benefits emerged in 2005 when the NYC Department of Health and Mental Hygiene introduced "Health Bucks." For every five dollars spent in SNAP benefits at local farmers' markets, customers receive two Health Bucks, redeemable for two dollars' worth of fresh fruits and vegetables.<sup>12</sup> In 2007, the Crossroads Farmers' Market in Maryland upped the value proposition, matching benefits dollar for dollar with fruit and vegetable vouchers called "Fresh Checks," and the double-value model was born. Later in 2007, an American non-profit called Wholesome Wave was established and got to work spreading the model to farmers' markets and other farm-to-retail venues across the U.S. with their Double Value Coupon Program (DVCP).<sup>13</sup> By 2014, 35,000 people were doubling their benefits through the DVCP at over 300 markets in 24 states.<sup>14</sup> Other iterations of the double-value model have been established, such as Michigan's Double Up Food Bucks program, which has spread to 18 states.<sup>15</sup>

Funding to support double-value programs varies, but generally comes from a mix of private and public sources.<sup>16</sup> Further support for the idea has come through the USDA's Food Insecurity Nutrition Incentive (FINI) program, a \$100-million granting stream introduced as part of the 2014 Farm Bill to incentivize SNAP recipients to purchase fruits and vegetables.<sup>17</sup> Government agencies and non-profits can apply to receive FINI funding and must match awarded funds dollar for dollar with cash or in-kind contributions.<sup>18</sup>

Studies and evaluations of the DVCP have found that program participants significantly increase fruit and vegetable consumption, with upwards of 90 per cent of participants reporting increased or greatly increased fruit and vegetable intake as a result of the program.<sup>19 20</sup> One study found that fruit and vegetable consumption remained elevated two months after participants stopped receiving coupons.<sup>21</sup> Wholesome Wave has also reported that the program increases the economic viability of small and midsized farms and farmers' markets in underserved communities, therefore further improving affordable access to healthy food options.<sup>22</sup>

A key barrier associated with double-value programs is that the model is reliant on an individual's benefits and program drop-out can occur when a customer runs out of benefits or has difficulty budgeting their benefits.<sup>23</sup> Additionally, limited hours and inconvenient locations of some farmers' markets have been identified as potential barriers to participation.<sup>24</sup>

Separate from the double-value model, two federally funded benefit programs in the U.S. also distribute farmers' market coupons: the WIC Farmers' Market Nutrition Program (FMNP) for WIC recipients; and the Senior Farmers' Market Nutrition Program (SFMNP) for low-income seniors. The value of these coupons is limited to \$10 to \$30 per year for WIC participants, and \$20 to \$50 per year for seniors, though the amount may be supplemented by state, local, or private funds.<sup>25 26</sup> Benefits for both programs are administered through state agencies, primarily agriculture departments and health departments.<sup>27 28</sup>

## **Prescription model**

In 2010, Wholesome Wave began investigating a new model to increase affordable access to fresh produce and soon launched the Fruit and Vegetable Prescription Program (FVRx).<sup>29</sup> The program works in partnership with health-care providers who enroll patients in the program based on health factors associated with chronic diet-related diseases. Patients then attend a clinical visit where they discuss healthy eating, set health goals, and receive a prescription that can be cashed in for fresh fruits and vegetables.<sup>30</sup> Prescriptions were initially only redeemable at participating farmers' markets, but can now be used at grocery stores and other fresh food retailers in some areas.<sup>31</sup> Including grocery stores in the program has been found to make it easier for participants to use their prescriptions in some communities, particularly in cases where farmers' markets have limited hours or other barriers to access.<sup>32</sup>

FVRx prescriptions are distributed monthly over the course of four to six months, and each prescription is typically equal to one dollar per day per participant and household member; e.g. a family of four would receive \$28 each week.<sup>33</sup> In order to refill their prescription, patients must attend monthly clinical visits that include health measurements (such as weight and BMI), nutritional education, and goal setting.<sup>34</sup>

The program targets individuals and families who are at-risk of diet-related diseases, with a focus on underserved communities.<sup>35</sup> Different iterations of the program have targeted distinct groups, including children who are overweight, pregnant women, and adults with diabetes.<sup>36 37</sup> Between 2011 and 2015, 8,425 individuals and family members took part in the program across 10 states, D.C., and Navajo Nation.<sup>38 39</sup> In many communities, FVRx is run in the context of other health promotion activities, such as healthy eating or physical activity programming, disease-specific counselling, and mobile food markets.<sup>40 41</sup> FVRx programs have primarily been funded by private foundations, though state and federal agencies have also started to invest.<sup>42</sup>

Evaluation is a central component of FVRx to measure and demonstrate impact. Health-care providers track health indicators, patients complete pre- and post-surveys, and retailers track prescription redemption rates.<sup>43</sup> According to Wholesome Wave's evaluation results, 69 per cent of FVRx participants eat more fruit and vegetables, and 47 per cent decreased their BMI during the program period.<sup>44</sup> Patients have reported that FVRx increased their knowledge of local fruits and vegetables and where to buy them,<sup>45</sup> and 45 per cent of patient households reported an increase in food security.<sup>46</sup> Thus far, reports have not shown whether changes persist after participants stop receiving fruit and vegetable prescriptions, though 87 per cent of patients surveyed indicated their intention to continue purchasing fresh produce at farmers' markets after the program had ended.<sup>47</sup>

A few reports and studies have shown the impact of FVRx on specific population groups. Children and pregnant women at risk of diet-related diseases have been found to have improved health measures and health behaviours at the end of the program period.<sup>48</sup> A study that looked at the impact of FVRx on adult patients with diabetes found that fruit and vegetable intake more than doubled, but found no significant changes to clinical health outcomes, including weight, BMI and blood sugar levels.<sup>49</sup> The authors of the diabetes study suggested focusing future programming on populations with heart disease or high blood pressure, health issues for which fruit and vegetable consumption has been found to have a more direct impact on health outcomes. They also suggested that a longer intervention may be needed to see health indicator changes for people with diabetes, and that future studies could also look at the impact of incentivizing high fiber and low sugar foods, rather than fruits and vegetables alone.<sup>50</sup>

Wholesome Wave has also reported that FVRx has positive impacts on farmers and retailers at a local level, and supports the viability of farmers' markets in low-income, underserved communities. The program generates new and repeat market customers, with 60 per cent of FVRx families never or rarely shopping at farmers' markets prior to the program, and 65 per cent of families visiting the market six or more times during the program period.<sup>51</sup> 86 per cent of market managers participating in FVRx reported increased or greatly increased market revenue.<sup>52</sup> Almost 92 per cent of participants reported that prescriptions were important to their family's decision to shop at farmers' markets or participating grocery stores.<sup>53</sup>

Wholesome Wave has suggested that one key to the program's success is that it encourages long-term partnerships between health-care providers, community health workers, farmers, farmers' markets, and community members.<sup>54</sup> They also stress the importance of gearing the program to serve the patient's family as a whole, with family members being encouraged to take part in program activities and prescription benefits being adjusted based on family size.<sup>55</sup>

Prior to FVRx, a fruit and vegetable prescription program was piloted and studied in 2005 in the U.K. in a low-income community. Less than half of the distributed prescriptions were used and the program had no significant impact on fruit and vegetable consumption.<sup>56</sup> A key distinction between the U.K. program and FVRx was that the U.K. prescriptions were substantially lower in value. Each prescription was worth four vouchers, each of which offered a discount of one British pound for every three pounds spent, for a maximum savings of four pounds per month. Participants in the U.K. study expressed that the main barriers to increasing fruit and vegetable consumption were poor quality of fresh produce and lack of funds to spend on food.<sup>57</sup>

### **Existing voucher programs in Canada**

Neither the double-value model nor the prescription model have been introduced in Canada, though a number of programs do offer farmers' market vouchers to low-income populations across the country. Programs are often run in combination with food literacy programming and redeemable products are not always limited to fruits and vegetables.

#### *Farmers' Market Nutrition Coupon Program (B.C.)*

B.C.'s Farmers' Market Nutrition Coupon Program (FMNCP) is the largest of these programs in Canada. It was established in 2007 by the B.C. Association of Farmers' Markets in partnership with the provincial government, and local community organizations and farmers' markets.<sup>58</sup>

Community organizations offer food literacy programming for low-income families and seniors, and program participants receive \$15 per week in farmers' market coupons over the course of 16 weeks from June through October. Coupons can be used to buy fruit, vegetables, dairy, eggs, nuts, meat, and fish.<sup>59</sup>

The FMNCP was initially funded by the B.C. Ministry of Employment and Income<sup>60</sup>; current funding comes from the B.C. Ministry of Health.<sup>61</sup> As of 2015, the program was active in 48 communities across B.C., benefitting 848 farmers, 49 farmers' markets, and 3,000 households. \$560,000 in coupons is distributed annually,<sup>62</sup> leading to an estimated \$1 million or more in social and economic benefits to B.C. communities each year.<sup>63</sup>

A 2013 evaluation of the FMNCP showed promising results, largely based on self-reporting in post-program surveys. 92 per cent of coupons distributed through the program were redeemed, and post-program participant surveys showed the following:

- 87 per cent said the coupons improved their access to local food and their ability to afford it;
- 84 per cent reported that they were eating more fruits and vegetables;
- 84 per cent said the coupons made it easier to make healthy food choices;
- 79 per cent said they had gained new cooking and food preparation skills; and
- 71 per cent reported feeling more connected to their community as a result of the program.<sup>64</sup>

Additionally, feedback from key stakeholder groups like market managers and community organizations was collected. The overall response was very positive.<sup>65</sup>

A number of suggested improvements were identified, including:

- improving awareness of the program;
- mailing or emailing coupons, instead of requiring pick-up at food literacy sessions;
- increasing variety at markets; and
- increasing funding so that families could get more coupons (e.g. year round) and so that more families could participate.<sup>66 67</sup>

Many of the partner community organizations indicated a need for more support to increase their capacity to administer the program<sup>68</sup> and some participants indicated that acquiring the coupons on a weekly basis was difficult due to limitations on time and transportation.<sup>69</sup>

#### *Nutrition Coupon Program (Charlottetown, PEI)*

A similar program was launched in Charlottetown, PEI in 2015 by the Charlottetown Farmers' Market, and now works in partnership with community organizations, namely AIDS PEI, the PEI Association for Newcomers to Canada, and Chances Family Centre.<sup>70</sup> The Charlottetown program is significantly smaller in scale, with a budget of \$9,000 for 2016, enough to provide 37 food-insecure families with \$15 in weekly market coupons for 16 weeks. In its first year, the program was funded through a provincial Health and Wellness grant. A request for continued funding was not successful so in 2016 program funding came from the market itself, a local credit union, and two of the three partner organizations.<sup>71</sup>

## Introducing fruit and vegetable vouchers in Canada

Expanded fruit and vegetable voucher programming in Canada has the potential to offer important benefits, helping to improve food security, increase fruit and vegetable consumption, and reduce the health and social costs associated with diet-related disease. Voucher programming can be designed to benefit local food providers, as has been seen with Wholesome Wave's programs and B.C.'s FMNCP. Potential results could mirror those of the FVRx program: increased participant knowledge of farmers' markets and where to buy local produce;<sup>72</sup> attracting new and repeat customers to farmers' markets and farm-to-retail outlets;<sup>73</sup> increased revenue for farmers; and improved viability of farmers' markets.<sup>74 75</sup> Overall, these benefits stand to support the mandates of several government ministries, specifically those focused on health, social services, and agriculture.

Such an intervention is needed at a time when rates of household food insecurity in Canadian provinces and territories are either rising or persisting. More than 4 million Canadians are food insecure, unable to access stable supplies of food.<sup>76</sup> Nearly 60 per cent of Canadians aged 18 and over report not eating the daily recommended servings of fruits and vegetables,<sup>77</sup> and these numbers are higher for children<sup>78</sup> and low-income populations.<sup>79</sup> Diet-related diseases are a leading cause of death in Canada, costing our healthcare system tens of billions of dollars each year.<sup>80</sup>

Community Food Centres Canada (CFCC) plans to pilot and study the use of fruit and vegetable vouchers in partnership with Community Food Centres and Good Food Organizations in Canada. Evaluation will be a key component at all implementation sites to measure the impact of fruit and vegetable vouchers and to evaluate and refine program design. This will include pre- and post- data collection, and follow-up assessments to evaluate the extent to which impacts are sustained after vouchers are no longer being distributed. We hope to see positive and cost-effective results, and to gather evidence to assess if and how this intervention could be implemented in diverse settings across Canada.

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