



Case Study:

Reinvestment Partners

Vital Statistics

WHAT:

Eat Well is a produce prescription program that provides \$40 per month to each enrolled participant. The electronic benefit is linked to a retail grocery customer loyalty card to facilitate access, ensure client choice, and maintain the dignity of participants.

WHERE:

Across North Carolina; exact program operations and locations depend on the funding mechanism.



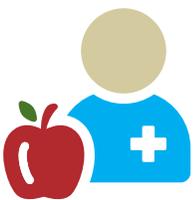
HOW:

Reinvestment Partners manages the Eat Well produce prescription program. Health care partners screen patients for income, food insecurity, and diet-related disease (depending on the funding mechanism's requirements). Referred patients sign up by phone or online.



THE FUTURE:

Reinvestment Partners seeks to streamline its Eat Well program, including expanding health care provider participation; expanding grocery retailer participation; and introducing automatic enrollment from electronic health records completed by the health care provider. They will continue to collect data and adapt programming to respond to the data in real time, including testing the feasibility of sliding-scale benefits.



WHY:

Many individuals seeking health care, especially for diet-related chronic disease, are also food insecure. Eat Well facilitates access to produce for individuals with limited barriers to enrollment, and access to food in places where clients are already shopping.



Reinvestment Partners' mission is to foster healthy and just communities by empowering people, improving places, and influencing policy. They address the problems of poverty and social injustice in the areas of food, housing, community development, health, and financial services. Since its founding in 1986, Reinvestment Partners (RP) has taken on many issues, including predatory mortgage lending, payday lending, housing and community redevelopment, and financial planning and assistance. RP is rooted in Durham, North Carolina with a reach that stretches across the state and beyond.

RP provides programs that address critical needs in the community and engages in advocacy to improve policies that impact daily life and well-being. RP has focused on social determinants of health for years, especially through its housing programs, so expanding the focus to another social determinant of health (namely, access to and consumption of produce) was a natural next step. When RP's partners identified access to healthy foods as a critical link in individuals' health and well-being, RP identified promising federal funding sources (the first being the USDA's Gus Schumacher Nutrition Incentive Program, or GusNIP) to support initial investment in, and development of, its Food is Medicine programming.

Social determinants of health are defined by the US Department of Health and Human Services (DHHS) as the “conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, function, and quality-of-life outcomes and risks.” DHHS provides examples of social determinants of health, such as safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; polluted air and water; and language and literacy skills.¹

¹ Social Determinants of Health: Healthy People 2030. Office of Disease Prevention and Health Promotion, US Department of Health and Human Services. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>





RP's Produce Prescription Program

RP's current Food is Medicine (FiM) program is referred to as a 'produce prescription program' and it does just that: provides access to produce to individuals who are prescribed fruits and vegetables by a medical professional. The program, now called Eat Well, launched in 2017 in partnership with Lincoln Community Health Center, a federally qualified health center, in Durham, North Carolina. It has grown and adapted over the last four years as funding and partnerships have evolved.





How does the program work?



HEALTH CARE PARTNERS

RP first engages with health care payers and providers, educating them on who qualifies for the service and how to enroll participants in the produce prescription program. Provider partnerships were drawn initially from relationships that RP has cultivated over many years. RP has at least one staff person trained on the program details who can make presentations to health care providers in new locations and those unfamiliar with the project. Emphasis is placed on keeping the program simple; health care partners just enroll patients and RP can take over from there.



ENROLLMENT

Enrollment processes are adapted on a case-by-case basis to suit the health care partner's capacity, and based on funding goals and requirements. Qualification for the service varies from funder to funder (see below), but it generally includes a measure of low income (e.g., SNAP, Medicaid enrollment, food insecurity) and one or more risk factors for diet-related disease (high blood pressure, high A1C levels, obesity, etc.).



GROCERY RETAIL PARTNERS

RP developed a partnership with Food Lion, a large grocery retailer with reach across most of North Carolina, to issue benefits directly to participants. Qualifying participants provide a Food Lion loyalty card number, which is used to distribute \$40 per month that can be used at any of 500 North Carolina Food Lion stores on any fruit or vegetable without added salt, sugar, or fat (canned, fresh, or frozen). The restrictions are those approved for the Woman, Infants and Children (WIC) USDA Special Supplemental Nutrition Program. Benefits are automatically available and applied to purchases with the swipe of a card. Participants have agency over their purchases; by drawing down funds using their existing Food Lion customer loyalty card, they're able to select culturally and personally relevant healthy items.

In addition to Food Lion and the Lincoln Community Health Center, RP has conducted pilots of its program with a host of health care providers, funders, food banks, and county health departments. See Table below for a full list. RP's produce prescription programs have served almost 50,000 individuals in North Carolina to date, ranging from three months of service to four years of service.

RP Food Programs

Program	End Date & Budget	Evaluation Partner & Primary Metrics	Projected Enrollment	Eligibility	Implementation Goals	Additional Metrics
Bull City Bucks	Aug 2021 \$400K	Duke University Hospitalization, health outcomes	1,000	SNAP, low-income, diet-related health condition	Prove the concept	Utilization; redemption; patient experience
SuperSNAP	Mar 2022 \$1M	UNC-CH Purchasing data, maybe health outcomes	2,000		Expand clinic participation	Provider/patient experience; purchasing behavior
RP Rx	Oct 2021 \$250K	N/A	500		Expand to key districts	
Durham VA	2023 \$500K	Durham VA researchers Metrics TBD	1,000	Low-income, TBD	No SNAP required; self enrollment; payer	Rate of uptake; test effectiveness of self enrollment
Blue Cross NC Eat Well	Mar 2022 \$2.5M	Blue Cross NC Claims data, patient satisfaction, hypertension	5,000+	ACA 100-200%, hypertension	Private payer; prove the concept	
Blue Cross NC Research	2023 TBD	Blue Cross NC Hypertension, patient experience, cost-benefit	700	ACA, hypertension	Private payer; targeted enrollment	Health outcomes; build an evidence base
Anthem Healthy Blue	2022 TBD	TBD Metrics TBD	TBD	Diabetes or obesity	Medicaid MCO; value added benefit	TBD
Mecklenburg County	Oct 2021 \$500K	TBD ED utilization via Atrium	2,000	Medicaid, 3+ ED visits in the past 6 mo	Data-driven enrollment; health provider	Cost-benefit analysis
Healthy Helping	Dec 2020 \$3.3M	UNC Food security, consumption	30,000	SNAP, COVID-19 impacted	Scale; speed; build statewide network	Participant satisfaction

UPCOMING: MEDICAID PREGNANCIES, HOPS, COVID GUSNIP FUNDS, PENDING SC & AR GUSNIP APPLICATIONS



FUNDING

Funding has so far determined the length of the program, and how recruitment and retention work. Since 2017, RP has been awarded \$14 million in grants and contracts to pilot and operate produce prescription programs. Grants were awarded by USDA National Institute of Food and Agriculture and the Rockefeller Foundation (specifically to support program evaluation and participant feedback). The North Carolina General Assembly appropriated CARES (Coronavirus Aid, Relief, and Economic Security) Act funds in 2020. That same year, Blue Cross and Blue Shield of North Carolina awarded a contract to RP to serve members of their Affordable Care Act (ACA)-qualified health plan.

All of this funding required dedicated time and expertise from RP's staff to write highly technical, detailed grant applications, and organizational capacity to manage and distribute funding. RP was able to access these funds because it had staff capacity and prior experience. In addition, its many connections in the health care and food security space enabled RP to be aware of, and prepared for, grant and contract opportunities as they emerged.



Evaluation

Initial evaluation of the Eat Well produce prescription program included informal feedback gathered from participants during regular customer service calls, which was used to make adjustments to the program. RP believes this real-time adaptation was key to better serving the needs of participants, streamlining the program, and homing in on stated goals and objectives.

RP also tracks individual-level metrics, including utilization rate (how many dollars each participant uses each month), a food insecurity screening tool, self-reported health outcomes, and client satisfaction. These are basic data that funders seek when awarding additional funding, and not difficult to gather through phone-based or digital surveys.

More recently, RP has engaged in third-party evaluation of their programs through Listen4Good, which "helps direct-service organizations listen and respond to the people and communities at the heart of their work."² The evaluation team found the program garnered a 94% satisfaction rate, very high by industry standards. A second study in partnership with the University of

North Carolina at Chapel Hill found that RP's produce prescription program did reach the target audience (individuals experiencing food insecurity); participants doubled fruit and vegetable consumption; and participants bought fewer sugar-sweetened beverages compared to other SNAP users shopping in the same stores who did not have the \$40 produce benefit.³ These relatively simple evaluation metrics provided important support for program expansion and additional funding.

RP is now moving toward more comprehensive evaluation, with a goal of demonstrating the health outcomes and cost savings associated with prescription produce programming. Blue Cross and Blue Shield of North Carolina is funding UNC-Chapel Hill researchers to conduct a randomized controlled trial to understand the impact of Eat Well versus other forms of care for patients with diet-related chronic disease. Findings could inform how insurers, and state and federal governments, reimburse Food is Medicine-style programs in the future.



² Listen4Good. <https://fundforsharedinsight.org/listen4good/>

³ Berkowitz SA, Curran N, Hoeffler S, Henderson R, Price A, Ng SW. Association of a Fruit and Vegetable Subsidy Program With Food Purchases by Individuals With Low Income in the US. *JAMA Network Open*. 2021 Aug 2;4(8):e2120377. doi: 10.1001/jamanetworkopen.2021.20377. PMID: 34379125; PMCID: PMC8358732.



BARRIERS, CHALLENGES, AND WHAT IT TAKES TO OVERCOME THEM

RP has overcome many barriers to success as it has built its produce prescription program. Some examples include:



Contracting requirements: The produce prescription program model requires handling protected health information (PHI), so RP is required to comply with privacy and security protocols set by all partner health agencies. RP invested significant resources to obtain the necessary insurance policy for working with private health care payers, and to develop the technology platforms that allow for smooth and safe communication between health care provider, RP, the participant, and the participating grocery retailer. In addition, the legal documents used by the health care provider were not written to accommodate contracting with a nonprofit as a vendor, so new legal documents had to be written and accepted by all parties prior to program launch.



Enrollment: Initially, RP had to educate health care providers about the program, wait for providers to screen and enroll eligible participants, and then finally begin service. As a subsequent adaptation, health care providers screened individuals, wrote a produce prescription, and then the individual needed to call RP and enroll themselves. Both of these models addressed the issue of PHI: RP did not have to handle any PHI directly, which limited the liability insurance and other oversight required for the program. However, both of these models provided many friction points, and may have limited participation among eligible parties. RP aspires to establish a model that will allow food insecure individuals at risk for negative diet-related health outcomes to be automatically enrolled in the produce prescription program by the health care provider's technology platform — with minimal direct communication between provider, participant, or the program required. If the provider enters 'food insecure' and 'diet-related disease' into the system, the individual's information will automatically be sent to RP for enrollment, and a produce prescription card (much like a SNAP-EBT card) will arrive in the mail with instructions soon after. This is work in progress.





Reach: In order to provide a reimbursable service, RP's programs need to be accessible across a provider's entire service area. RP's program is still only in partnership with Food Lion stores and a handful of health care providers, which limits reach in two ways. First, only some providers and insurers are currently participating in the program, so not everyone that meets the program eligibility criteria can enroll. Participation comes down to an issue of funding. Second, the retail partner is not accessible to individuals living in the westernmost counties in North Carolina; RP is seeking options that will allow participants to access the program across the state.



Individual vs. household benefit: Currently, RP's program provides \$40 per month per person. This does not account for household size or household food security. Upcoming programs will test the feasibility and effectiveness of a sliding scale benefit based on household size and makeup.



Capacity: RP's produce prescription program is designed to be a lean operation that maximizes distribution of resources through benefits, while limiting the cost of administration. To become a statewide operation, RP will have to invest in additional staffing and training, which will have to be factored into contract costs when doing business with health care providers.



The broader context: North Carolina is in a unique position to roll out produce prescription and other Food is Medicine programs through the Healthy Opportunities Pilots (HOPs) getting underway across the state as part of Medicaid Transformation. HOPs are a statewide Medicaid-funded initiative "to test evidence-based, non-medical interventions designed to reduce costs and improve the health of Medicaid beneficiaries."⁴ However, RP is concerned about how much time is required in traditional research (as proposed through HOPs) to reach the conclusion that a program is effective and should be scaled up. RP is encouraging partners to consider the collective evidence already available nationwide around the value and efficacy of components of its program, so that food insecurity can be addressed now.



Funding: Until now, RP has relied on grant dollars to support both small- and large-scale pilots of the produce prescription program. However, grant funding is not sustainable funding for an organization like RP. Pilot programs allowed RP to quantify the full costs of offering and operating its programs (including administration, insurance, scaling, and operations). RP is now using data and evaluation, advocacy, and networking to make the case for large-scale insurers and providers to sign business contracts with RP for a service with a demonstrated track record of health care cost savings and addressing food insecurity. RP will also demonstrate its ability to protect the data privacy and security of participants through a seamless benefit card program.



⁴ Health Opportunities Pilots. NCDHHS. 2021. <https://www.ncdhhs.gov/about/>



Takeaways

Reinvestment Partners wants to see their produce prescription program embedded in health care and reimbursed by insurers, including private insurers and Medicaid/Medicare. To get there, RP is methodically building the case through evaluation, openly acknowledging failures and adapting the program in real time, building larger and larger networks of participating agencies, and constantly maintaining focus on a clear goal.

RP counsels others working in the Food is Medicine space to be wary of competing priorities, which can be especially challenging when working in food systems where decisions made by one entity in one area of the system can have impacts all along the food chain, from producer to retailer to consumer to waste management, and back again. RP focuses narrowly on providing dignified access to fruits and vegetables for at-risk individuals, and chooses not to overlay concerns about local agriculture onto their prescription produce program.

Food insecurity, and associated diet-related illness, have been exacerbated by the COVID-19 pandemic. RP believes that now is the perfect time to move its produce prescription program, and other effective Food is Medicine programs, toward sustainable, reimbursable, statewide benefit programs.

