

KEY POINT

Produce prescription programs aim to improve healthy food access for people experiencing food insecurity and living with diet-related illness. Evidence shows that these programs are associated with increased access to fruits and vegetables, reduced food insecurity, and improvements in self-reported physical and mental health.

KEYWORDS

produce prescriptions, food is medicine, food as medicine, food security, nutrition, healthcare

TERMINOLOGY

Food is/as Medicine: A set of strategies to address population-level disparities in nutrition and diet-related illness by making food and nutrition a central focus of disease prevention and treatment in healthcare systems.

Produce Prescription Program (PPP): A PPP (also called a PRx or FVRx program) is a food is/as medicine intervention in which healthcare providers “prescribe” fruits, vegetables, and other nutritious foods to prevent or treat diet-related illness.

GEOGRAPHIC FOCUS

North America

Produce prescription programs: An innovative strategy for improving healthy food access

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How Do Produce Prescription Programs Work?

Produce prescription programs (PPPs) are an innovative strategy for improving healthy food access in order to prevent or treat diet-related illness. Healthcare providers identify patients based on factors such as food insecurity, income, and diet-related health conditions, and then provide “prescriptions” for healthy food, such as vouchers, tokens, or coupons for free or subsidized fresh produce that can be used at grocery stores, farmers markets, or local farms. Many programs also provide nutrition education, recipes, and guidance on food preparation and storage.

What Does the Evidence Show?

Research indicates that PPPs can increase fruit and vegetable consumption and improve food security (Byker Shanks et al., 2025; Hager et al., 2023).

Participants frequently report eating a wider variety of produce, preparing more meals at home, and experiencing fewer barriers to obtaining healthy food; they also report improvements in physical and mental health (Shostak et al. 2025). Evidence regarding long-term clinical outcomes is mixed, however, and many evaluations rely on self-reported data. Comprehensive assessment is further complicated by the many differences across PPP, including their structure, length, and eligibility criteria, and whether they include nutrition education (Byker Shanks et al., 2025; Hager et al., 2023).

Case Example: VegRx, Waltham Massachusetts, USA

VegRx is a PPP designed and implemented by Waltham Fields Community Farm (WFCF), an 11-acre, nonprofit farm, in partnership with Charles River Community Health (CRCH) in Waltham, Massachusetts, USA. At CRCH, nurses prescribe a weekly produce box to low-income and food-insecure patients who are diagnosed with (or at risk for) diet-related illnesses. Each box contains enough fruits and vegetables for a family of four and multilingual newsletters that identify the produce, provide food storage advice, and share recipes.



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Disclosures: Stacey Daley is employed by the case study organization, WFCF; Sara Shostak is on the advisory board (with no fiduciary responsibilities). They have no financial or other interests that could be perceived as influencing the content or interpretation of this JAFSCD Brief.

Image above: The logo of [Waltham Fields Community Farm](#), which implements the VegRx produce prescription program described in this JAFSCD Brief.



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Piloted in 2021, the VegRx program runs for 20 weeks and now serves approximately 30 participants annually. Including personnel costs, the program's FY25 budget was roughly US\$70,000. More than 75% of the program's funding comes from philanthropic grants and contributions from local businesses, with the remainder supported by individual and in-kind donations.

An analysis of pre- and post-program surveys showed that participation in the VegRx program is associated with statistically significant increases in access to healthy, desired foods; more frequent weekly consumption of leafy greens, red and orange vegetables, and fruit; and improvements in self-reported physical and mental health. This evaluation also demonstrated that PPPs can align with the missions of community farms by increasing access to healthy food, building relationships with and among underserved community members, making the health-enhancing resources of a farm more accessible and advancing local food sovereignty (Shostak et al., 2025).

Program, Policy, and Practice Considerations

Modeling studies suggest that broader implementation of PPPs could generate substantial health and economic benefits over time. One national analysis projected significant reductions in chronic disease and healthcare costs if PPPs were made widely available to eligible populations (Wang et al., 2023).

However, challenges remain. Administrative requirements for screening, enrollment, and reporting can create

burdens for providers and participants. Healthcare organizations and policymakers can support broader implementation by integrating food insecurity screening into routine care, simplifying enrollment processes, and expanding reimbursement pathways for nutrition-related interventions.

Many PPPs rely on philanthropic funding, which can limit long-term sustainability. Equitable and consistent access to PPP—particularly for underserved communities disproportionately affected by food and nutritional insecurity and associated health outcomes—would be advanced by including them as a standard benefit in public (Medicare, Medicaid, and CHIP) and private health insurance programs.

More robust and consistent assessment will be important for understanding which PPP models are most effective and for ascertaining long-term health outcomes. Indeed, potential funders may require evidence of improvement in biomarkers or other quantifiable health outcomes, including longitudinal analyses of electronic health records.

Alongside their potential contributions to public health, PPPs are an opportunity to strengthen local food systems and advance food sovereignty. Local and small-scale farmers should be invited to partner with healthcare systems to implement PPPs. Further, community engagement in PPP design, including crop planning, is important to ensure that the produce offered is culturally appropriate and honors participants' foodways. 

WANT TO LEARN MORE?

Additional PPP resources are available through the [National Produce Prescription Collaborative](#), the [Gus Schumacher Nutrition Incentive Program \(GusNIP\)](#), and the [Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center \(NTAE\)](#). These resources offer guidance on program design, implementation, and evaluation; participant engagement; and funding opportunities. They also provide practical tools, including logic models and core metrics, to help healthcare organizations, nonprofits, and community partners develop and strengthen PPP initiatives.

Additional resources and tools include:

- [Mainstreaming Produce Prescription Programs: A Policy Strategy Report](#)
- [No Kid Hungry Rural Produce Prescription Toolkit](#)

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