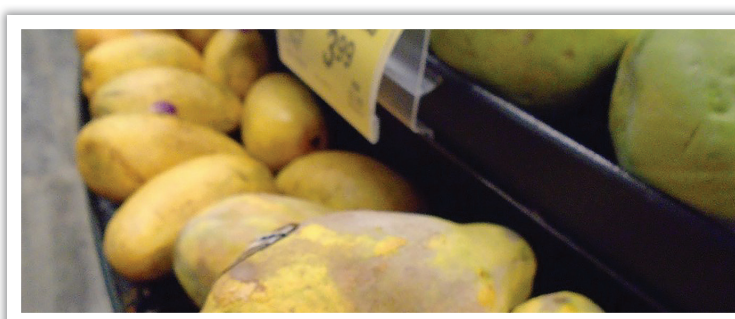
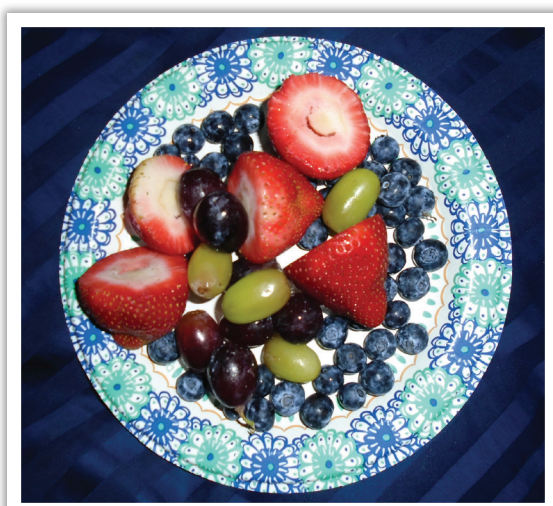
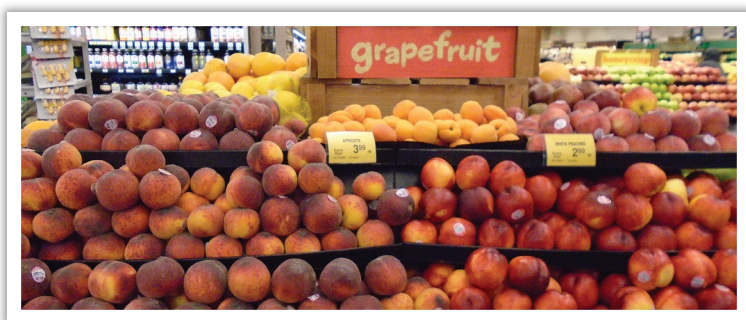


Fruit and Vegetable RX IN FOCUS

A Community-Based Participatory Evaluation of the Washington State Fruit and Vegetable Prescription Program



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Executive Summary

The Washington State Department of Health (DOH) received a federal Food Insecurity Nutrition Incentive (FINI) grant in 2015 to develop multiple produce incentive programs. The goals of these produce incentive programs are to improve the affordability of fruits and vegetables and increase their purchase and consumption among people with low incomes.

One of the produce incentive programs, Complete Eats Rx, is designed to connect the health care and food systems. Health care workers give patients who are enrolled in the Supplemental Nutrition Assistance Program (SNAP) a "prescription" (paper voucher) for \$10 of fruits and vegetables redeemable at participating grocery stores in Washington.

DOH FINI staff and a University of Washington graduate student intern planned and conducted a community-based participatory evaluation of the Complete Eats Rx program. Working with three local partner organizations that provide vouchers to patients and clients, the goals of the evaluation were to better understand user experience, identify areas for program improvement, and determine the impacts and consequences of the program.

The evaluation was conducted using Photovoice, an alternative to traditional focus groups that uses community-based participant-led techniques. Participants in the Photovoice project selected themes to discuss and took photos in the context of that theme related to their experience with the Complete Eats Rx program. Focus groups were held in partnership with three local partner organizations: Odessa Brown Children's Clinic (Seattle, WA), Virginia Mason Memorial Hospital (Yakima, WA), and Spokane Regional Health District (Spokane, WA). Each focus group cohort participated in three focus group sessions (nine sessions total). Two focus group cohorts were English-speaking and one cohort was Spanish-speaking.

COMMUNITY VOICES

"We cannot afford a third of vegetables every day and they want you to have more than one serving of fruit and vegetables every day...with our income – low income people, you might as well forget about it."

"These coupons saved my family. I learned how to cook things. Sometimes that's all we had."

"I'm not spending as much on food but getting a lot of produce – fruits and vegetables. It gives us a chance to get the fresh stuff."

"Many of the people using the vouchers are parents – we actually need these ... if you try to take them away we aren't going to have that accessibility."

Key Findings and Recommendations

Key findings from the focus groups are detailed below, and provide a glimpse into Complete Eats Rx participants' perspectives.

Creating Context

Key Finding: Access is a primary barrier to produce consumption.

- Eating habits for people with limited incomes are primarily driven by access; and while education about healthy foods can be highly beneficial, it cannot be utilized without access to healthy foods.
- The main barriers to food security for participants are food affordability, geographic accessibility, produce availability, and the rising cost of housing.

Recommendation: Support communities by expanding the program to local grocers.

- Expanding the program to local grocers supports local economies and may alleviate many of the access barriers participants face.
- Local partner organization-led meetings with Complete Eats Rx participants can foster idea and resource sharing. Meetings also allow organizations to learn about their clients' needs, offer resources, and answer questions about Complete Eats Rx.
- Encouraging organizations to hold tastings of local produce and encouraging participating grocery stores to accept vouchers on delivery orders can help clients and their children gain exposure to new produce and alleviate access barriers.

User Experience

Key Finding: Difficulty at checkout was the number one reason Photovoice participants chose not to redeem vouchers.

- Technical difficulties leading to incorrect voucher redemption or inability to redeem vouchers resulted in long checkout times, embarrassment, and stigmatization by cashiers and other customers.
- Distance from a participating grocer was an important factor when deciding whether to use the vouchers.
- Many participants found items at the participating grocery stores to be out of their price range with produce quality varying by store location.
- Despite concerns, participants were grateful for the program. The vouchers allowed them to provide adequate food for themselves and their families while increasing their produce consumption.

Recommendation: Help grocery store employees avoid checkout mishaps.

- Educating employees via a grocer-led customer experience audit, increasing in-store signage, and ensuring greater access to printed program rules and redemption guides may reduce redemption difficulty, checkout times, and employee stigma.
- An orientation for clients before receiving vouchers and providing informational brochures would be helpful. Additional resources that would aid utilization of the vouchers include transit aid information, carpool sign-up sheets, and simple produce-centric snack and recipe ideas.
- Altering voucher design by printing various values and extending the expiration date would help decrease barriers to usage.

Complete Eats Rx Impact

Key Finding: Complete Eats Rx improved perceived food security, mental health, and diet quality, affordability, and variety.

- Self-reported improvements in food security and diet quality were beneficial for participants' mental and physical well-being.
- While the vouchers helped some participants eat a diet they already desired but couldn't afford, others credited a new positive outlook on fruits and vegetables to the program.
- Parents used the vouchers for healthy after school snacks, to expose their children to new flavors, and to build healthy habits.

Recommendation: This evaluation should be used to improve the program for its users.

- Any modifications made should be monitored and evaluated using qualitative and quantitative techniques.
- Program participants are key stakeholders with valuable insight that can be used if they are given a voice in leadership.

Background

Diets rich in fruits and vegetables can improve overall health and decrease the risk of multiple chronic diseases(1.). However, consumption of fruits and vegetables among Washingtonians is low, especially for people with low incomes (1.). Those with low incomes also have higher rates of diet-related chronic disease. This may be in part due to a disparity in consumption of fruits and vegetables between low income households and high income households.

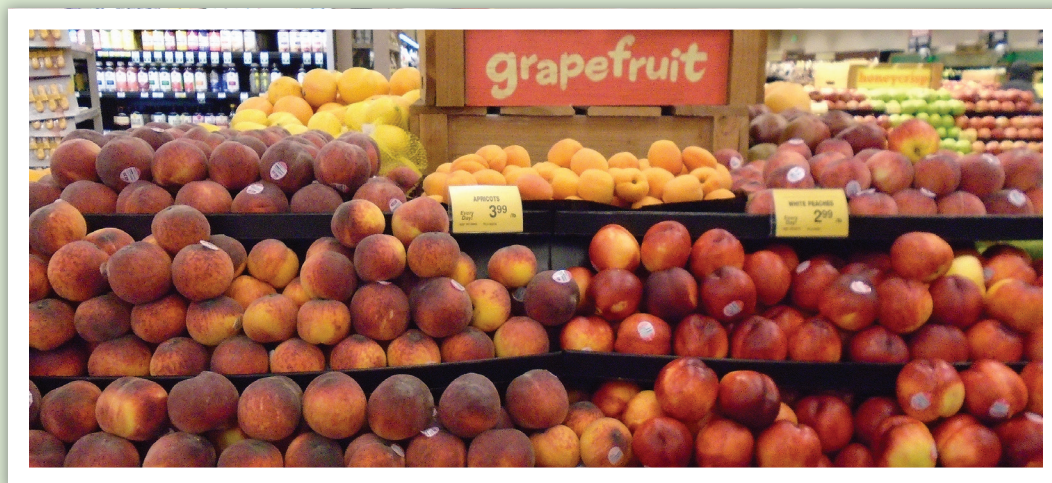
To address low fruit and vegetable consumption in individuals with low incomes, the FINI Grant was authorized by the 2014 Farm Bill and federally managed by the National Institute of Food and Agriculture at the U.S. Department of Agriculture. FINI provides extra money for SNAP participants to spend on fruits and vegetables at participating farmers markets and grocery stores. In 2015, DOH and its partners were awarded a

Fruit and Veggie Fast Facts

10.9% of Washington adults meet their daily recommended intake of vegetables.

12.6% of Washington adults meet their daily recommended intake of fruits.

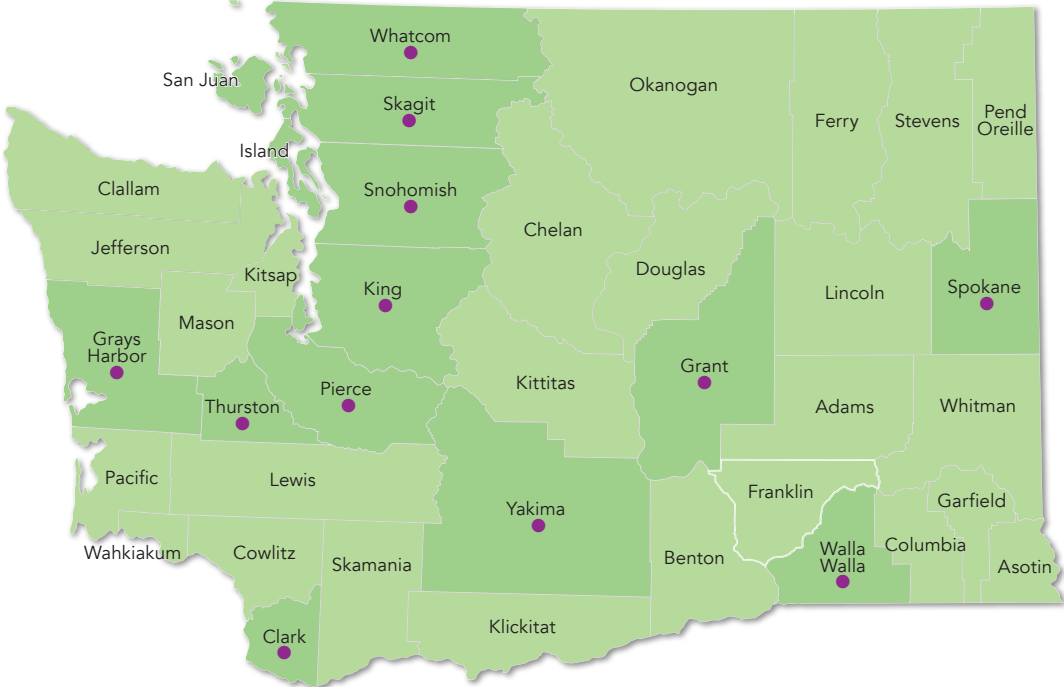
17.0% of Washington adults eat less than one serving of vegetables daily.



Reference: Lee-Kwan SH, Moore LV, Blanck HM, Harris DM, Galuska D. Disparities in State-Specific Adult Fruit and Vegetable Consumption — United States, 2015. *MMWR Morb Mortal Wkly Rep* 2017;66:1241–1247.

\$5.8 million competitive FINI grant to test three distinct fruit and vegetable incentive strategies: (1.) Farmers Market SNAP Incentives, (2.) Fruit and Vegetable Prescriptions, and (3.) Grocery Store SNAP Incentives. To implement FINI programs, DOH strategically partnered with agencies located throughout Washington in counties where there are high rates of SNAP usage, poverty, and chronic diseases (see Figure 1).

Figure 1: Washington counties participating in the Fruit and Vegetable Prescription Program



The Solution: Complete Eats Rx Program

The Complete Eats Rx program is one of the Fruit and Vegetable Prescription programs developed in partnership with 11 health care systems and public health agencies, DOH, and a large grocery chain. The program provides a connection between the food system and the medical system by allowing health care providers, community health workers, and nutritionists to dispense Fruit and Vegetable Prescriptions during visits and classes. The prescription is a \$10 voucher to be used for the purchase of fresh, canned, and frozen fruits and vegetables with no added salt, sugars, or fat at any participating grocery store in Washington. The program launched in July 2016 with



multiple local partner organizations across Washington. Previous evaluation of the program has been promising. In the first three years of the program (July 2016–June 2019), \$434,730 worth of vouchers were redeemed by more than 8,800 individuals. Based on data gathered September 2017 – June 2019 from a voluntary survey, participants reported being better equipped to make healthy choices as a result of the vouchers: 84% reported food in their home was less likely to run out and 95% reported eating more fruits and vegetables.

Evaluation of the Complete Eats Rx Program

Though prescription programs are promising, very little qualitative data has been collected on the user experience of such programs, and even less has been collected utilizing a Photovoice approach.

Modeled after Gorge Grown's Photovoice evaluation of the Veggie Rx program (4), the purpose of this evaluation was uncover participant experiences with the Washington State Complete Eats Rx program to:

- Improve understanding of the user experience
- Improve the program
- Determine the impacts and consequences of the program

Methods

To fulfill the primary goals of the evaluation, DOH and select partners agreed to use a community-based participatory evaluation approach called Photovoice. Unlike voucher redemption data or surveys, Photovoice provides a qualitative approach to evaluate Complete Eats Rx and elucidate the perspective of program users.

Photovoice

Photovoice is similar to traditional focus groups in that multiple people come together in a group setting to share their perspective about a particular topic. However, Photovoice focus groups are differentiated from traditional focus groups because they are participant-led and only guided by a facilitator. This approach was chosen because it can empower participants, reduce the risk of response bias, and create a fuller context for community needs and experiences (2, 3). Participants chose themes for discussion, took photos related to that theme, and then met to discuss key themes from their photos.

Recruitment

Three cohorts participated in the Photovoice project. Participants for each cohort were recruited through local partner organizations: Odessa Brown Children's Clinic (Seattle, WA), Virginia Mason Memorial Hospital (Yakima, WA), and Spokane Regional Health District (Spokane, WA). Recruitment flyers and sign-up sheets describing the evaluation were distributed to eligible and interested individuals. Individuals were asked to participate in a three session series with each focus group held one week apart. Individuals were eligible if they were over eighteen years of age, comfortable communicating in the language the sessions would be held in (English or Spanish), had received Complete Eats Rx vouchers within the past six months, and were able to attend all three focus groups. Individuals received reminder calls two days prior to each focus group.

Data Collection

Focus groups were held May 6, 2019 – June 26, 2019. Each organization's participants attended focus groups at their local site. Participants attended one 75 and two 125 minute focus groups held one week apart for a total of 3 sessions per individual and 9 sessions total. Participants

The Photovoice Process

1. During the first and second sessions, participants are oriented to the Photovoice project and choose a theme to focus on in the next session.
2. Between sessions, participants take photos representative of the theme.
3. Participants lead discussions based on photos using the SHOWeD/VENCeR framework (for a definition of the framework, see page 12).

received \$50 per session in either grocery store or farmer's market gift cards, depending on their preference. Two of the three-session series were held in English and one was held in Spanish. More than half of the participants were women and most women were mothers. Focus groups were facilitated by site employees or community health workers recruited by DOH. A DOH employee and/or a DOH affiliated researcher were present at each focus group to take notes, keep time, and manage materials for each session. Each focus group was recorded with participant consent. The Washington State Institutional Review Board deemed evaluation activities exempt from review.

Photovoice Sessions

The first session at each site consisted of an orientation to Photovoice and the purpose of the project. Informed consent was collected and cameras were distributed to participants who requested one. Participants who chose not use a camera supplied by DOH used their personal cell phones or cameras to take photos during the series. Participants then collectively selected a theme for the photos they would capture in the week between the first and second session. During the second session, participants collectively observed each photo (on a projector) and were instructed to select photos for the purpose of conversation. The SHOWeD/VENCeR framework was used to guide discussion among participants. After discussing photos, participants chose a new theme for the third session. During the third session, photos taken during the week between the second and third session were discussed and photo consent forms were collected from participants who agreed that their photos could be used for this report.

Questions in the SHOWeD/VENCeR Process

| | English | | Spanish |
|----------|--|----------|---|
| S | What do you See in the photo? | V | ¿Qué es lo que Vemos literalmente en la foto? |
| H | What is really Happening in the photo? (What is the unseen story?) | E | Explica ¿Qué sucede en la foto? |
| O | How does this relate to Our lives? | N | Lo que sucede en la foto ¿En qué se relaciona a Nuestras vidas? |
| W | Why does this situation, concern, or strength exist? | C | ¿Cuáles son las Causas por las que esto sucede? (a nivel individual, familiar, o social) |
| D | What can we Do to improve the situation or enhance these strengths? | R | ¿Qué podemos hacer y cómo podemos Resolver esto en nuestras vidas? |

Analysis

Recordings were transcribed and reviewed. An initial codebook was created based off of the transcripts. One researcher served as a coder, adding new codes to capture emergent themes as needed. The transcripts were then double coded independently and code revisions were made. A thematic content analysis was performed to identify key emergent themes in the context of the study questions. Atlas.ti 8.4.18.0 was used to code and analyze all data.

| | Session 1 | Session 2 | Session 3 |
|---|-----------------|--|---|
| Odessa Brown Children’s Clinic: English 11 Recruited 7 Total Participants | 7 participants | 5 participants Theme: Barriers | 6 participants Theme: Our relationship with food |
| Virginia Mason Memorial Hospital: Spanish 14 Recruited 8 Total Participants | 8 participants | 8 participants Theme: Prices of fruits and vegetables | 8 participants Theme: What we cook with the produce we buy |
| Spokane Regional Health District: English 11 Recruited 11 Total Participants | 10 participants | 10 participants Theme: How we use what we buy | 11 participants Theme: Barriers |

Key Theme 1: Creating Context

1. Access First, Education Second

Photovoice participants named cost as the primary barrier to produce consumption. They were generally motivated to eat healthy, but could not afford to without the vouchers. Education on how to lead a healthy lifestyle was identified as beneficial but couldn't be acted upon without financial and geographic access. Healthy living classes were integral to the improvement of one cohort's diet and lifestyle choices, but the majority of participants in the other cohorts understood why they should eat produce, how to integrate it into their diet, and strategies to integrate produce on their limited budget. Many participants even had experience gardening and preserving foods. Produce was also seen as a "risky" purchase as participants feared their children may not like it or it may spoil before they had an opportunity to use it. Many were driven to highly processed food due to its affordability and convenience.

COMMUNITY VOICES

"It's not that I don't want to buy them [produce], I just can't afford it when you're comparing it with other things in the store that you might need."

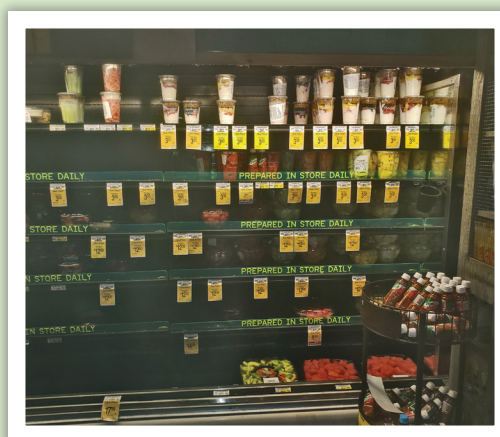
"We cannot afford a third of vegetables every day and they want you to have more than one serving of fruit and vegetables every day...with our income – low income people, you might as well forget about it."



A participant's photo of their weekly groceries. They told us "the cherries ... cost more than the three pizzas".

2. Our Food Environment

While many specific barriers came up during the focus groups, location and availability were named as significant barriers to food security. Participants frequently reported having low geographic access to grocery stores leading to long, impractical trips on public transit. Many participants have young children, are seniors, and/or work long hours, further decreasing the feasibility of utilizing public transit to purchase groceries. Additionally, participants reported varying customer service, selection, quantity, and quality of produce at participating grocery stores based on the socioeconomic status of the surrounding area.



Participant photos portraying their food environment. The photo on the left shows the lack of sidewalks on the participant's walk to and from the bus stop. This makes the trip difficult and dangerous from the perspective of the participant. The photo on the right shows the empty shelves at a participant's local participating store. "I went to the [high SES area] one and it looked like a little showroom" explained the participant.

Barriers by Population

Metropolitan

37% of barriers mentioned by participants living in urban areas were financial barriers related to low wages and the high cost of living, **27%** were housing concerns related to gentrification, and **20%** related to poor access to quality grocers.

Non-Metropolitan

77% of barriers mentioned by participants in non-metropolitan areas were financial barriers, primarily the high cost of produce.

Seniors

43% of barriers mentioned by seniors were transit related, **26%** related to medical barriers, primarily the cost of medicine, and **22%** were financial barriers relating to the high cost of produce and low-to-no income.

Barriers Associated with Transit

1. Lack of walker-friendly roads and long walks with grocery bags
2. Long duration of bus rides and multiple transfers
3. Construction
4. Off schedule buses
5. Stigma while carrying groceries by bus drivers or other riders

3. Our Changing Communities

Photovoice participants named gentrification and the rising cost of living as having a large impact on their diet. They considered their community a safety net in guaranteeing food for their families. Urban participants noted that this community safety net is disappearing due to gentrification. Additionally, participants claimed apartment living limits the ability to grow food, reducing produce consumption and diet affordability.



A participant's photo outside a participating grocery store of a youth they work with in their community.

Recommendations

This Photovoice project helped to uncover the lived experience of participants to understand why fruit and vegetable prescription programs are important. Recommendations below can help participants benefit more from fruit and vegetable prescriptions programs.

1. Support communities by expanding the program to local grocers.

Photovoice participants greatly valued their communities. They told stories of local business owners and fellow community members helping each other during difficult times. Unfortunately, participants expressed concern over the continuous disintegration of those communities. Expanding the program to local grocers supports local economies and can alleviate many of the access barriers they face. Additionally, participants expressed concern over where their produce was coming from and preferred supporting local business and agriculture.

2. Clients and partner organizations can benefit from holding gatherings.

Participants in the Photovoice project found it beneficial to discuss the program with others in the same position and in a setting with resources. By holding similar gatherings, clients can share ideas and resources, and organizations can learn more about their clients' needs, offer resources, and answer questions about the fruit and vegetable incentive programs. Organizations can take the opportunity to listen to client concerns and offer solutions.

3. Hold tastings with local organizations.

Exposure to new flavors and meals was named as an important influencer on the eating habits of Photovoice participants, their families, and their friends. Participating organizations can hold tastings of seasonal produce and distribute vouchers to build excitement and knowledge around fruits and vegetables while bolstering community connections. Additional resources can be distributed during these events such as recipes and food storage guides.

4. Encourage participating stores to accept vouchers on grocery delivery orders.

Getting to a grocery store was named as a major barrier to food security. Encouraging participating grocery stores to accept EBT and vouchers on delivery orders would alleviate geographic access barriers, save participants' time, and still allow them to use their benefits.

COMMUNITY VOICES

“The cost of living does not take into account the diet you know? You know life is life and you can barely pay rent and if you can keep the lights on that month you’ve done good and it gets worse and worse every year, so of course the diet goes on the backburner.”

“To really know that there’s someone else at the table that can relate – that alone is a form of healing.”

Key Theme 2: User Experience

1. Engaging with our Communities

Participants were grateful the participating grocery store chain was a willing program partner. Nevertheless, difficulty at checkout and was the most frequently mentioned reason Photovoice participants chose not to redeem vouchers. Difficulties included staff inability to redeem vouchers, incorrect incentive redemption, inconsistent rules around vouchers such as what can be purchased and how many vouchers could be redeemed at once, and long checkout times. Technical difficulties such as an inability to pay for the remaining bill with SNAP benefits and vouchers deducting from the total bill were also reported. These difficulties led to embarrassment for participants and stigmatization by cashiers and other customers.

COMMUNITY VOICES

"I was in that line for about forty-five minutes. The lady made me go to a whole other checkout, the manager came. My kids were like, can we go now? And I was like no, we did everything right."

"I had to walk out the store and my son is like "where's our apples" and they're hollering... it's just not right to make people more discouraged like that."

"I took the bus and all I did was waste bus fare was what I got out of it. I got so irritated that I had to leave."

Participant photo taken during her shopping experience. Calculating the total cost of produce via weight was difficult for participants and often led to overshooting or undershooting the voucher value.



In the Know

A Real Concern

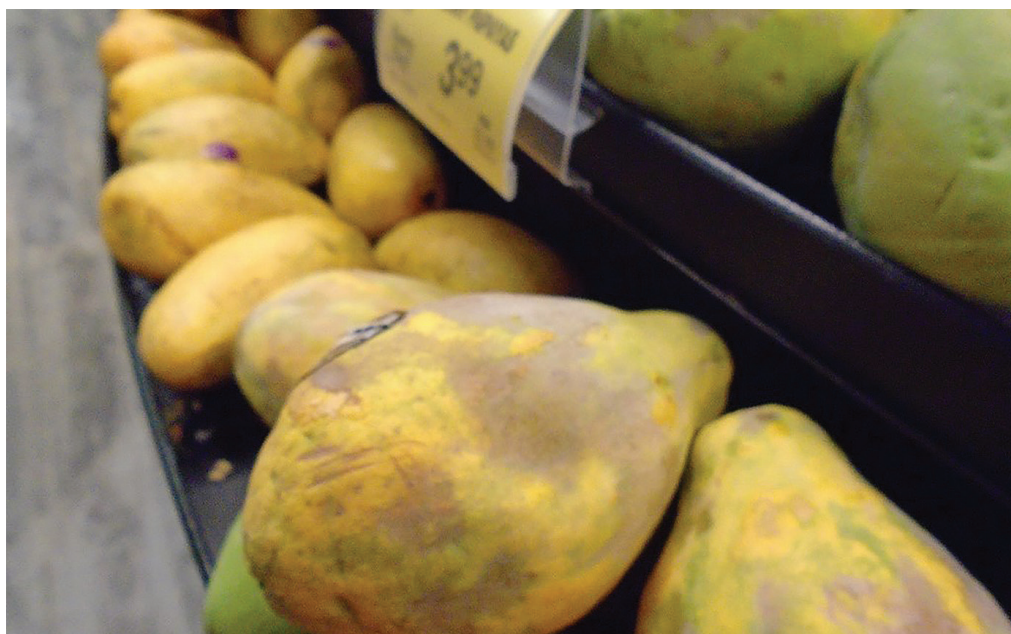
Additional difficulties with participating stores included mischarging and miscalibrated scales. These incidences were especially difficult for participants as many could not afford to travel back to stores and fix the issues.

History Repeats Itself

Embarrassment at checkout and stigmatization by customers and employees was described by one participant as a call back to paper food stamps. She remembered feeling embarrassed as a child when her mother used paper food stamps at the grocery store and was concerned that her son would now have the same negative memories.

2. Room for Growth

The most frequently mentioned program concern was having limited options for voucher redemption. Many found it difficult and expensive to get to a participating store, found the cost of produce and other products at participating stores beyond their budget, and reported varying produce quality. The mid-range price point of the participating grocery chain's products was impractical as participants lacked the time or money to travel to one store



One participant's photo portraying bruised papayas at their local participating store. Other participants agreed that it was common for produce quality to be lacking.

COMMUNITY VOICES

"It's all about location. Their location counts. How far they are. How far do we have to actually travel to get to a participating store. That is an issue."

"The only reason I spent the money at [participating store] yesterday was because I felt like I didn't have a choice. You got there, you spent the bus money."

to redeem vouchers and another to complete the rest of their shopping. Participants named transit time, gas money, and bus fare as important factors when deciding whether or not to use the vouchers.

3. "This is a make or break scenario for me and I'm sure I'm not the only one."

Participants made it clear they were grateful for the program. Participants expressed appreciation and desire for the program to continue. When asked whether the concerns mentioned above prevented them from using their vouchers, the majority answer was "of course not."

Looking Forward

Voucher Upgrade

Expiration dates, value limits, and identification verification added to the difficulty of using vouchers. Participants suggested extending the amount of time vouchers are valid and increasing the value of the voucher.

Things Are Looking Up

Overall, checkout difficulties and misinformation around the program among participants and store employees is decreasing as the program continues to grow.

Recommendations

This evaluation provided user input on what was going well and what could be improved upon. The following are recommendations for ways to improve the program for participants.

1. Help store employees avoid checkout mishaps.

The largest impact on the user experience can be at checkout. Though grocery store staff have access to printed redemption guidelines at checkout stands, ensuring continual education and easy access to guidelines can reduce redemption difficulty, reduce checkout times, and decrease employee stigma towards participants by reducing negative connotations around vouchers. Participants also reported confusion and inconsistent regulations around what could be purchased with vouchers. Increased signage in participating stores regarding what is and is not permissible can help to create consistency and reduce confusion.

2. Encourage a grocery chain–led Complete Eats Customer Experience Audit.

Participating stores may wish to complete their own customer experience survey. This would allow them to make internal changes to their system such as staff trainings and cash register technology updates to improve customer experiences with cashiers and with the store in general. A defined benchmark of customer satisfaction could be created to allow recognition and promotion of the best retailers to the local community. Those who do not meet the defined benchmark would be able to form an actionable plan for improvement. This effort to improve user experience would also improve the perception of the stores among program participants.

COMMUNITY VOICES



"These coupons saved my family. I learned how to cook things. Sometimes that's all we had."

"Well, I hope they keep giving out more coupons. A little help too, that's a lot of help."

"If you want to eat healthy and choose produce as opposed to those boxed items, you should be able to without a big to do."

Fruit bought with a voucher for a participant and their children's breakfast.

3. Increase education around the program.

During the evaluation, participants frequently needed clarification on aspects of the program. This confusion around program guidelines led to issues at checkout, confusion around what they could purchase, inability to redeem vouchers, or inability to take advantage of aspects of the program such as the Complete Eats coupons. An orientation on the Complete Eats programs before receiving vouchers as well as informational brochures made available for participants could help remedy this issue. Additional resources that would aid utilization of the vouchers could be available, such as transit aid information, carpool sign-up sheets, and simple snack and recipe ideas.

4. Alter voucher design to decrease barriers to usage.

Participants mentioned aspects of the voucher design that led to frustrating experiences. One way to address these concerns would be to introduce varying values of vouchers. This would decrease checkout issues as using multiple vouchers at once caused more issues at checkout than using one voucher. Low value vouchers would be useful for single person homes and seniors, as some participants mentioned having to purchase more produce than necessary leading to food waste. Extending the amount of time vouchers are valid would also alleviate concerns. Many participants found it difficult to use their vouchers before they expired, especially if they did not live near a participating store.

Key Theme 3: Complete Eats Rx Impact

1. Quality, Variety, and Affordability

Photovoice participants reported that Complete Eats Rx increased their grocery budget, allowing them to provide adequate food for themselves and their families while increasing their produce consumption. They explained how vouchers helped them purchase produce they otherwise would not be able to afford such as berries, dark leafy greens, and organic produce. While the vouchers allowed some participants to eat a diet they already desired but were unable to afford, others credited a new positive outlook on fruits and vegetables thanks to the program.

What's Cooking?

Participants loved sharing photos of their meals during the Photovoice project. Vouchers were used to boost typical meals like tacos and pizza with vegetables and to alter cultural favorites to be more produce-focused. Vouchers were also used for healthy after school snacks, smoothies, and canning homemade jams.

2. Family-Focused

Many Photovoice participants were parents. They expressed concern over their ability to adequately feed their children and the ramifications hunger would have on their children's mental and physical health, and education. Parents used the vouchers for healthy after school snacks, to expose their children to new flavors, and to help build healthy habits. Parents expressed their love of cooking with their children. They spoke of family grocery store trips where they encouraged activities such as reading labels, weighing, measuring, and learning the names of fruits and vegetables.

COMMUNITY VOICES

"I'm not spending as much on food but getting a lot of produce – fruits and vegetables. It gives us a chance to get the fresh stuff."

"This program is helping me stay on track so we can buy things that are less packaged. Things we normally just can't afford."

"Without the incentive program those are luxuries you know. This is enough for several meals, they can be a healthy snack, a healthy dessert. Cause I know how to make a fresh cobbler, fresh lemonade. I know how to make several things so you know I can make a healthy meal just looking at that."

3. Mental and Physical Well-being

Participants told many stories about stressful conditions they face such as medical issues, financial issues, and family troubles. They explained how the program provides a resource to alleviate that stress to some degree. The program also helped participants feel supported and their troubles heard. It allowed participants to cook for and with their families and purchase food that previously seemed off limits – from familiar favorites to the new and exotic. Some participants explained how the voucher allowed them to focus on eating a quality diet rather than eating enough calories. Some participants even credit weight loss to the voucher. Those participants believe their new diets will reduce their and their families' chances of developing chronic diseases or better help them manage a pre-existing condition.

Varying Outlooks

Vouchers Increase Perceived Food Security

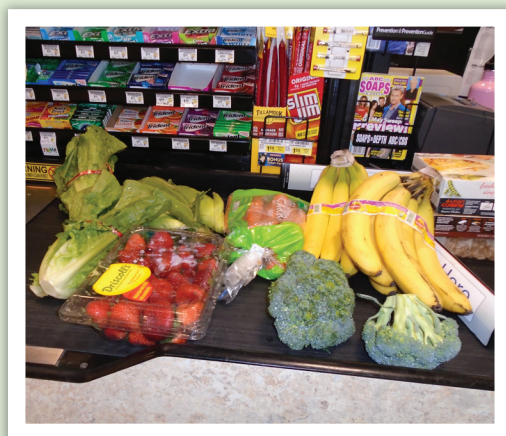
Some participants viewed the voucher program as a resource to improve overall food security.

“That little bit makes a big difference. Like that’s ten dollars I can put down on bread.”

Vouchers Turn Action into Knowledge

Participants, especially those concurrently enrolled in healthy lifestyle classes, viewed the vouchers as a tool to motivate behavior change and follow through with newly gained knowledge and skills.

“The coupons helped us learn how to eat healthier”



The photo on the left shows all the produce a participant was able to purchase with their vouchers. The photo on the right is of a participant's healthy snack made possible with their voucher.

Family Extends Beyond Children

Participants expressed the importance of the program in their ability to feed friends and family. They explained how medical conditions, dietary restrictions, and preferences can make it difficult to afford holding family dinners. "With health conditions or special diets... you end up making three different meals and it costs more" explained one participant.



Enchiladas a participant made to feed her family, guests, and neighbors. She explained "not only did we feed the nine people in our house, but our neighbor has bone marrow cancer he just told us about – and we were able to feed him and his family and another neighbor as well."

COMMUNITY VOICES

"They're learning, they're going to be the future, so we must teach them about this, because I didn't know so much about vegetables."

"It's important to teach a child to buy vegetables. To teach them from the start."

"My goddaughter that I have now, she grew up not having any vegetables or anything, she's used to microwaving all her stuff. So it was good to have them try different things out."

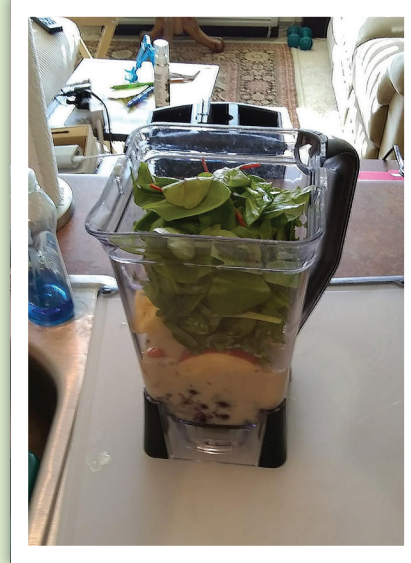
"Many of the people using the vouchers are parents – we actually need these ... if you try to take them away we aren't going to have that accessibility."

Recommendations

The Photovoice method allowed for discussion of unexpected program consequences in addition to predicted outcomes. Participants shared stories about better mental health, physical health, food security, and overall quality of life. They were grateful for the program and for the ability to speak up about their experiences in an effort to support the program. Below are recommendations for how this qualitative evidence can be used.

Taking his Health into his own Hands

One participant with type II diabetes told us how shifting to a plant-focused vegan diet allowed him to get off his insulin (though he still monitors his blood sugar), lose weight, and save his health. He shared his smoothie recipe with the rest of the group and inspired all of us to keep eating our fruits and veggies.



1. Program participants are key stakeholders that should have a voice in the programs.

Recipients can provide valuable insight on user experience and how program changes will affect users.

2. The above qualitative evidence should be used to improve the feasibility of the program for its users.

Findings from this study can help refine the program and increase voucher impact and usage. Recommendations should be considered and implemented as practically as possible.

3. Any modifications should be tracked and tested. Quantitative data such as biometrics, voucher use tracking, and economic impacts should be collected and compared as the program continues to grow. Qualitative data should continue to be collected for user perspective on refinements.

4. Qualitative data should continue to be collected for user perspective on program impact.

Data can be used for grant proposals, justification for beginning similar programs in new areas, and new initiatives through the DOH. The meetings suggested in recommendation 1 of Theme 1: Creating Context can be utilized for this purpose.

COMMUNITY VOICES

“Resources like this is what makes me feel like it’s going to be okay.”

“Organic is expensive so the luxury of these vouchers is you can afford what you really want.”

“I was excited because I can never afford to buy the good stuff. Like when we got those vouchers we got cherries – we never get those and they were delicious.”



Participants and their neighbors carpooling to the grocery store – a suggestion to overcome transportation barriers mentioned during the sessions.

Conclusion

By using a community-based participatory evaluation approach (Photovoice) to learn about Complete Eats Rx participant perspectives, specifically, the impact of the program, barriers to program use, and how to improve the program overall. This evaluation shows the produce incentive program improved perceived diet quality, food security, and mental and physical wellbeing.

Key Findings

Creating Context

- Low produce consumption in Photovoice participants was primarily motivated by lack of financial access, followed by low spatial accessibility and produce availability.
- Education was beneficial but couldn't be turned into action without access.

User Experience

- Photovoice participants' main concern was limited options for voucher redemption.
- Difficulties at checkout was the major reported barrier to program accessibility.
- Participants were grateful for the program and hope to see it continue.

Program Impact

- The program increased both perceived produce consumption and food security in Photovoice participants.
- The program positively impacted the perceived health and wellbeing of participants' children.
- Improved perceived food security and diet quality positively impacted participants' mental and physical health.

Implications of the Evaluation

Findings from this evaluation highlight the promising impacts of nutrition incentive programs. In addition to increasing fruit and vegetable consumption among low-income populations, Complete Eats Rx may also increase quality of life in many other areas. The program increased perceived food security among participants leading to an increase in perceived diet quality and variety; it also positively impacted mental and physical health and directly impacted children who are still forming their lifelong dietary patterns. To increase ease of use for participants, the checkout experience can be improved via education, training, and internal systems reviews by participating stores. The voucher design can be altered to increase usability, and the voucher program can be expanded to more locally owned stores to support local economies and increase spatial accessibility.

Participants shared stories of perseverance in the face of food insecurity and personal hardships. Giving participants the opportunity to build community and have a voice in the future of the program was not only empowering for them but informative for the program. Their unique life experiences – including their experiences with the Complete Eats Rx program – offers valuable insight. This evaluation showed the promise of both the Rx program and community discussions. Discussions such as those facilitated through this project can be encouraged and continued through participating health organizations and participant leadership. The findings from this study can be used as a starting point for further research into the impacts of incentive programs and as a guide for program modifications.

Evaluation Strengths & Limitations

Participants who did not use their voucher were still able to participate. All focus groups were recorded in real time and transcribed. Transcriptions underwent rigorous qualitative analysis involving the input and coding of researchers. Double coding was performed to prevent bias. Use of Photovoice technique can foster more community engagement and enhance understanding of community assets and needs by promoting conversation beyond expected outcomes (2.). Session facilitators were members of participants' communities, which helped reduce risk of bias.

Participants self-selected into this evaluation, introducing bias towards those who had opinions on the program and were available during the hours of the focus groups. However, times were decided upon by partner organizations based on when clients would be available and were held mid-day for two of the three cohorts and early evening in one cohort. DOH staff attended focus groups. Though this potentially introduced bias, researchers limited DOH staff participation in conversations to clarifying questions about the program. Researchers also utilized qualitative analysis methods with input from non-participating researchers to limit bias. Due to the qualitative nature of this evaluation, causality between the program and the self-reported benefits of the program cannot be determined. Further, findings from this evaluation are only generalizable to the populations studied. Researchers selected partner organization from various regions with various client demographics to increase generalizability of the findings. However, these findings may not be applicable to specific regions or populations.

The Future of Complete Eats Rx

Fruit and vegetable incentive programs will continue beyond the FINI grant's completion in March 2020. In 2019, the Fruit and Vegetable Incentive Program was created by SHB 1587, with \$2.5 million for the 2019–2021 biennium. The Fruit and Vegetable Incentive Program will be housed at DOH and is an extension of the programs funded under FINI, including Complete Eats Rx. The program will undergo changes to better serve the most vulnerable populations. Currently, SNAP recipients are eligible for vouchers. Future eligible individuals must be food insecure and have or be at-risk of developing a chronic disease. This will allow the program to continue serving target populations outside of the limitations of SNAP eligibility. Additionally, health care providers will make vouchers available for a six month period to each household. Clients will be able to choose their method of distribution. They can receive all of their vouchers at once or receive them on a weekly or monthly basis. This will increase the consistency of voucher distribution and decrease access barriers.

Appendix A

Participant Attendance and Demographics

Total Participants: 26

Attendance

Attended at least one focus group: 18 English, 8 Spanish

Attended all three focus groups: 15 English, 8 Spanish

Demographics

Gender: 9 Males, 17 Females

Mothers: 15

Appendix B

Summary of Recommendations

Creating Context

1. Support communities by expanding the program to local grocers. Participants greatly valued their communities. They told stories of local business owners and fellow community members helping each other during difficult times. Unfortunately, participants expressed concern over the continuous disintegration of those communities. Expanding the program to local grocers supports local economies and can alleviate many of the access barriers participants face. Additionally, participants expressed concern over where their produce was coming from and preferred supporting local business and agriculture.

2. Clients and partner organizations can benefit from holding gatherings. Participants in the Photovoice project found it beneficial to discuss the program with others in the same position and in a setting with resources. By holding similar gatherings, clients can share ideas and resources and organizations can learn more about their clients' needs, offer resources, and answer questions about the fruit and vegetable incentive programs. Organizations can take the opportunity to listen to client concerns and offer solutions.

3. Hold tastings with local organizations. Exposure to new flavors and meals was named as an important influencer on the eating habits of participants, their families, and their friends. Participant organizations can hold tastings of seasonal produce and distribute vouchers to build excitement and knowledge around fruits and vegetables while bolstering community connections. Additional resources can be distributed during these events such as recipes and food storage guides.

4. Encourage participating stores to accept vouchers on grocery delivery orders. Getting to a grocery store was named as a major barrier to food security. Encouraging participating stores to accept EBT and vouchers on delivery orders would alleviate geographic access barriers, save participants time, and still allow them to use their benefits.

User Experience

1. Help store employees avoid checkout mishaps. The largest impact on the user experience can be made at checkout. Though grocery store staff have access to printed redemption guidelines at checkout stands, ensuring continual education and easy access to guidelines can reduce redemption difficulty, reduce checkout times, and decrease employee stigma towards participants by reducing negative connotations around vouchers. Participants also reported confusion and inconsistent regulations around what could be purchased with vouchers. Increased signage in participating stores around what is and is not permissible can help to create consistency and reduce confusion.

2. Grocery chain-led Complete Eats Customer Experience Audit. Participating stores may wish to complete their own customer experience survey. This would allow them to make internal changes to their system such as staff trainings and cash register technology updates to improve customer experiences with cashiers and with the store in general. A defined benchmark of customer satisfaction could be created to allow recognition and promotion of the best retailers to the local community. Those who do not meet the defined benchmark would be able to form an actionable plan for improvement. This effort to improve user experience would also improve the perception of the stores among program participants.

3. Increase education around the program. During the evaluation, participants frequently needed clarification on aspects of the program. This confusion around program guidelines led to issues at checkout, confusion around what they could purchase, inability to redeem vouchers, or inability to take advantage of aspects of the program such as the Complete Eats coupons. An orientation on the Complete Eats programs before receiving vouchers as well as informational brochures made available for participants could help remedy this issue. Additional resources that would aid utilization of the vouchers could be available, such as transit aid information, carpool sign-up sheets, and simple snack and recipe ideas.

4. Alter incentive design to decrease barriers to usage. Participants mentioned aspects of the incentive design that led to frustrating experiences. One way to address these concerns would be to introduce varying values of vouchers. This would decrease checkout issues as using multiple vouchers at once caused more issues at checkout than using one incentive. Low value vouchers would be useful for single person homes and seniors, as some participants mentioned having to purchase more produce than necessary leading to food waste. Extending the amount of time vouchers are valid would also alleviate concerns. Many participants found it difficult to use their vouchers before they expired, especially if they did not live near a participating store.

Complete Eats Rx Impact

1. The above qualitative evidence should be used to improve the feasibility of the program for its users. Findings from this study can help refine the program and increase incentive impact and usage. Recommendations should be considered and implemented as practically as possible.

2. Any modifications should be tracked and tested. Quantitative data such as biometrics, incentive use tracking, and economic impacts should be collected and compared as the program continues to grow. Qualitative data should continue to be collected for user perspective on refinements.

3. Qualitative data should continue to be collected for user perspective on program impact. Data can be used for grant proposals, justification for beginning similar programs in new areas, and new initiatives through the DOH. The meetings suggested in Recommendation 1 of Theme 1: Creating Context can be utilized for this purpose.

4. Program participants are key stakeholders that should have a voice in the programs. Recipients can provide valuable insight on user experience and how program changes will affect users.

Appendix C

Acknowledgements

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