

July 6, 2018

To: The Oregon Health Authority

From: The Members (signed below) of the Oregon Community Food Systems Network (OCFSN)
Veggie Rx Working Group

Re: CCO 2.0 - COMMENTS AND RECOMMENDATIONS

The Oregon Community Food Systems Network (OCFSN) is a collaboration of 53 nonprofit organizations and public health allies dedicated to strengthening local and regional food systems across Oregon. We are the largest network of food organizations in the state. Together, OCFSN members represent hundreds of thousands of Oregonians across the state and every sector of the food system.

A major initiative of the OCFSN is Veggie Rx -- a program that reduces economic barriers for families to purchase fresh, healthy foods by providing vouchers that can be redeemed for fruits and vegetables.

The Veggie Rx working group, of OCFSN, is energized to continue to expand Veggie Rx programs as a cost-effective and prevention-based health care model, in alignment with the next installment of Coordinated Care Organization infrastructure, "CCO 2.0." The members (**signed below**) submit this letter in response to the Oregon Health Authority's request for community input on the CCO 2.0. We specifically want to share:

What is Veggie Rx?

Veggie Rx is a program that provides a prescription for free vegetables and fruits, largely to food insecure individuals as a treatment for diet-modifiable diseases such as cardiovascular disease and Type 2 Diabetes. In general, the model for Veggie Rx is a collaboration between a community organization that administers and implements the Veggie Rx program, and health care providers who provide the patient with a prescription for fruits and vegetables to address food insecurity and diet-modifiable disease. Patients redeem prescriptions at local Oregon farmers markets or grocery store partners. Other programs incorporate a Community-Supported Agriculture model where patients sign up to receive regular boxes of fresh fruits and vegetables. Veggie Rx programs are focused on improving physical and mental health outcomes through a prevention model, addressing social determinants of health and equity through research-based program design.

Veggie Rx as a Tool for Addressing Governor Brown's Four Priorities

Veggie Rx programs address Governor Brown's 4 priorities areas (and 45 CFR 158.150) in the following ways:

1. **Maintain Sustainable Cost Growth:** Veggie Rx and similar programs that provide “food as medicine” are low-cost programs¹ (Geisinger Clinical Informatics) with demonstrated ability to reduce health care costs in high-risk/high-resource utilization patients² (Geisinger Clinical Informatics).
2. **Increase Value-Based Payments and Pay for Performance:** Veggie Rx programs have been shown to improve patient health outcomes and quality of care^{3,4} (Wholesome Wave), using objective metrics that are capable of producing verifiable results and achievements which can be documented through electronic health records. Such programs have also been found to produce a statistically significant reduction in HbA1c levels over a 12 month period for patients with Type 2 diabetes and food insecurity.⁵
3. **Focus on Social Determinants of Health and Equity:** Veggie Rx, and similar programs that seek to improve food access for low-income populations, have resulted in improved fruit and vegetable consumption and, in some cases, improved food security.⁶ They have also been shown to improve mental health.⁷ These programs address social equity and social determinants of health by focusing on low-income patients with food insecurity, to reduce health disparities among specific populations.
4. **Improve the Behavioral Health System:** Certain social and behavioral factors, including self-efficacy, social support, knowledge and skills are predictors of fruit and vegetable intake for adults.^{8,9,10} Alleviating food insecurity through Veggie Rx can directly impact behavioral health by improving mental well-being.¹¹

Impact of Veggie Rx in Oregon

¹ Delahanty, L.M., et al., *Improving diabetes outcomes through lifestyle change--A randomized controlled trial*. Obesity (Silver Spring), 2015. 23(9): p. 1792-9.

² Gurvey, J., et al., *Examining health care costs among MANNA clients and a comparison group*. J Prim Care Community Health, 2013. 4(4): p. 311-7.

³ Bryce, R., et al., *Participation in a farmers' market fruit and vegetable prescription program at a federally qualified health center improves hemoglobin A1C in low income uncontrolled diabetics*. Prev Med Rep, 2017. 7: p. 176-179.

⁴ Wheeler, A.L. and K. Chapman-Novakofski, *Farmers' markets: costs compared with supermarkets, use among WIC clients, and relationship to fruit and vegetable intake and related psychosocial variables*. J Nutr Educ Behav, 2014. 46(3 Suppl): p. S65-70.

⁵ Seattle Children's. (2018, January 15). Food & Housing Security Newsletter.

⁶ Savoie-Roskos M., et al., *Reducing food insecurity and improving fruit and vegetable intake among farmers' market incentive program participants*. Journal of Nutrition Education and Behavior, 2016. 31;48(1): p. 70-6.

⁷ “Nutrition prescriptions,” County Health Rankings, <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/nutrition-prescriptions>

⁸ Cohen S. *Social relationships and health*. American Psychologist, 2004. 59(8): p.676.

⁹ Shaikh A.R., et al., *Psychosocial predictors of fruit and vegetable consumption in adults: A review of the literature*. Am J Preventive Medicine, 2008. 30;34(6): p.535-43.

¹⁰ Guillaumie L., Godin G., and Vézina-Im L.A, *Psychosocial determinants of fruit and vegetable intake in adult population: A systematic review*. Intl J Behavioral Nutrition and Physical Activity, 2010. 2;7(1): p.12.

¹¹ Jones, A.D., *Food Insecurity and Mental Health Status: A Global Analysis of 149 Countries*. Am J Prev Med, 2017. 53(2): p. 264-273.

Veggie Rx programs have been in operating in Oregon since 2014. In 2018, over 3,000 patients are projected to be served in over 30 cities across the state, through 12 Veggie Rx programs.

- Patients across the lifespan will be reached, ranging from *youth to seniors*.
- Targeted diet-related disease and general diseases include *food insecurity, type 2 diabetes, hypertension, cardiovascular disease, hemophilia, and cancer*.
- Programs run from *six weeks to year-round, with an average length of 20.5 weeks*.

Veggie Rx programs support individuals and families facing barriers to food access, food insecurity and other diet-related and serious health concerns. Complementary services such as case management, nutrition education and social engagement programs are paired with the fruit and vegetable prescriptions.

For example, the Farm Share Rx program lead by Marion-Polk Food Share, includes an optional nutritional education course called, “Plan/Shop/Save/Cook,” taught by OSU Extension in two program cities. The program, which provides patients with CSA shares, also offers a grocery store tour, “Cooking Matters at the Store,” towards the end of the program, which focuses on sharing tips about shopping for healthy food on a budget.

The OCFSN Veggie Rx Strategic Planning Committee has developed a strategic plan to guide program evaluation and program expansion, with a focus on developing sustainable programs that deliver better care and better health at an overall lower cost. Key goals include:

1. **Systematize & streamline statewide program operations:** Focus on improving patient access and reaching diverse communities.
2. **Increase program capacity and support:** Addressing patient health care concerns and expanding social cohesion, education, and support services.
3. **Focus on triple aim with improved impact:** Better care, better health, and lower health care costs, with an emphasis on sustainability.

Recommendations for CCO 2.0

Veggie Rx programs are closely aligned with the strategic goals of CCO 2.0 and are a vital tool in Oregon’s health care system to improve community health. We, at OCFSN, recognize the value of collaboration and partnerships in growing and sustaining these programs--they are at the heart of the work that we do. We have identified several areas where continued specific collaboration with Oregon Health Authority and Coordinated Care Organizations would increase program impacts and improve outcomes for patients.

Based on the stated goals of CCO 2.0 and Governor Brown’s directive to the Oregon Health Authority Policy Board, we would like to offer the following recommendations:

Transparency and streamlining HRS

- Immediately develop and publicize guidelines for CCOs and patients on health-related services, including information on:
 - Who/what is eligible for funding for flexible services and Community Benefit Initiatives
 - How to access funding
 - Process for how to approve funding decisions
 - Guidelines on reasonable costs for flex services
- Immediately develop and publicize a communications and dissemination plan for communicating health-related services guidelines to patients and providers.
- Set reasonable requirements and timeline for CCOs to comply with and meet guidelines for health-related services.
- Streamline and increase consistency among CCO processes for providing health-related services funding.

Recognize and invest in food as a mechanism to improve health outcomes

- Recognize, recommend, and provide flex services funding for food prescription programs as programs to prevent and manage chronic disease. Make vouchers and other forms of food prescriptions accessible to populations/patients as a public health imperative, not solely as medication prescription in response to a chronic disease.
- Provide clinician/care provider training on Veggie Rx programs including:
 - Description of program
 - Medical outcomes of programs
 - How to prescribe vouchers for patients
- Develop transparent, accessible and consistent mechanism for community groups and organizations to apply for and access health-related services from CCOs.
- Require all Community Benefit Initiative funding data to be made publicly available including: funding amounts, recipients and decision-making process for awarding funding.
- Make publicly available all data related to amount and disbursements of incentive funding and flex services spending on an annual basis.
- Provide support, collaboration with community organizations, and funding for community education on Veggie Rx programs.
- Ensure representation from food-related organization on data collection for Community Needs Assessment Process and in determining health needs priorities.

- Develop and implement centralized process for gathering community and patient feedback on health-related services process.

Sincerely,

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Gorge Grown Food Network, Hood River, OR
Health Care Without Harm
High Desert Food & Farm Alliance, Bend, OR
Marion Polk Food Share, Salem, OR
OHSU Farmers Market, Portland, OR
Oregon Farmers Market Association, OR
Oregon Food Bank, OR
Village Gardens, Portland, OR
Zenger Farm, Portland, OR