Chronic disease is at epidemic proportions in the United States, with 34.9% of Americans being overweight or obese and 9% suffering from type II diabetes; ♦ In Georgia these numbers are 30.4% and 10.4%, respectively; Those of low socioeconomic status are disproportionately affected by these diseases, diet quality follows a similar pattern to the SES gradient in health; ♦ Nutrient density, energy density, and cost are inversely related; Fruits and vegetables have been found to be protective against many forms of chronic illness; however, a diet high in produce is considerably more expensive than what is feasible for low SES families; ♦ A diet that met all federal nutrition recommendations would consume up to 40% of a low income households income; Programs like Food Stamps begin to address the issues of food insecurity, but simply supplementing the cost is not enough to encourage healthy shopping behaviors; ♦ One must also address issues of accessibility and knowledge of healthy food/eating; Wholesome Wave Georgia (WWG) works to incentivize healthy eating through the use of federal nutrition incentives at producer only farmers markets across the state of Georgia. "I did not realize how little we were eating of fresh fruits and veggies. We always bypassed most of them because they were more expensive than the canned ones. But for the last 2 weeks we have had at least 4 servings a day with the variety of things we’ve gotten” - FVRx Participant

**Background**

Fruits and vegetables are important components of chronic disease prevention and management. The Fruit and Vegetable Prescription Program (FVRx) seeks to increase its participants knowledge of healthy eating, increase their access to healthy foods, and improve their health. This project seeks to evaluate the Augusta, GA FVRx and make informed recommendations on how to best improve the program based off of a literature review of similar studies.

**Objective**

- 89% of prescriptions were redeemed at the Augusta Veggie Truck Farmers Market
- 42 varieties of produce were sold at the farmers market
- 10,081 cup standard servings of produce were purchased
  - 3,758 servings of fruit
  - 6,060 servings of vegetables
  - 983 servings of greens

**Methodology**

**FVRx Protocol**

In order to best adapt our protocol based off of best practices a brief literature review using PubMed and Google Scholar was conducted, the The search terms fall into the following categories:
- Health effects of low SES;
- Farmers market nutrition assistance programs;
- Federal Nutrition incentives and health;
- Cooking and Nutrition Education and health.

**Evaluation and Recommendations**

Using the program evaluation as a baseline the literature review led to the following recommendations for adjustments to the program protocol:
- Improve patient recruitment by relaxing enrollment guidelines, include children or any that could benefit;
- Make clinic visits more flexible or more appropriate for participants schedules;
- Create new marketing materials;
- Incentivize healthy produce shopping at convenience stores, to diversify types of food venues to make shopping more convenient;
- Provide economic support for transportation costs to and from both the market and clinic visits;
- Create a more robust nutrition education and cooking program by focusing on cooking on a budget/one-pot cookbooks;
- Track the increase in home cooked meals and decrease in fast food purchases as an additional tool for program evaluation.

"I was always big on prescribing cheap prescriptions to my patients. I had never thought about prescribing food. My patients were not going to the farmers markets; they were buying the 4 for $4 at Wendy’s. I saw the endless cycle of health problems created by food and what my patients were eating... The Rx program completely changed the way I prescribed medicine. Now I prescribe food.” - FVRx Provider

**Evaluation and Program Evaluation**

While there was no appreciable change in weight or blood pressure, the average blood pressure for patients who completed follow up dropped from the hypertensive to normal range (p<0.05). Patients saw an increase of one serving of fruit and vegetable per week, which was determined to be statistically but not practically significant.

**Literature Review and Program Evaluation**

**Conclusion**

The FVRx saw marginal improvements in the health of its participants and moderate increases in the servings of fruits and vegetables consumed. Despite these small gains the FVRx is a feasible route to managing and eventually preventing chronic illnesses in disadvantaged populations. The combination of economic incentives and nutrition education is a good starting point to creating behavior change and incentivize healthy eating habits. As the program expands through the state of Georgia it will be important to see how results translate from urban to rural populations. Overall the FVRx is potentially an important health policy mechanism to halt the growth of chronic disease incidence while incentivizing a healthy diet for future generations.

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