

Eat your veggies: Writing 'produce prescriptions' could boost patients' health

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An apple a day may be just what the doctor ordered.

New research on "produce prescription" programs finds that when access to free fruits and vegetables is offered, recipients see measurable benefits in health and hunger.

"To me, this shows that there's a very strong proof of concept behind produce prescriptions and this should, I think, add to the growing momentum to continue to expand access to these programs, but in particular, to increase the quality and the robustness of the evaluations," said first author [Kurt Hager](#), who did the study as a doctoral student in nutrition science and policy at Tufts University in Boston. He is now an instructor at University of Massachusetts Chan Medical School.

The study, published Aug. 29 in [Circulation: Cardiovascular Quality and Outcomes](#), included people at risk for heart disease. Each received gift cards or vouchers for free produce at retail grocers or farmers markets.

When participants ate more fruits and vegetables as part of a produce prescription program, their [blood sugar](#) and [blood pressure](#) improved, the study found. Some also lost weight.

Food insecurity—lacking reliable access to enough [food](#)—can cause stress, anxiety and [poor diet](#), which all have a big impact on health, Hager said. Some people may decide to forgo good-quality food in order to pay for housing, utilities and medications.

Produce prescriptions aren't new, but they're not widespread.

The concept of "food as medicine" is catching on, however. At a White House conference last fall, partners discussed a policy proposal for eradicating hunger in the next 10 years in the United States.

"There's a big momentum at the moment, but it's really important to acknowledge that for the vast majority of Americans who could benefit,

these programs are not accessible to them at the current moment," Hager said.

For this study, researchers looked at about 1,800 children and nearly 2,100 adults who participated in a food prescription program operated by the nonprofit Wholesome Wave between 2014 and 2020. The data included 22 produce prescription sites across 12 U.S. states.

Participants attended nutrition classes and received a median \$63 per month to buy produce. (Half received more money, half received less.) Programs lasted four to 10 months.

"It remains possible some of the improvements we saw could be due to other changes, like changes in medication, perhaps more exercise, but we hope that our findings add to the momentum to continue to evaluate these programs with stronger research moving forward," Hager said.

Among other gains, adult participants increased their produce intake by nearly 1 cup per day. Children increased theirs by a quarter-cup per day.

Both measures of blood pressure improved. Systolic pressure—top number in a blood pressure reading and a measure of the pressure in your arteries when your heart beats—dropped more than 8 millimeters of mercury (mm Hg). Diastolic blood pressure, the pressure between heartbeats, decreased nearly 5 mm Hg among adults who had [high blood pressure](#) at the study's start.

Blood sugar, as measured by HbA1C levels, decreased by 0.29 to 0.58 percentage points among adults with diabetes.

Adults were 62% more likely and children were more than twice as likely to report better health status by the end of the program.

Participants were also one-third less likely to report food insecurity than before the program.

One limitation of the study is that researchers did not have data from people without a produce prescription for comparison.

"Poor dietary intake is an issue across income levels in the U.S. Dietary intake does tend to be slightly worse for those with lower incomes," Hager said. "And this makes sense if we think there's been research that shows that [healthy food](#) tends to be more expensive and [low-income families](#) are often making very challenging decisions between paying for food, for rent, for medications."

[Candice Myers](#), director of the Social Determinants and Health Disparities Lab at Pennington Biomedical Research Center in Louisiana, wrote [an editorial](#) that accompanied the findings.

"Produce is, obviously, important because the consumption of fruit and vegetables is key for a healthful diet and healthful diet is key for overall health," Myers said.

Produce prescription programs like those in the study ease financial strain, address food access and affordability, and allow individuals to incorporate fresh produce into their diet, she said.

"There are almost certainly clinicians who are actively engaged in their local communities and see how [food insecurity](#) impacts their patients," Myers said. "And so having buy-in from clinicians to have the knowledge and then connect patients to such resources as a produce prescription program is really important."

She said funding and evaluating programs might need buy-in from insurers and other organizations.

The programs studied were all short-term and funded by grants, Hager noted. Even if patients' health improved, there wasn't funding to continue.

"I think to scale these programs across the U.S. in a sustainable manner, especially if future research continues to show meaningful improvements in health outcomes, then there is an opportunity for federal health insurance programs like Medicare and Medicaid to begin covering the services," Hager said.

More information: The Center for American Progress has more on [food insecurity](#).

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