

Nutrition Incentives: Lessons and Opportunities to Improve Healthy Food Access

October 1, 2021 2:00 p.m. Eastern

Amy Yaroch of Gretchen Swanson Center for Nutrition

Erica Raml of Fair Food Network

Mini Kahlon of UT Austin Dell Medical School and
Factor Health

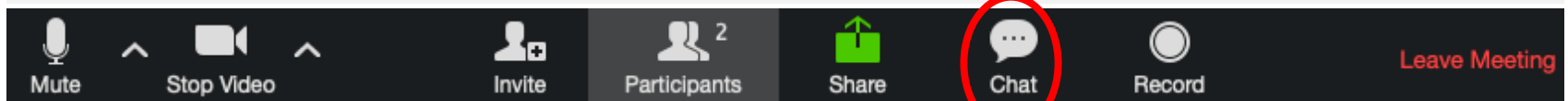
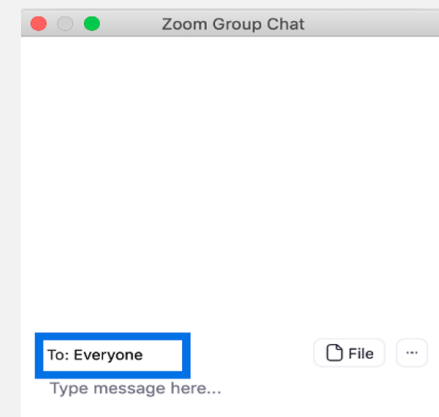
SUSTAINABLE AGRICULTURE & FOOD SYSTEMS FUNDERS



- Our call will be an hour long.
- The call is being recorded, and will be posted to our website, along with the slides and additional resources, in the next few days.
- All participant lines have been muted.

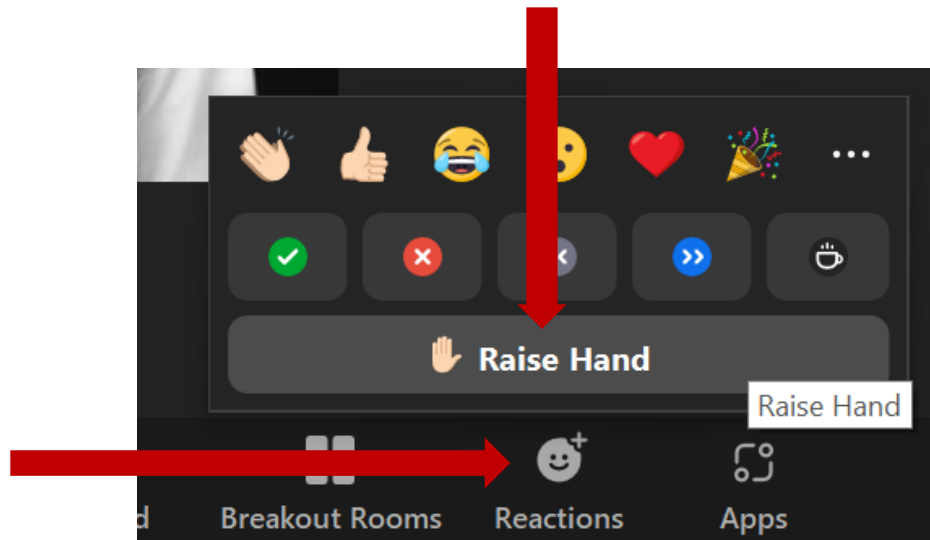
- Please use the chat button to ask a question to the presenters or technical support

You may choose a person from the drop-down list to send them a private chat



Raise Hand Feature

- 1) Click *Reactions* at the bottom of the screen.
- 2) Select *Raise Hand* at the bottom of the box.



If technical issues arise, message Priya Uppuluri in chat or email dchurchill@gih.org.



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GusNIP, Nutrition Incentives, and Shared Measures for Grantmakers in Health

Amy Yaroach, PhD

Project Director, GusNIP NTAE Center

Executive Director, Gretchen Swanson Center for Nutrition

Oct 1, 2021

The Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (NTAE) is supported by Gus Schumacher Nutrition Incentive Program grant no. 2019-70030-30415/project accession no. 1020863 from the USDA National Institute of Food and Agriculture.



Gretchen Swanson Center for Nutrition

- Primary focus is **measurement and evaluation** across the content areas of healthy eating/active living, food insecurity, health equity, and policy advocacy.
 - Lead the GusNIP NTAE and reporting and evaluation
 - National program evaluation for funders
 - Evaluation training and capacity building for grantees



Coalition of Partners: Nutrition Incentive Hub

Gretchen Swanson Center for Nutrition

- Leading the Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (NTAE)
- Leading reporting and evaluation
- Based in Omaha, Nebraska

Fair Food Network

- Leading technical assistance and fostering innovation
- Based in Michigan

USDA NIFA

GusNIP NTAE Center

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Ecology Center

Grocery Retail

National Grocers Association Foundation

Produce Prescription

Michigan Farmers Market Association

Legend Consulting

DEI, Local Sourcing, & Partnership Development

Michigan State University Center for Regional Food Systems

Corner Stores & Nutrition Education

The Food Trust

GusNIP Programs

Nutrition Incentive (SNAP Incentive)

Increase value of SNAP benefits at point of purchase often by providing “incentives” such as doubling the value of SNAP \$ when spent on fruits and vegetables

Produce Prescription (PPR)

Allow healthcare professionals to prescribe fruits and vegetables for patients experiencing food insecurity and often chronic disease condition (e.g., Type 2 diabetes)

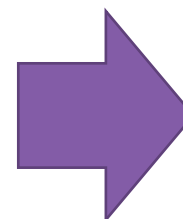


**What do we know so far about the
impact of nutrition incentive
programs on Americans' fruit and
vegetable intake?**

Impact on Dietary Intake – Nutrition/SNAP Incentive

SELECTED RESEARCH STUDIES

Title	Author(s) (Year)	Type
<i>Ladder for Growth: A National Network to Build Capacity and Test Innovative Strategies for Healthy Food Initiatives, Final Grant Report</i>	Karpyn A., et al. (2020)	RCT
<i>The Evaluation of Food Insecurity Nutrition Incentives (FINI) Interim Report</i>	Vericker, T., et al. (2019)	Matched control
<i>Multilevel Approaches to Increase Fruit and Vegetable Intake in Low-income Housing Communities: Final Results of the 'Live Well, Viva Bien' Cluster-randomized Trial</i>	Gans, K. M., et al. (2018)	Cluster RCT
<i>Financial incentives increase fruit and vegetable intake among Supplemental Nutrition Assistance Program Participants: A Randomized Controlled Trial of the USDA Healthy Incentives Pilot</i>	Olsho, L.E., et al. (2016)	RCT
<i>Effects of Subsidies and Prohibitions on Nutrition in a Food Benefit Program: A Randomized Clinical Trial</i>	Harnack, L., et al. (2016)	Factorial RCT

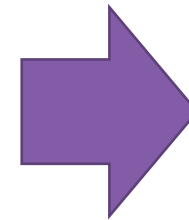


For 4 studies,
FV intake
increased from
1/5- 2/5 cups per
day

1 study (Vericker)
found no
significant
increases in FV
intake

Impact on Dietary Intake – Nutrition/SNAP Incentive REVIEWS

Title	Author(s) (Year)
<i>Fruit and Vegetable Incentive Programs for Supplemental Nutrition Assistance Program (SNAP) Participants: A Scoping Review of Program Structure</i>	Engel, K. & Ruder, E. (2020)
<i>Interventions Targeting Diet Quality of Supplemental Nutrition Assistance Program (SNAP) Participants: A Scoping Review</i>	Verghese, A., et al. (2019)
<i>Healthy Pricing Incentives</i> <i>**a subset of SNAP incentive sites</i>	Healthy Food America. (2019)



Nutrition/SNAP
incentive programs
show a modest
improvement in FV
intake

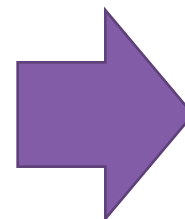


**What do we know so far about the
impact of nutrition incentive
programs on Americans' food
security?**

Impact on Food Security - Nutrition/SNAP Incentive

SELECTED RESEARCH STUDIES

Title	Author(s) (Year)	Type
<i>Double Up Food Bucks Participation is Associated with Increased Fruit and Vegetable Consumption and Food Security Among Low-Income Adults</i>	Durward, C. M., et al. (2019)	Pre-post
<i>Utilization of the California Nutrition Incentive Program Among CalFresh Shoppers and Its Association with Food Security Status (P04-010-19)</i>	Hewawitharana, S., et al. (2019)	Matched Control
<i>Reducing Food Insecurity and Improving Fruit and Vegetable Intake among Farmers' Market Incentive Program Participants</i>	Savoie-Roskos, M., et al. (2016)	Pre-post



Food security
scores
increased
among incentive
recipients

High-level Summary of Evidence

FV Intake

- ✓ Pricing strategies are associated with increased FV intake
- ⚠ Current evidence suggests nutrition incentives lead to moderate increases in FV intake
- ? Therefore, we need to understand the conditions that surround nutrition incentives that lead to increases in FV intake

Food Insecurity

- ⚠ Emerging evidence demonstrates a potential association between nutrition incentives and food security status
- ⚠ Research demonstrates that food insecurity is a multi-factorial, systemic condition and not a modifiable behavior like FV intake
- ? Therefore, we need to understand the conditions that surround nutrition incentives that lead to increases in food security

Reporting & Evaluation Helps Demonstrate Project Impact

- GusNIP NTAE Center was established to:
 - Develop a cohesive, robust, representative, and shared dataset to better understand the impact of financial incentives on FV intake across **all** GusNIP-funded projects.
 - Evaluate aggregate outcomes (e.g., FV purchasing and intake, food insecurity) across **all** GusNIP-funded projects.

Shared Measures: An Example

Multiple Screeners to Assess Fruit/Vegetable Intake

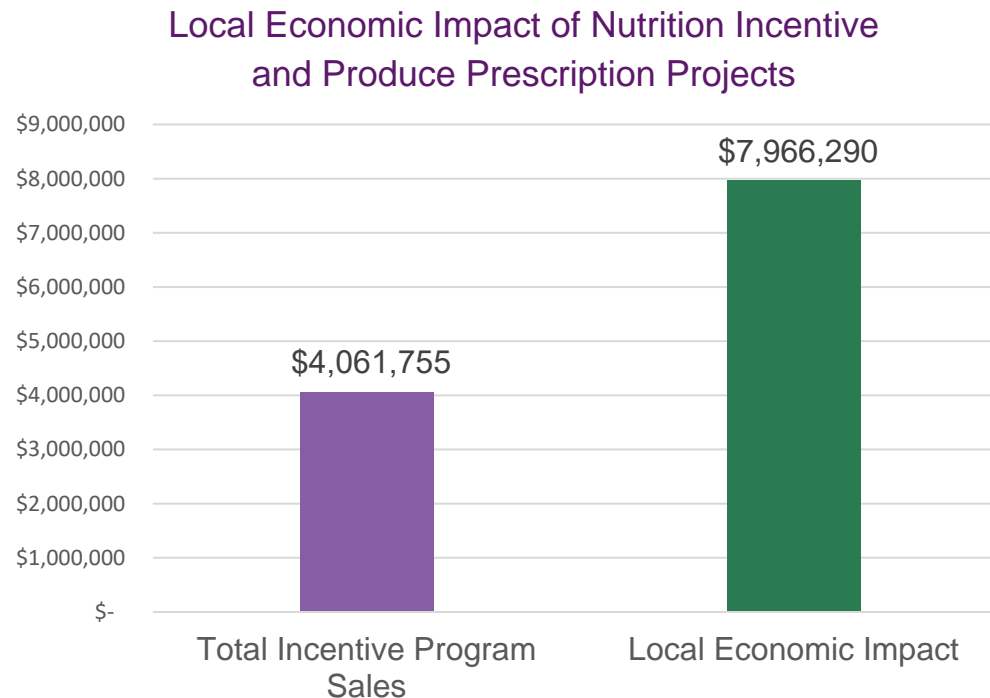
- 2-item
- 10-item
- 24-hour recall

Selecting a Screener

- Assess burden and feasibility
- Desired output (snapshot, cups vs. portion size)
- Validity of measures

The Power of Universal Tools to Collect Data

Economic Impact of GusNIP Projects in Year 1 (2019-2020)



A decorative vertical banner on the left side of the slide. It features a dark purple background with a repeating pattern of stylized fruit slices. The slices are arranged in a grid-like fashion, with each slice divided vertically. The colors of the slices include yellow, green, orange, and light green. The patterns within the slices include concentric circles, dots, and simple fruit shapes like lemons and kiwis.

**Interested in hearing more about GusNIP,
program evaluation, shared measures and/or
grantee capacity building? Please contact:**

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The History & Future of Nutrition Incentive Programs

Erica Christensen Raml

Director of Technical Assistance & Innovation

Fair Food Network

October 1, 2021

The Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (NTAE) is supported by Gus Schumacher Nutrition Incentive Program grant no. 2019-70030-30415/project accession no. 1020863 from the USDA National Institute of Food and Agriculture.



History of Incentive Programs

- Started to emerge in the late 2000s
- Philanthropic and municipal funding launched small pilot efforts
- 2007 – Crossroads Farmers Market – Takoma Park, MD
- 2009 – Double Up Food Bucks Program – Michigan

From HIP to FINI to GusNIP

HIP Pilot: 2008



- \$4.4M
- 30 cents on the dollar

FINI: 2014



- \$100M over 5 years
- Requires a 1:1 non-federal match

GusNIP: 2018



- \$250M budgeted over 5 years
- Requires a 1:1 non-federal match (for nutrition incentive programs)

The Field is Growing

FINI (2015-2018)

- \$86M*
- 114 projects**

*Avg. per year: \$21.4M

**Avg per year: 28.5 projects

GusNIP (2019)

- \$32.9M in grants for 22 projects
- Added Produce Prescription
- Created GusNIP NTAE Center (\$8.5M)
- Total 2019 funding: \$41.4M

GusNIP (2020)

- \$32.5M in grants for 30 projects
- Continued funding for GusNIP NTAE Center (\$8.5M)
- Total 2020 funding: \$41.0M

GusCRR: COVID Relief and Response

GusNIP COVID Relief and Response (GusCRR) funding will generally be directed to address critical food security needs of low-income communities, enhancing the resilience of food and healthcare systems enduring the pandemic, and maximize funds reaching participants in communities in need.

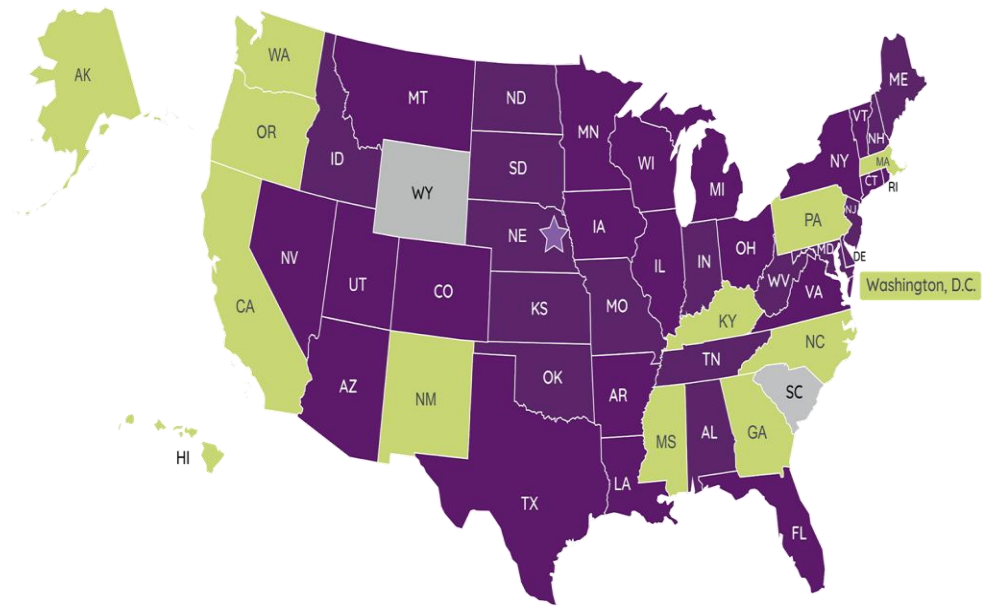
- \$69M in grants for 35 awards
- \$61.5M for 20 Nutrition Incentive projects
- \$7.5M for 15 Produce Prescription projections

Total Reach of FINI and GusNIP

Total (2015-2020)

- \$159M
- 167 projects
- 43 states funded
- 48 states with funded project activities

Total Reach of FINI/GusNIP 2015-2020



Nutrition Incentive Projects

Both Nutrition Incentive and Produce Prescription Projects



GusNIP NTAE CENTER

No FINI/GusNIP Funding/Reach

What's Next?

- More learning and opportunity for innovation
- Capacity building
- Authentic engagement of community and participants
- Technology



Contact

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Nutrition Incentives & the Health System

Maninder Kahlon, PhD

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Assoc Professor, Population Health
Director, Factor Health

Healthcare is
beginning to pay
attention to food as a
tool to improve health

Medicare Advantage/Medicaid Dual Special Needs Plan



A dual health plan could help you buy healthy food at no cost.

Posted: October 15, 2020

Last Updated Date: April 02, 2021

North Carolina Healthy Opportunities Pilot

Food	Frequency	Cost
Food and Nutrition Access Case Management Services	15 minute interaction	\$12.51
Evidence-Based Group Nutrition Class	One class	\$21.60
Diabetes Prevention Program	One program ⁴	<ul style="list-style-type: none">• Phase 1: \$264.12• Phase 2: \$99.04
Fruit and Vegetable Prescription	Cost-Based Reimbursement Up to A Cap	\$200 per month ⁵
Healthy Food Box (For Pick-Up)	One food box	<ul style="list-style-type: none">• Small box: \$85.04• Large box: \$136.06
Healthy Food Box (Delivered)	One food box	<ul style="list-style-type: none">• Small box: \$90.04• Large box: \$141.06
Healthy Meal (For Pick-Up)	One meal	\$4.14
Healthy Meal (Home Delivered)	One meal	\$4.87
Medically Tailored Home Delivered	One meal	\$5.05

Healthcare is beginning to pay attention to food as a tool to improve health

Thomas Kornfield et al., *Medicare Advantage Plans Offering Expanded Supplemental Benefits: A Look at Availability and Enrollment* (Commonwealth Fund, Feb. 2021). <https://doi.org/10.26099/345k-kc32>

MEDICARE ADVANTAGE PLANS OFFERING MEALS BENEFIT, BY DURATION AND NUMBER OF MEALS, SNP VS. NON-SNP, 2020

Duration of benefit	Percentage of non-SNPs offering benefit	Percentage of SNPs offering benefit
≤7 days	43%	28%
>7 to ≤14 days	16%	31%
>14 to ≤30 days	38%	32%
>30 to ≤60 days	3%	8%
60+ days	0%	2%
Total MA-PDs offering benefit	1,443	529
Percent of MA-PDs offering benefit	46%	61%
Number of meals	Percentage of non-SNPs offering benefit	Percentage of SNPs offering benefit
≤20 meals	45%	31%
>20 to ≤40 meals	37%	30%
>40 to ≤60 meals	5%	12%
>60 to ≤80 meals	1%	2%
>80 to ≤100 meals	11%	21%
100+ meals	0%	3%
Total MA-PDs offering benefit	1,443	529
Percent of MA-PDs offering benefit	46%	61%

Note: SNP = Special Needs Plan.

Evidence of impacts of nutrition and food on health conditions is at an early stage

1. At a macro level, answers are clearer:
 - E.g. associations of food insecurity and risk of chronic conditions
 - E.g. long-term benefits of diet on serious kidney disease
2. Modeling of incentive programs shows that uptake of rebates can improve health and is cost-effective with a societal, lifecourse view.

Evidence of impacts of nutrition and food on health conditions is at an early stage

2. At more specific levels, e.g. what, how much, for how long, for what condition, for what expected results, evidence still emerging.

E.g.s.

- Diabetic-friendly or otherwise medically-tailored meals reduce hospitalizations (~6 months) (Berkowitz)
- Produce beats Bicarbonate pills in short-term improvements in kidney damage as measured through albumin:creatinine ratios in urine. (1 month) (Goraya/Wesson)

Opportunities

- a. Structural/policy-driven issues re: wages, structural racism, neighborhood access & design, etc.
- b. When healthcare does pay, ensure we're positioned to get the best results—
 - Program design and elements matter – how initiatives are designed, either policy incentives or programmatic elements, sequence.
 - Contexts & who delivers programs matter. Maturing ecosystem that itself needs support.
- c. Design assessments to programs optimized for results – can we get more than 0.25-0.5 cups p day p person increase on produce? Can we reduce consumption of refined grains, by how much; what outcomes can be improved.

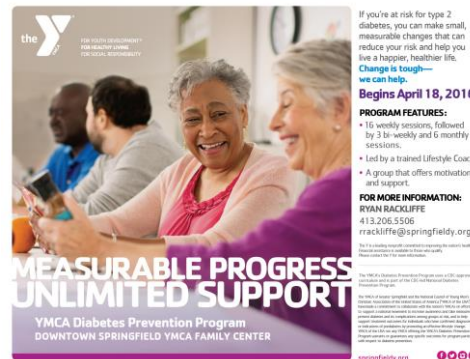
Eg. Program optimization if goal is health.

Double Up
Bucks at
Farmers
Market.



Some better
food
purchased;
some health
improved

Diabetes
Prevention
Program
(DPP) at
YMCA



Learned about
nutrition and
exercise; some
diabetes
prevented

Eg. Program optimization if goal is health.



DPP
+
Immediate
access to
financial
support &
produce

Person-centered not
industry/discipline-centered

Much better results on uptake;
thus health outcomes.

Many more

Produce prescription – evidence only just emerging on uptake and effects on specific conditions.

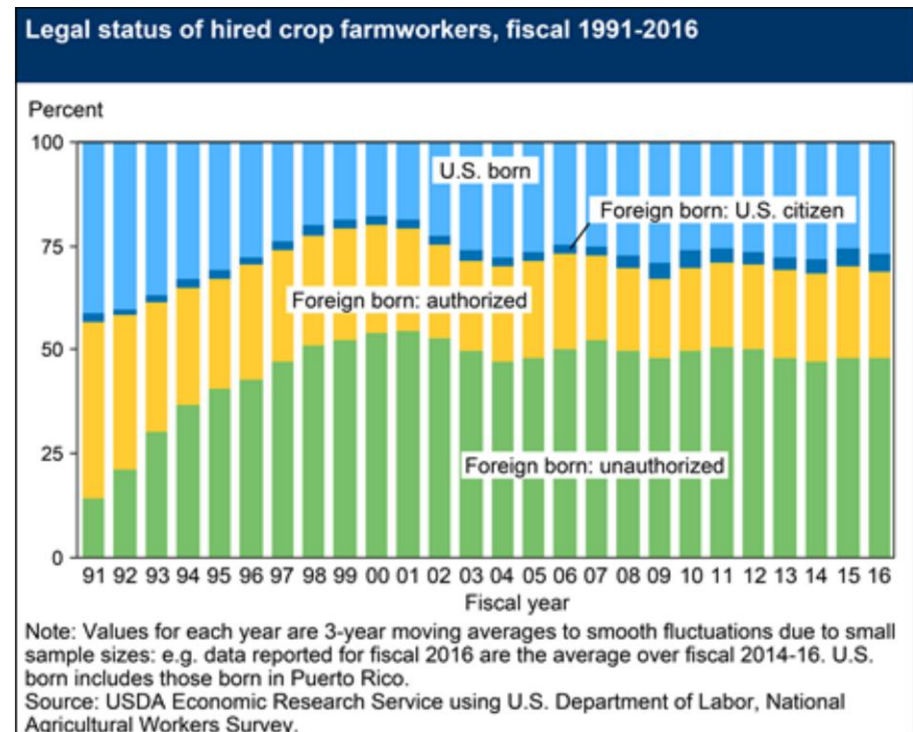
- When is this best delivered at a clinic (requiring people to come in)
- Where might it be centered otherwise; with who?

Food + Health: If we're wildly successful

Produce & healthy food purchasing will increase, either by individuals (covered by healthcare) or by institutions (clinics and hospitals)

Food for health; but what about health for those in the food system?

Growing Food

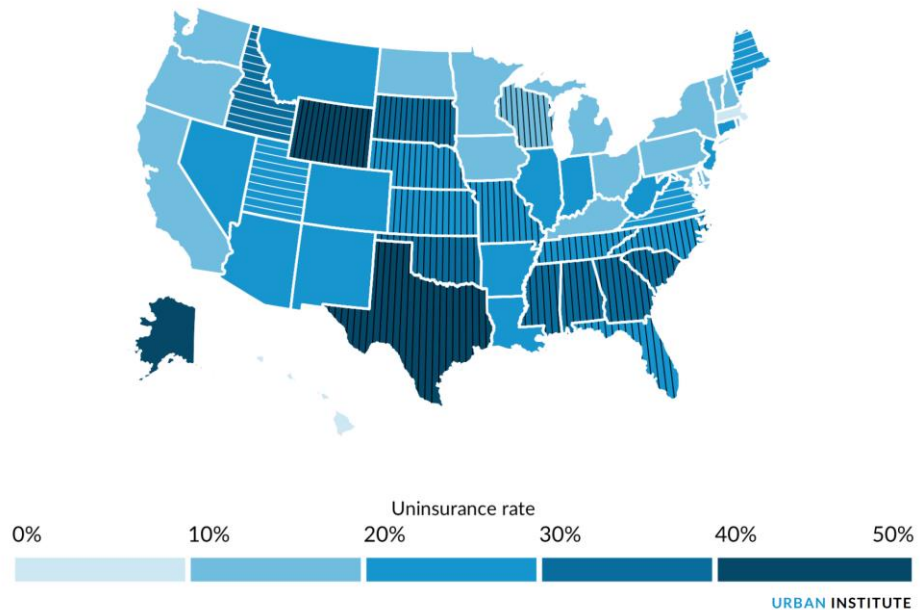


Food for health; but what about health for those in the food system?

Food Service & Prep

FIGURE 1

Uninsurance Rate of Food Service and Preparation Workers by State, 2017



Source: 2017 American Community Survey.

Notes: Sample excludes workers under age 19 and public/government workers. Medicaid expansion states are shown as solid colors (32 states); nonexpansion states are shown with black vertical stripes (15 states). States that expanded Medicaid after 2017 are shown with white horizontal stripes (4 states).

Food for health; when healthcare purchases more food, what will happen to the health of food workers?

Without deliberate intervention, competitive pressures focused only on price per food unit will push wages and benefits down.

Levers/Ideas

1. Leverage the mission of healthcare
2. Learn from movements in the food system
3. Frame Concerns About Costs In The Context Of Health Care's Fundamental Challenges
4. Leverage Current Trends In Improving How We Pay For Health Care
5. Set Standards In Early Research And Its Funding

•“To Bring Food Into Health, We Must Bring Health To The Food System, ”
Health Affairs Blog, September 27, 2021.DOI:
[10.1377/hblog20210921.715421](https://doi.org/10.1377/hblog20210921.715421)

Not Easy



Thank you! & Questions

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Factor Health
Real. Life. Health.



The University of Texas at Austin
Dell Medical School

Questions, Answers, & Discussion