

VEGGIE Rx: CAPTURING PARTICIPANT OUTCOMES

In November and December 2015, the Center for Outcomes Research and Education (CORE) and The Next Door partnered to conduct a community-based participatory evaluation of the Veggie Rx program. We conducted 6 focus groups — 3 in Spanish and 3 in English — using the Photovoice methodology.

Our goal was to collect early input from participants about the program's impact on food access and overall health.

THE POWER OF PHOTOVOICE

Traditional focus groups ask participants the questions that we as *researchers* think are important.

In Photovoice focus groups, we give participants cameras and then ask them to tell us what *they* think is important.

What does that mean for these results? We think they are stronger. For instance, we didn't ask participants to tell us about the impact that Veggie Rx had on their mental health. They made that connection — and volunteered their stories — on their own.

Impact on Diet and Nutrition

Participants told us that the Veggie Rx program had **reduced food insecurity** by increasing their grocery budget. This increase enabled them to purchase the healthy foods they *already wanted*. Participants told us they were **eating more fresh fruit and vegetables** as a result of the program. And — according to their parents — children were eating more fresh produce as well.

Before learning about Veggie Rx, respondents said that they had wanted to eat fresh produce but at times had not been able to afford to do so. They also told us that they did not usually attend farmers' markets. The primary barrier to access to fresh fruits and vegetables was affordability; the **vouchers made fresh produce affordable** and thereby improved access.

The majority of focus group attendees were mothers. A dominant theme throughout the focus group was that the extra money for produce had translated to increased fruit and vegetable consumption for children. **Mothers were relieved that they could afford healthy food for their kids**. They experienced the impact themselves, too: one said, "I'm setting an example for my kids."

STORIES

"I'm eating fresh, not processed. I crave the nutrition."

"I used to avoid the veggie aisle because I couldn't afford it; now it's where we meet!"

"We hadn't had healthy food in a while. I was like a kid in a candy store."

"My son got to try a fresh peach for the first time. His eyes got so big — peaches are fuzzy, you know. It's such a privilege to be there with a person when they try something for the first time."



Impact on Physical Health

Many participants were either diabetic themselves or cared for someone who was. These participants knew that they needed to eat more fresh produce, but they had trouble affording healthy food. Diabetes was discussed with anxiety, and was seen as an invisible, uncontrollable threat. Knowing that diet matters, knowing that uncontrolled diabetes could lead to complications or death — and then knowing that they couldn't afford to eat right — participants worried about the inevitable consequences of their food choices.

The vegetables they bought with the vouchers put them at ease, and made them feel some control over a frightening disease.

Several participants — especially in the Spanish-speaking cohort — discussed how the **added fruits and vegetables had resulted in improved weight control**. One participant said that she could eat smaller portions when the food was higher-quality. One mother told us that her son's weight stabilized after she replaced processed food with fresh fruits and vegetables.

Additionally, participants reported better general health once they added more fresh produce to their diet. **"My flu ended sooner,"** said one. Another said, **"my kid went back to school quicker."** Ultimately, participants thought of healthy food as a critical component to long-term health.

Impact on Mental Health

The Veggie Rx program had an impact on mental health in two ways. First, **improved food security** — both having more to eat and having better food to eat — directly reduced anxiety and stress. Second, participants suggested that the **increased nutritional value** of food reduced symptoms of mental illness such as anxiety or ADHD.

Participants felt intense shame at not being able to provide for friends and family. Stigmatization compounded that shame and added a sense of injustice. They feared the health consequences of poor nutrition for their family. **Vouchers alleviated many of these stressors.** Adequate access to food allowed participants to relax and enjoy recreation or playing with children. "My kids are free to just be kids," said one participant.

Participants said that they "feel better" when they eat well. One told us that her headaches were gone, and another told us that she had more energy. Others expressed improved sleep habits and moods. One mother told us that her son has been diagnosed with ADHD, and that improved diet had controlled his symptoms. Another mother said that too many cookies gave her child anxiety, and healthier food allowed him to relax.

STORIES

"My child cries when the fridge is empty. My son doesn't like meat, and we don't get enough vegetables. Recently he was diagnosed with anemia. He doesn't like meat! I don't know what to give him. He looks at the refrigerator and cries. It's a lot of stress for me. The vouchers help with this."

"I'm diabetic. I don't get what I'm supposed to eat because it doesn't last. I know I'm not supposed to eat so much pasta or rice. But rice barely costs anything, and it's filling. Did you know you can put pasta sauce on spaghetti squash and it tastes the same? Can't tell the difference. For the first time in my life, I'm eating healthy."



Economic Impacts

Participants identified two kinds of economic impacts that could be associated with the Veggie Rx program. First, they are spending new money — that is, money they wouldn't have otherwise — on fruits and vegetables. This **new spending benefits local farmers and shopkeepers**. Second, the availability of money for food has an impact on family finances: when they needed to, participants could reallocate spending to cover a car repair or school supplies.

The relationship between economic health and physical health was important to both cohorts, but especially so in the Spanish-speaking cohort. There, **“economic health” was listed alongside physical health in a definition of holistic health**, and participants stressed how it was directly related to safety and financial security. “I have less stress,” said one participant, “because I’m *safe* now with Veggie Rx.”

While not explicitly discussed in focus groups, additional economic impacts are implied. First, **improved mental health and physical health could theoretically translate to reduced health care costs**. Second, improved health and reduced stress, fear, and anxiety could translate to increased self-efficacy, productivity in the workplace, time spent in career development, time spent parenting, or days in school. These, too, could have wide-ranging impacts on the regional economy.

Focus group participants were bright, social, and funny. They were full of creativity, resourcefulness, and insight. Many worked hard at low-wage jobs, and struggled to get the hours they needed to make a sufficient income. Rather than the spectral archetype of the “freerider,” participants acted more like innovative entrepreneurs-to-be. Low-income residents may possess immense latent power for community change. **When they no longer wrestle with chronic food insecurity— then what will they accomplish?**

OTHER FINDINGS. Focus groups included participants who had not used their vouchers, as well as participants who had ideas about how the program could be improved. Some said that the screening process was uncomfortable, and others said that they didn't know where to use the vouchers. We documented suggestions for program refinement carefully, and delivered a series of 12 programmatic recommendations to Gorge Grown to guide future design.

LIMITATIONS. Study participants self-selected into the evaluation, so conclusions may not represent certain groups. Those who did not use the vouchers were underrepresented in our study sample, impairing our ability to draw conclusions about barriers to use. We sought to limit the influence of investigator bias by requiring consensus on all findings and by getting feedback on findings from researchers not involved in the focus groups.



THE TAKEAWAY

Participants in the VeggieRx focus groups were eager to share how they used the vouchers, what they cooked, and how things changed for their family as a result.

They told us that they were eating more fresh produce, and that family members of all ages were consuming more fruits and vegetables.

They told us that they were losing weight, that they felt better, and that they were experiencing less stress and anxiety.

These pilot data suggest that future evaluation activities should track outcomes related to nutritional intake, physical health, mental health, and family finances.

For questions about Veggie Rx, contact Sarah Sullivan at Sullivan@gorgegrown.com.

For questions about Photovoice, contact Natalie Royal at Natalie.Royal@providence.org.