



Food is Medicine Guide Book

A Resource for Expanding Produce Prescription and
Voucher Incentive Programs in Illinois





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This guide was published in January 2026 by Illinois Public Health Institute. Contributing authors are listed below:

Kathryn Bernstein, MPH, RDN
Courtney Clay, MPH
Trevor Johnson, MPH
Jess Lynch, MCP, MPH
Shahana Rashid, MPH
Janna Simon, MPH

- [University of Illinois: SNAP-ED](#)
- [Jackson County Health Department](#)
- [Southern Seven Health Department](#)
- [Illinois Primary Health Care Association](#)
- [Cook County Department of Public Health](#)
- [The Veggie Rx Program and Windy City Harvest at Chicago Botanic Gardens](#)
- [Food Works of Southern Illinois](#)
- [Feeding Illinois](#)
- [Illinois Farmers Market Association](#)
- [Illinois Department of Public Health](#)
- [Experimental Station](#)
- [Dr. Saria Lofton, PhD, RN, University of Illinois Chicago](#)
- [Illinois Department of Human Services](#)
- [Adams County Health Department](#)
- [Indiana Department of Health](#)
- [AgeOptions](#)
- [AgeGuide Northeastern Illinois](#)
- [Illinois State Nutrition Action Council](#)
- [Tazewell County Health Department Healthy and the Eating Active Living Food Systems Partners](#)
- [East Side Health District](#)
- [Illinois Alliance to Promote Opportunities for Health](#)
- [Alliance for Health Equity](#)

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Foreword

IPHI Coalitions & ISPAN

[Illinois Public Health Institute](#) is a trusted convener and problem-solver, working hand-in-hand with changemakers to advance health justice in our state and beyond. Illinois Public Health Institute builds coalitions and leads initiatives that ensure that people in communities across Illinois have the food they need to nourish their bodies, souls, and communities. Through initiatives like Food is Medicine, our organization brings partners together to design, implement, and scale programs that support improved health outcomes and resilient local food economies.

The [Alliance for Health Equity](#) and the [Illinois Alliance to Promote Opportunities for Health](#), are coalitions convened by Illinois Public Health Institute.

The Illinois Alliance to Promote Opportunities for Health envisions an Illinois in which our collective efforts, representative of all cultures, lead to policies, systems, and practices that enable equitable access to nourishing food, opportunities to engage in safe and enjoyable physical activity, and support for optimal health and well-being.

The Alliance for Health Equity envisions improved health equity, wellness, and quality of life across all of Cook County, Illinois.

The [Illinois State Physical Activity and Nutrition](#) program is a [Centers for Disease Control and Prevention](#)-funded initiative led by the Illinois Public Health Institute in partnership with the Illinois Department of Public Health and other local health departments in two regions of the state. It is implemented in coordination with the Alliance for Health Equity and the Illinois Alliance to Promote Opportunities for Health. The Illinois State Physical Activity and Nutrition program works to establish and strengthen state and regional systems and policies to increase access to nourishing foods, opportunities for physical activity, equitable lactation support, and nutrition/physical activity standards in early care and education.



A Note from IPHI

This project centers around one deeply held belief: **food is essential**. [Food can be medicine](#) – not metaphorically, not as an aspiration, but in the most practical and tangible sense: it’s what sustains us. Nutritious foods are essential to preventing and managing certain chronic conditions (e.g., heart disease, certain cancers, diabetes, renal disease), and the everyday well-being of every person. However, when we say, “Food is medicine,” we concurrently recognize that food is more than a form of sustenance that could be reduced to descriptors of solely fuel or prescription.

Food is medicine, but it’s also culture, memory, and connection. Food roots us in the land that sustains us; it gathers around the tables that build family and community; it offers comfort and joy that nourishes the physical, social, and emotional foundations of our lives. Naming that food is medicine expands the way that we think about the potential for accessing nutritious foods as a fundamental component for guiding, maintaining, and improving health. By broadening the way that we envision the role of food as medicine, a tool for promoting health, we harness the power to expand access to these foods through intentional, meaningful steps.

By investing in food as a core part of health care, we’re not only improving health and saving money now; we’re building a sustainable model that can shift long-term health outcomes for communities and generations to come.

[Food is Medicine](#) programs - like those outlined in the [Food is Medicine Pyramid](#) - have demonstrated the ability to improve chronic conditions such as hypertension and diabetes, while simultaneously preventing conditions that arise from food and nutrition insecurity.

These interventions don’t just improve individual health; they help support the management of chronic conditions and prevent complications, while also lowering the risk of diet-related illnesses over time. [These improvements reduce hospitalizations and offer millions in potential savings annually for healthcare systems and insurers.](#)

Throughout this resource, you’ll find programs that are doing just that—helping people access the foods they need to manage health conditions, nourish their families, and live well. You’ll find definitions, and best practice guidelines that show how food, when thoughtfully integrated into care, can change lives. You’ll see the success of real-life individuals working every day to bring care back to its most essential ingredients because we believe in one simple notion: Food is Medicine. It’s a statement—but in this document and across Illinois, it’s not just a statement. It’s a program, a collective, a movement, and we warmly and enthusiastically invite you to be part of it.

Thank you for joining us.

The IPHI Team

Illinois Public Health Institute
info@iphionline.org
312-850-4744





Purpose

This resource is designed to support healthcare and community-based practitioners who are planning to launch or expand Produce Prescription (PRx) and Voucher Incentive programs. These programs are core components of the broader Food is Medicine approach, which uses access to nutritious foods as a tool to prevent, manage, and treat chronic conditions such as diabetes and hypertension.

[Expanding PRx and Voucher Incentive programs is a proven, population-level strategy](#) to improve health outcomes, reduce food and nutrition insecurity, and increase quality of life—especially in later years. These interventions can lead to significant cost savings for both healthcare systems and the individuals they serve by reducing hospitalizations and improving overall health.

To support this work, the guide includes three sections:

1. Key terms and foundational concepts
2. Best practice recommendations and the evidence and process used to develop them
3. Real-world case studies showing how these recommendations have been applied and the results

Together, these sections offer practical tools to design, improve, and advocate for programs that center nutritious food as a fundamental component of holistic healthcare.



I. Key Concepts

Understanding the Basics

Key Terms

A Note on Terminology

The language used to describe Food is Medicine initiatives is not always clear or concise. Different organizations, partners, and communities may use the same terms in slightly different ways or use different terms to describe similar concepts.

The definitions that follow are meant to clarify the terms used throughout this document, rather than set universal standards for how they should be used elsewhere. Ultimately, what matters most is not the specific words used to describe the programs, but the shared recognition that this work – however it may be labeled – plays a vital role in advancing Food is Medicine.

Key concepts are identified from the Illinois Medicaid 1115 Waiver Extension to help programs plan for alignment with this statewide opportunity. Waivers are designed to allow states to pilot innovative and cost-neutral improvements or programs. Please see the [Illinois Department of Healthcare and Family Services](#) website for the full and up-to-date descriptions of nutrition benefits.

For more information on key terms and additional details, including referral, assessment, and nutrition medical tailoring, please see [Food is Medicine Program Definitions and Standards developed by Food is Medicine Massachusetts](#).



Key Terms

[Food is Medicine](#): in practice, a spectrum of programs and services that provide individuals with foods that support health

Examples of Food is Medicine programs include food assistance, vouchers or prescriptions for food, or medically tailored meals or groceries – all components of the healthcare system that bridge the critical link between health and nutrition.

[Produce Prescription \(PRx\)](#): a clinical treatment tool that enables healthcare providers to prescribe fruits and vegetables for patients experiencing chronic diseases or malnourishment.

The prescription is converted into a paper or electronic voucher that can be redeemed for fresh produce at participating locations such as local farmers' markets, food pantries, online grocers, or mobile markets.

These prescriptions are issued just like medications, affirming that access to nutritious food is a critical part of a patient's treatment plan. In many cases, PRx programs are additionally paired with nutrition education to further support sustained dietary change and improve clinical health outcomes.

A defining feature of a PRx Program is that PRx Programs are integrated into the healthcare process. They often accompany medical visits or check-ups and are specifically designed with the goal of improving health outcomes.

Key Terms (Continued)



Medically Tailored Meals: programs that offer as many as all of the participants' meals and snacks, depending on the person's needs and the structure of the program

These meals are designed for individuals who are unable to shop for or cook meals independently. They are fully prepared and provided in accordance with the nutrition care plan for the individual's diagnosis by a Registered Dietitian Nutritionist.

Delivery of the meals, if available, is included. People are typically referred to Medically Tailored Meals programs by a healthcare provider or health plan. This category aligns with the medically tailored meal layer of the Food is Medicine pyramid.

Home-Delivered Meals: prepared foods, meal kits, or restaurant meals, providing up to three meals a day

This service may consider household size and be administered via a voucher or prepaid card. An individual may pick up food from a vendor, or have it delivered if a delivery option exists.

All meals must adhere to evidence-based nutrition guidelines, comply with food safety standards, be person-centered and culturally appropriate, and be individualized to one's dietary needs and preferences. Home-delivered meals would be considered medically tailored meals.

Medically Tailored Food Packages: a selection of meal ingredients carefully selected by a Registered Dietitian Nutritionist or other qualified nutrition professional

These packages are referred by a healthcare provider or health plan and are tailored to the recipient's unique dietary needs that relate to their specific medical condition.

In contrast to Medically Tailored Meals, Medically Tailored Food Package recipients are typically able to shop, pick up food, and prepare meals at home independently.

Pantry Stocking/Grocery Provisions: refrigerated items, enough for up to three meals daily

Individuals can select a variety of foods to support better nutrition. They have the option to pick up their food from the vendor or receive delivery if available. The service considers household size and may be administered via a voucher or prepaid card.

All items must adhere to evidence-based nutrition guidelines, comply with food safety standards, be person-centered and culturally appropriate, and tailor to individual dietary needs and preferences. Pantry stocking/grocery provisions are considered a medically tailored food package.

Medically Tailored Groceries: groceries prescribed by a clinician or qualified staff, such as a registered dietitian, and based on an assessment and a medically appropriate nutrition care plan or diagnosis

Key Terms (Continued)

Medically Tailored Groceries (Continued):

These groceries can cover up to three meals per day and are available via pick up or delivery from a food vendor. Medically tailored groceries are considered medically tailored food packages.

Nutritious Food Referrals: funds for free or discounted nutritious foods

Individuals are referred by a healthcare provider or health plan after being identified as having, or being at risk for, a medical condition that can be impacted by their diet - such as diabetes, high blood pressure, or heart disease.

Nutrition Prescriptions: food prescriptions tailored to health risks, specific nutrition-sensitive conditions, and proven outcome improvements.

Filling these prescriptions may involve providing fruit and vegetable vouchers, protein boxes, lean proteins, or whole grains. Nutrition prescriptions are Nutritious Food Referrals.

Voucher Incentive: programs that provide people with financial support –often as cash or coupons–to help them access nourishing foods while shopping for groceries. The way vouchers and incentives work can vary depending on the program.



Voucher Incentive (Continued): Voucher Incentives are often redeemed for fresh produce at places like farmers' markets, grocery stores, mobile markets, food pantries, or directly from the farm through community-supported agriculture (CSA) programs. Some examples of voucher incentive programs you may already know include the [Women, Infants, and Children \(WIC\) Program](#), [Senior Farmers Market Nutrition Programs](#), and [LINK Match](#).

A defining feature of Voucher Incentive Programs is that they are *not necessarily* tied to healthcare services. While they may *sometimes* be connected to health initiatives and *can contribute* to improved health outcomes, the primary aim of a Voucher Incentive program is to support consumer purchasing power.

Community-Level Healthy Food Programs: programs that provide nutritious foods to groups of people who currently have—or are at increased risk for—chronic conditions linked to food insecurity

These programs are designed in partnership with healthcare providers, payers, or nutrition professionals, who may support with referrals, screenings, or program design and evaluation.

These programs can take many forms, including nutrition incentives at grocery stores or farmers' markets, community-supported agriculture (CSA) programs, produce boxes, mobile or free food markets, delivered or congregate meals, and community or home gardens.

II. Best Practices

Designing with Evidence



Best Practices

The Development Process

Conducting the Landscape Scan

As part of the CDC's State Physical Activity and Nutrition cooperative agreement, Illinois Public Health Institute conducted a landscape scan in 2024 to better understand the Illinois produce prescription and voucher incentive environment. This first-year effort combined a review of existing data with interviews from state and local partners, provided both a broad picture and on-the-ground perspectives. From this process, Illinois Public Health Institute identified emerging best practice recommendations to guide the expansion of existing programs, as well as regions where future efforts could have the greatest impact beyond the anticipated conclusion of the Illinois State Physical Activity and Nutrition program in 2028.

The State Physical Activity and Nutrition regional and statewide assessments drew on the same core data sources, including the [Division of Nutrition, Physical Activity, Nutrition, and Obesity \(DNPAO\) Data Trends and Maps: Fruit and Vegetables](#), [Feeding America's Map the Meal Gap](#), [U.S. Department of Agriculture \(USDA\) resources](#), and the [American Community Survey](#).



Sharing the Results

The best practice recommendations that emerged from this process are outlined in the next section, with accompanying case studies—stellar community examples that bring these strategies to life—highlighted in [Section III](#).

A Support Partner:

As you explore and implement these strategies, we encourage you to stay connected with us. The team at Illinois Public Health Institute serves as a trusted partner to help you navigate this process, answer questions as they arise, and provide guidance every step of the way. By working together, we can help ensure these strategies translate into stronger, more sustainable programs that improve health outcomes and build equity across communities. We welcome your questions and feedback, and we're excited to support you in starting or expanding your programs and bringing these practices to fruition in your community.

Emerging Best Practice Recommendations

Topic Area	Emerging Best Practice Recommendations for Food is Medicine Programs
Connecting to Existing Resources	<p>1. Tap into Funding Sources: Use funding sources, including Medicaid 1115 Waivers, to support your program.</p> <p>2. Connect with Local Assets: Partner with local resources like food banks and pantries, and local food producers, to strengthen your program.</p>
Tailor Programs to Your Community	<p>3. Engage Intended Program Audiences: Involve the people you serve in program design to ensure cultural relevance and community fit.</p> <p>4. Establish Procurement Connections: Build relationships with local farmers and food producers.</p> <p>5. Tailor Communications: Make communication clear, accessible, and tailored to your audience.</p> <p>6. Include Support and Education: Offer support to help participants prepare, store, cook, and manage their food.</p>
Plan with Accessibility in Mind	<p>7. Bridge Gaps in Transportation: Identify and address transportation barriers that could limit participation.</p> <p>8. Co-locate Issuance and Redemption: Distribute prescriptions or vouchers in the same place where food can be picked up, when possible.</p>

Best Practice Recommendations

1.

Tap into Funding Sources:

Use available funding, including Medicaid reimbursement, if it's available, to support your program.



Overview

To expand and sustain Food is Medicine programs effectively, it is critical to strategically tap into funding streams that support your program's goals, capacity, and long-term sustainability. The current funding environment of Food is Medicine includes diverse and braided funding from institutional, philanthropic, and government funding streams. Some programs also sustain operations through relationships with local grocery stores or produce distributors. In Illinois, the Medicaid 1115 waiver extension for Health-Related Social Needs nutrition benefits are anticipated to provide additional opportunities to support the establishment and expansion of Food is Medicine programs.

Guidance

The following best practice recommendations are intended to support programs in exploring financial sustainability and identifying potential funding opportunities:

- 1. Coordinate and Collaborate Across a Spectrum of Partners:** The 1115 waiver implementation should leverage thoughtful engagement of healthcare systems, community-based providers (including growers, producers and vendors, and emergency food system providers), and potential beneficiaries. By working together from the outset, these partners can best inform approaches to build implementation infrastructure and roll out benefits in a coordinated and sustainable way.
- 2. Create Partnerships with Local Food Systems:** Local food systems can provide fresh and nutrient-dense produce, shelf-stable food items, and prepared meals. They are a critical component of a successful Food is Medicine program. Providing food purchased from historically disadvantaged farmers, producers, and vendors also creates investments in local communities and builds food system resiliency. Ample reimbursement rates must also be offered if these partners are to be equitably engaged in work with the State and managed care organizations.

Best Practice Recommendations

1.

Tap into Funding Sources: Continued



Guidance

3. **Leverage Internal Expertise:** Establish relationships with your organization’s fundraising or public outreach departments to identify and coordinate multiple funding streams.
4. **Balance Short-and-Long-Term Needs:** Align immediate program funding with strategic, ongoing sources, such as Medicaid benefits.
5. **Collaborate for Greater Impact:** Coordinate with partner organizations to jointly apply for larger grants and cooperatively engage funders.

Stay informed:

- Keep up to date on funding opportunities and resources by regularly visiting the Illinois Department of Healthcare and Family Services. [Sign up for special alerts about the Medicaid 1115 Healthcare Transformation Waiver](#) and [Provider Notices](#) (click the ‘Waiver’ box to receive the notices).

Best Practice Recommendations

2.

Connect with Local Assets

Partner with local resources like food banks and pantries to strengthen your program.



Overview

Every community has neighbors supporting neighbors through formal and informal channels. While partnering with Supplemental Nutrition Assistance Program, Women, Infants and Children (WIC), and Senior Farmers Market Nutrition Programs agencies is one important avenue, collaboration with other local assets—such as community champions, food banks, food pantries, grocery stores, and other nutrition or hunger-focused organizations—can help your program achieve the other best practice recommendations outlined in this resource.

Guidance

To make the most of local assets, consider the following strategies:

- 1. Conduct Asset Mapping:** Identify community resources and existing information sources, such as Community Health Needs Assessments, to understand the local landscape. Your local health department may already have a community asset map through the development of their [Community Health Needs Assessment](#), a process by which an institution solicits community input through data collection and assessment. The results are often used to tailor programs to local communities.
- 2. Engage After Assessments:** After mapping partners and the broader environment, connect directly with those partners to explore how your program goals align with theirs.
- 3. Coordinate with Voucher Programs:** Work closely with local agencies distributing Women, Infants and children (WIC), and Senior Farmers Market Nutrition Programs vouchers, as well as the venues where these vouchers are redeemed, to strengthen program reach and impact.

Best Practice Recommendations

3.

Engage Intended Program Audiences:

Involve the people you serve in program design to ensure cultural relevance and community fit.



Overview

Recognizing and respecting participants' cultural and religious food needs and preferences is essential for creating Food is Medicine programs that are both relevant and effective. Offering religiously and culturally appropriate foods, such as Halal meals or foods that align with a specific regional cuisine, can meet the needs of specific populations while often benefiting other participants as well. For example, local farmers and producers also benefit by selling into supply chains that reflect their own dietary traditions and preferences. This approach overlaps with broader community engagement efforts and can be an important outcome of sustainability initiatives. It is important to note, however, that culturally appropriate foods can vary widely across different subsets of your program's audience.

Food is Medicine programs thrive when participants are actively involved in program design. Incorporating input from the intended audience increases engagement, strengthens trust, and ultimately improves health outcomes. While historic barriers may exist between healthcare organizations and the communities they serve, authentic engagement helps reestablish trust and encourages healthy behavior.

Guidance

These recommendations highlight ways to foster cultural responsiveness and center participant voices in program design:

1. **Compensate Participation:** Offer compensation for participants' time and input during engagement activities or data collection.
2. **Include Participants from the Start:** Engage the intended audience from the beginning of program planning and respect their expertise.
3. **Identify Community Champions:** Collaborate with individuals well-connected to your focus population to facilitate effective engagement.

Best Practice Recommendations

3.

Engage Intended Program Audiences: Continued



Guidance

4. **Collect Ongoing Feedback:** Use surveys, focus groups, listening sessions, or a community advisory board to inform program design, implementation, and improvement.
5. **Engage Relevant Producers:** Work with farmers who already grow culturally relevant produce and support other producers to take advantage of these market opportunities.
6. **Provide Culturally Relevant Food and Education:** The diverse population of Illinois encompasses a multitude of cultural backgrounds, each with unique dietary preferences and traditions. Recognizing and respecting these cultural nuances through tailored programming ensures that interventions are not only relevant but also effective for all participants.

Demonstration

The East Side Health District demonstrated in two case studies how participant-centered engagement and culturally informed program design can enhance program participation and effectiveness. The first study evaluated [Community Engagement Limitations of the Women, Infants, and Children \(WIC\) Farmers Market Coupon Program](#), while the second showcased [Tailored Program Interventions to Improve Redemption Rates of WIC Farmers Market Nutrition Program Coupons](#).

Both highlight the value of listening to program participants, incorporating their feedback, and tailoring interventions to meet the needs of the communities served. Read the [full case studies](#) or the accompanying descriptions in [Section III: Case Studies – Seeing Success](#).

Best Practice Recommendations

4.

Establish Procurement Connections:

Build relationships with local farmers and food producers.



Overview

At the foundation of every Food is Medicine program are the farmers and producers who grow and supply fresh fruits, vegetables, and other nutrient-dense foods. Building fruitful relationships with these producers isn't just about buying food - it's about creating reliable, ongoing connections that make it easier to source high-quality products when they are needed.

Guidance

To support and sustain relationships with food producers, we recommend implementing the following practical strategies:

- 1. Facilitate Direct Engagement:** Partner with organizations that have a close relationship with suppliers or consumers through site visits, phone calls, or simple paper forms. Because health systems often do not have the capacity for one-on-one engagement, supporting those that do will reinforce continuous improvement of your program.
- 2. Schedule Regular Check-ins:** Reach out to vendors occasionally, even outside of formal business, to show investment in the relationship.
- 3. Tailor Communications Outreach:** Develop clear, accessible materials to attract and inform producers and vendors.
- 4. Create Shared Spaces:** Attend conferences, webinars, and other events where farmers and producers already gather.

4.

Establish Procurement Connections: Continued



Guidance

Utilizing procurement agreements - formal arrangements outlining how food will be purchased and delivered on an ongoing basis - ensures reliability and consistency over time. This continuity not only makes it easier to plan and provide nutritious foods for participants but also strengthens local food systems and promotes long-term sustainability for both programs and vendors. This is especially true when procurement agreements are established with, or source food from, historically disadvantaged farmers and vendors. By prioritizing these partnerships, programs can advance both improved health outcomes for participants and equitable economic opportunity within the broader food system.

Please see the Alliance for Health Equity's Food is Medicine [providers and informants list](#) for an up-to-date list of potential partners.

Demonstration

The [Southern Seven Health Department's Farmers Market Nutrition Program Case Study](#) illustrates how strengthening relationships with farmers and vendors can be a powerful tool for building trust and sustaining participation. Their efforts, grounded in the practical strategies listed above, highlight the importance of listening to producer perspectives and working collaboratively to support ongoing participation. Read the [full case study](#) or the accompanying description in [Section III: Case Studies – Seeing Success](#).

Best Practice Recommendations

5.

Tailor Communications:

Make communication clear, accessible, and tailored to your audience.



Overview

Outreach materials targeting potential farmers, vendors, and markets, as well as materials provided to promote Farmers Market Nutrition Program participation to shoppers, are key opportunities to strengthen program engagement. Tailoring these communications to the needs and circumstances of each audience ensures that messages are not only clear but also relevant and actionable. Just as clear communication supports effective engagement across the healthcare system, farmers and food producers benefit from messaging that highlights tangible incentives and logistical supports to facilitate participation.

Guidance

To ensure communications are accessible and tailored to your audience's needs, we recommend implementing the following practical strategies:

- 1. Use Multiple Communication Channels:** Farmers in rural areas may have limited or no internet access, so consider in-person visits, phone calls, and printed materials.
- 2. Address Participant Access Barriers:** Participants without reliable transportation may benefit from referrals to programs that offer delivery or mobile distribution. See [7: Bridge Gaps in Transportation](#) for more.
- 3. Adapt to Literacy Levels:** Keep written materials at approximately a 5th grade reading level to ensure accessibility for a broad audience. Both of the tools below are free to use and widely available.
 - [a. Accessibility Checker for Docs \(Google Documents App\)](#)
 - [b. University of Illinois: Accessibility for Online Teaching and Learning: Tools for Accessibility Check](#)
- 4. Promote Relevance for All Audiences:** Ensure program promotion materials highlight benefits in ways that resonate with both farmers/vendors (e.g., economic opportunities) and shoppers (e.g., improved access to healthy, culturally responsive foods).

Best Practice Recommendations

5.

Tailor Communications: Continued



Demonstration

The [Southern Seven Health Department's Farmers Market Nutrition Program Case Study](#) illustrates how the development of outreach materials targeted to specific audiences (agricultural vendors in this case) can promote Farmers Market Nutrition Programs and increase market shopper participation. Read the [full case study](#) or accompanying description in [Section III: Case Studies – Seeing Success](#).

Best Practice Recommendations

6.

Include Support and Education:

Offer support to help participants prepare, store, cook, and manage their food.



Overview

Health and well-being are complex, with many overlapping factors. Regardless of the program type, the goal of all Food is Medicine programs is not just to measure produce distribution, but to improve health outcomes and promote long-term wellness. By offering practical support and interactive opportunities for participants to build skills, programs can maximize the effects of Food is Medicine programs - leading to lasting dietary changes and subsequent improved health outcomes.

Guidance

The following best practices are intended to support programs in exploring financial sustainability and identifying potential funding opportunities:

- 1. Align with Broader Health Needs:** Health-related social needs (HRSN) encompass the social, economic, and environmental factors that directly influence health outcomes. Addressing these needs by referring patients to resources such as housing, income support, substance use services, and other HRSN programs strengthens their capacity to engage in and sustain food-related interventions by ensuring their foundational needs are met.
- 2. Make It Fun and Family-Friendly:** Design programs to be interactive and enjoyable for the whole household, encouraging participation across generations.
- 3. Offer Multiple Formats:** Provide both in-person and virtual events, pairing them with practical cooking classes and basic kitchen tools (e.g., knives, pots, pans).
- 4. Match Presenters to Participants:** Select cooking class leaders who reflect the intended audience's cultural and community background for greater relevance and trust.
- 5. Frame Content Around Health Goals:** Position cooking education as a tool for both prevention and treatment of a variety of health concerns.

Best Practice Recommendations

7.

Bridge Gaps in Transportation:

Identify and address transportation barriers that could limit participation.



Overview

[National data](#) highlights the importance of demand-responsive transit systems, which remain uncommon in rural areas. By incorporating delivery services or other solutions to address transportation needs, programs can reach populations that might otherwise be inaccessible. Hosting mobile farmers markets at community hubs, such as faith-based organizations, is another effective way to reduce transportation barriers. Similarly, co-locating distribution and redemption of Produce Prescription or Voucher Incentive programs allows participants to access services where they already go, increasing convenience and participation. See [8: Co-locate Issuance and Redemption](#) for more.

Guidance

Strategies for addressing transportation gaps include:

1. **Develop Partnerships with Transportation Providers:** Collaborate with local or regional transit agencies to identify opportunities for program support.
2. **Prioritize Local Transportation Options:** Contract with local providers that are familiar with and embedded in the community.
3. **Leverage Existing Community Touchpoints:** Identify partners who already engage participants where they frequent, such as senior centers or community hubs.
4. **Build and Maintain Relationships with Community Organizations:** Invest time in establishing trust and ongoing collaboration to support transportation solutions.
5. **Engage Senior Transportation Networks:** Work with organizations that serve older adults to reach populations with limited mobility or other access challenges.

Best Practice Recommendations

7.

Bridge Gaps in Transportation Continued



Demonstration

These strategies are illustrated by the [Jackson County Health Department's case study, "Addressing Transportation Barriers,"](#) where the nonprofit organization Food Works has been engaging local food networks and piloting creative transportation solutions to address geographic and infrastructural barriers to food access. Read the [full case study](#) or accompanying description in [Section III: Case Studies – Seeing Success.](#)

Best Practice Recommendations

8.

Co-locate Issuance and Redemption:

Distribute prescriptions or vouchers in the same place where food can be picked up, when possible.



Overview

Building on strategies to address transportation barriers, co-locating program issuance at the same time and place as redemption sites can significantly improve participation and redemption rates, as demonstrated in the second [case study from East Side Health District](#). For example, institutions issuing WIC Farmers Market Nutrition Program Coupons can host a farmers' market at their location or distribute the coupons at an established market. Co-location reduces travel burdens for participants and makes it easier for them to access both program resources and nutritious foods in one visit, addressing a common barrier in Food is Medicine programs.

Guidance

Best practice recommendations for effective co-location include:

- 1. Collaborate with Vendors and Suppliers:** Establish relationships and work together to create sustainable market venues (see [4: Establish Procurement Connections](#)) that also accommodate participants. For example, hosting markets after work hours or on weekends for WIC Farmers Market Nutrition Programs.
- 2. Engage Community Partners:** Utilize faith-based and other community organizations as distribution sites to maximize accessibility.
- 3. Leverage Transportation Solutions When Needed:** If co-location sites are not accessible, partner with transportation providers to ensure delivery. See [7: Bridge Gaps in Transportation](#) for more.
- 4. Offer Incentives:** Consider providing additional incentives to encourage attendance during co-location events.
- 5. Engage Senior Transportation Networks:** Engage participants and community representatives to select convenient times and venues (see [3: Engage Intended Program Audiences](#)).

Best Practice Recommendations

8.

Co-locate Issuance and Redemption: Continued



Demonstration

In their second case study, the East Side Health District demonstrated participant-centered engagement by identifying additional co-location sites to increase participation in WIC Farmers Market Nutrition Program. Read the full case studies or accompanying description in Section III: Case Studies – Seeing Success.

These strategies are also illustrated by the Jackson County Health Department’s case study, “Addressing Transportation Barriers,” in which the nonprofit organization Food Works of Southern Illinois has hosted regular events at locations with limited food access. Key to this approach is strategic co-location. Read the full case study or accompanying description in Section III: Case Studies – Seeing Success.

III. Case Study

Summaries - Seeing Success



Case Study 1:

Southern Seven Health Department

Food is Medicine in Practice

In the southern-most seven counties of Illinois, Southern Seven Health Department is working to foster deeper engagement with both healthcare providers and agricultural vendors. While the region is rich in agricultural presence, only one local farmers' market currently participates in the Farmers' Market Nutrition Program. Encouragingly, farmers and vendors engaged in Farmers' Market Nutrition Programs report high levels of satisfaction—particularly around ease of participation, timely payments, and the opportunity to help families in their community. [In their case study](#), Southern Seven Health Department describes engagement and their efforts to seek out additional farmers and markets for future participation.

Expanding Services

To understand how to best expand the program, Southern Seven Health Department conducted annual reviews with current and potential vendors. Through these conversations, they sought feedback on satisfaction with Farmers' Market Nutrition Programs, identified vendor concerns about the program's future, and explored ways to strengthen farmer and market participation. This intentional outreach provided a foundation for understanding both the successes and the challenges of the program.

Encountering Obstacles

Despite positive engagement, several barriers have limited broader program expansion. Farmers expressed concerns about the cost of point-of-sale equipment and limited internet connectivity in rural areas, which complicate adoption of electronic benefit systems like Electronic Benefits Transfer. Vendors also preferred in-person, locally provided training and support, rather than remote or centralized options. Finally, some farmers had limited awareness of Farmers' Market Nutrition Programs prior to Southern Seven Health Department's outreach, suggesting that communication and visibility remain ongoing challenges.

Best Practice Recommendations Demonstrated

- **Recommendation 4: Establish Procurement Connections** - direct engagement with local vendors
- **Recommendation 5: Tailor Communications** - use of in-person conversations and printed materials aligns
- **Recommendation 2: Engage Intended Program Audiences** - centering vendor feedback in their program design, showing that authentic engagement builds trust and strengthens participation.

Practical Takeaways for Improving Program Utilization

This case study demonstrates both the power of vendor engagement and the importance of addressing structural barriers. Their proactive outreach provides a strong example of how to build trust and strengthen participation, while their challenges underscore the need for comprehensive strategies that cover funding, communication, and community partnerships. Readers working in similar contexts can learn from this case by engaging directly with vendors early, tailoring communications to local needs, and aligning with additional best practices to expand access and strengthen program sustainability.

Case Study 2 & 3:

East Side Health District (ESHD)

Food is Medicine in Practice

In their first case study, the East Side Health District undertook a community-informed project to better understand the cause of low redemption rates in the WIC Farmers' Market Nutrition Program across St. Clair County, Illinois. While Farmers' Market Nutrition Programs have long aimed to connect families with fresh produce from local farmers' markets, East Side Health District recognized that many eligible residents were not fully using their benefits.

Expanding Services

To explore this issue, East Side Health District distributed a five-question survey at three WIC clinic locations in East St. Louis, Cahokia Heights, and Fairmont City between March and June 2025. The survey asked participants about coupon receipt and use, redemption barriers, program satisfaction, and general feedback. By using frontline WIC staff to administer the surveys during client appointments, East Side Health District not only increased participation but also reduced potential literacy-related barriers.

Encountering Obstacles

The results of the survey confirmed that demand for benefits was not the problem—rather, access remained the central barrier. The findings revealed critical gaps and potential opportunities. Nearly 30% of respondents had never received Farmers' Market Nutrition Program coupons, largely due to a lack of awareness. Others were uncertain about eligibility criteria or faced logistical challenges, including transportation limitations and limited market hours. Among those who did redeem their coupons, 67% reported high satisfaction, with just 2% indicating a negative experience—underscoring that demand was not the issue; access was.

Informed by these results, East Side Health District developed the following targeted recommendations and applied them in their second case study:

1. Increase in-clinic and community-based promotion of Farmers' Market Nutrition Program
2. Expand eligibility criteria to include more WIC participants
3. Explore alternative delivery models for families without reliable transportation
4. Establish permanent or semi-permanent market sites with hours better aligned to local work schedules.

Best Practice Recommendations Demonstrated

- **Recommendation 2: Engage Intended Program Audiences** - directly engaged participants through surveys, ensuring that program changes reflected the real barriers families face
- **Recommendation 8: Co-locate Issuance and Redemption** - planned the future establishment of permanent or semi-permanent market sites with convenient hours

Practical Takeaways for Improving Program Utilization

The East Side Health District case study demonstrates both the power of vendor engagement and the importance of addressing structural barriers. Their proactive outreach provides a strong example of how to build trust and strengthen participation, while their challenges underscore the need for comprehensive strategies that cover funding, communication, and community partnerships. Readers working in similar contexts can learn from this case by engaging directly with vendors early, tailoring communications to local needs, and aligning with additional best practices to expand access and strengthen program sustainability.

Case Study 4:

Jackson County Health Department

Food is Medicine in Practice

In their case study, Jackson County Health Department describes how Food Works of Southern Illinois, a nonprofit organization, has been piloting a mobile market strategy designed to address geographic and infrastructural barriers to food access.

Expanding Services

Traditional food distribution models often require individuals to travel considerable distances, which can be especially burdensome in rural areas. Food Works responded by bringing food directly to communities through mobile markets and co-located service hubs, reducing barriers to participation and making fresh produce more accessible to families in need.

Encountering Obstacles

Central to this approach is strategic co-location. Vouchers and produce prescription distribution are made available at sites where families can use the benefits immediately (co-location), minimizing logistical friction. For example, distributing coupons at or near a farmers' market allows participants to access fresh produce directly, eliminating a multi-stop, time-intensive process. This model is designed to overcome transportation and location barriers by meeting participants where they already are, improving convenience, redemption rates, and overall program accessibility.

Best Practice Recommendations Demonstrated

- **Recommendation 7: Bridge Transportation Gaps** - brought vouchers and produce prescriptions directly to participants
- **Recommendation 8: Co-locate Issuance and Redemption** - co-located redemption with accessible community sites

Practical Takeaways for Improving Program Utilization

The Jackson County Health Department's case study demonstrated how the Food Works mobile markets and co-located service hubs can effectively address structural access barriers. Programs in similar rural contexts can replicate this approach by assessing participant travel challenges, coordinating mobile or satellite distribution, and aligning redemption opportunities with convenient, familiar locations. Integrating these strategies with additional best practices—such as engaging intended audiences, tailoring communications, and connecting with local assets—can further enhance participation, equity, and the impact of Food is Medicine interventions.



Closing

The path toward a nourishing, more equitable food system is ongoing, and the work ahead will take continuous efforts from all of us. Illinois Public Health Institute envisions a reality in which all Illinoisians can access the foods they need to manage health conditions, nourish their families, and live well through programs like those outlined in this resource. Food is Medicine is more than a collection of programs, though; it's a shared commitment to reimagining care, reshaping systems, and restoring the role of food as a fundamental part of healthcare under the guiding principle that access to nourishing food can change lives.

Food is Medicine is more than a collection of programs, though; it's a shared commitment to reimagining care, reshaping systems, and restoring the role of food as a fundamental part of healthcare under the guiding principle that access to nourishing food can change lives.

Illinois has already shown what's possible when partners come together across clinics, farms, markets, and communities. The success of Food is Medicine programs depends upon the real-life individuals working every day to bring these programs to life. Each effort - no matter the size - moves us closer to a future where access to nourishing food is not determined by circumstance but is guaranteed as a basic right. When we engage community members in service design and invest in food as a foundational need, we invest in community health.

We recognize that there's still work to be done to achieve this vision. But together, step by step, we can bridge the remaining gaps - strengthening programs, expanding reach, and building capacity for lasting change. The lessons and practices shared in this resource are just the beginning.

Illinois Public Health Institute stands ready to support this momentum by providing technical assistance and partnership opportunities for organizations ready to start or advance Food is Medicine work in their communities. We can help you apply the practical guidelines in this resource with thoughtful integration of best practice strategies tailored to your needs.

To learn more, ask questions, or request support, contact our Nutrition Initiatives Program Manager, **Trevor Johnson**, at trevor.johnson@iphionline.org or 312-786-5366.



IV. Resources



Resources

The following are national resources for Food is Medicine programs. They may support program design and/or provide financial justification to hospital leadership and administrators.

[Food is Medicine Program Definitions and Standards by Food is Medicine Massachusetts](#) - This resource contains medical definitions of Food is Medicine interventions for medically tailored meals, medically tailored food packages, nutrition food referrals, and community-level healthy food programs.

[Aspen Institute Food is Medicine Research Action Plan](#) - This article is helpful for researchers, funders, program implementers, and advocates aiming to advance Food is Medicine programs. It reviews current evidence on medically tailored meals and produce prescriptions, offering updated framework for how research should be designed, conducted, and evaluated.

[Center for Health Law and Policy: What is Food is Medicine?](#) - This factsheet depicts the food and healthcare pyramid which is a helpful guide for policymakers, healthcare providers, and public health professionals interested in Food is Medicine programs. It explains how programs like SNAP and WIC form the foundation for Food is Medicine initiatives that treat diet-related conditions and reduce healthcare costs. The article also highlights state policy opportunities, like Medicaid 1115 waivers, to fund programming.

[Treating and Preventing Diet-Related Chronic Conditions in Oklahoma: Food is Medicine and Medicaid 1115 Waivers](#) - This one-pager is useful for healthcare providers, policymakers, and public health professionals interested in Food is Medicine programs that address diet-related health conditions through tailored nutrition interventions.

[U.S. Department of Health and Human Services Food is Medicine Analytic Framework Domains and Indicators](#) - This document is useful for policymakers, program designers, researchers, and community organizations involved in developing, evaluating, and scaling Food is Medicine initiatives. It outlines key domains, success indicators, and selection criteria for the Food is Medicine framework analysis.

[U.S. Department of Health and Human Services Food is Medicine Landscape Summary](#) - This document is helpful for federal agencies, healthcare systems, and cross-sector organizations working to align efforts in Food is Medicine initiatives. It outlines a unified federal framework to integrate Food is Medicine into broader health and social systems, aiming to improve health equity by addressing social determinants of health.

[Tufts University True Cost of Food: Food is Medicine Case Study](#) - This article is helpful for policymakers, payers, and healthcare leaders evaluating the impact of Food is Medicine programs on health and costs. It presents national case studies showing that medically tailored meals and produce prescriptions can improve health outcomes, reduce hospitalizations, and save billions in healthcare spending.

[Food Research Action Center Food is Medicine Survey Findings 2024 Report](#) - This article is helpful for anti-hunger organizations and healthcare providers partnering to address food insecurity through SNAP and WIC. It shares findings from a national survey on current partnership models, key challenges, and support needed like funding, training, and systems change.

Resources

The following resources provide frameworks to assess and initiate collaboration in Food is Medicine programs.

[Rural PRx Toolkit: Increasing Access to Health Food for Rural Communities](#) - This toolkit is intended to be a guide for those planning and operating produce prescription programs in rural areas. It provides an important framework and steps to consider in establishing a produce prescription program. Current program implementers will find key considerations for scaling and sustainability.

[The Landscape of Produce Prescription Programs in Michigan](#) - This document is useful for healthcare professionals, public health workers, and food system advocates seeking to support nutrition-based interventions. Produce Prescription programs in Michigan grew from one in 2008 to over 20 by 2021, backed by Michigan Farmers Market Association and the Statewide Learning Network. These efforts aim to improve health outcomes and secure sustainable funding through insurance and policy support.

[Illinois County Health Rankings and Roadmaps](#) - This data source can help make the case to leadership and administration regarding the health burden and potential for long-term cost savings.

[Get It Toolgether: Assessing Your Food Council's Ability to Do Policy Work](#) - This tool addresses readiness for statewide food policy council engagement (e.g., to support produce prescription program expansion, Medicaid waivers etc.). If there is a food policy council in your area, they can be an ally in advancing your workplan.

[Alameda County Food Bank & Benioff Children's Hospitals: Rooting Food as Medicine in Healthcare: A Toolkit for Primary Care Clinics and Other Healthcare Settings](#) - This toolkit emphasizes cultural humility and trauma-informed practices. The resource includes steps for identifying priority populations, assessing current practices, preparing necessary resources, and choosing a model of intervention.

Resources

The following resources provide existing models for planning produce prescription (PRx) and voucher incentive programs.

[Washtenaw County, Michigan Health Dept. Fruit and Vegetable Program Implementation Guide](#) - This guide was developed to assist other organizations replicating their evidence-based PRx program. The guide offers advice on planning, implementing, and assessing the program, along with sample materials used in it.

[Mainstreaming Produce Prescriptions in Medicaid Managed Care: A Toolkit and Resource Library](#) - This toolkit takes an in-depth look at one of the most important and commonly used pathways for supporting produce prescription programs in the U.S. healthcare system: Medicaid Managed Care.

[CDC Strategies for Fruit and Vegetable Voucher Incentives and Produce Prescriptions \(PRx\)](#) - These strategies include potential state and local activities, examples of programs, and a compilation of resources, including cross-cutting areas to help avoid unintentional siloing of programs.

[Aspen Institute: Food is Medicine Research Action Plan](#) - This plan includes foundational research in Section V which describes medically tailored meals, medically tailored groceries, and produce prescription programs. Each section describes health conditions, patient populations, and intervention design.

[The Nutrition Incentive Hub Produce Prescription Project Webpage](#) - This webpage provides resources to get started, sustain programs, and support clinical settings, along with an overview of technologies that help produce prescription programs scale, collect data, and engage participants.

[Supporting Food & Nutrition Security through Healthcare](#) - This resource is written with a lens towards supporting actors to work together to address diet-related health disparities, including healthcare systems and payors, state health agencies, local health departments, and other public health allies such as universities, community-based organizations, and Centers for Disease Control and Prevention grantees.

[U.S. Department of Health and Human Services: Food is Medicine Promising Practices Among States](#): This article is helpful for state health agencies, Medicaid officials, and healthcare innovators working to build integrated Food is Medicine systems that connect medical care with social services. It outlines strategies for leveraging community-based organizations, state agency partnerships, infrastructure investment, and policy tools like Medicaid 1115 waivers to embed Food is Medicine into whole-person care models. By adopting these approaches, states can create sustainable Food is Medicine systems that improve health outcomes, build patient trust, and strengthen community health infrastructure.

[U.S. Department of Health and Human Services: Feeding Health: The Essential Role of Community-based Organizations](#): This article is useful for state Medicaid agencies, managed care organizations, and policymakers seeking to integrate Community-Based Organizations into health care systems to address health-related social needs. It outlines federal and state policy pathways, funding mechanisms, and real-world case studies demonstrating how Community-Based Organizations can deliver Food is Medicine and other supportive services through Medicaid. By following these strategies, healthcare systems can create sustainable collaborations that improve care delivery, promote equity, and enhance health outcomes in underserved communities.

Resources

The following resources are materials to expand existing Food is Medicine programs.

[The FoodRx Programs for Clinics](#) is an introductory guide to food is medicine and contains numerous resources to support clinics implementing produce prescription programs.

[Food is Medicine: A State Medicaid Policy Toolkit by the Center for Health Law and Policy Innovation and Food is Medicine Coalition](#) - This article is helpful for state policymakers and healthcare administrators looking to integrate nutrition services into Medicaid and CHIP programs. It provides detailed guidance on Food is Medicine interventions, their health and economic benefits, and the federal policy pathways available for implementation. By following this roadmap, states can expand access to medically tailored nutrition services, improve health outcomes, and reduce overall healthcare costs.

[Nutrition Incentive Hub Resources provided by The Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center](#) is supported by the Gus Schumacher Nutrition Incentive Program. The Gus Schumacher Nutrition Incentive Program, authorized by the 2018 Farm Bill, funds projects that encourage low-income consumers to buy fruits and vegetables. These grants unite diverse food and healthcare partners to improve household health, boost participation in low-engagement states, and collect data to refine best practices.

[Produce Prescription Program resources from Nutrition Incentive Hub](#): This website provides resources for organizations planning or launching a produce prescription project, including implementation guides from the field, readiness checklists, and partner engagement tools.

[Reporting & Evaluation Resources from the Nutrition Incentive Hub](#): This website provides resources for reporting and evaluation of nutrition incentive projects. It provides support for training, reporting, and program evaluation to help strengthen and sustain Gus Schumacher Nutrition Incentive Programs. Training guides, core metrics, and other related resources are housed here.

Resources

The following resources pertain to the Illinois Medicaid 1115 Waiver Extension.

[Illinois Department of Health and Family Services: 1115 Demonstration Waiver](#) webpage has detailed information and also includes the most recent [Illinois Medicaid 1115 Waiver extension as approved July 2nd, 2024](#).

[Alliance for Health Equity Policy Brief: Expanding and Sustaining Food is Medicine programs in Illinois using 1115 waivers](#): The purpose of this brief is to offer the state of Illinois and Medicaid managed care organizations tangible approaches for implementation of the Illinois Healthcare Transformation Section 1115 Demonstration Extension. Many states have leveraged the 2022 CMS policy change to implement 1115 waivers to cover health-related social needs, such as food and nutrition benefits. This brief describes how two states have structured eligibility, authorized services and provider types, service codes and referral platforms, and fee services and billing guides to provide Food is Medicine programs within their 1115 waiver food and nutrition benefits. The final section explores how Illinois partners can leverage these lessons learned and take a step further to implement the 1115 waiver in ways that build health equity and local food system resiliency.

The following resources pertain to procurement, aggregation, and Food is Medicine partners.

[Alliance for Health Equity Illinois Procurement, Aggregators, and Food is Medicine Providers List](#) is a starting point for identifying produce suppliers, food aggregators, and Food is Medicine program providers that fit your needs. Download a copy of the spreadsheet for your use and records. Sort the columns by program type, service area, or SNAP and Link Match participation. The Alliance for Health Equity welcomes any updates you can provide through your experience.

Resources

The following resources pertain to the Women, Infants, and Children (WIC) programs.

[An Investigation of Social Ecological Barriers to and Facilitators of Women, Infants, and Children \(WIC\) Farmers Market Nutrition Program Voucher Redemption](#): This study compares New Jersey WIC participants who redeem vouchers with those who don't, focusing on produce intake, shopping habits, facilitators, and barriers.

[Implementing Locally Tailored Strategies to Promote Redemption of Farmers' Market Nutrition Program Vouchers Among WIC Participants in Central Pennsylvania](#): This study details a partnership in Lebanon County, PA, that identified barriers and used strategies like produce grab bags and reminders to increase participation. Results show that localized, collaborative efforts effectively improve access to affordable produce for low-income populations.

[Experiences and Perceived Outcomes of Low-Income Adults During and After Participating in the British Columbia Farmers' Market Nutrition Coupon Program: A Longitudinal Qualitative Study](#): This study informs policymakers, public health professionals, and program planners about the BC Farmers' Market Nutrition Coupon Program's impacts on low-income participants. It shows the program offered temporary financial relief, improved diet quality, and increased food knowledge and social ties, though sustaining healthy eating afterward posed challenges.

[Outcomes of a randomized controlled trial of nutrition education to promote farmers' market fruit and vegetable purchases and consumption among women enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#): This study assesses WIC Fresh Start, a web lesson to improve Farmers Market Nutrition Program and cash value voucher redemption, market knowledge, and behaviors among WIC participants. The lesson increased voucher redemption (notably among Spanish speakers), market knowledge, and shopping behaviors, but didn't significantly alter overall fruit and vegetable intake.

[An Evaluation of the Implementation of the Women, Infants, and Children \(WIC\) Farmers Market Nutrition Program at Four Chicago WIC Sites](#): This presents findings from four Chicago WIC clinics serving mainly Black and Latinx families, identifying six key steps in Farmers Market Nutrition Program: implementation, barriers, and facilitators. The study stresses the need for clearer guidelines and consistent processes to improve market approval, coupon distribution, and redemption, offering insights to optimize the program.

[Experiences of Farmers Market Vendors in a Healthy Food Incentive Program](#): This study shares findings from farmers' market vendors in the Northwest Arkansas Double Your Dollars program, which aims to improve access to fresh foods for Hispanic/Latino and Marshallese communities. Vendors found the program beneficial and easy but noted challenges like administrative burdens and delayed reimbursements, offering insights for improvement.

[Food Insecurity & Diabetes: The Role of Federally Qualified Health Centers as Pillars of Community Health](#): This study guides healthcare professionals and policymakers on the food insecurity and chronic diseases link, especially during COVID-19, emphasizing Federally Qualified Health Centers' role in aiding vulnerable groups.

Resources

The following resources pertain to the Women, Infants, and Children (WIC) programs (continued).

[Evolution and scope of Medicaid Section 1115 demonstrations to address nutrition: a US survey](#): This study shows a rising use of waivers for screening for food insecurity, nutrition education, and food interventions, underscoring Medicaid's expanding role in combating diet-related diseases and health disparities.

[Association of National Expansion of Insurance Coverage of Medically Tailored Meals with Estimated Hospitalizations and Health Care Expenditures in the US](#): This economic evaluation indicates that nationwide Medically Tailored Meals for US adults with diet-sensitive conditions and activity limitations could reduce hospitalizations and save costs for insurers.

Resources

The following is the full Case Study for Southern Seven Health Department.

Enhancing Participation in the Women, Infants, and Children (WIC) Farmers Market Nutrition Program

Southern Seven Health Department, 2025

The Southern Seven Health Department has actively participated in the Women, Infants, and Children (WIC) Farmers Market Nutrition Program for years. Despite the region's agricultural abundance, only one market participates. Regular face-to-face conversations with farmers and vendors, along with annual reviews, consistently reveal overall satisfaction but also apprehension about potential program changes, especially regarding technology requirements. This case study seeks to clarify the underlying causes of these concerns and proposes avenues for greater engagement and expansion of the Farmers Market Nutrition Program.

While farmers and vendors express pride in supporting families through the Farmers Market Nutrition Program, they also face barriers that affect their willingness to participate.

1. Concerns about technology requirements: The planned transition to Electronic Benefits Transfer raises significant concerns among rural vendors. Rural market locations, in particular, face internet connectivity challenges. Additionally, the cost of point-of-sale equipment is a financial burden for small-scale farmers.
2. Preference for local support and training: Vendors strongly prefer that training and program support be provided in person and locally. They value having a local point of contact who understands the unique challenges of rural markets and can provide timely, personalized assistance.

Despite these concerns, vendors consistently report high satisfaction with the existing Farmers Market Nutrition Program. They value the program's simplicity, the ease of receiving payment through Farmers Market Nutrition Program checks, and, most importantly, the opportunity to provide nutritious food to families in their communities. These positive experiences underscore the program's potential for growth.

Southern Seven Health Department has identified several strategies to address barriers and increase broader participation:

1. Strengthening local connections: The Southern Seven Health Department Farmers Market Nutrition Program Manager regularly checks in with vendors at the market throughout the season. These brief, conversational visits do not interfere with sales. Vendors emphasize the importance of a local point of contact. With support and guidance from the Illinois Department of Human Services, local agencies can build trust and encourage new and continued participation. A local point of contact may be especially helpful during the transition from paper checks to Electronic Benefits Transfer. The Southern Seven Health Department could assist vendors and markets with researching available technology options. If such material support is not provided, a local point of contact could assist vendors and markets with researching available technology options.
2. Developing outreach materials: Many potential vendors are unfamiliar with Farmers Market Nutrition Program. Tailored outreach materials that explain the program's benefits and requirements could raise awareness and reduce uncertainty. Current vendors have reported learning about the program from other farmers/vendors or market hosts.
3. Promoting the Farmers Market Nutrition Program at farmers' markets: Current vendors suggest that distributing Farmers Market Nutrition Program informational materials directly to shoppers could increase participation in the program. Vendors currently display the Farmers Market Nutrition Program sign, identifying themselves as participants. They are also willing to provide flyers or brochures about the program to shoppers.

Over the past two years, the Southern Seven Health Department has maintained regular contact with participating farmers and vendors. This approach has enabled the development of familiarity and rapport. This relationship is valuable and can be a useful tool for addressing vendors' concerns and barriers, expanding program promotion and outreach, and facilitating more meaningful communication among vendors, markets, the local agency, and the Illinois Department of Human Services.

Resources

The following is the full Case Study 1 for East Side Health District.

Community Engagement and Limitations of the Women, Infants, and Children (WIC) Farmers Market Nutrition Program (FMNP)

East Side Health District, June 27, 2025

Background

The Women, Infants, and Children (WIC) Farmers Market Nutrition Program is designed to help families with low to medium income access fresh fruits and vegetables from local farmers' markets. Despite the program's long-standing presence, coupon redemption rates remain low in many areas, particularly in St. Clair County, Illinois. In response, the East Side Health District distributed a five-question survey to WIC participants in East St. Louis, Cahokia Heights, and Fairmont City to identify the main barriers to using these benefits and to gather feedback on participants' experiences.

Project Overview

The East Side Health District serves communities with a demographic makeup of 75.5% African American, 14.43% white, and 7.76% Hispanic or Latino, according to USDA Census data. On average, 65.36% of the population served experiences low income and low access (within one mile) to local supermarkets, superstores, or grocery stores.

To better understand community engagement with the Farmers Market Nutrition Program participants, a brief five-question survey was developed and distributed at three WIC clinic locations. The questions addressed whether participants had received and used the coupons, where they had redeemed them (if applicable), redemption barriers, program satisfaction, and other feedback.

The surveys were administered between March 19 and June 26, 2025, by frontline WIC staff during client appointments. Frontline WIC staff were used to increase participation rates and help reduce potential literacy challenges. A total of 250 responses were collected. Of those surveyed, 115 participants reported having previously received the coupons, 133 stated they had not, and 2 participants did not respond to the acquisition question. Table 1 illustrates the breakdown of responses.

Key Findings

Of the 115 individuals who received coupons, 37 had not redeemed them. In describing barriers to access, 32 participants responded. Of those, 30 did not redeem their coupons, and 2 stated they were able to redeem them. Participants were able to select multiple barriers they faced in redeeming their coupons.

The primary barriers identified were transportation difficulties (43.2%) and market hours (29.7%). Many participants with transportation challenges also emphasized that market proximity affected their ability to use the coupons.

Among those who were able to redeem their coupons, the most commonly used site was the F.R.E.S.H. Farmers Market at the East St. Louis WIC Clinic, where 38% of redeemers reported shopping. An additional 8% used the only other operating Farmers Market in East St. Louis.

Despite these barriers, satisfaction with the program remained high among coupon recipients. Two-thirds of coupon recipients (73.1%) gave their experience the highest rating. Only 2% gave the program the lowest rating, citing limited access to markets and the small number of booklets distributed. Positive feedback included comments such as "keep doing what you are doing," "keep giving them out," and "everything was great," reflecting appreciation for the program among participants who could access it.

Among those who had not received the coupons, 29.8% reported being unaware of the program's existence. Interestingly, only a small portion (1.1%) of those unaware were newly enrolled in WIC, suggesting a broader issue with communication and outreach. Additionally, 1.8% of participants reported being ineligible for the program, preventing them from acquiring the coupons. See [Table 1](#) for a full description.

Discussion

The findings from this project underscore the deep connection between structural inequality and food access in the communities served by East Side Health District. The lack of reliable, nearby farmers markets significantly limits participants' ability to redeem Farmers Market Nutrition Program benefits. Although the program is appreciated by many, these benefits often remain inaccessible due to transportation barriers and inconsistent market availability.

Discussion (Continued)

This is particularly impactful in East St. Louis, Cahokia Heights, and Fairmont City, which are located in a region characterized by food apartheid.

The limited days and hours of operation for area markets also emerged as a consistent challenge. With most farmers markets open only once per week, typically during weekday mornings or early afternoons, many working participants were unable to attend. The scheduling of markets directly conflicts with employment and childcare responsibilities, limiting the program’s usefulness for those who are not home during business hours.

Participants repeatedly cited transportation as a major barrier. Without a vehicle, accessing even the few existing markets was difficult. In many cases, individuals had relied on specific markets—such as the one at the WIC Clinic in Cahokia Heights—that have since closed. The closure of such critical redemption points forced individuals to travel further or to forgo the benefit altogether. Several respondents suggested produce delivery as a solution for households without transportation.

For those who had never received coupons, confusion about eligibility and a lack of promotion were significant obstacles. Many expressed frustration that the program operates on a first-come, first-served basis, leaving some eligible families without access simply because of limited supply. Those who were ineligible for the program said the eligibility guidelines were restrictive and that the program should be offered to all WIC families. Several respondents advocated for better promotion through flyers, billboards, or in-clinic signage to raise awareness among WIC participants.

Overall, the case study highlights both the value and the limitations of WIC in addressing food insecurity in St. Clair County, Illinois. While participants who redeemed their coupons expressed high satisfaction, significant barriers, especially transportation, limited market hours, and a lack of program awareness, prevent many from accessing the benefits. These challenges are intensified by the broader context of food apartheid in the region. To enhance the program’s impact, future efforts should focus on expanding outreach, improving transportation options, extending market hours, and exploring innovative options such as produce delivery. Addressing these structural limitations is essential to ensuring access to nutritious food for all WIC families.

Table 1

Table 1: Barriers to redemption for those who received coupons (n = 33)			
Barriers to Access	Total Responses	Received and Redeemed Coupons	Received but Didn’t Redeem Coupons
Ease of Use	3	0	3
Language	1	0	1
Location	8	1	7
Market Hours	11	2	9
Transportation	16	1	15
Types of Foods Offered	1	0	1

Resources

The following is the full Case Study 2 for East Side Health District.

Tailored Program Intervention to Improve Redemption Rates of Women, Infants, and Children Farmers Market Nutrition Program Coupons

East Side Health District, June 27, 2025

Executive Summary

In response to findings from a 2025 participant survey, the East Side Health District designed and implemented a series of tailored interventions to address low redemption rates in the Women, Infants, and Children (WIC) Farmers Market Nutrition Program. Two major findings were participants' limited knowledge of the program and limited access to authorized farmers markets. Thus, the interventions explored ways to expand access to authorized markets, improve participant communication, and conduct proactive community outreach to address barriers and better serve families in need. This case study reflects the importance of data-driven, community-informed programming to measure meaningful outcomes and drive continuous improvement.

Introduction

Between March 19 and June 25, 2025, East Side Health District conducted a survey of WIC participants to assess engagement with the Farmers Market Nutrition Program coupon program. A total of 209 responses were collected. Among participants who had previously received the coupons, approximately 27% reported not redeeming them. The primary barriers identified were transportation limitations, inconvenient market hours, and a lack of nearby vendors authorized to accept the coupons. Meanwhile, those who had not received the coupons cited either a lack of awareness of the program (30.4%) or the belief that they were ineligible (2.1%).

These findings underscore the need for targeted interventions to reduce barriers and increase awareness and redemption rates. In response, East Side Health District initiated a multifaceted program to meet the unique needs of WIC participants in its service area. The program includes enhancing access through strategic partnerships, improving communication and follow-up support, and strengthening program awareness and promotion.

Program Interventions

1. Enhancing Access Through Strategic Partnerships: To better accommodate participants facing geographic and scheduling barriers, East Side Health District partnered with the Rotating Farmers Market. The market serves key underserved communities, including East St. Louis, Brooklyn, and Washington Park. Through collaboration with local farmers, the market was certified to accept both WIC Farmers Market Nutrition Program and Senior Farmers Market Nutrition Program coupons. This partnership enables participants to access fresh produce locally on weekends and other non-working days, addressing both transportation and scheduling challenges. The market's rotating model ensures accessibility across multiple neighborhoods, further expanding reach.

2. Improving Communication and Follow-Up Support: To help participants use their benefits, East Side Health District redesigned its communication strategy. When distributing Farmers Market Nutrition Program coupons, participants now receive an updated handout listing all local farmers markets, including addresses and operating hours. Additionally, a follow-up phone call is conducted within two weeks of distribution. This check-in allows staff to address individual concerns, re-share information, and provide tailored support based on identified barriers. This follow-up gives participants time to process the initial information and creates a second opportunity to reinforce program awareness and support.

3. Expanding Program Awareness and Promotion: Recognizing that many WIC participants may not visit the clinic frequently, a broader marketing campaign was developed. This campaign includes posters and flyers displayed in clinic spaces and throughout the community, beginning in February, six months before the start of the Farmers Market Nutrition Program season. The intent is to increase program visibility and encourage participants to plan clinic visits in time to receive their coupons during the limited Farmers Market Nutrition Program redemption window, July 10th and October 31st of the year they are issued.

Program Interventions (Continued)

Furthermore, a new end-of-season recap poster will be developed to summarize key program highlights, redemption instructions, and testimonials. This tool serves as both a promotional and evaluative measure, encouraging engagement and informing program improvements for future years.

Next Steps

To assess the effectiveness of these interventions, East Side Health District will administer a follow-up survey at the conclusion of the 2025 Farmers Market Nutrition Program season. This evaluation will focus on participants' awareness of the program, redemption behavior, and any remaining barriers. The insights gained will inform continuous improvements to program delivery, ensuring a participant-centered approach that bridges the gap between benefit distribution and actual use. By implementing these tailored strategies, East Side Health District is enhancing the effectiveness of the WIC Farmers Market Nutrition Program. By expanding vendor access, strengthening communication, and promoting community awareness, these interventions aim to reduce barriers and empower participants to fully use their benefits in areas experiencing food apartheid.

Resources

The following is the full Case Study for Jackson County Health Department.

Bridging the Gap: Addressing Transportation Barriers in Rural Produce Access through a Community-Driven Model in Southern Illinois

Samantha Sullivan, Jackson County Health Department

Introduction

Transportation is a well-documented social determinant of health, especially in rural areas, where limited public transportation, geographic isolation, and infrastructure gaps restrict access to health-supporting resources, including nutritious foods.^{1,2} The Jackson County Health Department is working to understand better how these barriers play out locally by gathering insights from efforts led by Food Works of Southern Illinois, a regional nonprofit focused on building equitable food systems.

Through this case study, Jackson County Health Department aims to highlight promising transportation practices such as home-delivered Community Supported Agriculture (CSA) boxes and Food Works' Mobile Farmer's Market. As Jackson County Health Department continues to engage residents, healthcare providers, and food system partners, findings will inform community engagement, program design, and the prioritization of funding opportunities.

National data underscores the urgency of these approaches. Only about one-third of U.S. municipalities have public transit, and roughly 14.8% have demand-responsive transit systems—both significantly less common in rural areas.^{3,4} Rural residents are also more likely to live in low-income, low-access tracts, defined as being more than 10 to 20 miles from a supermarket without reliable vehicle access.⁵

Regional data reinforces these challenges. For example, in Perry County, more than 90% of residents in some tracts lack a vehicle and live far from a grocery store; in Jackson County, certain tracts report rates above 85%.⁶ Food insecurity ranges from 12.8% in Williamson County to 16.1% in Franklin County, with many households ineligible for assistance programs.⁶ Walkability is also limited: while the cities of Carbondale and Marion score above average, most rural areas in the four counties are classified as “least walkable.”⁷

Together, these structural barriers highlight the urgent need for innovative food access models, as explored in this case study.

Program Model: Evolution Rooted in Community Feedback

Food Works has piloted multiple formats to increase access to fresh produce for rural families in Southern Illinois. Their initial model involved mobile markets traveling to community hubs, enabling Produce Prescription (PRx) and Voucher Incentive participants to redeem vouchers for fruits and vegetables.⁸ While this improved access compared to traditional retail, participants still faced barriers such as unreliable transportation, unpredictable work schedules, and limited internet for pre-ordering.

Based on participant feedback, Food Works transitioned to a standardized CSA-style box delivered directly to homes, sourced from local farms.

One of the defining characteristics of Food Works' programming is flexibility in program design, which is key to rural residents, who often face compounded barriers—transportation, broadband limitations, and lower vehicle ownership.⁹

According to informal interviews and assessments conducted by Food Works;

- Home delivery provided convenience and consistency.
- Produce quality and freshness exceeded expectations.
- Some participants missed being able to choose items, though most found the boxes well-balanced.

Jackson County Health Department's documentation of Food Works' model reflects national Food-as-Medicine trends, where PRx initiatives demonstrate measurable health impacts.^{10, 11}

Transportation Barriers & Access Strategies

In Jackson County, the newly branded JAX Mass Transit offers fixed-deviated rural routes with weekly service to towns such as Elkville, Dowell, Ava, Campbell Hill, Gorham, Grand Tower, Makanda, and Vergennes. Riders can transfer to JAX's fixed-route system without additional fees, improving connections to healthcare, food outlets, and community hubs.¹²

Transportation Barriers & Access Strategies (Continued)

In the Jackson County Health Department focus region, many households face multiple layers of transportation-related challenges. These may include long distances to grocery stores or health centers, a lack of personal vehicles, and no access to fixed-route transit. Such barriers can make traditional PRx and VI models—where participants must travel to redeem incentives—inaccessible to those most in need.⁹

National research shows that 53.2% of U.S. municipalities have or plan to have public transit, and 35.5% report having demand-responsive transit. Of these, 52.6% plan routes to supermarkets, and 84.4% to farmers' markets.¹³ Yet rural food insecurity rose from 14.7% in 2022 to 15.4% in 2023, with rural households comprising 17.7% of food-insecure households.¹¹

The approaches outlined parallel national Food-as-Medicine best practices that have demonstrated measurable improvements in nutrition security and chronic disease management. For example, Geisinger Health's Fresh Food Farmacy provides patients with type 2 diabetes in rural Pennsylvania with weekly boxes of healthy food, nutrition education, and clinical monitoring—leading to significant reductions in A1C levels and healthcare costs.¹⁴ Wholesome Wave's produce prescription programs partner with healthcare providers nationwide to offer low-income patients vouchers for fresh fruits and vegetables, redeemable at farmers markets and grocery stores, while also building local food economy connections.¹⁰ Kaiser Permanente's food access initiatives integrate produce prescriptions and medically tailored meals into routine care, screening patients for food insecurity and linking them directly to community food resources.¹⁵ Each of these models shows how cultural relevance, low-barrier enrollment, and strong community partnerships can improve food access while aligning with public health and healthcare goals—principles reflected in Food Works' approach in Southern Illinois.

Each of these models shows how cultural relevance, low-barrier enrollment, and strong community partnerships can improve food access while aligning with public health and healthcare goals—principles reflected in Food Works' approach in Southern Illinois. Food Works' current strategy directly addresses transportation barriers by:

1. Home delivery, eliminating the need for participants to arrange travel.
2. Curated produce boxes, reducing reliance on online ordering.
3. Partnering with trusted community networks for outreach and support.

Discussion & Next Steps

National Food-as-Medicine programs illustrate sustainability pathways, including Medicaid reimbursement pilots, hospital-community partnerships, and rural transit coordination.^{16,17} For Southern Illinois, these models highlight opportunities to integrate transportation and food access solutions into healthcare and policy systems.

Key takeaways:

1. Local partnerships grounded in trust and lived experience yield more relevant interventions.
2. Transportation must remain central in rural food access planning.
3. Flexible, participant-informed models, including delivery, help remove barriers.
4. Broadband-dependent solutions are not equitable in rural areas without reliable internet.

Food Works' evolving model raises important questions about sustainability and scale:

- How can home delivery be funded long-term?
- What role can public transit providers play in food access?
- How might Medicaid support PRx or Voucher Incentive incentives?
- Can this regional model be replicated in other Illinois counties?

Opportunities for sustainability include:

- Illinois Medicaid 1115 Waiver Health-Related Social Needs benefits¹⁶
- Formula Grants for Rural Areas program (Section 5311) administered by the Federal Transit Administration, which provides capital, planning, and operating assistance to states to support public transportation in rural areas with populations of less than 50,000.¹⁷
- Diversified financing: Medicaid, Medicare Advantage, and private insurers. Medicare Advantage, for example, now covers medically tailored meals in some states, acknowledging the role of nutrition in chronic disease management.¹⁵

Lessons & Takeaways

From this study, several key takeaways have emerged:

- Transportation must be a central consideration in all rural food access efforts.
- Flexible, participant-informed models—like CSA box delivery—can remove common barriers.
- Partnerships grounded in trust and lived experience yield more relevant, successful interventions.

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