

# Produce Prescription Programs in Arizona

## An Overview and Summary of Best Practices

**Prepared By: Deshawna Yazzie, MPH(c)**

*For the:*

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# Executive Summary


The Arizona Department of Health Services' (ADHS) State Physical Activity and Nutrition (SPAN) program is a Centers for Disease Control (CDC)-funded initiative focused on supporting policies and strategies that improve nutrition and physical activity. One such strategy, Produce Prescription (PRx), uses fruit and vegetable incentives to increase access to nutritious foods and support chronic disease prevention and management. While often associated with clinical models, PRx programs in Arizona operate across a range of settings and partnerships, reflecting the unique contexts and priorities of their communities. This report provides a statewide overview of eight PRx programs currently operating in Arizona. Based on surveys and semi-structured interviews, this report highlights shared insights, strengths, challenges, and future directions. Key findings include:


 **No one-size-fits-all model:** PRx programs in Arizona vary widely in structure, setting, and delivery. Each is rooted in its local context and led by community priorities.


 **Cross-sector partnerships are essential:** Programs thrive when organizations working across health, food, and community systems come together to support shared goals.

 **Flexible and relational models:** Programs are shaped by their communities' needs, adapting how food is sourced, delivered, and shared in ways that reflect local capacity, relationships, and values.

 **Culture strengthens connection:** Integrating familiar foods, shared learning, and meaningful dialogue helps participants feel more engaged, respected, and supported in their health journeys.

 **Evaluation capacity varies:** Most programs collect some form of process or outcome data, but formal evaluation remains limited due to staff time, funding, and infrastructure.

 **Desire for shared learning and support:** Programs expressed a clear desire to learn from one another, strengthen alignment across efforts, and access shared tools or technical support.

 **Long-term sustainability is a shared goal:** Programs are seeking more stable and supportive systems, whether through policy, funding, partnerships, or infrastructure to continue and expand their impact.

This report is both a reflection of work already underway and a tool to support what comes next. It lifts up community-led strategies that are redefining how food and health intersect in Arizona. With continued collaboration, learning, and support, PRx programs across Arizona can continue to evolve—expanding access, advancing equity, and deepening their impact in the communities they serve.



# Background on Produce Prescription Programs & The Arizona Landscape

Produce Prescription (PRx) programs represent a growing national and local movement recognizing that access to nutritious food is an essential part of health. These programs aim to address nutrition insecurity and support the management or prevention of chronic conditions by connecting individuals with consistent access to nutritious foods, often through clinical or community-based referrals.

The [PRx strategy](#) is part of a national initiative developed by the CDC and Prevention to increase access to fruits and vegetables through nutrition incentive programs. This approach encourages the use of vouchers, coupons, or prescriptions for fresh produce, which can be redeemed at participating locations such as grocery stores, farmers markets, mobile markets, and food banks.

This strategy is one of several supported by the CDC's State Physical Activity and Nutrition (SPAN) program, which promotes population-level approaches to improve nutrition, increase physical activity, and prevent chronic disease. By focusing on both healthcare and community partnerships, the PRx strategy helps reduce food insecurity, improve dietary behaviors, and support the long-term management of diet-related conditions. It also plays an important role in promoting health equity by reaching populations most impacted by structural barriers to food and health access.





## What does this look like in Arizona?

Across Arizona, PRx programs operate in a wide range of settings, from health clinics and nonprofit food systems to Tribal departments and regional coalitions. Each program is shaped by its community, partners, and vision for impact. Some are embedded in clinical care models, while others function independently with strong local infrastructure and deep community ties.

While this report highlights only eight PRx programs, it reflects a broader and ongoing interest in innovative, nutrition-centered approaches to health across Arizona. More partners, from healthcare providers, food access organizations, and community-led initiatives, are continuing to explore how produce prescriptions can be integrated into their work to improve nutrition, support chronic disease management, and promote health equity.

## Purpose

This report was developed for ADHS's SPAN program to:

-  Document how eight selected PRx programs are operating across Arizona.
-  Share insights and practices that may inform future efforts.
-  Celebrate the diverse and meaningful work already underway.
-  Identify areas where connection, support, and systems alignment may strengthen long-term impact.

# Overview of Programs

Project Lead	Community Outreach and Patient Empowerment, Inc (COPE)	Northern Arizona University	Creek Valley Health Clinic	Pascua Yaqui Health Department, Sewa U'usim
Program Name	Navajo Fruit and Vegetable Prescription Program (Navajo FVRx)	EAW Fruit and Veggie Rx	Strengthening Nutrition and Activity in our Connected Community (SNACC)	Yoemem Harvest
Year Started	March 2015	August 2019	June 2022	July 2023
Location	Navajo Nation	Flagstaff, Coconino County	Colorado City, Mohave County	Tucson, Pima County
Who is Eligible? (According to Lead)	Individuals served by Navajo Nation health service units, with a focus on pregnant and postpartum women, families with young children, Elders (pilot) and individuals with an active cancer diagnosis (pilot)	NAU faculty and staff	Open to all	Adults, Yaqui Tribal Members, Native Heritage, Family history of dietary disease
What is the Prescription for?	Fruits, vegetables, and healthy Navajo traditional foods	Fruits and vegetables	Fruits and vegetables	Fruits, vegetables, traditional foods, beans, venison, and other dry goods
Value	\$224 per month	\$10-15 per week	\$20 produce vouchers and \$5 'Kids Cash' for patients	\$25-\$75 per week, for participants and their family
Funder	USDA (GusNIP), Private Philanthropy Foundations	NAU Office of Employee Assistance and Wellness, HR	Private Foundations	Indian Health Service - Produce Prescription Pilot Program (P4)

# Produce Prescription Programs

Project Lead	Sage Memorial Hospital	HonorHealth Desert Mission	Sahuarita Food Bank & Community Resource Center	The Local Co-op
Program Name	Produce Prescription Pilot Program	HonorHealth Desert Mission Produce Rx Program	Prescription for Health	Produce Prescription Program
Year Started	January 2024	May 2024	October 2024	March 2025
Location	Ganado, Apache County	Phoenix & Scottsdale, Maricopa County	Pima County	Cochise County
Who is Eligible? (According to Lead)	Community members within the service area of Sage Memorial Hospital: Ganado, Kinlichee, Klagetoh, Wide Ruins, Lower Greasewood Springs, Cornfields, Nazlini, and Steamboat on the Navajo Nation	HonorHealth patients who are on Medicare/Medicaid and meet at least one of the following criteria: positive food insecurity screening, high blood pressure, diabetes, obesity	Anyone in the community who is interested in eating healthier and making choices to improve their overall health	Anyone with a diet-related ailment
What is the Prescription for?	Fruits, vegetables, and meat	Fruits, vegetables, beans, and grains	Fruits, vegetables, and protein items	Fruits and vegetables
Value	\$185 for groceries and \$15 gift card, per month	\$25 bi-weekly, for patients	Not yet established	\$20 per week, plus \$10 weekly exercise stipend
Funder	Indian Health Service (IHS) - Produce Prescription Pilot Program (P4)	Valley of the Sun United Way	Private Donors, Pima County Health Department, and American Heart Association	The Local Co-op / Self Funded

# Navajo Fruit and Vegetable Prescription Program (Navajo FVRx)

Coordinated by Community Outreach and Patient Empowerment, Inc. (COPE)

Location: Navajo Nation | Program Duration: March 2019 – Present

## Background and Origin

Launched in 2015 by COPE, the Navajo FVRx program began as a pilot to demonstrate the effectiveness of produce prescriptions in improving health and food access. Over the past decade, it has evolved into a cross-sector initiative that collaborates with healthcare providers, local retailers, and tribal programs. Its mission is to improve nutrition, promote traditional foods, and increase food security for Navajo families.

## How It Works

Participants—including pregnant and postpartum women, families with young children, Elders, and individuals with cancer—receive \$224 per month in produce vouchers. These are distributed in person and redeemed through a network of 25 partner retailers across the Navajo Nation. Healthcare providers from IHS, community health representative (CHR) programs, and 638 facilities and local clinics help identify and refer eligible participants.

## Partnerships and Collaborations

The program is supported by the U.S. Department of Agriculture's Gus Schumacher Nutrition Incentive Program (GusNIP).—a federal initiative that funds produce prescription and nutrition incentive projects—as well as private philanthropic foundations. Key collaborators include IHS, the Navajo Nation CHR and Outreach Program, and the New Mexico Farmers' Marketing Association. Serving a Tribal Nation that spans across 4 states: Arizona, New Mexico, Utah, and Colorado, these partnerships are crucial for managing outreach, enrollment, and voucher redemption across state lines.

## Evaluations and Outcomes

COPE collects redemption and purchase data from retail partners, along with tracking health outcomes, retention, and program satisfaction. Evaluation efforts are challenged by the limitations of standardized tools, which may not align with cultural realities. The program is reworking protocols to improve cultural fit and community trust.

## Lessons Learned and Challenges

Staff turnover and instability in Medicaid policy present major barriers to sustainability. Successful strategies have included prioritizing culturally-relevant nutrition education, engaging local dietitians, and adapting programming based on direct community feedback, as “word-of-mouth” remains a key outreach method.

## Vision and Future Directions

COPE envisions a future where food is seen as healing, not restrictive. The program aims to integrate traditional foods, support community gardening efforts, and ensure access to fresh produce is sustainable long-term. Greater flexibility in evaluation metrics and consistent funding are essential to this vision.

## Contact

Katie Callahan      Email: [katie@copeprogram.org](mailto:katie@copeprogram.org)



# Employee Assistance and Wellness Fruit and Veggie Rx Program

Coordinated by Northern Arizona University

Location: Flagstaff, Az | Program Duration: August 2019 – April 2022

## Background and Origin

The EAW Fruit and Veggie Rx program was developed in response to survey data from Northern Arizona University (NAU) employees, which identified a strong desire to increase fruit and vegetable consumption. As a platinum-level Healthy Arizona Worksite, NAU's EAW Office collaborated with the campus Health Promotion office and Sodexo to deliver fresh produce weekly to participating faculty and staff. The program aligned with institutional wellness goals and reflected a broader university culture of sustainability and health promotion. Although the program ended in April 2022, the EAW team has expressed interest in reviving and enhancing it.

## How It Works

Eligible employees self-referred or were referred by healthcare providers and received vouchers valued at \$10–\$15 weekly for six weeks each semester. Vouchers were redeemed at the NAU Open Air Market, operated by Sodexo, the university's dining services contractor, every Wednesday. Program staff and graduate assistants distributed produce, provided nutrition tips, and included recipes based on the weekly selection, helping participants make the most of sometimes unfamiliar ingredients like eggplant or squash.

## Partnerships and Collaborations

The program was funded internally by the NAU EAW and NAU Human Resources. Sodexo supplied the produce and operated the market. NAU's proximity to Campus Health enabled close coordination with healthcare providers and registered dietitians, who referred participants facing chronic conditions such as diabetes or cardiovascular risk. Although no external funding was secured, EAW noted Blue Cross Blue Shield as a potential partner they hope to engage further in the future.

## Evaluations and Outcomes

Though small in scale, the program served about 25 participants per semester and maintained high redemption rates. Staff tracked participation closely and administered follow-up surveys. Anecdotally, the program improved employee wellness engagement and reinforced NAU's culture of health. However, challenges included reaching lower-wage staff and embedding the program more broadly across departments.

## Successes and Lessons Learned

The EAW Fruit and Veggie Rx program was praised for its integration into NAU's broader wellness strategies and sustainability goals. A key lesson learned was the need for more inclusive outreach, such as onsite distribution at facilities services and bilingual promotion to ensure equitable access. Though the program ended due to logistical issues and staff transitions, its structure was seen as replicable and successful.

**Vision and Future Directions**

NAU's EAW team envisions reviving and improving the program with added cooking demonstrations, alternative distribution sites, and possible connections to 'Blue Zone' community health models—regions known for longevity and healthy lifestyles. They also expressed interest in a mobile produce option or subsidized community-supported agriculture shares, as well as acquiring a demonstration kitchen or rolling setup to support nutrition education events.

**Contact**

Heather Nash  
Phone: (928) 523-1552  
Email: [heather.nash@nau.edu](mailto:heather.nash@nau.edu)



*“If we had a produce bus that could stop at major employers, it could really target food insecurity and health issues like diabetes. That’s the dream.”*

*-EAW Fruit and Veggie Rx, NAU*



# Strengthening Nutrition and Activity in our Connected Community (SNACC)

Coordinated by Creek Valley Health Clinic

Location: Colorado City, Az | Program Duration: June 2022 - Present

## Background and Origin

The SNACC program was developed through early conversations with the Arizona Department of Health Services' Cardiovascular Health Improvement Program in 2021–2022. With seed funding from a CDC grant and inspired by the goal of addressing hypertension in rural communities, Creek Valley Health Clinic created an integrated food and nutrition support model that promotes fruit and vegetable consumption, health education, and access to fresh food. The name 'SNACC' was coined with input from ADHS partners and stands for Strengthening Nutrition and Activity in our Connected Community.

## How It Works

SNACC operates through multiple integrated strategies: primary care providers distribute \$20 produce vouchers and \$5 'Kids Cash' during medical appointments, which are redeemable at Bee's Marketplace (one location). Invoices from the grocer serve as documentation of use. Eligibility is loosely defined by involvement in program-related activities such as cooking classes, recipe books, and nutrition education. While originally more open, rising costs and sustainability concerns are driving the clinic to consider more formal eligibility protocols in the future. In addition to produce, the clinic has innovatively allowed vouchers to be used for baby formula. Diapers were briefly included as well, thanks to a \$2,000 county grant.

## Partnerships and Collaborations

SNACC thrives through collaboration. Serving communities that span the Arizona-Utah border, the program benefits from strong partnerships on both sides. Utah State University SNAP-Ed provides education support, Bee's Marketplace handles voucher redemption, and the Short Creek Dream Center Food Bank supplies food for classes and community access. Creek Valley is also connected with St. George Regional Hospital (Intermountain Healthcare), which has provided past funding and shares hospital records for continuity of care. Transportation and infrastructure limitations present major barriers in the region, so SNACC relies on strong partnerships with local service providers and community organizations to expand access, deliver programming where it's most needed, and support participation across the Arizona-Utah border.

When describing a reduction in missed appointments, a staff member stated,  
***"We've seen a strong improvement of no-show rates among our chronic disease follow-ups... That little \$20 voucher goes a long way in prioritizing their visit."***

***-Creek Valley Health Clinic***



**\$20 Bee's Bucks!**

It's important to eat healthy! Spend this money on healthy foods out of the produce section at Bee's Marketplace.

## Evaluation and Outcomes

Evaluation processes are informal but growing. Prescription usage is tracked through grocer invoices, and staff monitor attendance in cooking classes. Anecdotal outcomes include reduced no-show rates for chronic disease follow-up visits and increased health engagement among families. Children learn early healthy eating habits through 'Kids Cash' vouchers, which allow them to buy produce themselves.

## Successes and Lessons Learned

The SNACC program has seen meaningful community buy-in and health engagement. Offering vouchers has increased attendance at chronic care appointments and broadened family involvement in healthy eating. A key lesson learned is the importance of striking a balance between broad access and limited capacity – particularly when it comes to class sizes and eligibility. The integration of food, healthcare, and education continues to be a powerful formula for health promotion in rural settings.

## Vision and Future Directions

The clinic hopes to sustain and expand SNACC with stable food funding, a dedicated program coordinator, and ideally, a part-time registered dietitian. They are exploring tele-health models for nutrition education and see potential to extend SNACC's reach into nearby rural and tribal communities. Greater emphasis on physical activity, formal eligibility criteria, and integrated health education are also on the horizon.



## Contact

Hunter Adams

Phone: (435) 900-1104

[hunter.adams@creekvalleyhc.com](mailto:hunter.adams@creekvalleyhc.com)

Sophia Cawley

[Sophia.cawley@creekvalleyhc.com](mailto:Sophia.cawley@creekvalleyhc.com)



# Yoemem Harvest

Coordinated by Pascua Yaqui Health Department, Sewa U'usim

Location: Tucson, Az | Program Duration: July 2023 - Present

## Background and Origin

Yoemem Harvest is a tribal-led PRx Pilot Program supported through a five-year pilot grant from the IHS (P4) initiative. Launched in July 2023, the program addresses food security and chronic disease prevention by providing fresh produce and traditional foods to eligible members of the Pascua Yaqui community. What began with internal discussions and tribal grant-writing efforts evolved into a culturally-tailored intervention designed and implemented by dedicated staff at the Pascua Yaqui Health Department.

## How It Works

Participants receive weekly produce boxes, dry goods, and traditional foods sourced from local vendors like Pivot Produce and Ramona Farms. At the beginning of each month, \$50 vouchers are also distributed for use at local farmers markets. Enrollment lasts one year per participant, and eligibility is based on Yaqui or Native heritage, family history of dietary disease, and food access needs. Referrals come from Tribal health programs, and data collection includes medical testing at baseline, six months, and program completion.

## Partnerships and Collaborations

The program collaborates with Pivot Produce, Villa's Market, Ramona Farms, Dickman's Meats, and the Community Food Bank of Southern Arizona. These partners help supply fresh produce, traditional foods (like tepary beans and venison), and provide voucher reimbursement. Internal collaboration with registered dietitians and tribal health educators supports monthly food demonstrations and nutrition workshops.

## Evaluations and Outcomes

Program impact is measured through biometric screenings (hemoglobin A1C, cholesterol, BMI, carotenoids, waist circumference) and participant feedback. Surveys are administered after each workshop to assess knowledge gained. While end-of-year data is still being processed, early participant feedback indicates improved health indicators and a strong desire to remain enrolled. The program has successfully retained a consistent team of four staff members since launch and currently serves around 90 participants.

*"We're bringing food to the community that would normally be sold at farmers markets where wealthier people shop. It's empowering to make that accessible here."*

*-Yoemem Harvest, Pascua Yaqui*



## Successes and Lessons Learned

Participants appreciate the high quality and cultural relevance of the food provided. Challenges included limited familiarity with some produce items, transportation logistics, and what staff described as "veggie fatigue" – when participants receive the same types of vegetables week after week and struggle with variety or preparation ideas. To address these, the program added dry goods and traditional ingredients like dried chilies and oregano to ease the burden of meal preparation. Food demos, recipes, and incentives for workshop participation have been effective in improving redemption and engagement.

## Visions and Future Directions

Yoemem Harvest aims to integrate more traditional foods into everyday community meals by supporting the tribe's own farm, growing crops like Yaqui blue corn, tepary beans, and squash. Plans include distributing prepared meals made with traditional ingredients, expanding partnerships with local vendors and restaurants, and improving kitchen infrastructure for cooking demos. The program aspires to become a model for sustainable food systems rooted in Indigenous knowledge and cultural continuity.

## Contact

Gabriel Vega

Phone: (520) 679 - 3485

Email: [gvega@pascuayaqui-nsn.gov](mailto:gvega@pascuayaqui-nsn.gov)



*"We didn't want to become a delivery service. We want participants to take initiative and feel part of the process."*

*-Yoemem Harvest, Pascu Yaqui*



# Produce Prescription Pilot Program

Coordinated by Sage Memorial Hospital

Location: Ganado, Az | Program Duration: January 2024 - Present

## Background and Origin

Sage Memorial Hospital received one of five national grants through the IHS PRx Pilot Program (P4) and is currently operating on the Navajo Nation. Launched in January 2024, this five-year initiative addresses food insecurity and chronic disease through nutrition access and culturally-tailored education. The hospital partners with Navajo Nation Community Health Representatives (CHRs), chapter houses, and local healthcare providers to serve individuals with elevated health risks and limited access to grocery stores.

## How It Works

The program serves two distinct participant groups: those using a loyalty card system at Basha's grocery stores and those receiving direct deliveries to remote areas. All participants receive \$185/month in approved food items, with an additional \$15 gift card to cover taxes when shopping at Basha's. For delivery participants, program staff shop and deliver food based on a personalized menu. Deliveries often include nutrition education materials and culturally relevant items like blue corn, squash, and sumac dip.

Cooking demonstrations and nutrition education sessions are held monthly at local chapter houses, attracting 20–30 participants per class. These workshops emphasize traditional foods and health education themes. For homebound Elders receiving deliveries, CHRs or bilingual staff provide in-home education with tools like non-electric blenders, green smoothie guides, and storage tips. Feedback indicates high engagement and excitement about cultural food education and new food prep ideas.

## Partnerships and Collaborations

The program is supported by IHS funding and delivered in collaboration with Basha's grocery stores, Navajo Nation CHRs, Apache County, senior centers, and local chapter houses. These partners support participant referrals, community access, and in-kind support such as facility space and outreach capacity. The program also collaborates with registered dietitians and vendors to refine product lists and purchase protocols.

## Evaluations and Outcomes

The program tracks qualitative and process-level data through surveys, participant check-ins, and ongoing team discussions. Though early in implementation, staff have documented reduced food insecurity, greater community trust, and improved access to nutritious foods for isolated residents. Evaluation efforts emphasize cultural sensitivity and participant dignity, with additional attention to minimizing embarrassment at checkout, tailoring food lists, and refining store processes.



## Successes and Lessons Learned

Key lessons from Sage Memorial's first year include the importance of communication and participant-centered systems design. Early challenges—such as produce items not scanning correctly at checkout or confusion around store systems—caused frustration and occasional embarrassment for participants. In response, staff implemented guided walkthroughs, regular check-ins, and direct collaboration with Basha's to refine purchasing processes.

Staff emphasized the importance of culturally-humble, high-touch engagement, especially when serving Elders in isolated areas. Trust was built through bilingual home visits, personalized nutrition education, and adaptive tools like non-electric blenders. These relational approaches were critical to maintaining high participation and reducing food insecurity among hard-to-reach residents.

## Visions and Future Directions

Sage Memorial envisions expanding beyond food access toward long-term food sovereignty and community resilience. Plans include investing in community farming infrastructure, creating a certified kitchen for food preparation and packaging, and developing pathways for local farmers to sell produce to retail outlets. Additional goals include launching a food insecurity coding system within clinical settings and offering emergency food boxes for patients in crisis. By supporting economic development alongside nutrition access, the program aims to transform how food systems operate across the Navajo Nation.

## Contact

Rodgina Paul

Phone: (928) 410-9850

Email: [rodgina.paul@sagememorial.com](mailto:rodgina.paul@sagememorial.com)



# HonorHealth Desert Mission Produce Rx Program

Coordinated by HonorHealth Desert Mission

Location: Phoenix/Scottsdale, Az | Program Duration: May 2024 - August 2024

## Background and Origin

The Desert Mission Produce Rx Program was developed by HonorHealth Desert Mission as part of a broader strategy to integrate community-based health efforts with patient care. Building on nearly two decades of SNAP-Ed experience and leveraging the nonprofit's position within the HonorHealth system, the pilot was launched in May 2024. It was driven by growing internal interest in food-as-medicine, particularly within the system's Integrative Medicine department. The program expands Desert Mission's longstanding mobile farm stand model, offering produce directly at health facilities and community sites.

## How It Works

Participants are referred by medical providers based on eligibility criteria, including positive food insecurity screening, type 2 diabetes, hypertension, or obesity. Prescriptions valued at \$25 per patient are issued biweekly and redeemed at HonorHealth-operated mobile markets, which accept SNAP, Double Up Food Bucks, and other nutrition incentives. The program is structured around shared medical visits at some sites, where produce pickup is integrated with group education and cooking demonstrations led by registered dietitians.

Shared medical visits include biweekly classes for participants, where nutrition education is delivered alongside produce distribution. This model was piloted successfully at the HonorHealth Integrative Medicine Office, while another pilot site faced lower retention due to less direct provider engagement. Produce is sourced through the Sun Produce Cooperative, which aggregates from small-scale and historically underrepresented Arizona farmers. The program prioritizes culturally-relevant offerings like chilies and nopales when available.

## Partnerships and Collaborations

Core partners include the HonorHealth Integrative Medicine and North Phoenix Medical Group offices, Sun Produce Cooperative, and Valley of the Sun United Way (primary funder). The University of Arizona Culinary Medicine Program and affiliated physicians provide additional programmatic leadership and data alignment. HonorHealth's internal infrastructure, including a refrigerated van, supports safe distribution during Arizona's summer heat.



*"Our refrigerated van made it possible to operate mobile markets in 115-degree heat – access means everything."*

*-HonorHealth Desert Mission*

## Evaluations and Outcomes

Pre- and post-surveys based on GusNIP tools are used to evaluate participant behavior change and program effectiveness. While biometric outcomes were not captured in the initial pilot, providers and participants reported improved energy, food access, and satisfaction. Retention varied across sites, with higher engagement at clinics offering shared medical visits, where participants attend group-based appointments that combine clinical care with nutrition education and produce distribution. HonorHealth plans to integrate more robust evaluation metrics through future pilots and possible partnerships with its internal research institute.

## Successes and Lessons Learned

High provider engagement, integration with shared medical visits, and culturally-responsive produce offerings emerged as major strengths. Conversely, low provider buy-in led to lower retention at other sites. One major lesson was the importance of clinical champions and intentional site-level engagement. Infrastructure support—such as mobile markets and storage—proved essential to successful operation. Future iterations will explore redemption tracking technology, multi-site distribution, and broader provider participation.

## Visions and Future Directions

Desert Mission aims to expand its PRx model across the HonorHealth system and additional clinics serving high-need populations. The program envisions developing a universal voucher redemption system, securing food-as-medicine insurance reimbursement, and continuing to engage with statewide efforts related to Medicaid 1115 waivers, which are federal mechanisms that allow states to pilot innovative health programs. They also plan to enhance research collaborations and build capacity for medically-tailored interventions integrated within HonorHealth's long-term community health strategy.

## Contact

Anne Costa

Email: [acosta@honorhealth.com](mailto:acosta@honorhealth.com)



## Desert Mission



# Prescription for Health

**Coordinated by Sahuarita Food Bank & Community Resource Center**  
**Location: Pima County | Program Duration: October 2024 - Present**

## Background and Origin

Prescription for Health is a pilot initiative created by the Sahuarita Food Bank & Community Resource Center to support nutrition access and chronic disease prevention through education and food distribution. Launched in partnership with Pima County's REACH grant and supported by local healthcare providers and community health workers (CHWs), the program has evolved through multiple pilot phases, each designed to refine implementation in both rural and semi-urban communities. A mobile classroom has allowed the Food Bank to reach residents in areas like Arivaca and Summit, where access to health and food services is more limited.

## How It Works

The program is delivered as a 12-week series featuring nutrition education, cooking demonstrations, basic health screenings, and physical activity classes. Some rural sites implement a 4-week modular format to increase retention. Participants are recruited through CHWs or healthcare referrals and receive food, including produce and protein, during each session. Mobile outreach and culturally-sensitive programming have been the key to engagement.

## Partnerships and Collaborations

Key partners include United Community Health Center, Banner Health (via FoodSmart), and the University of Arizona Nosotros Program. CHWs lead recruitment and logistics. The program is supported by private donors, Pima County Health Department, and the American Heart Association.

## Evaluation and Outcomes

Program evaluation is evolving, with early pilots incorporating hemoglobin A1C testing and health screenings like liver scans and blood pressure. Participant feedback, class attendance, and survey data are collected across sites. Preliminary results showed reductions in A1C for participants who completed prior sessions. The Food Bank continues working with Pima REACH and CDC to formalize their evaluation framework.

*"We're trying to capture the entire family. When caregivers are in class, kids are doing something else fun."*

*-Sahuarita Food Bank*



## Successes and Lessons Learned

Participant engagement increases with interactive, hands-on activities like cooking demos, grocery store tours, and recipe sharing. Programs remain flexible: classes are capped at 10 and tailored to dietary needs (e.g., gluten-free, lactose-free, plant-based). Recipe cards and take-home materials support long-term behavior change. CHWs and instructors offer personalized follow-up, and the program emphasizes fluid, responsive programming over rigid curricula.

## Vision and Future Directions

Sahuarita Food Bank aims to transition out of the pilot phase and offer a sustainable, scalable program model adaptable to rural and urban settings. Their vision includes shared statewide resources, ongoing community feedback, and integration with healthcare providers. Desired supports include access to physicians and dietitians with caring bedside manner, mobile screening tools, and funding for staffing educational components.

## Contact

Carlos Valles  
cvalles@sfb-crc.org



*"It's so much more than just produce. We're helping people navigate allergies, dietary preferences, and learn new cooking skills."*

*-Sahuarita Food Bank*



# Produce Prescription Program

Coordinated by The Local Co-op

Location: Cochise County | Program Duration: March 2025 – Present

## Background and Origin

The Local Co-op's Produce Prescription Program emerged from the organization's success in SNAP and Double Up Food Bucks retail integration. After identifying a growing number of customers with diet-related conditions, the team piloted a produce prescription program in early 2025 to address health and food access together. Designed as a holistic health intervention, the program integrates nutrition, movement, and personalized support. It is currently self-funded by the Co-op as a long-term investment in community health and food system innovation.

## How It Works

Participants with diet-related conditions such as diabetes or hypertension receive \$20 per week in fresh produce and a \$10 weekly movement stipend. A registered dietitian conducts an initial consultation to co-design food and nutrition goals. Participants then receive biweekly follow-ups, and a physical therapist offers movement support tailored to the individual's needs. Distribution occurs through drop-off points across the county, supported by the Co-op's CSA infrastructure. Participants also receive educational media produced by a contracted herbalist.

The Local Co-op emphasizes tailored wellness support through tele-health sessions with the registered dietitian and fitness consultations with a personal coach. Participants receive nutrition education media, custom grocery menus, and movement plans adapted to their capacity and environment. Stipends can be used for classes, equipment, or gym access. The program aims to make health education actionable, accessible, and community-driven.

## Partnerships and Collaborations

Key collaborators include a registered dietitian, physical therapist, herbalist, and small businesses providing drop-off locations and fitness services. The program leverages CSA software and e-commerce infrastructure to manage operations and compliance. While currently limited to six participants, the program is designed to scale, with referral partnerships forming through the Unite Us platform—an integrated network that connects healthcare and social service providers—and growing interest from other healthcare partners in Pima County.

## Evaluations and Outcomes

Evaluation includes SMART goal tracking between participants and providers, Google Forms for intake and exit surveys, and CSAware to track redemption and purchases. The Co-op is especially interested in understanding what contributes to participant engagement, retention, and success, and uses pre-screening to ensure commitment. Qualitative feedback from participants and providers is already shaping program refinement and future growth strategies.



## Successes and Lessons Learned

Early successes include strong participant buy-in and positive engagement from both families and providers. Co-designing nutrition and movement plans builds participant ownership and accountability. The team identified that family involvement and pre-screening for readiness significantly improve outcomes. Lessons learned emphasize the need for integrated technology systems, streamlined referral platforms, and clear communication tools to minimize administrative burden and support scalability.

## Visions and Future Directions

The Co-op plans to scale the program using funding from Medicaid waivers, GusNIP, or private foundations. Long-term, they envision integrating biometric tracking, coding for food insecurity, and app-based management tools to support both participants and providers. The Co-op also advocates for keeping Arizona-grown produce at the center of PRx programs, ensuring small farms are supported alongside community health. Their vision prioritizes local food systems, participant dignity, and sustainable rural health transformation.

## Contact

John Benedict

Phone: (609) 636 - 8333

Email: john.benedict90@gmail.com

Veronika Jollivette

Phone: (818) 932 - 5200

Email: veronika@thelocalcoopaz.com



*"We want our local produce to go where it matters most—not just the farmers market, but to the people who need it most."*

*"Our dream is a fully integrated platform where access, produce, and movement all work together to support health."*

*-The Local Co-Op*

**PRODUCE Rx**

**THE LOCAL CO-OP**

A GROWER OPERATED FOOD HUB

THELOCALCOOPAZ.COM

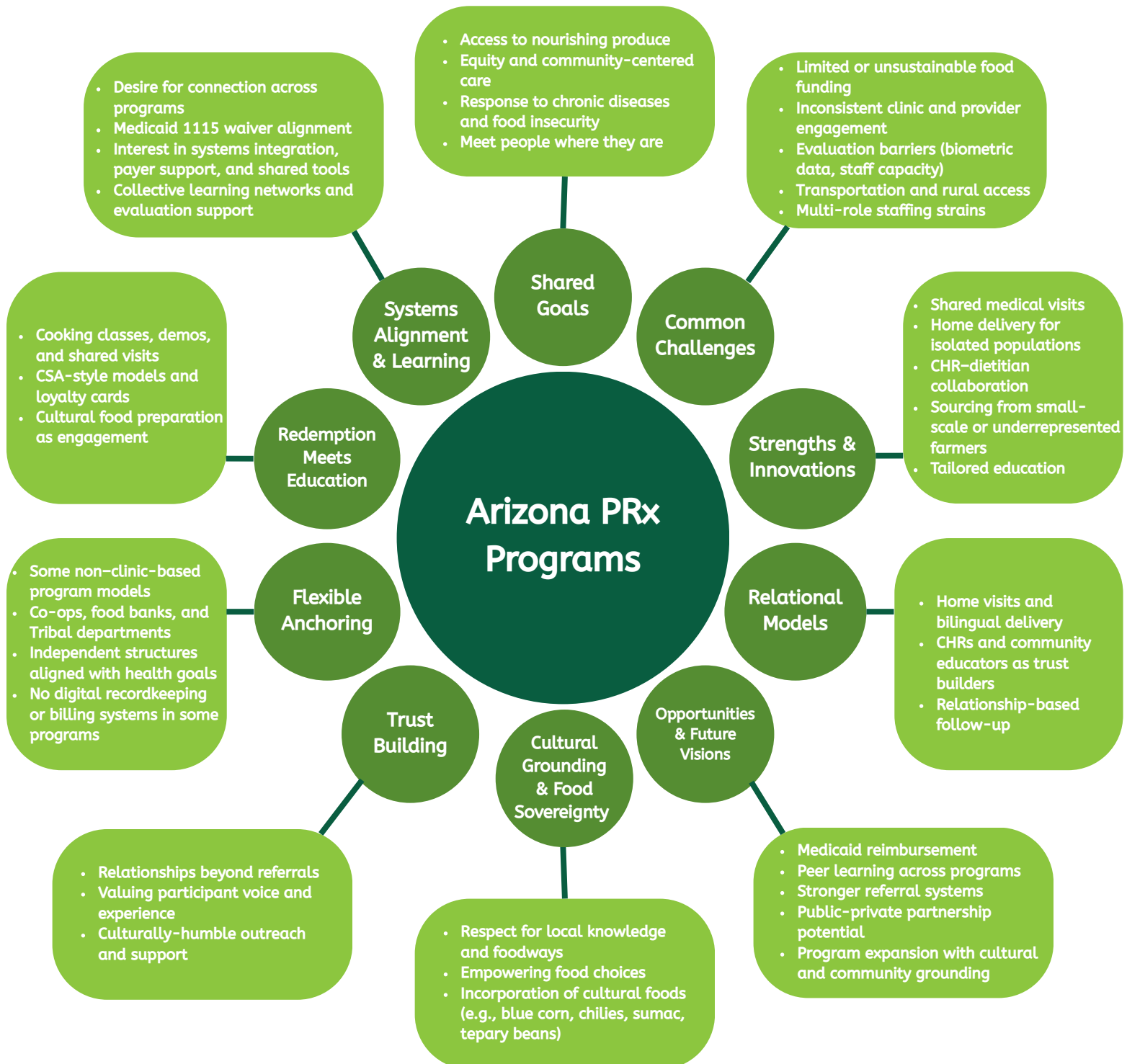
This initiative offers participants 8 weeks of customized, specialist-tailored prescriptions of fruits, veggies, herbs, and more, all grown by local farmers and provided free of charge. In addition to receiving these weekly "prescriptions," participants will be awarded a stipend for exercise-related expenses, making it a truly holistic approach to health and wellness.

**Learn more via link in bio**



# Cross-Program Themes and Shared Insights

Arizona's PRx programs are as diverse as the communities they serve. Through interviews and surveys with eight programs across the state, several shared themes emerged, highlighting both the strengths and needs of this growing field. These insights reflect how PRx programs, while unique in structure, are aligned in purpose, to increase equitable access to fresh foods, improve health outcomes, and respond to community needs through culturally-grounded, collaborative approaches.











# Summary and Best Practices

This report is a reflection of eight unique programs, but it is also a mirror of a larger movement, that PRx programs in Arizona are already doing powerful, adaptive, and culturally-grounded work to support health through food access. Each program was built for its people. Some are tightly woven into healthcare systems, others are rooted in food banks, co-ops, or Tribally-run health departments. All of them, whether urban or rural, system-based or independent, are working to provide food access with dignity, flexibility, and care.

Across these diverse models, clear themes emerged. Though each program used different language, they shared common priorities: reducing food insecurity, supporting people managing chronic conditions, and creating consistent, welcoming spaces where health is nurtured through food, education, and connection. The thematic map, on page 20, reflects a collective story of growth, resilience, and vision. PRx programs across Arizona are not only offering access to fruits and vegetables—they are building relationships, reclaiming traditional foodways, adapting to infrastructure constraints, and elevating local voice in program design.

Several best practices stood out across interviews and survey responses:

-  Programs that thrive often center community partnerships—not just as collaborators, but as co-creators. Tribal health workers, local growers, clinicians, and registered dietitians all bring essential insight.
-  Trust-building is foundational. Whether through CHRs, shared medical visits, or food bank navigators, people engage when they feel seen and supported.
-  Flexibility matters. From eligibility and distribution to education and scheduling, programs adapted their models to reflect lived realities – not assumptions.
-  While formal metrics were often limited, informal feedback and storytelling provided meaningful signals about engagement and retention.
-  Programs that emphasized culturally-relevant foods, cooking, and education saw stronger participant satisfaction and deeper community connection.
-  Finally, program staff consistently expressed a desire for connection and shared learning – across counties, systems, and sectors.

Arizona's PRx leaders are piloting, adapting, and scaling programs using the tools and relationships currently available to them. Many operate without secure funding or formal infrastructure, yet continue to meet people where they are. As the field of produce prescription grows, this report documents the current landscape of PRx programs in Arizona and encourages reflection on the values and practices that emerge when programs are built with, not for, their communities. This is both a snapshot of current efforts and a signal of continued momentum. With sustained support and shared learning, Arizona's PRx programs are well positioned to deepen their impact on food insecurity, nutrition access, and chronic disease outcomes.