



# KANE COUNTY FOOD HUB FRESH & LOCAL PRESCRIPTION PROGRAM



## A Case Study

Prepared by New Venture Advisors  
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Localizing the Chicago Foodshed

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## PROJECT BACKGROUND

In December of 2017, following multiple phases of planning, the completion of a feasibility study and a lengthy operator search, Kane County selected PKE Enterprises as the operator for the new Kane County Food Hub. This marked an important transition from a public-sector planning initiative to a public-private partnership formed to launch a food hub serving farmers and residents in Kane County Illinois. The Food Hub's broad goals were to address the needs of local farmers for aggregation and distribution services in addition to providing a new wholesale sales channel for local growers to sell their products, with the overall vision of strengthening the local food system and making fresh, locally-grown food more available within Kane County, IL. PKE Enterprises operates a family of businesses under the Dream Hub banner including Dream Kitchen, Dream Foods, Dream Hall, Ignite Spaces, Dream Kitchen-EDU, Dream Brand—and Dream Distributors, the operating entity of the Kane County Food Hub, which launched in order to fulfill this vision.

In 2018, Dream Distributors launched its pilot season by implementing the Fresh & Local Prescription Program (“Rx Box Program”). The Rx Box Program was designed as a means to implement the [Growing for Kane Ordinance](#), a policy established in 2013 to increase access to locally grown fresh fruits and vegetables, and to address two key challenges:

- 1) Constraints local growers face in increasing their sales. Only 17% of growers surveyed through Kane County's 2016 Food Hub Feasibility Study reported selling through wholesale channels.
- 2) Limited access to healthy food among Kane County residents. According to County Health data, fewer than 20% of adults and 10% of children are eating the recommended minimum of five servings of fruits and vegetables per day.

The program was supported through funding from two sources: a Telligen Community Initiative grant to improve access to healthy food among vulnerable populations with one or more health risk, and a Catalyst Grant from Food:Land:Opportunity (FLO) to increase opportunities for local producers to sell at the wholesale level and the food hub to procure and distribute produce. The Rx Box Program addressed each stakeholder's goals of improving food access, health and food security, and aiding the new food hub in its pilot season.

The program is modeled after a conventional Community Supported Agriculture (CSA) distribution system, through which participants receive a regular allotment (“box”) of fresh produce from one or more local farms. This program differed from the typical CSA in the type of customer intended to receive the boxes, and the high-touch method of enrollment, engagement, and box delivery. Through a partnership with Rush Copley Hospital, 50 patients were enrolled in the Rx Box Program. Rush Copley and Kane County partnered to enroll patients at risk of chronic diseases in order to expand the variety of fresh produce they habitually consume and provide them with locally-grown fresh produce, cooking demonstrations and nutrition counseling. Over a five-month period, participants received nine CSA box deliveries supplied with produce from local farmers. Dream Distributors, the project's partnering food hub operator, coordinated the crop planning, aggregation, and delivery of the Rx Box of local produce to the Rush Copley Medical Center for pickup.

## Timeline of Project

PKE Enterprises (dba Dream Distributors) Chosen as Food Hub Operator .....	September 2017
Rx Box Program Kickoff .....	December 2017
Farm Advisor Recruitment .....	December 2017
Farmer Supplier Recruitment .....	December 2017-March 2018
Farmer Food Safety and Wholesale Readiness Trainings.....	March 2 and 17, 2018
Patient Enrollment .....	April 2018
Rx Box Program Launch.....	June 23, 2018
Weekly CSA Pick-ups and Cooking Demonstrations.....	June-October 2018
Program Evaluation: Patients and Farmers Surveyed.....	October-December 2018
Program Evaluation: Interviews Conducted.....	November-December 2018
Case Study Report Prepared.....	December 2018

## Project Team

Multiple organizations partnered in the implementation of the Rx Box Program. Kane County provided program oversight and hired a consultant to coordinate on-the-ground activities. PKE Enterprises / Dream Hub purchased, packed and delivered produce boxes through its Dream Distributors subsidiary. Rush Copley recruited participants, distributed the boxes and conducted the cooking classes. New Venture Advisors assisted in setting up the pilot as project manager and completed the case study.

Name	Organization	Role
Janice Hill	Kane County	Program Oversight
Matthew Tansley	Kane County	Program Management
Ricki Chaidez	Kane County	Consultant; Program Coordinator
Kevin Echevarria	PKE Enterprises/Dream Hub	Dream Distributors CEO
John Richards	PKE Enterprises/Dream Hub	Dream Distributors Program Manager
Maryll Moon	Rush Copley Foundation	Oversight and grant reporter
Dr. Simren Singh	Rush Copley Hospital	Patient Enrollment / Rx Box Prescriber
Jennifer Waters	Rush Copley Hospital	Dietician; Class Instructor
Kathryn Giudice	Rush Copley Hospital	Dietician; Class Instructor
Kathy Nyquist	New Venture Advisors	Consultant; Oversight
Caroline Myran	New Venture Advisors	Consultant; Project Manager
Sheree Goertzen	New Venture Advisors	Consultant; Case Study Author

## Evaluation Methodology

The Fresh & Local Prescription Program began in December 2017 and was completed with the last CSA box delivery in October 2018. Evaluation of the program began immediately after the conclusion of the program. New Venture Advisors (NVA) obtained all relevant documents regarding the Rx Box Program, reviewed the outcome evaluation in the Telligen and Catalyst grants, and worked with Kane County to identify a list of program stakeholders to be interviewed for the case study. Kane County also included a written summary of their priorities and assessment of the program, which is included in Appendix 10. NVA also obtained surveys conducted during the program by the Program Coordinator, which included:

1. Patient pre-program survey

2. Patient post-program survey
3. Weekly patient veggie usage surveys (for the nine-week program)
4. Farmer training feedback surveys (2)

In addition to the surveys above, NVA sent out an overall post-program survey (found in Appendix 5) to the eight farmers that supplied the Rx Box Program (note: the survey did not go to Tom’s Market which supplied strawberries to CSA Box 1). The survey was open December 4-18, 2018. Five out of the eight farmers responded. The survey went to:

<b>Name</b>	<b>Farm</b>
Cari Shaw and Lauren Erdmanis	Renshaw Farms
Donna Lehrer	Big Rock Farms
Tony and Sharon Pferschy	Garlic Breath Farms
Dan Klein	Klein Farms
Katie Palomares	Mighty Greens Farms
Marc Bernard	Rustic Road Farm
Patty Marco	Wiltse Farm

NVA designed tailored interview guides (found in Appendices 6-8) for Kane County, the Dream Hub, Rush Copley, farmers, and FLO. Interviews took place from November 20-30, 2018. The following nine stakeholders were interviewed:

<b>Name</b>	<b>Organization</b>
Matt Tansley	Kane County
Ricki Chaidez	Kane County (contractor)
Kevin Echevarria	Dream Hub
Dr. Singh	Rush Copley
Maryll Moon, Jen Waters, Katie Giudice	Rush Copley
Dan Klein	Klein Farms
Donna Lehrer	Big Rock Farms
Tony and Sharon Pferschy	Garlic Breath Farms
Lenore Beyer	Kinship Foundation (FLO)

## CASE STUDY

### Program Goals

The Fresh and Local Rx Program “Rx Box Program” aimed to serve three distinct constituencies: local growers in Kane County, patients at Rush Copley Hospital, and a new produce aggregation and distribution center – Dream Distributors. The program focused on providing successful outcomes under three main categories:

HEALTHY FOOD ACCESS	FARMER READINESS	FOOD HUB READINESS
<ul style="list-style-type: none"><li>• <b>CHALLENGE:</b> Limited access to healthy food in Kane County</li><li>• <b>GOAL:</b> Prescribe CSA boxes of fresh fruits and vegetables to vulnerable populations with one or more health related risk factors</li></ul>	<ul style="list-style-type: none"><li>• <b>CHALLENGE:</b> Local growers face constraints in accessing wholesale markets and selling at scale</li><li>• <b>GOAL:</b> Create new channels for wholesale purchasing and provide technical assistance to growers</li></ul>	<ul style="list-style-type: none"><li>• <b>CHALLENGE:</b> Launching successful food hub operations</li><li>• <b>GOAL:</b> Pilot a soft launch of the food hub, identify and solve for challenges, and build relationships between growers, buyers, and institutions</li></ul>

The Rx Box program was designed to give local farmers training and access to a new wholesale market while allowing the newly-minted Dream Distributors to pilot their operations and processes in their first operational season. The produce procured by Dream Distributors was aggregated and packed into CSA shares for patients at Rush Copley Hospital with risk factors for chronic disease and self-reported low access to fresh fruits and vegetables.

### Program Elements and Stakeholder Takeaways

The following sections report on the set up, implementation, successes and key takeaways of the program as reported by stakeholders through interviews and surveys.

#### Patient Recruitment

Dr. Singh, a Family Medicine practice physician at Rush Copley Hospital, recruited and enrolled patients to participate in the Rx Box Program in the Spring of 2018. All patients recruited had at least one diet or health related risk factor such as obesity, heart disease, high blood pressure, high cholesterol, smoking, stroke, or osteoarthritis. Patients who enrolled were “prescribed” nine CSA boxes of fresh fruits and vegetables from June through October, and with each received recipes, live cooking demonstrations and nutrition classes. They signed an agreement to attend each session or send a family member substitute, to complete a short survey each time to give feedback about their CSA, and for their medical information to be used confidentially to publish results about benefits of the program. While not a requirement, patients were asked if they had challenges accessing healthy food due to transportation or income restrictions. Spanish translation services were available.

Enrollment was orchestrated through a screening process designed by Dr. Singh. Her staff was instructed to enroll up to 50 low-income patients with one or more chronic diseases, risk factors for chronic diseases, or who self-report a problem accessing healthy food due to income or transportation barriers. She provided a script and check list of requirements for office assistants and nurses to use when signing up a patient for the program (see Appendix 1). Dr. Singh held a kickoff meeting with her staff to explain the program and how to enroll patients. Together, they brainstormed an initial list of patients that would meet the screening requirements of the program. 100% of the patients enrolled were screened and registered by the front desk administrator or a nurse. Dr. Singh reported not enrolling any patients herself. The program had 50 slots available and Dr. Singh's office enrolled exactly 50 patients based on their screening form; however, only 25 patients showed up to the first session.

#### Key Takeaways from Post-Program Surveys and Interviews

- It was not difficult to register 50 patients but the intake form didn't gauge patient *willingness* to change their behavior or if eating in a new way was *important* to them. This may have contributed to a large drop-off seen at the beginning of the program (discussed below).
- The recruiting process was well thought out in the planning stage, but the screening and enrollment process lacked transparency and collaboration outside of Dr. Singh's office. Dietitians and Kane County were unaware of how patients were screened and enrolled and felt the enrollment process needed to be adjusted in the future iteration of the Rx Box Program to improve retention rates.
- Income was not a factor in enrolling a program participant although patients were able to self-report income-related challenges to accessing healthy foods on the intake form.
- Price was cited as the major barrier for patient enrollees to purchasing or consuming fruits/vegetables. All enrollees indicated knowing that eating fruits and vegetables was good for their health but that cost prevented them from consuming them.

#### Farmer Recruitment and Training

There were three main requirements put in place by Dream Distributors for farmers to supply produce for the Rx Box Program. Each farmer needed to: 1) attend a wholesale readiness and farm safety training provided by FamilyFarmed, 2) secure appropriate insurance, and 3) obtain a wholesale license. The two farmer trainings by FamilyFarmed were provided free of charge to help farmers meet the requirements.

Beginning in December 2017, Dream Distributors and the program coordinator worked collaboratively with the farmer participants in getting them ready to supply for the program. As wholesale products often come in different forms than vegetables sold at retail, this was a helpful process for farmers newer to this market. With the assistance of two veteran farmer advisors experienced in wholesaling, Dream Distributors provided specs and recommendations to each farmer on how they wanted the produce to be packed and prepared before it arrived at the hub (i.e. bunched or boxed, washed or unwashed, heads, topped, etc.) There was one meeting prior to kicking off the program attended by all farmers, stakeholders, and hospital partners. This was the only time during the program that all of the project partners met, and many farmers reported an interest in having more face-to-face meetings in the future.

Six farmers participated in the Wholesale Readiness Training on March 2, 2018 and twelve farmers participated in the Food Safety Training on March 17, 2018, both conducted by FamilyFarmed. The first training covered wholesale marketing and relationship building, crop planning, risk management, post-harvest handling and cost analysis. The second training provided an introduction to food safety, the Food Safety Modernization Act (FSMA) and compliance on the farm, worker training and human health and hygiene, land use risk assessments, farm and soil amendments, record keeping and postharvest sanitation practices. It also required farmers to come prepared with an on-farm food safety map in order to create a food safety action plan. The trainings were very well received and appreciated by all participants, even veteran farmers who had gone through similar trainings in the past. Many participants asked for additional trainings in the future.

After completing the required trainings, selected farmers worked iteratively with Dream Distributors to design and adjust their 2018 crop plan for the Rx Box program. Once crop plans were finalized, the Dream Distributor team created a crop availability list which showed which produce items would be available during each month from all suppliers and shared it with the dieticians at Rush Copley. Using the crop list, the dieticians crafted recipes for each session using what would be in season.

After the crop plan was set, each farmer presented their wholesale pricing to Dream Distributors. For the pilot, Dream Distributors did not go back and forth on pricing with farmers and chose to honor the prices presented. First-time wholesale sellers reported difficulty in knowing how to set wholesale prices. Dream Distributors also chose not to create formal contracts with the growers and honored the agreement and the pricing through the season. A sample process flow chart outlining steps during program set-up was created by Dream Distributors in Spring 2018 (see Appendix 9).

When substitutions had to be made due to weather or crop failures or unpredictable harvests, the Program Coordinator and Dream Distributors worked in concert to communicate this to Rush Copley and to the growers.

#### Key Takeaways from Post-Program Surveys and Interviews

- **Food Safety and Wholesale Readiness Trainings were successful.** 100% of farmers reported that they were satisfied with each of the trainings and agreed that it would enable them to better meet the supply and distribution needs of new wholesale buyers. Even more seasoned farmers mentioned that the trainings were a good refresher for their own operation and that they adjusted some on farm-practices after attending.
- **Farmers would like access to more trainings.** Many farmers cited the trainings as a highlight of the program. For some, this program was their first time selling wholesale. All farmers mentioned that the trainings were helpful and that they would like to have access to more trainings in the future, especially regarding wholesale readiness.
- **Farmers want more opportunities to share best practices.** Farmers reported it being helpful to get together to share best practices and network about who grows what crops, as they did in the beginning of the program. Some asked for more of this type of collaboration and networking regarding selling to Dream Distributors in the future.



- **Farmers may need additional support with their food safety plans.** Of the five growers who completed a post-program survey, only two have an on-farm safety plan in place, two are developing a plan, and one farmer is interested in developing a plan but needs more assistance.
- **Kane County is invested in local growers and strengthening their markets.** Kane County reinforced its commitment to exposing farmers to more wholesaling opportunities. Wholesale is an untapped market for small growers to increase their specialty crop production.

## Nutrition and Cooking Classes

Fifty patients registered for the program in April 2018, but only 25 showed up for the first session which began June 23, 2018. The patients filled out a pre-program survey at the first session to get a baseline of patient knowledge, health, and eating habits. These baseline surveys revealed that the majority of the patient cohort had little knowledge of where to buy local produce, had never shopped at a farmer’s market, and that the high cost of fresh fruits and vegetables was a major barrier to purchasing produce.



*Figure 1: Rush Copley dietician demonstrating weekly Rx Box recipe, 2018*

Program participants received nine Rx Box distributions—once in June, and twice in July, August, September, and October. Patients could choose their day of participation: Saturday morning, Monday morning, or Wednesday evening.

Each session included a 45-minute demonstration by a Rush Copley dietician introducing them to the produce in that week’s Rx Box and a cooking demonstration of a recipe using the weekly produce. Afterwards, patients received their box (either one or two based on the size of their family) directly from the Dream Distributors refrigerated truck that was waiting outside. Recipe cards were included in each Rx Box delivery. At the following session, patients were given a paper survey asking them about their previous Rx Box delivery: if they used the vegetables, what they liked best, if they threw any vegetables away and why, and if they tried the recipes. These surveys were compiled at the end of the program by the Program Coordinator.



*Figure 3: Dream Distributors delivering Rx Box (bags) to program participants in Rush Copley parking lot, 2018.*

The location was convenient and ADA compliant for patients; however, because the food was not prepared in a licensed commercial kitchen, patients

were unable to taste recipes due to health code restraints. This represented a significant missed opportunity for the program, as program participants had to watch, smell, and observe the preparations of the recipes but then could not taste the final result.

The classes ran smoothly with both dieticians and participants reporting their enjoyment of the program. However, as the season progressed attendance declined. The dieticians sent out reminder calls and emails before every session to encourage participation, but the final classes had eleven patients total. Participants who dropped out did not answer or return calls, so the reasons they stopped attending could not be ascertained.

#### Key Takeaways from Post-Program Surveys and Interviews

- **Patients who remained to the end of the program were highly engaged and enthusiastic.** Eleven patients participated in the final sessions. Anecdotally, patients raved about the program and asked repeatedly if it would be offered the following season.
- **Patients were not able to taste the recipes.** Because the demonstrations were not hosted in a licensed commercial kitchen, the program participants were not able to try the weekly recipes prepared by the dieticians. **This represented a major missed opportunity for the program** in regards to patient engagement and may have impacted retention rates.
- **Feedback from the weekly surveys was not shared with the dieticians leading the sessions.** Thus, the dieticians never received any feedback on their classes, instruction, vegetables or recipes and could not adjust to meet the potential requests or concerns (if any). Even if feedback had been available, dieticians may not have been able to adjust the program mid-season because they were allotted a small amount of time to spend on the project.
- **It was difficult to capture adequate feedback on the program** to understand why people stopped attending, as many enrollees did not return phone calls after missing one or two classes. The main reasons cited for the drop-off in attendance from those who responded were either a change in work schedule or the start of school for their children in the fall.
- Weekly paper surveys were collectively entered into Survey Monkey by the Program Coordinator. Surveys did not ask for the patient/s name or an ID. The surveys also did not track the date they were filled out and the boxes they were evaluating so there was no way to align survey responses to CSA deliveries and recipes. **This made it difficult to track the progress of individual patients** and provide substantive outcomes on their experience and behavior change. Mid-program evaluation surveys should be designed with these reporting requirements in mind in the future.

#### Sourcing, Aggregation, and Distribution of Rx Boxes

The Rx Box Program was the first operation for Dream Distributors (DD). They were responsible for procuring the produce from local growers, processing it to be divided into the CSA boxes, and then delivering it to Rush Copley Hospital for the patients. Produce was procured on Thursday/Friday and held for deliveries which were made on Saturday morning, Monday morning, and Wednesday evening. DD had use of only one refrigerated truck which complicated the logistics of produce pick-ups. They picked up from eight farms two days per week and made deliveries three days per week. DD worked

with some farmers to aggregate products at one central location in addition to picking up product directly from some farmers.

In the beginning of the pilot, DD gave growers a four-hour window in which they would pick-up. As the program progressed, DD gave farmers a wider pick-up window so farmers could still gauge when to have the produce ready but DD had more flexibility in their routes which created more efficiency. The flexibility allowed time for DD to pick up excess produce when available, allowing growers to sell more product to the Hub.

DD encountered challenges when its sole truck broke down, which happened occasionally during the season. There were no back-up options for refrigerated trucks during the summer and someone from the Hub often had to transport product in their personal vehicle to make deliveries. DD is prioritizing purchasing or renting a second refrigerated truck before next season and is exploring the use of insulated CSA bags to better manage the cold chain.

DD used their internal processing/packing team from Dream Foods—a food service arm that works out of the Dream Kitchen space and is already skilled in handling fresh produce—to wash, process and pack the CSA boxes. The day before an expected delivery, DD would text or email farmers in order to communicate what was needed. There was no formal purchase order system which created challenges for verifying what was promised and what was delivered. This informal system eventually made invoicing and remitting payments difficult and less efficient than was desired by either party. On-time payments were made more difficult when farmers delayed submitting invoices. Later in the pilot, Dream Hub installed an internal Purchase Order (PO) system to address this issue and streamline the ordering and invoicing process. This helped increase efficiency and tracking for the suppliers and the Hub.

Produce substitutions for recipes were made when possible. On a few occasions, the Program Coordinator had to buy produce for a recipe from a grocery store to replace spoiled produce or fill in items unavailable from the Hub due to variability in the growing season. However, one grower reported that there was little flexibility with the recipes and expressed a desire to be included in the recipe design process in order to plan for and provide substitutions. This grower also reported losing money on a planned crop because the Hub could not use it after its designated recipe week had passed. There was little communication and feedback among the growers, dieticians and patients – both growers and Rush Copley cited the need for better communication between all parties in the future.

#### Key Takeaways from Post-Program Surveys and Interviews

- **Pricing was fair.** According to the post-program survey, 80% of farmers said the pricing was fair and 20% were neutral.
- **Communication among all stakeholders and parties needs to be improved – especially feedback to farmers.** 40% of farmers indicated that they did not fully understand their role in the program. Two growers mentioned a need for more communication about upcoming needs and how the patients were using produce to gauge if more or less should be provided. One grower shared: “[I’d like a] better estimate of how much product is needed, and if it is needed every 2 weeks, or 4 weeks...how did the recipients feel about the quantities. Too much? Too little? That’s what we wish we could know.” However, three farmers (60%) said the planning,

ordering, and distribution process was easy or seamless while one (20%) was neutral and one (20%) said it was difficult.

- **Growers took initiative and were enthusiastic about the program.** One grower reported creating produce cards to talk about the health benefits of the farm's garlic and provide different recipes. The grower found many people were unfamiliar with how to incorporate garlic in their diet or how to prepare garlic scapes. The produce cards proved useful to the farm's overall business and were made available at the farmer's market.
- **Dream Distributors was flexible and responsive to farmers.** Two farmers mentioned being able to sell excess produce to the Hub so it would not go to waste, and one reported liking *"the ability to tell leadership what items we have in bulk and being flexible about what we contribute."* On a scale of 1 (Not at All) to 5 (Yes, Definitely), 80% of farmers marked 5 that the Dream Hub was available and responsive while 20% marked 2- they were somewhat not responsive.
- **Location of drop-off limited the delivery window.** CSA boxes could not be held at the hospital as they did not have refrigeration space available. Dream Distributors did look into pricing insulated bags that could hold produce for 1-2 hours but it was not cost-efficient for the scale of the Rx Box pilot. Timing the delivery proved difficult as Dream Distributors had only one refrigerated truck which was also needed for other deliveries.
- **There were produce quality issues for sessions later in the week.** Because produce for the entire week of CSA boxes was procured on Thursdays or Fridays, produce quality issues arose with boxes delivered to Monday and Wednesday sessions. Produce in those deliveries was not as fresh and on a few occasions was reported as wilted or moldy.
- **Dream Distributors was able to adjust its schedule to reflect feedback mid-season.** Produce quality issues were shared between the Program Coordinator and the food hub. Dream Distributors responded by discarding warehoused produce when it was not fresh. Eventually, the Hub adjusted by adding a second pick-up day to procure produce for Monday and Wednesday as needed.

## Program Impact and Outcomes

### Healthy Food Access

**Challenge:** Limited access to healthy food among Kane County residents. According to County Health data, fewer than 20% of adults and 10% of children are eating the recommended minimum of five servings of fruits and vegetables per day.

**Goal:** Prescribe CSA boxes of fresh fruits and vegetables to vulnerable populations with one or more health related risk factors to improve access to fresh produce and their overall health.

Survey Question	Scale	Total Panel Pre-Program 25 responses	Match Panel Pre-Program 11 responses	Match Panel Post-Program 11 responses
<b>Q2. I know how to prepare and cook fresh fruits and vegetables.</b>	Strongly Agree	36% 9	36% 4	45% 5
	Agree	44% 11	55% 6	55% 6
	Neutral	12% 3	9% 1	0% 0
	Disagree	8% 2	0% 0	0% 0
	Strongly Disagree	0% 0	0% 0	0% 0
<b>Q8. How do you rate your own health?</b>	Excellent	0% 0	0% 0	18% 2
	Very Good	0% 0	0% 0	0% 0
	Good	64% 16	64% 7	73% 8
	Fair	32% 8	36% 4	9% 1
	Poor	4% 1	0% 0	0% 0
<b>Q9. In general, how healthy do you eat?</b>	Excellent	0% 0	0% 0	9% 1
	Very Good	0% 0	0% 0	9% 1
	Good	40% 10	45% 5	73% 8
	Fair	48% 12	45% 5	9% 1
	Poor	12% 3	9% 1	0% 0
<b>Q16. Do you know where to buy locally grown produce in your area?</b>	Yes	44% 11	45% 5	91% 10
	No	28% 7	18% 2	0% 0
	Unsure	28% 7	36% 4	9% 1
<b>Q24. How hard is it for you to buy fruits and vegetables at a price you can afford?</b>	Very Difficult	28% 7	36% 4	9% 1
	Sometimes Difficult	44% 11	36% 4	55% 6
	Neutral	8% 2	9% 1	9% 1
	Not Difficult	12% 3	9% 1	9% 1
	Easy	8% 2	9% 1	18% 2
<b>Q25. Which of the following would you say are the top reasons you do not eat more fruits and vegetables? Select all that apply.</b>	Cost	72% 18	64% 7	64% 7
	Distance	8% 2	9% 1	9% 1
	Time	12% 3	0% 0	18% 2
	Knowledge	16% 4	0% 1	0% 0
	Other	24% 6	36% 4	27% 3

### Outcomes:

Of the 50 patients who initially enrolled, 25 participated in the program and 11 remained until the end and completed the full Rx Box Program. This represents a ~ 20% retention rate.

The above table shows responses from the pre- and post-surveys from the 11 participants who completed the program, a match panel subset of the 25 patients who participated in the program.

- Before the program, 64% of patients in the match panel rated their health as Good or better. After the program, 91% of this group did so.
- Prior to the program, 40% of patients in the match panel reported the health of their eating habits as Good or Better. After the program, 91% of this group did so.
- Prior to the program, 45% of patients in the match panel reported knowing where to purchase locally grown produce. This rose to 91% at the end of the program.
- Of the 11 responses, 7 (64%) reported at the end of the program that the cost of produce still factors into why respondents do not eat more fresh fruits and vegetables.

These 11 participants also completed a program satisfaction survey. Note that because there was no consistency among the patients who filled out the surveys nor an identifying ID number, percentages signaling behavior change through the course of the program cannot be calculated accurately.

- Of the 11 patients who completed the satisfaction survey, **100% would recommend the program.**
- **Patients enjoyed the variety of the produce provided and most reported using all the produce listed on the weekly surveys.** Favorites included: green beans, eggplant, watermelon, kale, strawberries. Least favorites were acorn squash, leeks, and mushrooms. However, one response stated, *"This program is helping me to learn how to eat and use mushrooms. I never liked mushrooms before."*
- **Most patients reported preparing the recipes and trying new foods in addition to learning how to prepare produce.**
- One reason given for not preparing recipes was that they could not afford additional ingredients.
- Three patients reported weight loss as a result of participating.

*"I've cooked all the recipes so far. I am not a cook who knows how to experiment with food so I really enjoy learning how to cook!"*

*–2018 Program Participant*

*"This program is helping me to learn how to eat and use mushrooms. I never liked mushrooms before."*

*–2018 Program Participant*

## Farmer Readiness

**Challenge:** Local growers face constraints in accessing wholesale markets and selling at scale. Only 17% of growers surveyed through Kane County's 2016 Food Hub Feasibility Study reported selling through wholesale channels.

**Goal:** Create new channels for wholesale purchasing and provide technical assistance to growers.

### Outcomes:

- 12 Farmers participated in the Technical Assistance trainings.
- 8 Farmers participated in the Rx Box Program.
- At least two farmers sold wholesale for the first time. Two reported that they were better prepared to sell wholesale after participating in the pilot.
- As a result of participating the Rx Box Program, one farm increased its production and two were able to sell surplus produce.

Five farmers responded to the post-program survey. They reported:

- 100% indicated they would participate again.
- The reason some farmers who participated in the Trainings but did not ultimately supply for the program was due to the low supply needs of the program and the overlap of some of the farm products in the group
- Three indicated that participation did not negatively or positively affect production or their bottom line. One increased production for the pilot and had an increase of 10 lbs. sold each time they partnered with Dream Distributors
- One prioritized the Rx Box Program which affected the amount available to sell at farmer’s markets. The farm did not make as much selling larger amounts for wholesale, but participating supported its mission of informing the community of the health benefits of its product.
- Four have the ability to increase capacity to supply more produce for the Rx Box Program and are willing to increase the scale of their operations.
- Three claim it was easier to participate in this pilot with Dream Distributors compared to other wholesale buyers, while two said it was a somewhat harder.

Survey Question	Scale	Post-Program <i>5 responses</i>	
<b>Q18. How would you describe your level of farming experience?</b>	Beginner (1-10 years)	60%	3
	Seasoned (10-15 years)	20%	1
	Long-time (15+ years)	20%	1
<b>Q11. How did participating in this pilot project compare to working with other wholesale buyers.</b>	Easier	20%	1
	Somewhat Easier	40%	2
	It was the same	0%	0
	Somewhat Harder	40%	2
	Harder	0%	0
<b>Q9. How would you rate the planning, ordering, and distribution process with Dream Hub?</b>	Easy	20%	1
	Somewhat Easier	40%	2
	Neutral	20%	1
	Somewhat Difficult	20%	1
	Difficult	0%	0
<b>Q12a. The Dream Hub was responsive and available.</b>	Yes, definitely	80%	4
	Yes, mostly	0%	0
	Neutral	0%	0
	Somewhat disagree	20%	1
	Disagree	0%	0
<b>Q12b. I understood my role in the program and what was expected of me/my farm.</b>	Yes, definitely	60%	3
	Yes, mostly	20%	1
	Neutral	0%	0
	Somewhat disagree	20%	1
	Disagree	0%	0
<b>Q12d. The pricing of my product was fair.</b>	Yes, definitely	80%	4
	Yes, mostly	0%	0
	Neutral	20%	1
	Somewhat disagree	0%	0
	Disagree	0%	0

Survey Question	Scale	Post-Program <i>5 responses</i>	
<b>Q12e. My business is better to sell at the wholesale level than before.</b>	Yes, definitely	0%	0
	Yes, mostly	40%	2
	Neutral	60%	3
	Somewhat disagree	0%	0
	Disagree	0%	0

## Food Hub Readiness

**Challenge:** Launching successful food hub operations.

**Goal:** Pilot Rx Box Program as a soft launch of the food hub, identify and solve for challenges, and build collaboration between growers, buyers, Dream Distributors, and institutions in Kane County.

**Outcomes:**

- Total lbs. of produce purchased from local farmers = 4,725 lbs
- Total amount purchased from local farmers = \$6210.33
- Total number of CSA boxes delivered to patients = 375 (+9 demo boxes for instructors)
- Dream Distributors sourced from eight farms for the Rx Box Program and identified/forged relationships with four additional farms for procurement next season.
- As a result of participating in the Rx Box program, Dream Distributors was able to leverage this pilot season to sign up four additional municipalities, including Kane, representing ~150 participants, for a similar CSA box distribution program for businesses in 2019.
- Dream Distributors plans to hire an operations manager and program/customer coordinator in order to more efficiently manage logistics and seller-buyer relationships in 2019.

## EVALUATION + RECOMMENDATIONS

All stakeholders and participants in the Rx Box Program, from the farmers to the County to the Hospital, deem the program a great success for all those involved. Dream Distributors was able to execute a successful CSA with nine deliveries over five months, Rush Copley Hospital was able to prescribe fresh fruits and vegetables to patients who had little knowledge of how to buy and prepare these products, and their dieticians were able to successfully impact the eating habits and knowledge of a patient cohort while giving them free vegetables all summer. With the support of FamilyFarmed and Kane County, local farmers went through two highly-recommended and well-received wholesale and food safety trainings that enabled them to sell local produce to Dream Distributors all season. All participants--which include farmers, patients, dieticians, doctors, and Dream Distributors—are asking to participate in the program again next season.

The following six areas outline recommendations for program improvement if the Rx Box Program is repeated.



## Enrollment and Retention Improvement

Overall, patients were excited to sign up and participate in the Rx Box Program. Enrolling 50 patients was easy but keeping them engaged proved difficult. Among those who initially signed up, there was 50% attrition to those who started the program (25 out of 50), 45% attrition from those who started the program to those who finished it (11 out of 25), and an overall attrition rate of approximately 80% (11 out of 50). Adjustments should be made to the enrollment process, patient/participant screening, and potentially class structure (offering flexibility in attendance or Rx Box pick up) to improve retention.

- If pre-program enrollment capacity cannot be fulfilled by Dr. Singh's patients, expand opportunities to include more diverse patients such as from the maternity ward or the elderly in order to reach even more low-access patients. Recruit more low-income families as well by partnering with income focused agencies like SNAP or WIC.
- Over-enroll at the outset to account for attrition (common for free programs). Also consider a stronger screening process to gauge people's willingness to participate in and ability to complete the program.
- Participants need to be able to try recipes from the demonstrations. Knowing there is a free meal could support enrollment as well as retention. A new location should be identified for the classes, or recipe samples should be prepared in a licensed kitchen (perhaps Dream Kitchen) and brought to the cooking demonstrations.
- Make videos of the cooking demonstrations and classes on nutrition value of produce to keep people engaged if they miss a session.
- Jamie Maxwell, executive director of Illinois Farmer's Market Association, came the final week and shared how to use SNAP and Double Bucks benefits at farmer's markets. This should be shared at the beginning of the program so patients can take advantage of these benefits throughout the growing season.

## Class Location Challenges

All patients concurred that they valued the classes and what they learned from them. However, as noted above, the inability for patients to try recipes was a major gap in the programming provided. A larger concerted effort should have been made in finding a more suitable space for the class or looking into preparing the food in a commercial kitchen prior to the classes. This would have allowed patients to taste the recipes and encouraged participation.

The location also required Dream Distributors to deliver the CSA boxes during a specific time, with no flexibility, as there was no storage/holding space available onsite. The lack of cold storage at Rush Copley meant that Dream Distributors couldn't drop off the boxes and leave. They had to keep the boxes in the refrigerated truck until patients retrieved them, which also limited the truck availability for other business activities.

Another challenge was the spacing of days when the classes were offered on Saturday morning, Monday morning and Wednesday evening. The procurement date was sometimes five or six days prior to the final delivery making it difficult to ensure the produce remained fresh for each class. This ultimately wasted produce.

- Consider changing to a location with a commercial kitchen. If not feasible, consider preparing samples for tasting in a commercial kitchen beforehand. Either way, patients should be able to try produce and/or the recipe prepared during demonstrations.
- Work with Rush Copley hospital in identifying cold storage options for 1-2 hours prior to sessions.
- Instead of offering the third session on Wednesday evening, consider offering it on Monday evening to keep produce fresher and eliminate need for additional procurement.
- Offer additional times for CSA pick-up at Dream Distributors for patients who cannot make their scheduled session. This may not only improve retention, it may also cut down on waste if a patient misses a planned session.

## Improve Communication Among Stakeholders

Communication between the Program Coordinator and Dream Distributors was strong; however, there was not enough communication among all stakeholders. Dieticians and farmers did not receive feedback from their patient participants / CSA members about produce quality and use.

- Schedule 1-2 mid-season check ins with stakeholders to gauge how program is going (these could be in person, over email, or over the phone). If sending out weekly surveys, provide the results to interested parties (dieticians, farmers) right away so they can receive immediate feedback.
- Create more flexibility (or alternatives) with recipes based on produce available. Create more channels of communication regarding the status of the crop plan as each growing season is different. Consider including the farmers in recipe design or sharing the planned recipes with them.

## Small Growers Need More Technical Assistance

Farmers were appreciative and willing to participate in the recommended trainings. However, beginner farmers may need additional support to enter the wholesale market and scale their production to meet the wholesale needs of Dream Distributors.

- Provide additional on-farm safety planning technical assistance or one-on-one coaching.
- Provide additional wholesale technical assistance or one-on-one coaching.
- Connect Dream Distributors farmer suppliers to each other to create a peer-to-peer network / community of farmers who can share best practices and growing techniques, especially among beginning and veteran farmers. This was suggested by a few farmer interviewees/respondents.

## Create an Invoice/Ordering Process and Procedure System

Dream Distributors acknowledged and appreciated the flexibility of all the farmers throughout their pilot season. Overall, the growers felt that pricing was fair but mentioned that payments were sometimes late. Utilizing text messages as the main source of communication between Dream Distributors and the farmers was effective but may not be efficient as the Hub scales its operations. It is recommended to create a purchase order and invoice process and procedure that is communicated to all stakeholders.

- Purchase orders should be in place when the produce is picked up and reflect all changes made in text messages/phone calls/emails.
- While formal contracts between Dream Distributors and local growers may not be necessary at this time, the Hub should create a process and procedure for purchasing and invoicing that can be shared with farmers for clear expectations and to ensure on-time payments.

## Improve Patient Survey Instrument Design

The impact on patients was difficult to evaluate due to the small sample size and mismatched participation numbers from the first to last session (25 participants in the first session and 11 participants in the last session). Impact was also hard to evaluate based on the design of the pre- and post- patient surveys. The patient surveys were administered on paper and did not adequately track individual patient participation or experience. Patients weren't given an opportunity to complete a survey if they missed a session.

- Surveys should be attached to a patient by assigning them a unique ID at the beginning of the program. Consider creating an online survey in addition to the paper survey that patients can fill out at home or on a smart phone if they miss a session. This will also track each patient's progress throughout the program and alert the Program Coordinator as to who is not completing surveys (which was part of the agreement for participating free of charge).
- Post-participation surveys were only distributed as paper copies at the final session. They should also be emailed and mailed with a return envelope to participants who were not present.
- Long-term program impact metrics need to be created in collaboration with all stakeholders to ensure appropriate data is collected to measure long-term benefits.

## NEXT STEPS

During the evaluation phase of the Rx Box Program, many interviewees and stakeholders asked to read this report when it was finalized. An immediate next step would be to share this case study with all the growers, Rush Copley staff, Kane County, and Dream Hub/Distributor participants. Additionally, given the enthusiasm and positive reception of the program from all parties, planning should commence immediately following the submission of this study in order to determine if the program should be repeated, and if so, prepare for the 2019 growing season and sign up participants. If the second season is successful, more permanent funding for the Fresh and Local Rx Program should be explored in order to ensure the sustainability of this important and worthwhile program in Kane County.

## APPENDICES

### APPENDIX 1: Fresh & Local Rx Recruiting Script

#### **Fresh & Local Rx Script**

I want to tell you about a new program available to 50 of the patients in our clinic. It is called the Fresh & Local Rx (sponsored by Rush Copley and Kane County). When you sign up to be part of the program, you will get 9 boxes of fresh, locally grown fruits and vegetables for free. You will receive the boxes between the months of June and October (one box about every 2 weeks). The boxes contains either 7 or 14 pounds of fresh produce based on your family size.

You would come to Rush Copley to pick up the box; based on the time that you choose most convenient for you, it would be either the basement level of the hospital or in the heart institute across the street from the hospital. When you pick up the box, you stay for a 45 minute food demonstration where one of our dieticians will show you a recipe for how to use the produce in the box that you will go home with. The box will also include recipes for other ways to use the produce. At the session, they will ask you to fill out a short survey about what foods you liked and did not like in the last produce box that you went home with.

Each of the 9 sessions are available on a Monday morning, a Wednesday evening or a Saturday morning and you need to choose whichever day and time will generally be best for you. There is some flexibility in when you can come to pick up the box, but you need to let Jen from dietary know at least three days ahead of time if you need to change your usual pick-up day so she will have your box ready. If you cannot make it to a session, you are welcome to send a household family member in your place to attend the session and pick up the box. You are welcome to bring your family members to any or all of the sessions with you as well.

What questions do you have about the program?

If you are interested in joining, I can mail you the enrollment form. I will highlight the parts you need to fill out or sign. Please mail this form back to our office in the prepaid envelope that is included by Tuesday, April 24th . You are also welcome to drop it off in our office.

There is also a video/photo release form that will be attached. They would like to take pictures and video of the sessions to share this project with our community and others. If you do not want to be in the pictures or videos, please do not sign the form and let someone know at the first session so we can respect your request.

Enrollment is on a first-come, first-serve basis so please submit your enrollment if you would like to join.

#### **Concerns the patient may bring up:**

Cost: the produce box, education and food demonstration from our dietician are all free

Transportation: There are three times available for each session; one morning, one evening and one weekend session. You can call Jen if you need to come to a different session when you can find a ride,

but just let her know three days ahead of time so she has your box ready to go for you. We are also able to offer cab vouchers if absolutely necessary (please be selective about sharing this information).

Language: We encourage our patients of any primary language to join the program. The program will primarily be presented in English. We will at the minimum provide recipe cards in Spanish and translation of key words during the presentation in Spanish. We are working on having a Spanish interpreter available at some of the sessions.

Attendance: It is okay if you do not make it to all of the sessions (for example if you know you will be on a family vacation during one of the sessions), but please only commit the program if you will try to make it to at least 7-8 of the 9 sessions. You can send a household family member in your place if you cannot make it to the session, but this person should be listed on the form (page 2) that you will fill out).

Carrying the food box to their car: There will be volunteers available to help you carry the produce box to your car.

## APPENDIX 2: Patient Pre-and Post-Participation Survey

Q1 Name

Q2 I know how to prepare and cook fresh fruits and vegetables.

**ANSWER CHOICES**

Strongly agree

---

Agree

---

Neutral

---

Disagree

---

Strongly disagree

Q3 I know how to store fresh fruits and vegetables to increase their shelf life.

**ANSWER CHOICES**

Strongly agree

---

Agree

---

Neutral

---

Disagree

---

Strongly disagree

Q4 Eating fruits and vegetables helps improve my health.

**ANSWER CHOICES**

Strongly agree

---

Agree

---

Neutral

---

Disagree

---

Strongly disagree

Q5 It is important to me to eat more fruits and vegetables.

**ANSWER CHOICES**

Strongly agree

---

Agree

---

Neutral

---

Disagree

---

Strongly disagree

Q6 My budget limits my purchases of fresh fruit and vegetables.

**ANSWER CHOICES**

Strongly agree

---

Agree

---

Neutral

---

Disagree

---

Strongly disagree

Q7 If I decided to eat more fruits and vegetables, I am sure I would succeed.

**ANSWER CHOICES**

Strongly agree

---

Agree

---

Neutral

---

Disagree

---

Strongly disagree

Q8 How do you rate your own health?

**ANSWER CHOICES**

Excellent

---

Very good

---

Good

---

Fair

---

Poor

Q9 In general, how healthy do you eat?

**ANSWER CHOICES**

Excellent

---

Very good

---

Good

---

Fair

---

Poor

Q10 In a typical week how many times do you eat fast food?

**ANSWER CHOICES**

0

---

1-2

---

3-4

---

---

5-7

---

8-10

---

11-15

---

More than 15

Q11 In a typical week how many times do you eat sweets or soda?

**ANSWER CHOICES**

---

0

---

1-2

---

3-4

---

5-7

---

8-10

---

11-15

---

More than 15

Q12 In a typical week how many times do you eat fruit?

**ANSWER CHOICES**

---

0

---

1-2

---

3-4

---

5-7

---

8-10

---

11-15

---

More than 15

Q13 Which type of fruits do you eat most days?

**ANSWER CHOICES**

---

Fresh

---

Frozen

---

From a prepared container or can i.e. plastic fruit cup

Q14 How many times a day do you eat vegetables?

**ANSWER CHOICES**

---

0



---

1-2

---

3-4

---

5-7

---

8-10

---

11-15

---

More than 15

---

Q15 Which type of vegetables do you eat most days?

**ANSWER CHOICES**

---

Fresh

---

Frozen

---

Canned

Q16 Do you know where to buy locally grown produce in your area?

**ANSWER CHOICES**

---

Yes

---

No

---

Unsure

Q17 How often do you shop at Farmer's Markets?

**ANSWER CHOICES**

---

Never

---

Once a month

---

Twice a month

---

Three times a month

---

Four times a month or more

---

Q18 How often do you shop in the produce aisle of the supermarket?

**ANSWER CHOICES**

---

Never

---

Once a month

---

Twice a month

---

Three times a month

---

Four times a month or more

Q19 Within the last year, have you ever been worried there would not be enough food for you and your family?

Yes

---

No

---

Unsure

Q20 Do you currently use any of the following programs? EBT/Bridge Card/SNAP/food stamps

Yes

---

No

---

Unsure

Q21 Do you currently use any of the following programs? WIC Women, Infants, & Children)

Yes

---

No

---

Unsure

Q22 Do you currently use any of the following programs? Senior Project/Market FRESH

Yes

---

No

---

Unsure

Q22 Do you currently use any of the following programs? Senior Project/Market FRESH

Yes

---

No

---

Unsure

Q23 Did you know that people can use their EBT Card/SNAP (food stamps) at many farmers markets?

Yes

---

No

---

Unsure

Q24 How hard is it for you to buy fresh produce like fruits and vegetables at a price you can afford?

**ANSWER CHOICES**

Very difficult

---

---

Sometimes difficult

---

Neither easy or difficult

---

Not difficult

---

Easy

Q25 Which of the following would you say are the top reasons you donot eat more fruits and vegetables? (Select all that apply)

**ANSWER CHOICES**

Cost of produce

---

Distance / location of grocers and other produce retailers

---

Too little time for preparing meals

---

Limited knowledge of cooking methods

---

Lack of product choices or quality among area retailers

---

Other (please describe) \_\_\_\_\_

---

## APPENDIX 3: Veggie Use Survey

### Veggie Use Survey

The following questions ask about the fruits and vegetables that you took home after the last Cooking demonstration. There are no right or wrong answers. Your responses will help us to improve the program. Please let us know what you and your family experienced.



Which fruits or vegetables from the bag did you eat?

Which ones did you like?

Which fruits or vegetables did you not use or put in the garbage?

Please let us know why you didn't use it or put it in the garbage

Did you use the cooking recipe? If not why?

## APPENDIX 4: Patient Satisfaction Survey

Q1. Would you recommend this program to a friend or colleague?

Extremely Likely

---

Undecided

---

Not at all Likely

Q2. Why would or wouldn't you recommend this program?

Q3. How would you rate the quality of the fruits and vegetables you received?

Very High Quality

---

High Quality

---

Neutral

---

Low Quality

---

Very Low Quality

Q4. Overall, how satisfied or dissatisfied are you with the information presented at the cooking demonstrations?

Very Satisfied

---

Satisfied

---

Neutral

---

Dissatisfied

---

Very Dissatisfied

Q5. Overall, how satisfied or dissatisfied are you with the program overall?

Very Satisfied

---

Satisfied

---

Neutral

---

Dissatisfied

---

Very Dissatisfied

Q6. If there any part of the program you think we should do differently?

Q7. If there any part of the program you loved and would like to see more of?

Q8. Please detail below any other comments, questions, or concerns you have?

## APPENDIX 5: Post-Participation Farmer Survey

Q1. How many sessions did you participate in the Rx veggie box pilot?

- 1 - 2
- 3 - 4
- 5- 6
- 7 - 8
- All 9 sessions

Q2. On average, how many pounds of produce a week did you supply?

- 5-10
- 11-20
- 21-30
- 31-50
- 51-70
- 71-100
- 100 pounds or more/week

Q3. How many lbs of produce did you supply for the whole pilot season?

- 20-40
- 41-60
- 61-80
- 81-100
- 100-150
- 150-200
- Other

Q4. What produce did you supply?

Q5. Did you plant a new crop for the pilot?

Q6. How did participating in the program impact your production/capacity?

Q7. If production increased, by how much?

Q8. How did participating in the program impact your bottom line?

Q9. How would you rate the planning, ordering, and distribution process with Dream Distributors.

Easier

---

Easier but with some challenges

---

---

Neither easy or difficult

---

It was somewhat harder

---

It was harder

**Q10. How could this process be improved?**

**Q11. How did participating in this pilot project compare to working with other wholesale buyers? (grid of answers)**

---

Easier

---

Easier but with some challenges

---

Neither easy or difficult

---

It was somewhat harder

---

It was harder

**Q12a. The Dream Hub was responsive and available.**

---

Yes, definitely

---

Somewhat agree

---

Neither agree or disagree

---

Somewhat disagree

---

No, not at all

**Q12b. I understood my role in the program and what was expected of me/my farm.**

---

Yes, definitely

---

Somewhat agree

---

Neither agree or disagree

---

Somewhat disagree

---

No, not at all

**Q12c. If I had a problem or challenge, I knew who to reach out to for help.**

---

Yes, definitely

---

Somewhat agree

---

Neither agree or disagree

---

Somewhat disagree

---

No, not at all

**Q12d. The pricing of my products was fair.**

Yes, definitely

---

Somewhat agree

---

Neither agree or disagree

---

Somewhat disagree

---

No, not at all

**Q12e. My business is better able to sell at the wholesale level than before.**

Yes, definitely

---

Somewhat agree

---

Neither agree or disagree

---

Somewhat disagree

---

No, not at all

**Q12f. I will adjust my business model to better meet the needs of the Dream Hub in the future.**

Yes, definitely

---

Somewhat agree

---

Neither agree or disagree

---

Somewhat disagree

---

No, not at all

**Q13. How could communication be improved?**

**Q14. How willing would you be to be a supplier for a future iteration of this program?**

Very Unlikely

---

Somewhat Unlikely

---

Undecided

---

Somewhat Likely

---

Very Likely

**Q15. Do you have the capacity to increase the amount you supply for the program?**

**Q16. If yes to Q15, how much would you be willing/able to increase the scale of your operations?**

**Q17. Please select the option that best reflects your use of an on-farm food-safety plan:**

We are currently operating with an on-farm food safety plan

---



---

We are in the process of developing an on-farm food safety plan

---

We have no plans to develop an on-farm food safety plan

---

We would like to develop an on-farm food safety plan but we need more assistance/support in doing so

---

Other (please specify)

Q18. How would you describe your level of farming experience?

Beginning farmer (1-10 years)

Seasoned farmer (10-15 years)

Long time farmer (15+)

Q19. What did you like about the program overall?

Q15. What suggestion do you have to improve the Rx Program?

## APPENDIX 6: Farmer Interview Guide

Tell us about your experience in the program and what products you provided.

How was communication / program set up handled with Dream Hub?

How did you decide what to provide to the Rx program and how much (volume wise)?

How was this process different than previous wholesale relationships?

Did you adjust your crop plan based on the Dream Hub ordering/Rx program?

If not, could you foresee scaling up to meet demand in the future?

What were the challenges you experienced with this program or working with the Dream Hub?

How could those be addressed in the future? What could they do differently?

## APPENDIX 7: Dream Hub Interview Guide

### **Procurement**

How were local suppliers identified? What were the criteria?

What worked well in the sourcing / identifying of local farmers?

What process could be improved upon?

Will you work with these growers again? Why/why not?

What products were difficult to procure / process / handle?

How was pricing negotiated/determined with suppliers?

### **Processing**

How was the wash/pack process defined for the pilot?

What challenges did the Dream Hub have / overcome regarding the processing/assembling of weekly orders?

### **Distribution**

Describe the distribution process for the pilot:

what was successful, what were the challenges, what would you do differently next time

### **Wholesale Readiness**

What was the skill level of the farmers you sourced from for the pilot?

Were they able to meet the Dream Hub's standards/requirements/volumes etc? Why or why not? What constraints did they face?

What gaps or challenges did the Dream Hub identify in their operations during the pilot? How did you address them?

### **Partners/Relationship Building**

What key community partners did you identify during this pilot? And how did you work with them?

### **Outcomes**

How many lbs /\$ of local product did the Dream Hub purchase this season?

How many farmers did the Dream Hub contract with this season?

What are the projected number of farmers the Dream Hub plans to work with in 2019?

### **Overall Takeaways:**

How will you leverage this pilot to do other wholesale readiness collaboration with farmers and work with low-income/low access customers in the future?

What were the major successes of the pilot for the Dream Hub?

What were the major challenges?

What would you do next time to make the project more successful? How would you design the project differently? What would you do next time to reach more of the desired constituents?

Describe your plans for sustaining or expanding this program including funding sources.

## APPENDIX 8: Kane/Project Coordinator/Dietician Interview Guide

### **Overall:**

Was the overall program successful?

Why/why not?

### **Healthy Food Access**

How did the Rx box pilot address healthy food access in Kane County?

Was it successful? Why/why not

What were the gaps in the program in addressing this issue?

Are there ways the program could be designed to better meet the needs of patients/target constituency in the future?

Are there other constituencies/demographics who would benefit from this program in the future?

### **Farmer Readiness**

How did the Rx box pilot address/remedy the constraints small-midsize local growers face in Kane County?

Was it successful? Why/why not

What could the program do better next time to address these challenges?

In what ways could this program provide more support to farmers/reach more farmers?

### **Food Hub Readiness**

How did the Rx box pilot assist the Dream Hub in scaling their operations?

How did the Dream Hub meet goals/expectations set out for them by this project? [list goals?]

In what ways can the Dream Hub improve operations/services in the future?

### **Overall Takeaways:**

How do you think the stakeholders will leverage this pilot to do other wholesale readiness collaboration with farmers and work with low-income/low access customers in the future?

What were the major successes of the pilot for all stakeholders involved?

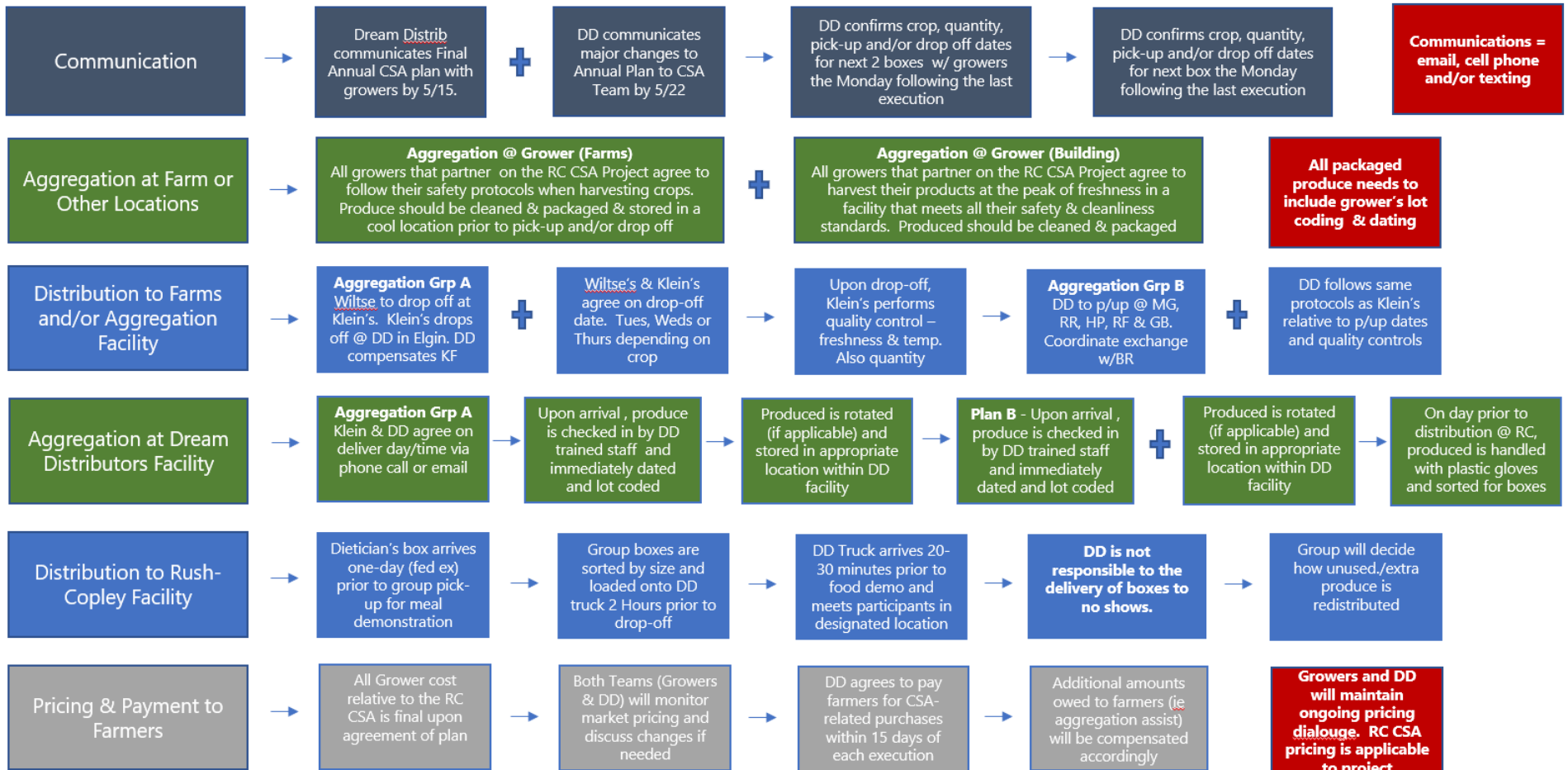
What were the major challenges?

What would you do next time to make the project more successful? How would you design the project differently? What would you do next time to reach more of the desired constituents?

Describe the plans for sustaining or expanding this program including funding sources, if you know of any.

# APPENDIX 9: Dream Distributors Process Flow Chart

## 2018 Rush-Copley CSA Program – Dream Distributors Process Flow Chart (Execution)



## APPENDIX 10: Kane County Insight Summary

### **Kane County Role + Overview**

Kane County's role in launching a local prescription produce program was initiated through the County's Food Hub Feasibility planning process. One community partner at the time, VNA Healthcare, had successfully piloted a prescription produce program utilizing a market stand distribution model. Through the feasibility planning process, it was believed that the hub's aggregation and distribution capabilities could be leveraged to design a CSA-style distribution model. New Venture Advisors analyzed the system for operational and financial viability through the feasibility study's business modeling. It was determined that a CSA-style prescription program could be operated by the food hub at cost.

Once the case was made for the overall viability of a new regional food hub, Kane County proceeded to recruit a qualified operator aligned with the County's health and food system goals. In 2017, PKE Enterprises / Dream Hub entered into a Memorandum of Understanding with the County to pursue the shared goal of launching a food hub enterprise. PKE / Dream Hub committed to prioritizing supply partnerships with Kane County farmers and to adopting the health equity strategies for the hub outlined in the feasibility study; this included deployment of a prescription produce program and the elevation of fruit and vegetable processing as a core business function to serve institutional buyers.

Kane County partnered with Rush Copley to enroll participants in a pilot project enabling patients at risk of chronic disease to expand the variety of fresh produce they habitually consume. The Fresh & Local Rx program was designed to provide patients with locally-grown fresh produce, cooking demonstrations and nutrition counseling. Dream Hub coordinated the crop planning, aggregation, and delivery of local produce to the Rush Copley Medical Center for bi-weekly pickups.

The project team worked to identify which locally-grown fruits and vegetables are recommended by physicians and dietitians, which are culturally appropriate to vulnerable populations, and which can be feasibly grown by farmers working with the food hub. Rush Copley physicians enrolled patients with one or more chronic diseases, risk factors for chronic disease, or who self-report a problem accessing healthy food due to income or transportation barriers. A key goal of the program was to influence positive nutritional decision-making – not just among patients, but for the benefit of their families. Some of the participants were single, some elderly, and some married with children. Enrollment took place through the spring of 2018.

The Fresh & Local Rx Program began in June and ran through mid-October with participating patients receiving a new sack of fresh produce every other week. The patients received nutrition and cooking instruction utilizing the featured products distributed each session for easy meal preparation in their homes.

At least a half dozen Kane County area farms participated in the program as produce suppliers. These farmers attended two full-day workshops facilitated by experts on topics of wholesale production readiness as well as on-farm food safety protocols.

This project was funded in part by the Telligen Community Initiative, whose goal is to initiate and support, through research and programs, innovative and farsighted health-related projects aimed at improving the health, social well-being and educational attainment of society, where such needs are expressed. This

project was also supported by Food:Land:Opportunity, a multi-year initiative that aims to create a resilient local food economy that protects and conserves land and other natural resources while promoting market innovation and building wealth and assets in the Chicago region's communities.

### **Kane County Observations**

From the County's standpoint, the Fresh and Local Rx program was viewed as effective in achieving the objectives stated in the program's proposal. The program allowed the food hub to pilot its aggregation and distribution capabilities utilizing newly acquired equipment and facilities. The food hub team took the lead in building procurement relationships with area farmers, establishing product pricing agreements and coordinating product pickup and distribution.

The clients served by the program represented a population group with limited access to healthy and local food choices, and limited resources to prepare such foods for themselves and their families. The program demonstrated the willingness of a community healthcare provider to commit some organizational resources to a new food and health equity program concept.

### **Assessment Priorities**

Moving forward there are a set of assessment priorities that Kane County and its funding partner, Food:Land:Opportunity, hope to gain some perspective on through the evaluation process.

- While the program demonstrated several areas of effectiveness, both in terms of program operations and partner commitments, it remains unclear whether the program could be viewed as an *efficient* use of resources to achieve stated program goals. It would be worthwhile to consider alternative program concepts if they could be implemented with greater cost efficiency relative to the Rx program.
- Scalability will be an important attribute of the program for receiving continued support from the County and community partners with shared goals. The Feasibility Study set a three-year target for the food hub to serve 300 clients through a prescription CSA model. This target is more than ten times the population served through the 2018 pilot program. It is unclear what Rush Copley's capacity would be, and that of other healthcare institutions, in supplying a larger client population.
- If the Fresh and Local Rx program, or some variation thereof, is to be sustained it will be critical for each of the stakeholders involved to put more skin in the game. Grant opportunities are not likely to be a sustainable source of revenue for providing continued program services. An assessment of this program should provide some direction as to key stakeholders' willingness (principally the hospital and its patients) to cover a share of the program's expenses. It would also be worth exploring the viability of new categories of funding or support, including corporate sponsorship, other community non-profit organizations, and financial institutions (particularly any that may have previously supported local food / community health programs).