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## Consent Form for Produce Prescription Projects

### Gus Schumacher Nutrition Incentive – Produce Prescription Program

Dear Participant,

You have been invited to participate in the Gus Schumacher Nutrition Incentive – Produce Prescription Program. The purpose of this study is to learn about the impacts and experiences of our participants, so that we can better understand how the Produce Prescription Program affects one's nutrition and health.

Your participation in this research study includes **free, fresh fruits and vegetables two times each month, to be redeemed at Southeast Missouri Food Bank**. The study also includes two surveys about your fruit and vegetable consumption as well as medical record collection of your blood pressure, body-mass index, and blood-sugar levels, recorded by your healthcare provider throughout your participation in the program. The two surveys will be administered by Southeast Missouri Food Bank upon enrollment into and completion of the Produce Prescription Program. You will also be invited to participate in nutrition education, recipe sharing, and community collaboration. As a patient of **Mercy Hospital Southeast and / or John J. Pershing VA Medical Center**, your medical records will always be maintained securely and confidential.

Your involvement in the Produce Prescription Program is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision to participate or not participate will have no bearing on your ability to receive services from your current healthcare provider, SEMO Food Bank, nor any other services you may be receiving elsewhere. Any individually identifiable information related to your participation in this study will be kept confidential. We will collect your first and last name and all materials linking your identity to the data we collect will be kept in an electronic, password-protected file. You will be assigned a **Unique Patient Identification Number** and no names nor identifying information about you will be included in any materials resulting from this research study.

The findings from this project aim to improve community health and economic well-being, decrease health and wealth disparities, sustain and expand diverse and just local food systems, and support small and medium sized farms, especially those that are women and minority-led, owned and operated. Other overarching goals are to expand access to healthy produce, reduce individual and household food insecurity, improve overall health, and lower costs associated with healthcare. Together with local partners, SEMO Food Bank's Produce Prescription Program strives to create a successful, beneficial, and ultimately sustainable program for Southeast Missouri.

The risk associated with this research study is minimal and we ask that all participants treat the information provided and discussed as confidential as well.

If you have any questions about this research project, please contact SEMO Food Bank's Health Programs Coordinator at [erobbins@semofoodbank.org](mailto:erobbins@semofoodbank.org) or 573-510-4611. Questions or concerns about your rights as a research participant should be directed to [kathryn.howell@mercy.net](mailto:kathryn.howell@mercy.net).

**Research Subject's Consent to Participate in Research**

To voluntarily agree to take part in this study, you must sign on the line below. Your signature below indicates that you have read, or had read to you, this entire consent form and have had all of your questions answered.

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Name of Participant	Signature	Date
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I give my permission for my contact information (name, address, phone numbers, email addresses) to be kept for future use by the study investigators. They may contact me after the completion of the program for further follow up activities or opportunities.

- YES
- NO

I give my consent to participate in this research study; however, I do not wish to be contacted after the completion of the program.

- YES
- NO

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