

Exploring the Benefits of Local Food in the FreshRx Produce Prescription Program



PORTRAITS from

NEW MEXICO

APRIL 2026



Research led by the New Mexico Farmers' Marketing Association

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About the Photos: Photographs taken by FreshRx participants were an important part of this research and help highlight participant experiences. The photos on the cover page and this page (p. 2), as well as those included in Section 3, Section 4, and Appendices A and B, were all taken by participants in this study. Photos included in other parts of the report were taken prior to this research project as part of ongoing NMFMA programming. These other photos help provide additional context to the reader as they present various aspects of the local food supply chain in New Mexico - from production to distribution.

About the Research Team: Bryan Crawford-Garrett is the Monitoring, Evaluation, Research & Learning (MERL) Lead at the NMFMA. Danielle Duran is a PhD Candidate in Sociology at Northeastern University. Kirsten Hansen is Director of Community Health and Engagement at the NMFMA.



Project details can also be found online at https://newmexicofma.org/freshrx_research.php

Acknowledgements

We would first like to say thank you to the Fair Food Network for providing the funding for this research project as well as their support and thought partnership throughout the process. Secondly, we express our sincere gratitude to those who participated in the research. Their generous giving of time and willingness to share their perspectives and experiences are deeply appreciated. This report attempts to highlight their voices and views. We would also like to thank all of those who make the FreshRx program possible, including participants, health clinics, food producers and other supply chain partners, and funders. One of the farmers interviewed for this project noted, ***"I have the feeling that everybody's really putting in the work necessary to make it happen, and it wouldn't happen without everybody doing their part, either."*** We're in this together.



Abstract

FreshRx is a produce prescription (PPR) program in New Mexico that connects patients with diet-related health conditions to the local, nutritious foods they need to better manage their health. FreshRx is funded by the USDA and the State of New Mexico and led by the New Mexico Farmers' Marketing Association (NMFMA). In 2025, the NMFMA led a qualitative research project with FreshRx patients and food suppliers to explore the benefits of using local produce in PPR. Our findings showed that patients valued the produce as they were able to incorporate it into their family meals, and they appreciated the ability to access fresh food from local farmers. Moreover, food suppliers expressed close alignment with program goals and highlighted a connection to the communities and populations where their food is going. Suppliers also emphasized the importance of collaboration, relationships, community, and resilience within local food systems work. The experiences and voices of the patients and suppliers portrayed in this study offer a powerful lens for gaining a deeper understanding of the FreshRx program and broader local food systems in New Mexico. Findings from this study will also be relevant in other settings, especially those in sparsely populated rural geographies with high rates of poverty and food insecurity and where local food sourcing is possible. Local food sourcing has been and should continue to be an important part of PPR and other Food is Medicine initiatives as it provides market outlets for local producers, strengthens community, and can reach populations that are more difficult to access. Finally, this study helps strengthen the research base, as there are very few PPR-focused qualitative studies that include local farmer, food hub, and patient perspectives alike.



Section 1. Project Introduction

Exploring the Benefits of Local Food in the FreshRx Produce Prescription Program: Portraits from New Mexico was a research project conducted in 2025 and led by the New Mexico Farmers' Marketing Association (NMFMA). The research was commissioned in response to the growing recognition of the role that produce prescription (PPR) programs can play in helping address the current diet-related disease and health crisis in the United States (US). These types of programs, which are part of the broader "Food is Medicine" movement¹, aim to improve health outcomes among nutrition insecure populations through healthcare providers giving patients prescriptions for fruits and vegetables. These initiatives also attempt to decrease healthcare utilization and costs, given that inadequate fruit and vegetable intake is linked to obesity, type 2 diabetes, and other diet-related diseases and health complications that add tremendous costs to healthcare and are among the leading causes of death in the US.

In New Mexico, PPRs and similar types of interventions are particularly important given that the state has the highest rate of SNAP participation in the country (21.5% of the population (Pew Research Center, 2025)) coupled with high levels of obesity (34.6% (Centers for Disease Control, 2021)), and food insecurity (16.6%, (New Mexico Health and Human Services, 2022)). Moreover, access to adequate healthy food is limited, as nearly 30% of the population lives in United States Department of Agriculture (USDA)-designated "food deserts" (USDA, 2017), which is the second highest percentage in the country (USDA, 2019). New Mexico is also a large, rural state with low population density: it's the fifth largest state in the country by area (Wikipedia, 2026) and about 25% of its 2.1 million residents live in rural areas (America's Health Rankings, 2026), meaning that many parts of the state are extremely sparsely populated. Additionally, New Mexico is racially and ethnically heterogeneous, with large Hispanic (49%), Native American (11%), and non-Hispanic White (36%) populations, and approximately 31% of people speak a language other than English at home - primarily Spanish or Diné (US Census, 2025). Agriculture plays a very important role historically and economically, as many communities have been producing food for hundreds, and in some cases even thousands, of years (USDA, 2014). Total value of agricultural production in the state was \$3.99 billion in 2023 (USDA, 2025), and total estimated economic impact in 2025 was \$45 billion (Feeding the Economy, 2025).

In New Mexico and elsewhere, using locally grown food for PPRs is a way to support patient needs with culturally relevant, fresh produce while simultaneously supporting local farmers and strengthening local food systems and economies. Local community-based organizations (CBOs) like the NMFMA often manage these programs, serving as facilitators for and coordinating between healthcare providers and local food suppliers.

The NMFMA's PPR programming dates back to 2012 when the organization initiated a small-scale pilot in conjunction with Wholesome Wave called "FVRx", which ran successfully for about three years. Between 2014 and 2019, a modified version of the program called FreshRx moved forward on a limited scale with a single healthcare partner. Over the past several years, FreshRx has gradually expanded in terms of the number of healthcare partners, the number of people benefiting from the program, and geographic reach across New Mexico.

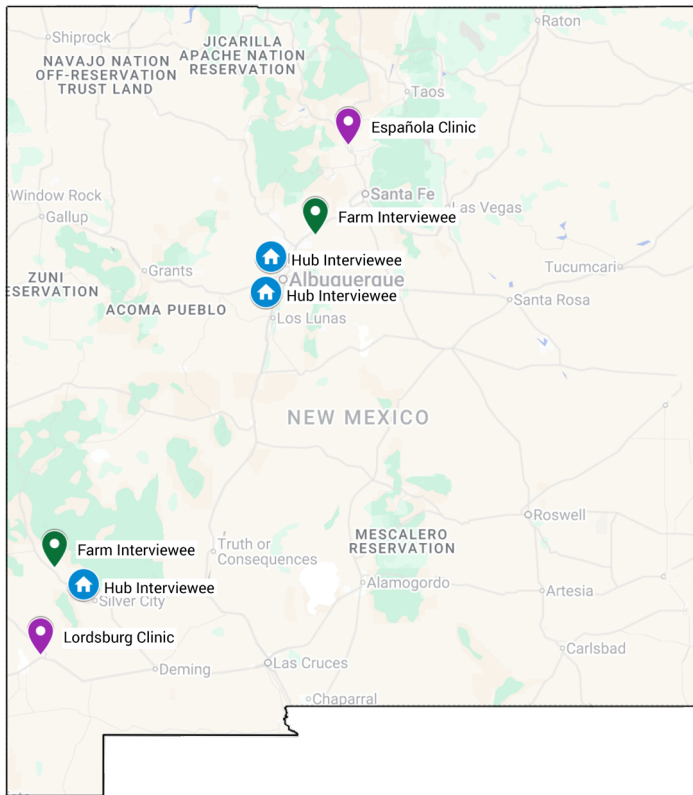
¹ Food is Medicine, as defined by the American Heart Association, is "the provision of healthy food such as medically tailored meals, medically tailored groceries and produce prescriptions to treat, prevent or manage specific clinical conditions in a way that is integrated with and paid for by the health care sector" (see *Advances in the Food is Medicine Field Annual Report 2025*, p. 1).

SECTION 1: Project Introduction

To implement the program, the NMFMA partners with health clinics and other community-based partners across the state. As of 2023, the NMFMA was partnering with 23 clinic partners, reaching 1,550 families. The majority of the NMFMA's clinic partners are Federally Qualified Health Centers, and the NMFMA has also worked with more than 16 Tribal partners. All produce provided through FreshRx is New Mexico grown, and the food incentive is either a Community Supported Agriculture (CSA)-style food bag/box or food vouchers that are redeemable at participating farmers' markets. Additional resources on the FreshRx program can be found in Appendix E.

New Mexico is currently home to several Food is Medicine initiatives, including important work happening through a Medicaid Section 1115 Waiver.² The population being served through the Medicaid waiver is distinct from those typically served through FreshRx and other PPR programs - the waiver population has been deemed best served with medically tailored meals, which is a level of food is medicine intervention beyond that of weekly produce bags or farmers' market vouchers. As a result, providers of PPRs in New Mexico have largely been unable to access Medicaid dollars and have continued to rely on USDA and other grant funding. Further, language in the 1115 waiver leaves little room for use of locally grown food. It is with this background in mind that NMFMA staff sought to undertake a project to dive deeper into the implications of local food procurement in Food is Medicine programming so that community partners, decision makers, healthcare providers and local food system stakeholders - such as those in the newly formed Food is Medicine Coalition in the state - can better understand the role of local food in these healthcare interventions.

Exploring the Benefits- FreshRx Research Project Map



During 2025, the NMFMA implemented FreshRx in over 20 urban, rural, tribal, and frontier³ communities across New Mexico. Patients received fresh produce for periods of 6-10 weeks, depending on the funding source. Nearly all produce was provided via food bags, and the vouchers that were provided were redeemed at eight farmers' markets in seven different counties in the state. Produce bags typically included seasonal produce such as salad greens, kale, carrots, mushrooms, tomatoes, plums, melon and potatoes. Dried beans, dried red chile and chicos were also eligible items. The **Exploring the Benefits** research project focused on two of the FreshRx communities - Española and Lordsburg - both of which serve rural and frontier populations and are in different parts of the state (the northern and southwestern regions). The project map shows the state of New Mexico with locations of the two partner clinics in Española and Lordsburg as well as general locations for the five farms and food hubs that participated in interviews for this study. **Note that all map locations are approximate - that is, none are exact locations.**

² According to the Center for Health Law and Policy Innovation (CHLPI), a Section 1115 waiver is a tool that allows states flexibility from federal Medicaid requirements to test out new ways to pay for and deliver services to advance the purposes of the Medicaid program. This includes piloting coverage for non-traditional services such as PPRs and other Food is Medicine services (CHLPI, 2025).

³ The National Center for Frontier Communities (NCFS) uses a three-variable matrix of population density (12-20 persons per square mile), travel time to market/service centers (30-90 minutes), and distance to market/service centers (30-90 miles) to define frontier communities (NCFS, 2025).

SECTION 1: Project Introduction

Based on the context described above, the purposes of this research project were to deepen the understanding of:

- i) **utilizing locally sourced food in PPR programs**, including considering how patients navigate the program and incorporate local produce into their diets as well as the producer experiences of supplying local food for PPR programs;
- ii) **inclusion of harder-to-reach underserved populations** including frontier and rural communities experiencing high rates of food insecurity; and
- iii) **the roles local CBOs play** in these programs.

To fulfill these purposes, the NMFMA research team employed multiple qualitative approaches that centered participant voices and experiences across the food supply chain. Supply chain mapping and semi-structured interviews were employed with six (6) individuals representing five (5) food suppliers (farmers and food hubs) involved in the Española and Lordsburg supply chains. In addition, Photovoice,⁴ focus groups, and interviews were used with four (4) FreshRx recipients - two (2) in the Española area and two (2) in the Lordsburg area.

The findings presented here can inform future programming in New Mexico and, importantly, also educate broader audiences working on PPR efforts in other settings where local food sourcing can fill important needs not addressed by other sources in the supply chain, especially those in sparsely populated rural geographies with high rates of poverty, food insecurity, and nutrition-related conditions such as diabetes and obesity.

After this introduction, the rest of the report proceeds as follows: Section 2. Methods; Section 3. Española case study; Section 4. Lordsburg case study; Section 5. Broader Local Food Systems Contributions; and Section 6. Discussion and Recommendations. References, additional project-related resources, and all Photovoice photos are provided at the end of the report.



⁴ Photovoice is a participatory action research methodology that combines photography and narrative and aims to elevate the voice of participants through documentation and description of some elements of their lived experiences.

Section 2. Methods

Overview

This project used qualitative methods to document food supplier as well as food recipient perspectives in the FreshRx PPR program in the Lordsburg (southwestern NM) and Española (northern NM) service areas. These geographies were selected following community outreach and consultation. The selection process was based upon the following: communities with active 2025 programming; communities with willing, interested, and established health partners; communities where it would be possible to gather information from both food suppliers and recipients and where there would be a mix of experiences of food provided via vouchers to redeem at farmers' markets and CSA-style food bags provided directly to patients; and communities that would be considered frontier and/or rural.⁵

The project included two groups of participants: i) food suppliers that provide fresh produce for the program; and ii) food recipients who are patients that participated in the FreshRx program. All participants provided consent to participate in the research and received gift cards for their participation. The qualitative interview guides are provided in Appendix C and Appendix D.

Suppliers (Farmers and Food Hubs)

A total of six (6) individuals representing five (5) food suppliers were interviewed, including one (1) small-scale female farmer and one (1) food hub⁶ located in southwestern NM; one (1) small-scale tribal farmer located in central NM; and two (2) food hubs located in central NM. Criteria for supplier selection was selling produce through the FreshRx program either during the 2025 season or within the past 3 years, with the aim of having a mix of suppliers who had participated through the voucher redemption model at farmers' markets and the provision of CSA-style food bags directly to patients. Interviews were conducted over Zoom and recorded and transcribed. In two cases, after reviewing the transcriptions, a few outstanding questions were sent to the suppliers via email. The supplier interviews were designed to help better understand local economy and community benefits of local food sourcing for FreshRx from a "supply chain responsibility" framing (Liu, Cavaye, and Ariyawardana, 2022), in which supply chains are seen as being able to help create social and environmental benefits for the community in addition to profits for the supply chain actors; as well as a short food supply chain (SFSC) framework, where SFSCs can contribute to local economies, support small-scale producers, bring environmental benefits, and build community (Jia et al, 2024).

Recipients

A total of four (4) current FreshRx PPR recipients participated in the PhotoVoice component of the project, including two (2) patients at the Lordsburg clinic and two (2) patients at the Española clinic. Recruitment at both clinics was difficult. Despite up to 20 patients participating at each clinic, only a few patients were interested in the research project, and many did not respond to follow-up recruitment efforts. The participants documented self-defined meaningful experiences through

⁵ The research team also considered and analyzed the complexities and challenges of doing this type of smaller-scale, short-term research in any Tribal communities, and after discussions with a few Tribal health partners coupled with review of where 2025 programming would take place, we concluded that it would not make sense to try and include Tribal communities in this particular research initiative.

⁶ A food hub is defined as "a business or organization that actively manages the aggregation, distribution, and marketing of source-identified food products primarily from local and regional producers to strengthen their ability to satisfy wholesale, retail, and institutional demand" (USDA, 2013).

photos based on suggested prompts provided by the research team. Focus group discussions and interviews were then held with the participants to discuss their photos and experiences with FreshRx. Focus groups were conducted with the two Lordsburg participants, and individual interviews were conducted with the two Española participants, due to scheduling needs. Focus groups and interviews were recorded and transcribed, and all transcriptions and participant materials were de-identified. Photos and other project materials were stored on a HIPAA-compliant Google Drive account through the NMFMA.

Data Analysis

Transcriptions and photos were reviewed and analyzed, with initial codes and categories being assigned. The codes and categories were based on the research project aims as well as patterns that emerged from the data collection. The codes and categories were then organized into themes and sub-themes. Respondent quotes were selected for inclusion in the report to illustrate the themes and sub-themes as well as to highlight participant voices.

Presentation

Findings are presented as case studies for Española and Lordsburg. The case studies are followed by a summary of broader system-level findings.

Limitations

The biggest limitation in the research was that the number of participants was lower than planned based on challenges with recruitment. This was true particularly for Photovoice participants as well as farmers who had previously been FreshRx vendors at farmers' markets. Part of the recruitment challenge stemmed from the project not having resources for being able to offer Spanish language interviews. In addition, the timing of the interviews was during a busy part of the season, especially for farmers selling at farmers' markets.

While there were fewer participants than planned, those who did participate provided a wealth of rich and illuminating information.





Section 3. Española Case Study

Community Context

Española, New Mexico was established in Northern New Mexico in 1598 and was originally part of the Ohkay Owingeh pueblo village located at the confluence of the Rio Grande and the Rio Chama. Juan de Oñate and the Spanish settlers with him renamed the area to San Juan de los Caballeros, establishing the first Spanish capital in New Mexico (City of Española, 2025). This settlement was later moved to the village of Yunque off of the west bank of the Rio Grande and renamed San Gabriel. San Gabriel served as the official capital of New Mexico from 1609-1610, until the Villa of Santa Fe was established as the official capital of the Spanish government.

Today, Española has a population of around 10,000 people and ranks 7th in New Mexico for poverty with 1 in 5 residents living in poverty (Stacker, 2022; World Population Review, 2023). Because of its location between the communities of Santa Fe and Taos, and its close proximity to Los Alamos and the Los Alamos National Laboratory, one of New Mexico's largest employers, Española sees a great deal of trade and pass through traffic. Its location between these larger communities has also fueled its position as a key drug trafficking community, with the highest per capita heroin overdoses in New Mexico (Garcia, 2006; National Drug Intelligence Center, 2002).

Because of its complex combination of rurality, poverty, and social determinants of health, community health centers shoulder much of the responsibility for connecting people with assistance resources such as healthcare and food. Established in 1972, El Centro Family Health (ECFH) has supported Northern New Mexico with 28 clinic sites throughout the region, and four clinic locations in Espanola: the Rio Arriba Health Commons, the Bond Street Clinic, the Coyote Clinic, and the Truchas Clinic (ECFH, 2025). For this study, the NMFMA partnered with the Rio Arriba Health Commons Clinic to run the FreshRx program in June and July, 2025.

FreshRx Program and Process

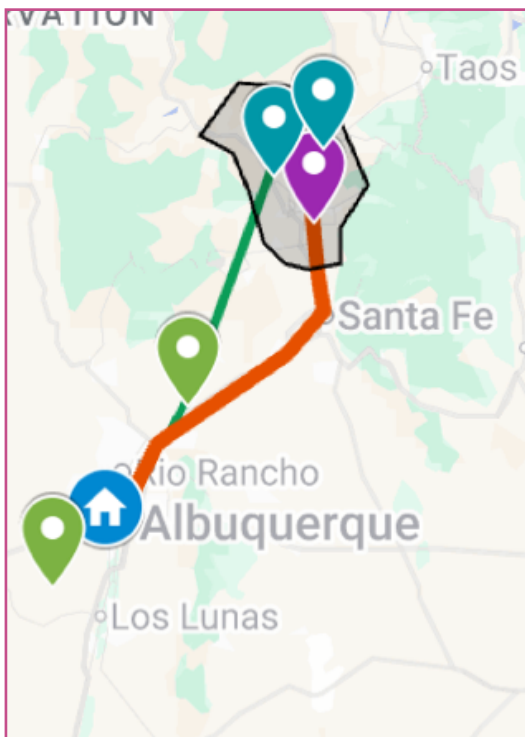
The NMFMA and its FreshRx Program have partnered with ECFH for more than 10 years, with El Centro first hosting the program as a pilot project before federal USDA GusNIP funding was secured to launch the statewide initiative. FreshRx typically serves 30 El Centro patients from Las Vegas, Española and Embudo for up to 16 weeks during the growing season. Initially, the program was run using vouchers for patients to redeem at local farmers' markets. Because redemption rates were low (at around 60%), and because some El Centro communities reported that patients felt a cultural disconnect to their local farmers' markets, El Centro and the NMFMA decided to pivot to a produce bag model, whereby produce bags are dropped off at participating clinics weekly during the growing season. For the purposes of this project, we combined the 2 models with patients receiving a limited number of vouchers as well as bags delivered to the clinics. In terms of the process, each week the clinic received a bag drop off of locally grown fresh produce on Thursdays around 1pm. Patients were instructed to come the same day to pick up the produce since the clinic does not have refrigeration or storage space for all of the food bags.

Supply Chain Mapping for Española FreshRx Produce Bags








For FreshRx patients at the clinic in Española, the food provided in the CSA-style produce bags was sourced from a Tribally-owned and operated small-scale diversified farming operation located in central New Mexico, about 30 miles northeast of Albuquerque and 60 miles southwest of Española. To meet FreshRx demand in 2025, the farm aggregated fruits and vegetables from its own operation as well as three others: one farm in the South Valley of Albuquerque, one farm in El Guique (10 miles north of Española), and an orchard in Velarde (about 15 miles north of El Guique). Produce was aggregated, stored in cold storage, sorted, rinsed/washed (if needed), and packed into the produce bags at a food hub in Albuquerque. The farms in the South Valley and El Guique delivered their produce straight to the hub, while the aggregator farm picked up fruit from the orchard and delivered it to the hub along with their own produce. Delivery of the produce bags from the hub in Albuquerque to the Española clinic was handled by a second hub that has a northern New Mexico delivery route. FreshRx patients in the Española clinic service area can live up to 25 miles away, and they pick up their bags directly from the clinic. The aggregator farmer and representatives from both food hubs involved in this supply chain were interviewed for this research project.

The short local food supply chain for the Española produce boxes is represented by the following schematic and map below. All map locations are approximate, i.e., none are exact.

FreshRx Supply Chain Schematic and Map for Produce Bags - Española Clinic



As the legend for the map indicates, the light green-colored source farms are those located within 50 miles of the food hub, and the turquoise-colored source farms are located more than 50 miles from the hub. Green lines show food transport from source farms to the hub, and the orange line shows transport of produce bags from the hub to the clinic. While the supply chain for the Española produce bags represents a local, short food supply chain, looking at the map reveals a gap in adequate aggregation and cold storage infrastructure in northern NM. Finally, the area in gray shows the approximate patient service area for the Española clinic.

-  Source Farm (<50 miles)
-  Source Farm (>50 miles)
-  FreshRx Clinic
-  FOOD HUB
-  Clinic service area
-  Food transport from farm to hub
-  Food transport from hub to clinic

Participant Feedback for Española FreshRx

Two program patients participated in the study. One participant was referred to the FreshRx program to assist with maternal nutrition, and another participant was referred to the FreshRx program based on prior participation. Both participants received the FreshRx food bags earlier in the season, and vouchers to the farmers' market later in the season.

Produce Bags

Both participants stated they enjoyed the food that was in the bag, and they were able to incorporate most of the provided items into their usual meal preparations. One participant cooks for her grandmother and boyfriend, and the other participant shares her food with family or neighbors who live in her housing complex. In this section with quotes from the participant interviews, P1 and P2 are the Española participants, and D is the research team member.



"So, the green beans we got, I had a squash and I made squash with meatballs and sauce and then I made green beans to go with it. The green beans that I got in the bag... I share. Me and my grandma and then my boyfriend."

P1 Espanola Photo Comment

"D: So it sounds like you also give a lot of the food to your family. Are you the person in your family that does all this and then helps everybody?"

P2: Yeah. Finally, they snapped that...I'm the only one that goes [to source food from food banks and food programs like FreshRx]."-P2 Española

Some food items, such as kale, rhubarb, oyster mushrooms, and powdered mushrooms, were unfamiliar to one of the participants. She was able to incorporate the mushrooms, but gave the kale to her sister. Peas were her favorite food item from the FreshRx bags.



"D: Was there anything in the bags that you didn't like?"

P2: I liked it all except I don't know.. You could have probably made a salad with a purple- It has a purple stem and then like lettuce. Oh, what is it? I don't know...I didn't use it."

D: Let's see. Is that that one?"

P2: Huh? Yeah, that one. I didn't know this one" (pointed to kale).

P2 Espanola Photo Comment



"P2: The potatoes....and there are eggs in there...and that little package of how do you call it? The mushroom powder or whatever it was."

P2 Espanola Photo Comment

When asked about barriers to picking up the bags, Participant 1 shared that it was sometimes difficult for her to get a ride to the clinic to pick up the produce bags.

*"The only thing that's hard is having to go to get the food because sometimes I won't have a ride."
-P1 Española*

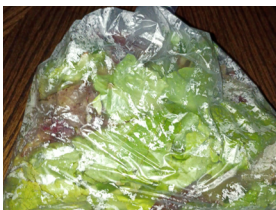
Farmers' Market Vouchers

Both participants preferred the farmers' market vouchers over the produce bags, but with different reasons. Participant 1 shared that she liked being able to pick the things she wanted, and Participant 2 stated she preferred going to the market because it was more fun.

P1 from Espanola shared photos of what she bought at the market, and the chile rellenos she made.



"D: Did you prefer the vouchers over the food bags or did you like one over the other?"



P1: The vouchers...Cause we were able to put what we wanted...My grandma made lentils and then she put green chili in there and jalapeños and then she made some spaghetti out of the tomatoes."

P1 Espanola Photo Comment



"D: What did you think was different between getting the bags here and going to the market?"

P2 Española: More fun over there. It's more fun. And for our people." -P2 Española

Participant 2 shared that the vouchers were able to cover everything she bought at the market, but the cost of items at the market were shocking for her.

"It's expensive at the farmers' market. I can't believe I'm looking at the pinon. \$35 for a tiny bag."-

P2 Española

When asked what they wish policymakers, farmers, and program administrators knew about the program, Participant 1 shared the program was good and they had no feedback. Participant 2 shared that they wish policymakers would help to bring food prices down and would "get into the fields themselves." Participant 2 also shared that handing out the produce bags at a booth at the market would be an improvement, since it is closer to town than the clinic.

"They need to go out in the field themselves... What's happening? It's breaking us... You go for creamer, you go \$7 for the creamer and the coffee. Then every time you go \$3 more up. Little can of coffee, \$24. What the hell are they doing to us?"-P2 Española

"D: So if you could tell the farmers anything, you'd tell them that they did a good job?"

P2: Yeah. And I feel sorry for them. It's a lot of work."-P2 Española

"D: And then what do you think that they could do to make the program better? Is there anything you think that they could do to improve?"

P2: Meet at the farmers' market. Meet them at the farmer's driving way up here. Be there on Mondays, like, in a separate little table or something like that... It's closer because it's way up here, and then if you're dealing with farmers' market, nice to be around with the harvest."-P2 Española

More photos from the Española participant group can be found in Appendix B.



Section 4. Lordsburg Case Study

Community Context

Lordsburg was founded in 1880 as a Southern Pacific Railroad camp (City of Lordsburg, 2025; Data USA, 2023). It is located in the Southwest “bootheel” of New Mexico and holds the county seat in Hidalgo County. Hidalgo county is named in honor of Miguel Dolores Hidalgo, a leader in the Mexican revolution in 1810 in which Mexico achieved independence from Spain (Hidalgo County, 2025). Today, Lordsburg sits within Hidalgo County with a population of around 2,100 people, and the population of the county is just under 5,000. In 2023, the poverty rate was 25.3% and the median income was \$33,899 (Data USA, 2023). The SNAP participation rate in Hidalgo County is 25% (Federal Research and Action Center, 2019). Because of its location along I-10, Lordsburg is a common rest stop for those travelling through to Texas, Arizona, and California.

Hidalgo Medical Services (HMS) was founded in 1980 as a National Health Service Corps site, but federal political tensions and an inability to recruit providers to Lordsburg and Hidalgo County caused the first iteration of HMS to close. In 1995, HMS was re-founded as a Federally Qualified Health Center with state funding and four family physicians operating outside of Silver City (HMS, 2025). The system has since expanded to provide services at 7 locations throughout Hidalgo county, including the Lordsburg clinic, which provided the FreshRx bags to the patients (HMS, 2025). Because of the rurality and poverty, community health centers shoulder much of the responsibility of healthcare, with HMS acting as the primary source of healthcare for most areas.

FreshRx Program and Process

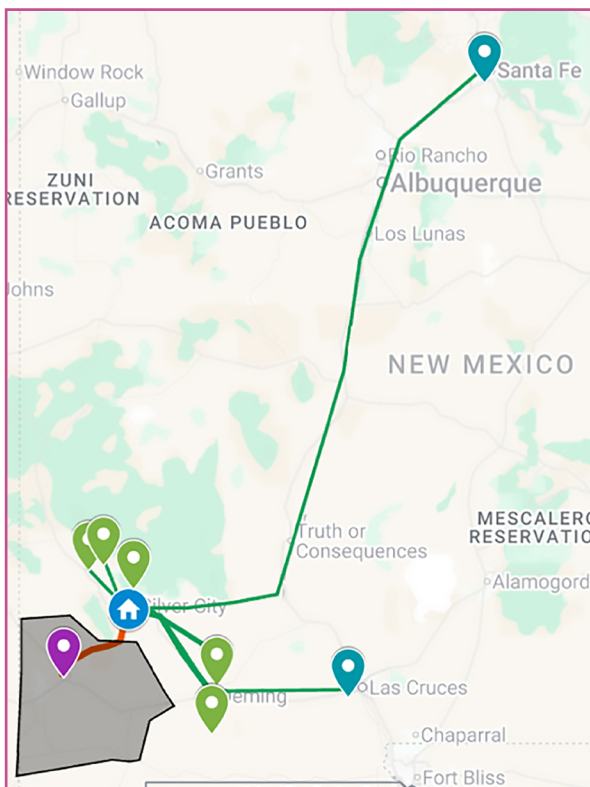
The NMFMA and HMS have partnered to bring PPRs to Silver City and Lordsburg for more than 5 years. The number of patients served has varied with funding, but in 2025, 40 patients were included in the program across the HMS service area. Patients are drawn from surrounding areas, including frontier and remote communities, such as Gila, NM. In past years, patients received vouchers to redeem at participating farmers’ markets, but since there is no convenient market for patients in Lordsburg, produce bags containing locally grown fruits and vegetables were delivered to the clinic weekly for the purposes of the current project. Patients would either pick up the bags at the clinic or the bags were delivered directly to patients by clinic staff at the end of the work day.

Supply Chain Mapping for Lordsburg FreshRx

For FreshRx patients at the clinic in Lordsburg, food was provided in CSA-style produce bags and sourced from a food hub located in Silver City in southwestern New Mexico. Lordsburg is about 45 miles southwest of Silver City. In 2025, the hub sourced from 24 small-scale farms and ranches in 8 counties in the southwestern, southern, central, and north-central parts of the state. Many of these operations are in extremely rural and remote areas. For FreshRx, produce was sourced from 7 of the total 24 farms and ranches. For preparing the bags, the hub picked up product from the source farmers, and this was typically done during backhauling from other deliveries (i.e., picking up the food on a return journey from a separate delivery). The hub then aggregated the produce and packed the bags at the hub warehouse, and then delivered the bags to the Lordsburg clinic. From there, depending on where the patients live, the patients either picked up their bags at the clinic, or staff delivered to their homes (or a meeting point) since patients often come from surrounding communities that can be as far as 45 miles from the clinic. A representative from the food hub and one of the source farmers were interviewed for this research project.

The short local food supply chain for the Lordsburg produce boxes is represented by the following schematic and map below. All map locations are approximate, i.e., none are exact.

FreshRx Supply Chain Schematic and Map for Produce Bags - Lordsburg Clinic



As the legend for the map indicates, the light green-colored source farms are those located within 50 miles of the food hub, and the turquoise-colored source farms are located more than 50 miles from the hub. Green lines show food transport from source farms to the hub, and the orange line shows transport of produce bags from the hub to the clinic. Finally, the area in gray shows the approximate patient service area for the Lordsburg clinic.

- Source Farm (<50 miles)
- Source Farm (>50 miles)
- FreshRx Clinic
- FOOD HUB
- Clinic service area
- Food transport from farm to hub
- Food transport from hub to clinic

Participant Feedback for Lordsburg FreshRx

The two Photovoice participants in Lordsburg are sisters. Participant 2 enrolled in the FreshRx program first, around 10 years ago, and informed Participant 1 about the program. Both participants shared the food they received with their families, which includes spouses, children, nieces, and nephews. Both of the participants stated they learned about foods they had never eaten before, like oyster mushrooms, lion's mane mushrooms, melons, and sunflower sprouts. Participant 2 said they usually do not like mushrooms, but they did like the lion's mane mushrooms and used them whenever they received them. In this section with quotes from the participant interviews, P1 and P2 are the Lordsburg participants, and D is the research team member.

Participant 1 also shared that she was diagnosed with cardiomyopathy, a heart condition which causes issues with blood circulation. She has been working diligently to change her diet to improve her health, which includes reducing her meat consumption. She was able to use the lion's mane mushrooms she received in the FreshRx bags as a meat substitute. She emphasized the importance of FreshRx to help support her new dietary requirements for her condition.

"I've seen the sunflower sprouts, I've never really had them. But so putting them on a salad and my me and my daughter, we just like to eat them like that just like a snack cuz it tastes like sunflower seeds. It's so good...I didn't know about the squash either till [P1] said, "Did you know these are squash?" I'm like, "What?" Yeah. So they are very unique looking." -P2 Lordsburg

"So one thing I did learn about mushrooms, oyster mushrooms, they're very meaty and they kind of replace meat. So I have a hard time processing or digesting meats. So, if I can stay away from any kind of meat, whether it's poultry or beef or any kind of any kind of meat, it just hurts my stomach. Even fish, I have to be delicate with fish, so having the mushrooms, whether it's the oyster mushrooms or lion's mane, it just made it easier for my body to absorb." -P1 Lordsburg



"After being diagnosed with Cardiomyopathy (issues with my heart muscle) I decided to research how to heal my own body with natural foods. I now eat foods that are anti-inflammatory. The stomach houses our immune system. Therefore eating clean foods is vital for me. I had received fresh vegetables and oyster mushrooms. I stir-fried them and made vegetable wraps."-P1 Lordsburg Photo Comment

Both participants mentioned incorporating the food into their normal meals, and both participants stated their families enjoyed the food as well.

"So, just cooking them [oyster mushrooms]...I also put it into a green salad after stir-frying it. And I think I've had it for breakfast and then incorporating some other vegetables. And not just as a meat,

but just as a side like a side of protein... And so I wanted to try it in other things like instead of like a chile relleno, I wanted to do like a mushroom type just because I just get curious like what's this going to taste like?"-P1 Lordsburg

"Never a new recipe. Never. I just feel I don't know like I just have like the same meals I cook over and over again so it's easier just to incorporate it."-P2 Lordsburg



P1 Lordsburg Photo Comments

Photo 1 and 2: I used an Instapot for 2 pounds of beans and seasoned with bay leaf, salt, pepper and half an onion. **Photo 3:** I cooked up some red chili in which I got from a local farmer here in town. **Photo 4:** I diced up some onions and sautéed them till they were caramelized and added in the oyster mushrooms and seasoned with salt and pepper till toasted. **Photo 5:** The final result. It was very, very tasty!

Both participants used the foods in both meals and drinks, such as smoothies and infused waters. One participant mentioned using the infused water as a substitute for soda. While both participants were able to research recipes for items they were unfamiliar with, they stated that receiving recipes in the food bags would have been helpful for educating them on how to use unfamiliar food items. Providing cooking demonstrations was also a suggestion to help participants learn how to use new foods. One participant said there used to be a website associated with the program that had recipes they would refer to. However, they also mentioned that some people may not have internet, so including recipe cards in the bags would be ideal. Participants also mentioned desiring to know where they could get food items similar to the items in the bags.

"I would say infusing the water, it's really good in the summer because for my kids, and even for myself sometimes, you know if I have like sodas in the refrigerator sometimes we'll just tend to even for dinner just like have a Coca-Cola or whatever soft drink is in there. Whereas if I have these. and they're already in a mason jar, it just looks so pretty. And so I'll just set it out on the table, and then we'll just have that. So... I think in the summer, it's a really good summer drink. Especially, you know, my kids sometimes struggle to drink water."-P2 Lordsburg

"So, one of the times I did take some of the cucumber and I threw it in a blender and I just added I think strawberry, some ginger and then I made it into just a detox in the morning. And so I made a pretty big glass and then I drank like a quarter of it every morning and so it's finished. So but the last cucumbers that we got the little ones I also threw that into a smoothie uh with ginger just because you know any time I can detox my body I'll do it. And you know Fresh RX makes that possible like at your doorstep which is pretty amazing."-P1 Lordsburg

P2 Lordsburg Photo Comments

"Me and my family love cucumbers. These are two of the best ways we consume cucumbers."



The image is a collage of the cucumber (top), on the left is the mint, strawberry, and a slice of cucumber. I begin by putting a slice of cucumber, slice of strawberry, mint leaves, to room temperature filtered water (inside a glass jar with a lid). Refrigerate for at least one hour to start tasting the infusion. it's a nice refreshing drink, especially in the summer.



This picture is a collage with the cucumber on top. On the left is sliced cucumber, lemon, and cayenne pepper. The one on the right is the complete recipe of slice cucumber, with lemon juice and cayenne pepper sprinkled on top. Sometimes my kids prefer Tajin instead of the lemon and cayenne pepper. This is a very simple and delicious snack. My kids love it!"

"I would say it would be an opportunity if they included a recipe per bag... So I think it's a weakness. But I think if the program was a little bit more- I don't want to say organized- but a little bit more detailed I guess and put recipes with these new ingredients or all of them cause maybe some people haven't heard of some of the other ones that I recognize..."-P2 Lordsburg

"I researched the mushroom and how to cook it. And some homes don't have access to the internet or access to their phone. Like how are they going to access this information in order for them to use this product for the health of their bodies. So, I think it could be a weakness. It all depends on whether they've seen it or not because we don't carry them in our local grocery store here in town. So, unless, you know, somehow or they do like a cooking show or a cooking demonstration in the grocery store. I would love to see that. I've seen that in bigger cities or where they're demonstrating some kind of product or produce..."-P1 Lordsburg

When asked what they wish policymakers knew about programs like FreshRx, both participants said they wish policymakers would recognize the dangerous substances in our foods and emphasize the value of fresh foods. They also wish there was more education for people to understand the health benefits of food and how to use fresh foods. One participant also mentioned they wish policymakers would prevent larger food corporations from blocking out local, fresh producers from selling in larger markets.

"If you could imagine if there was no more additives, um if they would put really strict limitations like on McDonald's or these fast food restaurants where they have to have like some kind of wholesome kind of food, what that would look like, then I think uh in turn, you know, it might slow us down."-P2 Lordsburg

"And I think a lot of the reasons why we're not getting lots of good fresh food is because it's more of a corporation that's a corporate takeover. You know, I get my fresh milk from a farmer who comes to town and he brings his fresh milk and that's how he has to sell it. He can't send his milk to Walmart or anything because the cost is ridiculous because then they will set their prices. And so we see these farmers coming through these small communities and they open the tailgate and when that happens, the entire community will show up just because it's going to be fresh and it's going to be healthy and it's going to take care of all of those health issues because it's not coming from a corporate store where all these additives are. That's my fight and I'd like to take that fight to DC."-P1 Lordsburg

Lastly, when the participants were asked what they wished the producers knew about the food they received from the FreshRx program, they shared that the food has allowed them to eat healthier, with one participant sharing that it has played a role in helping address her health condition, which has allowed her to taper off her medication. Both participants also mentioned how the food they received in the bags was able to help them stretch their food in the household further, as they were able to stretch the food received in the FreshRx bags for several weeks.

"I wish they knew that it's such a healing... the healing aspect, what it does to the human body and how if I could tell the farmer that gave me all this food, I would tell them thank you, and come into my life and look at my medical reports now. Because it's so refreshing to be able to endure a whole day and not come home exhausted...just watching my reports change every six months uh every year and my doctor even said you can stay on your medicine but it's time for you to start coming off and next year I'd like to see you completely off of your medicine."

-P1 Lordsburg

"I would say that they have introduced me to some foods that I've never heard of and that's a good thing, you know and I would also like to just say thank you even um, for the days that I was able to eat healthier, because that's not my norm, you know, my norm diet that I have because I don't go to the store looking for like the sunflower sprouts or anything like that, but I may now, you know, uh with cuz they're just so good, but like the other things like the purslane or something like that. I don't normally go looking for those, but I would say thank you for introducing me to these great herbs and foods."-P2 Lordsburg

"I think, just speaking economically, some of the FreshRx they did have beans. So beans will stretch a long way and so will the potatoes....and I did all the yields and everything and it would cost my family of three under \$10 to feed three of us. And that included some of the potatoes, the garlic, just add a little bit of oil and then some of the kielbasa sausage."-P2 Lordsburg

"And then uh so that week, I think they gave us a huge bundle of spinach. And so I was able to spread that out for several weeks."-P1 Lordsburg

More photos with comments from the Lordsburg participant group can be found in Appendix A.



Section 5. Broader Local Food System Contributions

Introduction

New Mexico is widely regarded as being home to the oldest continually inhabited communities and cultural landscapes in the United States, and many communities in the state have been producing food for thousands of years (USDA, 2014). Today, there are over 20,000 farms in New Mexico, more than 80% have annual sales of less than \$20,000, a third are smaller than 10 acres, and 95% are family-owned and operated (USDA, 2022). The largest agricultural sectors by sales include livestock, dairy, alfalfa and hay, and food crops including chile peppers, pecans, and onions (USDA, 2025). Over the past 20+ years, many producers, advocates, non-profits, and others have been working to strengthen and promote local food systems in the state.

In recent years, the state has made significant investments in the local food system, which includes Governor Michelle Lujan Grisham's Food Initiative - "a comprehensive commitment to building a robust food system that measurably reduces hunger and improves equitable access to nutritious, culturally meaningful foods for all New Mexicans" (Coakley et al, 2024). Since its establishment, Food Initiative funding has increased from approximately \$5 million in FY22 to \$111 million in FY26 and includes investment in healthy universal school meals, a healthy food financing fund, Food is Medicine initiatives, and institutional local food procurement, among others (NM Department of Finance and Administration, 2026).

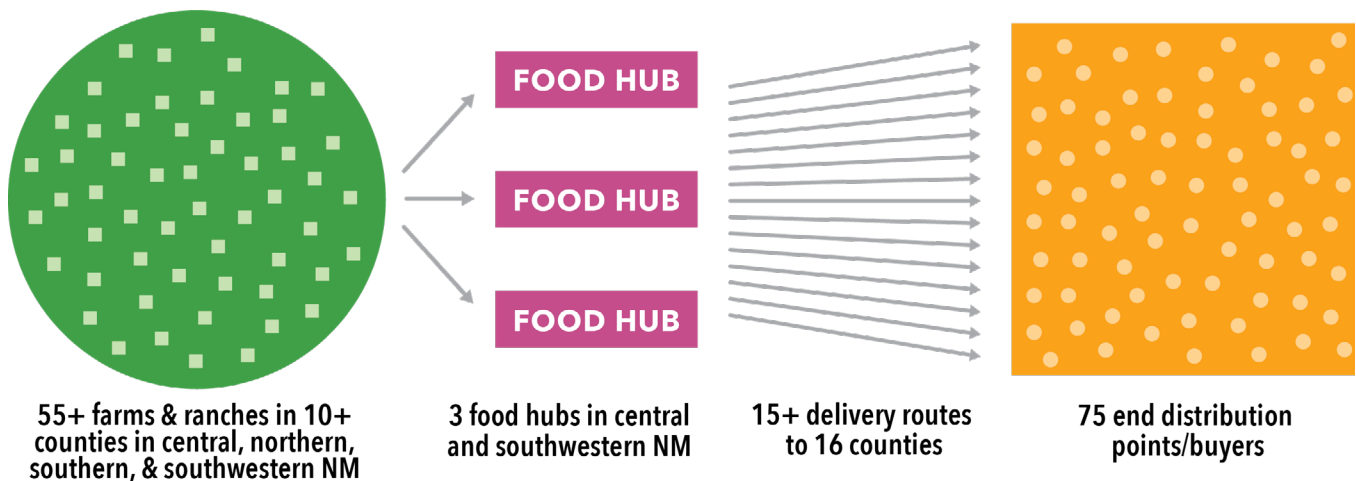
One result of these and other initiatives has been an expansion of market demand for local food. For example, funding for local food procurement through NM Grown, the state's institutional purchasing program, has increased ten-fold from \$525,000 in FY21 to \$5.4 million in FY25 (Coakley et al, 2026). In addition, agricultural sales at the approximately 60 local direct-to-consumer outlets (farmers' markets, CSAs, farm stands, and grocery stores) that are members of the NMFMA have grown from \$8.5 million in 2022 to \$14.85 million in 2025 (NMFMA, 2022; NMFMA, 2025). These and other increases in market demand have coincided with an expansion in the number and capacities of food hubs operating in the state, due in part to federal, state, and philanthropic local food investments focused on the middle of the supply chain. PPR programs such as FreshRx fit within this broader local food system movement, as illustrated through the interviews with the food suppliers for this research project that are presented in this section.

SECTION 5: Broader Local Food System Contributions

While there were a limited number of food supplier interviews, the small sample still shows an expansive reach and network when considering the number of farmers and consumers being impacted. Specifically, those interviewed included: two (2) farms that - when considering both of them combined - sell to several market channels including direct to consumer at farmers' markets, to local food co-ops, to food hubs, and to the NMFMA's FreshRx program; and three (3) food hubs that collectively source from 55+ farms and ranches in 11 counties in the central, northern, southern, and southwestern regions of the state. The hubs are also engaged in hub-to-hub coordination with one another (buying and selling from each other, collaborating on delivery and distribution, etc.) as well as with other hubs in New Mexico and the broader southwest region. The participants from the five (5) farms and hubs that were interviewed run 15-20 regular delivery routes to 16 counties and reach over 75 buyers and end distribution points, including institutions (schools, senior centers, early childcare providers), food banks, other Food is Medicine programs, farmers' markets, local food co-ops, and other outlets, helping show the many connections and contributions FreshRx suppliers have to the broader local food system.

While producing a detailed map showing all of the source farm, hub, and end buyer/ distribution point connections is beyond the scope of this project, the basic schematic below helps to illustrate the reach of the three hubs that participated in the interviews.

Supply Chain Snapshot - Basic Schematic/ Visual for 3 Food Hubs



Considering the supply chain maps from the Española and Lordsburg case studies presented in Sections 3 and 4 along with this visual illustrates that FreshRx is just one piece in a much larger, coordinated local food system network that is reaching populations in urban, rural, frontier, and Tribal communities all around the state. This is the case even if the following are still true: the volumes of healthy, local food reaching these places are quite limited; there are many communities the network has not yet reached; and there are hundreds of other farmers and many additional hubs, processors, distributors and other food businesses involved in the production, sale, and distribution of local food in the state that are not included in this very limited supply chain snapshot. The supplier interviews thus help provide a deeper understanding of various characteristics and qualities of local food supply chain actors. In this section with quotes from the supplier interviews, F1 and F2 (Farmer Supplier 1 and Farmer Supplier 2) are farmers, and H1 (Food Hub Supplier 1) through H4 (Food Hub Supplier 4) are representatives from food hubs, which included operations and program managers and directors.

Broader Themes

Several broader themes emerged through the interviews with the farmers and food hub representatives. These themes primarily revolved around the importance of collaboration, relationships, community, and resilience within local food systems work.

Farmer and food hub missions and values align with FreshRx goals

All of the food suppliers that were interviewed for this project emphasized the close alignment of FreshRx program goals of improving food access and serving underserved populations with the missions and values of their farms or food hubs. This was expressed mostly in terms of the program helping to create greater food access for Tribal and rural populations, reaching these communities with fresh, local food. Supplier interviews spoke of how FreshRx provides access to populations in extremely remote geographic locations in New Mexico and that many producers are also located in remote areas. This theme was illustrated by all interviewees:

Access:

"For us, when we start talking again about healthy food access, and food security, especially for Tribal entities like this, it's right in our wheelhouse of what we hope to do with our mission."-H3

"We're able to keep the produce that we're growing locally, which is the higher quality produce as well, and put that in our communities first. Versus, you know, always being the last, the person at the end of the line to get something good. That's part of my mission, is to be able to provide that access of the highest quality produce that we can to our communities."-F2

"It feels like kind of a community space where we're all contributing to this shared value of like creating greater access to fresh food in New Mexico."-H1

"I think the biggest benefit to me is that other people have nutritious food. You know, I believe food is medicine, and I'm, you know, I want to share that with everyone, and that's kind of my life passion. I just want to grow food and feed people, but I want it to be good food."-F1

Reaching Tribal, rural and other underserved communities:

"These are folks that maybe don't have access to these types of food, or, you know, are dealing with so many different pieces that it's hard for them to even just get, have access to a grocery store. That's, for me, that's the biggest benefit, because, you know, some of these folks are older, and, you know, as a Native person, our elders are the ones that carry the most knowledge."-H4

"I think what's really special and unique about [redacted] food hub is our ability to reach rural and frontier communities that otherwise they're just left out of the equation for a lot of people."-H2

"It's crystal clear that, you know, these places that we're delivering to are truly in food deserts. And without FreshRx in some circumstances, you know, they might have to drive 30 miles or more to find fresh produce. So, when I think about the benefit of this program for the recipients, you know, there might be no greater benefit than that... Most importantly, you know, it really does, I think, highlight how difficult it is in those rural areas to find fresh produce, and how FreshRx really fills that gap."-H3

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FreshRx is contributing to strengthening collaboration, trust, and partnerships among local food supply chain actors

Another theme that came up consistently in the supplier interviews was that of collaboration and relationships. For the FreshRx program, this was expressed in terms of collaboration among FreshRx partners and also farmer relationships with customers (for farmers selling at farmers' markets), along with the value created from those partnerships for both the benefits of the program as well as for broader more system-wide benefit.

"I do think we've made some lifelong customers, you know, because they used the FreshRx initially, and they enjoyed the market and the food, hopefully, that they were return customers. I'm sure they're still coming, I'm sure they're still visiting." -F1

"A huge benefit for [redacted] has been, you know, just establishing those relationships with other organizations that are a part of this... So I think it's just the relationships that we've been able to create or strengthen through the program is, I think, the greatest benefit for [redacted] as an organization or an entity." -H3

Hub representatives also discussed their work in terms of building relationships and partnerships with the farmers and ranchers they source from:

"And so really, being able to have like these one on one conversations (with farmers) where we're like navigating all of the things like talking through all of their needs, how we can kind of make the partnership work and feel supportive for them." -H1

In addition, the hubs spoke about hub-hub coordination:

"We also work a lot with the food hubs. So..., [hub] and us, work closely together. They'll buy things from us. We buy things from them, as well as we recently partnered with [another hub].. (They're) buying a lot from us. We're then able to deliver to them. Then they are able to then use that too, and we sell to our food hub partners at a reduced markup, just to help make sure the price of the you know, the final product, is very reasonable." -H2

Via hubs and direct sales, farmers are accessing markets through FreshRx and other local demand

The farmers and hubs spoke about how FreshRx, other Food is Medicine programs, institutional food procurement, farmers' markets, and local grocery stores are providing opportunities especially for smaller-scale producers to sell more of their product, thereby creating market access and market stability. This includes farmers' markets in very small, rural communities, farmers' markets and local grocery stores in larger towns and urban areas, food hubs, and institutions.

"I know I'm reaching different, like, different customers and different areas. You know, the food hub takes it out of Silver City most of the time. And, so, and then like, Gila is my town, so I really like to provide a lot there, and then Silver City, they're the original (farmers') market. So, I want to keep supporting them, too. Plus, well, just keeping all of them equally going, so, is good business practice." -F1

Hubs in particular are helping provide access to markets that many small-scale producers otherwise would not be able to access, as hubs provide a wide variety of services to the producers they partner with. Services include 1-on-1 technical assistance to help farmers meet food safety and other buyer requirements, business and production planning, marketing, and more. Increased market access is primarily being done through hub sales to programs such as FreshRx, other Food is Medicine programs, as well as institutional procurement.

"We can also source from farmers that can't typically sell to wholesale buyers because they don't have enough, like enough products. So we can kind of like Tetris people together to meet our numbers." -H1

"We ... help close the gap for these small farmers to be able to enter into markets that they otherwise would not have." -H2

"(Our hub is) Introducing another sales outlet that they may be able to tap into if they want to, you know, institutional." -H4

Increased and consistent sales opportunities can offer market stability, which then helps producers invest in and expand their operations.

"(what's special about the hub is) the ability to help provide stable markets for farmers and ranchers in those areas that then gives them the confidence to be able to expand and grow their operations." -H2

"And we can kind of discuss like helping farmers feel secure in the partnership so that they can expand their operations if they want to. So that's kind of that market stability piece. We're in conversation with them, trying to figure out how to make, create more stability for them to continue to farm the way they want to." -H1

"A program like prescription programs allow us to have that avenue where we can plan our year-round operation, so that's been really beneficial to have that opportunity." -F2

SECTION 5: Broader Local Food System Contributions



"I think the biggest benefit is to know that our farmers are more secure... That they're able to grow, expand, and have confidence that what they are growing is gonna sell, and they're gonna be able to invest more into their farm." -H2

The most significant supply chain challenges raised by food suppliers included transportation/ geography, capacity/ resource constraints, and uncertainty

It was noted that there are many communities in need that have not been reached by FreshRx or similar types of programs, even though the local food system extends across many parts of the state and supply chain actors recognize the importance of serving people in remote communities. As a result, transportation and geography were cited as the most common challenges.

"The challenge is, obviously, New Mexico is a very big state, so the geographic coverage of the rural communities that we're working with, that's the challenge." -H4

"There's places that aren't being serviced. There's distributions that aren't happening all throughout our state. And even within, you know, the southern part of the state, especially, there's a lot of missed areas, and so we have the opportunity to do more... Being able to expand that not just for our farmers but also helps with the distribution piece, and people being able to move more food up and down with their partners as well." -H2

Hub representatives also noted that they are reaching the ceiling of what they can provide with the current resources and capacities they have available, especially related to distribution infrastructure. Yet the need remains immense in terms of populations and geographic areas that aren't being reached by programs like FreshRx.

"We would like to be able to offer more like delivery support and go more places, and be able to kind of expand our operations a little bit... We are kind of hitting our limits, in like our ceiling in all of our operations. But there's no shortage of need here, so we definitely want to continue to expand and, as much as we can, continue to serve our partners." -H1

The challenge of capacity in rural/ more remote communities was also mentioned:

"What you do find is that maybe they (the community) don't have capacity as a team to be able to manage the distribution, or somebody there to be able to manage the communication, so then, you know, there's a missed opportunity that happens with that, or maybe they don't have infrastructure, they don't have a bigger cold storage, a freezer or a refrigerator... So there's a lot of

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stuff that plays a factor into the operational, but just trying to make it work.” -H4

Finally, uncertainty around program funding and planning was noted as a significant challenge.

“I guess, initially, (the biggest challenge) would be the uncertainty of if the program is going to exist the following year, or the next year, or in upcoming years, so that uncertainty has been problematic. Or, you know, it’s there. So that’s a little bit of a challenge. How do we assure that we can keep this program going, or something similar to it, and that we’re not gonna leave the recipients hanging next year, or that type of thing.” -F2

“It (funding) seems like it’s unknown every year... To be able to have at least an answer sometime the week, or within the year leading up to January. I feel like that just aligns with the producer’s growing season...so if they knew that, hey, FreshRx is starting again, and you know, they know the actual, you now, quantity and the volume that is needed from them, they know how much seed to purchase, they know what to grow, they know how much their harvest should be... So that way there’s a little bit more structure involved with it... The timeline of it is sometimes tricky.” -H4

Food suppliers offered visions for a healthier, more resilient future

Supplier interviewees also spoke of what could be:

“We’re utilizing the land... There’s that saying where if you take care of the land, it’ll take care of you. And so, if we believe in that mantra, then, you know by growing from it, we can make our communities healthier... And so, like I said, it’s another simple equation, you know? And we have it right here... It’s so simple, and it’s just up to us to actually just take action... You can’t do anything by just thinking it, you have to actually do something, do it. We have an opportunity and it can, something big can grow from it.” -F2

“What could we do to be able to expand it and be able to be more consistent with providing these types of food to the tables of these patients? So that way there’s opportunity for bigger impact within their own health, to be able to, you know, consume these types of foods and be able to see, you know, an impact, whether that’s physical, emotional, mentally... One of the biggest impacts... that people believe in and see the bigger picture of why we’re doing this work, and understanding who is the recipient of these bags, and seeing what types of impacts it could have...if we’d be able to expand or be able to increase the duration of the produce bags and the distribution.” -H4

“There’s not a food hub in the state that isn’t heavily subsidized at this stage. You know, there isn’t a business model that exists for a food hub to operate as a standalone entity without that financial support. So, it’s one, you know, trying to figure out a model that works that would minimize that support, knowing that federal funds are harder to come by right now, and or, two, trying to work with private funders in a way that coalesces a long-term vision for success for a food hub to be able to participate in food systems work and or something like the healthy food access program that is FreshRx.” -H3

“The more programs there are that are focused on sourcing local, the more we can buy from our farmers, which means the more stable their income is.” -H1

“Everyone that works in this area in New Mexico, at least I’ve known is, everyone’s so resourceful and makes it happen somehow... I think about that a lot, you know, with the mentality of work in local food, is like you work with what you have, and get the van down, a little further down the road.” -H2



Section 6. Summary & Opportunities

Summary

Exploring the Benefits was a small-scale research project that used qualitative methods to explore patient and food supplier perspectives about use of local food in FreshRx, a PPR program in New Mexico. While a small body of research has incorporated the use of qualitative methods, such as PhotoVoice, to examine participant experiences in PPR programs, limited work has used these methods to examine a clinic food bag distribution model (Center for Outcomes Research and Education, 2016; Riemer, 2019; Riemer et al, 2021). Additionally, very limited work has examined the local farmer perspective, and our study provides a unique contribution to the PPR evaluation literature by connecting the perspectives of the local farmer, food hubs, and patients (Shostak et al, 2025).

Patient Perspective Highlights:

- For FreshRx patients, those who participated in this project clearly valued the produce that was provided and experienced many benefits from the program.
- They were able to incorporate the produce into their family meals, and they appreciated the ability to access fresh, nutritious food from local farmers.
- The stories patients shared illustrate how the program allows patients to eat healthier by promoting home-cooked nutritious meals among patients in real need.
- Participants also noted that FreshRx benefits family members and neighbors through food sharing.
- Without the FreshRx program, the participants would not have been able to enjoy most of the produce included in the program, as many items in the food bags were not commonly found in local grocery stores, and the cost of such items at the farmers' market was noted as being prohibitive for some patients.

Food Supplier Highlights:

- Local food supply chain actors reported being closely linked to each other and dependent upon one another.
- These actors also feel a connection to the communities and populations where their food is going.
- There are economic and social values to these linkages/relationships, contributing to what appears

to be a strong, resilient, and connected network. Farmers and food hubs alike are vital contributors to this network, each having their roles and being necessary to the functioning of the current system.

The supply chains presented in this research (and the farmers, food hubs, and CBOs that comprise them) are good examples that fit within the supply chain responsibility and SFSC framework literature, as they are not simply focused on profit-making activities, but rather have connections to community, place, land, and people that motivate their work and their priorities. Interviewees revealed that their 'place identity' is inspiring them to consider motivations beyond profits (Zhao et al, 2025) that are more socially and community-oriented. Furthermore, as is noted in recent literature on food system resiliency (High Level Panel of Experts, 2025), part of what is needed to create "equitably transformative resilience" is to move beyond value chain/supply chain thinking to a wider vision that incorporates the necessity of community control over food systems (Anderson et al, 2026), similar to what has been demonstrated in this study.

It is important to also note that these local FSCs are in many ways completely different supply chains than the industrial/ non-local food system, and it remains difficult to compare them in terms of scale/ volume/ price/ etc. The local FSCs cannot and should not simply replace the non-local; however, local food can take on an increasingly larger proportion of food being provided to communities and can help especially in reaching remote communities. For example, one of the suppliers noted that *"a big part of what we do is help maintain distribution routes throughout the state that are not financially beneficial for a for-profit company to do, because it's hard to make money on distribution. So we help maintain a route north to south, working with partners and food hubs throughout the state, farmers throughout the state, to help move products up and down and even continue on to kind of the northeast and northwest portions of the state."*

As New Mexico continues to work towards more resilient, community-driven, and equitable food systems, this report highlights the benefits of supporting expanded rural delivery routes, engaging in deep community partnerships, and continuing to examine how to fill other infrastructure gaps.

Looking Ahead - Opportunities for the Future

Based on the findings from this study, several opportunities for the future have emerged:

- **Policymakers and funders have an opportunity to:** i) **expand longer-term funding** for PPR, institutional procurement, and other programs that stimulate demand for local food, as food recipients respond positively to fresh produce coming from local farms; ii) **emphasize local food in Medicaid Section 1115 waivers** for PPR and other Food is Medicine services; and iii) **invest in infrastructure** to address major local supply chain gaps - such as lack of aggregation and storage facilities in Northern NM - and to help farmers and food hubs better meet their production, aggregation, storage, and distribution needs.
- **Healthcare providers** (such as Medicaid organizations and private health plan providers) have an opportunity to **incorporate more local food into their Food is Medicine initiatives, processes, and funding allocations**, based on the importance of local supply chains in helping provide strong pathways to Food is Medicine approaches via the ability and abundance of cultural foods through local sources. Providers should **explore partnerships with local CBOs**, as they can play facilitating and other coordinating and connecting roles in this process so that providers do not have to start from scratch. CBOs have been shown to be critical facilitators in connecting local food system actors and ensuring food gets from farms to patients.

SECTION 6: Summary & Opportunities

- **CBOs managing PPR programs should seek expansion of long-term funding for locally sourced foods, be responsive to patient suggestions** and requests (e.g., including recipes and food supplier information in the food bags, etc.), and **continue playing a facilitating role** in these types of programs, especially **helping to support healthcare providers** that may be interested in local sourcing but need CBO support to help get them started and begin to take the steps required for using local food. CBOs can be good partners to healthcare providers.
- **Food hubs** should work to **expand the number of producers they are sourcing from, enhance their infrastructure capacities, improve overall efficiencies, and continue to offer important services** to producers and collaborate with other hubs.
- **Farmers should continue to seek market diversification, local sales outlets, connecting with hubs, and expanding** operations and production as opportunities allow.
- **Researchers and evaluators** have an opportunity to: i) **seek deeper understanding of local food supplier perspectives, motivations, capacities, and challenges** related to participating in PPR programs; and ii) **expand the use of qualitative approaches** such as Photovoice to highlight participant voices and gain more nuanced understandings of participant experiences with local food in PPR and other similar programs.

Conclusion

In 2025, the NMFMA led a qualitative research project working in partnership with FreshRx patients and food suppliers to explore the benefits of using local produce in FreshRx, a PPR program. Patients valued the produce as they were able to incorporate it into their family meals, and they appreciated the ability to access fresh food from local farmers. Suppliers expressed close alignment with program goals such as improving food access and highlighted a connection to the communities and populations where their food is going. Suppliers also emphasized the importance of collaboration, relationships, community, and resilience within local food systems work.

The experiences and voices of the patients and suppliers portrayed in this study offer a powerful lens for gaining a deeper understanding of the FreshRx program and broader local food systems in New Mexico. Findings from this study will also be relevant in other settings, especially those in sparsely populated rural geographies with high rates of poverty and food insecurity and where local food sourcing is possible. Local food sourcing has been and should continue to be an important part of PPR and other Food is Medicine initiatives as it provides market outlets for local producers, strengthens community, and can reach populations that are more difficult to access.



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Appendix A: Additional Lordsburg Participant Photos



"I add arugula, tomatoes, and fresh garlic, to my breakfast (left picture). The picture (right) is sourdough toast with avocado, topped with the sauté arugula, tomatoes, and fresh garlic."

P2 Photo Comment



"Photo #1 These are the fresh delicious vegetables this week: Potatoes, squash, sprouts, onion, garlic, cucumber and Lion's Mane. Photo #2 I made a cucumber salad with the sprouts and some leftover spinach from last week's Fresh RX. I made a homemade dressing which I included rice vinegar, lemon juice, honey, and sprinkled with red pepper flakes. My 15 year old daughter does not like salads unless it has a ton of croutons and ranch dressing. But she absolutely loved the salad. Photo #3 calabacitas (squash) I sautéed with the onions which were absolutely delicious! Photo #4 Lion's mane steak and a side of potatoes which I baked separately. I fried the Lion's mane mushroom with olive oil, salt and pepper and topped it with the sautéed onions- very sweet and delicious! I sautéed with the onions which were absolutely delicious!"

-P1 Photo Comment



"I got some beautiful greens and some summer yellow squash. The yellow squash was very sweet! I stir fried them up with the scallions and serve them on a salad (kale and spinach from one the farm fresh food bags) with an over medium egg for breakfast. It was delicious!"

-P1 Photo Comment

Appendix B: Española Photos

Participant 1 Española



Participant 2 Española



Appendix C: Supply Chain Mapping Semi-Structured Interview Guides

Farmer Interview Guide

About your operation:

- (1) Can you tell me about your operation?
 - (a) How long has it been around?
 - (b) How many acres is it?
 - (c) What do you grow?
 - (d) How many people work on the farm?

- (2) What do you think is special or unique about your operation?

Production and Inputs:

- (3) How do you irrigate and where do you get your water?

- (4) Where do you get your seeds? And where do you get your tools?

- (5) Do you use soil amendments?
 - (a) If so, what do you use and where do you source those?

- (6) Do you get loans, grants, or other funding resources to support your operation?
 - (a) If so, from what sources?

- (7) Do you receive Technical Assistance from Extension or others?

- (8) Do you compost at your operation?
 - (a) If not, what do you do with waste from the harvest or other on-farm waste?

Processing, Distribution, & Aggregation:

- (9) Do you work with any processors or distributors, or do you handle all of that yourself? If you do work with processors or distributors, can you describe how you work with them?

- (10) Do you aggregate from any other farmers? If so, how many? And where are they based and what do you source from them?

Sales & Marketing:

- (11) Where do you sell your products (i.e., who are your buyers)?
- (12) Do you sell all that you produce, or do you also give away any of what you produce?
 - (a) If you give some away, who do you give it to?

FreshRx:

- (13) How long have you participated in the FreshRx program?
- (14) What made you decide to participate in FreshRX?
- (15) How has your experience with FreshRx been?
- (16) Have you gotten to know any of your FreshRx customers?

Overall challenges and benefits:

- (17) What are the biggest challenges you face as a farmer today?
 - (a) How are you trying to address those?
- (18) What are the biggest benefits to you in producing food to sell locally - through FreshRx and other outlets?

Food Hub/Distributor Interview Guide

About your operation:

- (1) Can you tell me about your operation? How long has it been around? How many people work there?
- (2) What do you think is special or unique about your operation?
- (3) How is your operation funded - grants, sales, financing, etc.?

Sourcing:

- (4) What types of products do you source, how many producers do you source from, and where are they located?
- (5) Do you have any specific requirements for those you source from?
- (6) How do products get to your operation?

Processing, Distribution, & Aggregation

- (7) Is your operation involved in any processing? If so, how?
- (8) What types of aggregation and other services do you offer to the producers you work with?
- (9) Can you describe your distribution capacities - in terms of physical assets as well as distribution routes/ networks (to & from, frequency, mileage)? Who is involved in your operation's distribution?

Sales & Marketing:

- (10) Where all do you sell your products (i.e., who are your buyers and where are they based)?
- (11) Do you sell all that you source, or do you also give any of what you source away?
If you give some away, who do you give it to?

FreshRx:

- (12) How long has your operation participated in the FreshRx program?
- (13) Why did you decide to participate in FreshRx?
- (14) How has your experience with FreshRx been?
- (15) Have you gotten to know any of your FreshRx customers?

Overall challenges and benefits:

- (16) What are the biggest challenges your operation faces today? How are you trying to address those?
- (17) What are the biggest benefits in being able to distribute local food - through FreshRx or other outlets?

Appendix D: PhotoVoice Semi-Structured Interview Guides

Photovoice uses a method called SHOWED which helps to describe photographs, below are the five questions related to SHOWED. Due to the nature of the project, this study used a modified SHOWED Interview Guide.

1. What do you **See** here?
2. What is really **Happening** here?
3. How does this relate to **Our** lives?
4. Why does this condition **Exist**?
Modification: Were there any challenges during your time in the FreshRx program?
5. What can we **Do** about it?
Modification: What do you wish policymakers, food producers, and FreshRx program staff knew about the program?

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Appendix E: Additional Resources

FreshRx in New Mexico program video (2024)

Internal program evaluation (2024)

-Detailed Full report

-Report Synopsis