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Co-Designing a Prenatal Produce Prescription Program with

VOCES DE MAMÁS

PREPARED BY

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Introduction

In 2024, Boulder County Public Health (BCPH), Adams County Health Department (ACHD), and the federally qualified health center Clinica Family Health & Wellness (Clinica) formed a cross-county partnership to design and implement the Prenatal Produce Prescription Delivery program, funded through the USDA Gus Schumacher Nutrition Incentive Program Produce Prescription (GusNIP-PPR).[1] The idea and grant application was developed in response to documented needs among pregnant Medicaid patients receiving care at Clinica's Lafayette and Thornton locations, sites selected based on high annual birth volume, Medicaid enrollment rates, and USDA Economic Research Service Food Access mapping, indicating that both clinics serve low-income, low food access neighborhoods. The cross-county Prenatal Produce Prescription Delivery program launched in January 2026 and provides bi-weekly deliveries of fresh, local fruits and vegetables procured by a local food hub, Common Harvest Colorado, and culturally responsive nutrition education to support improved dietary intake and maternal health outcomes during pregnancy.

Central to the program's design was the establishment of a year-long patient advisory board to ensure that community voice and lived experience guide decision-making throughout implementation. This value guided the GusNIP-PPR application, which was formatted around the results of a survey of pregnant patients receiving prenatal care at Clinica to assess baseline fruit and vegetable intake, need for a program of this nature, and program format. The advisory board, later named *Voces de Mamás*, was created to inform key components of the program, including produce box contents, nutrition education modalities, communication strategies, and evaluation approaches. This structure reflects the partnership's commitment to participatory decision-making and aligns with Facilitating Power's *Spectrum of Community Engagement to Ownership Framework*, which emphasizes shared power and community-driven program development,[2] and which is Adams County Health Department's guiding community engagement framework.

This report summarizes the community engagement practices, program adaptations, and key findings that emerged through the Voces de Mamás advisory board. It documents how community insights were integrated into real-time program design, highlights lessons learned from cross-county collaboration, and outlines strategies that may inform future produce prescription efforts across Colorado and beyond.

Community-Driven Program Design Practices

Evidence shows that patient advisory boards and community advisory boards strengthen program design, improve cultural relevance, and increase uptake of health and social service programs.[3,4] Patient and family advisory boards are widely used to co-design programs, improve

patient-centeredness, and strengthen engagement.[5] Research on healthcare-based food insecurity interventions also indicates that participants are more likely to use and benefit from food assistance programming when the foods are culturally familiar and when program materials are co-designed with community members.[6] These findings informed the partnership's decision to establish a patient advisory board to guide the produce prescription program's design and implementation.

From the outset, Boulder County Public Health (BCPH), Adams County Health Department (ACHD), and Clinica Family Health & Wellness recognized that meaningful community participation would be essential to designing a culturally responsive and accessible program for pregnant Medicaid patients. As such, the partnership implemented a series of best practices to ensure that community voice, lived experience, and participatory decision-making were embedded throughout the development of the Voces de Mamás patient advisory board.

Voces de Mamás was an eight-member patient advisory board of local Latina mothers passionate about community food access. Over the course of the program, members played a central role in shaping materials, processes, and outreach strategies. Their insights directly strengthened the program's cultural responsiveness, accessibility, and overall effectiveness. The board met 12 times over 11 months and was compensated for their time and effort. The following best practices guided the engagement process and reflect lessons learned that can inform future advisory boards and community-centered program design.

Culturally Responsive Naming

To ensure that the advisory board was welcoming and culturally relevant, BCPH collaborated with a native Spanish-speaking communications staff member to identify an accessible and resonant name for the group to use during recruitment. With the concern that "board" felt formal and intimidating, the team ultimately selected Voces de Mamás ("Moms' Voices") as a name that reflected the group's purpose and values. The name was then vetted by new members at the first meeting, who expressed that the name resonated with them. This naming process aligned with the partnership's commitment to creating an inclusive environment and set the tone for a collaborative and community-centered advisory structure.

Thoughtful and Trust-Based Recruitment

Patient advisory board demographics should be representative of the demographics of prospective program participants. Recognizing that food-insecure pregnant patients have competing priorities to meet their individual and household basic needs, recruitment focused on previously pregnant patients at Clinica Family Health & Wellness who had received prenatal care through Medicaid coverage. The recruitment approach included distributing flyers with QR codes at Clinica Family Health & Wellness; circulating the survey to the

Clinica Family Health Patient Voice committee; sharing materials with Boulder and Adams County Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offices; and recruiting from the Fruit & Veg Longmont advisory group, a group that gives input on a BCPH-run nutrition security program. Due to the specific eligibility criteria, recruitment efforts were limited to this approach. Recruitment from Clinica proved challenging, speaking to the competing priorities of patients receiving care. T e team had greater success engaging members from groups where trust had already been established.

Lessons learned:

- Recruitment is significantly more successful when leveraging existing, trusted community relationships, such as community-based organizations and trusted health care centers working directly with community members.
- Future efforts should partner more intentionally with trusted community-based organizations to reach a broader and more representative group of members.
- Including parents of varying ages and stages of parenting enriched the board's perspectives and should be considered a promising practice.
- Members later advised in the feedback survey that the facilitators should recruit via social media, WhatsApp, and community groups.

Accessibility and Removing Participation Barriers

Accessibility was a central component of the engagement strategy. The team followed ACHD's internal community compensation policy built for community members contributing their time and expertise. $50 gift cards were given for each meeting attended. The partnership also provided Spanish-speaking childcare, culturally relevant meals prepared by local businesses, and interpretation services to reduce barriers to participation. All meetings were facilitated in Spanish by bilingual BCPH staff, with interpretation available for monolingual English-speaking staff or members. The produce vendor and delivery partner also had Spanish-speaking staff, which supported smooth communication throughout the program. When surveyed about accessibility at the conclusion of the program, all accessibility measures were identified by members as important, including the days, times, and locations of meetings.

Co-Creation of Materials and Shared Ownership

The partnership prioritized co-creation as a core engagement practice. Rather than presenting finalized materials for review, the program team invited members to collaboratively develop content, including promotional video scripts, flyers, webpages, and survey tools. The idea for enrollment videos originated from Voces de Mamás members themselves, and several volunteered to participate in the Spanish-language video. Clinica Family Health & Wellness

staff, who are trusted healthcare providers in the community, starred in the English-language enrollment video. This collaborative approach strengthened trust, improved the cultural relevance of materials, and ensured that program messaging reflected the lived experiences of the target population.

Tailored Communication

Communication preferences for communications related to Voces de Mamás, such as modality, frequency, and platform, were directly informed by members. Most members preferred text messaging as the primary mode of communication, with email used for longer documents and supplemental information. This approach ensured responsiveness, with all participants responding to text messages and surveys in a timely manner. Due to this success from Voces de Mamás, text messaging was also adopted for the produce prescription program. This approach aligns closely with research findings on the importance of frequent, timely, and tailored communication by outreach coordinators in produce prescription programs, [7] as well as patient advisory board programs. The partnership also maintained ongoing engagement with Voces de Mamás after the produce prescription program launch, providing updates on implementation progress and sharing early outcomes. This continuity allowed members to see the impact of their contributions and reinforced the partnership's commitment to transparency and shared ownership.

Pooling and Leveraging Community Resources

Throughout the engagement process, the members piloted additional community resources that could strengthen the program, such as blood pressure monitors and ACHD diabetes education and cholesterol screening. Members trialed and kept blood pressure monitors from the American Heart Association to ensure usability and accessibility of instructions, and their positive feedback led to blood pressure monitor provision for produce prescription participants with gestational diabetes and/or hypertension diagnoses.

Local, Latina-owned businesses catered meetings, and the contact information has been shared internally within the Boulder and Adams County governments to promote local businesses. During one of the meetings, the owner of La Catrina Grill offered Voces de Mamás a cooking class after hearing the members mention that there were several fruits and vegetables in the pilot boxes that they did not know how to prepare or cook. This showcases the importance of cultural relevancy and leveraging existing community assets.

Bidirectional Benefit and Leadership Development

The advisory board was designed to benefit both the program design and the Voces de Mamás members for bidirectional benefit, leadership development, and community capacity

building. Members expressed interest in expanding their skills and participating in additional training opportunities. In response, the partnership connected members to external leadership programs. The group reached consensus on participating in Boulder County's People Engaged in Raising Leaders (PERL) training, designed to "develop leadership skills and increase civic engagement" among people earning low incomes. This training concluded with the provision of certificates of completion and a final session with a Boulder County Board of County Commissioners guest speaker and BCPH's Executive Director and Community Engagement Specialist. While completing the PERL training, members continued to provide input and feedback on the produce prescription program during its launch in January 2026. In the final survey, members also shared that they learned their voices matter and that engaging in groups like this can help change their community.

Participatory Budgeting

The team intended to lead a participatory budgeting process with Voces de Mamás supported by ACHD finance staff to align with ACHD's Community Engagement Plan and the *Spectrum of Community Engagement to Ownership* framework.[2] Through this democratic process, members help decide how remaining grant funds should be allocated, deepening shared ownership and shifting decision-making power to the community. Due to staffing priorities shifting towards the end of 2025, the full participatory process was not executed. However, the group reached a consensus to use the remaining Voces de Mamás grant funds for a pilot box program for Voces de Mamás members to test the produce prescription food boxes for six months. This proved to be a very meaningful adaptation, as members could provide feedback on the boxes before the program's launch. This was especially beneficial with one member who was pregnant at the start of her time with Voces de Mamás and gave birth during the months when members were receiving boxes, providing direct perspective from a pregnant parent on utilization of fruits and vegetables, preferences, ease of service, and other feedback.

Member Feedback

A Spanish-language survey with a mix of open-ended and multiple-choice questions was sent at the conclusion of Voces de Mamás to gather member experiences. Six of the nine members responded, and several shared that participating in Voces de Mamás was valuable and felt important, that their opinions counted, and that they were listened to. Members appreciated connecting with other moms and learning about the project and community resources. They shared that the most important things to consider when forming an advisory board include having capable, approachable leaders; receiving lots of information; the days and hours; childcare; interpretation; gift cards; and food.

Voces de Mamás Findings: Produce Prescription Program Implementations

This section provides a high-level overview of program implementations and findings resulting from the twelve sessions with Voces de Mamás. The authors' intent is to share these findings with other Boulder, Adams, and Denver Metro Food is Medicine initiatives that are implementing community-centered program design.

Improving Written Materials and Communication

Members reviewed all written materials and provided detailed feedback to improve clarity and cultural relevance, including webpages, text messages, flyers, surveys, and consent forms. Two major contributions included the following: 1) co-creating instructions for signing the Health Insurance Portability and Accountability Act (HIPAA) consent form, transforming a complex and often intimidating process into one that felt approachable and easy to follow; and 2) rewriting the fresh produce waiver to remove jargon and ensure that government and healthcare language was understandable and respectful.

Members also identified the need to revise Spanish translations for terms such as "dietitian" and "case manager," ensuring that program language aligned with community vocabulary to avoid confusion. Transcreation, or the "widely recognized practice of adapting health education materials for improved understanding and cultural relevance to specific language and ethnic groups," is a crucial component of communications.[8] These changes supported trust-building, reduced barriers to participation, and improved the overall user experience.

Designing Accessible Box Names and Food Options

Members collaborated closely on the design of produce box options. Their input shaped the types of foods included in each box, the number and variety of box options, and the naming of boxes to avoid stigma and reflect cultural identity. One of the boxes, designed to provide complementary produce that slow the absorption of carbohydrates – such as avocadoes and beans – for patients with gestational and Type 2 diabetes, was originally labeled "Medical Box." Voces de Mamás identified this name as confusing and unwelcoming, and the group came to consensus on naming it "Supporting Diabetes Box" instead. Another box, aimed at tailoring contents to support Mexican recipes, was originally labeled "Cultural Box." Members and partnering organizations identified this as confusing and "othering," and eventually came to consensus on naming the box "Mexican Flavors Box."

Accessible Nutrition Education Modalities

Nutrition education is a required component of the USDA GusNIP PPR, and one of the main objectives of Voces de Mamás was to inform the nutrition education modality and content. Members stressed the importance of culturally relevant recipes, Spanish-language content, and materials that acknowledge the realities of pregnancy, limited time, and varying levels of cooking experience. Some members strongly preferred in-person cooking classes, emphasizing that hands-on learning, shared meals, and real-time interaction help build confidence and community. However, other members expressed that online resources, such as short videos, recipe demonstrations, or downloadable guides, were more practical for busy families, especially those balancing work, childcare, pregnancy-related fatigue, and other factors that limit them from leaving the home. They emphasized that online options allow program participants to learn at their own pace, reduce transportation and childcare barriers, can be revisited as needed, and offer privacy and accessibility for those unable to leave their homes.

As such, the Boulder and Adams Counties Prenatal Produce Prescription Delivery is exploring a hybrid nutrition education model in the future, providing a fruit and vegetable database with nutrition education and recipes in English and Spanish in the meantime.

Strengthening Recruitment Strategies

Members provided guidance on effective recruitment methods, including where to place QR codes and how to reach families who might benefit from the program. They emphasized that emails from the County WIC office were particularly effective because WIC is a trusted and familiar resource in the community.

Members highlighted the importance of using community member testimonials to build trust and relatability with local government. Without any existing testimonials, members were invited to participate in creating enrollment videos. Adams County Health Department's Communications team worked with three members to create the Spanish enrollment video, and three staff members of Clinica Family Health to create the English enrollment video. They co-created flyers, brochures, promotional video scripts, webpages, and survey tools, ensuring that all materials reflected community voice and values.

Language Access

All promotional, enrollment, and evaluation materials were created in Spanish and translated into English. During the launch of the produce prescription program, a language access gap was identified for several Pashto-speaking patients. As such, the team translated the enrollment materials surveys, text messages, brochures, and flyers into Pashto. Ideally, the

materials would be translated into the top ten languages served at Clinica Family Health & Wellness; however, funding was a limitation.

Conclusion

The emerging evidence base for perinatal Food is Medicine interventions, combined with implementation science findings on the importance of community-driven design and patient advisory boards, underscores the value of the Voces de Mamás advisory board. Their contributions strengthen the program's cultural relevance, feasibility, and potential for long-term sustainability, informing program development and serving as a model for community-centered health initiatives. Below are translated testimonies shared by members of Voces de Mamás and one produce prescription participant:

> *"Thank you very much for including me in the Voces de Mamás group. I have really enjoyed being part of it, and the cultural box that I received has been very helpful for my family, as well as the gift card ... I also sincerely appreciate the availability of childcare during these activities. Thank you again for all your support."*
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> *"I really appreciate how you are designing the program alongside the community."*
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> *"This program has helped me a great deal—especially now, while I am facing financial difficulties—by allowing me to nourish myself with high-quality products; everything is fresh, in excellent condition, and delivered right to my doorstep. May God bless everyone who plays a part in making this assistance possible for me and so many others. Thank you!"*

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