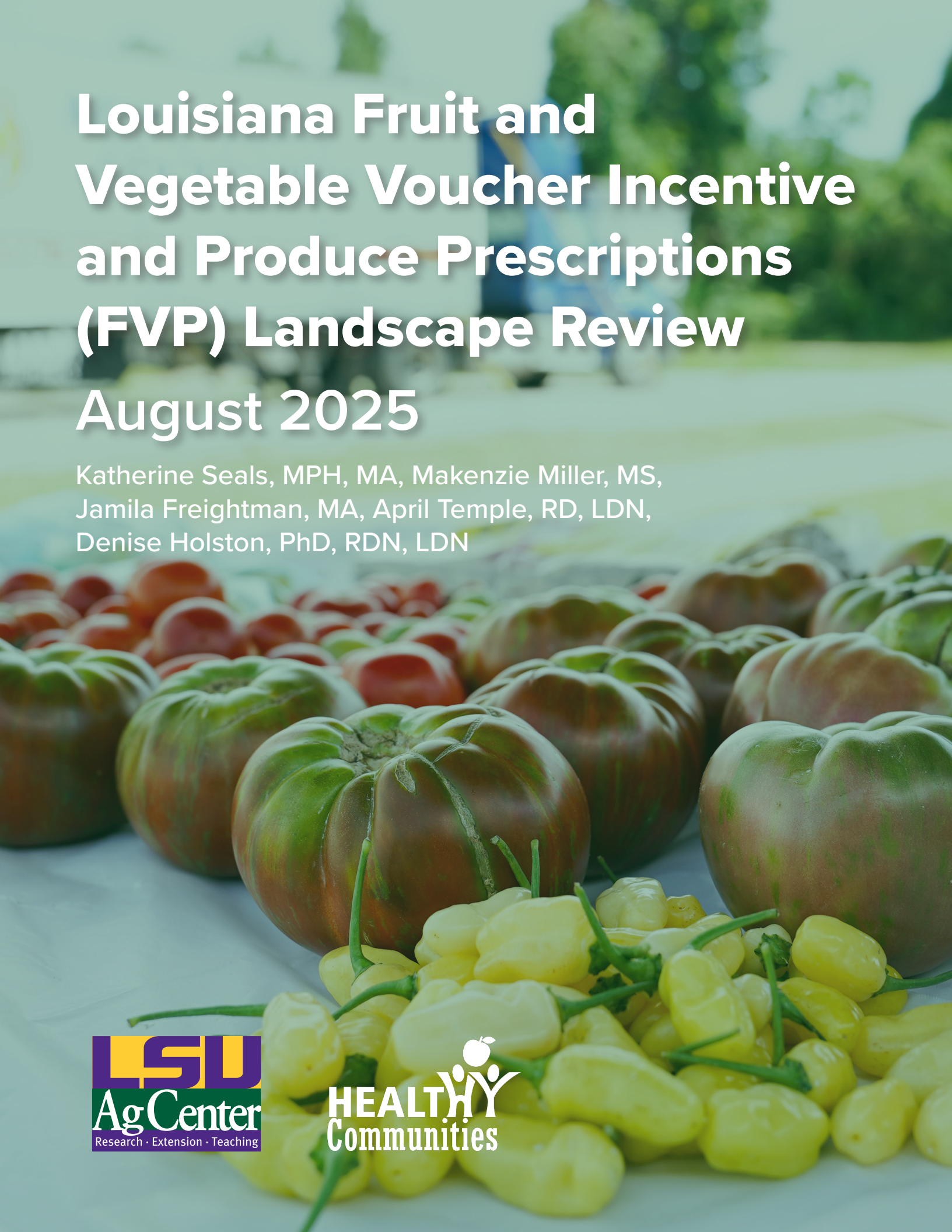
Louisiana Fruit and Vegetable Voucher Incentive and Produce Prescriptions (FVP) Landscape Review

August 2025

Katherine Seals, MPH, MA, Makenzie Miller, MS,
Jamila Freightman, MA, April Temple, RD, LDN,
Denise Holston, PhD, RDN, LDN



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Introduction

This Fruit and Vegetable Voucher Incentive and Produce Prescription (FVP) Landscape Review aims to provide a comprehensive overview of current initiatives designed to improve access to fresh produce for underserved populations with a focus on rural areas. These FVP initiatives, which include nutrition incentive programs (NI) and produce prescription programs (PPR), are critical in addressing food insecurity and promoting healthier dietary habits. By examining the effectiveness, challenges, and best practices of existing FVP initiatives in Louisiana, this review seeks to inform policymakers, healthcare providers, community organizations, and other invested stakeholders on how to optimize these interventions to create widespread, sustainable health impacts in Louisiana communities.

Most adults in the U.S. do not eat enough fruits and vegetables (Lee et al., 2022). Many groups, such as people living in rural areas, tribal communities, and neighborhoods with many low-income residents, have limited access to affordable healthy foods like fruits and vegetables. FVP initiatives are evidence-based strategies that can improve fruit and vegetable consumption. These programs can also benefit the local food system by increasing demand for locally grown produce. As defined by the CDC, NIs provide coupons or cash incentives to consumers to use at the point of purchase. Incentives may be redeemed at food pantries, farmers markets, brick-and-mortar retail or online grocery stores, mobile markets, or community-supported agriculture. The CDC defines PPR as a way for health care workers to prescribe fruits and vegetables to patients with chronic diseases and lack of access to nutritious foods. Usually, patients are either directly provided with free produce or issued vouchers to purchase produce (Centers for Disease Control and Prevention, 2024). Produce prescription programs, as well as programs like medically tailored meals and healthy grocery programs that aim to address nutrition and health-related conditions within healthcare settings, fall under the umbrella of Food Is Medicine programs.

Evidence of the effectiveness of FVP initiatives has been well documented. A recent Gus Schumacher Nutrition Incentive Program (GusNIP) Impact Findings report highlights the national impact of NI and PPR projects funded through GusNIP competitive grant programs. Impacts include increased economic impact for local communities, improvements in fruit and vegetable intake, better perceived health, and improved food security (GusNIP NTAE, 2024). Further, other PPR programs have improved food security and uptake of fresh fruits and vegetables (FFV) among diverse populations, including Native American and low-income communities, and improvements in food insecurity have been observed in both youth and adult populations (Harper et al., 2024). A cluster evaluation of NI programs that provided financial incentives to SNAP participants across 31 farmers markets found that these programs positively impacted customers' purchasing behaviors at farmers markets and participating vendors' revenues. Vendors reported selling more produce, making more money, and reaching more customers because of NIs. Finally, the USDA estimated that offering SNAP nutrition incentives at markets positively impacted local economies by generating an estimated $2.1-$4.3 million in economic activity and saving or creating 23-47 jobs (Fair Food Network, 2013).

In 2023, the LSU AgCenter entered into a 5-year cooperative agreement with the Centers for Disease Control and Prevention (CDC) called the High Obesity Program (HOP). This grant aims to improve nutrition and physical activity environments in Louisiana parishes with an adult obesity rate of over 40% (referred to in this report as 'HOP Parishes') through the implementation of policy, systems, and environmental (PSE) change strategies. From 2023-2024, following guidance from the CDC, the LSU AgCenter completed a landscape review of the capacity and

infrastructure of Louisiana institutions, organizations, and partnerships to implement FVP programs in communities across Louisiana.

Methods

As recommended by the CDC, to complete a comprehensive landscape review of FVP programs in HOP Parishes, and Louisiana overall, four main categories were the focus of our assessment: People, Partners, Community, and Roles.

People

Priority populations were identified, and relevant data was compiled for each HOP parish (see Table 1). Priority populations include low-income households, households receiving SNAP, and individuals experiencing food insecurity. Data was compiled using Robert Wood Johnson's County Health Rankings Database and US Census data.

Partners

Conversations were held with key partner organizations across the state that have experience with or are actively implementing NI programs and/or PPR programs. These key partner organizations include:

- Market Umbrella
- Greater Baton Rouge Food Bank
- Feeding Louisiana
- Second Harvest Food Bank of Greater New Orleans and Acadiana
- Food Bank of Northwest Louisiana
- Share Our Strength
- Food Bank of Central Louisiana
- 504 HealthNet

Community

To assess the community, each HOP parish conducted community asset mapping to identify local assets that could potentially play a role in the implementation of FVP strategies. Assets that were documented include:

- Education
- Citizens' associations
- Community organizations
- Local, state, and federal entities
- Restaurants, grocers, dollar stores, and convenience stores
- Direct ag marketing
- Food pantry, commodity distribution, and congregate meal sites
- Gardens and grower groups
- Physical activity assets (parks, rec centers, trails, etc.)
- Medical and healthcare
- Tourism

Lists were compiled using available online data. Local Nutrition and Community Health (NCH) agents verified that each asset was operational and confirmed addresses, hours of operation, and contacts. Agents also documented whether food was sold, served, or distributed for assets that could potentially implement FVP strategies.

Roles

Using the data collected in this report, we sought to define the potential role of the LSU AgCenter Healthy Communities Initiative in the implementation and uptake of FVP programs in Louisiana. Additionally, we identified the potential role of current partners to support program uptake, expansion, and alignment with current Healthy Communities work.

Results

People: Characteristics of Target Populations

The priority population for FVP programs includes all members of households in HOP parishes that are low-income, food insecure, and receiving SNAP benefits. All HOP parishes experience food insecurity rates above the national average, with two-thirds exceeding the state average. Additionally, all HOP parishes have higher poverty rates than the national average and a greater proportion of households receive SNAP benefits compared to both state and national averages, except for Terrebonne and Winn Parish, which have SNAP rates just below the state average. Finally, over half of HOP parishes have higher rates of households without vehicle ownership compared to state and national averages. Below is a table summarizing key statistics for these characteristics in HOP parishes:

Table 1. Relevant Demographics of HOP Parishes

	Adult obesity rate[1]	Food insecurity[2]	Households receiving SNAP[2]	Persons below poverty[2]	Households with no vehicle[2]
United States	34%	10%	12.2%	12.5%	8.4%
Louisiana	39%	15%	17.4%	18.9%	8.4%
Assumption	39%	13%	18.8%	16.0%	9.0%
Catahoula	44%	16%	18.5%	24.7%	7.0%
Claiborne	44%	16%	30.4%	32.6%	12.7%
Concordia	45%	18%	24.2%	33.9%	11.8%
East Carroll	51%	23%	32.9%	40.3%	12.1%
Madison	46%	18%	29.6%	38.1%	13.3%
Morehouse	42%	17%	28.2%	28.8%	10.3%
St. Helena	43%	18%	26.5%	27.5%	8.3%
St. Martin	41%	12%	19.1%	17.6%	7.9%
Tensas	46%	17%	28.4%	35.1%	5.3%
Terrebonne	39%	14%	16.4%	14.3%	7.1%
Winn	40%	14%	16.3%	19.6%	9.4%

[1]County Health Rankings; [2]US Census

Demographically, Louisiana has a diverse racial, ethnic, and cultural population. Approximately one-third of the population identify as Black (30.3%), 56.7% identify as White, and 7.9% identify as more than one race. Almost 2% identify as Asian (1.8%), with Vietnamese origin being the highest among Asian-identifying residents. Those identifying as having Hispanic/Latino origin make up about 7.1% of the population, and almost 1% of the population is Native American (0.8%), with the largest Native American population residing in Terrebonne Parish (HOP parish). Finally, recent data suggests that approximately 120,000 residents speak French or Cajun French (Stickney, 2023). However, local French language speakers have long been hard to quantify due to the diversity of dialects and inadequate data collection methods.

Through informal interviews, LSU AgCenter Extension agents have identified several barriers to effectively reaching minority racial, ethnic, and cultural populations. These barriers include language differences, reluctance to work with government agencies, lack of established trust, and fear of discrimination. To overcome these challenges, agents have employed various

strategies such as integrating native languages into communications, actively listening to and respecting community members' needs, meeting populations where they are, and leveraging relationships with trusted local leaders. Additionally, agents have found success in developing and sharing culturally relevant recipes and materials. However, they recognize the ongoing need to develop more programs and materials that address language needs and appeal to a variety of racial, ethnic, and cultural audiences.

Partners: Ongoing Efforts, Gaps, and Potential Opportunities

SNAP plays a crucial role in Louisiana's economy by providing monthly benefits to low-income households, enabling them to purchase necessary food items. This support benefits various grocery stores within their communities. Every dollar spent on SNAP generates approximately $1.50 in economic activity, creating a multiplier effect that not only reduces food insecurity but also stimulates economic growth and job creation within the state (Canning & Stacy, 2019). The increased purchasing power of consumers helps stabilize local economies, especially during economic downturns.

SNAP also significantly benefits farmers by increasing the demand for fresh produce, allowing Louisiana farmers to sell more produce and boost their income. SNAP acceptance at farmers markets enables SNAP recipients to purchase fresh, locally grown food, expanding vendors' customer base. This economic activity extends to rural areas, supporting the agricultural economy and potentially leading to job creation in the farming sector. By boosting rural household incomes, SNAP helps stabilize rural economies, leading to more investment in local infrastructure and services. Overall, SNAP fosters a more stable and robust agricultural economy by ensuring farmers have a steady market for their products and customers have the purchasing power to shop locally.

Despite the benefits of SNAP, participation barriers for residents and farmers in Louisiana are significant and multifaceted. For residents, common obstacles include the stigma associated with receiving assistance, lack of awareness about eligibility, and difficulties navigating the application process. Additionally, limited access to computers or the internet, which are often necessary for completing applications, poses a challenge.

For farmers, barriers include the administrative burden of processing SNAP payments, lack of internet access at markets, and insufficient support for completing necessary paperwork. These challenges can deter both residents from applying for benefits and farmers from accepting them, ultimately limiting the program's reach and effectiveness in addressing food insecurity.

Despite the state's rich agricultural heritage, the lack of specialty crop farms in Louisiana is also a notable issue. Specialty crops, which include fruit and vegetables, are vastly underrepresented compared to other agricultural sectors. The limited number of specialty crop farmers in Louisiana and the southern region of the United States is partly due to insufficient training opportunities for young farmers, along with challenges qualifying for loans, securing insurance coverage, and accessing government subsidies (Holzapfel, 2025).

Several organizations in Louisiana are actively engaged in FVP initiatives both directly and indirectly. Greaux the Good, Louisiana's statewide Nutrition Incentive (NI) program operated by Market Umbrella, funds the direct incentives of SNAP/EBT and Farmers Market Nutrition Program (FMNP) NIs operated by eligible entities like farmers markets and farm stands. The program also provides administrative and financial support to its partners. Greaux the Good recently received

its third year of state funding and currently supports 28 partner entities across Louisiana. According to its Year 2 Program Report, the economic impact of the program in its second year was $522,017. Greaux the Good continues to recruit and provide technical assistance and support to entities interested in joining the program. Since its inception, Greaux the Good has supported the expansion of NIs across the state. However, the Southwest and Northwest regions still have few or no partners operating NIs. Additional resources and support are needed to identify and build the capacity of potential partners in these regions.

In April 2025, the Louisiana Department of Children and Family Services (DCFS) launched a pilot NI program through the SNAP Electronic Healthy Incentives Project (eHIP). This program enables SNAP recipients shopping at Walmart locations in eleven parishes (Ascension, Calcasieu, Jackson, Lafayette, LaSalle, Rapides, Sabine, Tangipahoa, Terrebonne, Webster, and West Carroll) to receive 30 cents in produce bonus benefits for every SNAP dollar spent on fresh fruits and vegetables. SNAP recipients can earn up to $25 each month in benefits to use toward purchases of any SNAP-eligible food items. Louisiana was one of three states selected to offer the program (Department of Children & Family Services, 2025).

Many charitable food organizations in Louisiana operate Produce Prescription (PPR) and Food is Medicine initiatives or have partnerships with healthcare entities to provide food to patients. The Greater Baton Rouge Food Bank operates Food is Medicine programs across its 11-parish service area, providing a one-time box of nonperishable food to patients at over 50 healthcare providers, and is exploring the formation of a statewide Food is Medicine Work Group. The Food Bank of Central Louisiana partners with clinics in its service area to provide pre-packed boxes of nonperishable food and referral cards to patients. Second Harvest Food Bank of Greater New Orleans and Acadiana collaborates with healthcare providers through various programs but does not currently operate a formal PPR or Food is Medicine program. The Food Bank of Northwest Louisiana does not have any active Food is Medicine healthcare partnerships currently. Feeding Louisiana supports Food is Medicine initiatives and has participated in discussions around Medicaid Section 1115 waivers. Feeding Louisiana also provides SNAP outreach, supports policy and advocacy, and operates the Nourish Line, a SNAP and Medicaid assistance help line. Additionally, it hosts the Department of Child and Family Services (DCFS) SNAP assisters calls and the Louisiana Anti-Hunger Coalition calls.

Beyond these healthcare partnerships, Louisiana's food bank network plays a vital role in increasing access to fresh produce more broadly. According to the Food Bank of Northwest Louisiana, food banks in the state collectively distribute an estimated 40 million pounds of fresh fruits and vegetables annually to low-income residents at no cost to recipients. While this produce is not formally distributed through PPR programs, food banks are crucial in ensuring that nutritious food reaches individuals across all 64 parishes, including many who are not currently engaged with healthcare systems or seeking a produce prescription initiative.

Several non-profit organizations have also implemented PPR with grant funding. Both Market Umbrella and 504HealthNet have partnered with Top Box Foods Louisiana to deliver food. Market Umbrella operates a PPR in New Orleans in collaboration with two healthcare partners, providing participants with a pre-packed box every other week for 12 weeks. 504HealthNet operates a PPR in collaboration with eight healthcare partners in Orleans Parish, offering bi-weekly boxes of food at healthcare sites. Additionally, Share Our Strength implemented the Healthy Families Produce Rx program in the Northshore and Acadiana regions with two GusNIP grants. This program focused on serving kids and provided participants with $40 per month to be redeemed at local food retailers. The first grant concluded in August 2024, and the second will conclude in January 2026.

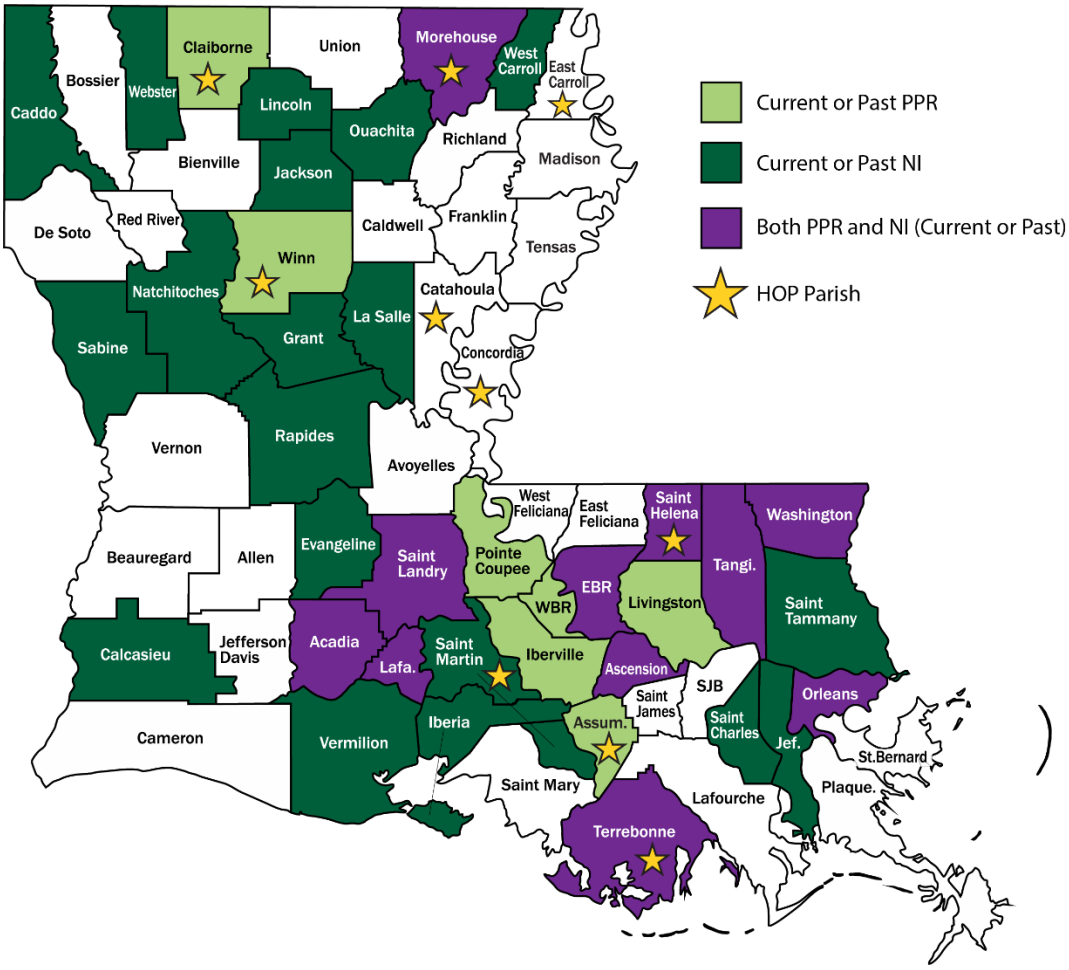

Fig. 1. Map of HOP parishes and current and past PPR and NI programs.

These efforts highlight a growing interest and varied approaches to integrating food access and healthcare amongst a wide range of organizations in Louisiana. However, Louisiana lacks a robust Food is Medicine/Produce Rx network that serves communities across the state. Most existing efforts are concentrated within urban centers, leaving major gaps in access and implementation in rural parishes.

Community: Local Capacity and Institutional Readiness

Rural communities possess many assets that can be leveraged to implement FVP programs. Social capital is a prominent asset in rural areas due to their tight-knit nature and high levels of trust among community members, which fosters information sharing and innovation (King et al., 2019). Additionally, Cooperative Extension, which delivers research-based knowledge and resources that improve the lives of residents, is well-integrated in Louisiana's rural communities. Programs such as 4-H and Healthy Communities enable broad reach of diverse populations through minimal touchpoints.

Conversely, rural communities face numerous barriers to implementing FVP programs, including limited community institutions, insufficient or absent public transit, healthcare deserts, inadequate

support for public health initiatives, and lack of affordable and convenient access to healthy food, such as farmers markets and grocery stores where produce prescriptions can be redeemed. The LSU AgCenter's asset mapping found that most HOP parishes lack a major hospital that provides access to specialized and long-term care. Many rural parishes depend on a single rural health clinic that services the entire parish, often with limited capacity causing residents to travel outside their parish to receive necessary care.

Rural communities also tend to experience higher rates of food insecurity compared to urban areas due to factors such as transportation challenges, limited food retail options, and a lack of sustainable employment opportunities (Piontak & Schulman, 2014). Many rural parishes have limited grocery options, with some parishes relying on just one locally owned grocery store that services the entire area. Residents in HOP parishes have reported high prices and limited availability of high quality, diverse healthy options, such as fresh produce, whole grains, lean meats, and low-fat dairy products (Holston et al., 2020). Consequently, residents often travel outside their community to access adequate food options in other parishes (Holston et al., 2020). Additionally, many rural communities in Louisiana have low vehicle ownership rates and extremely limited, if any, public transportation options, further compounding challenges in improving health behaviors. These barriers highlight the need for innovative solutions, such as FVP programs, that address health while considering the unique context of rural food insecurity.

In addition to community challenges, partner organizations face significant institutional barriers when developing and implementing FVP programs. PPR barriers identified through partner conversations include the implementation capacity of healthcare partners, including storage capacity for fresh/healthier foods at clinic sites, limited transportation for participants, inconsistent program funding, privacy concerns with participant data sharing, connecting participants with other services, and limited time frames for program participation. Barriers to statewide NI program implementation include a lack of organizational and business capacity among potential partners, varying organizational structures, lack of sustainable program funding, lack of partners authorized to accept SNAP/FMNP, technology constraints, and a lack of accurate, publicly accessible information about potential program partners.

Roles: The LSU AgCenter as a Facilitator of FVP Programs

The LSU AgCenter's Healthy Communities initiative plays a crucial role in public health by providing research-based interventions that address community health throughout the state. The Healthy Communities team was awarded CDC High Obesity Program (HOP) grant funding to improve nutrition and physical activity environments in Louisiana parishes with obesity rates above 40% by fostering partnerships between schools, elected officials, businesses, local producers, farmer's markets, and other community stakeholders to implement evidence-based interventions that address complex health determinants.

Through the vast Cooperative Extension network across the state, the Healthy Communities initiative is uniquely positioned to serve as a facilitator between key health partners and high-priority parishes to deliver complex, multi-level health strategies, such as FVP programs. Local Extension agents work closely with community members, gathering input, fostering community engagement and building capacity through the development of community coalitions. By involving local stakeholders, the Healthy Communities initiative promotes a sense of community ownership, self-efficacy, and empowerment among community members.

To address the challenges of FVP implementation, Healthy Communities and its partner organizations should consider measures that streamline program enrollment, expand outreach,

and remove barriers to transportation. Implementing a user-friendly enrollment process with accessible, language-diverse materials and mobile applications can enhance program access and awareness for hard-to-reach populations. Culturally relevant marketing and outreach campaigns that consider local dietary preferences and use visuals and languages relevant to target communities can improve engagement.

Providing transportation solutions such as mobile market options, transport vouchers, or partnerships with rideshare services can enhance access for low-resource individuals and those residing in remote areas. Furthermore, Healthy Communities can assist local institutions in building capacity to implement NI programs, support food banks and healthcare partners currently operating PPR programs, identify best practices and create resources to assist future FVP implementers, and engage stakeholders and community members to coordinate and streamline programs on a larger scale.

Conclusion

Entities implementing multi-level interventions in low-resource communities must earn the trust of those they serve. The LSU AgCenter Healthy Communities is strategically positioned to facilitate the uptake of these interventions by leveraging its community connections through existing Healthy Communities coalitions. These coalitions engage residents to understand their unique needs and preferences and can act as facilitators for large healthcare and public health institutions to reach small, remote communities with histories of institutional distrust.

Through this landscape review, we have identified target populations, cultural and linguistic considerations, and assets and barriers to FVP programs. Beyond additional funding, we propose the following recommendations to successfully implement and increase the uptake of NI and PPR in HOP parishes and Louisiana as a whole:

Partnerships with Local Healthcare Providers

- Collaborate with local healthcare providers to build their capacity to participate in existing PPR.
- Support providers with on-site food pantries implementing PPR by providing signage, cool storage, and other resources to improve pantry operations and address participant needs.
- Assist healthcare providers with establishing or building capacity of on-site food pantries to implement PPR.

Partnerships with Charitable Food System

- Provide technical assistance to regional food banks to address program barriers, expand current PPR efforts, and identify funding opportunities to support these efforts.
- Collect feedback from community members to ensure program design reflects the community's needs.
- Connect existing PPR with sources of fresh, local, and culturally preferred food.
- Expand partner capacity to store and distribute fresh foods.
- Leverage relationships with local healthcare providers to identify potential PPR partners.

FVP Coordination and Alignment

- Educate cross-sector partners on current FVP initiatives.

- Engage with local, regional, and statewide organizations to standardize definitions of Food is Medicine (including FVP) in Louisiana, aligning with industry best practices where appropriate.
- Coordinate with partners to expand FVP in Louisiana.
- Identify best practices for these programs with existing and former FVP implementers and create resources and training opportunities for organizations across Louisiana.

FVP Support and Sustainability

- Engage with partners to bolster support for FVP in Louisiana.
- Explore funding opportunities for FVP, especially through Medicaid and Medicare.

Expansion of SNAP and FMNP acceptance at Local Markets

- Support local food producers, farmers' markets, small retailers, and grocery stores in obtaining SNAP and FMNP authorization.
- Use accessible, bilingual materials and mobile applications to broaden program access and awareness.
- Educate farmers and food retailers about FVP by sharing information and resources about existing programs.

Greaux the Good Program Support

- Continue to engage with Greaux the Good to support program expansion and technical assistance efforts.
- Disseminate critical information to potential Greaux the Good partner sites through AgCenter Communications and local Extension agents.

LSU AgCenter Resources

- Connect existing FVP partners with LSU AgCenter Nutrition and Community Health (NCH) programs.
- Distribute relevant resources to AgCenter program participants.

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Funding awarded by the Centers for Disease Control and Prevention through Cooperative Agreement number CDC DP23-2313, High Obesity Program.