Introduction

The Farm to Health Center Initiative (FHCI) was founded in 2013 by University of Massachusetts medical students in collaboration with the Family Health Center of Worcester (FHCW) and the Community Harvest Project, a non-profit farm. The goal of this project is to reduce rates of food insecurity at an urban federally qualified health center (FQHC) by providing free, fresh produce to patients, as well as educating providers and increasing food insecurity screening and referrals for food resources. 67% of the patients surveyed had experienced food insecurity within the past year. Over 350 patients were enrolled and participated in the weekly vegetable distribution program that was conducted for 9-10 weeks during summer of 2015.

Objectives

1. Provide fresh vegetables to FHCW patients with food insecurity
2. Collect quality improvement data to assess the utilization and impact of the vegetable distribution program
3. Implement food security screening at FHCW

Methods

Surveys were conducted with patients from the FHCW prior and post food distribution. The surveys were completed in person or over the phone. The participants were patients at the FHCW who received produce from the distribution. The results will be correlated between the prior and post food distribution surveys.

The focus group consisted of 12 Albanian patients of the Family Health Center. They answered 10 preselected questions in an informal discussion. Responses were transcribed and evaluated for common themes.

Survey Results:
• 80% are often or sometimes worried whether food would run out before they got money to buy more
• 76% ran out of food before they could buy more
• 76% have applied or enrolled in some form of benefits, most often SNAP
• 96% agree or strongly agree that eating fruits and vegetables is important
• 96% make an effort to eat fruits and vegetables every day
• 60% eat less than 4 servings of fruits and vegetables per day
• 48% said their health was either fair or poor
• 100% said the produce was either Good or Excellent
• 100% used all the vegetables they received
• 96% said everyone in the household ate the produce
• 79% are coming because their families are eating more fruits and vegetables
• 100% said the quality of the program was good or excellent

Focus Group:

Traditional Albanian Foods - Organic products like tomato, pepper, cucumber, onion, potato, eggplant, squash and okra as well as free-range cattle and sheep.

Distribution - In general the distribution was excellent and improved patients’ lives because they could eat more vegetables and make traditional Albanian dishes.

Concerns - People from outside the health center were registered by farm workers which reduced the total food that was available. People felt that some participants would take more than others and this was unfair. The waiting time was too long and patients were unable to sign up and receive food.

Alternate Sources - During winter when the vegetable distribution is not available they shop at cheaper places like Price Rite but cannot afford organic food. They would also like to have places to garden but they do not have the available space.

Results

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Conclusion

Overall, the FHCI community was very pleased with the produce quality and distribution process. The FHCI has enabled them to consume high quality vegetables, which they would otherwise be unable to afford. However, they did indicate three major areas where the project could be improved:

• Fairness: Some people received more produce than others.
• Amount of Produce: Families were receiving inadequate amounts of certain types of produce like okra.
• Organization: Having every one come at the same time to receive food created long lines and waiting time.

Recommended Improvements:

• Pre-packaging the food
• Appointments could prevent crowding and long wait times
• Signing-in upon arrival and ensuring extra names are not added
• Stricter registration process
• Collaboration between the Regional Environmental Council and the FHCW distribution.
• Increased awareness in programs such as WIC, SNAP, and TANF.
• Local and state policy changes favoring increased food availability.
• Rezoning empty lots into commercial farming spaces.

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