



Farm to Health Care Center Initiative at the Family Health Center Worcester



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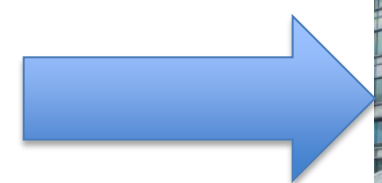
Project Overview

The Farm-to-Health Center Initiative is designed to improve patient access to fresh produce by providing free weekly farmer's markets at the health center.

The program started in November 2013 as a partnership between Community Harvest Project (CHP) and the Family Health Center of Worcester (FHCW).

New this summer:

1. Program enrollment integrated into doctor's office visits
2. Weekly cooking demos and food samples
3. Optional Nutrition Class offered

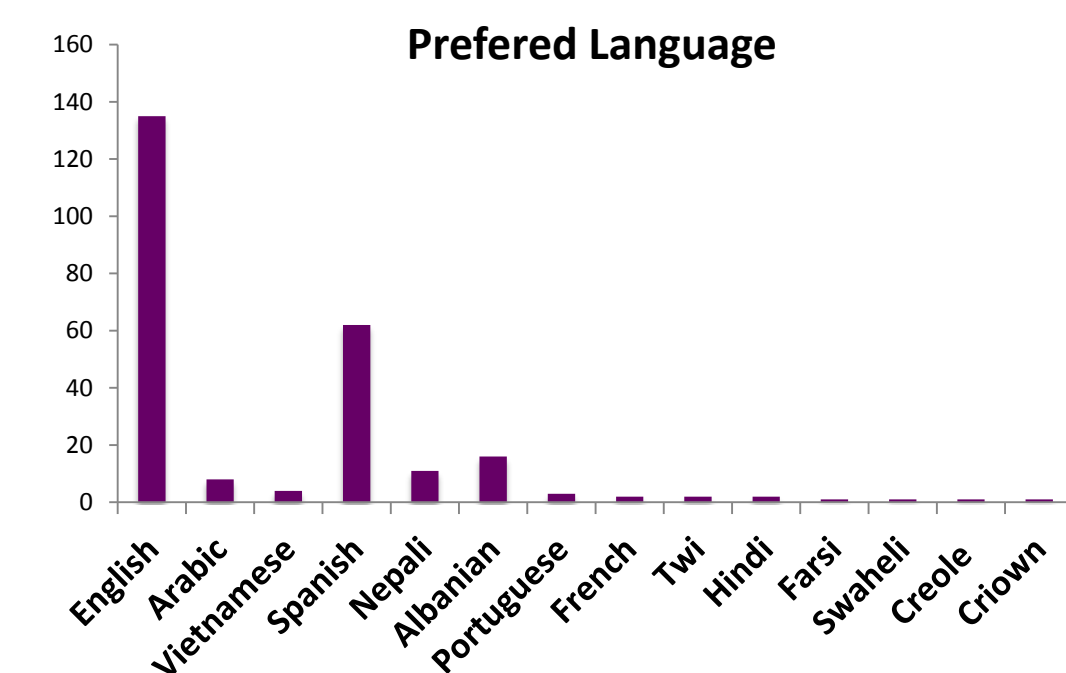


Food Insecurity

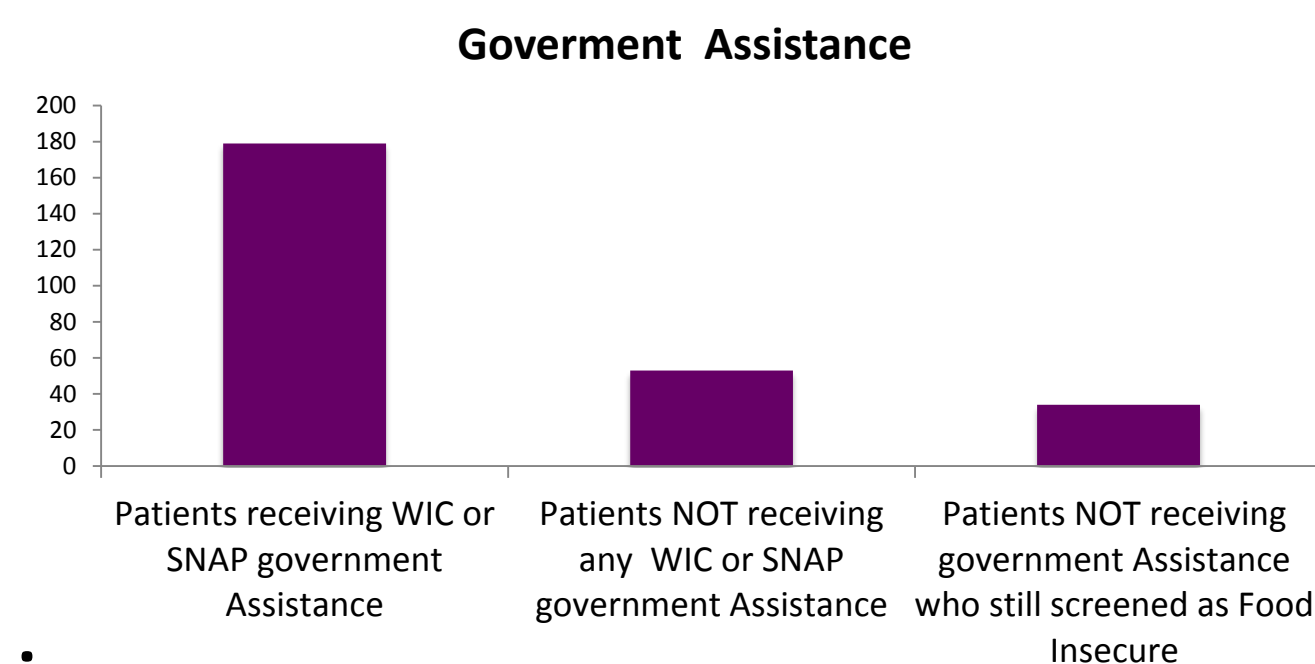
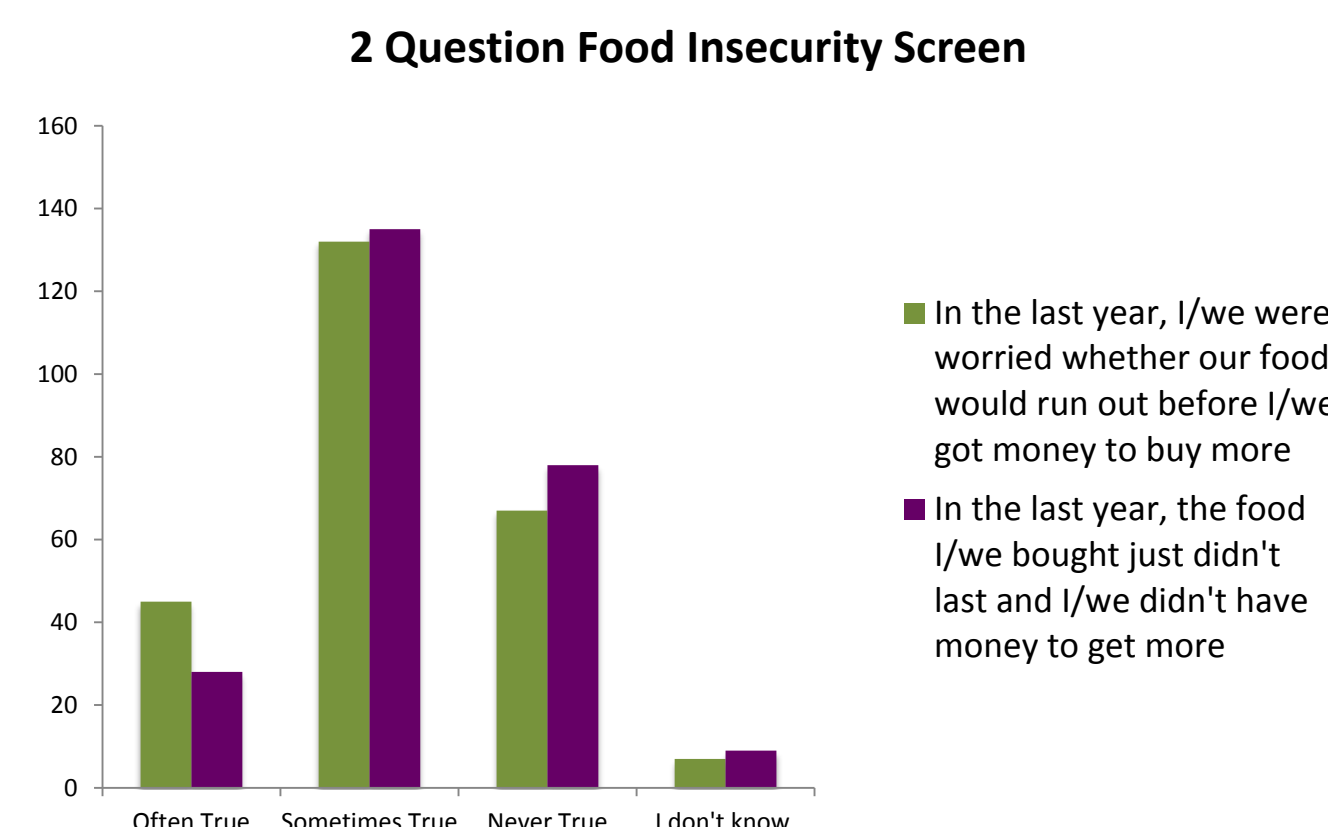
Currently in Massachusetts, 11.4% of families are food insecure, meaning that they lack access to enough nutritious food for all household members to lead an active and healthy life (Project Bread 2013).

As part of this project, we conducted a preliminary needs assessment in January 2014 that showed at least 67% of patients at the FHCW are food insecure. This year, 92% of patients screened as having food need using the 2 question screen and government assistance status.

Our Patient Population



One of our goals for the summer was to get a better understanding of the patient population with whom we were working. We crafted a survey to gather data not only about food insecurity but also attitudes towards eating vegetables, cooking and eating practices, health and nationality. This is a small sample of the data collected.



Food Insecurity Screening

HUNGER VITAL SIGNS

To assess food insecurity at FHCW we used a validated 2 question screen:

In the last year, I/we were worried whether our food would run out before I/we got money to buy more.

- ☐ Often true ☐ Sometimes true ☐ Never true ☐ I don't know

In the last year, the food I/we bought just didn't last and I/we didn't have money to get more.

- ☐ Often true ☐ Sometimes true ☐ Never true ☐ I don't know

Acknowledgements

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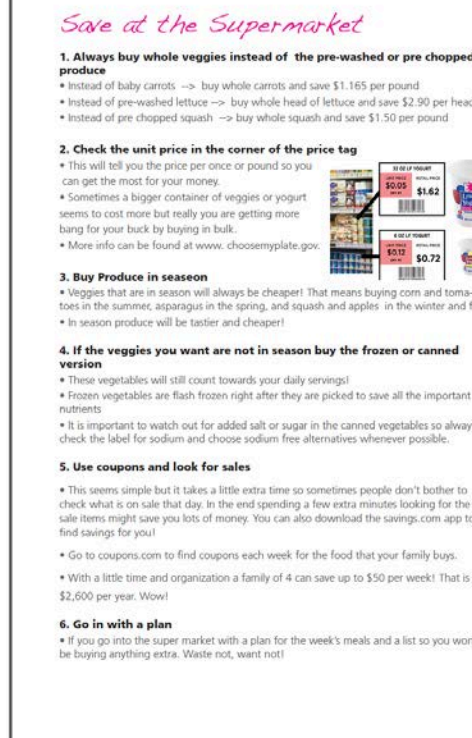
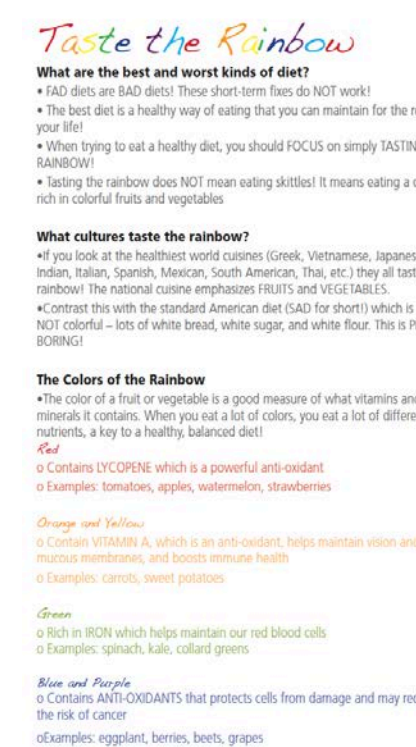
Cooking and Nutrition

Giving food insecure patients access to produce is an essential first step to attacking the issue of inadequate food and nutrition, but **several papers have demonstrated the necessity of combining access with education about nutrition and diet in order to effect real change in behavior** (Freedman *et al.*, 2011; Anderson 2001). **Thus access and education in conjunction would have far more impact than either element alone.** These alterations to diet have been shown to effect lasting changes in health as measured by BMI, HDL levels, cardiorespiratory fitness etc. (Pariskova, 2008).

In an effort to incorporate cooking and nutritional information into the food distributions we put together 4 mini curriculums with 4 key components:

- 1) Nutritional information
- 2) A new cooking technique
- 3) 2 recipes using vegetables distributed that day at the market
- 4) Consumer tips for making use of local food resources

At the distribution we had both colorful **posters** and **small booklets** to highlight these 4 learning objectives. We also gave **samples of the food** prepared from the highlighted recipes for the week. We hope all of these components together encouraged people to use the vegetables in healthy and creative ways.



Partnerships and the Future

We are hoping to make the summer vegetable distribution into a program that is able to outlive this summer and become another permanent tool for the doctors at the FHCW to help their patients stay healthy. To ensure this we partnered with **the UMass Extension Nutrition Education Program** to offer a **5-week nutritional class** to patients already participating in the program. We have also connected with **The Center for Agriculture, Food and the Environment at UMass** to offer **more cooking demonstrations in the fall as well as a few extra vegetables from the homeland of the immigrant population in Worcester.**