Farm To Health Center Initiative: Distribution Redesigned

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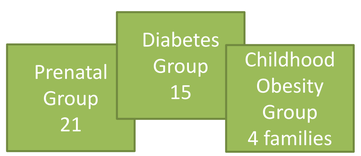
Background

A 2014 needs assessment at the Family Health Center of Worcester identified 67% of the center's population as food insecure. FHCW, UMass Medical School, and the Community Harvest Project have partnered in an effort to increase food security among patients of FHCW. The Farm to Health Center Initiative aims to improve patient access and consumption of fresh produce through a weekly summer vegetable distribution. Previous distributions were held as open farm stands at the health center. This year, FHCI has concentrated its efforts on focused health groups within FHCW. This new design will both support existing programs within the health center and build discussion and community among participants engaged in health eating.

Methods

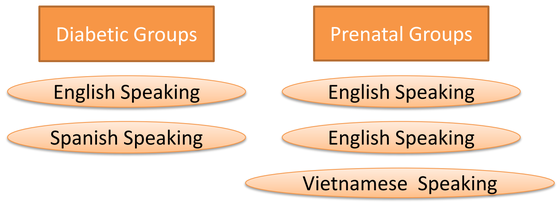
Selection Process

40 participants from three established groups based on medical diagnosis at FHCW were invited to participate. Group leaders identified them as patients whose health could greatly benefit from our free distribution.



Patients self-selected to be in the prenatal or diabetic groups. A roster of children identified as >99th percentile at last well-child check was created. After selecting for English or Spanish Speaking families, we had a list of 71 potential participants. They were contacted to create a total class 8 families. Of these, 4 had consistent participation.

Methods Continued



Survey Development

Surveys were edited from previous years selecting for questions relevant to the new groups. All questions were previously tested.

Demographic questions included gender, year of birth, race, and ethnicity.

The pre-distribution survey screened patients for food insecurity (Children's Health Watch Hunger Vital Sign). They were asked about their access to food- related resources, to report their estimated daily vegetable consumption, to rate their confidence in preparing fresh vegetables, and about things that might enable them to eat more vegetables.

Surveys were delivered orally to the patients with Spanish and Vietnamese interpretation when required. Surveys were not given to participants in the childhood obesity class because the program has its own survey system.

Results

26 participants have completed the pre-distribution survey. The childhood obesity group did not complete the survey because they had their own.

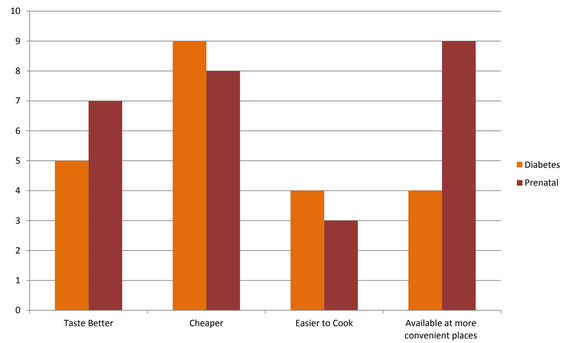
Patient Demographic

Gender	Number	Age	**Number**
Male	2	16-25	1
Female	24	26-35	9
Race		36-45	6
Black – African American	0	46-55	2
Black – African Born	6	56-65	4
White	4	66-75	3
Asian	8	76-85	1
Native Hawaiian or other Pacific Islander	0		
American Indian or Alaska Native	2		
Prefer not to answer	2		
Other	6		
Ethnicity			
Hispanic	8		
Non-hispanic	18		

Results Continued

72%	• Receiving federally funded, food-related benefits (i.e. SNAP)
44%	• Identify as food insecure
56%	• Report eating less than two servings of vegetables per day
16%	• Report feeling less confident preparing vegetables to eat

Most participants identified cost and availability as the two principal barriers to their consumption of produce.



Both cost and availability were the principal barriers for the prenatal patients, while cost alone limited vegetable consumption for the diabetics.

Of the 15 diabetic patients offered home deliveries, 10 declined in favor of pick up at the health center.

Continuing Efforts

Revisions are in process to finalize the post-distribution survey that will be administered at the end of harvest.

A VISTA volunteer will continue to distribute the produce to the participants through the end of September.

Discussions are currently underway to assess the benefits and setbacks of this year's model for distribution in anticipation for next year.

Conclusion

44% of this population was food insecure. While it did not represent the 67% of patients identified as food insecure by FHWC's 2014 needs assessment, it is largely greater than the average state percentage, 11%. It may be beneficial to prescreen future participants when using subgroups.

Although some patients did not identify as food insecure by the hunger vital signs, many acknowledge use of supplemental food benefits. These assistance programs may be masking their food insecurity.

Self-reported culinary skill does not seem to be an important barrier in these patient's produce consumption.

Cost and availability appear to be the greatest constraints our patients face when it comes to accessing and consuming fresh produce.

Our preliminary data was consistent with the diabetic groups tendency to decline home delivery services. This pre-distribution survey showed that their barriers tend to be more due to cost than access.

Resources

2014 Family Health Center Worcester Needs Assessment

Children's Health Watch: www.childrenshealthwatch.org

Acknowledgments

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