Food insecurity for a household is defined by limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways. Across the nation, 14.5% of families have experienced food insecurity over the course of the past year. At the Family Health Center of Worcester, 67% of screened patients positively identified as food insecure. The Farm to Health Center Initiative (FTHCI) is a collaboration between UMass Medical School students, Family Health Center of Worcester physicians and the Community Harvest Project aimed at addressing high rates of food insecurity.

WHY FOOD INSECURITY?

Food insecurity has been linked with a large number of common but serious negative health outcomes.

Food insecure adults, when compared to their non-food secure counterparts:
- Are twice as likely to be in fair or poor health
- Have a greater risk of developing diabetes
- Are three times as likely to report depressive symptoms.

In children, food insecurity is linked with higher rates of:
- Hospitalization
- Iron deficiency anemia
- Stomachaches and headaches
- Behavioral problems, including anxiety, aggression and hyperactivity

THE COMMUNITY HARVEST PROJECT

Community Harvest Project (CHP) is a non-profit organization, located in North Grafton, MA. CHP’s mission is to build an engaged and healthier community by bringing volunteers together to grow fresh fruits and vegetables for hunger relief. In 2013, CHP donated over 324,000 pounds of food to hunger relief organizations in Worcester. The CHP farm provides all produce distributed through FTHCI programming.

WHAT WE DO

The Vegetable Stand:
Financial and geographical barriers inhibit a large number of patients from purchasing fresh fruits and vegetables regularly. Knowing this, FTHC set up a weekly produce distribution at the FHCW in order to directly increase patient access to healthy foods. In its first month of operation, the vegetable stand has distributed over 4,000 pounds of fresh produce to over 800 members of the FHCW community free-of-charge.

Patient Education:
While important, lack of sufficient resources is not the sole factor preventing patients from eating fresh, healthy foods. Through FTHCI programming, patients will be offered information and classes on shopping for, storing and cooking healthy food, nutrition, and local resources available for food insecure individuals.

Provider Education:
Food insecurity is not often addressed at health center visits. Both time constraints and lack of knowledge about resources for food insecure patients are common reasons for lack of screening. By educating physicians, we hope to increase the number of food insecure patients who are identified and referred to the appropriate resources.

ACKNOWLEDGEMENTS

I would like to thank Kathryn Bailey, Rachel Erdil, Melanie Gnazzo, MD, and Alicia Cianciola for their work on developing this project. Additionally, this work would not be possible without the support of Heather-Lyn Haley, Suzanne Cashman, UMass and the FHCW.

REFERENCES