

# Fruit & Veggie Prescription Program

## Addressing Food Insecurity Through a Primary Care Clinic-Based Healthy Food Access Program

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### Background

- The Middlesex Hospital Fruit & Veggie Prescription program was launched by family medicine residents and hospital outreach in response to a community request for participation in a local farmer's market food voucher program for low resource community members.
- "Food insecurity" - defined as limited or uncertain access to/ability to acquire nutritionally adequate and safe foods - is an important public health challenge in the United States.
- 6.9% of people in Middlesex County and 12.5% of people in Middletown are below the poverty line and despite the use of federally funded programs (SNAP/EBT and WIC), food insecurity remains a constant worry for much of our community.
- In Middlesex County, 17,980 people (10.9%) experience food insecurity, and of that number 5,150 are children.
- According to Middlesex Hospital's 2016 Community Health Needs Assessment (CHNA), many of our Middletown families struggle to meet their basic food needs. CHNA data shows that with fair frequency at least one adult in the home is skipping meals so that there will be enough food for their children.
- Adults that suffer from food insecurity have increased risk for developing both mental and physical health problems including chronic health conditions (i.e. diabetes, hypertension and hyperlipidemia).
- Food insecurity in children has been linked to a reduction in cognitive development and learning capacity leading to impaired work performance and earning potential, as well as higher frequency of acute illness, asthma, diarrhea, oral health problems and obesity.

### Objectives

Our endeavor has two distinct but related goals:

**Direct Community-Action:** Provide eligible families with increased access to nutritious foods and awareness about a local farmer's market and promote food insecurity awareness within the Hospital's medical communities.

**Community Health Research:** Use our gathered data to further explore community based solutions that address food insecurity as it relates to health outcomes and quality of life.

### Methods

- Using the hospital's Helping Hands Funds, \$5 prescription vouchers are issued to eligible patients for market redemption.
- Family medicine residents and faculty work with staff for team engagement in program marketing and implementation.
- Patients are screened using the USDA Six-Item Short Form tool and vouchers are written for positive food insecurity screens.
- Clinic staff meet with patients and describe the program; the advantages of a local farmer's market (affordable vendor prices are required) that doubles SNAP benefits, accepts WIC and senior coupons; and, the health benefits of nutritious food options.
- Data including level of food insecurity and voucher redemption are analyzed at the end of each cycle to uncover trends, better understand local food security needs and inform future program enhancements.



### Results

- 400 vouchers were distributed in both 2015 & 2016, while 821 were distributed in 2017: 54% (\$1,075), 51% (\$1020), 62% (\$3100) respectively were redeemed.

	2015 (n=74)	2016 (n=99)	2017 (n=209)
High or Marginal Food Security	23%	19%	20%
Low Food Security	32%	31%	36%
Very Low Food Security	45%	50%	44%

	2015 (n=74)	2016 (n=99)	2017 (n=209)
Could not afford to eat balanced meals	76%	77%	76%
Skipped or reduced meal sizes due to financial restrictions	61%	64%	61%

### Discussion

- We tailored the number of printed vouchers in 2017 based on redemption rates from the prior years and found improved utilization.
- Our data confirms the daily reality of food insecurity and poor access to healthy food choices among our patient population; despite our intervention this reality persists as evidence of the persistent food security rates.
- Our initial success in collaborating efforts between clinician and hospital demonstrate that both parties play a symbiotic role in mitigating food insecurity by developing programs that address healthy food access and nutrition education.
- In spite of the fact that the U.S. is a nation of modern excess, it remains a stark reality for many of our patients that reliable access to nutrient-rich and affordable food is significantly limited.

### Conclusion & Next Steps

- Family physicians serve as patient advocates and community leaders. We feel this data is a call to action for both individual physicians and health systems to put resources toward community solutions that provide patients with reliable, accessible healthy food options.**
- Our forthcoming goals will include:
  - Focus groups to discuss local barriers to accessing healthy and affordable foods.
  - Discussion with high utilizers as to whether this voucher system has resulted in sustained positive dietary choices.
  - Program expansion with guides to eating healthy on a budget.
  - Improving access to healthy affordable foods by collaborating with farmer's markets, grocery stores, transportation authorities and local legislature as a means of working toward health equity from the ground up.



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