

New Haven Farms: Linking health center patients directly to the farm, for nutrition education and access to healthy foods

by Claire Hutkins Seda, Writer, Migrant Clinicians Network, and Managing Editor, *Streamline*

Once we got the health center going, we started stocking food in the center pharmacy and distributing food — like drugs — to the people. A variety of officials got very nervous and said, 'You can't do that.' We said, 'Why not?' They said, 'It's a health center pharmacy, and it's supposed to carry drugs for the treatment of disease.' And we said, 'The last time we looked in the book, the specific therapy for malnutrition was food.'

Geiger, Jack. *The Unsteady March. Perspectives in Biology and Medicine*, 48, 1-9.

In 2009, Carmen Gomez* of New Haven, Connecticut was diagnosed with diabetes. But, because she was diagnosed at Fair Haven Community Health Center (FHCHC), what happened next was far from typical: Gomez was prescribed food — plus time on the farm for growing food and attending nutrition and cooking classes. She was contacted a week after her diagnosis by Rebecca Kline, then with FHCHC's diabetes prevention program (DPP), who brought her out to New Haven Farms, an urban farm with educational components down the street from FHCHC. "I would water the plants, and do some weeding. I would work with cilantro, onions, kale, cherry tomatoes, big tomatoes... I would typically spend a couple of hours there," several times a week, Gomez said. Six years later, she's still an active participant. Every Monday, Gomez and others enrolled in the DPP receive cooking and nutrition education on the farm, after an hour or more of farming. The instruction includes seasonally-adjusted cooking strategies, and nutrition and lifestyle education. The patients' entire families are invited. After the hour-long educational component, participants eat the meal they prepared together, and then bring home enough servings of vegetables and fruit from the farm for every member of their household for the week — meaning, lots of produce — plus, recipes for the harvest.

"I feel that my life has changed in many ways. I am more active and have not increased in weight," Gomez states. Not only is her diabetes stable, "it's gone," she exclaims. She also says she's seen a huge difference in her family, who are also invited out to the farm, to work, learn, cook, and eat.

* The patient's name has been changed to protect her privacy.



"They have seen their mom stay active and eat better and be happy," she said. She is eating more vegetables now, and, she says. "I believe I am passing on a better diet to my family."

It's access plus education

In 1965, Jack Geiger, the father of the health center movement, began 'prescribing' food from a local cooperative farm in the Mississippi Delta to his patients suffering from malnutrition. Fifty years later, the approach still has advocates. Many of the health problems that plague the underserved populations of the US — diabetes, obesity, high cholesterol, some cancers — can be traced to a lack of availability of healthy foods and a dearth of nutrition and cooking education. And yet, FHCHC may be one of the country's few health centers — perhaps the only health center — currently 'prescribing' food by having direct, concrete links between the health center and a local farm.

Now, new research signals that the approach may be more than just novel. Two new studies on food deserts — urban areas where it's difficult to purchase healthy, fresh food — show that providing access to healthy foods like fresh fruits and vegetables did not significantly affect consumption of healthy foods, meaning, although a market in the community finally featured cucumbers and apples, the nearby residents didn't end up buying more vegetables or fruit than they normally did. Their food buying habits stayed the same. In a New York Times article about the studies, Jessie Handbury, an author of one of the papers, concluded that "improving people's diets will require both making food

accessible and affordable and also changing people's perceptions and habits about diet and health."¹

A haven for healthy food

Over at New Haven Farms, in the Fair Haven neighborhood of New Haven, Connecticut, Rebecca Kline, who is now the Executive Director of the project, responded to the article with glee. "The article describes exactly why, at New Haven Farms, we provide both access to [healthy] foods and [to] education," she said. New Haven Farms' main site is located in a food desert, but the program provides more than just access to produce, Kline contends. This is how it works: Practitioners at FHCHC prescribe time at the farm for a medical condition by filling out a referral form within the electronic medical record of the patient. Patients are brought out to the farm to participate in food growing and harvesting, which is matched with nutrition and lifestyle education, to equip patients of FHCHC and their families to better their food behaviors. The two innovations — connection to the health center, and the inclusion of education — are the key difference between New Haven Farms and other community farm projects, says Kline. The resulting robust program is a model for community health centers looking for an alternative method to combat diet-related health issues like diabetes and high cholesterol.

Beginnings

New Haven Farms was born out of a partnership between FHCHC and Chabaso Bakery, a large East Coast artisan bakery with a New Haven commercial bakery. The owner of

Chabaso, Charles Negaro and his wife, Nancy Dennett turned an adjacent vacant lot on the bakery's grounds into a community garden for employees about ten years ago — but it went underutilized. At the same time, FHCHC was launching a new DPP for their low-income, mostly Hispanic patient population. The program was translated from the National Institutes of Health's Diabetes Prevention Program curriculum, after which FHCHC added innovative components like cooking classes and family-based interventions, said Kline.

Just as FHCHC was developing their DPP, Negaro and Dennett approached FHCHC to see if they would like to utilize the garden, which by then was fully operational and ready to use with irrigation systems and compost-amended soil, for free. FHCHC agreed. They hired Kline to join their DPP team, and one of her tasks was to run the gardening component for the clinic's patient population. The position became a staff person shared by both FHCHC and New Haven Farms. "I had never heard of urban farms or gardens existing to impact this particular population's health and food security. It was at the time —and still is— a pretty unique mission," Kline states.

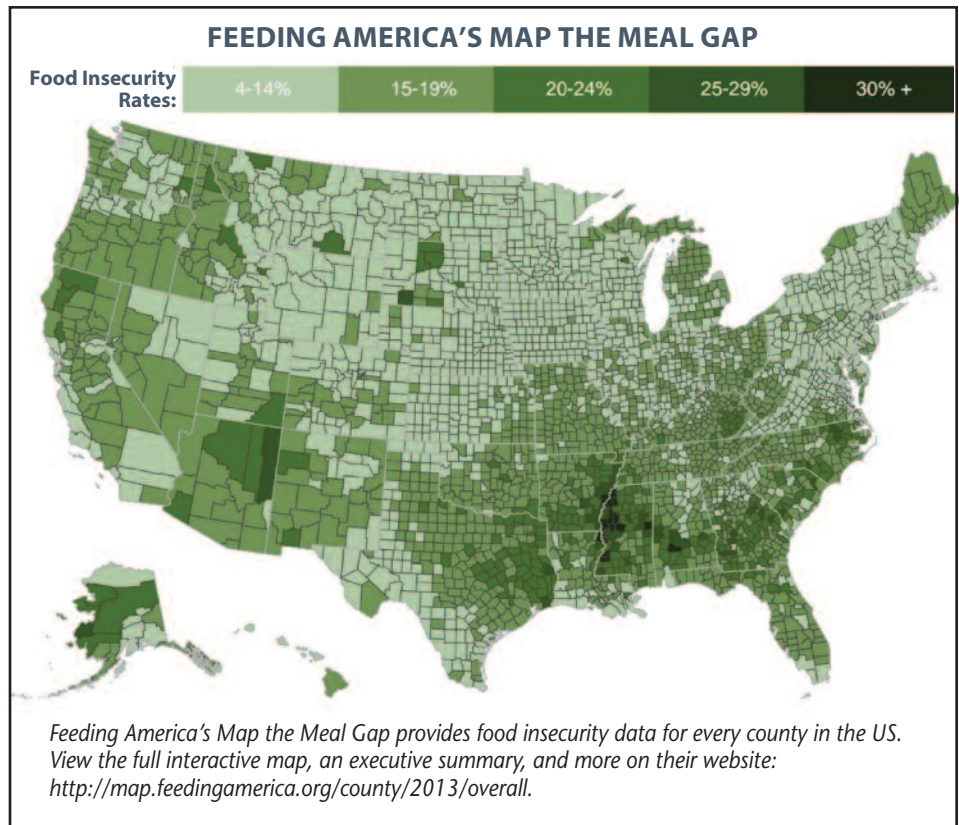
Soon after the collaboration began between FHCHC and New Haven Farms, the program became hugely popular with patients and their families, Kline said, and garnered national press including a New York Times article. Most importantly, it helped people connect the dots between their DPP education and their daily eating habits. "It filled a gap for people," Kline explained. "At the DPP, they're learning cooking and nutrition, [and] behavior change concepts, but people don't necessarily have the tools to [implement] the things they're learning — tools being access to fresh fruits and vegetables. This fills that gap."

Since then, New Haven Farms has expanded into its own 501(c)3 nonprofit, adding new community farms in other low-income areas of New Haven. They're now planning to partner with other health centers beyond FHCHC, addressing food security and education for low-income patients with diabetes throughout New Haven.

The nitty gritty: Staff, IT, and funding

Kline says that the partnership wasn't onerous to set up because of the timing: the farm was ready to be used, resulting in minimal start-up costs, and the health center was in the process of setting up their DPP, meaning there was flexibility to add a new component. FHCHC's IT team easily set up the new referral form in the EMR.

"The last simple thing was orienting the clinicians so they knew about the program and knew how to make the referral when they were in people's charts — that's why this shared staff member is so critical," explained



Kline. "That person not only knows the IT system but they know the clinicians." As that staff person, Kline would provide orientation to new clinicians and assist current clinicians in navigating the program. "If we're not hitting our targets for referrals," says Kline, the staff person can knock on the clinicians' doors to check in. Kline notes that there are few incentives for clinicians to refer their patients; clinicians make referrals simply "because they're excited about the program," she said.

As they expand, New Haven Farms is shifting its funding strategy. As a nonprofit, New Haven Farms is now charging the medical centers who wish to partner with them. Their new partner, Cornell Scott Hill Health Center, found some of the needed funds in its current operating budget; they also wrote New Haven Farms in as a sub-grantee in a related grant. They're additionally asking for employee donations to help subsidize the cost of their patients' participation. In other words, health centers wishing to participate in the program must be willing to do the often hard work of finding the funding.

Results

Initial data from the program is encouraging but not jaw-dropping. In 2013, there was a 20 percent decrease in food insecurity among participants and a notable increase of one serving per day of fruits and vegetables. There were not significant changes in BMI or blood pressure. New Haven Farms is incorporating the new data into their strategy. "We didn't focus a lot that year on decreasing consumption of junk food," noted Kline, instead focusing on increasing healthy food; they plan to change that. They will also increase on-the-farm exercise education, beyond the physical element of farming itself. "We've moved more toward the behavior change model," in an attempt to affect BMI numbers. "We're not a weight loss program, but we know that BMI is... associated with diet and related chronic disease risks," Kline said. "So, some change in BMI would be nice... But the big things are food security, and fruit and vegetable intake, and those are things we definitely know we're impacting, and it's what our program is specifically designed to impact." ■

RESOURCES:

Learn more about New Haven Farms on their website, <http://www.newhavenfarms.org>.

More on FHCHC's DPP can be found at: <http://www.fhchc.org/diabetes-prevention>.

1. Giving the Poor Easy Access to Healthy Food Doesn't Mean They'll Buy It. New York Times. http://www.nytimes.com/2015/05/09/upshot/giving-the-poor-easy-access-to-healthy-food-doesnt-mean-theyll-buy-it.html?smid=tw-nytimes&_r=1&abt=0002&abg=1. Accessed June 2, 2015.