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Health Care Shares: Vermont Community Wellness through a Farm to Patient Collaboration

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North Country Primary Care
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Mentor: Dr. Rachel DiSanto



Problem Identification:

Access to Healthy Food in the Northeast Kingdom

Food insecurity* has increased in Vermont over the past decade⁽²⁾

1 in 7 Vermonters struggle with hunger, and nearly 85,000 Vermonters having difficulty providing adequate amounts of food for all family members at some point during this year⁽²⁾

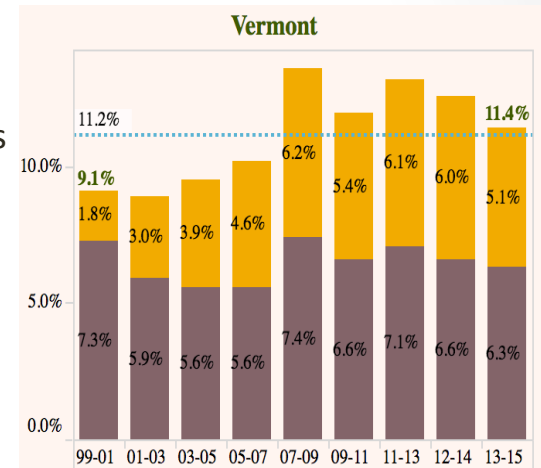
- Families living in rural areas, such as the Northeast Kingdom of VT, experience higher rates of food insecurity than people in urban settings

Families struggling financially often opt for processed foods that lack nutritious ingredients because they tend to be cheaper and have a longer shelf life than fresh produce

25% of Vermonters are obese, and although this is significantly lower than most other states, this percentage is increasing ^(1,2,4)

- Obesity is associated with health conditions such as diabetes (8% of Vermonters), hypertension (27% of Vermonters), and coronary artery disease (7% of Vermonters)

84.9% of Vermonters ate vegetables less than three times per week, and 66.2% ate fruits less than 2 times per week⁽⁷⁾



*Food insecurity: lack of regular access to nutritious food

Public Health Cost

The Supplemental Nutrition Assistance Program (SNAP) provides assistance to 13% (80,000) of Vermonters ⁽⁵⁾

- Average monthly SNAP benefit for each household member: \$122

Obesity is one of the major causes of preventable chronic diseases, which cost between \$147 billion and \$210 billion per year in the US ⁽⁷⁾

Obesity-related healthcare costs in **Vermont**:

- Diabetes and Prediabetes ⁽⁶⁾
 - \$543 million
- Cardiovascular disease ⁽¹⁾
 - \$18,953 per patient/year (\$701.3 million)

Community Perspective: *Ryan Zabinski, RD*

What do you feel is the biggest barrier to healthy food in the Northeast Kingdom?

“Access and cost is an issue, but lack of knowledge and motivation seems to be driving the problem”

Do you feel as though Vermonters, in general, understand how to eat healthy?

“Everyone needs more education. All patients can benefit from meeting with dietitians, not just patients who have diabetes or are obese.”

What do you feel is the best way to encourage a healthy diet and lifestyle?

“Motivation... Lots of motivation, and continued education in the community outside of the doctor’s office”

Community Perspective: Jane Edwards, Chair of the Community Food Education Committee

What do you feel is the biggest barrier to healthy food in the Northeast Kingdom?

“Essex and Orleans counties continue to have the highest food insecurity in the state... Lack of adequate resources to purchase whole and healthy foods certainly is the major contributor of food insecurity.”

“We have individuals with multiple generations who do not have these skills [planning, shopping, preparing] and place very little value on healthy eating patterns”

“Concerns have been voiced about whether [Health Care Share] participants may have transportation issues. With limited resources, transportation is a major issue, especially in rural areas.”

Do you feel as though Vermonters, in general, understand how to eat healthy?

“The culture we live in is toxic to our health...with it’s increasing dependence on processed, largely unhealthy foods... Both rich and poor develop lifestyle related [diseases]... With increased level of resources it makes it possible to live well, although it takes commitment and personal belief...”

What do you believe is the most effective way of encouraging a healthy diet?

“There needs to be more focused effort within the structured educational system pre-K through 12 to increase education and value concerning the important relationship between health and food intake... For Vermont there needs to be a serious look at how nutrition is incorporated into science as well as the health curriculums from the State Agency of Education.”

Interventions and Methodology:

Health Care Share

- Health Care Share is a network of farmers, health professionals, non-profit organizations, and volunteers in Vermont ⁽³⁾
- Goal is to provide Vermont communities with farm-fresh food, as well as information in healthy eating, cooking, and living ⁽³⁾
- Health care providers are able to “prescribe” access to the Health Care Share program, allowing patients to pick up their share of vegetables once a week for twelve weeks ⁽³⁾
- This is the first year that Health Care Share will be implementing Newport and Barton, Vermont locations

Interventions and Methodology: Initiating a Health Care Share program in the Northeast Kingdom

A letter explaining Health Care Shares and its initiatives was distributed to Primary Care Physicians in the Northeast Kingdom

- These physicians were able to recommend patients from their practice for the program

A Welcome letter was sent to accepted patients, which included the following:

- Notification of acceptance into the program
- Brief description of Health Care Share
- Important details about their individual share (location, pickup times, and contact information)

A “Week One” Newsletter was prepared for distribution, which included the following:

- List of the vegetables available that week
- Healthy, simple recipes using the week’s vegetables
- Tips for storage, preparation, and cooking fresh vegetables
- Tips for healthy eating and lifestyle

Results

The Health Care Share team reviewed and approved the both the Welcome Letter and the Newsletter for print

- The Welcome Letter is scheduled to be sent out to accepted patients three weeks prior to the program start date (July 27th)
- The Newsletter will be distributed to each as they pick up their first share on July 27th

North Country Hospital has currently purchased a total of 50 shares through Health Care Shares, which were distributed among Family Medicine and Pediatric practices

Families are currently being recruited for the summer 2017 season

Evaluation of Effectiveness and Limitations

A survey was adapted from one that has been used by established Health Care Share programs throughout Vermont, and will be distributed during the first and last week of the Newport and Barton Health Care Share programs

- Currently, this survey is in the process of getting approved by participating physicians
- Includes questions regarding:
 - Current number of daily servings of vegetables
 - Dietary habits
 - Ease of access and preparation of fresh vegetables

Limitations

- The Newport and Barton Health Care Share programs did not begin during my time at North Country Primary Care, so effectiveness was unable to be measured (see Future Projects)

Recommendations for Future Projects

Determining the Effectiveness of Newport and Barton Health Care Share

- Using data collected from the pre- and post-program surveys, investigate how the twelve week program affected participants' dietary habits and knowledge of health and nutrition

Expanding Health Care Share in the Northeast Kingdom

- If the first year of the program is successful, it would be advantageous to involve more farmers, organizations, and health care professionals in order to benefit more participants
- If transportation proves to be a barrier for accepted patients, it would be beneficial to involve Rural Community Transportation (RCT) and investigate whether could incorporate Health Care Share pick-up times and locations into the summer bus schedule

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