

A prescription for fruits and veggies

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Credit: University of North Carolina at Chapel Hill School of Medicine

A new study led by researchers at UNC, including Dana Neutze, MD, of the Department of Family Medicine, and NC State University will give a weekly allotment of locally grown vegetables to low-income, high-risk

patients at The UNC Family Medicine Center, in addition to connecting them with existing nutrition education programs.

Researchers will track changes in patient diet and biometric measures, as well as the impact on farmers—the revenue and risks associated with the [program](#).

"Food and [health care](#) are often seen as two separate, distinct issues, but this study seeks to explore how they are one inter-connected issue," said Lindsey Haynes-Maslow, a professor in the Department of Agricultural and Human Sciences at NC State and one of three principal investigators on the study.

Those enrolled will take a 6-week nutrition education course taught by NC State's Supplemental Nutrition Assistance Program Education (SNAP-Ed) staff. For the 6 weeks of the course and subsequent 17 weeks enrollees will receive free, locally grown vegetables from Maple Spring Gardens in Cedar Grove, North Carolina. The 23-week CSA is valued at \$641 per participant and will act as incentive to participate. The study will examine participant's biometric data, such as blood pressure and blood sugar, before and after the program, as well as patient reported outcomes related to self-efficacy obtaining and eating fruits and vegetables.

The importance of the study is two-fold in North Carolina. Studies estimate that healthier diets might prevent \$71 billion per year in medical costs, lost productivity and premature deaths associated with poor diet. North Carolina communities, particularly in rural areas, face the dual challenge of high rates of chronic disease (obesity, heart disease, stroke, diabetes, and cancer) and economic decline.

North Carolina is also one of the top 10 agricultural states in the country, with agricultural businesses accounting for almost 20% of our state's

gross domestic product. However, the state also ranks high in its rate of farm loss, particularly among smaller farms.

"I often see the impact a poor diet has on the health of my patients," said Dana Neutze, MD, a principal investigator, professor, and the Associate Director of the UNC Family Medicine Center at Chapel Hill. "This project could be a game-changer in the health of low-income individuals. Additionally, the partnership brings business to rural communities and helps support our farming community."

"I am excited to move forward the idea of food as medicine," said Ken Dawson, the owner and general manager of Maple Spring Gardens, the farm supplying the produce for the CSA boxes. Dawson has been running the farm for 35 years. "This is a great project because, one, we can sell more produce, but two, to be involved with this whole concept makes good sense in terms of peoples' health, and in terms of economic health. If there's any way I can be involved with making that happen, I want to be involved."

The study is modeled after programs that have been successful in other states. In 2012, the non-profit organization DC Greens partnered with Unity Health Care clinic and five farmers' markets to offer the FVRx (prescription for fruits and veggies) program. Survey results found that 53% of children reduced their body mass index during participation in the program—and more than \$40,000 of produce was sold through the program by local farmers. Detroit Health piloted a similar FRX program for low-income families, with positive results.

These programs lacked a rigorous evaluation, though. While other iterations of veggie prescription programs relied mostly on self-reported outcomes, this study will actually track biometric measures. And, in addition, researchers will look at economic impact on farmers.

The ideal is that, with successful results, the program could expand its scope to other research institutions and across North Carolina, even partnering with health insurance providers to bring programs like this one to more low-income individuals across the state.

"We're excited about this opportunity to explore the intersection between [health](#) care and the food system," said Alice Ammerman, principal investigator, professor of Nutrition, and director of the Center of Health Promotion and Disease Prevention at the University of North Carolina.

Provided by University of North Carolina at Chapel Hill School of Medicine

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