

A Community-Academic Partnership to Improve Access to Healthy Foods in Low-Income Communities

KITZMAN-ULRICH H¹, DEHAVEN M¹, ROMERO C², BELTRAN N¹.

¹Family Medicine, University of North Texas Health Science Center, ²Department of Anthropology, University of North Texas; Denton, Texas

ABSTRACT

Background: Access to healthy foods is often limited in low-income communities and prevents the adoption of a healthy diet needed to meet national dietary recommendations, reduce chronic disease, and prevent obesity. **Purpose:** The Healthy Harvest Community Gardening Partnership is a community-based participatory research program between faith-based organizations, academic institutions, local philanthropy, and other non-profit institutions, created in 2009 for improving access to healthy foods and quality of life through a community garden network. **Methods:** Healthy Harvest uses a social ecological framework combining individual, interpersonal, and community level influences into a single program, and employs a train-the-trainer approach for providing expertise in gardening and community-capacity building to low-income, predominately African American communities. **Results:** To date, garden sites have been constructed at 4 churches (average church size N=353, 98% African American) and one school (287 students, 98% African American) in an inner city, low-income community. Liaisons from each garden site have attended six monthly trainings on gardening and community-capacity building. Monthly evaluations of gardening activity indicate that a total of 139 individual garden plots have been constructed of which 101 show signs of use, 79 have visible plants, 31 have visible produce of which approximately 300 lbs have been donated to local food pantries. A total of 53 community garden volunteer workdays have been conducted with over 90 volunteers participating in garden maintenance and community outreach. Initial data demonstrate the feasibility of this approach for increasing access to fruits and vegetables in low-income communities. Qualitative data is being collected to evaluate the effect of Healthy Harvest on lifestyle (physical activity and diet) and social (perceptions of neighborhood, feelings of connectedness) variables. Furthermore, Healthy Harvest plans to develop a system for distributing produce, therefore providing access to healthy foods on a broader scale. **Conclusions:** Overall, this novel community-academic partnership has demonstrated initial feasibility to improve access to healthy

foods in low-income communities and could provide a model for other communities to prevent obesity.

KEY WORDS: Health Disparities, Obesity, Nutrition