Abstract

The North Quabbin Community Coalition has provided a community-wide alliance committed to improving the quality of life for all those living and working within the nine-town North Quabbin region for over 29 years. The model for this Coalition was developed in response to community-identified issues and is focused on developing solutions that are community driven. The Coalition hosts several task force groups, which serve to address local issues by engaging all stakeholders and developing local solutions to these challenges. Each Task Force serves to provide a forum for area providers to share information and to reduce duplication of services, provide community education and finally, to secure resources to address the needs within the local region.

Our newest task-force, the Children’s Health and Wellness Taskforce has been focusing on three areas that affect the health of children in our region. These areas include physical activity, nutrition and physical environment. Knowing we have many healthy food sources in the North Quabbin we wanted to understand a better picture of what kinds of food families were accessing, where they were accessing them and how far they were travelling to do so. Using the leadership institute capstone project for motivation a regional survey was constructed to get a better handle on food access for the North Quabbin.

Goals and Objectives

**GOAL**

To help residents of the North Quabbin gain access to affordable, local and healthy food.

**OBJECTIVES**

- By June of 2013 create a comprehensive survey to learn about what types of food residents are accessing and where they are accessing food from for their household.

- In August of 2013, use data to create a snapshot of food access within the North Quabbin Region. Identify possible barriers to healthy and local food access.

- By September of 2013, use the data snapshot and community input to create recommended projects, policy change and systems change to address barriers identified in survey.

- Ongoing: Apply for funding to implement recommended projects, policy change and systems change to address barriers.
Background

Using a taskforce model, the North Quabbin Community Coalition creates projects in response to the communities need. The Children’s Health and Wellness Taskforce was created in the fall of 2012 in response to both our community needs assessment and conversations with many of the youth centric organizations and service providers in the North Quabbin. In both, respondents indicated a concern for the high levels of obesity and disease they were seeing in the regions children. Recognizing that there were many agencies and groups looking at this very issue, the North Quabbin Community Coalition wanted to bring these stakeholders together for a more orchestrated and cohesive effort.

Obesity, food access and hunger related social ills plague our nation. Often the communities hit hardest by these troubles are small rural communities, like the North Quabbin region. Lack of access to food outlets for shopping, limited options for the purchase of food and affordability only scratch the surface of these issues. Links made between obesity and chronic health problems such as diabetes and heart disease is startling. In Massachusetts if we look at the diabetes statistics by income, specifically under $25,000 to $49,000 per house hold annually the diabetes rates are around 15.6%. Additionally, 21.5% of people in this bracket have some form of heart disease. This income bracket makes up the majority of the North Quabbin Region, the per capita income of the North Quabbin Region in 2011 was $28,313.00 (Coalition, 2012).

The most startling statistics for the North Quabbin Region all related to food insecurity, which we know is also tied to income and access to food. From 2008 to 2011 the North Quabbin Region saw a 53% increase in the use of the Supplemental Nutritional Access Program (SNAP) in Franklin County and a 56% increase in Worcester County (SNAP 2011). Alarmingly the community needs assessment found out the following information:

In our two largest school districts in the region between 41% - 52% of the students receive free or reduced lunch, the majority of that percentage being free lunch (Coalition, 2012). In a 2010 Study by Hunger for America, they found in this region the following choices were being made by area residents accessing the food banks: (America, 2011)

- 47% choose between paying for food and paying for utilities or heating fuel
- 35% choose between paying for food and paying their rent or mortgage
- 34% choose between paying for food and paying for transportation
- 28% choose between paying for food and paying for medicine or medical care
- 19% choose between paying for food and paying for gas for a car

Armed with these statistics and the growing concern about North Quabbin Residents food access, the Children’s Health and Wellness Taskforce began the process of creating and distributing a local food access survey to gain a better understanding of the communities’ barriers to accessing local, healthy food for their families.

Methodology:

In constructing the survey we looked to a number of previously constructed surveys such as San Francisco’s Southeast Food Access Survey, The Hunger in Shasta County Survey and the Food Trust’s survey entitled ‘The Grocery Gap’. After pulling question themes, language and structure from these surveys the Children’s Health and Wellness Taskforce constructed its 32 question survey and vetted it with community partners, families and food based organizations to ensure the survey asked all the necessary information to paint a full picture and would be easy for respondents to complete. It was also of importance that this survey be useful to the number of other organizations we partner with in the community.
To paint a complete picture of food access within the region we understood the importance of making sure all demographics of the region were accurately represented. Surveys were to be distributed via the web, paper and verbally to accommodate all residents. Outreach within our own networks and within the community hung on the success of the survey providing complete results. Surveys went out to community organizations, were promoted in the local paper, available online through many web sites and social media and paper copies were left at many community gathering spots. Youth volunteers from a local garden leadership program helped to administer surveys at local farmers markets and events for a small stipend as well.

Findings:

Although the survey continues to be open to the public to continue to gain a nice broad picture. From our 176 surveys to date we have found some startling data. Over 50% of respondents travel over 15 miles away to access their food. Many respondents indicated in comments that they do the majority of their shopping at Cumberland Farms and Family Dollar because of ability to access these locations by walking and felt the prices were more reasonable. 76% of respondents indicated they would eat more fruits and vegetables if there was access to a farmer’s market or food co-op nearby. Many comments included the want/need of a year round farmers market, community co-op and better selections in our one local supermarket. (please note we have multiple year round farmers markets and a community co-op in the region).

Optimistically we found that most respondents prepare a meal at home at least one time per day even though once a week most families were still eating a meal from a fast food restaurant. We also found that most people felt that fresh, affordable, healthy food was of most importance to them.

Please indicate how often you eat food made at each of the following places: Please check one answer for each row.

<table>
<thead>
<tr>
<th>Food made at home</th>
<th>Not at all</th>
<th>Less than once a week</th>
<th>1 - 2 times a week</th>
<th>3 - 4 times a week</th>
<th>5 - 6 times a week</th>
<th>At Least Once a Day</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.57%</td>
<td>0.57%</td>
<td>1.14%</td>
<td>7.43%</td>
<td>28.71%</td>
<td>60.57%</td>
<td>175</td>
</tr>
<tr>
<td>Food made at a Fast Food / Take Out Restaurant</td>
<td>25.61%</td>
<td>48.17%</td>
<td>23.17%</td>
<td>3.05%</td>
<td>0%</td>
<td>0%</td>
<td>164</td>
</tr>
<tr>
<td>Food made at a Sit Down Restaurant</td>
<td>8.68%</td>
<td>65.58%</td>
<td>22.48%</td>
<td>2.37%</td>
<td>0.53%</td>
<td>0%</td>
<td>169</td>
</tr>
<tr>
<td>Food made at a School or Work Cafeteria</td>
<td>78.21%</td>
<td>6.41%</td>
<td>5.77%</td>
<td>4.49%</td>
<td>2.55%</td>
<td>2.66%</td>
<td>156</td>
</tr>
<tr>
<td>Food made at a Convenience Store or Gas Station</td>
<td>63.23%</td>
<td>14.84%</td>
<td>1.94%</td>
<td>9%</td>
<td>0%</td>
<td>0%</td>
<td>155</td>
</tr>
<tr>
<td>Food made at a Church or Community Meal</td>
<td>91.72%</td>
<td>7.01%</td>
<td>1.27%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>157</td>
</tr>
<tr>
<td>Food made at other</td>
<td>76.86%</td>
<td>16.53%</td>
<td>6.61%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>121</td>
</tr>
</tbody>
</table>

Comments (20)
Please know that the full survey and results are available at www.nqcc.org or by request.

From the data we received we realized that most of the community wanted fresh, healthy and affordable food. Lack of knowledge, preconceived social norms and a lack of awareness around local resources seemed to be the barriers we were seeing around the responses to our questions. The taskforce really looked at what kind of a program or educational campaign would be best to help tackle some of these information gaps. Through multiple meetings, brainstorm sessions and funder input we came up with an idea around a campaign titled the ‘Think Fresh: Eat Local. Eat Healthy.’ campaign.

This yearlong campaign would focus on the production of a comprehensive healthy eating guide and companion web site. The full color guide will be designed for use over multiple years and will include non-date specific information about local food resources (such as farms, farmers markets, CSA’s, stores and co-ops) helpful recipes, a seasonal vegetable guide, shopping list suggestions, backyard gardening basics, growing tips and education focused around healthy food choices in the North Quabbin. The companion website will include more detailed information as well as date specific events, markets and activities centered on healthy eating in the North Quabbin.

As part of the roll out to this guide, the ‘Think Fresh: Eat Local. Eat Healthy’ initiative will kick off a marketing campaign. This campaign will include promotional materials such as stickers, t-shirts and shopping bags as well as a series of activities throughout the year. The activity series, to be hosted by our Children’s Health and Wellness Taskforce partners, would include farmers market tours, a cooking series on our local access television station, food budgeting classes, transportation to local food outlets and markets, community garden promotion and planting, technical assistance to families looking to garden, cooking demonstrations and support to local pantries to acquire healthier food.

This guide and campaign is unique when compared to other guides because it will be not only inviting and useful, but will reach all members of the community, including low-income families, and will spread the message that healthy food is for everyone.
Conclusions:

We know from our data that there is an information and educational disconnect between the availability of healthy local produce and people accessing those foods. Barriers appear to be in a few areas; most strikingly people were unaware that there were local sources of affordable healthy food available. The next misconceptions were around the affordability of healthy food, many people indicated that they felt processed foods for purchase in grocery stores and bargain dollar stores were a better value. Lastly, we found that many people felt they were ill equipped to prepare healthy foods or the time commitment to do so would be too much.

From this information, the Children’s Health and Wellness Taskforce looked at how to make an effective campaign in the area to help not only educate the general public around these issues, but to help increase the availability of access to our most vulnerable populations. The ‘Think Fresh: Eat Local, Eat Healthy’ campaign was born and a proposal to a local health foundation was submitted to the Western Mass Health Foundation. This yearlong campaign will focus on the production of a comprehensive healthy eating guide and companion web site. The full color guide will be designed for use over multiple years and will include non-date specific information about local food resources (such as farms, farmers markets, CSA’s, stores and co-ops) helpful recipes, a seasonal vegetable guide, shopping list suggestions, backyard gardening basics, growing tips and education focused on healthy food choices in the North Quabbin. The companion website will include more detailed information as well as date specific events, markets and activities centered on healthy eating in the North Quabbin.

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Unfortunately in mid September, we received notice that we were not able to secure the 50,000 requested to kick off the yearlong campaign. To date the taskforce is looking to secure other funding and make a positive impact on the community in the North Quabbin Region. In addition we are looking at pieces of the campaign we may able to do with little or no funding.

Personal leadership experience:

Having grown up in the North Quabbin region, I take great pride in the passion I have for this region. My experience within this Institute and Capstone Project has allowed me to take those passions and apply new skills and information to be a more informed leader within my community. The information, best practices and learning sessions have helped to spark new ideas on how to best tackle obstacles within the community.

Acknowledgements:

First off I would like to thank my community (the North Quabbin Region) for their help and support on helping gather the data for this survey. Next I would like to thank my agency, the North Quabbin Community Coalition for supporting me in this leadership institute and in helping to mold me into an impactful community leader and organizer. Learning and emulating the spirit of the coalition and Rebecca Bialecki our executive director, has been to date some of the most
important and impactful pieces of my career. I would like to extend a large amount of gratitude to Stephanie and Milan for helping to organize this institute and empowering individuals to play an important and invigorating role within their community. Lastly (but not least!), I would like to thank our local State Office of Rural Health and my mentor for this project Cathleen McElligot, who not only suggested my participation in this institute, but has been instrumental in helping with my capstone project and helping to further my education in the rural health sphere.