

Improved Food Access for Vulnerable Older Adults During COVID19 Pandemic: Findings From a Hospital-Farm Distribution Program

Esi Quaidoo,¹ Danelle Marable,² Maeve Stover,¹ Michelle Snyder,² Virginia Turner,³ and Lisa, M. Troy¹

¹University of Massachusetts Amherst; ²Beth Israel Lahey Health; and ³New Entry Sustainable Farming Project

Objectives: In response to the COVID19 pandemic, a Hospital-Farm partnership adapted their Farmers' Market Program (FMP) to meet the needs of older adults in three Boston-area communities. Adaptations included pre-bagging produce, an option for home-delivery, and informational zoom sessions, instead of pre-pandemic Farmers' Market-style operations. The objective of this study is to assess the revised (FMP) on food access among participants in the midst of a public health crisis.

Methods: Trained interviewers conducted surveys including demographics, Fruit/Vegetable (F/V) access, intake, quality, and variety, and food-related behaviors, via phone.

Results: Respondents (n = 116 of 176 participants) were more likely to be female (82%), White (90%), aged 70 to 79 years (41.8%), age range

50 to 99 years, had at least one chronic disease (83%), and as likely to live alone or with others (50%). Respondents reported increased F/V access (78.1%), intake (68.6%), quality (76.2%), and variety (80.9%) after participation compared to before the program. The most vulnerable (older, living alone, annual incomes below \$30,000) participants had the greatest benefit. Specifically, greater improved F/V access (37% vs 16%), intake (27% vs 17%), quality (35% vs 13%) and variety (36% vs 16%), aged 70 years and older compared to below 70 years, respectively. Living alone had greater improved access (41% vs 37%), intake (39% vs 29%), quality (42% vs 35%) and variety (44% vs 38%) compared to those living with others. Incomes below \$30,000 reported greater improved access (44% vs 25%), intake (37% vs 22%), quality (40% vs 26%) and variety (43% vs 30%) compared to those with higher incomes. One or more chronic disease reported greater improved access (35% vs 14%), intake (24% vs 11%), quality (36% vs 15%) and variety (35% vs 14%) compared to respondents with no reported chronic disease.

Conclusions: FMP improved F/V access, intake, quality and variety among older adults and COVID19-related program revisions may have had greater impacts on F/V outcomes among vulnerable populations.

Funding Sources: NIFA, USDA, CAFÉ UMass Amherst.