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Needs Assessment of Winooski Food Shelf Clients

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Background

Food shelves offer a unique, centralized location to engage with populations with multiple needs. Food shelf clients demonstrate poorer overall health and less access to healthcare and other social services.

Winooski has a large refugee and immigrant population, whose needs may differ greatly from clients served by nearby food shelves in Chittenden County.

Winooski Food Shelf visits provide opportunities to link clients to other needed health and social services.

Previous studies have demonstrated efficacy in resource intervention guided by information gathered from food shelf clients.

PROJECT GOAL:

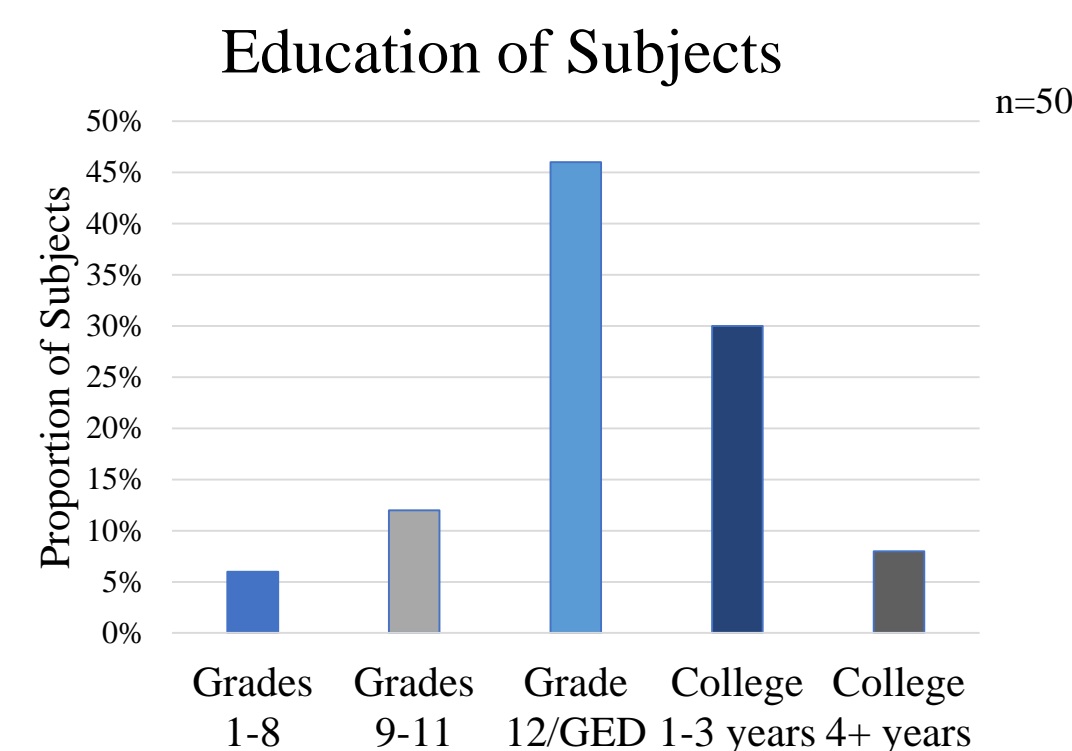
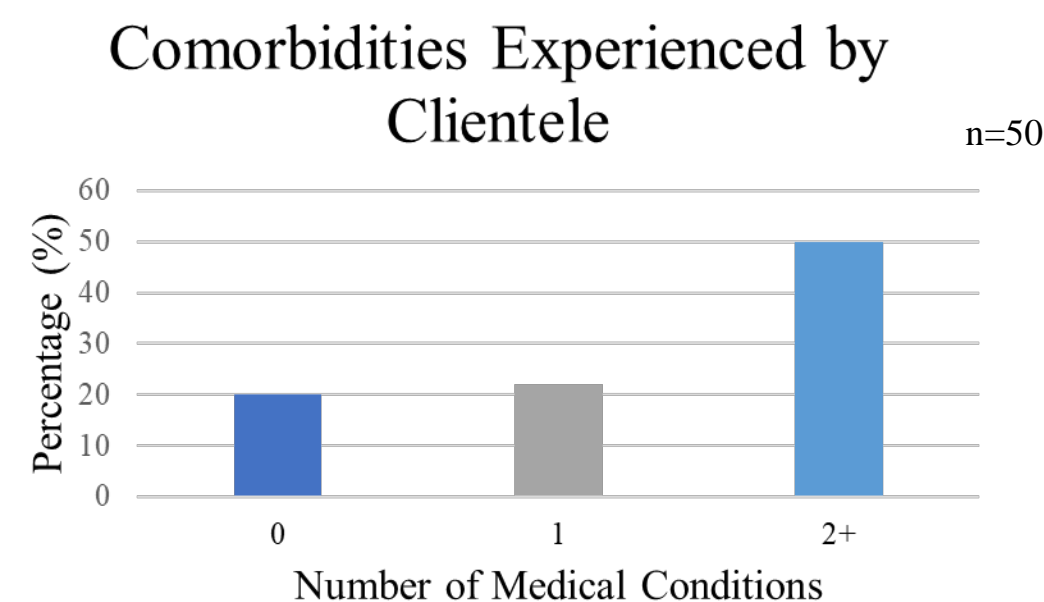
Assess the greatest health and social needs for clientele of the Winooski Food Shelf and make recommendations based on data gathered.

Methods

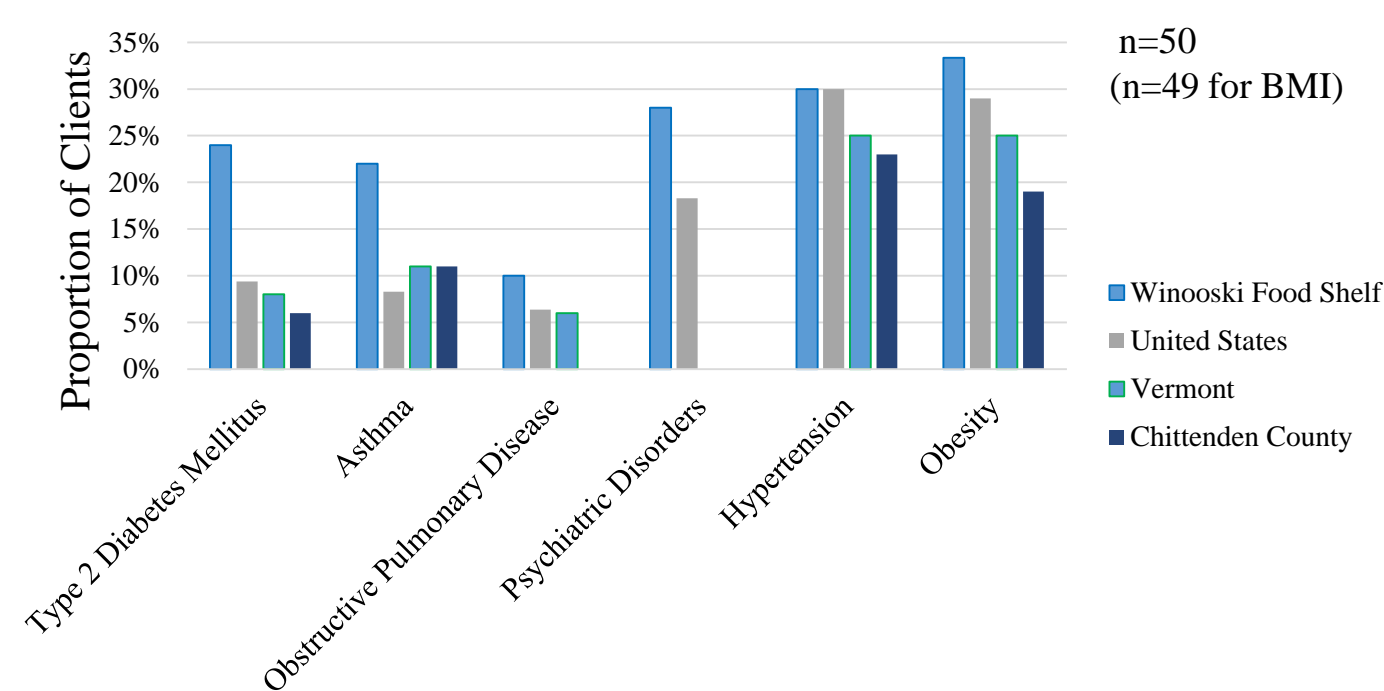
Survey-style Needs Assessment using a combination of multiple choice and freeform questions.

- Questions were adapted from the 2018 CDC Behavioral Risk Factor Surveillance System (BRFSS) questionnaire
- Surveys were conducted through voluntary in-person interviews at the Winooski Food Shelf.
- Chronic medical conditions were self-reported
- Fifty-one Respondents (ages 32-81; mean: 53; 68% female, 100% English speaking) were interviewed one-on-one in a conversational format, with care taken to ensure confidentiality.

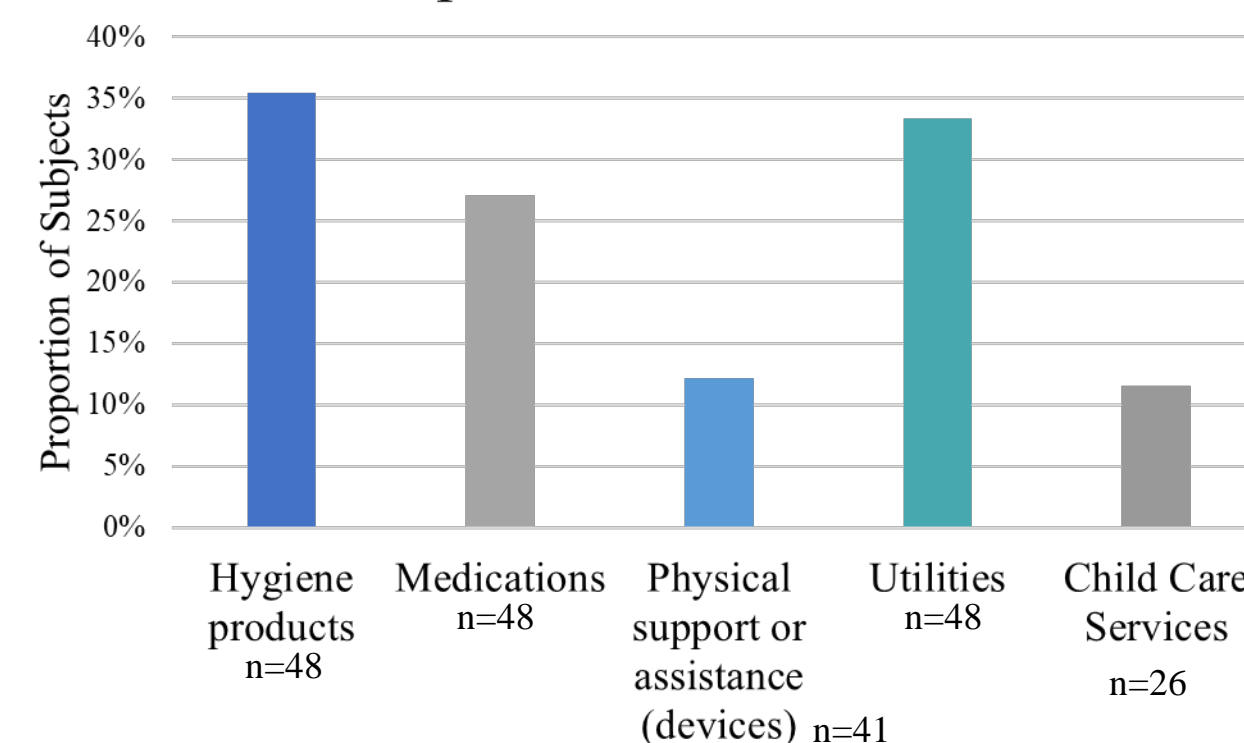
Results



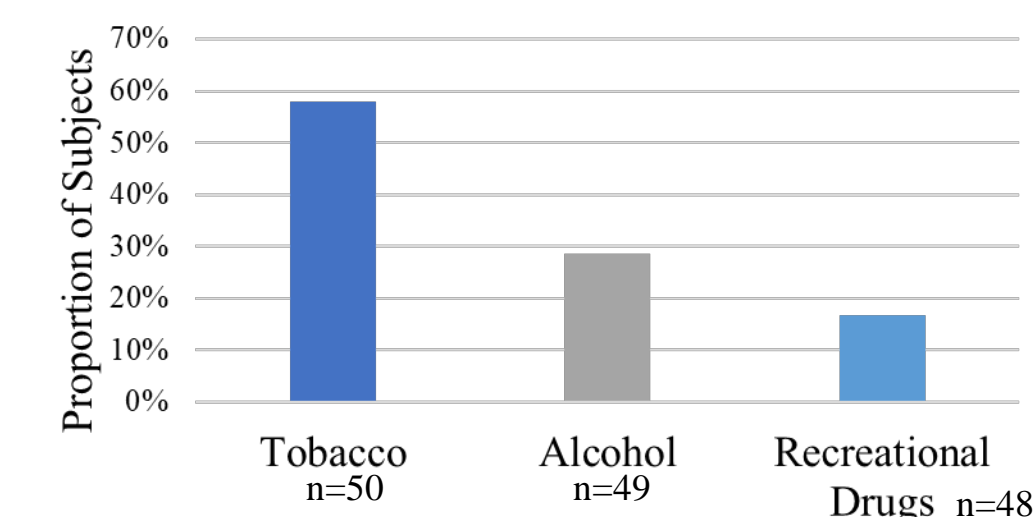
Disease and Condition Prevalence Reported At or Above Local and National Prevalence



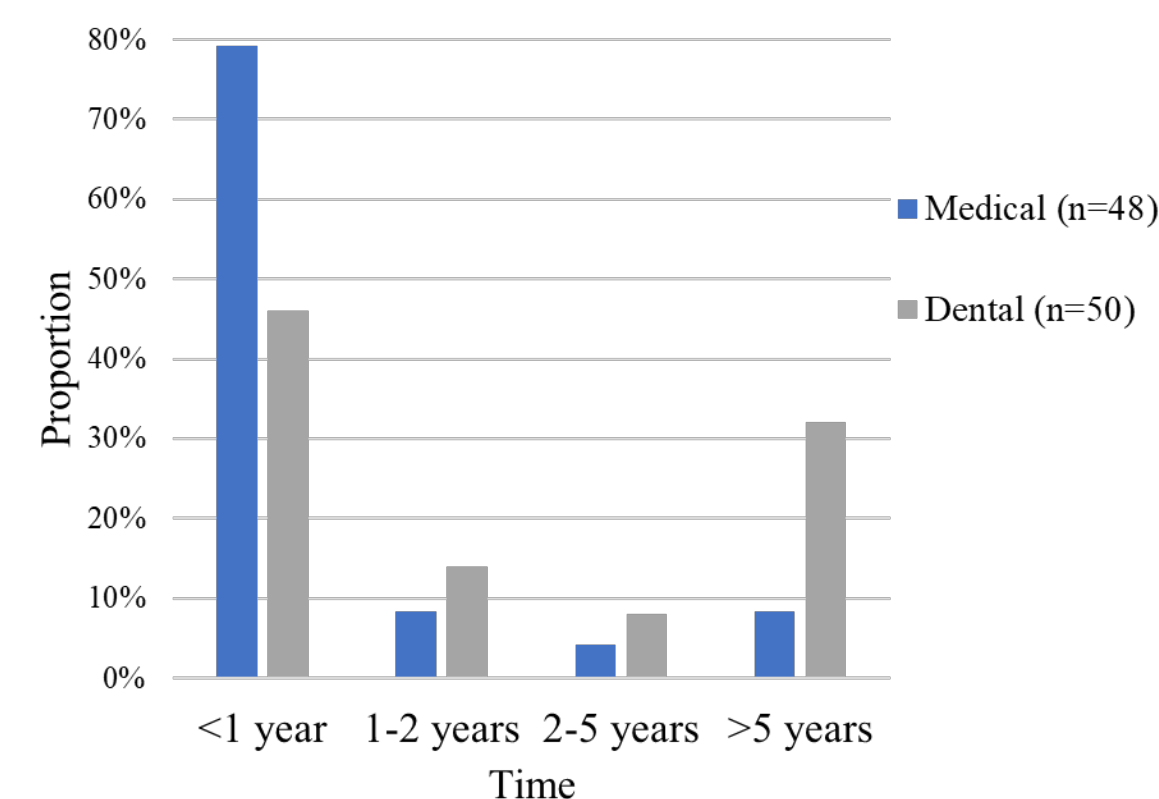
Clients Reporting Difficulty Affording Specific Resources



Proportion Reporting Regularly Used Specified Substances



Last Health Care Visit



Discussion

The number of comorbidities reported by those surveyed, coupled with their difficulties affording medications, utilities, and hygiene products may cause unnecessary health challenges.

Food shelf clientele report tobacco use at a higher rate than the general population of Vermont. Sixty-five percent of clients reported an education level at or below GED equivalence, and half reported two or more comorbidities.

While nearly all clients have health insurance, over 30% have not received dental care within the previous five years.

Limitations include a lack of non-English speaking respondents, undetermined population interest in interventions, inconsistent nutritional evaluation, and inconsistency among surveyors.

Recommendations

Winooski Food Shelf provides opportunities to:

- Counsel and link clients to smoking cessation programs.
- Ensure educational advancement is available; this may improve socioeconomic status, food security, and health.
- Provide information and link clients to dental services, including enrollment and transportation options.
- Increase nutritional education to promote optimal nutrition.

References

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