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The Farmacy Garden: A Model Program for Expanding Services to Low-Income Families

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The Farmacy Garden: A Model Program for Expanding Services to Low-Income Families

Abstract

Fruit and vegetable prescription, or FVRx, programs present an opportunity for expanding and promoting gardening projects, which are a mainstay of Extension programming. The Farmacy Garden, a collaboration of multiple local partners, provides a point of access for learning about and obtaining fresh fruits and vegetables and represents an integrated programming approach for increasing food security for low-income families. The garden serves as a living laboratory—a community venue for agricultural workshops and nutrition education and a space to pilot test additional programming. The Farmacy Garden is a replicable model for Extension professionals interested in leveraging local resources to expand programming and services.

Keywords: [garden](#), [prescription program](#), [Supplemental Nutrition Assistance Program Education \(SNAP-Ed\)](#)

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Introduction

Gardens are a fundamentally important aspect of Cooperative Extension community efforts as evidenced by the long-standing master gardener programs at land-grant universities in all 50 states (Langellotto, Moen, Straub, & Dorn, 2015). A recent development in Extension is that these gardening efforts are being used to address food insecurity and strengthen community food systems (Murphy, 2013), fitting well with increasing calls to use food

system approaches to address public health issues (Morgan & Fitzgerald, 2014). Additionally, gardens have been used to engage vulnerable populations in Extension programming (Alexander et al., 2016; Seals & Pierce, 2007).

Fruit and vegetable prescription (FVRx) programs, which involve physicians' providing "prescriptions" for fresh produce, are means for increasing access to and consumption of fresh and healthful foods through clinical community partnerships. Through these programs, community gardens can be used as access points for learning about and obtaining fresh fruits and vegetables (George et al., 2016). The use of FVRx programs in garden settings is a natural fit for Extension, given the organization's long-standing history with and expertise in gardening. The Farmacy Garden initiative in Montgomery County, Virginia, is an example of a replicable, garden-based FVRx program.

Program Overview

The Farmacy Garden was launched in 2014 as a collaboration of the New River Health District, the county agriculture and natural resources (ANR) Extension agent, and Virginia Cooperative Extension's Family Nutrition Program (which delivers Supplemental Nutrition Assistance Program [SNAP] Education, or SNAP-Ed). The purpose of the Farmacy Garden was to serve as a learning laboratory where low-income participants could receive nutrition education, attend agricultural workshops, access fresh produce on a work trade basis, and participate in healthful outdoor activity in a safe space. Funded by the Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC) and the Department of Health, the Farmacy Garden was established in a central location near the Department of Health, the Department of Social Services, and a federally qualified health center and along a public transportation line. The location was strategically chosen as a convenient space in which to expand access to healthful foods and programming opportunities for individuals at or below 200% of the poverty line. A priority focus was the target population of mothers and young children.

As a garden coordinator from the Department of Health, the participating ANR Extension agent, and three Family Nutrition Program employees, we made up the Farmacy Garden Task Team. Through leadership by the garden coordinator, we developed multiple partnerships to ensure the success of the garden. An essential partnership was with the physicians and nursing staff at the federally qualified health center located near the garden. We developed a brief training opportunity and a "prescription pad" for physicians and nursing staff at the health center. Those staff members then wrote "prescriptions" to patients to encourage participation in the Farmacy Garden as a strategy for improving mental and physical health outcomes. Regular reminders about the garden program were provided to the clinic staff and patients through signage, visits from garden staff, and drop-offs of garden produce for giveaway at the clinic. Other settings for participant recruitment included regularly held WIC clinics, the local farmers' market, food pantries, low-income housing communities, and youth development programs in the area.

The Farmacy Garden also served as a space to pilot test other programming efforts. For example, MarketKids!, a youth gardening program for teaching children how to grow their own produce and sell it at a farmers' market, was implemented on a trial basis at the Farmacy Garden. We also managed a pilot voucher program. The pilot voucher program tested the feasibility of using agencies that provide vital services to low-income individuals and families to increase access to and awareness of SNAP match programs at farmers' markets while increasing awareness of the services offered by other agencies.

Program Impact

In 2016, 31 adults and 16 youths participated in the garden program, averaging six visits throughout the season

for a combined total of 725.5 hr of work. Twelve volunteers provided 220 volunteer hr. Of the 31 adult participants, 15 were patients from the federally qualified health center. Garden participants and volunteers produced over 800 lb of produce from the garden. Also, garden staff members were able to leverage community resources to obtain an additional 600 lb of produce from local gleaning organizations for distribution to low-income individuals and families.

The goal of using the garden as a learning laboratory was met. In 2016 the MarketKids! Program, in partnership with a local farmers' market, served 15 children. WIC educators provided 15 classes of nutrition education in the garden. And the ANR agent on our team provided multiple workshops in the garden, resulting in over 100 repeat contacts in 2016.

A lesson learned from the Farmacy Garden project was that Extension staff and collaborators had to adjust the mission of the garden to address community needs. Specifically, to have the greatest impact, the garden had to serve as a flexible classroom space for many subjects (e.g., agriculture, nutrition, mental wellness, and physical activity).

Implications for Practice

The ability for Extension professionals to leverage partnerships, especially in times fiscal austerity, is a viable strategy for continuing to meet the needs of clients despite budget shortfalls (Pritchett, Fulton, & Hine, 2012). Indeed, the success of a wide array of Extension programming relies on partnerships (Bennett, 2012; Greder, Garasky, & Klein, 2007; Hardison-Moody, Dunn, Hall, Jones, Newkirk, & Thomas, 2011; Ober, Giuliano, Sheftall, Byrne, & Dillard, 2012). The Farmacy Garden is another example of a program that relies on partnerships to meet the needs of low-income individuals and families.

The partnering agencies involved in the Farmacy Garden are located in districts across Virginia and the nation, increasing the likelihood of replicability of this initiative in other areas. Although the main partnering agencies are responsible for managing the Farmacy Garden and steering the programming offered through the garden, the popularity of the project also allowed the team to leverage other community members, including individuals donating gleaned produce, local master gardeners, and student volunteers from a local university.

Extension professional can consider the Farmacy Garden project to be a model for gaining support from local health departments or clinics for demonstration gardens at agency offices or county Extension offices. Such a model might represent an opportunity to diversify programming currently offered using Extension gardens.

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