

**Title:** From the Farm to the Clinic

**Authors:** L. Sastre & Rachel D, Department of Nutrition Science, College of Allied Health Sciences, East Carolina University

**Key Words:** food, nutrition, agriculture, primary care, chronic disease, community-based participatory research

Food insecure households lack quality food or enough food. The greatest risk factor for food insecurity is poverty. Consistent, poor quality in the diet, and/or lack of food access are major risk factors for development and difficulty managing chronic diseases (e.g. hypertension, diabetes). Chronic diseases are usually first identified and managed within primary care settings, however, this care is less accessible for the working poor who lack health insurance. Community-based health clinics provide subsidized or free care to our most vulnerable community members. These organizations directly reduce barriers to care access, however, optimal prevention and management of chronic diseases includes dietary modifications. For the poor, food insecure, this is not easy to achieve. The average number of food insecure households in North Carolina (NC) between 2015-2017 was 14.4% and higher than the national average of 12.3%. NC is also a high producing agriculture state and ranks 9th for contributions to the US GDP in agriculture. NC produces a wide range of crops, for example, NC is number one in sweet potato production. There are a wide range of food resources within NC at the same time there is elevated food insecurity in many communities. This presentation will examine the development of a "Farm to Clinic" program which seeks to connect local NC produce with free/community-based clinics in Eastern NC. We will provide a framework of program development that could be utilized to guide similar efforts in other settings.