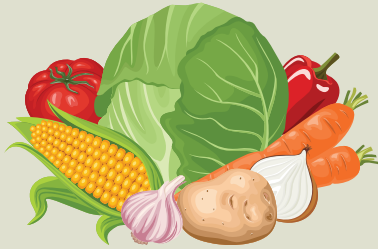


PORTAGE HEALTH FOUNDATION

# Collective Community Supported Agriculture (CSA)

## 2020 Outcome Report



### Program Abstract

The Collective CSA program was developed, funded and implemented by the Portage Health Foundation in 2020. The program was created as a strategy to increase healthy food access for families in Baraga and Houghton counties in response to the COVID-19 pandemic. The Collective CSA program connects local families with local food through collaborations with area non-profit service organizations, health systems and local growers.

Participant families received a weekly box of local produce for 12 weeks. The boxes also included seasonal recipes and educational handouts.

During the inaugural year, 20 families (including 54 children) participated in the program. A total of \$5,400 was spent on locally grown and sourced food improving participants' access to healthy foods while supporting the local food system amidst the COVID-19 pandemic.

### Special thanks to our program partners and volunteers:

U.P. Kids, BHK-L'Anse Center, Keweenaw Family Resource Center, KBIC Health System, Portage Lake District Library, Boersma Family Roots, North Harvest CSA, Whispering Wild Market Family, Miller Family Farm, Chip & Cindy Ransom, Dynamite Hill Farms, Michael Stanitis, Rachael Pressley, Jean McParlan, Elizabeth McDonald and Kathleen Harter.

Sequin, M., & Jaszczak, M. (2021). *Portage Health Foundation Collective CSA (Community Supported Agriculture) 2020 Program Outcome Report*. Portage Health Foundation, Hancock, MI. Published January 2021. [phfgive.org/2020CSAReport](http://phfgive.org/2020CSAReport).

### Key Findings

- Participant consumption of fruits and vegetables remained stable with self-reported daily averages of 2.7 cups pre-program to 2.8 cups post-program (n=8; p=0.89).
- Participants reported a decrease in consumption of low-nutrient foods (i.e. chips, sweets, soda or fast food) with the self-reported average changing from 1-2 times per day pre-program to < 1 time per day post-program (n=8; p=0.17).
- Participants reported an increase in self-reported quality of life with the average rating changing from 3.32 to 3.63 (n=8; p=0.33).
- Participants reported an increase in knowledge of preparing and cooking fresh fruits and vegetables with the average rating changing from 4.38 to 4.63 pre- and post-program (n=8; p=0.40).
- 100% of participants post-program reported that eating fruits and vegetables helps improve individual health and/or a family member's health.
- 75% of participants reported that they tried a new fruit or vegetable as a result of the program. 87.5% of participants reported that a family member tried a new fruit or vegetables as a result of the program.
- 100% of participants post-program reported confidence in maintaining healthy eating and lifestyle changes upon completion of the program.
- 94% of participants pre-program reported that they "agree or strongly agree" that buying and/or consuming local food is important to me and my family.

### Demographics

- 20 families, 54 kids served.
- 88% identified as female as the primary parental applicant.
- Age range for participant family members: 3 months – 46 years.
- Participant household member range: 2 – 8 members (total number in household).
- 68.8% identified as Caucasian/White, 31.2% as Indigenous/American Indian.
- 63% of households were located in Baraga County.
- 37% of households were located in Houghton County.

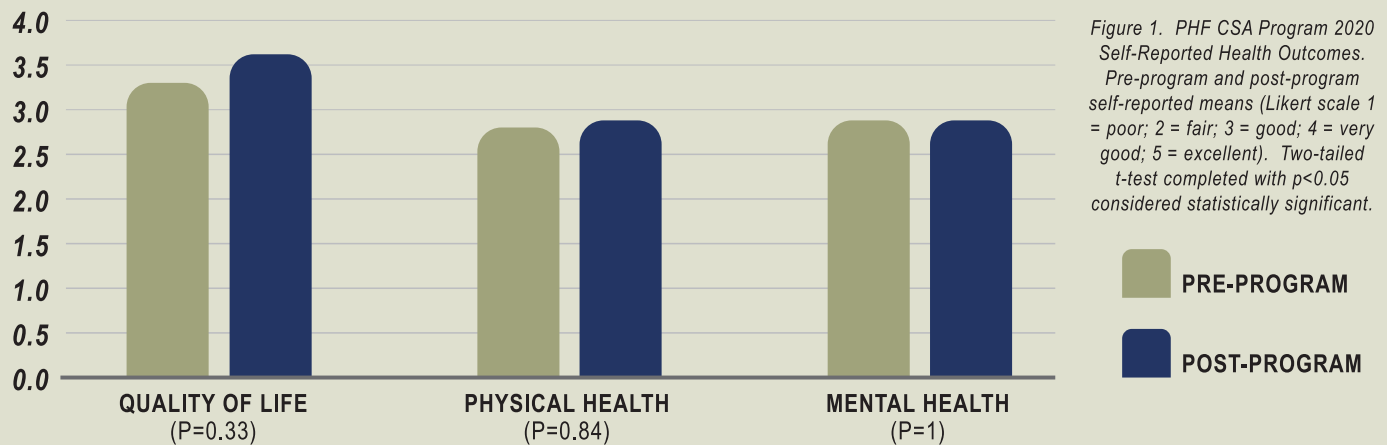
### Risk for Food Insecurity

- 25% reported a household income of less than \$25,000.
- 25% reported they or others in their home had cut the size of meals, skipped meals, and/or brought fewer healthy foods within the past year because of a lack of money for food.
- 43.8% reported using SNAP benefits.
- The top three barriers to purchasing fresh fruits and vegetables reported by participants were expense, quality and availability.
- 6.9-12.8% of adults in the Western U.P. reported consuming 5+ daily servings of fruits and vegetables based on the 2018 Community Health Needs Assessment (CHNA)<sup>1</sup>.
- 1 in 7 individuals in the Western U.P. were considered food insecure prior to the COVID-19 pandemic<sup>2</sup>. Feeding America West Michigan reports a 44% increase in food insecurity rates across Michigan since March 2020<sup>3</sup>.

### REFERENCES:

1. 2018 Upper Peninsula Community Health Needs Assessment. Western U.P. Health Department. [wuphd.org/wp-content/uploads/2019/03/Upper-Peninsula-Community-Health-Needs-Assessment-2018-Second-Edition.pdf](http://wuphd.org/wp-content/uploads/2019/03/Upper-Peninsula-Community-Health-Needs-Assessment-2018-Second-Edition.pdf)
2. Map the Meal Gap – Feeding America 2019 (data from 2017). [feedingamerica.org/research/map-the-meal-gap/how-we-got-the-map-data](http://feedingamerica.org/research/map-the-meal-gap/how-we-got-the-map-data)
3. Feeding America West Michigan COVID-19 Impact Report. [feedwm.org/wp-content/uploads/2020/10/Impact-Report-final.pdf](http://feedwm.org/wp-content/uploads/2020/10/Impact-Report-final.pdf)

## PHF Collective Community Supported Agriculture (CSA) Program 2020 Health Outcomes



### How the Program Worked

The Portage Health Foundation's Collective CSA program ran for a total of 12 weeks (July 14 – September 29). A produce share worth \$20 value was provided weekly to each participant family (total families = 20). Five area farms provided produce shares weekly, and one additional farm provided locally sourced wild rice and maple syrup. Ongoing communication was maintained with the farms to ensure maximal variety in shares and avoidance of duplications in produce boxes. Educational materials, such as recipes, nutrition information, and children's activities were also included weekly in each CSA box. Lastly, resources were provided on the cultural significance of wild rice (manoomin) within local and regional indigenous communities (Anishinaabeg).

***"We tried things I never would have thought to try before and wouldn't have known how to prepare."***

– Collective CSA Participant

Strategic collaborations were developed with partner agencies which serve families with young children. There was no income requirement for participation in the program. The CSA program aimed to improve healthy food access and nutrition education as adjuncts to ongoing services (i.e. early childhood development, social service programs, maternal/infant health programs, etc.). Partner organizations including, U.P. Kids, BHK-L'Anse, Keweenaw Family Resource Center, and KBIC Health System, identified families to participate in the program and completed the referral process. A primary adult from each family was asked to complete a pre- and post-program survey for program evaluation.

Volunteers picked up fresh produce from the partner farms and delivered to the Portage Lake District Library (PLDL) community room, which served as the central packing and distribution location. Participant families were provided with a variety of options and locations for CSA box distribution. Eight out of twenty families utilized home delivery and cited transportation barriers as well as COVID-19 isolation/quarantine as potential factors impacting their ability to travel to a CSA pick-up location.

### Post-Program Survey Results

Post-program survey results were obtained from 40% of program enrollees. A two-tailed t-test was performed on the data sets with a  $p < 0.05$  considered to be statistically significant. Produce box distribution rates were high with only three unclaimed produce boxes over the course of the program (total produce boxes = 240). 75% of participants reported that they used all of the produce provided in the program. The most common barriers to produce utilization and consumption were overabundance of certain items (if growing their own garden in addition to the CSA program) and lack of time for meal preparation. Participants who did not utilize all of the produce reported that they shared excess produce with other family members and co-workers.

### Collective CSA Health Economic Impact

A total of \$5,400 was spent on locally grown and sourced food from six different growers and food producers located in Baraga and Houghton counties. Volunteers and staff traveled 2,280 miles to distribute food to families within a 60-mile radius across Baraga and Houghton counties. Several families reported an increased awareness of available local, seasonal produce and local farmers as a result of the program. Feedback from partner farmers and food producers was uniformly positive with requests to continue and expand the program in the future.

***"Great job and thank you for letting us be included in something so positive for the community."***

– Collective CSA Partner Farmer



Watch video at  
[phfgive.org/csa](https://phfgive.org/csa)



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