

GROWING A HEALTHIER COMMUNITY: A COMMUNITY GARDEN FOR PATIENTS

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Describe your innovation project:

- Low-income adults in Mankato often have a difficult time acquiring fresh fruits and vegetables
- Lack of access leads to less healthy eating , higher BMI and decreased health and wellness.
- Participation in a community garden has been shown to increase fruit and vegetable intake in those tending the garden
- Patients' medical clinic provides a logical yet novel environment for a community garden.

Project: Community Garden created by U of M FM Residents for patients of the Mayo Clinic Health System (MCHS) EastRidge Clinic

How is your project innovative? How is it different from what others have done before?

- Community garden at the medical clinic
- Garden created for patients and free of charge
- Garden tended by patients
- Patients also provided educational seminars at least monthly ; topics ranging from garden "how to's" ,health and fitness, cooking demonstrations.
- Structure reinforces that health and wellness are directly linked to eating

Why is your project important to both patients and family physicians?

- By having the garden at the clinic, it gives patients a chance to see that health is not just about visiting the doctor when sick.
- By having the garden at the clinic, it gives family physicians a chance to see health is not just about medical care and more about lifestyle.

Project Methodology:

Leg Work: Community partners engaged, including Master Gardeners, a local nursery, the county Health Department, a local community garden committee, a local grocery store, U of M resident physicians and staff, and MCHS staff. Partners will help with both establishing the garden and educational seminars.

Prep Work: U of M Residency staff, MCHS Facilities Management staff, and community volunteers will handle all other prepping of the land.

Patient Partners: Initial recruitment of 4 families; long range 20-30 families

Plots: One plot per family. Each plot 5 ft x 10 ft with walking space between.

Maintenance: Patient partners will handle all planting, weeding, watering, harvesting, and end-of-the-year cleanup with continuous support from volunteers.

Plants: Options include green beans, corn, peppers, tomatoes, watermelon, strawberries, pumpkins, blueberries, cucumbers, carrots, squash, zucchini, greens(lettuce/turnips/spinach), herbs/spices. Flowers that are pest repellents will be utilized.

Measures: We will measure pre- and post-participation health knowledge, fruit and vegetable knowledge, and assess access to fresh fruits and vegetables. Long range goals may allow for tracking health factors such as BMI, cholesterol, blood pressure, etc.

Sustainability: Future residents will be offered the opportunity to assume leadership for the project. Also, MCHS has voiced commitment to continuing the project, including the Nutritional Services and Dietetics Departments.

Total Project Budget (up to \$1,000):

Tools (hoses, hand tools, etc): \$200	Raised Beds: \$400
Seeds and seedlings: \$600	Compost and Mulch: \$300
Water and Tilling: Provided by MCHS	Garden Sign: \$200
Liability Insurance: Provided by MCHS	Storage trunk: \$300
Paper and printing costs: Provided by MCHS	
TOTAL: \$2000 with \$1000 contributed by grant from Hy-Vee Food Stores	



About You:

Heather E. Wells, DO

- PGY2, University of Minnesota Family Medicine Residency Program - Mankato
- I have a passion for weight management and healthy lifestyle. I would love to see this project grow each year and eventually see improvements in participants' health indices.

Mentor, Funders & Partners:

Erin Westfall, DO
Angela Buffington, PhD
Hy-Vee Food Stores
Mayo Clinic Health System

- Will be happy to present at either conference

Project Timeline:

Early May 2016: Tilling, ground prep, supply acquisition, finalize patient partners

Late May 2016: Pre-participation assessments, planting, educational seminars begin

Summer 2016: Weeding, tending, seminars

Summer/Fall 2016: Harvest, garden clean up

Fall 2016: Post-participation assessments

