







2025 Farm Share Impact Report

Prepared for The Farm at Trinity Health

July 2026

The Farm at Trinity Health

Trinity Health

SCHOOL OF SOCIAL WORK
PROGRAM EVALUATION GROUP
UNIVERSITY OF MICHIGAN

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Quotations used in this report have been transcribed using the clean verbatim style. Speech errors, false starts, stutters, repetitions, and filler words have been omitted so long as their removal did not change the meaning or sentiment of the statement.

SCHOOL OF SOCIAL WORK
PROGRAM EVALUATION GROUP
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EXECUTIVE SUMMARY

KEY EVALUATION FINDINGS

4 locations ▪ **896** members ▪ **16** counties ▪ over **2300** people impacted

▶ The Farm Share is driving positive health outcomes.

- Nearly 90% of Farm Share Assistance (FSA) members said the Farm Share had a positive impact on at least one dimension of their physical health.
- The proportion of FSA members with good or better health increased by 25%.
- The proportion of FSA members that were food secure increased by 60%.
- Over 60% of Farm Share participants reported making progress towards a healthy weight.
- FSA members reporting food insecurity at the beginning of the program saw the greatest increase in fruit and vegetable consumption during the program.

▶ The Farm Share is encouraging healthy behaviors.

- FSA members increased daily intake of fruits and vegetables by 0.39 cups after the program. This increase was 0.9 cups higher than for 2024 Farm Share participants and 0.26 cups higher than in a national evaluation of GusNIP-funded produce prescription programs.
- Over 70% of all Farm Share members purchased fewer preprepared meals after the program.
- 77% of members reported feeling more confident in cooking with fruits and vegetables after the program.
- Many members reported increasing the variety of produce they eat and learning to cook in new ways.

▶ The Diabetes Prevention Program (DPP) Farm Share Integration led to lower A1C and greater fruit and vegetable intake for most participants.

- The 13 DPP participants who reported an increase in average daily fruit and vegetable intake (65%) had an average increase of 0.61 cups.
- Greater intake of fruits and vegetables at program end correlated with larger A1C reductions.
- All DPP participants felt that the Farm Share helped them meet their healthy eating goals.
- Integrating the Farm Share with the DPP program shifted class conversations from restricting foods to opportunities to cook with fresh fruits and vegetables.

▶ Social barriers hinder the ability to make the lifestyle changes needed for healthy diet.

- FSA participants with more pick-up challenges had lower increases in fruit and vegetable consumption.
- 56% of FSA members reported at least one challenge picking up their share compared to 28% of paid members.
- The top participation barriers identified by FSA members were time, health challenges, and transportation.
- About half of FSA members indicated more cooking knowledge would help them more fully utilize Farm Share foods.

BACKGROUND AND INTRODUCTION

501
members received produce boxes at no cost through the Farm Share Assistance program



PROGRAM BACKGROUND

The Farm at Trinity Health provides community-centered food programs designed to improve health equity while investing in the local food system. The Farm Share works with 47 local farms statewide to operate a weekly produce distribution at four health system locations in Ann Arbor, Oakland, Livonia, and Muskegon. The program runs for 36 weeks from early April through mid-December and offers both in-person and self-serve pick-up options.

Farm Share members include both paid and subsidized members. Community members who are experiencing nutrition insecurity can participate in the Farm Share at no cost through the Farm Share Assistance (FSA) program. In addition to the produce distribution, both Oakland and Ann Arbor operate food pantries on site with primarily non-perishable items. All Farm Share members are eligible to shop the pantry during the weekly, in-person share pick up days.

EVALUATION BACKGROUND

In 2025, The Farm at Trinity Health partnered with the Program Evaluation Group at the University of Michigan School of Social Work to capture Farm Share members' experiences and outcomes in the program. FSA members completed a survey at program enrollment (pre-survey) and program end (post-survey). Paid members completed a post-survey only.

The evaluation also assessed experiences and outcomes of a pilot program integrating the Diabetes Prevention Program (DPP) with home-delivery of the Farm Share produce box.

Collectively, the 2025 evaluation captured surveys from 597 people.

- 20 DPP participants completed both the pre and post survey
- 275 FSA participants completed both the pre and post survey
- 165 FSA members completed only the pre survey
- 29 FSA members completed only the post survey
- 99 paid members completed the post survey

The data collected represented a 100% response rate from DPP participants, an 88% pre-survey response rate from FSA members, and a 61% post-survey response rate from FSA members.

FARM SHARE PROGRAM FINDINGS

PROGRAM PARTICIPATION AND REACH

896
members

16
counties across Michigan

Over 2300
people reached

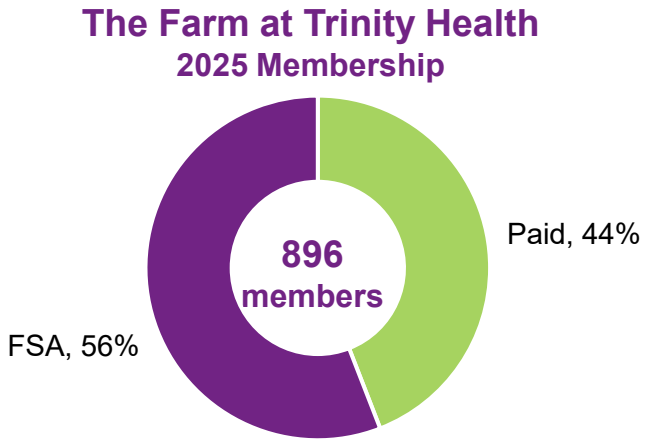
56%
of respondents were first-time members

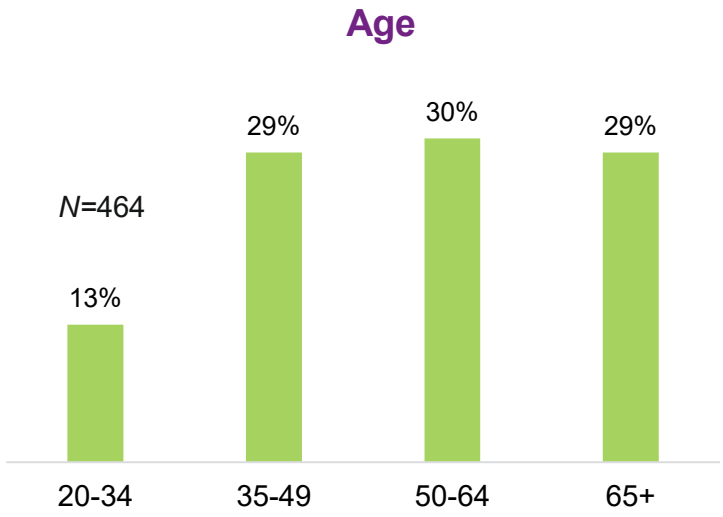
49%
of Ann Arbor members were referred by a provider

In 2025, The Farm at Trinity Health served 896 members in four locations: Ann Arbor, Oakland, Livonia, and Muskegon. Members lived in 163 different zip codes and 16 different counties. Based on the average household size of 2.6 people reported in the pre-survey, the Farm Share reached approximately 2,330 people.

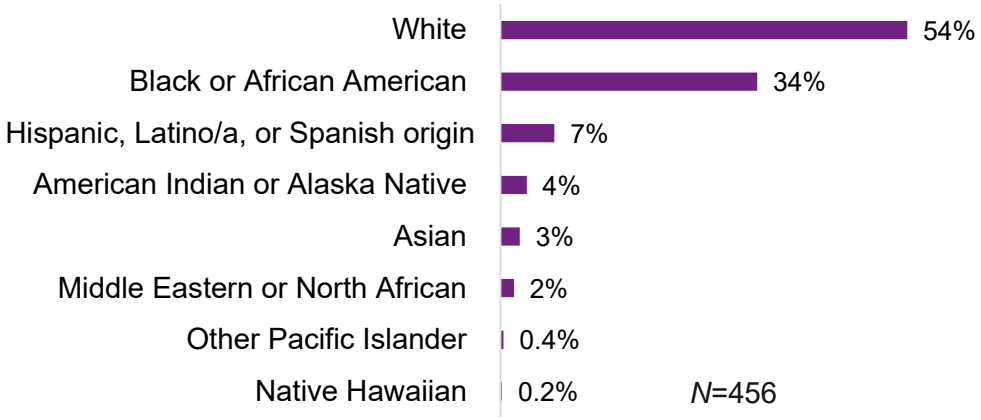
Collectively, across the four locations, Farm Share Assistance (FSA) members comprised 56% of members. Based on responses to the demographic questions in the pre-survey, **over half of Farm Share Assistance members were over the age of 50, including 29% who were 65 or older (Medicare-eligible)**. About one-third lived alone. The large majority were women. While about half identified as White, members included many different ethnic and racial identities and reported speaking 12 different languages at home, in addition to English.

A little over half of respondents (56%) joined the Farm Share program for the first time in 2025. Among Ann Arbor members, **approximately equal proportions self-referred (51%) and were referred by a provider (49%)**. Eighty-seven unique providers, primarily social workers, physicians, and dieticians, made referrals for 238 patients.

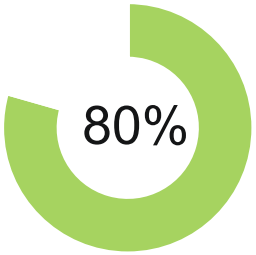




Race and Ethnicity



Gender



identified as women

N=463

Household Composition

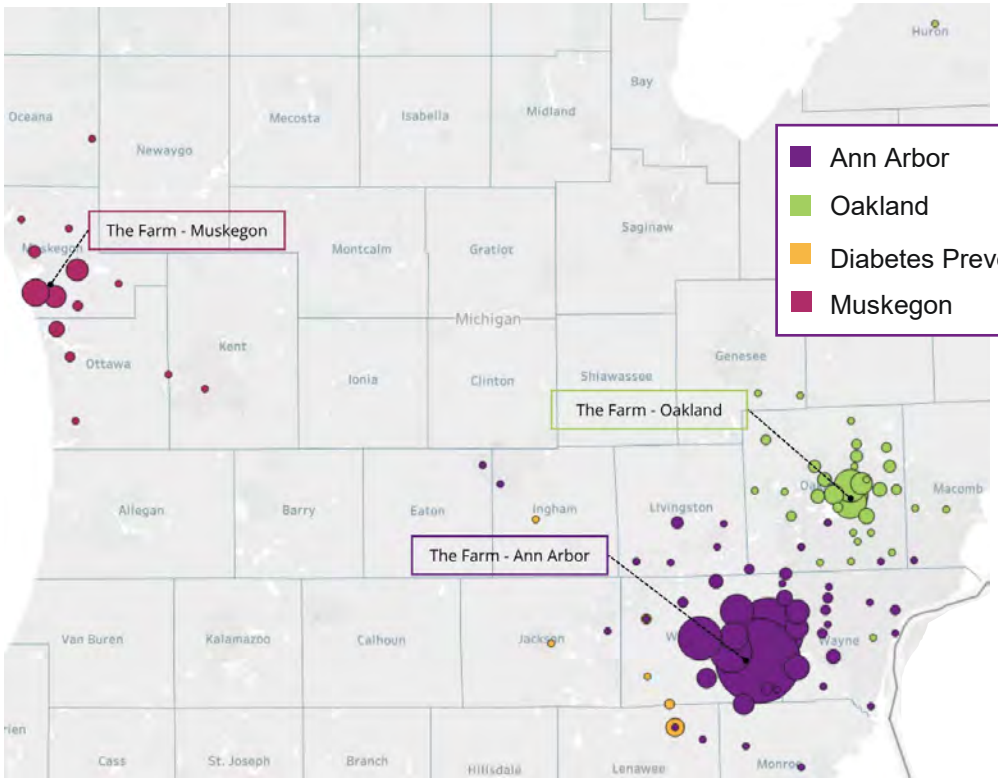
The average household size was 2.6 people.

37% had kids under 18

33% lived alone

4% had at 4 or more kids under 18

Zip Codes



Languages

12 languages spoken at home in addition to English.

- Spanish (13 households)
- Arabic (6 households)
- French (3 households)
- Acholi
- Cantonese
- Dari
- Kinyarwanda
- Lao
- Mandarin
- Mandingo
- Ukrainian
- Urdu

Referral Pathways: Ann Arbor Members

49% Provider referred

51% Self-referred

3 groups of providers made most referrals:

- Dieticians
- Physicians
- Social Workers

PARTICIPATION IMPACTS



"Since starting with the Farm Share, we eat vegetables and fruit more than we ever had before."

– Participant Survey, 2025

FRUIT AND VEGETABLE CONSUMPTION

We used a series of ten survey questions to measure average cups of daily fruit and vegetable consumption at the beginning and end of the Farm Share season. By comparing these timepoints, we found FSA participants' **average daily consumption of fruits and vegetables increased by 0.39 cups**, a statistically significant change.[1] This equates to **eating an additional 98 cups of produce** over the 36-week season.

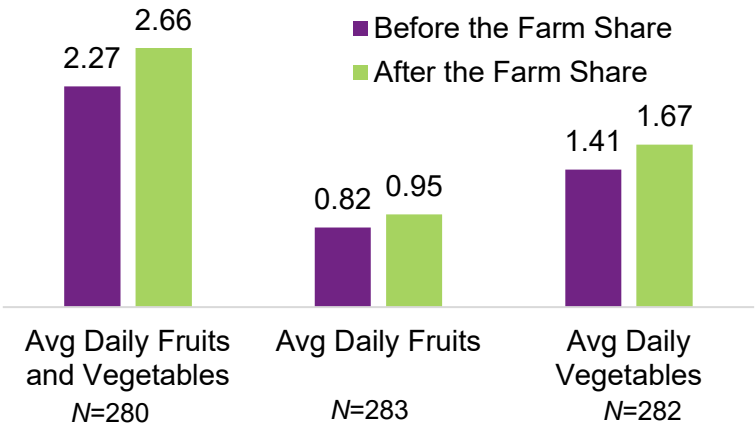
Since not all FSA members increased their fruit and vegetable consumption, we also looked at the group who did report an increase (77%). Within this group, the average increase was 0.65 cups. Looking at fruits and vegetables separately, 76% reported an increase in vegetable consumption and 64% reported an increase in fruit consumption.

The changes in average fruit and vegetable consumption levels were higher than those in the 2024 Farm Share survey findings (0.30 cups)[2] and notably higher than the most recent national report on GusNIP-funded produce prescription programs (0.13 cups).[3]

The larger increase in fruit and vegetable consumption compared to the previous program year may reflect improvements in the program to better meet the needs and preferences of participants.

Despite the clear dietary improvements, only 21 FSA members (7%) reported eating at least 4 cups of fruits and vegetables at the program end, including only two members eating the recommend 5 cups or more. This could indicate that additional supports are needed to help members make more substantial diet changes.

FSA members increased average fruit and vegetable intake by 0.39 cups per day.



[1]The increases in average daily total fruit and vegetable consumption, average daily vegetable consumption, and average daily fruit consumption (all measured in cups) were all significant at the 0.001 level.
[2]Program Evaluation Group. (2025). The Farm at Trinity Health: 2024 Farm Share Impact Report. University of Michigan School of Social Work. https://www.trinityhealthmichigan.org/sites/default/files/2025-09/107332935_trinity_farm_share_external_report_final_09.12.2025.pdf
[3]GusNIP NTAE. Gus Schumacher Nutrition Incentive Program (GusNIP): Impact Findings Y5: September 1, 2023 to August 31, 2024; 2025.



"It's been such a blessing to have this farm share. With a one income household, this has helped feed our family."

– Participant Survey, 2025

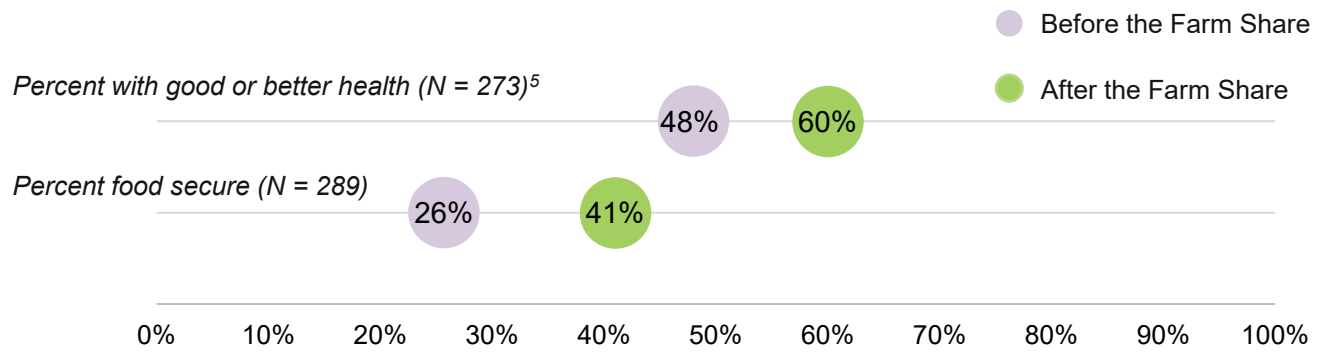
HEALTH STATUS

Comparing participants' health status before and after the Farm Share shows improvements. The portion of members with good, very good, or excellent health increased from 48% to 60% after program participation. A paired sample T-test showed a **small but definitive improvement in health status**, which was statistically significant at the 0.001 level.

FOOD SECURITY

Improvements in food security were also statistically significant at the 0.001 level, with close to a full point improvement on a six-point scale.[4] Among the FSA participants completing both pre- and post-surveys, only 26% were food secure at program enrollment. The portion of food secure participants increased by 60% after program participation, with 41% reporting food security at program completion.

FSA members saw a 25% improvement in the proportion with good or better health and a 60% improvement in the proportion that were food secure after participating in the Farm Share.



[4]The average improvement was 0.78 on a scale of 0 (high food security) to 6 (very low food security).
[5]The health status analysis excludes program participants referred through the oncology program.



"I absolutely love the Farm Share. It has actually improved my quality life in multiple ways. I feel like I'm eating better and can start to heal from chronic health conditions. Also, it has helped tremendously with the stress that comes with not being able to afford enough food."

– Participant Survey, 2025

"I am cooking more meals and eating less prepackaged meals. Definitely eating healthier!"

– Participant Survey, 2025

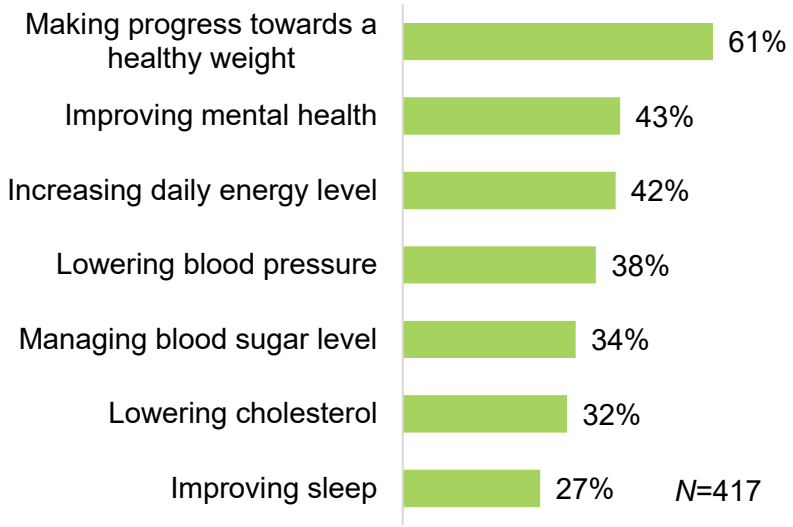
HEALTH DIMENSIONS

Nearly 90% of Farm Share participants reported that the Farm Share had a positive impact on at least one dimension of their physical health, with an average of three health dimensions impacted. Making progress towards a healthy weight was the dominant impact. In open-ended comments a few people mentioned impacts on other specific health aspects, including fighting cancer, joint mobility, inflammation, recovery from open heart surgery, and regular bowel movements. Others described general improvements to overall well-being. A few farm members noted the value of increased food access to their mental well-being and the value of feeling a connection to their source of food.

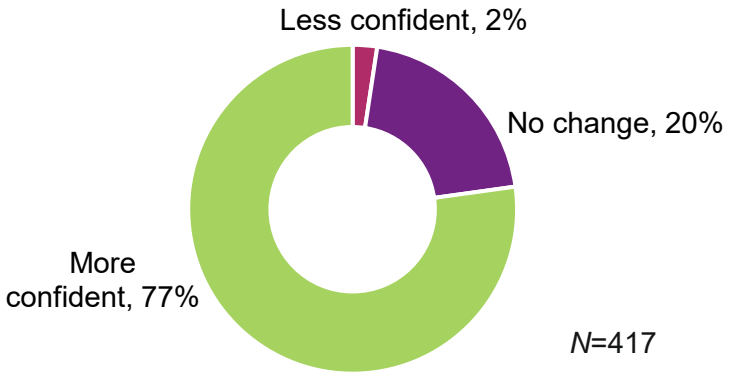
COOKING CONFIDENCE

When asked how participating in the Farm Share impacted confidence in cooking with fruits and vegetables, **more than three in four participants reported they felt more confident cooking with produce**, including 44% who said they were much more confident.

Over 60% of Farm Share participants reported making progress towards a healthy weight.



The majority of Farm Share participants were more confident cooking with fruits and vegetables after the program.





"It has made me a more adventurous eater. I'm not brave enough to pick up produce I'm not familiar with at a store, so this has made me cook and prepare unfamiliar (and delicious) new produce."

– Participant Survey, 2025

COOKING AT HOME

The 2025 post-survey included questions to assess the relationship between participating in the Farm Share and purchasing preprepared meals, such as from restaurants, fast food places, and cafeterias. At the end of the Farm Share season, approximately 60% of participants purchased one or fewer preprepared meals in a typical week. While about a third of these individuals indicated this was also true prior to the Farm Share season, survey findings show a clear impact on the rate of meals purchased away from home. **More than seven in ten participants reported purchasing fewer preprepared meals since participating in the Farm Share program**.

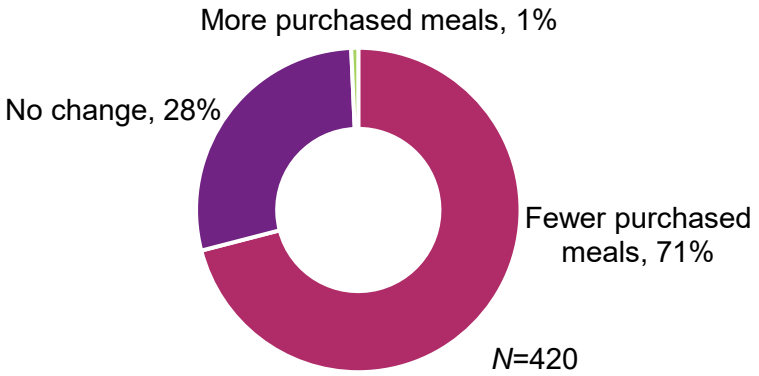
CONTRIBUTION TO DIET

Most Farm Share members reported the produce boxes made up a substantial portion of their diet. Overall, **83% of respondents said that at least 50% of the fruits and vegetables they ate each week came from the Farm Share**. As seen in 2024, more FSA than paid members relied on the Farm Share for at least half of the produce in their diet.

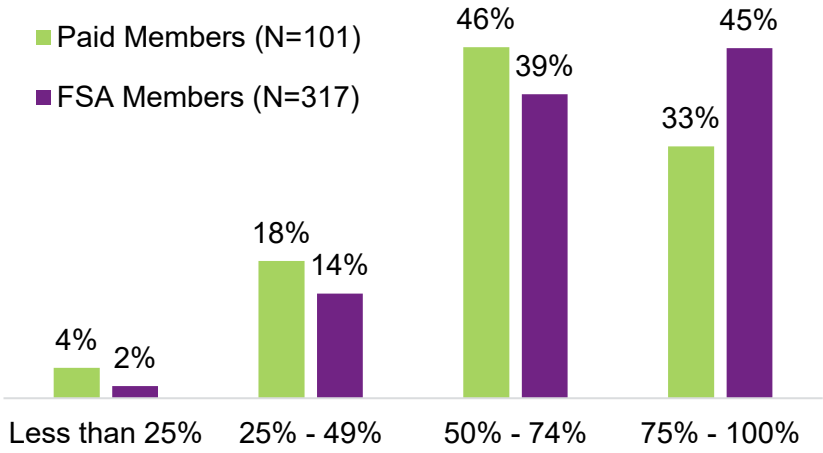
CONNECTION TO FOOD SOURCE

The Farm Share also impacted members' connection to their food source: **89%** of survey respondents indicated the Farm Share had a **moderate or high impact on knowing where their food comes from**.

Over 70% of Farm Share participants purchased fewer preprepared meals after the program.



84% of FSA members and 79% of paid members said at least half their weekly produce came from the Farm Share.



Percent of Weekly Produce Eaten from Farm Share

"I am thankful for the Farm Share. The best part has been the time spent with my son in the kitchen learning new ways to include vegetables in our meals."

– Participant Survey, 2025

"The Farm Share has greatly improved my mental health. All the staff have treated me well and find time for a few pleasant words for me. It makes me feel more connected to the world as I have an isolating job. You never know when a kind word will make all the difference to a person."

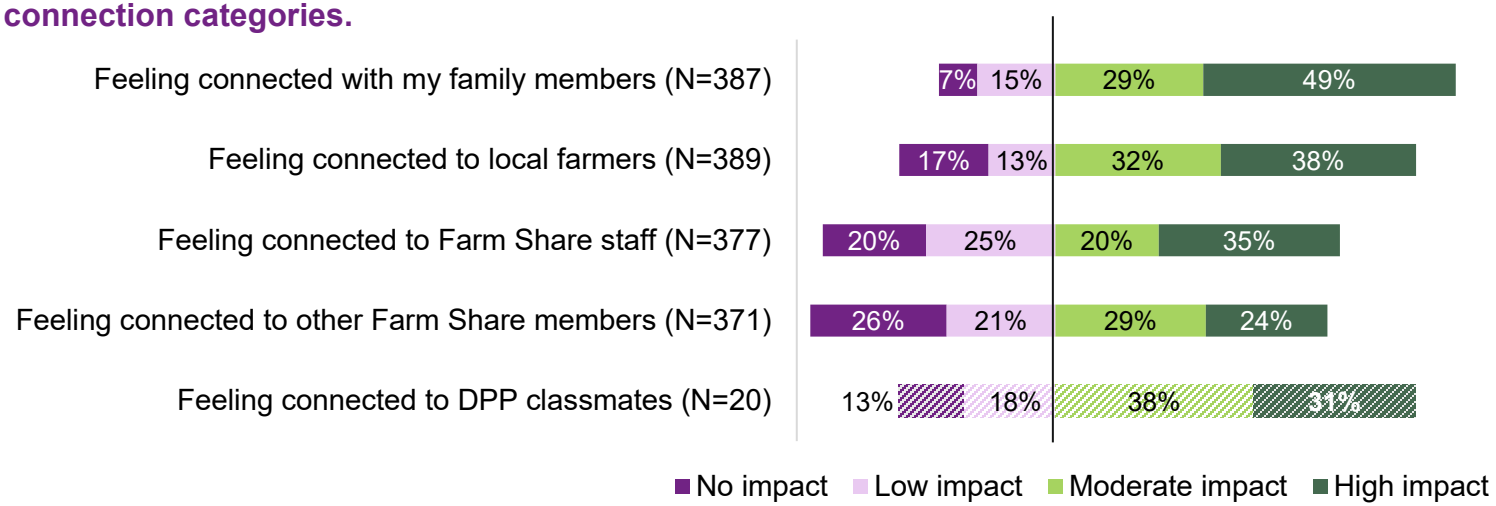
– Participant Survey, 2025

SOCIAL CONNECTIONS

Given the growing recognition of the relationship between social connections and health outcomes, the 2025 evaluation sought to capture, for the first time, whether program participation influenced social connections. Survey findings indicate the **Farm Share may have had a small impact on reducing social isolation**. Among the matched sample of pre-post respondents, 52% reported feeling lonely or isolated at least sometimes at program enrollment compared to 47% at the program conclusion. Assessing the level of difference for each member revealed that approximately one in four Farm Share participants (26%) experienced less frequent social isolation at the end of the program compared to the beginning. The largest group (58%), however, reported no change in social isolation.

Survey responses on the level of impact of the Farm Share on connection with different groups, along with open-ended comments, help reveal potential mechanisms for reductions in social isolation for those that experienced a change. **More than half of respondents reported at least a moderate impact for all five named social connection categories.** The largest proportion of participants (77%) reported a high or moderate impact of Farm Share participation on connections with family members. Comments show that for some members, the Farm Share was an opportunity for families to explore new foods and recipes together. Other members mentioned the benefits they experienced from the weekly interactions with staff.

More than half of Farm Share participants reported a high or moderate impact in all social connection categories.



Qualitative Themes in Farm Share Impact

In open-ended comments, survey respondents most frequently shared changes related to **healthier diets, more varied produce consumption, and learning to cook in new ways**.

In addition to eating and meal preparation impacts, 19 people mentioned a positive health impact and 8 people mentioned a positive impact on social relationships. Of 410 comments, only 11 people shared there was no impact.

Survey question:

How has participating in the Farm Share impacted your eating and food shopping habits?



Participants' Descriptions of Impacts from the Farm Share

Theme	Number of People	Representative Quote
Increased healthy eating	**162**	"Participating in the Farm Share program has helped me incorporate more whole-food ingredients into my diet. It has replaced many of my usual snacks and encouraged me to include fresh vegetables in my daily meals."
Ate a wider variety of produce	**140**	"It has given me the opportunity to widen my palate! I have learned about new foods because of the Farm Share."
Cooked food in new ways	**133**	"I am cooking more vegetarian options and making more soups, stews and bean dishes to help the share to go further. The fresh salads have inspired more salad-based meals also!"
Increased food budget	**84**	"With the Farm Share, I can buy better quality bread, oil, and meat."
Cooked more meals at home	**38**	"We are more likely to cook at home than to go out or order takeout, because we have vegetables ready to eat."
Improved food and nutrition security	**35**	"The Farm Share has been such a relief when we're between paychecks and still able to give the kids some fresh foods along with the typical end of the month staples."
Changed shopping patterns	**18**	"After the Farm Share ends in December, we are likely to still buy certain vegetables at the store that we wouldn't have bought before joining."
Accessed high-quality produce	**8**	"Definitely fresher food than the store!"

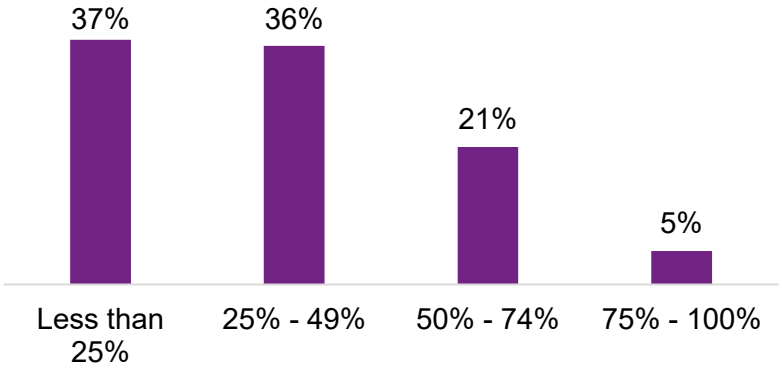
PANTRY USE

“The pantry is awesome when there's bread, milk, cheese – things that are expensive for me to buy.”

– Participant Survey, 2025

Most FSA members (75%) and a small portion of paid members (16%) **reported utilizing the food pantries**. Of the FSA members using the pantry, over a quarter (26%) said half or more of their household food needs came from the pantry each week. This proportion is lower than the 35% of FSA members reporting this level of reliance in 2024. For most of the paid members using the pantry (87%), the pantry supplied less than 25% of their household food needs.

26% of FSA members relied on the pantry for at least half their food.



Percentage of Weekly Household Food Needs Coming from the Pantry
N=214



PARTICIPATION BARRIERS

FSA members had more challenges picking up their share than paid members.

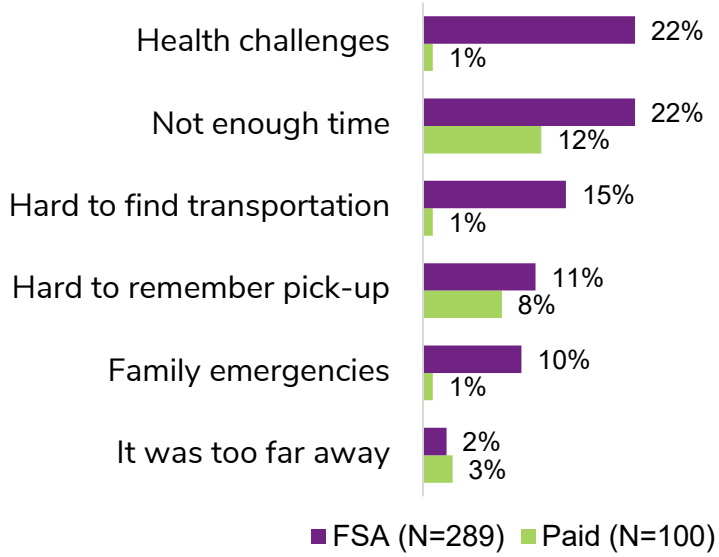
Overall, FSA and paid members had similar rates of challenges utilizing the share but the most common challenges were different.

Two types of challenges can limit members' ability to benefit from the Farm Share: challenges getting to the Farm for pick up and challenges utilizing the food. Regarding the first type, **FSA members were far more likely to report each listed pick-up challenge, except for proximity to the Farm.** Overall, 56% of FSA members reported at least one challenge picking up their share compared to 28% of paid members.

Regarding challenges utilizing the food, we found differences between FSA and paid members in which barriers were most frequent. While close to half of both groups shared that household food preferences were sometimes or often a limitation, FSA members were more likely to say they were not confident in how to change recipes or did not know how to cook Farm Share foods. Paid members, on the other hand, were more likely to report mobility challenges and time constraints.

FSA members reported more challenges picking up their share than paid members.

Percent Reporting Challenge



Top utilization challenges for FSA members:

- I or my family **don't always like the foods** from The Farm. (46%)
- I or my family are **not confident in how to change recipes** to use the food we have available. (45%)
- I or my family **don't know how to cook** the foods from The Farm. (45%)

Top utilization challenges for paid members:

- I or my family **don't always like the foods** from The Farm. (52%)
- I have **mobility challenges** or physical limitations that make it difficult for me to prepare healthy foods. (52%)
- I or my family **don't have enough time** to cook foods from The Farm. (50%)





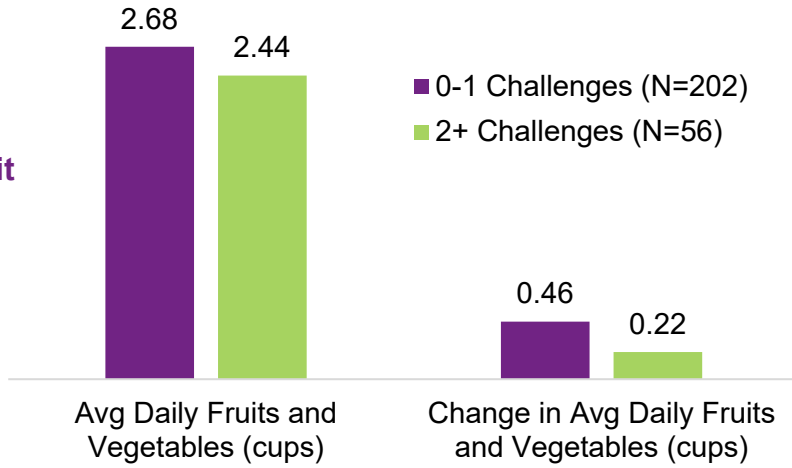
We found **relationships between the number of challenges participants reported with picking up the weekly share and fruit and vegetable consumption outcomes**. First, average daily fruit and vegetable consumption at the end of the program was lower for those with two or more pick-up challenges. Second, the increase in fruit and vegetable consumption during the program was smaller for those with two or more pick-up challenges.

Those with one or fewer pick-up challenges were able to increase their daily fruit and vegetable consumption by almost half a cup. In contrast, those with two or more pick-up challenges increased their daily fruit and vegetable consumption by about one fifth of a cup - over 50% less than those reporting fewer pick-up challenges.

FSA members with at least one pick-up challenge participated two fewer times on average than those without any challenges. However, we did not find a relationship between fruit and vegetable consumption and the number of weeks of program participation. Both the average fruit and vegetable consumption and the average change in fruit and vegetable consumption were similar for participants with 12 or fewer weeks of participation, 13-24 weeks of participation, and 25+ weeks of participation.

This could indicate that the challenges identified in the survey, including inconsistent transportation, limited time, health challenges, and difficulty remembering to pick up, do not moderate share pick-up directly but instead reflect other life circumstances that hinder the ability to make the lifestyle changes needed to maintain a healthy diet based on scratch cooking.

FSA participants with fewer pick-up challenges had greater increases in fruit and vegetable consumption.



DIABETES PREVENTION PROGRAM & FARM SHARE INTEGRATION

BACKGROUND

The 2025 Farm at Trinity Health program included a pilot test combining the well-established National Diabetes Prevention Program (DPP) with the Farm Share program. DPP utilizes trained Lifestyle Coaches and a CDC-approved curriculum to support participants in reducing their risk of type 2 diabetes through regular group sessions over one year. In 2025, 20 DPP participants in two cohorts were provided home delivery of the Farm Share produce box at no charge. Participants were able to select either weekly or bi-weekly deliveries.

The evaluation of this combined pilot program sought to answer three questions:

- In what ways does integrating Farm Share produce box home delivery impact the experience of DPP?
- What outcomes did participants receiving the home-delivered Farm Share produce box in conjunction with DPP attain and how do these outcomes compare to those of other Farm Share participants?
- Are there differences in pre-diabetes outcomes between DPP participants receiving the home-delivered Farm Share produce box and other DPP participants?



Photo courtesy of https://www.trinityhealthmichigan.org/services/diabetes-and-endocrine/diabetes/prevention.

Lifestyle change education combined with home-delivered produce led to lower A1C and greater fruit and vegetable intake for most DPP participants.

DPP PARTICIPANT CLINICAL OUTCOMES

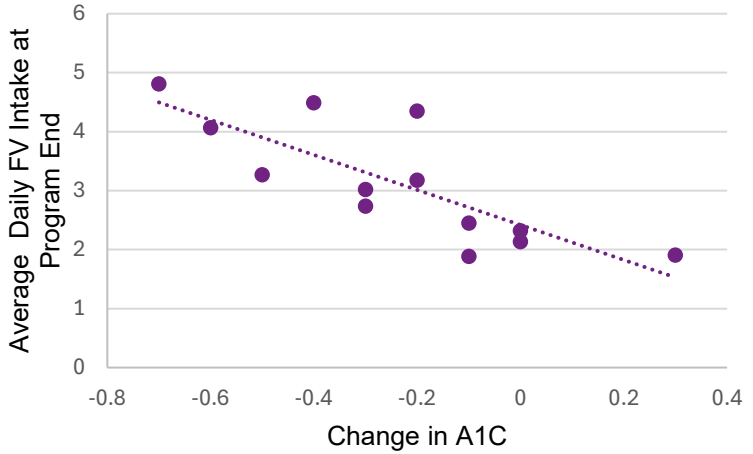
We found a strong relationship between the average daily consumption of fruit and vegetables at program end and the level of change in A1C. After excluding one outlier[7], ten people lowered their A1C, two people remained at the same level, and one person increased their A1C by 0.3. **Of the ten participants with A1C reductions, nine had higher average fruit and vegetable intake** than the three participants with consistent or increased A1C.

Collectively, the two DPP Farm Share cohorts lost an average of 4% of their body weight over the course of the program, equating to an average reduction in BMI of 1.4. Over the course of the 12-month program, participants reached the minimum guideline of 150 active minutes in 10 of 52 weeks on average, with a range of zero to 20 weeks.

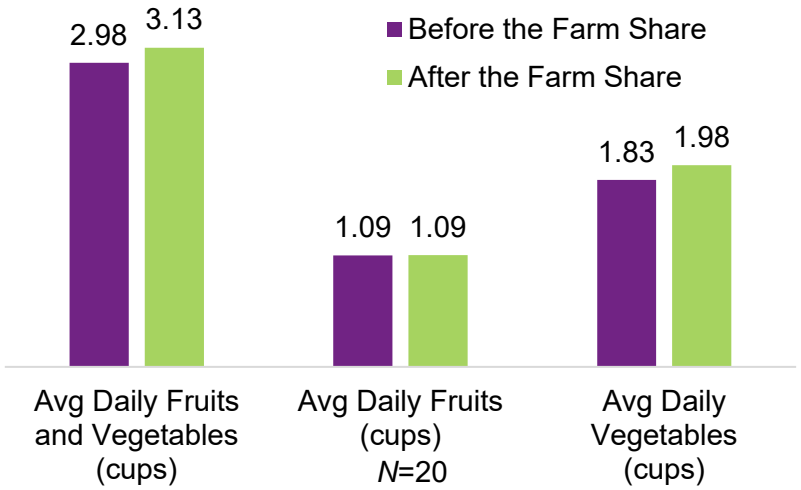
Survey responses on fruit and vegetable consumption showed that, overall, DPP participants made modest changes in average daily intake with an average increase of 0.15 cups. **The 13 DPP participants who reported an increase in average daily fruit and vegetable intake (65%) had an average increase of 0.61 cups.** None of the 20 participants reported reaching the recommended level of five or more daily cups of fruits and vegetables by the end of the program.

[7]The A1C of one person increased from 6.3 to 7.7 during the program, which was statistically an extreme outlier compared to the remainder of the cohort. According to the coach, this individual took several long vacations during the program and did not maintain food logs or dietary goals during this time.

Greater intake of fruits and vegetables at program end correlated with larger A1C reductions.



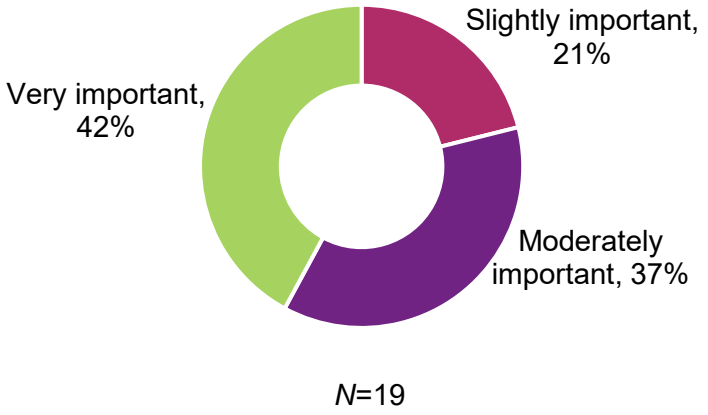
DPP participants reported modest average increases in vegetable consumption.



In open-ended comments, 15 of the 20 DPP participants mentioned eating a wider variety of fruits and vegetables and eight people mentioned they ate more fruits and vegetables generally. **All 19 responding DPP participants shared that the Farm Share was at least slightly important to meeting their healthy eating goals**, including eight people (42%) who felt it was very important and seven people (37%) who felt it was moderately important.

Following the end of the program, the majority of participants were at least moderately confident in their ability to prevent diabetes, including 26% who were very confident and 53% who were moderately confident.

Close to half of DPP participants found the Farm Share very important to meeting their healthy eating goals.



N=19

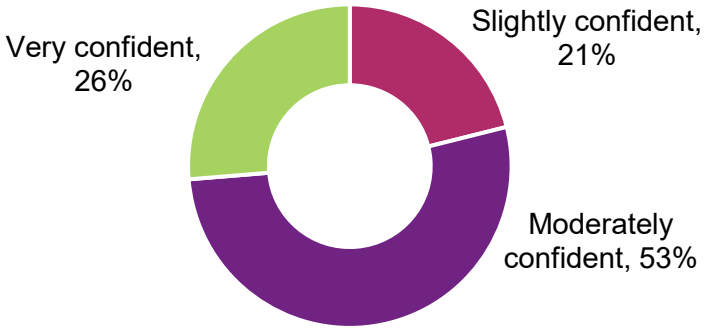
"I've changed how I do everything. I never used to eat vegetables, now I seek them out."

– DPP Farm Share Participant, 2025

"The Farm Share made me eat more vegetables than before because I didn't want to waste."

– DPP Farm Share Participant, 2025

Half of DPP participants were moderately confident in their ability to prevent diabetes.



N=19

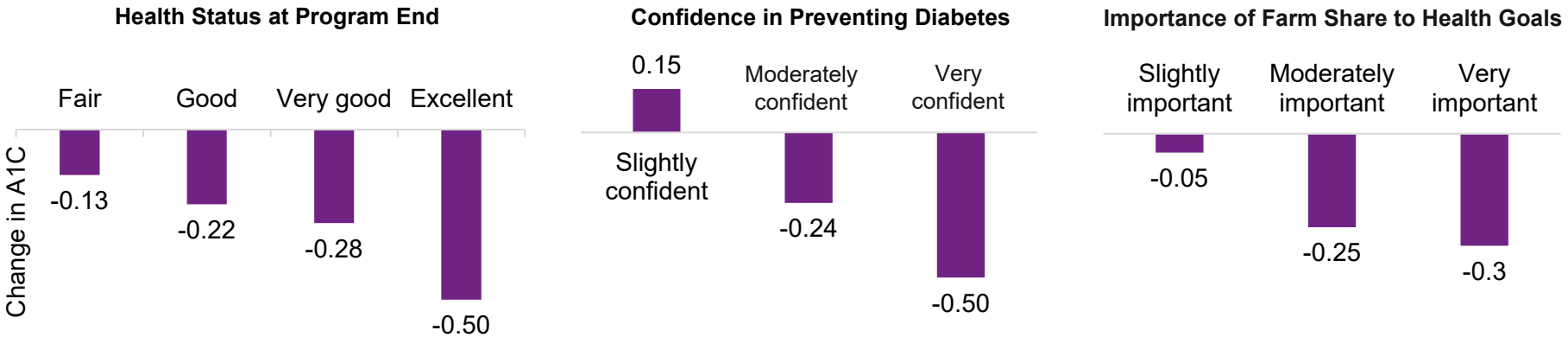
"The Farm Share has introduced me to foods that I normally did not eat. I will be trying them again."

– DPP Farm Share Participant, 2025

Although the sample size is very small, we also found indications of **relationships between the level and direction of change in A1C and three self-reported health and confidence measures**. Participants with better self-reported health at the program end had greater reductions in A1C than those with worse health. Participants who found the Farm Share was very important to meeting their healthy eating goals had greater reductions in A1C than those who found it less important. Participants who were very confident in their ability to prevent diabetes had greater reductions in A1C than those who were less confident.

Particularly as the classes scaled back from weekly to monthly, the Farm Share deliveries served as a tangible reminder of the importance of eating non-starchy vegetables. As one coach said, "Even in the weeks when we weren't meeting, the Farm Share was a good reminder. I think it helped with a sense of connection back to the [DPP] program."

The greatest reductions in A1C occurred for DPP participants 1) with excellent health, 2) who were very confident in their ability to prevent diabetes, and 3) who found the Farm Share very important to meeting their healthy eating goals.



N=13





COMPARING DPP COHORT OUTCOMES

As another way to assess the impact of the DPP Farm Share integration, the evaluation compared outcomes for DPP participants in the pilot program (intervention group) with outcomes for DPP participants in four other cohorts, held in 2023 and 2024 without the Farm Share component (control group). While the mean age and proportion of participants identifying as White were similar across study groups, the intervention group consisted of an older age range and larger proportion of male participants.

In both study groups, the average weight loss was approximately 4% of starting body weight, which is comparable to the level of weight loss documented in other DPP studies.[8] The intervention group had slightly larger changes in percent of body weight lost, BMI, and A1C than the control group. While the differences were small, the indication of a positive impact on clinical outcomes for participants receiving both a lifestyle education and food delivery, compared to those receiving only lifestyle education, warrants further investigation.

[8]An evaluation of the Medicare Diabetes Prevention Program found an average weight loss of 4.9% of starting body weight among 6,954 participants attending at least two sessions. Participants attended an average of 18 sessions. See: https://www.cms.gov/priorities/innovation/data-and-reports/2025/mdpp-finalevalrpt

The intervention group had proportionally more male participants and an older age range.

	Control Group (*N*=49)	Intervention Group (*N*=19)
Mean Age	69	69
Age Range	40 - 84	51 - 89
% White	95.9%	94.7%
% Female	73.5%	52.6%
% Male	26.5%	47.4%

The average percent of body weight lost was marginally greater for the intervention group than the control group.

	Control Group Mean (*N*=49)	Intervention Group Mean (*N*=19)
% Weight Lost	-3.85%	-4.01%
Change in BMI	-1.32	-1.43
Sessions Attended	21	21
Number of Weeks with 150+ Physical Activity Minutes	12.6	9.7

The change in A1C was marginally greater for the intervention group than the control group.

	Control Group Mean (*N*=36)	Intervention Group Mean (*N*=13)
A1C before program	5.94	5.97
A1C after program	5.76	5.73
Change in A1C	-0.19	-0.24

"I think the Farm Share helped people make the switch in meal planning. I think it just made the plate method easier for people to visualize and understand what that would look like because they had the raw ingredients right there."

– DPP Lifestyle Coach, 2025

INFLUENCE ON CLASS INSTRUCTION AND EXPERIENCE

Interviews with the two Lifestyle Coaches of the pilot program cohorts revealed that the addition of the Farm Share to the DPP class influenced class dynamics in multiple ways. The coaches found ways to incorporate Farm Share foods in their instruction. One coach started each class by asking for participants' feedback and experiences with the foods in the Farm Share. The other coach found recipes based on Farm Share foods and encouraged class participants to share their own recipes with the group.

Both DPP coaches believed the addition of the Farm Share to the DPP class prompted greater changes in dietary patterns and cooking habits than would not have been seen otherwise. The food deliveries eliminated the barrier of learning to shop for food differently and prompted people to eat foods they would not have bought on their own. The excitement of getting a box of vegetables each week inspired participants to cook more with others and talk with their family members about what to cook, leading to changes in how the whole family ate.

According to the coaches interviewed, **the Farm Share served as a motivation** to continue participating in the DPP classes as well as to maintain adherence to the program's goals. One coach attributed the fact that no one in her cohort dropped from the program in part to the additional incentive of weekly food deliveries.

Both coaches shared that the Farm Share **catalyzed more conversations around food than seen in other DPP cohorts, which in turn facilitated deeper social connections** among class participants. The common experience of the food deliveries became a frequent conversation topic, which "gave people a nice way to connect" and "helped build community." **The Farm Share shifted the nature of the conversation around diet from a focus on the difficulties of avoiding restricted foods to the opportunities of learning to cook with the fresh fruits and vegetables** in the share. In short, the Farm Share was, as one coach put it, "a really positive way to embrace habit change and lifestyle change."

PROGRAM OUTCOME COMPARISON

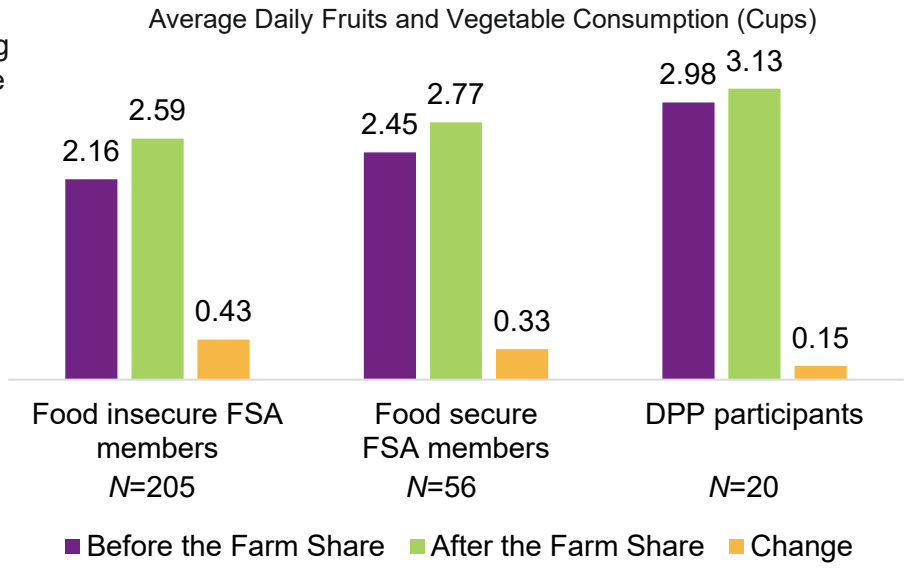


Comparing outcomes between participant groups and programs shows that **FSA members reporting food insecurity at the beginning of the program had the lowest average fruit and vegetable consumption before the program and saw the greatest increase in fruit and vegetable consumption during the program.** Food-insecure FSA members reported an average increase of 0.43 cups during the program, compared to an average increase of 0.33 cups for food-secure FSA members, and 0.15 cups for DPP participants, all of whom were food-secure.

Among the food-insecure FSA members reporting increases in fruit and vegetable consumption (78%), the average increase was 0.70 cups. Among the food-secure FSA members reporting increases (77%), the average increase was 0.51 cups. Among the DPP participants reporting increases (65%), the average increase was 0.61 cups.

Food-insecure FSA members reported the greatest increases in fruit and vegetable intake.

These comparisons reinforce extensive research showing fruit and vegetable consumption is often lower for households experiencing food insecurity and illustrate the expected outcome of greater fruit and vegetable consumption increases for food-insecure households. Comparing the two food-secure groups, FSA members and DPP participants, shows that among those with the motivation and capacity to make dietary changes, the average increase in daily cups of fruits and vegetables was greater for DPP participants than for food-secure FSA members. This could reflect the value of combining nutrition education with the direct provision of healthy foods.



SUMMARY OF METHODS

PARTICIPANT SURVEYS

PEG and The Farm Share team at Trinity Health developed a pre- and post-survey based on the 2024 survey instruments. The Farm Share team distributed the participant pre-survey for Farm Share Assistance members at the 2025 program orientation and as new individuals enrolled in the program. The pre-survey sample represented 469 respondents, an increase of 126 surveys from 2024. Based on 501 total FSA members, this represents a response rate of 94%.

The Trinity team distributed the post-survey to both paid and FSA members at Double Distribution and in the weeks following. The post-survey sample consisted of 427 respondents, an increase of 109 surveys from 2024. Based on a membership of 896 individuals, this sample represents a 48% response rate.

DPP participants received a modified version of the survey which removed questions about the Farm pick up experience and added questions about the delivery experience as well as perceptions of the Farm Share in relation to ability to prevent diabetes.

DPP COACH INTERVIEWS

We conducted two semi-structured interviews in February 2026, one with each of the coaches of the DPP Farm Share Integration program. The interviews were conducted over Zoom less than a month after the cohort concluded and lasted approximately a half hour. In our analysis of the interview transcripts we sought to capture the full breadth of interviewees' perspectives on, first, the ways in which integrating the Farm Share home delivery impacted the experience and delivery of the DPP classes and, second, difference in pre-diabetes outcomes between DPP participants receiving the Farm Share produce box and other DPP participants.