

(Note: The Daily Table is a store in the Boston area that uses produce from local grocery stores that would otherwise be thrown away to create low-cost, healthy, prepared meals for purchase.)

Executive Summary

The goal of our project was to evaluate whether or not the Daily Table is a feasible solution to obesity in Worcester by increasing accessibility of affordable and healthy food. Our objectives were to research the Daily Table in Dorchester to understand its model, analyze how this model fits the Worcester community and consider other solutions, and to evaluate possible food supply networks in Worcester that could support a Daily Table.

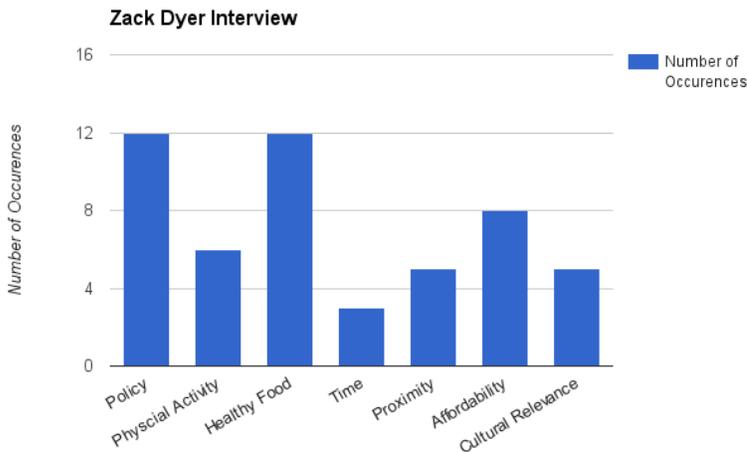
In Worcester, 31% of first graders are overweight, and about $\frac{2}{3}$ of adults are overweight. Worcester's obesity rate is currently at 26% and has been steadily climbing, which is 4% higher than the state average (CMRPHA, 2015). While obesity is a multifaceted problem with several main causes, our group decided to focus on access to healthy food because this one of the major problems facing Worcester residents. From Worcester's Community Health Assessment we learned that the greatest barriers between the working poor and healthy meals are time and affordability. Low income residents often cannot afford to purchase healthy foods, and do not have time to prepare meals because most of their time is taken up by working multiple jobs or taking care of children (Roger, 2016).

Obesity can cause many health problems in adults and children. People who are overweight or obese have increased risk of heart disease, diabetes, stroke, and many other chronic health issues (CDC 2015). Obese children often suffer from depression and learning issues as well as hypertension and high cholesterol (Obesity Society, 2014). All these health impacts have taken a toll on state and national healthcare. It is estimated that 10% of all medical costs in the country can be attributed to obesity (Finkelstein, 2009).

Our methodology consisted mostly of researching secondary sources and interviewing experts on obesity and food access in Worcester. We reviewed the Daily Table's model by researching its website and interviewing Martha Assefa, Manager of the Food Policy Council, who has worked with the Daily Table and is familiar with how they operate. Additionally, we researched journals discussing the eating habits of immigrants (which comprise 21% of Worcester's population) and talked with Zach Dyer, Deputy Director of Worcester's Department of Public Health, to assess how well the Daily Table would fit Worcester (Barnes, 2015). After coding our interview with Mr. Dyer, we found that affordable



healthy food was one of his main concerns and was equally important as policy changes. To get an idea of the potential food supply network, we gathered information on the number of farms, restaurants, and grocery stores in Worcester County. Then we worked again with Martha Assefa to create a survey to evaluate this network.



From our methodology research, our group decided that the affordable healthy meals provided by the Daily Table would reduce the problem of obesity in Worcester. The final part of our project is handing over the survey we created to Worcester’s Food Policy Council so they can distribute the survey and, with the help from the Daily Table, decide if Worcester has enough businesses willing to donate their extra food for the model to be viable. For our survey

to be considered a success, it needs to get a response rate of at least 60% (Fincham, 2008). With this response rate, our data would reflect a large enough pool of grocery stores, restaurants, and farms for the Food Policy Council to decide if they should move forward with their effort to bring the Daily Table to Worcester.