Building an Inclusive Regional Food Economy: Lessons from Central Minnesota’s Choose Health Program

November 13, 2014
2:00 - 3:15 ET / 1:00 - 2:15 CT
The National Association of Development Organizations (NADO) is a membership organization for the network of over 520 regional development organizations (RDOs) throughout the U.S.

RDOs are also known as “Councils of Governments,” “Regional Planning Commissions,” “Economic Development Districts,” and other local names.

Promote efforts that strengthen local governments, communities, and economies through regional strategies focusing on economic and workforce development, infrastructure, housing, transportation, regional planning, disaster resilience, and other areas.
Founded in 1988, the NADO Research Foundation is the non-profit research affiliate of NADO.

Shares **best practices** in latest developments and trends in small metropolitan areas and rural America through training, peer exchanges, publications, and other resources.

**Focus Areas:**
- Rural Transportation
- Regional Resilience
- Sustainable Communities
- Capacity Building
- Organizational Support
NADO Research Foundation serves as one of the capacity building teams in the Sustainable Communities Learning Network providing support and technical assistance to HUD Sustainable Communities grantees and EPA technical assistance recipients.

Initiative of the Partnership for Sustainable Communities (HUD/DOT/EPA)

Capacity building support to strengthen grantee communities to create more housing choices, make transportation more efficient and reliable, make more effective infrastructure investments, and build vibrant, economically prosperous neighborhoods, towns, and regions.

Sharing lessons learned and resources to a wider audience.
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Webinar Logistics

Please type any questions you have for the speakers in the question box on the side panel throughout the presentation.

The webinar is being recorded and will be posted within a day along with the PowerPoint slides on the NADO website at www.nado.org.

The APA has approved 1.25 AICP CM credits.

Please contact Brett Schwartz at bschwartz@nado.org if you have any questions after the presentation.
Today’s Presenters:

- Dr. Stacey Stockdill, CEO, EnSearch
- Arlene Jones, Founder, SPROUT MN Food Hub
- Kelly Coughlin, Registered Dietitian and Certified Diabetes Educator, Lakewood Health System
- Ellie Lucas, Chief Campaign Officer, Hunger-Free Minnesota
Building a Resilient Region

Dr. Stacey Stockdill, Consultant/Partner
Region Five Development Commission
Building a Resilient Region

Mission

Regions Guiding Principals

Vision & Values

A Community-driven, University-assisted, Partnership pursuing $E^2$ (Economic Vitality and Environmental Stewardship) that improves regional quality of life.
Core Team & HUD Partner
Resilient Region Plan - WORKFLOW
January 2011 through December 2013

2 year Planning Period

Education Period *

Awarded HUD/DOT/EPA Sustainable Communities Regional Planning grant January 2011.

$825,050.00 CAT 1-2010 grantee

Regional planning 165,000 population 5 counties, 65 cities, 155 townships, 2 tribes, 1 Army

Kick off gathering
Feb 26, 2011.
300 attended

5 Workgroups meetings
March, April, May August & September 2011.
w/120+ integrated members at each meeting.
(4 workgroups; H,T,LU, ED)

Collage of Sustainability Symposium
October 13, 2011.
*Education Period Begins w/symposium. 100+ in attendance

Round 1 Consortium
December 13, 2011
Scenario's shared and chosen 200+ attended

Round 2 Consortium
May 8, 2012
*Scenario * Policies * Strategies * Finance Plan * Matrix (Measures of success)
Shared with Consortium, 200+ attended

Round 3 Consortium
June 12, 2012
Implementation Planning Consortium members commit to taking leadership on strategies. 150 attended

Celebration
August 14, 2012
Present Final Plan
Review Resilient Region Plan. Introduce CHAMPIONS 250 attended

Workgroup Leaders
Work on detail regarding:
- Strategies
- Policies
- Finance Plan
- Matrix of Measures
That supports the selected scenarios & strategies

IMPLEMENTATION PERIOD
33 CHAMPIONS meet
10/23/2012, 1/15/2-13, 7/16/2013,
4/16/2013 - October 2013

3 champions per each of the 11 themes met to report on implementation of the Resilient Region Plan.
Over $5 million for multiple projects and $6 million affordable housing project by Oct 2013.
More than 600 engaged

No single organization or person….however innovative or influential could accomplish our goals alone.
11 Themes Emerged

1. Affordable Housing
2. Housing
3. Changing Populations
4. Connectivity
5. Education & Workforce
6. Energy
7. Health Care
8. Natural Resources & Development Patterns
9. Tighter Resources
10. Transportation
11. Economic Engines
Enter the champions ...

Nearly 50 cross-sector champions – $21 M Leveraged

See 11 Champion videos at www.resilientregion.org
Tim Houle: http://youtu.be/9DELC5Uc2cU transportation video
The goal of Hunger-Free Minnesota is to increase the number of meals available to food-insecure Minnesotans.

Choose Health is one of the Hunger and Health projects funded by Hunger-Free Minnesota. It was designed and is implemented by a unique public/private partnership: Region Five Development Commission (R5DC), Lakewood Health System, SPROUT, Todd County, University of Minnesota Extension, Prairie Bay and EnSearch, Inc.
Resilient Region Plan:

For More Information:

http://www.resilientregion.org/

http://www.resilientregion.org/plan/
SPROUT MN, Building a Resilient Region through the value chain of local foods

Central Minnesota’s Regional Rural Food Hub
SPROUT MN is a truly a collaborative grassroots effort to build a rural, regional food hub to manage the aggregation, distribution, and marketing of source-identified food products from local and regional small family farms to strengthen their ability to satisfy wholesale, retail, and institutional demand.

As a theme in the Resilient Region initiative, local foods is seen as an economic engine to:
• Build and maintain small, rural family farms – keep agricultural land in agricultural production
• Keeping our food dollars local
• Continuing to protect our environment by engaging in sustainable farming practices
• Really focusing on employing communities to “know your farmer” and to tell the story
• Engage and encourage healthy outcomes for our rural citizens
• Engaging the entire region as community partners in helping to do the work
Choose Health

Through a unique relationship between the champions of the Resilient Region project, Choose Health became a reality through:

• Sharing ideas
• Bridging the gaps between production and consumption
• Building on the momentum of the resilient region project
• Utilizing the framework of Wealthworks, to fully appreciate the economic impact of the local foods value-chain
• Phasing our growth
• Capturing our own story
• Replication
• Duplication of value chain to other economic development projects within the region and adding value
Choose Health is a success because...

Unique Community Collaboration and Partnerships, knowing your farmer, telling the story, healthy outcomes, greater access to healthy food, and strengthening the economic value chain.
Choose Health = Community
Economic Development = Healthy, Resilient Communities

Arlene showing off the early season CSA in June

U of M Extension Educator demonstrating an apple romaine salad
Lakewood Health System is an independent, integrated rural healthcare system. Founded in 1936 and located in Staples, Minnesota, we are a recognized leader in providing innovative, patient-based care including women’s specialty services, senior services, surgical and outreach care. We are comprised of a 25-bed Critical Access Hospital, primary care clinics in Staples, Browerville, Eagle Bend, Motley and Pillager, and a dermatology clinic in Sartell.
“True healthcare reform starts in your kitchen, not in Washington.”

– Anonymous
• According to the 2009 Economic Forum:
  ▪ Chronic disease is the most severe threat to global economic development.
Social Determinants of Health

Social Determinants of Health

20% health care
access quality

30% health behaviors
- tobacco use
- diet & exercise
- alcohol use

10% physical environment
- environmental quality
- built environment

40% socioeconomic factors
- education
- employment
- income
- family social support
- community safety

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Triple Aim

Commons Health

healthcare

population health

experience of care

per capita cost

-Commons Health
Food security is defined as, “When all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life”.
• Food security is built on three pillars:
  ▪ Food availability – sufficient quantities of food available on a consistent basis.
  ▪ Food access – sufficient resources to obtain appropriate foods for a nutritious diet.
  ▪ Food use – appropriate use based on knowledge of basic nutrition as well as preparation skills.
What Does the Hunger Vital Sign Tell Us?

When compared to children under the age of four who screened as food secure using the Hunger Vital Sign, young children screening as at risk of food insecurity using the Hunger Vital Sign were:

- 56 percent more likely to be in fair or poor health
- 17 percent more likely to have been hospitalized
- 60 percent more likely to be at risk for developmental delays

Compared to mothers screened as food-secure, mothers screening as at risk of food insecurity were:

- Almost twice as likely to be in fair or poor health
- Almost three times as likely to report depressive symptoms

Figure 1:
Families at risk of food insecurity had worse child health outcomes and worse maternal mental and physical health.

<table>
<thead>
<tr>
<th>Hospitalized Since Birth</th>
<th>Fair/Poor Child Health</th>
<th>Child at Risk of Developmental Delays</th>
<th>Fair/Poor Maternal Health</th>
<th>Maternal Depressive Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1x</td>
<td>2x</td>
<td>3x</td>
<td>4x</td>
</tr>
</tbody>
</table>

Increased Odds of Poor Child Health Outcomes

Source: Children’s HealthWatch Data, 1998-2005. All increases statistically significant at p<0.05.

*These two statements are the first two items in the US Food Security Scale.²
✓ Within the past 12 months we worried about whether our food would run out before we got money to buy more.

✓ Within the past 12 months the food we bought just didn’t seem to last and we didn’t have enough money to get more.
✓ Pre and post surveys for participants

✓ Health screening – blood pressure, height, weight and diabetes risk

✓ Monthly surveys to review successes and barriers of the program

✓ Weekly reminders for CSA pick-up
• Bi-weekly pick up of CSA share at on-site farmers market with food demos and sampling.

• Opportunity to participate in cooking classes, grocery tours, and diabetes prevention classes taught by University of Minnesota SNAP-Ed Educators.

• A bag of food pantry items at the first pick-up.

• Kitchen tools as identified by survey.

• Market bucks- $5 vouchers to be used at the on-site Farmers Market.
• Next steps:
  ▪ 25 families will receive a winter CSA once per month through March
  ▪ Others?
Minnesota Food Charter - a roadmap to healthy, safe and affordable foods for all Minnesotans – mnfoodcharter.com

WHY WE’RE CONCERNED
The cost of obesity and related chronic diseases is worrisome.

HUNGER
35M VISITS TO FOOD SHELVES
More than twice the number of Minnesotans visited food shelves in 2013 than 13 years ago.

20% OF FAMILIES WITH CHILDREN in Minnesota face hunger or food insecurity.

ECONOMIC IMPACT
$2.8B OBESITY-RELATED HEALTHCARE COSTS PER YEAR

$17B LOST PRODUCTIVITY
Lost productivity and absenteeism due to unhealthy workers/year.

HEALTH
60% OF DEATHS IN MINNESOTA ARE DIET-RELATED
The majority of deaths are from diet-related illness, like stroke, cancer, diabetes, and heart disease.

2:3 MINNESOTANS ARE OVERWEIGHT OR OBESE
Many low-income Minnesotans are obese with other diet-related problems, including 1 out of 3 young children.

HEALTHY FOOD ACCESS
MINNESOTA HAS FEWER SUPERMARKETS per capita than most states, ranking in the bottom third of states nationwide.

NEARLY 900K MN RESIDENTS including over 200,000 children, live in lower-income communities with insufficient grocery store access.

-MN Food Charter
“We all do better when we all do better.”

-Paul Wellstone
NADO Webinar
November 13, 2014
Our Collective Goal: 60 Million Meals
Collaborative to close the missing meal gap in Minnesota
Hunger-Free Minnesota
A coalition fighting hunger where we live

STATEWIDE

DATA for Strategic Decisions

Non-for-Profit
• MN Food Banks
• TCHI
• GTCUW & UW Associates
• MPR
• Hunger Solutions Minnesota
• Children’s Defense Fund
• Share Our Strength
• Midwest Dairy Council

Foundations/Corporations
• General Mills
• Cargill
• UnitedHealth Group
• Boston Consulting Group
• Hormel Foods
• Blue Cross Blue Shield
• Land O’Lakes

Government
• MD Human Services
• MD Health
• MD Education
• MD Agriculture
TARGETS:

- School Breakfast
- After-School Meals
- Women, Infants, & Children Program

SNAP
- Demand Generation

OUR INITIATIVES:

ACTION PLAN

- CHILD HUNGER

EMERGENCY FOOD SYSTEM
- Agricultural Surplus
- Retail
- Food Rescue
- Prepared
- Food Rescue
- System Capacity
## Hunger-Free Minnesota

### Our Collective Impact Model

<table>
<thead>
<tr>
<th>Invest in Transformational Innovations</th>
<th>Drive a Common Agenda</th>
<th>Catalyze Collective Action</th>
<th>Create Shared Performance Measurement</th>
<th>Build Issue Awareness and Education</th>
<th>Support Backbone Community Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change the trajectory of hunger-relief in Minnesota by supporting new strategies</td>
<td>Build shared understanding of the problem and a collective approach to solve it with all partner organizations</td>
<td>Convene cross-sector stakeholders to support local community ingenuity</td>
<td>Encourage and support activities to measure using the meal metric as one key indicator</td>
<td>Leverage data to engage local communities and inform strategic decision-making</td>
<td>Identify local ownership, fund and work in partnership to create best in class programs</td>
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Change the trajectory of hunger-relief in Minnesota by supporting new strategies.

Build shared understanding of the problem and a collective approach to solve it with all partner organizations.

Convene cross-sector stakeholders to support local community ingenuity.

Encourage and support activities to measure using the meal metric as one key indicator.

Leverage data to engage local communities and inform strategic decision-making.

Identify local ownership, fund and work in partnership to create best in class programs.
Community Close-Up
Data Maps Missing Meals at the Neighborhood Level

- Partnered with Boston Consulting Group to map missing meals for every census tract in Minnesota
  - Supply: Calculated supply of emergency food and government programs
  - Demand: Calculated the number of meals needed annually by food insecure people
  - Net: Calculated net missing meals gap for each neighborhood

Supply:
- Food shelves
- Meal programs
- SNAP
- NSLP/SBP
- WIC
- CACFP
- SFSP

Demand:
- Meals needed annually by food insecure people

Net missing meals gap
5 County Map

<table>
<thead>
<tr>
<th>County</th>
<th>Missing Meals</th>
<th>% Food Insecure</th>
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<tbody>
<tr>
<td>Cass</td>
<td>617,590</td>
<td>12.4%</td>
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<tr>
<td>Crow Wing</td>
<td>1,323,430</td>
<td>12.1%</td>
</tr>
<tr>
<td>Morrison</td>
<td>645,272</td>
<td>11.1%</td>
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<tr>
<td>Todd</td>
<td>455,957</td>
<td>10.5%</td>
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<tr>
<td>Wadena</td>
<td>278,870</td>
<td>11.5%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>3,321,119</strong></td>
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In a cost-benefit study conducted in 2010 by the Food Industry Center at the University of Minnesota’s College of Applied Economics, it was reported that the effects of hunger annually cost the Minnesota economy $1.26 billion in health care and education costs that were avoidable through adequate nutrition. A national study in October 2011 by the Center for American Progress and Brandeis University put the cost at $1.9 billion.
BCG hypothesis:
Healthcare Systems are an advantaged but under-utilized channel for hunger relief in Minnesota

Healthcare systems are an advantaged channel to address hunger due to:

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<tbody>
<tr>
<td>A</td>
<td><strong>Improved coverage</strong></td>
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<tr>
<td></td>
<td>- Recognizable, trusted presence across communities</td>
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<tr>
<td></td>
<td>- Consistent transportation services and service hours</td>
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<tr>
<td></td>
<td>- Existing volunteer base and infrastructure</td>
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<tr>
<td>B</td>
<td><strong>Greater effectiveness</strong></td>
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<tr>
<td></td>
<td>- Higher awareness/visibility of programs</td>
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<tr>
<td></td>
<td>- Advantaged accessibility over existing agencies</td>
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<td></td>
<td>- Lower stigma associated with visiting</td>
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<tr>
<td>C</td>
<td><strong>Higher efficiency</strong></td>
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<tr>
<td></td>
<td>- Greater efficiency in operations from scale and lower overhead</td>
</tr>
<tr>
<td></td>
<td>- Ability to leverage existing infrastructure</td>
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<tr>
<td>D</td>
<td><strong>Better outcomes</strong></td>
</tr>
<tr>
<td></td>
<td>- High intersection of specific health conditions (e.g. diabetes, CVD, low birth weight, etc.)</td>
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<tr>
<td></td>
<td>- Nutrition counseling and dietary compliance for these conditions can improve outcomes markedly</td>
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</table>
Hunger & Healthcare Intersection

- Analysis of integration between healthcare & hunger-relief
- Collaboration could result in 30-45 million meals per year
- Healthcare delivery system covers state geographically
- Direction connection to addressing poor diet and nutrition
- Institutional capacity & capability can address target population
- Channel can provide services: screening, counseling, referrals
- Channel can provide meals, food or federal program enrollment
Portfolio of Healthcare-related projects

*Examples include:*

- **Hennepin County Medical Center**
  - Expansion of Therapeutic Food Pharmacy Program
- **NorthPoint Health and Wellness Center**
  - Launch mobile pantry for low-income seniors with dietician
  - Conduct screenings and health assessments
- **Second Harvest North Central Food Bank**
  - Cass Lake Food and Tribal Health Services Collaboration
- **Open Door Health**
  - Bridge to Benefits screening for SNAP benefits
Choose Health - *Home Run!*

- Novel Approach
- Cross-Sector Partners
- Committed Leadership
- Greater Minnesota Pilot
- Replication Potential
Thanks for joining us! Any questions?

Please type any questions you have for the presenters in the question box on the side panel.

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