

## Healthy Food for All Children Community Plan

*Vision: All Dane County children and families can access affordable, healthy and culturally appropriate food to achieve better health outcomes and a higher quality of life.*

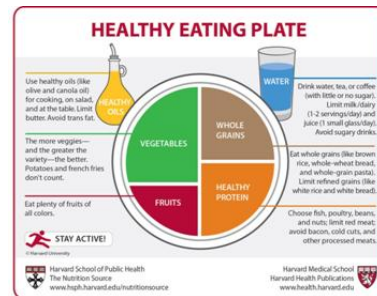
*Goal: To increase access to and consumption of healthy food for all children in Dane County, especially children in low income households, in order to decrease the number of food insecure children by 50 percent (from 18,720 to 9,360) by 2023.*

### I Introduction

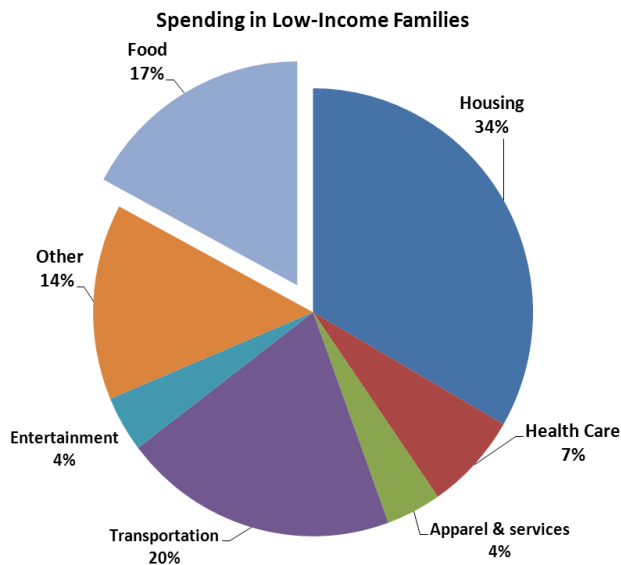
In September of 2012, the United Way of Dane County Board of Directors created the Healthy Food for All Children Delegation to examine the systems in Dane County through which low-income children and families receive healthy food. The Delegation was charged with creating a 10 year plan to increase access to fresh and healthy food for all children in Dane County. The project has been a joint effort between United Way of Dane County, the Community Action Coalition for South Central Wisconsin Inc. (CACSW) and the Irwin A. and Robert D. Goodman Foundation (Goodman Foundation).

A system which provides access to healthy food encompasses the entire process from production of food to the family table. The Delegation acknowledges that this is an extremely complex and involved system and a number of other significant efforts are also ongoing in the community to understand this system as well as to address particular aspects of the healthy food gap. In particular, the Mayor’s Food Policy Council, the Dane County Food Policy Council and the Dane County Food Coalition have shared expertise and a common vision for improving our local system.

**Our focus in this plan is to address the specific needs of low income children and families. It is clear from local data as well as research, that accessing healthy food is a significant issue for most low income families.**



The delegation utilized as its definition of healthy food Harvard University’s Healthy Eating Plate which shows that a plant-based diet rich in vegetables, whole grains, healthy fats, and healthy proteins lowers the risk of weight gain and chronic disease.



Even in resource rich Dane County, families struggle to provide a balanced diet to their children on a regular basis. Research from the Robert Wood Johnson Foundation reveals that low income families spend \$7 of \$10 in their family budgets on basic needs. Close to a fifth of that budget is spent on food for the family. For a family of four living at the Federal Poverty Level, that allows \$82 per week or about \$20 per person. Over the last several decades, the changes in

the systems which produce and deliver food have had important implications for low income families' access to healthy food. As a result, barriers to eating a healthy diet persist at the family, neighborhood and institutional level.

### Why It Matters

- An adequate supply of healthy food is absolutely critical for children's healthy development and academic success.
- Proper nutrition literally affects the growth of the brain. For the first eight years after birth, children's bodies and brains develop at a rapid pace.
- Children need the nutrients in healthy foods to help their bodies grow strong and healthy. Dairy and fresh vegetables and fruits are particularly important. Fruits, vegetables, fish and whole grains are full of nutrients that ensure a child's brain functions properly and maintains overall mental health.
- The effects of hunger and food insecurity on children are significant. Research has shown that children who went hungry at least once in their lives were 2½ times more likely to have poor overall health 10 to 15 years later, compared with those who never had to go without food. <sup>1</sup>

Food insecurity means that households have limited or uncertain availability of nutritionally adequate and safe foods, and have limited or uncertain ability to acquire acceptable foods.

<sup>1</sup> Sharon Kirkpatrick, National Cancer Institute (NCI) and the University of Calgary

People who are food insecure have either low food security or, if their situation is especially dire, very low food security.<sup>2</sup>

## II National Research

Maintaining a healthy diet is critical to avoid a significant number of serious conditions. Children who do not have access to healthy food may resort to diets that are filling but are not nutrient rich. A steady diet of these types of food can lead to obesity in children and teens which raises the specter of other health problems including: heart disease, Type 2 diabetes, asthma, sleep apnea. These problems can lead to adult health problems as well. Obese children and teens have been found to have risk factors for cardiovascular disease (CVD), including high cholesterol levels, high blood pressure, and abnormal glucose tolerance.<sup>3</sup> Children from low income families and children of color are many times more likely to suffer from these health conditions.

Children from low-income families in general are twice as likely to be overweight as those from higher-income ones. According to the CDC, nationally, childhood obesity is more common among children of color as well. "Obesity rates are highest among non-Hispanic black girls and Hispanic boys. Obesity is particularly common among American Indian/Native Alaskan children. A study of four year-olds found that obesity was more than two times more common among American Indian/Native Alaskan children (31 percent) than among white (16 percent) or Asian (13 percent) children."<sup>4</sup>

Significant research exists that exposes the growing gap in access to healthy food for low income children and their families in rural areas as well. Rural households generally have greater access to cars, but those that often don't - low wage or farm workers, for example - have no public transportation to stores beyond their immediate communities. With limited transportation, low-income residents often must rely on smaller convenience stores closer to their homes



A comprehensive study of hungry children, families and adults was issued in February 2010 by Feeding America and Mathematica Policy Research. The report, *Hunger in America*, includes survey results from food programs throughout southern Wisconsin, including Second Harvest Food Bank, 239 food pantries and meal programs, and 455 food program participants.

<sup>2</sup> Thanks to King County United Way for this great explanation

<sup>3</sup> CDC & Let's Move, <http://www.letsmove.gov>

<sup>4</sup> Ibid

Key findings related to children:

- 73 percent of the households with children who use food pantries are food insecure – meaning they are unable to meet their daily food needs due to lack of financial resources. Families skip meals or cut back on the quality or quantity of food they purchase. This recurring lack of access to food can lead to malnutrition.
- Children are a significant and growing portion of the food recipients: 43 percent of food pantry and meal program beneficiaries are children and the percentage of children rose seven percentage points from 2006 to 2009. In any given week, about 9,750 children in southern Wisconsin are receiving food through a food pantry or meal program.
- Underemployment and low wages are a significant reason for the high number of families and individuals seeking assistance from food pantries; the study found that 54 percent of the households served had at least one adult in the workforce.

Gaining access to healthy food is particularly hard. A study by public health researchers at the University of Washington compared the prices of 370 foods sold at supermarkets. The study found that a 2,000-calorie diet of convenience food costs \$3.52 a day, compared with \$36.32 a day for a diet high in fruits and vegetables and other low-energy dense foods. The average American spends about \$7 a day per person on food, while poorer families spend \$4 or less, about half as much.

Better access to healthy food corresponds to healthier eating and lower rates of obesity and diabetes.

### III Innovative Solutions

**Increasing Access for Families - Incentivize the use of FoodShare for farmer's markets and fresh foods.** A number of cities around the country increase the use of FoodShare (SNAP) at farmers markets, by matching benefits to increase buying power. Minneapolis for example matches up to \$5 dollar for dollar (Market Bucks), contributing to an overall increase in market sales and produce purchases for FoodShare recipients. Sales were highest the second week of the month, coinciding with SNAP distribution. Electronic Benefits Transfer (EBT) wireless point of sale devices at markets in Washington State indicated a 320 percent increase in sales to EBT SNAP recipients. Other cities using this approach include: Boulder, New Orleans, Minneapolis, Toledo, San Diego, Boston, New York.

#### **Increasing Neighborhood Capacity – Increasing retail options for area residents**

**Co-op Model:** Vermont's City Market/Onion River Cooperative received support from the city of Burlington for its expansion. The city of Burlington, VT, issued a request for proposals for development of a downtown grocery store. The city decided that it would own and provide a long-term lease to the retailer.

**Increasing fresh food at corner markets:** DC Central Kitchen's Healthy Corners Program in Washington D.C. is partnership with 30 DC corner stores to deliver fresh fruits and vegetables to low income areas without adequate access to fully stocked supermarkets. The program allowed corner store owners to purchase produce at a reduced cost for the first few months then increased to wholesale rates. In addition to

offering these partner businesses new products for sale, DC Central Kitchen provided retailers with nutrition education, cooking demonstrations, marketing support, and technical assistance.

**Pennsylvania Fresh Food Financing Initiative (FFFI)**, is a statewide public-private effort that has helped develop 78 supermarkets and other fresh food outlets in underserved urban and rural areas.

### **Changing School Lunch - Student leadership wins the day**

At Sacred Hearts in Sun Prairie, a student led boycott of the hot lunch program lead to full scale changes in the menu including offering more healthy and fresh food.<sup>5</sup>

**Gold Medal Winning Lunches - Bakersfield School District, Bakersfield CA** - Changes in school lunch combined with intentional nutrition education and physical education has won the school district a gold medal from the Healthier US School Challenge (HUSSC). Sponsored by the USDA Food and Nutrition Service (FNS), the initiative encourages all schools take a leadership role in helping students to make healthier eating and physical activity choices that will last a lifetime.

**Changing culture in Childcare - New Horizon Academy**, a childcare company based in Minnesota, committed to provide a healthy environment in its 67 centers, which serve 7,500 children in Minnesota and Idaho. They pledged that within 18 months, 85 percent of its centers, and within three years 95 percent of its centers, *Focus on Nutrition* will:

- Follow family-style eating practices
- Serve fruits and vegetables with every meal
- Eliminate all fried foods and sugar-sweetened beverages
- Provide access to water during meals and throughout the day
- Serve low-fat or non-fat milk to all children over two
- Serve a maximum of one 4-6 oz. serving of 100 percent fruit juice per day
- Accommodate mothers who wish to breastfeed

## **IV Local Research**

### **A. Poverty and Hunger**

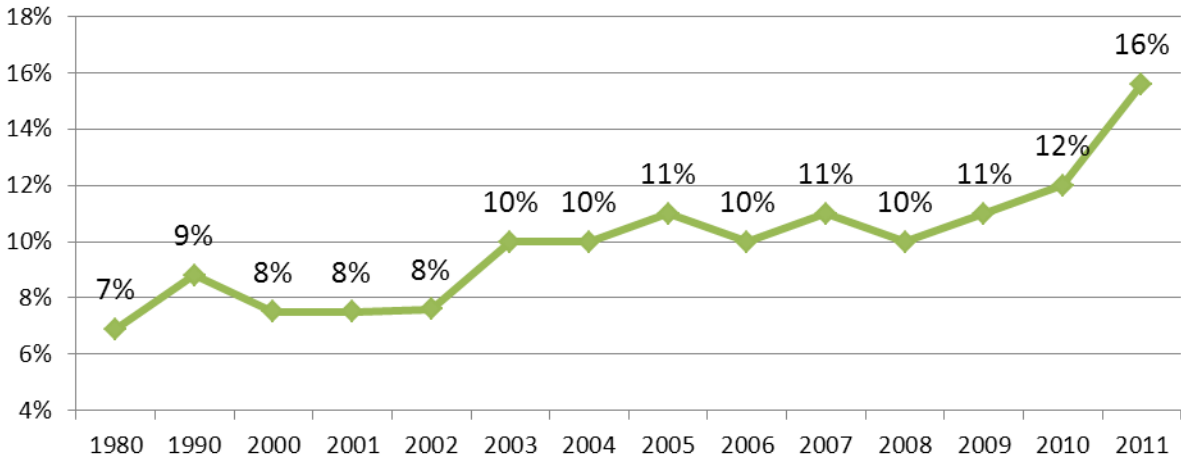
Poverty and hunger are inextricably linked. Poverty causes hunger. While not every low income child is hungry, almost all hungry people are low income because they simply cannot afford to buy enough food, cannot afford nutritious foods or cannot grow enough good food of their own. Both the number and percentage of children in poverty in Dane County has grown since the beginning of the recession. From 2008 to 2011 the number of children in poverty grew by 60 percent from 10 percent to 16<sup>percent</sup> of children under 18. In real numbers, the 16 percent represents 16,129 children in Dane County. This same percentage of Dane County children is likely to be food insecure.

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<sup>5</sup> *Switch to Healthy, Fresh Foods a Hit at Sacred Hearts School*, Wisconsin State Journal, November 10, 2012



## Child Poverty in Dane County

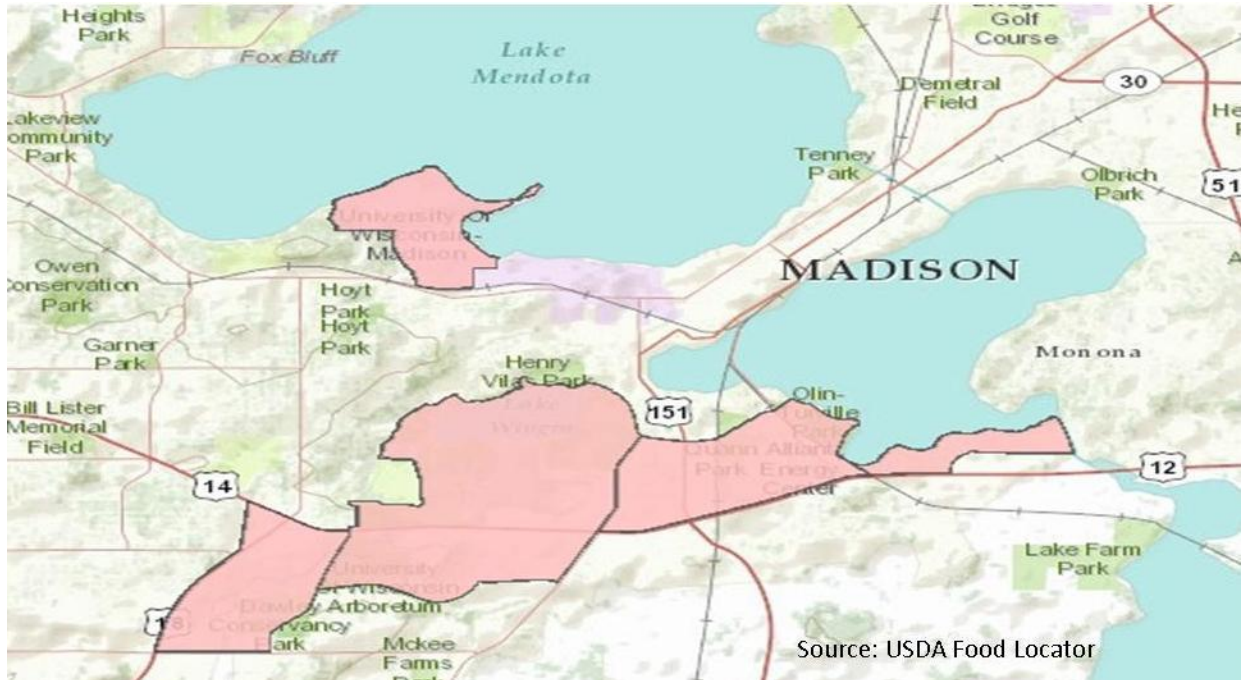


Source: American Community Survey  
2011 poverty level income for a family of 4: \$23,050

### B. Lack of Access to Healthy Food

The City of Madison as well as Dane County as a whole is faced with significant place specific challenges in access. The Department of Public Health Madison & Dane County finds that there are a number of areas in the city that are food deserts. By definition, a food desert is a geographically bound census tract that meets low-income and low-access requirements outlined by the USDA. An area's poverty rate must be 20 percent or higher, and at least a third of the population must live more than one mile from a supermarket or large grocery store. The USDA's food desert locator identifies five areas in Madison where residents lack both financial and physical access to healthy and affordable food. Take out the student population near the University of Wisconsin-Madison and four food-barren neighborhoods remain. With the exception of the UW-Madison Eagle Heights neighborhood, all of these food deserts are concentrated in south Madison. The four food deserts border the Beltline, one after the other, from Verona Road to the southern shores of Lake Monona. In these south Madison food deserts, Hispanics make up 16-35 percent of the population and African Americans make up 16-24 percent. In comparison, the city of Madison's total population includes about 6 percent Hispanic and about 6 percent African American residents. Ethnically diverse neighborhoods are disproportionately more likely to also be food deserts.<sup>6</sup>

<sup>6</sup> Madison Commons, Fresh Food Scarce Resource in Madison's Food Deserts, 7/25/12



Supermarkets can be anchors in neighborhoods inspiring other economic development and stable jobs, including attracting other stores and services and restaurants. The location of full service grocery stores cannot be undervalued. An American Journal of Public Health 2002 study found that, for each supermarket in low-income census tracts, residents increased their intake of fruits and vegetables by an average of 32 percent<sup>7</sup> By contrast; convenience stores are pricier and rarely carry a full range of groceries needed by families. Low-income neighborhoods in Dane County have greater availability of fast food restaurants. These restaurants serve many energy-dense, nutrient-poor foods at relatively low prices. Too much fast food consumption is associated with a number of adverse health outcomes. A year old effort to bring fresh produce and groceries into underserved areas by the Fresh Market via the Freshmobile has had some early success and is an important short term solution to access in these neighborhoods.

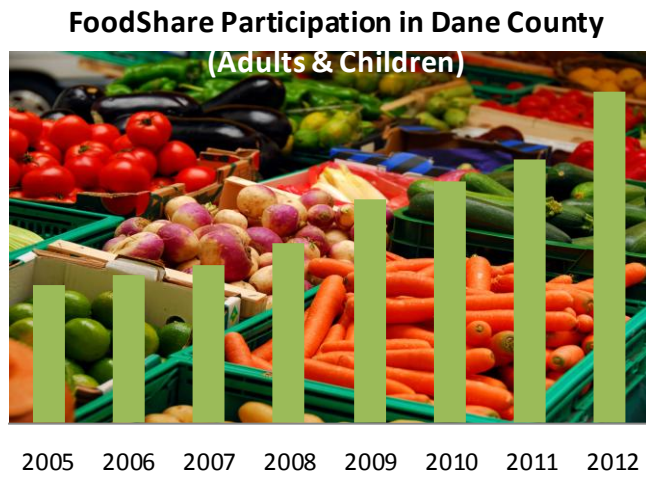
**C. Local Resources to Supplement Family Food Budgets**

Access to food is a major strategy of our Housing in Action Mobilization Plan. United Way of Dane County has been intentionally increasing access to food since 2006. If low income families can free up dollars in their budgets by accessing food at no cost to their family, they'll have more money available for rent-averting the problem of having to choose whether they should pay for rent or food. We've been successful in distributing more food through our food bank partners, Second Harvest Food Bank of Southern Wisconsin and Community Action Coalition for South Central Wisconsin, Inc. (CACSCW). We now provide 7.4 million pounds of food, an increase of over 50 percent since 2006.

A number of valuable programs, institutions and services distribute food to low income children and families. Both agencies and hundreds of volunteers have worked tirelessly to create a

<sup>7</sup> The Contextual Effect of the Local Food Environment on Residents' Diets: The Atherosclerosis Risk in Communities Study, Kimberly Morland, PhD, Steve Wing, PhD, and Ana Diez Roux, MD, PhD, 2002

system and increase the capacity of food banks, food pantries, meal sites, food pantry gardens, and other food outreach programs (i.e. Kids Cafés, mobile food pantries) that work to alleviate hunger and malnutrition. This system is unique in human services as it includes 56 food pantries, more than half are connected to faith communities, and virtually all workers are volunteers. Food pantries hours of operation are driven by when volunteers are available as well as local philosophy.



Source: Wisconsin DHS

Due to the recession, families and individuals are attending food pantries at nearly twice the rate as five years ago. In 2012, 150,016 households (with 177,323 children) visited a pantry - an increase of over 68 percent from 2007. While food pantries can serve households with incomes up to 185 percent of the federal poverty level (those receiving TFAP), 60 percent of families using food pantries in Dane County fall below 100 percent of the poverty level, which is \$19,090 for a family of three.

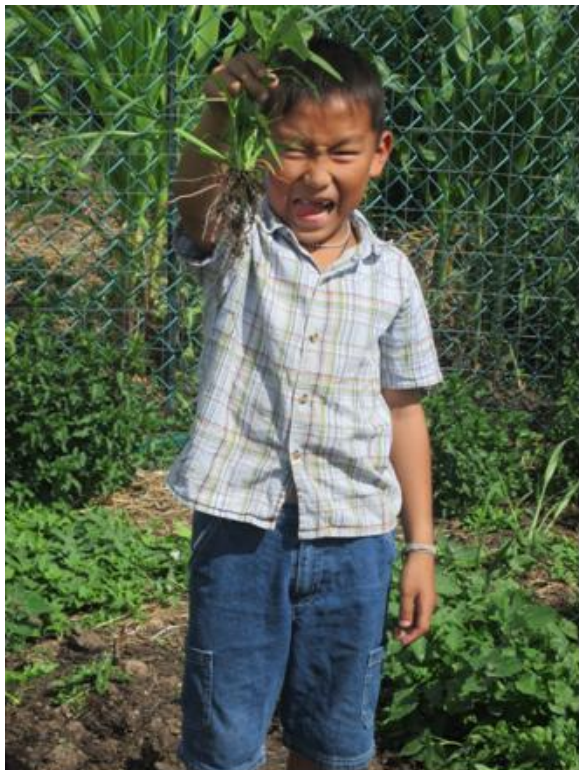
*FoodShare (SNAP) & Farmers Market*

The number of FoodShare participants in Dane County has more than doubled from 2007 from 34,108 to 71,551; with a significant increase in participation particularly by adults between 2010 and 2012. However, state participation still represents only 76 percent of those eligible for the program. The FoodShare (formerly called food stamps) program provides benefits loaded onto a Quest (debit) card. The average monthly FoodShare benefit amount for a two-parent household with an income of \$2,000 per month is \$384. The minimum monthly benefit amount is \$16. In addition to traditional grocery stores, FoodShare allows individuals to use benefits at outdoor markets creating a dignified path for low income households to access healthy foods. In 2012, Dane County Farmers’ Markets processed 1,607 FoodShare transactions totaling \$49,817 in sales. This works out to an average FoodShare withdrawal at the Market of \$31.

*Community and Food Pantry Gardens*

Dane County currently has 60 neighborhood-based community gardens that provide 2,500 families with gardening plots. These gardens are supported by CACSW whose role includes negotiating for land, holding leases and insurance, plowing, tilling and irrigation, leadership training and grass roots organizing, translation of materials into Hmong and Spanish, garden events and education, starting and expanding gardens, and relocation of gardens when necessary. CACSW also serves as a clearinghouse of information and referral in the greater Madison area for community gardens in general. In 2012 there were 21 languages spoken at community gardens and 34 percent of gardeners were white, 30 percent Asian, 18 percent Hispanic, and 4 percent Black.





There are also nine Madison Area Food Pantry Gardens devoted to providing food to local food pantries. These gardens vary in size from a 20' x 20' plot to a two acre production garden. Most of these gardens are matched with a feeding agency to provide produce directly, while harvests from some of the larger efforts pass through one of the food banks for distribution. Four one-acre gardens are maintained by volunteers on donated land. There are also four church-based gardens and a garden maintained by UW-Madison students. When harvest totals are combined, well in excess of 140,000 pounds of produce reaches low income families through these efforts. While a significant source of fresh food, the growing season in Wisconsin creates a lengthy gap without access to locally grown (and less expensive) fresh fruits and vegetables.

There are 33 school gardens at the 47 schools making up the Madison Metropolitan School

District. Each of these gardens is slightly different in their set-up with some being part of the community garden effort and allowing local neighborhood residents to garden in plots, some are gardens simply in place to provide outdoor classroom space for the school, and others are a combination of the two. The reality is that none of the school gardens provides food for the children in the school itself, but do provide an opportunity for children to learn about where their food comes from in the hopes of creating better decision making at the dinner table. In our planning and delegation meetings this education piece was found to be vitally important in helping create demand for healthy foods.

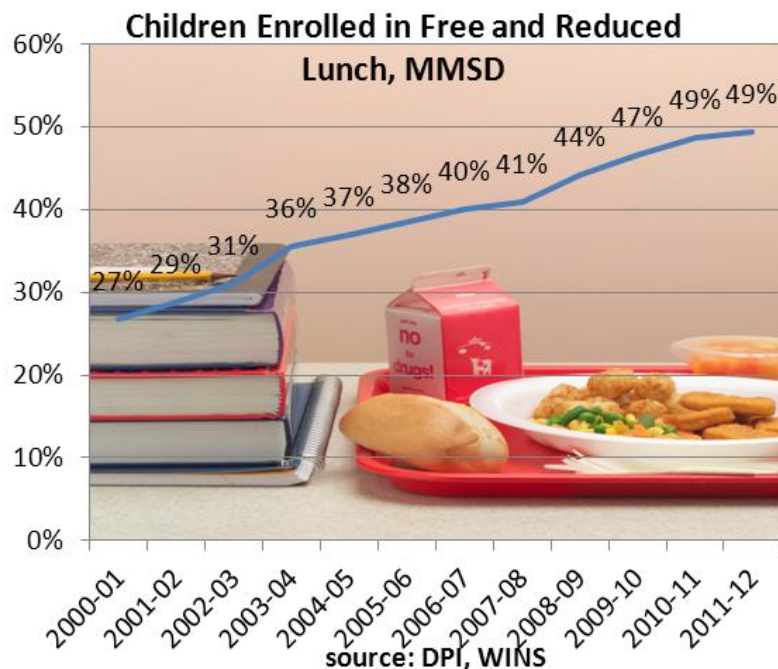
#### **D. Toward a Healthier County**

In the annual County Health Rankings released by the University of Wisconsin Population Health Institute, Dane County ranks 15 of the 72 Counties. As a group, Dane County residents are healthier than the state as a whole and exceed the national benchmarks on several important factors. Adults and children of color, however, are less likely to be healthy. Significant health challenges exist for low income children and children of color.

The physical environment in the county is challenging. Fully half of Dane County restaurants are fast food establishments whereas the national benchmark is 27 percent and our access to grocery stores by low income residents is limited.

## E. Children as Consumers - School and Summer Meal programs

During the last school year, every day from September to June in Madison 13,221 children from low income families received free and reduced price lunches (49 percent of all students). In fact, about half of all calories consumed by children are at school. Children qualify for free and reduced price meals at school if their family's income falls below 185 percent of the federal poverty line or \$42,643 annually for a family of four. Madison Metropolitan School District (MMSD) offers both breakfast and lunch in all schools as well as afterschool snack programs. A significant provider of meals for children, the percentage of children enrolled in free and reduced price lunch has climbed significantly over the last few years.



Enrollment for the Free and Reduced Meal Program can be done through a paper form or online application anytime during the school year. The District also receives a list of students whose families qualify for the FoodShare program and students in those households are now being "directly certified" for Free and Reduced Meals. No application is necessary for directly certified families.

MMSD has identified a number of challenges in increasing the amount of fresh and healthy food available in the district wide lunch and breakfast programs. Significant issues surround the centralized preparation and delivery system. In addition, most schools do not have the internal capacity to store, wash, and prepare perishable foods. Efforts are underway; in addition to school gardens and educational snack programs such as REAP's *Farm to School*, to increase not only the demand for but also the availability of fresh fruits and vegetables through the introduction of salad bars at a growing number of schools.

In addition to feeding children, schools clearly play an important role in improving students' health and social outcomes, as well as promoting academic success. Integrated health education in schools can bridge the gap between school meals, gardens and healthy eating outside of school. The Center for Disease Control (CDC) recommends that improving students' knowledge of nutrition and healthy eating and behavior should be integrated with all aspects of a complete curriculum.<sup>8</sup>

<sup>8</sup> United States Center for Disease Control, Coordinated School Health, <http://www.cdc.gov/healthyyouth/cshp/goals.htm>

Community and Neighborhood Centers also fill an important role after school and during the summer in providing healthy meals and snacks to children as a part of their programming. These programs



can also provide an important educational component to healthy eating that engages children in growing and preparing healthy food as well. Afterschool and weekend programs serve thousands of children in Madison.

#### **F. Public Benefit Programs**

While FoodShare, WIC (Women, Infants, and Children) and Free and Reduced Lunch and Breakfast Programs are successful in getting resources and food onto families' tables and into kids bellies they can do better. With a 76 percent

participation rate for FoodShare, this means there are around 20,000 families in Dane County who are likely eligible for the program but are not taking advantage of it. Reasons for families not using FoodShare include perceived or real lack of access to human services (although one can apply for FoodShare online people may not have access to a computer), families not realizing that they may be eligible for benefits, a perception that it is difficult to apply, or a perception that the benefit they will receive is not worth the hassle of applying (minimum benefit is \$16/month). WIC participation rates are lower than FoodShare and for Wisconsin WIC participation is at 60 percent (Urban Institute, July 2012). There are multiple reasons for the lower participation rate in WIC which include: WIC is a very prescriptive program and most adults do not like being told what to do with their lives; WIC is a case managed program so parents do not want or have the time to meet monthly with a case manager; or parents may drop out before their eligibility is complete as they think that the program ends when their child turns one. WIC participants can be on both FoodShare and WIC and many choose FoodShare only as they have more freedom to choose the foods they want. The WIC and FoodShare programs are run by different entities and they do not always cross-refer or even share information about each other's programs. WIC is operated by Madison & Dane County Public Health while FoodShare is operated by Dane County Human Services.

Wisconsin Nutrition Education Program (WNEP) is primarily made up of two federally-funded nutrition education programs for low-income families and individuals - the Expanded Food and Nutrition Education Program (EFNEP) and Supplemental Nutrition Assistance Program (SNAP).



The mission and mandate of WNEP is to develop and implement educational programs in Wisconsin that are consistent with and fulfill the goals and missions of EFNEP and SNAP. EFNEP is designed to assist limited resource audiences in acquiring the knowledge, skills, attitudes, and changed-behavior necessary for nutritionally sound diets, and to contribute to their personal development and the improvement of the total family diet and nutritional well-being. The goal of SNAP is to provide educational programs that increase, within a limited budget, the likelihood of all food stamp recipients making healthy food choices and choosing active lifestyles consistent with the most recent advice reflected in the Dietary Guidelines for Americans and the Food Guide Pyramid. In Dane County WNEP educators have worked with local schools and food pantries to provide nutrition education and cooking demonstrations as part of their regular work.

### **G. Growing the Demand for Healthy Food**

Nutrition knowledge of children by itself does not motivate their food choices and dietary behaviors. Parental influence, exposure to food choices, and a biological predisposition to sweet, high fat, and salty foods play a strong role early in a child's life. The challenge in changing children's behavior then requires multilayered and coordinated efforts aimed at the individual child and the family. Interventions and healthy food messaging must be found in all environments in which children are present - home, schools, neighborhood, the larger community, and the food marketing system.

To make healthy choices, kids need a supportive environment that offers healthy options. Pairing nutrition education and healthy food options empowers kids to make the best choices. Because kids' food landscapes includes home, school and "third places," e.g., community centers, sports events, retailers near schools and home, etc., a coordinated effort to reinforce messaging and offer healthy choices would strengthen efforts to provide healthy food for all kids. At home, families need information, education, skills, tools and access to healthy foods to provide kids with healthy meals. At school, staff needs administrative support, education and funding to provide healthy snacks and nutrition education to all students. "Third places" need education, staff support and incentives to provide access to healthy choices to kids they serve. Since it can take 7-15 attempts for a child to try a new food, it is important to acknowledge that changing kids' demand for healthy food requires reiterative and coordinated efforts shared across our community's food landscape.

### **H. Lack of Coordination**

We have great examples of individual community gardens, farmers, organizations, and schools coordinating with each other to bring healthy food to Madison households, but there is not adequate coordination on a systematic basis. The biggest divide is between groups that focus on food quality and sustainable food system issues and groups that focus on distributing food to poor families. The result is duplication in efforts, particularly in the areas of setting up new programs and arranging food cleaning, processing, distribution and transformation. This lack of coordination is slowing down the rate at which we create large scale change to the critical systems – such as school lunches, home delivered meals, food pantry inventory – and can take advantage of economies of scale before/after school programming and out of school time, summer programs.

## **V Innovative programs that are increasing the availability and consumption of healthy food throughout the community.**

### **A. Child and Family Access**

- **HMO – healthy rebate.** The four major HMO's serving the Madison area offer Healthy Living Rebates for Community Supported Agriculture (CSA) memberships. Unity, Group Health Cooperative, and Physician's Plus members can receive a \$100 rebate for individuals and \$200 for families. Dean Health provides up to a \$100 rebate for healthy living points, some of which can be earned through a CSA membership.
- **CSA Partner Shares Fair Share.** CSA Coalition, a consortium of CSA farms based in Madison, offers the Partner Shares Program which is a CSA scholarship for income eligible families wishing to join a CSA. Scholarships can be up to \$300 toward the cost of a CSA membership. Fair Share CSA Coalition also provides the ability to pay for CSA memberships with FoodShare benefits.

### **B. Neighborhood and Community Infrastructure**

- **Mentorship garden program.** Middleton Outreach Ministry operates a community/food pantry garden that allows pantry customers to garden in their own plot and be matched with a garden mentor for help and advice.
- **Farley Center and Spring Rose Growing Coop.** The Farley Center in Verona offers a farm incubator to growers who want to move from household to market gardens. Out of this effort grew the Spring Rose Growers Co-op that includes 8 Hmong, Latino and African American farmers in combining their efforts to market their produce. The Farley Center also operates a land match program linking would be market gardeners with available land in Dane County.
- **Neighborhood based markets.** Fresh Madison Market has spun off a non-profit initiative, Freshmobile, bringing a mobile market to 8 underserved neighborhoods in the form of a large trailer converted into a store that offers healthy food choices and the ability to use FoodShare benefits.
- **Food Pantry Gardens/Agricultural Initiatives.** Through a combination of 30 food pantry gardens, local farm vendor and farmer market donations, and a new partnership with Dane County Parks and Conservation the amount of local foods grown, collected, and distributed through Community Action Coalition and their partner food pantries has increased from 150,000 pounds per year to nearly 500,000 pounds in 2012. In 2012 CAC worked with a local farmer to grow pinto beans on Dane County Conservation land and were able to harvest, sort and distribute over 4,000 pounds of dried pinto beans.

### **C. Organizational and Institutional Environment and Infrastructure.**

- **Community/Neighborhood Centers** exist throughout the City of Madison and are the focal point of a multitude of activities as well as resource/referral for neighborhood residents. Most, if not all, of these centers have food programs of some sort – after school snacks, community meals, senior meals, and summer feeding programs for kids. 8 of the community centers have a food pantry or sponsor a mobile food pantry once a month. At least 7 of the centers also have either a community garden, a children's garden, or a small learning/demonstration garden as part of their array of programs.



- **Farm to School** operated by REAP Food Group, a local nonprofit dedicated to local foods, is a partnership with local school districts. The program connects school children to farms and food and includes the development of the Cooking Local in the Classroom manual, a school snack program, a chef in the classroom program, classroom educators, and an annual opportunity for school fundraising using local food products.
- **The GROW Coalition** is a partnership of local organizations interested in sharing ideas and resources for outdoor learning by encouraging participation by diverse groups of youth and families. The Coalition is currently working together on a 3 year grant from the Madison Community Foundation to install or enhance school gardens in the creation of outdoor learning spaces as well as developing curriculum and training teachers on putting the outdoor learning space to use. Partners in the Coalition include Sustain Dane, Community Groundworks, Community Action Coalition, Dane County Extension, and the Madison Metropolitan School District.
- **Dane County Institutional Food Market Coalition (IFM)** is an economic development program established to expand market opportunities for Dane County and regional growers, increase sales of local Wisconsin food into institutional markets, connect large volume institutional buyers with local Wisconsin product, and identify obstacles to local sourcing. IFM is housed with Dane County Extension.

## VI Closing the Healthy Food Gap

Three important areas of emphasis emerge in the effort to close the gap in access to healthy food: children and family's access; neighborhood availability; and Institutional and organizational culture that contributes to healthy food consumption. Barriers exist across these parts of the system which require different strategies, both short and long term to remove them.

The Delegation has established a long term community goal and vision.

*Vision: All Dane County children and families can access affordable healthy and culturally appropriate food to achieve better health outcomes and a higher quality of life.*

*Goal: To increase access to and consumption of healthy food for all children in Dane County, especially children in low income households, in order to decrease the number of food insecure children by 50 percent (from 18,720 to 9,360) by 2023.*

### Strategies

#### 1. Increase access to healthy foods for children and families.

Low income families have two important ways to gain access to healthy food. The first is through public benefits such as FoodShare and the Women, Infant and Children (WIC) nutrition program. These are critical anti-hunger programs but also have cumbersome and complex regulations and do not always work well together or with the recipient. In addition, data suggests that many families do not know how to apply or are unaware that they qualify for benefits. Secondly, Dane County has an array of food pantries that provide an important source of food for families. However, many have strict limits on how many visits a family can make in a month and or have limited hours of operation. Even those services that provide for multiple visits

each month lack the capacity to make larger quantities of healthy foods available each time they are open.

Objectives:

- Increase participation in benefit programs for qualifying children and families
- Increase access to and use of free or affordable healthy food through pantries, evening meal programs and incentive programs.
- Increase family self-sufficiency.

## **2. Increase the capacity of neighborhoods and communities to support affordable and healthy food choices.**

Both local and national research supports the importance of locally available healthy food choices and overall health of low income children and families. Area grocery stores, community gardens and pantries all make up an infrastructure necessary to support access to healthy food. Interventions that are aimed solely at the individual or family level, while well intentioned, likely miss the contribution of residential context to child and family outcomes. Food deserts exist in Madison and this lack of access to healthy foods primarily affects low income neighborhoods. Big box grocery stores may not be the answer to addressing this problem as siting of those stores is difficult as stores require a minimum of 55,000 square feet of building to even consider locating. While other retailers and food options exist, many of these places offer very limited, if any, healthy food choices. The number of community gardens in Madison is increasing, yet there still a lengthy waiting list for access to a garden plot and some neighborhoods still lack a community garden option. Possible solutions to this demand include making space available to expand urban agricultural options for people who are interested in large spaces for market gardening. In addition, community kitchen spaces need to be identified and/or created so that households can learn to transform and aggregate their own food, have space in which to work communally, and create cottage industries if they so desire. Finally, while food pantries and meal sites exist within most neighborhoods, the capacity of the organizations supplying those programs needs to be enhanced to allow for better just-in-time delivery of fresh healthy foods to be distributed.

Objectives:

- Increase healthy options through locally placed markets, retail, food gardens and urban agriculture.
- Improve and expand infrastructure for movement, storage, production and processing/transformation to maximize availability of fresh food.

## **3. Increase culturally appropriate healthy food in school, after-school, summer programs and childcare through expanded choices for students and integrated education on healthy living and eating.**

Most children in Dane County receive at least one of their meals (if not more) at school, childcare and Head Start or at a neighborhood/community center program. Low income children are at a particular disadvantage as their other options for eating healthy at other meals is often compromised. In addition, schools and other institutions are uniquely situated to also deliver comprehensive health education. Combined with healthy meals, students are better able to develop to their full potential.

Objectives:

- Increase number of children consistently exposed to healthy food at school, after-school, summer programs and childcare.
- Increase number of children receiving an engaging, integrated education on healthy food at school or in afterschool programming.
- Increase organizations dedicated to a healthy food environment.

## **VII Conclusion**

Even in resource rich Dane County, a growing number of children do not have access to healthy food so critical to growing strong bodies and brains. The Healthy Food for All Children Delegation engaged the community in understanding the reasons for these gaps in access as well as possible solutions both in Madison and Dane County and innovative ideas from around the country. It is clear that for the systems that provide healthy food for all children in our area to change and grow, the community must own a part of this plan. We acknowledge the great partnerships of so many other government and community organizations deeply committed to feeding children and families in Dane County and look forward to continuing to improve the health and wellbeing of our youngest residents through access to healthy food.

### **Attachments:**

- A. Healthy Food for All Children Strategies and Objectives
- B. Healthy Food for All Children Delegation Membership
- C. Acknowledgements
- D. Food Assistance Sites in Madison Map

Community Plan to Increase Access to Healthy Foods for All Children

**Goal:** To increase access to and consumption of healthy food for all children in Dane County, especially children in underserved households, in order to decrease the number of food insecure children by 50% by 2023.

**Vision:** All Dane County children and families can access affordable healthy and culturally appropriate food to achieve better health outcomes and a higher quality of life.

**Child and Family Access**

| Strategies  | Objectives  | Long term programs/policies/actions   | Short term programs/policies/actions  |
|---|---|---|---|
| <b>1. Increase equitable access to healthy foods for children and families.</b> | <ul style="list-style-type: none"> <li>Increase participation in benefit programs for qualifying children and families.</li> </ul>  | <ul style="list-style-type: none"> <li>Centralized and simplified resources that ease access to healthy food.</li> </ul>  | <ul style="list-style-type: none"> <li>Coordination of enrollment process for food access programs (WIC, Food Share, School meal programs).</li> </ul>  |
|   | <ul style="list-style-type: none"> <li>Increase access to and use of free or affordable healthy food through pantries, evening meal programs and incentive programs.</li> </ul> | <ul style="list-style-type: none"> <li>Provide the education and tools necessary for increased consumption of healthy foods.</li> <li>For example, support/expand the Extended Food Nutrition Education Program (EFNEP) family intensive model.</li> <li>Expand health care rebate and scholarship programs for CSAs.</li> <li>School pantries/open school house.</li> <li>Ensure that locally grown fruits and vegetables are available at all pantries, free meal programs, school meal programs, etc.</li> </ul> | <ul style="list-style-type: none"> <li>Incentivize EBT/SNAP use at farmer’s markets</li> <li>If no grocery store or pantry in neighborhood, add mobile pantry or fresh market.</li> <li>Increase use of health care rebate programs for healthy food options.</li> <li>Support innovative pantry programs that use demonstrations/recipe development with produce and commodity food.</li> <li>Expand food pantry hours to accommodate working families.</li> <li>Encourage food pantries to stock food for children with special dietary needs.</li> </ul> |
|   | <ul style="list-style-type: none"> <li>Increase family self-sufficiency</li> </ul>  | <ul style="list-style-type: none"> <li>Support living wage policies.</li> <li>Job training for sustainable jobs with career ladders.</li> </ul>   | <ul style="list-style-type: none"> <li>Support job development for food insecure households.</li> <li>Increase job skills for food insecure households.</li> </ul>  |

**Neighborhood and Community**

|  |  |  |   |
|--|--|--|---|
| <b>2. Increase the capacity of neighborhoods and communities to support affordable and healthy food choices.</b> | <ul style="list-style-type: none"> <li>Increase healthy options through locally placed markets, retail, food gardens and urban agriculture.</li> </ul> | <ul style="list-style-type: none"> <li>Site new grocery and retail stores, food gardens and farmers markets (and vendors/stalls) in underserved communities</li> <li>Support existing markets, grocers to provide healthy choices</li> </ul> | <ul style="list-style-type: none"> <li>Encourage neighborhoods to assess their access to food by convening faith communities, neighborhood associations and other community groups (with support of the Neighborhood Resource Teams)</li> <li>[Interim] Provide transportation to grocers/markets, change bus service to provide efficient access to grocery stores, create cabs/shuttle service where neighborhoods don’t have an option.</li> <li>Support policy for street/neighborhood sales of produce.</li> </ul> |
|--|--|--|---|

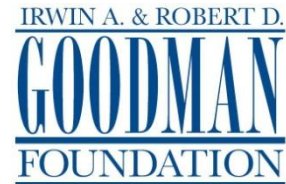
## Community Plan to Increase Access to Healthy Foods for All Children

|   |  |   |   |
|---|--|---|---|
|   | <ul style="list-style-type: none"> <li>• Improve and expand infrastructure for movement, storage, production and processing/transformation to maximize availability of fresh food</li> </ul> | <ul style="list-style-type: none"> <li>• Extend the local growing season with infrastructure (hoop houses, etc.)</li> <li>• Policy support for small/midsize farms</li> <li>• Expand farm/garden gleaning programs for local food recovery of unsold or un-harvested produce.</li> </ul>  | <ul style="list-style-type: none"> <li>• Fully utilize existing commercial kitchens for mid-sized aggregation/transformation needs, identify need for additional facilities.</li> <li>• Enhance cold storage at pantries.</li> <li>• Improve transportation systems to move food through pantry system.</li> <li>• Support zoning policies and practices for urban food production, hoop houses and green houses.</li> <li>• Identify land available for growing food.</li> </ul>   |
| <h3>Organizational and Institutional Environment</h3>   |  |   |   |
| <p><b>3. Increase culturally appropriate healthy food in school, after-school, summer programs and childcare through expanded choices for students and integrated education on healthy living and eating.</b></p> | <ul style="list-style-type: none"> <li>• Increase number of children consistently exposed to healthy food at school, after-school, summer programs and childcare.</li> </ul>                 | <ul style="list-style-type: none"> <li>• Support and explore innovative partnerships for sales and food programs that play on the “cool factor”, autonomy/self-efficacy of children and increased choice.</li> <li>• Enhance kitchens in schools and community centers.</li> <li>• Fully draw down federal dollars and other resources for food in summer and after school programs.</li> </ul> | <ul style="list-style-type: none"> <li>• Expand training and support for childcare providers on menu planning and healthy food preparation.</li> <li>• Create a network of individuals/teams to plan healthy and culturally appropriate menus at community centers and other meal sites.</li> <li>• Support staffing for food preparation at community centers and other meal sites.</li> <li>• Recruit and support neighborhood resources to run healthy food programs.</li> <li>• Improve transportation systems, trucks, etc. to move food through school systems.</li> <li>• Improve and expand cold storage at schools and community centers that serve youth snacks and meals.</li> </ul> |
|   | <ul style="list-style-type: none"> <li>• Increase number of children receiving an engaging, integrated education on healthy food at school or in afterschool programming.</li> </ul>         | <ul style="list-style-type: none"> <li>• Develop a healthy food/active living curriculum that applies self-efficacy approaches, considers physical, emotional and mental aspects of well-being.</li> <li>• Institutionalization of healthy food curriculum in schools.</li> </ul>   | <ul style="list-style-type: none"> <li>• Coordinate between current programs for nutrition and engagement with food to serve children in Madison institutions in a more comprehensive way.</li> <li>• Training and support for staff to promote healthy eating and active living.</li> <li>• Support for intergenerational, culturally appropriate programs at community centers and meal sites.</li> </ul>   |
|   | <ul style="list-style-type: none"> <li>• Increase organizations dedicated to a healthy food environment.</li> </ul>  | <ul style="list-style-type: none"> <li>• Establish framework and benchmarks for “healthy organizations” in Madison and incentivize organizations with recognition</li> </ul>  | <ul style="list-style-type: none"> <li>• Reduce vending machines and/or provide healthy food choices</li> <li>• Decrease the amount of non-nutrient dense foods served to children.</li> <li>• Adopt a collaborative communication strategy and public information campaign around healthy eating and active living.</li> </ul>   |



Community Plan to Increase Access to Healthy Foods for All Children





## Healthy Food for all Children Delegation

|                   |   |
|-------------------|---|
| Alison Ahlgirm*   | East Madison Community Center                 |
| Kathy Andrusz*    | Madison- Dane County Public Health            |
| Carrie Edgar*     | Dane County Extension                         |
| Sarah Elliot*     | REAP Farm to School Program                   |
| Jill Jacklitz*    | Group Health Cooperative                      |
| Alfonso Morales*  | UW Urban and Regional Planning                |
| Adrian Reif*      | YumButter                                     |
| Gina Wilson*      | Second Harvest                                |
| Dan Stein         | Second Harvest                                |
| Bette Barnes      | Community Action Coalition Board of Directors |
| E.G. Schramka*    | Goodman Foundation                            |
| Samuel Pratsch*   | UW Extension Program Development              |
| Stephanie Navarre | YMCA  |
| Erik Kass         | MMSD Operations                               |
| Steve Youngbauer  | MMSD Food Services                            |
| Amy Johnson       | Lutheran Office for Public Policy             |
| Mark Woulf        | City of Madison Food and Alcohol Policy       |
| Godfrey Stubbs    | In Time Ministries                            |
| Everett Mitchell  | Christ the Solid Rock                         |
| Melissa Austin    | South Central Federation of Labor             |
| Kavzuag Vaj       | Freedom, Inc.                                 |
| Moir Donelson     | Kraft Foods                                   |
| Nancy Christy     | Community Leader                              |
| Rachel Martin     | Sustain Dane                                  |
| Robin Hunter      | 4-C CACFP Nutrition                           |
| Meredith Evans    | The River Food Pantry                         |
| Chris Brockel^    | Community Action Coalition                    |
| Shelly Strom^     | Community Action Coalition                    |
| Marthy Cranley^   | United Way of Dane County                     |
| Victoria Faust^   | United Way of Dane County                     |
| Deedra Atkinson^  | United Way of Dane County                     |
| Elisabeth Marx^   | United Way of Dane County                     |
| Saul Richman^     | United Way of Dane County                     |

\*indicates Steering Committee Members

^indicates Staff Team

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Photo Credit: Allison Ahlgrim, East Madison Community Center

*Special thanks to East Madison Community Center for contributing photos of their smiling healthy food consumers.*

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Mark Voss, Voss Organics

George Kohn, West Star Farm

Robert Pierce, Half of 40 Acres Farm, So. Madison

Farmers Market & Growing Power

Ellen Barnard, FEED Kitchen

Chris Kane, St. Vincent de Paul Food Pantry

Hugh Wing, Goodman Seed to Table

Tracy Smith, Dane County Extension Nutrition

Education Program

Sarah Lloyd, Wisconsin Farmers Union, Dane County

Food Hub

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Jessica Zirn, UW Extension WNEP



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- Dane County Food Policy Council
- City of Madison Food Policy Council
- City of Madison Community Center Directors
- Food Pantry Network
- Obesity Prevention Collaborative
- United Way of Dane County Board of Directors