



# IOWA HUNGER SUMMIT | 2019

2019 IOWA HUNGER SUMMIT  
*Iowans United in Fighting Hunger – At Home and Abroad*  
October 14, 2019 - Des Moines, Iowa

## **HUNGER, SOCIAL DETERMINANTS OF HEALTH & USDA PROGRAMS**

**Speaker: Alan Shannon**

**October 14, 2019**

### **Madeline Goebel**

Director, Community Outreach, World Food Prize Foundation

Well, thank you so much for joining us for our closing session. Today we will have Alan Shannon, the Public Affairs Director from USDA Food and Nutrition Midwest Region. He'll be focusing on hunger, social determinants of health and USDA programs. Welcome to the stage, Alan.

### **Alan Shannon**

Public Affairs Director, USDA Food & Nutrition Midwest

Thank you, Madeline. Thanks for having us and being able to speak about sort of a new area for USDA that we're working on. And I know—I recognize that this is the end of the day and I'm standing between you and a drink or wine or your dog or your family. So I'm going to try to make this quick and lively. We've got a half an hour, but Madeline said she thought the topic was so important that we should really go for maybe three hours. We'll do some roleplaying and then a special bonus—Julie told me, "You're not going to tell the same old jokes, are you?" Because you guys are all new for me, so these jokes are new. But I'm going to add one for Julie. I'll do some quick introductions later. But we'll also do, in addition to roleplaying, we'll do a corn maze outside. Now, Madeline arranged to have that set up downstairs.

So as Madeline mentioned, I'm going to share information on a network I facilitate that focuses on the intersections of health, nutrition, hunger and USDA programs. There will not be a test. (That was one of my jokes.) Increasingly, healthcare providers, anti-hunger groups and government agencies recognize the role that nutrition and hunger play in population health. In the Midwest and around the country there are hundreds of new and emerging models that consider this critical role. And I'm going to share information on ways that USDA, the Food and Nutrition Service, and other programs are being leveraged to address hunger, improve population health, and even support economic development.

So I'm a first-timer at this summit, but this is not my first time in Iowa. I have a long and storied history in Iowa. And because we don't have that much time, as I mentioned just three hours, I'm just going to share one story, just so you can realize I'm not from Iowa, but I have a relationship with Iowa. So in 1985 I was driving here



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on I-80 to celebrate my cousin's graduation from Iowa State, and she tells me that's the only really good school in Iowa. I don't know. So I'm driving with her sister, who's also my cousin. I know it's late in the day, so I want to explain these relationships. So the two of us are driving, and I'm the gentleman. I'm driving behind the wheel. This is 1985, and I was going 67 miles per hour, and we were really excited to get here for the graduation. And for you millennials, and so in that era we put suits on for graduation and dresses and stuff like that. So we had in the backseat, my cousin had her dress, I had my suit, and we had an iced bottle of champagne in the ice because we were going to get to Ames, and we were going to pop the cork and celebrate the graduation. Well, because I was going 67... In 1985 the speed limit was 55. So what was I doing? I was speeding. So I did get pulled over, and the officer walked up to the car, and I rolled down the window. And he said, "Sir, do you know how fast you were going?" And because I try not to lie, I said, "65?" because I thought like 10 miles an hour is a big difference between 12 and maybe he wouldn't give me a ticket. And he said, "Well, you were actually going 67. And then he looked in the back window and he looked at the champagne, and it was not open, and our dress clothes. And he said to me and my cousin, "Are you two on your honeymoon?" And my cousin and I looked at each other and looked at him and said, "Yes." It's the second white lie I've told in my life, I swear.

So Iowa is not new to me, but you're all new to me. I'm looking forward to working with you, along with partners from my office. I'll introduce them in a minute, so I promise I will not tell any more lies as we work together in the future. I may occasionally speed, but I'll try to make sure that it's minimal and doesn't endanger anybody. No. You know what? He gave me a warning, because, sure, I can tell you why he gave me a warning—because he thought we were on our honeymoon. So where we're going this afternoon, we're already in Iowa, so I don't have to speed to get here.

So I'm going to introduce you to the Food and Nutrition Service first. How many of you are aware of Food and Nutrition Service and kind of know what we do and everything? Okay, so not everybody. So I'll introduce you to the regional staff here. I'll do a partner networks overview. We do a lot of partnership work at USDA, so I'll just explain briefly. With F&S, unlike a lot of other federal agencies, we don't do any direct program administration. So if you deal with Social Security, you're working with a federal employee that's working Social Security. For all of our nutrition programs, they're all administered by somebody else, so food banks, food pantries, the states' schools, Bureau of Education, and the like. So it's a different relationship, and we really rely on our partners to administer our program. So I'll go over some of the work that we do with our partners in these networks that we facilitate.

The primary one is the USDA Midwest Health Care Partners—I'll focus on that, and I'll talk about some food as medicine models. You've probably heard that phrase. And then I'll talk about some USDA programs that support some of this work. And then we'll do questions.



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So F&S, our mission, to end hunger and improve nutrition in America. And some of the key things I would say there is that it supports American agriculture, and we want to inspire public confidence in our program. So when we think about that with all of our programs, we want to keep those in mind as—what are ways that we can support agriculture and farmers? And in this time and in this state it's particularly important making those connections.

So we've got 15 programs. You're familiar with our largest one, SNAP, formerly the food stamp program. We've got school meals, breakfast programs, the tribal programs, and then USDA foods for food banks, the summer food service program, and some smaller programs. So you may have heard, and the reason why I'm up here today instead of my counterparts from our Mountain Plains Regional Office, is because effective October 1<sup>st</sup> we had what we call "realignment." So Iowa shifted to the Midwest Region, and you can see how our new regions are formed. And we did this for customer service reasons to more better balance the amount of states that each region had. So, Iowa, welcome to the Midwest Region.

Our regional administrator, Tim English, is right there. Tim, if you want to stand up. And then she looks a little different. Penny Weaver is the public affairs specialist with whom I work. She sent me this, so I felt like I had to include that. That's actually what she looks like. And then, because Julie is always teasing me, I was going to tease her, but it's really because I'm over 30 now, and I forgot to get her picture. So I don't have a picture, but Julie Mikkelson is our staff director for the Midwest Region.

So and before I move on, I just wanted to thank—if you haven't already met them—but Cheryl Kennedy, she's the regional administrator for the Mountain Plains Region. I know many of you know her. And then David Von Behren, he's the public affairs director for Mountain Plains. So thanks for the two of you for facilitating this and making it what I think has been a really easy transition, and hopefully you all have the same experience with us.

So our Midwest Partner Networks. The first one I mentioned is Health Care. We have another one called Good Greens—that's a local food network. About ten years ago or more than that, there was a real push to reestablish local food systems, so we figured out, let's pull together these groups that are inventing new models or approaches, and we can have them learn from each other and not reinvent the wheel, and share information on USDA programs and other resources. We have a Farmers Market network group, and we have webinars or meetings for all three of these groups several times a year, at least three, sometimes more than that. And then we send out an email blast that includes news and information and graphs on all of these areas. So Penny actually facilitates the Midwest Farmers Market partners. And it really recognizes that farmers markets have a great challenge, and I'm going to talk about them a little later, about some of the opportunities for farmers markets, and also to administer SNAP, which we want all the markets to do. There are some challenges with that. So Penny has speakers that share information on model approaches and how to operate those markets well and leverage SNAP.



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And as I mentioned, we would also showcase new and emerging models. So if there's some new, fantastic model out there, we want to get them on that call or feature them in that news blast. That way, when you're figuring out what you want to do—and I know I was at a session earlier where they're trying to figure out SNAP and how to get authorized for a mobile market—we can help with that, or we can highlight a model in those blasts so that you don't have to reinvent the wheel.

So our Health Care Partners—this organization started around 2013. So we found out in the region that there were a number of healthcare providers or related that were doing work in this area. So Cleveland Clinic was working with schools, and they were also operating a farmers market. And then we had Blue Cross Blue Shield Minnesota and Michigan—they were also doing work in this area. They were providing incentives for SNAP farmers market purchases. They were also doing work in schools, and they were supporting the summer food service program. So we thought, why not bring them together and talk about how everybody's leveraging our programs. At the time there were seven—Mayo Clinic was another one and ProMedica and there were a couple others.

So we had this conference call, just threw everyone together, and we did round robin—everyone shared what they were doing. And then afterwards it was such a productive call and people enjoyed it so much, we said, “Do you want to keep having this conversation?” Everybody said, “Yes.” So in 2013 we started having regular calls. There were seven members. That network has grown to almost 600. So we have the conference calls three or four times a year, and I send out the monthly email blast.

So I'm going to talk about some food as medicine models now. So the first one is the Farm on Ogden—this has been getting a bit of press attention and coverage. Has anyone heard of this model other than people from my region? No. So this is the Chicago Botanic Garden, and how crazy is it? Chicago Botanic Garden is exactly what you would imagine it would be—it's a pretty garden with rolling hills and lots of flowers. So what are they doing with a food as medicine model? So they figured out some years ago... And the garden was actually founded or was really working during World War II on community gardens. So they figured out there was an issue, a challenge with access to food. And there are blighted areas in the Chicago area—people don't have access to food. There's this vacant land, so maybe they should start to do something about it.

So they established a beginning gardening or farmers program, and they used some of these vacant lots in the city, and they trained disadvantaged youths on—how do you grow fruits and vegetables? And then they were able to put a farm stand in those gardens so that then the community would have access to those. So what ended up happening over the years... And this is not actually the site. I'm going to show you some pictures of the Farm on Ogden now, but this is pretty much what it looked like at the time. So it's in a very depressed..., one of the most depressed neighborhoods in Chicago. So that's the Farm On Ogden now, and you can see it's a huge site. It's an anchor institution now in that area. They redeveloped the El Station, the elevated train line right behind it. They have aquaponics, they have a community



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center, they have a store, and they sell the fish, and then they also grow microgreens. And their model is that they grow the microgreens and they sell those to restaurants, which will pay a premium. And then they're able to discount the other produce so that people in the neighborhood can come into this store and actually afford to purchase those really high-quality fruits and..., well, mostly vegetables and the microgreens.

So the other aspect to that model is that... So there's the greenhouse, and then they have an outdoor growing space as well. So they have the education program, so they're training new farmers from the community, and they have a USDA Beginning Farmers Rancher Development Grant. Who has heard of that program? No. So some of you have. And this might seem like a stretch, but Chicago Botanic Garden and Lawndale Christian Health Center—so that's a healthcare provider in this neighborhood—the teamed up, and they leveraged SNAP and FINI to do a healthy food box for people in the neighborhood.

So when they would go into the clinic for their appointment, they would figure out—Okay, you've got high blood pressure, you have heart disease, you're diabetic. I'm going to give you a prescription for a food box, and you're going to go and talk to somebody from SNAP-Ed, and then they're going to give you this box. And in addition to this, and a lot of you working in this space know, it's more complicated than that, because you have to reintroduce people in a lot of cases to what these new fruits and vegetables are. And then also what else? How to prepare it—right? So they've figured out all of those pieces. They give them a box. They give them a certificate to come back and go to the market. And they've measured this, so people in a low-income community who have not had access to fresh produce are returning to the market. So now they know, even if they go off SNAP—and they've also measured this—so they're giving them the coupons for SNAP, getting the food boxes through the FINI Program that I'll talk about shortly, those people, even when they go off the program, they still come back and get those boxes. So it's establishing a habit of going to the market.

And what else does this model do? It's economic development. So they're employing local youth and underprivileged people. So they have an ex-offender program. So they train them how to be farmers. They get a certificate, they're growing the food at that site and in other sites around the city. And those dollars are being fed right back into the system to actually support economic development, which is a root cause of some of the hunger issues and some of the poverty issues that we're seeing.

So they talk about it as health, jobs, medicine, neighborhood beautification, economic development. Their model is all of these things. If you're ever in Chicago, I highly recommend that you visit it. It's really a top model, and the U.S. Botanical Garden Association has held it up and is trying to get other botanical gardens on board.

Another model—Top Box Foods and Rush Hospital. So if you're not already working with a healthcare provider or a hospital, I highly recommend that you find the ones





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in your area and reach out to them. They're probably already working on some of these issues. Case in point, Rush Hospital on the west side of Chicago. That's also in a low-income neighborhood. The hospital figured out—"Well, we're actually..." Don't quote me on this, but "We're part of the problem because we have a lot of low-wage workers who also can't afford and don't have access to fresh produce. So the staff working at the hospital have some of these same issues, and they're also on SNAP.

So what they figured out is—Let's provide them a food box from Top Box. So Top Box buys the food wholesale—it's a really low price—and then the hospital actually, it's a benefit of working there, is you get a monthly food box. And then other staff, it's discounted, and for the doctors and higher-paid nurses it's a benefit for them, but they have to pay full price. So Top Box delivers these and also works with churches and with food banks. So one of the speakers this morning had talked about there's a lot of people that aren't eligible for SNAP, and they're also hungry. Their food runs out at the end of the month. So this model addresses that, because they can go to a food bank or the church, and they can actually purchase a really reasonably priced food box. And a lot of the foods in there are diet related, healthy diet related. So if someone's got diabetes, they can get a box that's specially formulated for someone with diabetes, really reasonably priced.

Link Up Illinois—this is a program to help farmers markets across the state of Illinois to administer the GusNIP or the FINI Program. Who's familiar with that? The SNAP incentive program. So I think here it's called Double Up Food Bucks. It's the same federal program, and what they figured out in Illinois with Experimental Station is that farmers markets struggle with this stuff. So oftentimes farmers markets don't have regular staff. It's volunteer staff or it's part-time staff. And operating SNAP can be kind of technical and difficult. So Experimental Station got a grant, and they actually do trainings around the state for all the farmers markets to expand not only SNAP authorization and how to operate SNAP but also how to operate the FINI program.

ProMedica—I would say they're one of the national leaders in looking at food as medicine. So they're located in Toledo, and they had figured out some years ago... So they spend... They have a budget of I think about a million dollars that they spend on a community every year. And this predated the ACA, so they've been doing this for a while. So they thought, well, in inner-city Toledo what is the greatest challenge to the low-income people in those neighborhoods? They thought education—you know, 15, 20 years ago that's what everybody talked about. So they hired a consultant. The consultant went into the schools in Toledo to try to help kids pass their tests and become better educated. And they figured out the kids couldn't learn because they were hungry. So ProMedica figured out—oh, we need to work on hunger first before we can work on education. So that's how they got on board.

And they started with food rescue at one of the local casinos, so they were going and getting the food at the casino that timed out and then getting it to food pantries and soup kitchens. Every year or two they expanded it. They created a... They got a food pantry and several of their hospitals or units, so when somebody comes in, they



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do those couple questions to see if there's food insecurity in that household. And then they give them a bag of groceries. They link them to SNAP in Ohio, tell them that if they're not already SNAP certified, how to do that, and other programs as well.

They also support the Summer Food Service Program, and then this is their latest model, which is called the Ebeid Institute. So they figured out, well, we also have a food desert in Toledo. So they had a donor, and there was a vacant building there, right in the middle of the food desert. So they rebuilt a grocery store. It's a small store, but it's SNAP-authorized, WIC-authorized, and it serves that community. The other thing that they did, because they realized that economic development is also part of this mix. So they hire staff from within the neighborhood.

And then the final thing that they do—and more and more hospitals are getting on board with this—is figuring out, if we're purchasing millions of dollars in food or services in a year, if we're purchasing those and sourcing it locally, that food and that money is going to go right into the community. And that's going to help address some of those root causes. So the other thing they do at this store is they source local food. So there's hummus that's made in the neighborhood and some other products.

A lot of times I get asked—Well, what about some models in smaller towns? So this is one, the Canal Market District in Newark, Ohio. So they had a major employer, DHL, that pulled out, and it really pulled the plug on their economy. So they've redeveloped their downtown, put in a farmers market with a shed. Instead of an alley, there's a nice pedestrian walkway that links the city hall with where the market is. They have music, they have activities, and the great thing about this model is it provides access to local food for the community, but the other thing is they've gotten the involvement of banks and institutions and hospitals. So similar to the Rush model that I talked about, what the banks will do and the hospitals is, instead of giving you a box of chocolates for your birthday, they give you certificates or tokens for the farmers market. And they also support the FINI incentive program. So it's ways that they're keeping those food dollars in the community while also encouraging healthy eating and supporting SNAP.

This other piece of the Chicago Botanic Garden model is so for years now they've been training all of these youth and ex-offenders on how to grow food and be a farmer. Well, a lot of them aren't going to be able to farm, or maybe they figure out if they go through the certificate program that that's not what they want to do. Well, a lot of them are graduating and going into the food industry, so they're learning soft skills, and they're able to apply those in other jobs. They have a really high placement rate, and their placement rate is into jobs that are above the average for people that are entering the workforce from those categories.

So what they do at the Legends Farm—this is also with the USDA Beginning Farmer Rancher Development Grant—is they're allowing these new farmers to actually try out a business. So one of the graduates, she grows flowers, and she sells those to some of the best restaurants in Chicago. So she demands a pretty penny for those.



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She makes a decent amount of money. And there are some other ones that grow really fine vegetables for the restaurants. But they have an opportunity without any financial investment, to try out their business model. And again, even if they don't end up doing food, the skills and the lessons that they learn they're able to apply to the jobs that they do in the future.

I had mentioned Cleveland Clinic earlier, so that's also in a depressed neighborhood, a giant campus. I don't know if you've been there, but in the middle of the campus they have a huge, vibrant farmers market with music. And so I first visited maybe ten years ago, and they were already big supporters of SNAP, and this was before there was a National Incentive Program. So they were already doing incentives for SNAP and WIC, and then the work in the schools as well.

ProMedica graduated and figured out, we need to be doing stuff nationally. So they helped, along with the AARP Foundation, to create the Root Cause Coalition. If you haven't checked out their website or gone to one of their annual summits, I recommend it. They look at all of the issues that are facing the populations that we're concerned with. So economic opportunity, re-entry, housing, drug issues, all of these. So I recommend that you check them out.

Milwaukee Hunger Task Force—they got funding from a local grocer, and they have a mobile market. So the grocery store stocks it. It's called Fresh Picks. They have a regular route that they go. They're SNAP-authorized, they're FINI-authorized, so they go into the neighborhoods. They go to senior housing centers and to the low-income housing centers as well. I've gone to that before and seen people are lined up on the sidewalk, and a lot of seniors really want that access to fresh fruits and vegetables.

They also have a farm. The prison... And sorry, I should tell you. Milwaukee Hunger Task Force is a food bank in Milwaukee, and they operate almost all of our programs. And one of the ones that they operate, but not many food banks can say that they operate, is a farm. They inherited this farm from the Sheriff's Department. And what they do there is they grow... It's not certified organic, but it's close to organic, and they grow fruits and vegetables. They get volunteer organizations to come in. We've been up there just about a month ago. Our office went up, and we harvested kale and produce that then goes into the food boxes that get distributed in the food pantries and the kitchens, so that they also have access to fresh food.

So USDA and FNS programs and grants, the FINI program that I mentioned, so the last Farm Bill, two Farm Bills ago, this program, Double Up Food Bucks, had been supported privately, actually was in the Farm Bill. There was a hundred million dollars that was budgeted for this, so three different levels of grants, pilots, mid-level, and then large-scale ones. So the Double Up Food Bucks that you're operating in Iowa is one of the large-scale ones. So it's an annual grant program. And with the last Farm Bill that we just had passed, it was changed to the Gus Schumacher, so we like to, because we're feds, we like to shorten things, so GusNIP is what we call it, and





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that will be coming out soon. So if you don't already have a GusNIP grant, please look for that.

Community Food Projects—this is a USDA grant program, and it's really to increase food insecurity and support the local food system in communities. It's a smaller grant program. If you're not familiar with it, I recommend that you check that out.

And then another one—farmers markets. If you're not already working with farmers markets, it's a great opportunity to support the local economy and the farmers in Iowa as well as provide fresh fruit and vegetable access. So this is a promotion program, grant program that USDA offers to help support those efforts. And it's not just farmers markets, it could be any direct farm-to-consumer program or model.

Now, if you want to join the healthcare network that I mentioned, you can send me an email, and I'll send you the information to sign up. So my email is there. Madeline can also provide it for you. The Midwest Farmers Market Partners that Penny facilitates, you can sign up for that by sending her an email.

Then our last one, the Good Greens, the local Food System Network, you can send me an email for that.

Farmers markets, just very quickly. I'm running out of time. But when I mentioned that if you're not already working with or supporting farmers markets and communities, why you should think about that. So a lot of the problems that we have in rural areas, well, urban areas as well, is getting those economic development pieces in place. Farmers markets can do that.

And one of the ways that they do that is not just by providing opportunities for the farmers, but there are studies that show that people visiting farmers markets also visit retail nearby. So I was at a local food, local places project in a town in Northern Minnesota. They were looking at a farmers market, but they were going to locate the farmers market outside of the economically depressed, small downtown. So we recommended—put it downtown because the local retail establishments and the restaurants are going to benefit from that as well. There's lots of studies about this. Not only does it improve the health of people that visit markets, but there's an economic spillover effect as well.

I'm just about on time. So Penny had recommended to me. I was going to use some other model about really inspiring hope and thinking about vision and looking at things differently—and all these models do that, and they've evolved. So the one that she recommended that I finish with is the Flint Farmers Market. So our agency has been doing work in Flint in response to the lead crisis that was there and figuring out that, if people had calcium and iron and some fresh fruits and vegetables that could mitigate the lead absorption, so we were working there. And the first time I went there, we went to the Flint Farmers Market. And I don't know about you, but my impressions of Flint, based on media coverage, it didn't seem like a very nice



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place or that it had very much going for it. This is one of the best farmers markets I've seen anywhere. It's an amazing model.

And what they did is they took advantage of a disadvantage. *The Flint Journal*, they had built this new, beautiful operating center and printing plant right downtown. And with all the media consolidation that's happened in the last 10 to 20 years, it closed, and they went electronic and they were bought out. So they had this great big, huge, beautiful building right in downtown Flint. So they made it into a year-around farmers market. They've got great programs in here. The high school kids actually work at the market, so they learn skills about how you sell stuff, how do you budget stuff. They work some hours there. They make a little money. They're WIC and SNAP-authorized. They have a health clinic there. And there's a food court there as well, but it's all—it's no chains, not that they have anything against chains, but the whole idea is to support local businesses and keep that food in the community and that money in the community. So lots of stuff going on there. And it's a community center, so they have lots of events there. When we did a big event to talk about the response to lead, that's where we did it, in the main atrium there. So it's a real destination now. People go there not just to get food or not just for lunch but for weddings or events, or to go have a drink. And there's a community kitchen there as well.

So I share all of that to give you lots of ideas for thinking about what is possible. Everybody has got resources. Whatever town you're from in Iowa, there are resources there, whether it's the land or it's a vacant building or it's SNAP dollars or it's some USDA programs. I always like to say—Everybody eats every day. And, well, we try to have everybody eat every day, but most people do. They're spending dollars every day. Now, if those dollars are spent on food that's not locally produced, those dollars are leaving the community. So when you're talking about depressed areas, economically challenged areas, if you can even change by 10%, the food habits, the purchasing habits of the community, you can make a big difference in the economy—which is going to address the root cause of a lot of hunger.

So that's my contact information. Our Midwest Region looks forward to working with you in the future. Please reach out to us if you have questions about our programs or USDA programs as well. We talk a lot about some of these programs that I featured. There are some other ones that I didn't get into that we do talk about in the Good Greens and the Farmers Market and the Health Care Network Partner meetings. So please contact us if we can help.

## Q&A

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And I'm a little over, but I'll open it up to any questions, unless Madeline gives the... Okay, okay, so there are some mics around. Any questions about any of the information. I know I've downloaded a lot. I talk really fast, but if you have questions about anything that I discussed or any FNS or USDA programs, I'd be happy to answer those.



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- Q Hi. I was sitting in the front row here, and I was just wondering if you guys had any agriculture utilization projects that are working hand in hand with your programs at the Midwest office, that are currently in place right now.
- A So our office does not, but there are lots of models like the Chicago Botanic Garden one. There's one, Cleveland Botanic Garden. There are several that... As I mentioned earlier, each region is pretty small, so we work and try to help connect organizations with our programs in order to do that. But we don't do any of the direct work.
- Q Hi. My name is Luke. I work at a food pantry network here in Des Moines, and we have a program that's kind of an alternative pantry model that we've been trying, called Food Pantry 2.0. We never thought of a better name than that. But at all of our pantries we have client choice, but we've tried to take that one step further and have moved to a point system from 1 to 5 with healthy foods given a lower point value and less healthy foods given a higher point value. So the idea is that by doing that, we're incentivizing people at food pantries to make some healthier choices. We've also tried partnering with some healthcare providers to do some biometric screenings and things like that. But one real struggle for us right now is that we are not allowed to use T-fat foods in that pantry, and so we do have them there if people don't want to go through the Food Pantry 2.0 process. We have T-fat food available. But we'd like to expand it to more pantries in our area. However, we're paying more for the food in those pantries because we can't access that food. And so any help that your office can provide, I'd love to connect to see how we might be able to resolve that issue, because we want to make making the healthy choice the easy choice. So I'm happy to connect about that afterwards too.
- A Sure. Yeah, we'll be around, and we can talk about that. A lot of times with questions like this, what we can do is schedule a conference call about some challenge or some idea that you have, and then we'll get the state staff, and then our program staff, and we can have a conversation about it, talk about the roles of... Sometimes we'll find that people don't always understand our rules. I don't know how that can be. But every once in a while that happens. So sometimes we have these conference calls, and we've resolved it within the first two minutes because it's based on a misunderstanding, so we'd be happy to talk about that with you. Other questions? Clear as mud.

So thank you, Madeline, I'm really honored to be here, and we look forward to working with all of you, and thank you for the work that you're doing.

## **Madeline Goebel**

Well, I will keep it quick because I know we ran over just a bit but I just wanted to say thank you so much for being here today we always enjoy providing this platform and bringing everyone together it's really my hope that we not only just have these conversations here at the summit but we take them throughout the year. A lot of



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this doesn't matter if we don't take this and put it into action, so I really encourage you to keep those connections and keep the conversation going after today. Just a little housekeeping, we did send out a survey just a few moments ago, so if any one of you have feedback or suggestions for the coming years, please let us know. Thanks so much and have a great day.