

EIA Recommendations - Food Security work group feedback

SFPB Recommendation from April 22nd board meeting (re: food security):

"Identify innovative and proven practices to mitigate barriers to access for food-insecure residents and implement proven practices that are not just geographically but also socially and culturally appropriate to improve access to healthy and local foods and reduce hunger in our community."

Requested:

- Identify short and long-term policy objectives to accomplish the above
- Detailed input on what should be included as justification and direction for above

Feedback (with justification or direction, as applicable):

1. Identify innovative and proven practices to mitigate barriers to access

- *Mitigate physical barriers to local, healthy foods in underserved Austin/Travis Co.*
Investigate funding and/or partners to replicate Baltimore HHS' successful Virtual Supermarket (<http://baltimorehealth.org/virtualsupermarket.html>)

Review and compile a report on existing mobile market pilots and case studies in other cities to determine the impact on low-income residents (EIA Recommendation #5 - p. 28).

- See Healthy Food Access Portal's 2013 report on success stories:

<http://healthyfoodaccess.org/library/browse/mobile-markets-applying-food-truck-model-for-food-access>

Develop a coordinated neighborhood strategy that focuses on improving physical access to healthy food by targeting one or two underserved geographic areas.

Incentivize traditional food distribution facilities in underserved areas to include smaller independent grocery stores, to food markets and larger, full-service grocery store chains like Walmart or HEB, depending on population density and the needs of the encompassing neighborhoods.

Incentivize private enterprise to purchase locally from area farmers and strengthen local food distribution from farmer to retail establishment.

Incorporate a food shuttle transportation program (partner with Capital Metro) to area grocery stores for those residents who either no longer drive or cannot afford to drive

Encourage a senior day or a discount promotion in the grocery stores, similarly to retailers who offer discounted prices during a particular time of day

Encourage grocery distribution sites to buy locally, sustainably produced food

Identify environmental barriers to access and eliminate in the planning of new food retail locations (is bus line convenient, what methods of transportation can access, sidewalks, walkability)

Complete a visual gap analysis of grocery stores within the City of Austin and hold focus groups in local communities to determine demand and need for services.

Develop a pilot program creating a “healthy food neighborhood” using a multi-layered approach in an underserved area of the City of Austin.

Continued support for existing community food programs and resources that distribute food to those who cannot access existing grocery or retail food establishments because of transportation, income or physical barriers.

Justification: In reviewing the comments from the CHA/CHIP focus groups, the residents requested that certain services would benefit them or their families. Across focus groups, repeated solutions to health issues included bigger and closer grocery stores, Walmart, HEB in the community. In 2006, 8.7% of Travis County’s low-income population did not live close to a grocery store (less than one mile away). Under Objective 2.2 in the CHA/CHIP Plan, there are some areas of the County where there are no full-service grocery stores; it was suggested that the County complete a visual gap analysis of grocery stores as well as an assessment of demand in local communities which would also be helpful in the city limits.

- *Mitigate economic barriers to local, healthy foods in underserved Austin/Travis Co.*

(from SFPB April 2012 SNAP Recommendations)

Create a citywide outreach effort to the Hispanic population using a trusted bilingual public official. This effort should be disseminated using Latino media and the promotora (public health worker) population. Both the Latino media and promotoras are respected and trusted by the Hispanic population.

Create a city network/coalition of promotoras (partner with the Department of State Health Services, which does promotora certification and training and ensure that there are adequate programs within Austin/Travis County), to include education on local and healthy foods’ purchasing with SNAP and WIC.

Provide a comprehensive training for non-profit organization staff, mobile vendors, community partners, and grocers on SNAP and WIC—including requirements, enrollment procedures, etc.

Increase SNAP/WIC outreach by establishing SNAP outreach workers and promotoras in area grocery stores, particularly in underserved zip codes

Hold city-wide SNAP/WIC outreach enrollment “events” that are culturally sensitive in underserved areas, near or at farmers markets locations

Develop a SNAP/WIC “enrollment drive” at City of Austin clinics that supports a theme of “Food as Medicine.”

Incentivize equipment rentals or purchases that would allow mobile vendors and small fruit/vegetable vendors operating in food deserts to become SNAP/WIC vendors Program; or enhance funding to existing local vendors that currently accept EBT

Expanding enrollment sites for SNAP and available hours to access

Expand “double dollars” programs at grocery stores and farmer’s markets in low income areas.

Develop and implement an education/outreach strategy to increase the reach of Food Assistance Programs by **enhancing awareness**

Justification: CHIP Action Plan Recommended Strategy 2.1.3; CHA Community Forums - Spring 2012 (community responses); 54% of the people receiving meals from Meals on Wheels and More are living at or below the Federal Poverty level of \$11,490. 90% have incomes below 200% of the Federal Poverty Level or \$23,980.00 a year. 1 in 3 children raised in poverty remain in poverty as adults. Living in poverty may lead to or exacerbate behavioral and physical health issues. Health disparities often exist according to income level. Increased rates of cardiovascular disease are seen in individuals with incomes less than \$25,000. 1 in 3 children raised in poverty remain in poverty as adults. Travis County HHS/VS, Research and Planning.

2. Implement proven practices that are...socially and culturally appropriate to improve access to healthy and local foods. - and- *Mitigate cultural barriers local, healthy foods in underserved Austin/Travis Co.*

Draft a comprehensive report on proven social messaging strategies, health communication best practices, successful implementation/case studies to refine the exact structure and form of messaging to best target Austin/Travis Co. low-income audiences required to a) increase demand for b) ensure cultural relevance of local, healthy foods (CHIP Action Plan Recommended Strategy 2.2.4)

Create a long-term, strategic communications plan - including targeted branding campaign - for local, healthy foods in underserved Austin/Travis Co. areas e.g. “good food as a right,” food as medicine, and relationship to positive health outcomes (“Identify what messaging works” - under CHIP Action Plan Recommended Strategy 2.2.4)

Identify interactive, online (digital) tools that effectively reach underserved audiences to enhance awareness and connections between food insecure and local food vendors, SNAP/WIC outreach, farmers markets

- Use interactive “challenge” grant to allow innovators/entrepreneurs the chance to develop technology for social good

Explicitly incorporate the role of local food in community nutrition education efforts.

Create an all-encompassing “Austin” brand around local, healthy food that connects it to culturally appropriate entertainment, creativity, and lifestyle in underserved areas.

- “expand the brand, and continue the evolution of our external identity to include a broader view of entertainment, creativity, and lifestyle” (EIA Recommendation #5 - p. 28)

- With older adults, the message could be tied to better health outcomes:

Incorporate an educational campaign working with key stakeholders that emphasizes a directed message of “Food as Medicine, which can serve as a preventive or treatment plan in a clinical setting by emphasizing the undisputed connection between good nutrition and good health to promote positive health outcomes. Offer education opportunities in small group classes or one on one with registered dietitians in city clinics, neighborhood housing sites, etc. Incorporate physicians writing prescriptions for increasing number of servings of fresh fruits and vegetables

Reach out to creative and social marketing community with a “challenge” to create best “Austin” local food brand - targeted specifically at underserved communities

Identify key stakeholders in order to distribute messaging (AISD, schools, churches, grocery stores, worksites) i.e. physicians, Central Health, Health and Human Services, City of Austin Clinics, Health Department

Define “good food” and “local food” for Austin/Travis County

Justification: CHIP Action Plan Recommended Strategy 2.1.3, 2.2.4; CHA Community Forums - Spring 2012 (community responses); Related SFPB 2013 Workplan Mandates: “equitable access to healthy food;” “culture of good food as a right”