

Rural Food Access WG (RFAWG) Meeting Minutes
September 2015

1. Discussion: RWJF Culture of Health grant proposal (Marilyn Sitaker)

During a separate call on Sept 4, Marilyn suggested taking a similar approach of the Bright Spots grant, but focusing on the intersections between local food and health outcomes.

Whether local food systems brought returns to farmers, impact on local economy, local nutrition impact. Currently, little evidence on these links, especially health + economic impacts.

Originally she proposed a Bright Spots approach to looking at local food systems.

We are looking at food as entrenched within health and economy sectors.

What value added does local food systems bring to a healthy diet? Is that equally distributed along stratum of society?

IOM report “A framework for assessing effects of the food system”. Look at food and food services through production, wholesale, distribution, consumer: the whole chain operates in a sphere of social organization, science, biophysical, environment. What we could propose to RWJF is to just focus on the health part, what is impacted by the food system. We can't model the whole system, but can be mindful of it. Given that people are experiencing the industrial food system. We should consider SES and racial/ethnic . Consider other community markers of access to health, policies. SNAP, WIC participation rates, food banks, community and household gardens. Put all those things into a model, and then test what added benefit is the local food system? Create a robust index measure for a strong local food system that indicates health. Dietary quality measure – this is more upstream of a healthy food system. What additional benefit does a strong healthy viable local food system contribute to dietary quality? We could then use that model to identify communities that have high nutritional /dietary quality, as well as vibrant strong local food systems. Those could be our Bright Spots communities to then qualitatively ask how they do this. What makes it possible? What are values that support local foods? What is happening at subcommunity level? Is there equitable access? What are subsidies or other cost controls? This allows us a model that incorporates self-comparison.

Data sources: US agricultural survey, County Health Rankings, US Census.

There is little evidence to suggest that local food system improves access to healthy food and dietary quality. Using national data set, figure out what is value-added. Then use model in different ways to identify communities.

A deeper dive can look at this relationship between local food and dietary quality. But it might reveal disparities in certain populations – i.e. poverty, elderly, etc.

Q: How we would control for endogeneity – idea that a lot of these policies are passed in areas where people already might have a good diet due to education, income, etc. So the food system is not driving the diet quality, but rather the social aspects.

MS: If we use a national sample, we could try to accommodate the differences between communities (natural): educated, progressive communities might have policies besides local food that facilitate food access. High income disparity communities might have food subsidy programs.

The purpose of doing this model is to identify communities where it seems like a local food system is making a difference. Then to ask “why” is it making a difference?

Q: Maybe the outcome should be disparities in diet quality vs. overall diet quality.

MS: The local food system isn't the only thing we could study. We want to make sure we take advantage of ideas of others in the group.

MS: vision of RWJF is that they want health equity, and communities with multi-sector partnerships, and where clinical entities have public health relationships in community. They want to cultivate the underlying things that promote health. Values, social relationships that promote health equity. While their RFP was politically neutral, they were really trying to get at social determinants of health.

Qualitative aspects look more deeply at policies (NOPREN), but also community values, social cohesion, CSA support of local farmers, gleaning programs, cost-offset CSA

Next step: discuss modeling with Jarrod. Send out outline. Use Bright Spots proposal as template.

2. Introducing Leah Maynard, the new CDC liaison to RFAWG. She is an epidemiologist in the Obesity Branch at the CDC. She is currently working on food service guidelines. She's originally from rural West Virginia.

3. Announcement of Health Impact Assessment funding (Lauri Andress)

RWJF and Pew Charitable Trusts have announced a new funding opportunity, [Health Impact Project](#).

Proposal due Nov. 13. They have indicated 7 southern and App states where they will accept proposals from. AL, AR, KY, MS, LA, WV, TN. The funding occurs in 2 stages: (1) \$45k to carry out the first 2 steps of a HIA. (2) If approved, move on to implementation phase. They're going to award 7 foundations grants up to \$45k to leaders and organizations. This is a new approach for them. **Sept 30 2pm EST informational webinar, sign up at link above.** Lauri would like to put something together to apply. If another state wants to take the lead, or WV could. In WV, they are doing capacity building for HIA. They've done trainings for HIA in school of public health. Others did HIA training as part of community transformation grants. In Houston where she previously worked, they did HIA on transportation oriented development and impact on low SES community. Equity impact is the focus of an HIA. They're not funding initially for someone to do complete HIA. Lauri thinks the better HIA's are paired between academic and community organizations.

Candace Rutt is expert at CDC on HIA. Leah will put Lauri in touch with her.

Announcement: For those attending APHA in November, Melissa Akers is organizing a NOPREN meet-up in which we'll have a chance to break out into working groups. **If you are attending APHA, please do this survey to indicate your available times!** <https://www.surveymonkey.com/r/SC23SFN>

Next meeting: October 20, Mark Swanson will talk about CBPR in rural Appalachian healthy food access studies.