COOK COUNTY FOOD ACCESS PLAN

A TWO-YEAR STRATEGY TO ADDRESS FOOD INSECURITY IN SUBURBAN COOK COUNTY

Food insecurity and inadequate food access are multifaceted issues affected by an array of socioeconomic factors. Over 760,000 Cook County residents are food insecure, meaning they lack access, at times, to enough food for an active, healthy lifestyle. More than 30% of this need is found in the suburbs. The cost of food insecurity in terms of avoidable health care costs, poor educational outcomes, and lost productivity necessitate a coordinated, collaborative, county-wide response.



MORE THAN 760,000 PEOPLE IN COOK COUNTY ARE FOOD INSECURE, meaning they struggle to access the food they need to live a healthy life. The reality of hunger is as much a suburban problem as one of the city and the consequences take a devastating toll on the health, economy and future of our communities. Yet, many of these costs can be lessened or prevented through improved coordination of efforts, committed partnerships, and innovative thinking.

Cook County government and a network of stakeholders passionate about increasing nutritious food access across the county must work together to address this challenge. In recognition of these opportunities, we asked a group of cross-sector leaders to develop a two-year action plan that sets the foundation for a countywide strategy to increase food access. Building off existing research, plans, activities, partnerships, and community assets, the Cook County Food Access Steering Committee sought to identify initial steps to address the formidable and complex challenge of food insecurity in suburban Cook County.

With an initial focus on the South Suburbs, three actionable recommendations materialized that connect the dots between food insecurity and health care, child nutrition and education, and food access and economic development. Each intervention drives greater collaboration, leverages existing resources, and aligns with the interests of actors across the private, public, and nonprofit sectors.

This plan will be implemented by the Cook County Food Access Task Force housed in the County President's office. Once formed, the Task Force's initial three collaborative interventions are:

- Expanding customizable food insecurity screening and referral system at Cook County Health and Hospitals System locations to increase patient access to community food resources as needed.
- Creating a Suburban Cook County Child Nutrition work group to increase student access and participation in School Breakfast and Summer Meals programs.
- Growing the use of Supplemental Nutrition Assistance Program (SNAP) benefits and incentive programs at farmers markets and farm stands throughout Cook County to increase retail options open to food insecure customers and beneficial to the local economy.

While the scope of food insecurity in Cook County is large, resources are available and solutions are within reach. The Cook County Food Access Plan is a roadmap to form partnerships and overcome obstacles necessary to connect struggling households with the nutritious food they need to thrive.

The success of this plan depends entirely on the combined efforts of elected officials, public offices, private philanthropists, charitable organizations, schools, businesses, and community members alike. Together, we can envision a day when every person in Cook County has enough nutritious food to eat.

Toni Preckwinkle Board President Cook County

Kate Maehr Executive Director & CEO Greater Chicago Food Depository

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EXECUTIVE SUMMARY

Over 760,000 people in Cook County are food insecure and more than 30% of them live in the suburbs.¹ The magnitude of this need and the linkages between adequate access to nutritious food and health, educational attainment, and economic prosperity make food insecurity a primary public health, community and economic development concern. The 2010 finding that "hunger costs our nation at least \$167.5 billion due to the combination of lost economic productivity per year, more expensive public education because of the rising costs of poor education outcomes, avoidable health care costs, and the cost of charity to keep families fed," makes it imperative that all stakeholders employ innovative strategies to respond to this need from multiple collaborative angles.²

Indeed, committed stakeholders have been working for many years to improve the situation of people facing these challenges in Cook County. While significant progress has been made to improve access to healthy food and alleviate hunger, and thus to alleviate the myriad negative consequences associated with food insecurity, many challenges and unrealized opportunities remain. Significant progress in this area requires a cross-section of collaborators coming together to leverage their own expertise and work with that of others and with existing community assets. As such, this proposal zeroes in on three overlapping areas directly related to food accesshealth, education, and economic development-in which the Cook County government can provide direct leadership or assistance. It will identify initial and immediate steps toward embedding equitable and sustainable food access system support at the county level. Each recommended action also purposefully makes economic sense for the Cook County public.

First, food insecurity is associated with a host of adverse and costly health outcomes. Access to wholesome and reliable nutrition is critical to treatment and recovery from illness in addition to preventing health problems. In this way, food is medicine. Food insecurity can increase hospital visits,³ including to the emergency room,⁴ can contribute to poor chronic disease management,⁵ and can result in cost-related medication nonadherence,⁶ all



of which exacerbate illness while increasing cost. In fact, a recent study from Ontario, Canada, found that total annual health care costs were 23% higher in households with marginal food insecurity, 49% higher in households with moderate food insecurity, and 121% higher in those with severe food insecurity in comparison to foodsecure households,"⁷ and another found that "the odds of becoming a high-cost user (HCU) within the next five years were 46% greater for those living with food insecurity" than for the food secure.⁸

Many innovative initiatives aimed at creating stronger links between the hospital system and communitybased resources are currently under way across the country, and Cook County Health and Hospitals System (CCHHS) is well-positioned to become an emerging leader in this regard. In fact, a food insecurity assessment pilot for pediatric patients is currently in development at CCHHS' Logan Square Health Center location. CCHHS provides care for many of the county's most vulnerable and impoverished residents; between June 2014 and June 2015, the network saw 217,953 unique patients, 151,831 emergency department visits, and 22,796 inpatient admissions, including 35% without insurance. Facilitating the identification of all food insecure patients in Cook County and ensuring they know how they can access food through government programs and charitable sources can hedge against such health care costs for providers, patients, and insurers alike.9

Second, adequate nutrition is essential to children's ability to grow and learn properly, yet lack of participation and access to school breakfast and summer meal programs leave many suburban children vulnerable to hunger and millions of federal dollars untouched. In the 2013-2014 school year, an estimated 28% of suburban children eligible for free and reduced-price school meals participated in the school breakfast program, while 73% participated in the lunch program.¹⁰ This represents over 70,000 students who may be in need of breakfast but find the breakfast program less accessible. Moreover, if the current school breakfast participation rate in the Cook County suburbs jumped to 70% through adoption of the Community Eligibility Provision and other strategies discussed in this report, an additional \$13 million and decreased administrative burden could be absorbed by school districts in the form of meal reimbursements.

Similarly, in summer 2014, only 4.4% of students eligible for free and reduced-price school meals participated in summer lunch programs in the Cook County suburbs. 165 summer meal sites offered nutrition to suburban children when school was out. By comparison, the City of Chicago has over 1000 summer meals sites and an estimated 15.3% participation rate. If summer breakfast and summer lunch participation rose to 30% among students eligible for free or reduced-price school meals through strategies outlined in the full report, an estimated additional \$14.9 million could be brought to the suburban municipalities through meal reimbursements.

Finally, clusters of geographies with very limited nutritious food retail exist throughout the county despite the considerable buying power held by the inhabitants of these communities. While brick and mortar grocery stores are essential to healthy food access, farmers markets, farm stands, and other mobile vendor-to-consumer transactions can provide access points to food insecure populations while increasing sales for local small and medium-sized food producers. More than 1 in 6 Cook County households participated in the Supplemental Nutrition Assistance Program (SNAP) in 2013, including over 100,000 suburban households that were allocated more than

\$600 million in SNAP benefits between September 2013 and August 2014.11 With less than .012% of Illinois SNAP dollars spent at farmers markets, or \$383,585 in 2014, there is great potential to better connect farmers and food insecure consumers to the benefit of all.¹¹ Currently, only 10 of the 43 markets in the Cook County suburbs accept the LINK card as a form of payment. If all suburban farmers markets that currently do not accommodate SNAP began offering this service with the support recommended in this report, suburban farmers market SNAP redemptions as a whole could be projected to increase at least three fold to an estimated \$106,359, translating to additional local economic activity of \$190,383.12 This number would rise substantially if incentive programs such as Double Value coupons are available.13

This plan, hereby, is the first step in the formation of a Cook County Food Access Task Force housed in the Cook County President's office. Led by a Greater Chicago Food Depository staff member, this Task Force is charged with implementing three incubating food insecurity alleviation projects leading from the above information. Setting the time frame of two years to complete this beginning groundwork for future initiatives, four interrelated and specific actions of the Task Force include:

- Expanding customizable food insecurity screening and referral systems to all Cook County Health and Hospitals System locations to better connect health systems and community food resources.
- Forming a Suburban Cook County summer meals and school breakfast outreach work group to better connect school children in need with accessible nutrition programs.
- Strengthening use of Supplemental Nutrition Assistance Program (SNAP) benefits and incentive programs at farmers markets in high food insecure areas throughout Cook County to better connect food insecure customers with local sources of quality food.
- Identifying funders and other philanthropic partners to join the Task Force in these efforts.

INTRODUCTION AND OVERVIEW

Over 760,000 people in Cook County are food insecure and more than 30% of them live in the suburbs.¹⁴ The magnitude of this need and the linkages between adequate access to nutritious food and health, educational attainment, and economic prosperity make food insecurity a primary public health, community and economic development concern.

Committed stakeholders from all sectors have been working for many years to improve the situation of people facing food insecurity in Cook County. Initiatives such as the Chicago Metropolitan Agency for Planning Local Technical Assistance Projects and Cook County-led economic, community, and transportation development projects focused on building comprehensively strong, livable, and prosperous neighborhoods have made huge strides in improving the quality of life of inhabitants. They also represent natural opportunities to integrate access to food into planning efforts. Moreover, several formal planning documents, studies, and legislation have come out of various Cook County departments and collaborations that directly speak to food access as a prime driver of individual and community health, though no mechanism exists to ensure these complementary forces are working in concert and action is taken at the county level. While significant progress has been made to improve access to healthy food and to alleviate hunger in the county through these efforts, many unrealized opportunities to increase food access for all Cook County residents remain.

Recognition of the substantial potential for partnership across departments and sectors prompted the creation of this proposal at the encouragement of the Cook County President's office. After documenting key findings and recommendations from existing reports and plans related to food access, the Greater Chicago Food Depository convened a new Cook County Food Access Steering Committee in early 2015 to provide strategic direction and subject matter expertise toward this end. The Greater Chicago Food Depository, Cook County's food bank, has been a leader in improving food access in Cook County since 1979 and in recent years has emerged as a leading policy and advocacy

RECENT KEY PLANS, REPORTS, AND LEGISLATION AFFECTING FOOD ACCESS IN COOK COUNTY.

Chicago Metropolitan Agency for Planning GO TO 2040 Comprehensive Plan, July 2009;

Illinois Local Food, Farm, and Jobs Act of 2009 Enacted;

Illinois Commission to End Hunger Established, June 2010;

Illinois State Health Improvement Plan, 2010;

WePLAN 2015: Suburban Cook County Community Health Assessment and Plan, 2010;

The Suburban Cook County Food System: An Assessment and Recommendations, 2012 & Food Access in Suburban Cook County, 2012;

A Recipe for Healthy Places: Addressing the Intersection of Food and Obesity in Chicago, 2013;

An Assessment of Corner Stores in Suburban Cook County, Illinois: What They Are, and What They Carry, 2014;

Planning for Progress: Cook County's Consolidated Plan and Comprehensive Economic Development Strategy, 2015-19;

FARM Illinois: A Food and Agriculture Roadmap for Illinois May 2015.

*Descriptions and alignment with food access issues can be found in Appendix 2.

organization focused on the issue of food access. Many years of work with community, business, philanthropic, and government partners across Cook County have strengthened the Food Depository's commitment to collaborative solutions to end hunger among the county's vulnerable populations. Made up of Cook County government staff from multiple departments together with organizations involved in food systems, the 2015 Cook County Food Access Steering Committee deliberated on the many intersections of food access with health, education, economic development, land use, transportation, and more. Inclusive of an extensive environmental scan and asset-mapping process, the learnings from this process resulted in this report and action plan.

This plan lays the groundwork for the Cook County Food Access Task Force housed in the Cook County Board President's Office as it jumpstarts projects in select areas that the Cook County government can directly provide needed leadership and assistance. Specifically, after assessing the need for urgent action regarding food access and gaps in the existing nutrition assistance infrastructure in Cook County, three actions are outlined: expansion of customizable food insecurity screening and referral processes at Cook County Health and Hospitals System locations to better connect the health system and community food resources, formation of a Suburban Cook County summer meals and school breakfast outreach workgroup to better connect school children in need with accessible nutrition programs, and strengthening the use of Supplemental Nutrition Assistance Program (SNAP) benefits and incentive programs at farmers markets and farm stands in high food insecure areas throughout Cook County to better connect food insecure customers with local sources of quality food. Identification of funders and other philanthropic partners to join these development efforts will be critical as well.

The interventions in this report provide initial steps on the Task Force's path, and thus the County's path, of supporting a forward thinking, equitable landscape of food access in Cook County based on collaboration. Alignment with other pertinent Cook County plans, identifying potential partners, and articulating opportunities to increase awareness, targeted outreach, dissemination of best practices, and impact measurement were key criteria when considering alternative actions to feature in this report. While the precise design, implementation, and evaluation models will necessarily be developed by the Task Force, Steering Committee suggestions are outlined in the recommendation blueprint tables offered in each intersection area.



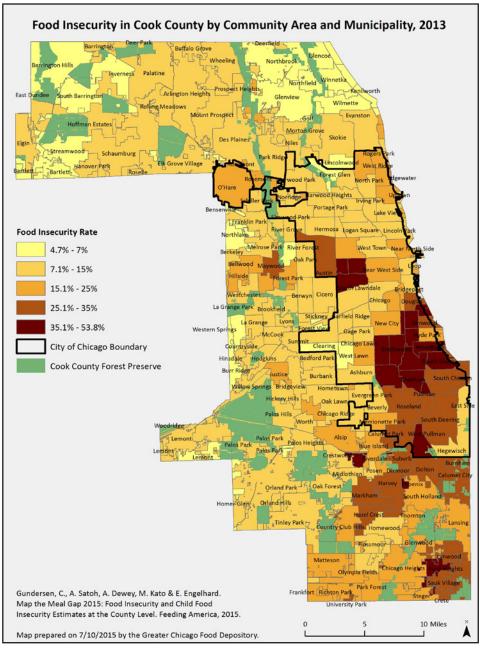
THE NEED: FOOD INSECURITY IN COOK COUNTY

As of 2013, 761,980 people (14.6% of the population) and 254,470 children (20.9% of the child population) in Cook County are estimated to be food insecure. This means that more than 1 in 7 people and 1 in 5 children are without reliable access to adequate food at times throughout the year in Cook County, including an estimated 242,400 suburban residents.¹⁵

Although food insecurity exists in every community in the county, some areas experience higher concentrations of need, particularly in the South Suburbs. Ford Heights, Robbins, Phoenix, Harvey, and Riverdale have some of the highest food insecurity rates in the state, ranging from 33% to 50%. By comparison, the statewide food insecurity rate is 13.6% and Chicago's food insecurity rate is 19.2%.¹⁶

Research suggests that food cost is the chief barrier to healthy food access,¹⁷ but disparities in proximity to quality and culturally-appropriate food sources are an important part of this picture as well. Funded by the Cook County Department of Public Health-led Communities Putting Prevention to Work

(CPPW) project, the 2012 assessment "*Food Access in Suburban Cook County*" found that more than 350,000 Cook County residents live in low food access areas in the suburbs.¹⁸ Defined by distance to the nearest supermarket, supercenter or warehouse store, and median household income below the county's median household income, the researchers found the least access in the south region of the





county and the greatest access in the north region. Similar to prevalence of food insecurity, pockets of low food access exist throughout Cook County as well.

CONSEQUENCES OF FOOD INSECURITY

The costly consequences of food insecurity require attention from a wide spectrum of stakeholders, most glaringly from the public health, education, and community economic development sectors. Indeed, there is a significant body of literature that documents the many impacts of food insecurity on the physical and economic health of people of all ages and the communities where they live, learn, and play. For example, Craig Gunderson, a leading researcher on food insecurity in the United States, asserts that "households suffering from food insecurity are more likely to have children who suffer from anemia, lower nutrient intakes, higher levels of aggression and anxiety, higher probability of being hospitalized, poor general health, higher probabilities of dysthymia and other mental health issues; higher probabilities of asthma and behavioral problems, and more instances of oral health problems."19 In fact, food insecurity has been documented to damage children's brain development before they ever enter a classroom. By the time food insecure children begin school, they can be cognitively and physically behind their food-secure peers.²⁰ These impacts continue as children ageresearchers also found that food insecure 6-11 year olds were more likely to repeat a grade and had lower general achievement test scores than food secure children in the same age group.²¹

Food insecure adults of all ages are more likely to have long-term physical health problems, higher levels of depression and chronic disease, and to be more likely to have limitations in activities of daily living. Older adults are especially vulnerable. Specifically, "food insecure seniors are 53 percent more likely to report a heart attack, 52 percent more likely to develop asthma, and 40 percent more likely to report an experience of congestive heart failure." Compared to their food secure peers, food insecure older adults are also found to be 60 percent more likely to experience depression.²²

Researchers have found the consequences of low access to quality food retail to have long-term implications as well. PolicyLink and the Food Trust assert that better access is associated with healthier eating and lower risk for obesity and other diet-related chronic diseases.²³ Additionally, healthy food retail in underserved communities can create quality jobs while helping to revitalize low-income neighborhoods.²³

The finding that "hunger costs our nation at least \$167.5 billion due to the combination of lost economic productivity per year, more expensive public education because of the rising costs of poor education outcomes, avoidable health care costs, and the cost of charity to keep families fed," further incentivizes all stakeholders to employ innovative strategies to address this challenge from multiple collaborative angles.²⁴



POVERTY GROWTH IN THE SUBURBS

The need for a robust, coordinated response to food insecurity in Cook County is underscored by the growth in poverty in the suburbs over the last two decades. Although poverty and food insecurity are not synonymous, underlying the issue of food insecurity and access to quality food retail is the presence of poverty and economic hardship in our community. Efforts to reduce poverty and improve economic opportunity will positively affect food security as well. According to the Heartland Alliance's Social IMPACT Research Center, as of 2011, the share of people living in poverty between the City of Chicago and the larger metropolitan region is now equal, up from a 66/34 split between the city and greater metro area in 1990. Although areas of persistent and concentrated poverty exist in the county, the report points to a complex network of factors that have influenced this significant shift, including "economic decline, job movement, growth in low-wage work, stagnating and falling wages, overall population growth, demographic changes and shifts in housing affordability and policies."25

TABLE 1.

Homing in on Suburban Cook County, analysis of the most current census data reinforces these findings. As shown in Table 1, the number of people living in poverty has grown across the county as a whole from 2005 to 2013, though this growth has been most significant in the suburban areas of Cook County. Indeed, suburban Cook County has seen a 48.5% increase in the number of people living in poverty over this time period compared to +6.6% in Chicago. Moreover, suburban municipalities with the highest 2013 poverty rates, according to the U.S. Census, are concentrated in the southern region. Ford Heights, Dixmoor, Harvey, and Phoenix each experience poverty rates above 30%.

Since there is no single cause or pathway to or out of poverty and food insecurity, a portfolio of diverse responses is needed to best target resources and reach people in need. The current landscape of nutrition assistance programming in Cook County is described in the following pages.

	Cook County, 2005	Cook County, 2013	Chicago, 2005	Chicago, 2013	% change Chicago, '05-'13	Suburban Cook, 2005	Suburban Cook, 2013	% change in Suburban Cook, '05-'13
Total population	5,191,891	5,150,356	2,692,618 (51.9% of Cook County total)	2,661,511 (51.7% of Cook County total)	-1.2%	2,499,273 (48.1% of Cook County total)	2,488,845 (48.3% of Cook County total)	-0.4%
Number of people in poverty	777,089	913,990	573,486 (73.8% of Cook County total)	611,717 (66.9% of Cook County total)	6.7%	203,603 (26.2% of Cook County total)	302,273 (33.1% of Cook County total)	48.5%
Percentage of people in poverty	15.0%	17.7%	21.3%	23.0%		8.1%	12.1%	

CURRENT COUNTY-WIDE RESPONSES TO FOOD INSECURITY

The food assistance resources available in Cook County are varied and substantial, yet proximity to resources and participation in programming is unevenly distributed throughout the county.

Federal nutrition programs, most often administered at the state level, form the bedrock of food assistance across the nation, including Cook County. The Supplemental Nutrition Assistance Program (SNAP) formerly the Food Stamp Program, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), School Breakfast Program (SBP), the National School Lunch Program (NSLP), the Summer Food Service Program (SFSP), the Child and Adult Care Food Program (CACFP), and The Emergency Food Assistance Program (TEFAP) all serve critical roles in the food access safety net. More detailed overviews of each of these programs are available in the CMAP GO TO 2040 Hunger Report described in the appendix to this report.

The significant scale of these key programs is illustrated in Table 2. Across Cook County, an estimated \$2.02 billion were allocated to SNAP beneficiaries between September 2013 and 2014, with over 1 in 6 households participating in this critical program. WIC families received the equivalent of over \$97 million worth of food. In 2014, approximately 1 in 4 students in participating schools received free or reduced-price breakfast and more than half received free or reducedprice lunch. Participating in summer meal programs is substantially lower, with only 11% of students receiving free or reduced-price school breakfast also getting summer breakfast, and 15% of students receiving free or reduced-price school lunch also accessing summer lunch.

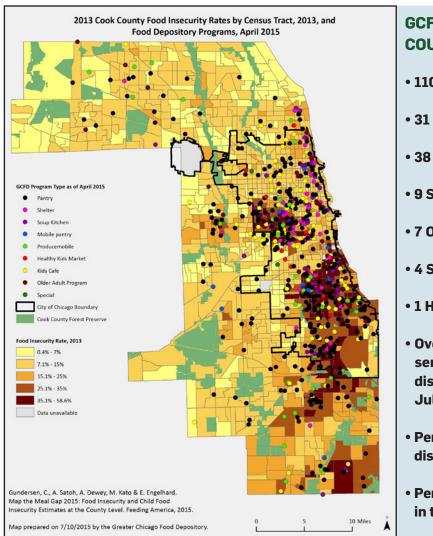
Many additional local government and direct nonprofit hunger-relief organizations are active across the county as well, including Catholic Charities, AgeOptions, Chicago's Department of Family Support Services, many suburban townships, and more. The majority of social services infrastructure tends to be focused in the central city where it was historically needed, however, resulting in gaps between need and programmatic responses in the suburbs.

This pattern is also true when looking at food assistance programs connected with the Greater Chicago Food Depository. The organization sees a pressing opportunity to expand services to targeted suburban areas most in need. Consistent with internal plans to extend their suburban reach based on the shifting face of hunger among their clients, the Food Depository investment in this plan is in part a response to these observed needs.

The Greater Chicago Food Depository collaborates with a network of more than 650 member agencies, schools, health care centers, and other partners to serve an estimated 812,000 unique individuals in Cook County annually, including approximately 294,000 in

ESTIMATED	FEDERAL NUTRITION PROGRAM UTILIZATION, COOK COUNTY ²⁸
SNAP	 16.3% of households received SNAP benefits in 2013. Over \$2,020,000,000 in benefits allocated (Sept 2013 – Aug 2014).
WIC	• \$97,598,961 in food benefits redeemed (July 2012 – June 2013).
NSBP	 27.5% of all students enrolled at NSLP sponsoring schools participated in school breakfast on average (38.6% of eligible students); March 2014.
NSLP	 54.4% of all students enrolled at NSLP sponsoring schools participated in school lunch on average (76.3% of eligible students); March 2014.
SFSP	 11.1% of students receiving school breakfast participated in summer breakfast (4.3% of all children eligible for school meals); July 2014. 15.2% of students receiving school lunch participated in summer lunch (11.6% of all children eligible for school meals); July 2014.

TABLE 2.



GCFD REACH IN SUBURBAN COOK COUNTY AS OF AUGUST 2015

- 110 Pantries
- 31 Mobile Programs
- 38 Kids Cafes
- 9 Soup Kitchens
- 7 Older Adult sites
- 4 Shelters
- 1 Healthy Kids Market
- Over 1.65 million duplicated individuals served and 22,310,203 pounds distributed in the suburbs between July 2014 and June 2015.
- Percentage of total GCFD pounds distributed in suburbs, FY2015: 32.8%
- Percentage of total GCFD clients served in the suburbs, FY2015: 30.1%



the suburbs.²⁹ The Food Depository's client base is very diverse, as evidenced by the findings of Feeding America's *Hunger in America 2014* study. For example, 39% of the Food Depository's client households include at least one child and 36% have at least one older adult aged 60 and up. 64% of clients identify as Black Non-Hispanic, 18% Hispanic, 11% White, and 7% Other. Furthermore, 18% of client households include at least one member who has served in the U.S. military.

As described in Table 3, this extensive research also captured how the challenges of accessing and affording enough nutritious food do not exist in isolation. Instability in food access is intimately related to health, education, employment, housing, and income in complex ways, as illustrated by the variety of environments and life situations that Cook County pantry, soup kitchen, and shelter clients experience. The tradeoffs and coping mechanisms employed by those surveyed strongly support the case for building partnerships with non-food providers, for protecting the federal and local government funded anti-hunger social safety net, for strengthening client outreach to better connect clients with access points, and for pursuing innovative programming to better reach clients in targeted ways.

Finally, several Cook County departments have responded to inequitable food access by commissioning plans or reports that offer high-level solutions within

TABLE 3.

HUNGER IN	AMERICA 2014; STATISTICS FOR GCFD SERVICE AREA (COOK COUNTY) ²⁹
Health	 73% of respondents report coping strategy of purchasing inexpensive, unhealthy food 62% of households have chosen between paying for food and medicine 60% of households have a member with high blood pressure 58% of households have unpaid medical bills 44% of respondents report fair or poor health 35% of households have a member with diabetes
Education	38% have chosen between paying for food or education in the past 12 months 36% have education beyond high school 10% of adult clients are full-time students
Employment	67% have chosen between paying for food or transportation in the past 12 months 57% households report at least one employed person in last year
Housing	59% have chosen between paying for food and housing in the past 12 months 16% experienced foreclosure or eviction
Income/ Poverty	73% have chosen between paying for food and utilities in the past 12 months 69% of households have annual incomes below the FPL

the boundaries of their mission. As detailed in Appendix 2, the Cook County Department of Public Health, Cook County Health and Hospitals Systems, Cook County Bureau of Economic Development and others have adopted plans, reports, and legislation that articulate the need to address inequitable food access and to promote healthy local food systems. Each of these documents also gives voice to the value of collaboration, public engagement, and ongoing assessment of the upstream and downstream forces impacting the health and prosperity of the county. Key themes include focusing on prevention, alleviating inequities, promoting sustainability and comprehensive planning, installing surveillance and data tracking systems, and shifting the culture of the production, processing, distribution, access, and waste management elements of the food system to a local focus. Transforming this momentum into an action-oriented, accountable, cross-department and cross-sector body responsible for carrying out specific strategies with support from county government can ensure the greatest progress on these recommendations.



COOK COUNTY FOOD ACCESS TASK FORCE

In response to the challenges and opportunities that have been identified, the Cook County Board President's Office will form and house a Cook County Food Access Task Force led by staff from the Greater Chicago Food Depository.

Key guiding targets of the Cook County Food Access Task Force include:

- To pursue innovative methods of bringing together important partners in food access — including social service organizations, government entities, local growers, and the public — and to support the longer term implementation, evaluation, and sustainability of all initiatives that result. Pooling resources and expertise will result in the greatest dividends, and development of successful project models will create a foundation for continuous improvement.
- To increase participation in existing food assistance programs. Raising awareness of residents regarding existing food resources on the one hand, and expanding education of townships, municipalities, and other decision-making entities on food insecurity, food access, its consequences, and the best ways to address it on the other must go together;
- To monitor new plans and initiatives affecting Cook County food systems and to integrate them into Task Force projects as appropriate. Special attention should be given to facilitating food access assessments in tandem with all Cook County housing, transportation, and economic development plans, and to equipping the Chicago Metropolitan Agency for Planning to integrate access to food in their Local Technical Assistance projects. For example, assessment of healthy local food resources could accompany all new affordable housing development projects, and where there is evidence of inadequate access, county partnerships and investments to solve the problem would follow;

- To provide a proactive voice for protection of federal nutrition programs. Hundreds of thousands of Cook County residents rely on federal nutrition programs such as SNAP, yet such programs are always at risk of losing funding as political tides shift; advocacy and the voices of those affected must be organized and heard when these issues come before legislators;
- To identify and facilitate cross-department and crosssector grant opportunities related to increasing healthy food access. The innovative, collaborative, and economically advantageous nature of this Task Force lends itself to funding opportunities from a host of forward-thinking philanthropic, private and public interests concerned with sustainability and equity;
- To assess and monitor the prevalence and drivers of food insecurity and food access inequity in Cook County. With access to key county officials and departments, the Task Force will be in a unique position to provide surveillance of food insecurity and to institutionalize healthy food access as an important variable in development initiatives;
- To share information about food assistance programs, initiatives, and resources with county departments. Related to the previous bullet points, as a champion of integrating food access into the work of Cook County departments, the Task Force can serve as a hub of evidence supporting food access equity projects in Cook County, to include data, maps, research, and more.

In the following pages, three initial projects of the Task Force are laid out in detail. The 2015 Cook County Food Access Steering Committee suggested these highly collaborative interventions for their ability to increase food access in Cook County with relatively low cost while developing several fronts from which to nourish additional cross-sector and cross-department innovations. They also make smart economic sense from the county's perspective. Organized around the themes of food insecurity and health, child nutrition and education, and food access and economic development/land use, these intersection areas offer a framework with which to engage the interdependence of access to quality food with determinants of a healthy and prosperous community.

During the process of developing this report, the Steering Committee discussed many important and meaningful recommendations for actions that are not featured here, especially in regards to supporting urban agriculture initiatives and the creation of food hubs. Also reflected in existing food systems plans and activities present in the county, these ideas should be referenced as resources and opportunities emerge.



INTERSECTION AREA 1: Food as Medicine; Food Insecurity and Health Care

Expand customizable food insecurity screening and referral system to all Cook County Health and Hospitals System locations.



Food insecurity is associated with a host of adverse and costly health outcomes. Access to wholesome and reliable nutrition is critical to treatment and recovery from illness in addition to preventing health problems in the first place. In this way, food is medicine. Many innovative initiatives aimed at creating stronger links between the hospital system and communitybased services are currently underway across the country, and the Cook County Health and Hospitals System (CCHHS) is well-positioned to become an emerging leader in this regard. In fact, a food insecurity assessment pilot for pediatric patients is currently in development at CCHHS' Logan Square Health Center location.

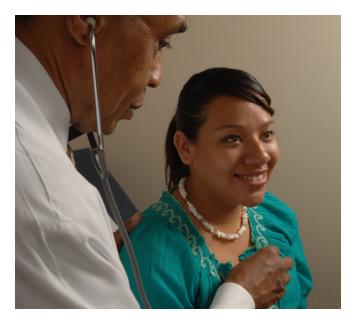
Several factors have led practitioners to begin exploring methods of better connecting their patients with community food resources, including screening their patients for risk of food insecurity. Importantly, household food insecurity is heavily associated with diet-related illnesses such as diabetes and high blood pressure and the impaired ability to manage these diseases.³² Moreover, food insecurity can increase hospital visits,³³ including to the emergency room,³⁴ and can result in cost-related medication nonadherence,³⁵ all of which exacerbate illness while increasing cost. In fact, a recent study from Ontario, Canada, that total annual health care costs were 23% higher in households with marginal food insecurity, 49% higher in households³⁶ with moderate food insecurity, and 121% higher in those with severe food insecurity in comparison to food-secure households," and another found that "the odds of becoming a high-cost user (HCU) within the next five years were 46% greater for those living with food insecurity" than for the food secure.³⁷ With the Affordable Care Act requiring charitable 501(c)(3)hospital organizations to complete a Community Health Needs Assessment every three years and hospitals to face penalties for high readmission rates, health care providers and insurers are very interested in investing in preventative public health measures that improve care while reducing cost. The health outcomes in

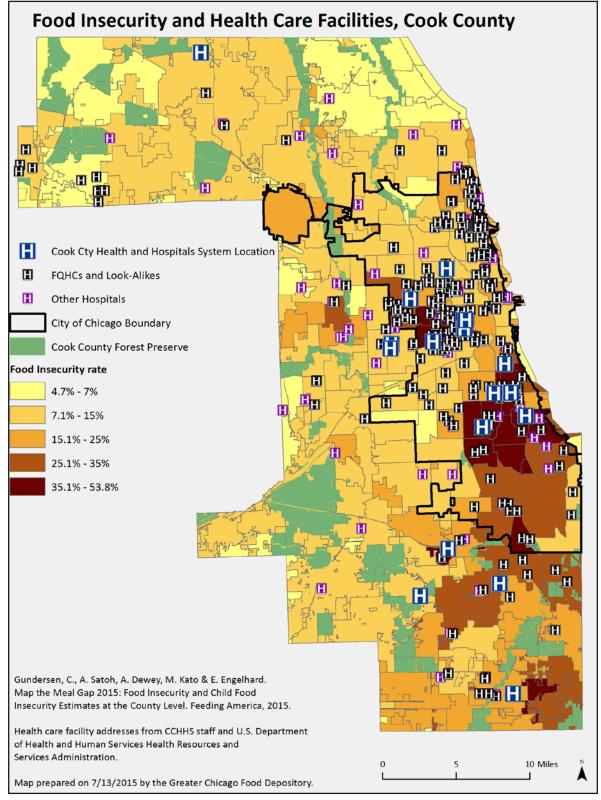
Table 4 give a brief glimpse of the substantial chronic disease prevalence and need for exploring these relationships in the county.

TABLE 4.

COOK COUNTY HEALTH STATISTICS ³⁰				
	Cook County	Illinois	U.S.	
Diagnosed Diabetes, Adults, 2012	8.5%	8.9%	8.5% (2011)	
Adult obesity, 2012	25%	27%	27%	
Poor or fair health, 2015 ³¹	17%	15%	16%	

In its shortest form, a food insecurity screen consists of two questions that gauge the respondents' ability to afford adequate food. It is a multiple choice, quick survey that has been academically validated. In addition to recognizing the role nutritious food access plays in one's health from the health care provider and patient point of view, the food insecurity screening process can also prescribe a solution; the practitioner



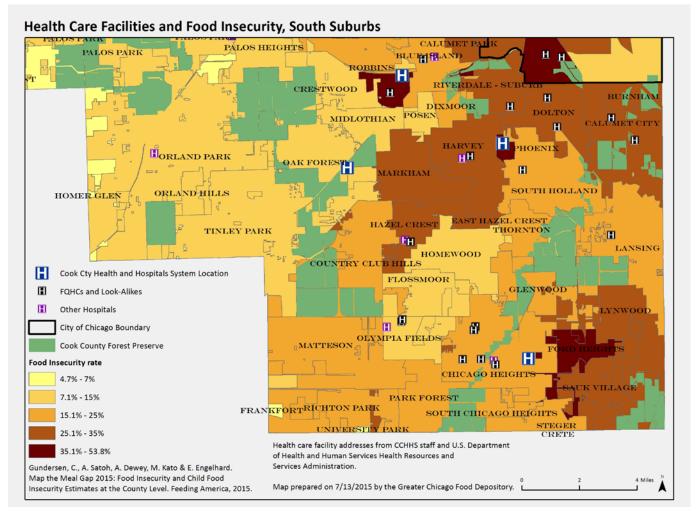


MAP 3.

can directly give targeted referrals to food resources to patients as part of their treatment plan.

Moreover, a wide spectrum of referral choices is possible depending on the capacity of the health center. For example, on the most advanced end, a full choice pantry agency could be housed in the health care provider setting itself wherein patients take a prescription from their doctor to a dietitian pantry coordinator who gives them emergency food appropriate to their health condition. Requiring less investment of staff and space, other practitioners connect patients at risk of food insecurity with updated locations of high-quality pantries and food assistance programs in their area, a local SNAP hotline that can assist them with applying for benefits, and nutrition education and health promotion programs in their community. The latter programs are especially important for people with chronic diseases like diabetes or hypertension who are food insecure and may not know how to improve their diet.

As shown in Map 3, Cook County Health and Hospitals Systems (CCHHS), Federally Qualified Health Centers (FQHCs) and look-alikes have a significant presence in high food insecure areas throughout Cook County. CCHHS in particular provides care for many of the county's most vulnerable and impoverished residents. With the CCHHS network seeing 217,953 unique patients, 151,831 emergency department visits, and 22,796 inpatient admissions between June 2014 and June 2015, including 35% without insurance, identifying



food insecure patients and ensuring they know how they can access food and nutrition education through government programs and charitable sources can hedge against health care costs for providers, patients, and insurers alike. Moreover, when focusing on the South Suburbs in Map 4, CCHHS and other FQHCs are clearly serving the highest food insecure areas, and thus represent a key contact point to connect patients struggling with food.

The Cook County Food Access Task Force will serve a pivotal role in coordinating the various moving parts needed to facilitate collaborations between hospital systems and non-profits, government entities, and health-enhancing social movements. The Cook County Food Access Task Force will focus on expanding the validated food security screening and food assistance referral process at all Cook County Health and Hospital Systems. Screening should be accompanied by provider training, a regularly updated resource guide to use for patient referrals and customized on-site food distributions, and evaluation planning for collection of metrics on the outcomes of adding these screening questions in the clinical setting. This course of action will require partnership, advocacy, outreach, alignment with existing Cook County Plans, and best practices documentation, with blueprint ideas outlined below.

TABLE 5.

BLUEPRINT FOR HEALTH INTERSECTION				
Expand customizable food insecurity locations.	screening and referral system to all Cook County Health and Hospitals System			
Possible partners (not exhaustive, in alphabetic order)	 ACCESS Community Health Network Chicago Community Trust Community Members Cook County Board of Commissioners Cook County Health & Hospital System Cook County Department of Public Health Cook County Public Affairs & Communications Greater Chicago Food Depository 			
Advocacy & outreach opportunities	 Commissioner visits to screening at health care center Press releases for new screening locations 			
Alignment with key Cook County plans	 WePlan 2015 Illinois State Health Improvement Plan CCHHS & CCDPH Food Access in Suburban Cook County A Recipe for Healthy Places 			
Best practices documentation	 Opportunity to provide guides on expanding this activity through townships and municipalities that want to institute these practices at their local hospitals or FQHCs 			
Short-term sample indicators of success	 Locations with screening implemented Clients screened and referred SNAP applications completed Patients participating in nutrition education programming Specialty boxes for chronic disease management and prevention distributed Patients supplied with specialty distributions for chronic disease management and prevention Practitioners reporting increased awareness of food insecurity of patients 			
Promising Cook County examples	Onsite GCFD member pantries at Hines and Jesse Brown VA hospitals			

INTERSECTION AREA 2: Nourishing Minds; Child Nutrition and Education

Form a Suburban Cook County summer meals and school breakfast outreach work group to increase open SFSP sites and school breakfast participation in Suburban Cook County.



The story of child hunger is too often one of federal and state resources left on the table and missed opportunities to serve food insecure children. Many federally funded child nutrition programs such as school breakfast and summer meals are underutilized in Cook County, both in the suburbs and City of Chicago. Despite high numbers of children eligible for free and reduced-price school meals, low numbers of meal sites and ineffective distribution models are important factors in many areas as well. For example, the absence of summer meal sites in the suburbs can be seen in Map 5. Reasons for this include lack of coordinating staff and the perception that programs are too administratively burdensome or complex; however, incremental collaborative efforts at increasing awareness, training, and incentives can make a large difference in how many children in need have access to meals year-round.

As shown in Table 6, the need for more closely connecting the dots between child nutrition and

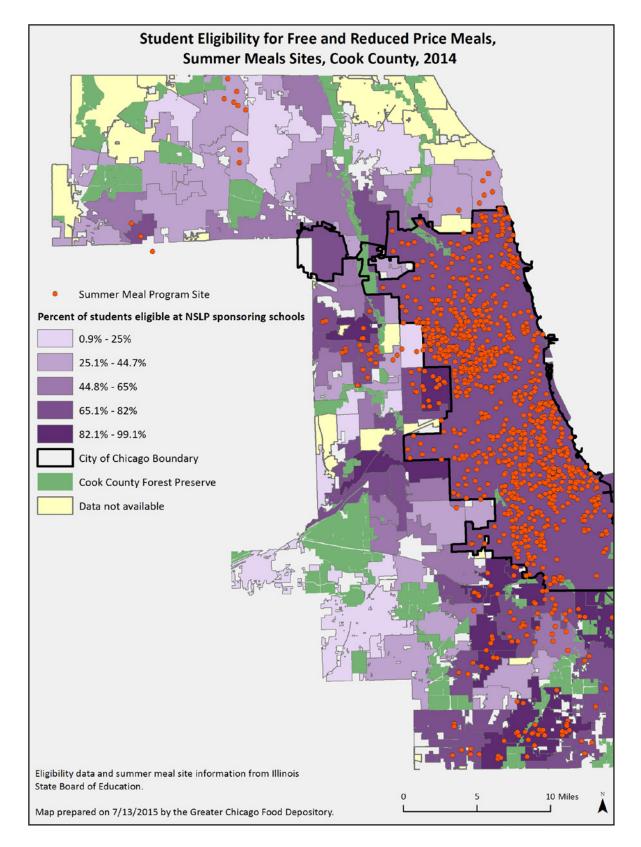
education in the Cook County suburbs is substantial. Over 55% of suburban students at NSLP participating schools (the vast majority) are eligible for free and reduced-price school meals, yet only 28% of those who are eligible participate in school breakfast, 2.1% in Summer Food Service Program breakfast programs, and 4.4% in Summer Food Service Program lunch programs. Two strategies to increase sites and participation in school breakfast and summer meal programs would be particularly impactful given the degree of complementary policy and programmatic structure that is already in place.

First, increasing adoption of the new Community Eligibility Provision (CEP) would allow more students in high poverty school districts to receive free breakfast and lunch if they want them by making free meals available to all students. In this way, the USDA provision provides the nutrition and energy children need to be healthy and ready to learn while lessening administrative work for the school. This

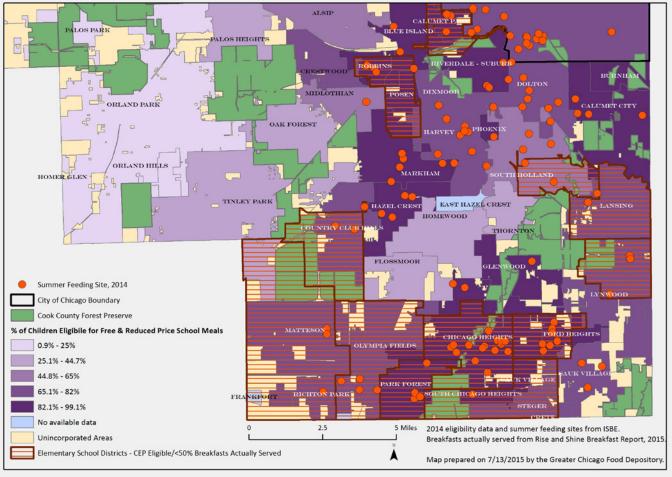
CHILD NUTRITION IN COOK COUNTY PUBLIC SCHOOLS ⁴²				
	Cook County Suburbs	Chicago		
% of students eligible for free and reduced-price school meals, 2014	56.5% (175,063/310,007)	82.0% (348,799/425,554)		
% of public school districts participating in the Community Eligibility Provision (CEP), 2015	8% (12/149)	100% (1/1)		
% of public school districts eligible for CEP, 2015	37% (55/149)	100% (1/1)		
School Breakfast Program participation rate among all eligible students, March 2014	28%	44%		
\$ left on the table if 70% of all free and reduced school break- fasts were served at public schools, 2013-2014 school year	\$13,101,835	\$24,818,636		
# of SFSP sites, summer 2014*	165	1,004		
Average daily participation in SFSP summer breakfast (July 2014)	3,657 children (2.1% of all children eligible for F&R meals)	18,706 children (5.4% of all children eligible for F&R meals)		
Average daily participation in SFSP summer lunch (July 2014)	7,624 children (4.4% of all children eligible for F&R meals)	53,321 children(15.3% of all children eligible for F&R meals)		
\$ left on the table if 30% of all eligible children received SFSP breakfast and lunch, summer 2014	\$14,866,991	\$25,118,909		

TABLE 6.

* Summer Seamless Option programs are not included in this report due to data limitations at the time of production.







Child Eligibility for Free & Reduced School Meals, Summer Sites, South Suburbs



is so because all are eligible, so paperwork and monetary transactions are lessened. Moreover, CEP helps remove the stigma of the Free and Reduced-Price meal program, facilitates use of alternative breakfast distribution models, and has the potential to improve financial viability of meal programs through schools as well, all of which raise utilization of the School Breakfast Program. In the first year of the program, school breakfast participation increased by 25% and school lunch participation increased by 13% in the three CEP pilot states (Illinois, Kentucky, and Michigan).³⁹

There is a direct child health component to increasing school meal participation as well. According to the

Cook County Department of Public Health's 2013 brief Assessment of Elementary School meals in Suburban Cook County, Illinois, "increased participation in school meals is desirable because, generally while school meal nutritional qualities need improvement, they offer superior options compared to other available options."⁴⁰ Moreover, since "increasing school breakfast participation improves student achievement, diets, and behavior," making CEP adoption the easy choice for eligible school districts is a key element of this report's child food insecurity alleviation strategy.⁴¹

Chicago Public Schools adopted CEP two school years ago, yet only 12 out of the 55 CEP eligible

suburban public school districts participate, as seen in Table 6. After piloting the program in 456 schools across the district, CPS found that their CEP Program reimbursements increased by \$6 million during the 2013-14 school year, which allowed Nutrition Support Services to direct administrative costs back into the classroom.⁴³ Looking at the long term, if the current school breakfast participation rate among low-income students in the Cook County suburbs jumped from 28% to 70% through adoption of the Community Eligibility Provision and other strategies, \$13 million and substantially decreased administrative burden could be absorbed by those school districts. Grants and technical assistance are available to districts willing to consider the transition.

Second, increasing the number of summer meal sites and increasing participation in summer meal programs

BLUEPRINT FOR CHILD NUTRITION AND EDUCATION INTERSECTION

in the suburbs would help the county better address the threat of low-income children losing two meals per day during the summer months when school is out. The Summer Food Service Program (SFSP) and the Summer Seamless Option (SSO) exist to help fill this gap and are federally funded programs that reimburse providers who serve meals to children and teens in lowincome areas at no charge. Despite 125,000 suburban students participating in school lunch at some point during the year in 2014, only 4.4% of students eligible for free and reduced-price school meals participated in SFSP summer lunch programs. In summer 2014, 165 SFSP and 78 SSO summer meal sites offered nutrition to suburban children when school was out. By comparison, the City of Chicago has over 1,000 SFSP and 326 SSO summer meals sites and an estimated 15.3% SFSP participation rate. If summer breakfast and summer lunch participation rose to 30% among

Form a Suburban Cook County sum	mer meals and school breakfast outreach wo	rk group.	
Possible partners (not exhaustive, in alphabetic order)	 Archdiocese of Chicago Catholic Charities Chicago Botanic Garden Chicago Community Trust Community Members Cook County Board of Commissioners Cook County Dept of Planning & Development Cook County Dept of Public Health Cook County Public Affairs and Communications 	 Cook County Sheriff's Office Cook County Sustainability Cook County GIS Councils of Government EverThrive Illinois Greater Chicago Food Depository Housing Authority of Cook County Illinois Hunger Coalition NeighborSpace No Kid Hungry Regional Intermediate Service Centers Rise & Shine 	
Advocacy & outreach opportunities	 Commissioner visits to SFSP sites County supports efforts in Springfield and Washington DC to increase SFSP/breakfast participation 	 Press releases and other media outreach. County works with local government/COG to help their districts support increased participation in SFSP and CEP. 	
Alignment with key Cook County plans	 CMAP GO TO 2040 Hunger Strategy Report The Suburban Cook County Food System: An Assessment and Recommendations 	• A Recipe for Healthy Places: Addressing the Intersection of Food and Obesity in Chicago	
Best practices documentation	• Opportunity to disseminate best practices for opening SFSP sites and conducting outreach; benefits of adopting CEP.		
Short-term sample indicators of success	 Increased number of open SFSP sites Increased participation in SFSP meal programs 	 Increased number of school districts participating in CEP Increased School Breakfast participation 	
Promising Cook County example	Chicago Summer Food Work Group		

TABLE 7.

suburban students eligible for free or reduced-price school meals, an estimated additional \$14.9 million could be brought to suburban municipalities in the form of meal reimbursements.

Engaging community providers to become SFSP sponsors or sites in combination with raising awareness of current availability of sites can enhance participation, as shown by the Chicago Summer Food Work Group. With partners including the Archdiocese of Chicago, Catholic Charities, Chicago Housing Authority, Chicago Public Schools, Greater Chicago Food Depository, Illinois Hunger Coalition, Illinois No Kid Hungry Campaign, and Illinois State Board of Education, this group leads awareness events and campaigns to enroll sites and strategize methods of expanding summer meal programs and participation in Chicago. By expanding this model to include even more sectors and partners in the collaborative, a similar Suburban Cook County work group could make large strides in ensuring that all children in need have access to nutritious food in a safe environment, all year-long.

The South Suburbs should be targeted for CEP and summer meal program outreach and relationship building. As depicted in Map 6, this region harbors ample opportunity to increase food access through CEP participation and summer meal distribution points. It has the highest numbers of children eligible for free and reduced-price school meals, yet many CEP eligible school districts have not pursued the opportunity. This is true even for many districts experiencing less than 50% of breakfasts for eligible children actually being served (i.e. orange hatch marks in Map 6). A Suburban Cook County Child Nutrition work group made up of county department officials, organizations, and individuals could make a much needed impact in increasing access and participation in these important child nutrition programs.



INTERSECTION AREA 3: Feeding Prosperity – Food Access and Economic Development/Land Use



Strengthen use of Supplemental Nutrition Assistance Program (SNAP) benefits and incentive programs at farmers markets and farm stands in high food insecure areas throughout Cook County.

The intersection of food access and economic development and land use are complex and include macroeconomic and microeconomic relationships that involve retail, housing, transportation, urban agriculture, and more. There are many current assets that can be leveraged in the pursuit of food access equity, and every opportunity to link food retail and food assistance with places where people already congregate and/or along public transportation lines should be explored. Indeed, an impressive array of stakeholders and advocates for local food systems are already engaged in the implementation of initiatives in Cook County that aim to bolster the regional food system, from production through to consumption and waste management. This intersection area homes in on linking farmers markets and farm stands with consumers at risk of food insecurity.

As discussed previously, clusters of low food access in terms of proximity to quality food retail exist throughout Cook County. Opportunities to better connect the most vulnerable residents to local groceries they can afford that also align well with economic development goals can be found in the Supplemental Nutrition Assistance program (SNAP, or food stamps) and retail. Access to transportation and desirable food choices emerges as a critical concern, however, especially in the suburbs where public transit infrastructure is less robust than in Chicago.

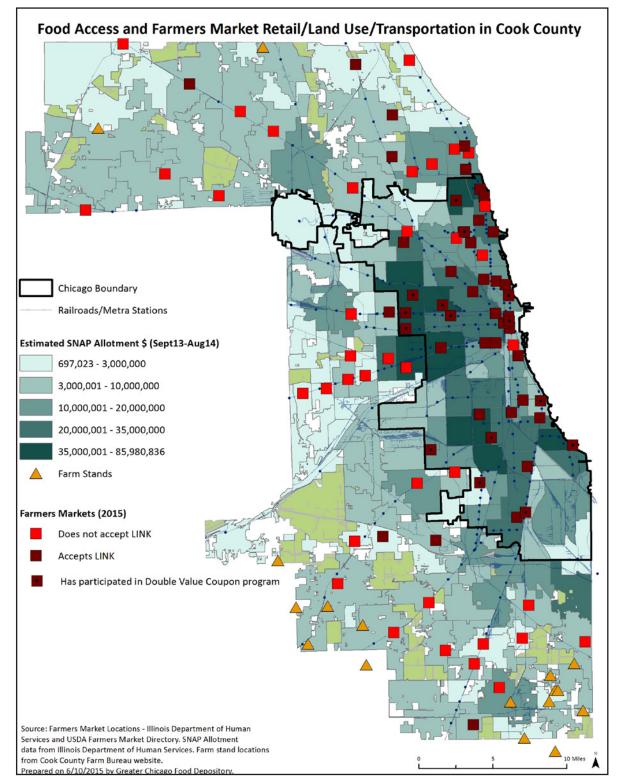
While brick and mortar grocery stores are essential to healthy food access, farmers markets, farm stands, community-supported agriculture, and other mobile vendor-to-consumer transactions can provide additional important access points to food insecure populations in a way that also increases sales for local small and medium-sized producers. Many farmers markets purposely locate along public transportation stops and public squares where people naturally gather. As seen in Map 7, however, many farmers markets in the suburbs do not accept SNAP benefits as a form of payment, especially in comparison to the City of Chicago. Facilitating payment by Electronic Benefits Transfer (EBT) (i.e. the LINK card issued to SNAP recipients) and adoption of SNAP incentive programs at farmers markets and farm stands in suburban Cook County in high need areas can build community and sustainable economic activity while increasing equitable food access.

TABLE 8.

COOK COUNTY FARMERS MARKETS ACCEPTING LINK				
	# of Farmers Markets	Farmers Markets that Accept LINK		
Cook County Suburbs	43	10		
Chicago	51	44		

This opportunity to better connect farmers, food insecure consumers, and communities is based on market supply and demand. More than 1 in 6 Cook County households participated in the Supplemental Nutrition Assistance Program (SNAP) in 2013, including over 100,000 suburban households to which the Illinois Department of Human Services allocated more than \$600 million in SNAP benefits between September 2013 and August 2014.⁴⁷ The economic impact of SNAP is significant when examining the multiplier effect of SNAP spending; the USDA's most recent analysis of SNAP as a fiscal stimulus found that every \$5 in new SNAP benefits generates as much as \$9 of local economic activity.⁴⁴

Despite the buying power this represents, SNAP recipients spent less than .012% of their Illinois SNAP dollars at farmers markets, or \$383,585 in 2014, which may in part be due to the many markets that are not equipped to accept the LINK card as a form of payment. Indeed, as shown in Table 8, only 10 of the



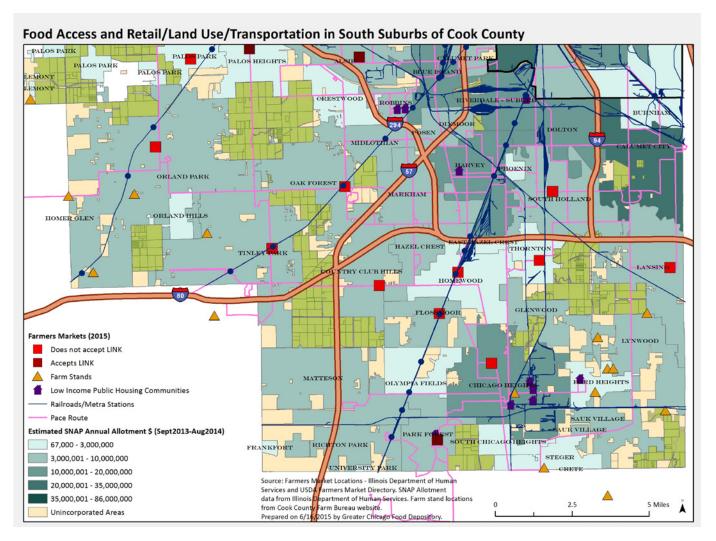


43 markets in the Cook County Suburbs accept EBT payments.⁴⁵ At those markets accepting LINK cards, SNAP beneficiaries redeemed an average of \$3,223 per market in Illinois between October 2013 and September 2014, even before taking into account any incentive coupon revenues.⁴⁶ If all suburban farmers markets that currently do not accommodate SNAP began offering this service, suburban farmers market SNAP redemptions as a whole could be projected to increase at least three fold to an estimated \$106,359.⁴⁷ This number would rise substantially if incentive programs such as Double Value coupons are available.⁴⁸

Map 8 illustrates the proximity of farmers markets and farm stands to areas of high SNAP allocations in

the South Suburbs, rail lines and bus routes. Markets near low-income housing communities are also found in neighborhoods with high SNAP participation. These spatial synergies can help target the Task Force's initial work on this intersection area.

The bulk of this third initiative requires creation of strong relationships with administrators of farmers markets and farm stands, providing them with information and technical assistance regarding EBT and promoting their goods to SNAP beneficiaries. Furthermore, although this report focuses on SNAP, advocating for participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Farmer's Market Nutrition Program and Senior Farmers' Market Nutrition



MAP 8.

Program is also strongly encouraged. There are set-up costs as well as ongoing operating and labor costs to accept LINK cards and vouchers at farmers markets, though the process has become less arduous and less costly as lessons have been learned, technology has advanced, and increased revenues are seen. Moreover, grants and training are available through the U.S. Department of Agriculture and other sources to help fund wireless point-of-sale equipment.

Finally, programs such as The Experimental Station's LINK Up Illinois that offer SNAP shoppers the opportunity to increase their purchasing power at local farmers markets, which in turn increases sales, should be a key partner in this arm of the Task Force.^{13,49}

Typically funded through nonprofit organizations, local governments, and private foundations, incentives allow shoppers to receive a credit or coupon for each dollar spent with a LINK card at a participating farmers market, often a \$1 SNAP for \$1 matching coupon, that can be spent on any LINK-approved foods at the market. The 2014 Federal Farm Bill also allocated up to \$31.5 million in funding through the Food Insecurity Nutrition Incentive (FINI) program, which aims to provide incentives to SNAP participants to purchase locally- or regionally-produced fresh produce, including at farmers markets and farm stands. Related legislation and opportunities should be closely followed and pursued where appropriate to the fulfillment of this plan.

TABLE 9.

BLUEPRINT FOR FOOD ACCESS AND ECONOMIC DEVELOPMENT/LAND USE				
Strengthen use of SNAP benefits and incentive programs at farmers markets and farm stands.				
Possible partners (not exhaustive, in alphabetic order)	 AgeOptions Chicago Community Trust Chicago Metropolitan Agency for Planning Community Members Cook County Board of Commissioners Cook County Bureau of Asset Management Cook County Dept of Planning & Development Cook County Dept of Public Health Cook County Farm Bureau Cook County GIS Cook County Public Affairs & Communications 	 Experimental Station FamilyFarmed.org Farmers Market Administrators Greater Chicago Food Depository Housing Authority of Cook County Illinois Farmers Market Association Illinois Retail Merchants Association Regional Transit Authority South Suburban Mayors and Managers Association 		
Advocacy & outreach opportunities	 Commissioner visits to SFSP sites County supports efforts in Springfield and Washington DC to increase SFSP/breakfast participation 	 County works with local governments/COGs to implement better usage of SNAP in their districts, with a focus on farmers market. Press releases 		
Alignment with key Cook County plans	 Planning for Progress: Cook County's Consolidated Plan and Comprehensive Economic Development Strategy, 2015-19 The Suburban Cook County Food System: An Assessment and Recommendations 	 CMAP GO TO 2040 Food Systems and Hunger Reports FARM Illinois 		
Best practices documentation	 Opportunity to provide information to townships, municipalities, COGs, and market administrators about best methods of acquiring and using EBT equipment. 	• Provide analysis and maps showing potential positive economic and community impacts to townships, municipalities, COGs, and market administrators.		
Short-term sample indicators of success	 Number of farmers markets and other providers accepting SNAP/WIC benefits 	 SNAP dollars redeemed at farmers markets and farm stands 		
Promising Cook County example	Evanston Market: Double-value coupon program	n		

A CALL TO ACTION

Over 760,000 people in Cook County are food insecure and more than 30% of them live in the suburbs. The magnitude of this need and the linkages between adequate access to nutritious food and health, educational attainment, and economic prosperity make food insecurity a primary public health, community and economic development concern. Indeed, the momentum for improving food access and decreasing food insecurity in Cook County has been building for some time now; many committed government entities and community partners are feverishly working on these issues. It is more important than ever to capitalize on this energy by formally coordinating Cook County's work to decrease food insecurity among our most vulnerable neighbors. Significant progress in this area requires a countywide cross-section of collaborators coming together to leverage their own expertise and work with that of others and with existing community assets.

To that end, this plan zeroes in on three overlapping areas directly related to food access—health, education, and economic development—in which the Cook County government can provide direct leadership or assistance. It identifies initial and immediate steps toward embedding equitable and sustainable food access system support at the county level. Each action also purposefully makes economic sense for the Cook County public.

The key first step on this journey is the formation of the Cook County Food Access Task Force, which will be charged with completing the three actions laid out in this plan within two years. Housed in the County President's office, this Task Force will be led by staff from the Greater Chicago Food Depository and will enable Cook County to accountably and transparently address the food access issues that so clearly affect the health, education, and prosperity of its residents.

Identification of potential philanthropic partners will be a critical element at every juncture. Evaluation of the appropriate future course of the Task Force by the President's Office will take place at the conclusion of these inaugural two years.



Committee Chair

Steven McCullough – Greater Chicago Food Depository

Committee Members

James Boyd — Cook County Department of Public Health Katie Cahill — AgeOptions Susan Campbell — Cook County Department of Planning and Development Alexia Cesarone — Illinois Retail Merchants Association Kathy Chan — Cook County Health and Hospitals System Jennifer Clary — Heartland Alliance IMPACT Amy Ellingson — Office of Cook County Commissioner Bridget Gainer Janine Hill — EverThrive Illinois Kiran Joshi – Cook County Department of Public Health Amber Knapp — Cook County GIS Abin Kuriakose — Office of Cook County Commissioner Bridget Gainer Kate Maehr — Greater Chicago Food Depository Dr. Terry Mason — Cook County Health and Hospitals System Jennifer Miller — Cook County Bureau of Economic Development Juleigh Nowinski — Cook County Health and Hospitals System Amy Rynell — Heartland Alliance IMPACT Claire Serdiuk — Regional Transit Authority Brandon Thorne — Chicago Community Trust Dominic Tocci — Cook County Department of Planning and Development Tanya Triche — Illinois Retail Merchants Association James Wilson — Cook County Office of Economic Development Carl Wolf — Respond Now

Supporting Staff Members

Bob Dolgan — Greater Chicago Food Depository Rebecca Frazin — Greater Chicago Food Depository Alicia Huguelet — Koné Consulting Taryn McCook — Greater Chicago Food Depository **APPENDIX 2:** Additional detail on recent key plans, reports, and legislation affecting food access in Cook County

JULY 2009: CMAP GO TO 2040 Comprehensive Regional Plan: This plan includes sections on food system access that outline strategies to improve the food system, promote sustainable local food, and alleviate hunger in the region. Increasing participation in and access to federal nutrition assistance programs, strengthening the charitable food distribution network and developing alternative methods of delivering food assistance in underserved areas are emphasized. The Food Systems report also offers a vision for how to promote sustainable local food, including continuing to improve existing food commodity production and distribution systems while diversifying the overall system to include more local specialty crop and livestock production, including organics; improving equity of access to food, especially produce; improving upon agricultural practices that rebuild the soil, sequester carbon, and protect our region's land and water resources: creating new alliances to enhance protection of land and water and increase the profitability of all kinds of farms; encouraging local institutions to purchase food from local producers and processors and to build local economies; reintegrating food production, processing, and distribution as vital aspects of municipal economies; educating everyone from consumers to policymakers about the issues involved.

In addition to other planning projects, CMAP also works with local government and nonprofit organizations to implement GO TO 2040 recommendations through its Local Technical Assistance (LTA) program. Tasked with undertaking projects that advance the principles of GO TO 2040, the LTAs provide a natural opportunity to integrate food access assessment and action into comprehensive planning projects.

More information about the full CMAP GO TO 2040 PLAN can be found at: <u>http://www.cmap.illinois.gov/</u> <u>about/2040</u> and the GO TO 2040 Hunger Strategy Report is available at: <u>http://www.cmap.illinois.gov/</u> <u>documents/10180/31444/01152010+HUNGER.</u> <u>pdf/3f5e181e-38fc-4951-bf60-7fb94a644d21.</u> AUGUST 2009: Illinois Food, Farm, and Jobs Act:

Public Act 096-0579 was enacted in August 2009 and sets goals for local food purchasing in the state of Illinois and commissions the Illinois Local Food, Farms, and Jobs Council to facilitate the development of an Illinois-based food economy. Bolstered by the "Local Food, Farms & Jobs: Growing the Illinois Economy" report of the Illinois Local and Organic Food and Farm Task Force, this legislation sets goals for local food purchasing in the state of Illinois (20% by 2020 for state agencies such as prisons and other places where the state provides food service and 10% by 2020 for statefunded institutions such as schools and mental health centers). The legislation also included formation of the Illinois Local Food, Farms, and Jobs Council to work with all stakeholders to facilitate the development of an Illinois-based local food economy. Other elements of the Act include local food purchasing preferences, baseline data gathering on local food purchases, and development of a label and certification program that would support Illinois farmers and businesses.

JUNE 2010: Illinois Commission to End Hunger established. The Commission was established with the mission of developing a two-year action plan to end hunger in Illinois, reviewing the progress of this plan, and ensuring cross-collaboration among government entities and community partners in this endeavor. The first report of the Commission was released in March 2012 and annual reports have been delivered to the state legislature since. The Rise and Shine campaign, which focuses on increasing utilization of the school breakfast program and sponsoring the Illinois Breakfast Report, was established as a response to a recommendation of the Commission. Learn more about the Commission and its work at: <u>http://www. endhunger.illinois.gov</u>.

2010: Illinois State Health Improvement Plan. Every four years, Illinois must create a State Health Improvement Plan to improve health status and the public health system with a focus on prevention. Addressing health disparities is also a prime concern. The 2010 plan, the latest publically available, lists several public health priorities and priority health concerns that are confounding factors in the greater context of food insecurity and lack of access to fresh foods, including the need to improve access to health services, addressing social determinants of health and health disparities, mental health, natural and built environment, obesity: nutrition and physical activity, and violence. Access to nutritious food is mentioned in numerous places throughout the report in terms of health care reform/policy and social determinants of health. Indeed, this plan covers many of the intersection areas explored in the Cook County Food Access Plan report, including connecting the dots between nutritious food access and health, education, economic development, and the built environment. The plan is available at: http://www.idph.state.il.us/ ship/09-10 Plan/SHIP Final 2010.pdf.

APRIL 2011: WePLAN 2015: Suburban Cook **County Community Health Assessment and Plan** in support of Cook County Department of Public Health and Cook County Health and Hospitals System 2015 Strategic Plan. Conducted in Summer/ Fall 2010, this community health assessment addresses four strategic health issues in Cook County; chronic disease, violence prevention, sexual health improvement in youth, and access to healthcare services. One of the report's stated strategies to prevent or reduce cardiovascular disease mortality and morbidity is to implement opportunities for access to healthy food, especially in areas without adequate access to fresh food. Nearly 1 in 6 of the respondents to the online survey that informed this assessment said they did not have access to healthy food. This community health planning process and improvement plan was incorporated into the CCDPH 2015 Strategic Plan. The plan is available at: http://www.cookcountypublichealth.org/files/pdf/ WePLAN%20Final%20Report%20with%20cover%20 051311.pdf.

FEBURARY 2012: The Suburban Cook County Food System: An Assessment and Recommendations—a report from the Cook County Food System Steering Committee. Convened in 2010 by the Cook

County Department of Public Health, this committee was tasked with leading an assessment of the suburban Cook County food system and drafting a model ordinance to establish a Cook County food policy council. The snapshot of the food system in suburban Cook County offered by this report lays the groundwork for broader regional planning around local food, thoroughly discussing the disparities between and among communities in suburban Cook County in regards to a health-focused health system. Gathering substantial public input obtained through a survey tool and a community-wide forum and other research sources, the assessment addresses each of the complex primary functions of the food system, including production, processing, distribution, access, and waste management. Also describing the virtues of focusing on investment in a local food economy, this report supports comprehensive food policies, county-wide multi-jurisdictional collaboration and coordination with detailed recommendations focusing on three main themes: increasing food production by utilizing available traditional and non-traditional land for production, supporting the development of foodrelated businesses that increase fresh access and developing sustainable economies for low-income communities, and increasing transparency of local food systems to facilitate regional collaboration. The report was published in February 2012 and is available at: http://www.cookcountypublichealth.org/files/pdf/ chronic-disease/foodsystemreport3.19.12.pdf.

MARCH 2012: Food Access in Suburban Cook County. The Cook County Department of Public Health (CCDPH) commissioned a report on access to stores and other places people buy food in suburban Cook County. This is an assessment that includes a variety of maps to analyze access to supermarkets and determine areas that have reduced access to healthy foods. Results affirm that an estimated 351,024 people, 14.5% of the population, live in low food access areas in suburban Cook County. The south region has the least access and the north region has the greatest access, though pockets of low food access exist throughout suburban Cook County. As stated, "This assessment reveals differing levels of food access between regions of suburban Cook County, and suggests that these patterns are related to race, income, home ownership, and the industrial nature of a community. Food access is influenced by issues such as race, industrial investment, community priorities, and broader economic planning emphases." The Executive Summary of this assessment is available at: http://www.cookcountypublichealth.org/files/CPPW/ block-report-exec-summary-031612.pdf.

JANUARY 2013: A Recipe for Healthy Places: Addressing the Intersection of Food and Obesity

in Chicago. This is the City of Chicago's plan to improve the nutrition of residents and workers by targeting the physical and cultural environments in which food is sold, marketed and consumed. The plan provides strategies that will encourage people to grow and eat more fruits and vegetables while fostering the development of healthy food related businesses, among other initiatives. In particular, after a yearlong series of community input, the plan endorses focusing on communities with elevated risk for obesity-related diseases, creating systems of productive landscapes, supporting businesses and social enterprises that produce and distribute healthy food, ensuring that residents can eat well regardless of income, changing the culture of eating at work meetings, festivals, sports gatherings, community activities and places of worship, and helping people discover appealing, nutritious foods. The plan is available at: http:// www.cityofchicago.org/content/dam/city/depts/zlup/ Sustainable Development/Publications/Recipe For Healthy Places/Recipe for Healthy Places Final.pdf.

AUGUST 2014: An Assessment of Corner Stores in Suburban Cook County, Illinois; Where They Are, and What They Carry. Commissioned by the Cook County Department of Public Health, this assessment captured the distribution of corner stores within and between diverse communities based on race and income level and the types of food options offered. Relevant to the focus on the South Suburbs for the Cook County Food Access Task Force, the authors concluded that the "South region and African-American areas of the suburbs are not well served by

supermarkets or corner stores in terms of produce availability," and "innovative solutions to improving food access, such as implementation of farmers' markets, community gardens, and farm stands" have not yet been mapped, but represent opportunities to build off what is already in areas with poor food access. More specific findings of the report include that corner stores are more concentrated in the South and West regions of the county in comparison to other grocery store types, that Hispanic communities have the highest densities of corner stores and these stores are much more likely to stock and have greater variety of produce than others, that the distance to the nearest corner store is lower in areas with lower incomes and higher Hispanic populations, that the Northwest and South regions had the lowest percentages of corner stores carrying 10 or more fresh produce items, and that higher poverty areas stocked more fresh produce. The report is available here: http://www. cookcountyhhs.org/wp-content/uploads/2013/12/ Item-VIIA-Corner-Store-Report-10-31-14.pdf.

JANUARY 2015: Planning for Progress: Cook County's Consolidated Plan and Comprehensive Economic Development Strategy, 2015-19. This plan was published by the Cook County Department of Planning and Development with support from the Chicago Metropolitan Agency for Planning (CMAP). This is Cook County's five-year plan to marshal existing funds, gather resources, and facilitate partnerships to meet housing, community, and economic development needs. Planning for Progress will guide the County's use of nearly \$300 million in estimated resources. Building off Partnering for Prosperity: An economic growth action agenda for Cook County, Planning for Progress engaged in extensive stakeholder and public input processes to address the five focus areas of Infrastructure and Public Facilities; Business and Workforce Development; Housing Development and Services; Non-Housing Services; and Planning/Administration. Each section recognizes the importance of considering the need for different approaches and strategies by geography. The plan also identifies Areas of Opportunity and Areas of Need, the latter of which largely overlap with high food insecure communities. The plan states an intention to pursue deeper relationships with the philanthropic community and to seek out assistance for targeted efforts, which could align with food systems and assistance interventions. Moreover, many of the industry clusters it identifies as promising clusters for County investment relate to support of a collaborative local healthy food system, including Food Processing & Packaging, Transportation & Logistics, and Health. Efforts to increase transit accessibility, to reduce the jobs-housing imbalance, to link housing rehabilitation programs with other social services, and to support small businesses can strongly connect with work on hunger and food insecurity relief as well. Planning for Progress also specifically envisions an integrative, collaborative and coordinated approach to social service provision in order to improve efficiency. The plan and related information is available at: http://blog. cookcountyil.gov/economicdevelopment/planning-forprogress/.

May 2015. A Food and Agriculture Road Map for Illinois (FARM Illinois). This comprehensive strategic plan developed by the FARM Illinois Leadership Council seeks "to ensure sustained and innovative statewide leadership across the entire food and agriculture system." Emphasizing the value of multisector collaboration, the plan calls for establishing an Illinois Council for Food and Agriculture to lead the development and implementation of several enumerated recommendations. The plans' strategic recommendations fall into the following goals: to develop an integrated, statewide, long-term, publicprivate strategy for achieving the goals of FARM Illinois, to spur business growth and investment by making Illinois the preferred destination for food and agriculture companies of all sizes, to develop a high-quality workforce for food and agriculture and educate Illinois policy makers and the general public on sector innovation, to ensure that Illinois is sustainably protecting and managing its natural resources, to ensure Illinois' infrastructure is capable of supporting the state's ability to sustainably meet its own needs while being a global leader in food and agriculture, and to develop larger and more diverse

local, regional, national, and international markets for Illinois' agriculture and food products by raising Illinois' profile. The plan is available at: <u>http://farmillinois.org/farm-illinois-plan-2</u>.

Summary of Environmental Scan

After investigating the current food access landscape, three key, interdependent concepts emerge that describe opportunities to improve the existing suburban food assistance framework:

- 1. Food insecurity is everywhere in Cook County, and the food assistance infrastructure in the suburbs is currently inadequate given food insecurity rates, increasing poverty, more spread out public transportation infrastructure, and the geographical mismatch between affordable housing and employment centers.
- 2. Food insecurity and low food access do not exist in isolation, and they affect a diverse population with varied and oftentimes multiple needs. Innovative and cross-department partnerships are needed to effectively reach and connect these populations with nutrition assistance.
- 3. Many insightful plans have been adopted in Cook County that relate to food systems and that have an expressed interest in cross-sector and cross-department collaboration. An instituted collaborative body dedicated to carrying out recommendations aimed specifically at reducing food insecurity and increasing food access in Cook County is needed.

Closing these opportunity gaps in order to move the needle on food insecurity and food access in Cook County inform each county-wide action to be carried out by the Cook County Food Access Task Force.

APPENDIX 3: Technical notes

Table 2: Average Daily Participation, Free and Reduced-Price Breakfast, Lunch, for March 2014 = Sum of meal count for Cook County schools participating in NSLP/Number of days claimed, then divided by number of children enrolled (first figure) or number of children eligible for free and reduced-price school meals (second figure).

For breakfast: 202100/523862 and 202100/735561.

For lunch: 399967/523862 and 399967/735561.

For SFSP, first separate out breakfast and lunch meals counts for July 2014 then calculate average daily participation and divide by ADP for school breakfast, lunch, and total number eligible.

SFSP Breakfast: 22363/202100 and 22363/523862. SFSP Lunch: 60945/399967 and 60945/523862.

Table 6: Dollars left on the table if 30% of all eligible children received SFSP breakfast and lunch

Suburbs

Total meals possible=Total number of children eligible*55 distribution days*2 meals (breakfast and lunch)*30% =175063*55*2*.3=5,777,079 meals

Gap in breakfasts=5,777,079/2 – 100,909 first breakfasts served=2,787,631

Gap in lunches=5,777,079/2 - 235,423 first lunches served=2,653,117

Percentage of breakfasts that are self-prep=41,503/100,909=41.1%

Percentage of lunches that are self-prep=58,485/235,423=24.8%

Breakfast self-prep dollars left on table = Gap in breakfasts*Percentage of breakfasts self-prepped*self-prep reimbursement rate for breakfast, 2014 (\$2.0225) = \$2,317,211

Breakfast vended dollars left on table = Gap in breakfasts*Percentage of breakfasts vended*vended reimbursement rate for breakfast, 2014 (\$1.9850) = \$3,259,201

Lunch self-prep dollars left on table = Gap in lunches*Percentage of lunches self-prepped*self-prep reimbursement rate for lunch, 2014 (\$3.5450) =\$2,332,514

Lunch vended dollars left on table = Gap in lunches*Percentage of lunches vended*vended reimbursement rate for lunches, 2014 (\$3.4875) =\$6,958,065

Total dollars left on the table if 30% of eligible students had participated in SFSP breakfasts and lunches in summer 2014 in the Cook County suburbs: **\$14,866,991**

City of Chicago

Total meals possible=Total number of children eligible*55 distribution days*2 meals (breakfast and lunch)*30% =348799*55*2*.3=11,510,367 meals

Gap in breakfasts=11,510,367/2 - 583,500 first breakfasts served=5,171,684

Gap in lunches=11,510,367/2 - 1,541,967 first lunches served=4,213,217

Percentage of breakfasts that are self-prep=299,734/583,500=51.4%

Percentage of lunches that are self-prep=381,357/1,541,967=24.7%

Breakfast self-prep dollars left on table = Gap in breakfasts*Percentage of breakfasts self-prepped*self-prep reimbursement rate for breakfast, 2014 (\$2.0225) = \$5,376,302

Breakfast vended dollars left on table = Gap in breakfasts*Percentage of breakfasts vended*vended reimbursement rate for breakfast, 2014 (\$1.9850) = \$4,989,175

Lunch self-prep dollars left on table = Gap in lunches*Percentage of lunches self-prepped*self-prep reimbursement rate for lunch, 2014 (\$3.5450) =\$3,689,156

Lunch vended dollars left on table = Gap in lunches*Percentage of lunches vended*vended reimbursement rate for lunches, 2014 (\$3.4875) = \$11,064,276

Total dollars left on the table if 30% of eligible students had participated in SFSP breakfasts and lunches in summer 2014 in Chicago: \$25,118,909

APPENDIX 4: Endnotes

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