



Healthy Waterville:

Increasing Connectedness and Healthy Food for All

Susan Foster

S. E. Foster Associates

June 2017

MeHAF
MAINE HEALTH ACCESS FOUNDATION

1. Acknowledgements

This is the fourth in a series of case studies conducted as part of the evaluation of the Maine Health Access Foundation's Community-based Initiatives. We wish to thank the Healthy Waterville staff, community members, and community partners who shared their stories and insights during interviews and group meetings: Fran Mullin, Kelly LaCasse, Scott McAdoo, Mary Dunn, Dave Dawson, and Kathryn Kelly. This study would not have been possible without the support of MeHAF and the dedication of its staff. We are especially grateful to Charles Dwyer, Program Officer, and Barbara Leonard, President and CEO, for their guidance and careful review of the case study.

2. Introduction

In 2013, MeHAF launched the Healthy Community initiative, which provided funding to 20 Maine communities to support long-term, multi-phase, community-led efforts to improve health. In the first, or “pre-planning” phase, grantees conducted community assessments and engaged people who are usually left out of planning processes in order to identify a priority health issue to address as a community. In the second, or planning phase, grantees continued this collaborative process to create comprehensive plans to integrate health, community-based services, and other sectors in such a way that they improve systems and community health. In the current implementation phase (November 2016 – December 2019), 11 grantees will implement their plans. Throughout, grantees are expected to support community-driven solutions to addressing barriers to health.

Healthy Waterville selected food insecurity and access to healthy foods as its primary health issue. Food insecurity affects low-income individuals and families of all ages. In Maine, an estimated 200,000 Mainers are food insecure.¹ The purpose of this case study is to describe how Waterville is approaching the issue of food insecurity. It will describe the ways in which diverse organizational partners and community members are informing the design and direction of project activities, the progress they are making, the challenges they are facing, and the lessons they are learning along the way.

The Waterville case study is based on a two-day visit conducted in January 2017 comprised of project document review, meeting observation, and interviews with project staff, organizational partners, and community members.

1 “Hunger Pains: Widespread Food Insecurity Threatens Maine’s Future,” Preble Street Maine Hunger Initiative and Good Shepherd Food Bank of Maine, February 2017

3. History

Waterville is a city of 16,000 people located in central Maine. Like many small cities and towns in Maine, Waterville has seen its industrial base decline significantly in recent decades. The South End of Waterville, once the manufacturing hub of the city, has lost most of its factories and now struggles with poverty, lack of transportation, and the absence of neighborhood-based, affordable grocery stores.

Healthy Northern Kennebec, a coalition of organizations whose mission is to improve public health, spearheaded the original MeHAF grant and recruited the Steering Committee for Healthy Waterville. Healthy Waterville's goal is to increase access to healthy food by building connections among its residents. Within an equity² framework, the project focuses on three drivers: healthy food resources, sense of community, and people working in partnership. The MeHAF-funded three-year implementation grant supports a Community Food Equity Coordinator and Project Director who facilitate the project's collaborative bodies and system change activities to improve access to healthy foods. MeHAF also provides learning opportunities such as grantee meetings and technical assistance.

Healthy Waterville has two additional grants related to food system change that complement the goals of the MeHAF-funded work: an Institute for Healthcare Improvement "Spreading Community Accelerators through Learning and Evaluation" (SCALE)³ grant; and an Elmina B. Sewall Foundation's "Healthy People Healthy Places"⁴ grant. MeHAF supports and emphasizes community engagement in planning and action, the SCALE grant helps train community members in leadership and measurement to accelerate system change, and the Sewall grant enables Healthy Waterville to implement and test the efficacy of small-scale pilot projects.

2 All of the work is informed by the concept of equity, or a culture in which everyone has equal access to healthy food.

3 The Robert Wood Johnson Foundation funded the Institute for Healthcare Improvement (IHI) to work with communities to test the idea that if you train people in health care improvement strategies that are system focused, they learn that change is possible, they will try things and make changes. Waterville is one of 24 SCALE communities around the country.

4 This program grant supports efforts to enhance wellbeing, prosperity, and resiliency of people, communities, and nature (<http://www.sewallfoundation.org>).

4. Progress to Date

Community members influenced the choice of food access as the priority health issue

After they received their first Healthy Community grant in 2013, staff began by educating professionals in conducting community-driven planning. They also facilitated 11 focus groups with 83 individuals, most of whom lived in poverty, and it was their feedback that pointed them toward the issue of food insecurity. These efforts culminated in community events that intentionally mixed professionals and the community in a safe space. At a gathering in 2016, participants were given activity booklets containing open-ended questions to spur conversations among strangers. The featured speaker, Soma Stout of the 100 Million Healthier Lives Initiative of the Institute for Healthcare Improvement (IHI), underscored the value of everyone in the room and observed that she saw a lot of leadership in the community. As a result of this event, people who used the local food bank began to share their personal stories about their challenges finding affordable, healthy food. Stakeholders observed that these stories further supported the case for selecting food insecurity as the priority health issue.

“People in poverty informed the work.”

Healthy Waterville staff

The intentional mixing of people from different walks of life, the creation of a safe space for discussion and interaction, the conversation-starting exercise, and the inspirational speaker were seen as critical to energizing the community around their collective vision. Hearing people’s stories of possibility helped the “experts” and “professionals” understand what community members could contribute—this was a transformative moment. In the past, Healthy Northern Kennebec would have stopped engaging community members after the focus groups, but now, engaging people with lived experience of the issue they are trying to change has become standard operating procedure.

The problem in Waterville is not lack of food; food is plentiful, but its distribution system is neither efficient nor equitable

Focus groups revealed multiple problems with the food system: many low-income people did not know about resources, the existing resources were not well coordinated, and some people could not get to the food programs. What really struck community planners was the view expressed by community members that the free food system was degrading and stigmatizing. Moreover, people expressed a feeling of disconnection from community, that nobody cared about them, and that they were set up to fail by the system that was meant to help them.

It became clear to the planners that they needed to educate, build awareness, engage community, and reduce the stigma associated with poverty: “We can talk about the food problem all day, but system change requires people caring about each other.” (HW staff) The key question morphed from “How do we feed people?” to “How do we use food to celebrate and nourish people as opposed to creating divisions?” “How do we go beyond getting people fed to how do we get people in one place to talk to each other?”

*“The system is degrading.
I want to see a system
that empowers people.”*

Community member

Collaborative infrastructure evolved to support community leadership

To understand how much progress Healthy Waterville has made to meaningfully engage community members, it is important to understand where they came from. In 2014, The Healthy Waterville Steering Committee was comprised entirely of organizational leaders and service providers. Steering Committee members increasingly involved community members in community events, but that was insufficient and only a handful of people participated in Steering Committee meetings. To better engage and retain community members in planning, Healthy Waterville formed an Action Team in 2015. The original goal was to engage a total of 50 people, with half having lived experience with poverty or food insecurity and half having professional experience with the healthy Northern Kennebec coalition. At first, it did not live up to its potential because only two to three community members came.

In 2015, MeHAF directed grantees to do power analysis, a collaborative exercise in which a group assesses the dynamics in the system they want to change. Waterville attempted the process but it became overwhelming for the participants. MeHAF then provided direct assistance with a second exercise in early 2016, which was attended by community

members, Healthy Waterville coalition members, and representatives from Piscataquis County (which also had a food security grant). The exercise produced several results:

- » It revealed that this project would only succeed if it was a movement powered by a fully engaged community;
- » It underscored the importance of changing the power dynamic between community members and professional participants;
- » Eight people from the community who participated in the exercise volunteered for the Action Team. These new volunteers brought friends to the first meeting, and many became committed Action Team members;
- » Half of the next meeting's attendees were community members who were energized to make a difference.
- » Other towns addressing food insecurity are looking to Waterville to educate them in developing their own community engagement processes.

The Action Team now has 71 members, 21 of whom are people affected by food insecurity. The Community Food Equity Coordinator facilitates the Action Team. She brings experience in the food industry, a commitment to addressing inequity in the food system, and a desire to learn. To strengthen her skills, she attended facilitator training offered by MeHAF's technical assistance provider, which she used to inform her work in Waterville. It was thought that the Steering Committee would shepherd the Action Team, but staff began to notice a shift over the summer of 2016—the Action Team began to steer the project. In a reflection of their new roles, when the Action Team identifies a barrier to system change, it is reported to the Steering Committee, whose members use their influence to help break down barriers.

Since that time, the Action Team has formed subgroups on transportation, city gardens, food recovery, and youth engagement, and recently added one on community meals. When a subgroup is formed, the group follows a set of agreements; identifying one primary aim for the group, identifying stakeholders and convening monthly meetings, determining how success will be measured, creating activities to reach their goals, and fundraising to complete projects. Their mantra is “keep moving forward”—try it, study it, change it to be better, or drop it and move on—don't be scared to fail forward (Healthy Waterville Subgroups summary sheet, 2016).

“This group, more than others, is more honest, grassroots, and flexible.”

Action Team member

Community members are engaging in action that contributes to system change

Healthy Waterville's Action Team is relatively new, but they are already engaging in collective actions that are beginning to show results. Stakeholders involved in the process are learning two major lessons from the increasingly prominent role that community members are playing in this initiative: community members often generate the ideas that *work*, and that when community members lead, they will try new things, they will sometimes fail, but they will learn from failure. Below are five areas in which community members are taking action to change systems.

1. Collecting data that generates ideas

With SCALE funding, community members visited "bright spots," innovative programs that could be adapted to Waterville. Action Team members visited several food programs in Portland and returned with new ideas for improving their food programs and building community. When community members promoted the idea of community dinners (based on the Portland program they'd visited), they formed a new working group to explore the idea.

"Things have blossomed in ways we were not expecting. People want to make a difference."

Healthy Waterville staff member

2. Allocating mini-grants to test new approaches

With funding from the Sewall Foundation, Healthy Waterville provided small grants to community organizations to help them design or expand innovative food system projects. Community members read all of the applications and made the funding decisions. For example, Albert Hall Elementary School has a food pantry, as do all schools in Waterville. A Food Corps volunteer staffs the food pantry, manages an indoor greens garden, and educates students on healthy foods. He observed a disconnection between the food that was donated (e.g. bulk rice, beans, and vegetables) and the food families requested (pre-made dinners). To encourage use of the rice and beans, the school used their \$1,500 grant to create recipes, and to hold cooking classes with the students. For those with low literacy, the Food Corps volunteer worked with a speech pathologist to create recipes in picture form. One family took the bulk food home and later reported that their fifth grader made burritos for them; most importantly, the parents learned that their child liked the food.

3. Developing a food resource guide for Waterville

What happens when community members get energized by an idea and have the means to carry it through? The exhibit below summarizes each of the outcomes emanating from a critical realization on the part of the Action Team. This is a story of actions that spur expected (and unexpected) “ripples” or effects throughout the community. Although the original goal was to create a food resource guide, this story shows how a group of community members catalyzed other organizations to act, to change practices or add capacity to the system, and to directly benefit people experiencing food insecurity.

Exhibit 2: Ripple Effects from an ‘Aha’ Moment

1. Action Team (AT) learns that many people are unaware of food resources—the “aha” moment
2. AT agrees more input is needed via survey; decision made to move quickly vs. create perfect questionnaire
3. 50 respondents report lack of advertising about food sources, lack of knowledge about food bank hours, eligibility or location
4. AT creates “City of Waterville Food Resources Guide” and disseminates to community
5. AT member who works for Health and Welfare offers to add Guide to their website
6. For the first time, social service staff have current, accurate information for people in poverty
7. Community members advocate for seasonal guides and additional service and support information
8. A local church offers to provide things the food bank doesn’t have (e.g. toiletries, toilet paper)
9. Healthy Waterville learns that providers at MaineGeneral Medical Center are not screening patients for hunger because they are unaware of food resources
10. In 2016, MaineGeneral’s Prevention and Healthy Living staff expanded their Partnerships to Improve Community Health grant to include food insecurity. They expanded the food resource guide to include food resources in all towns in Kennebec, Somerset, and Waldo Counties. In January 2017, all of MaineGeneral’s primary care practices were encouraged to share this resource with their patients.

4. Improving access to and quality of the food bank

After raising awareness of resources with a food guide, Healthy Waterville turned its attention to improving the quality of the food resources themselves. The Food Bank, a critical source of food for lower income Waterville residents, had numerous systemic problems that created barriers for its users. To raise their awareness of what it is like to be a food bank user, Healthy Waterville conducted “empathy mapping.” Posing as shoppers, Steering Committee members went through the entire process of a food bank visit, including waiting in line. They left the food bank committed to helping support the changes people from the community had identified. The Food Bank director, a full time volunteer, was willing to look critically at the organization’s operations and joined the Action Team. To date, the Food Bank and the system around it have made significant progress.

Exhibit 3: System Changes at the Waterville Food Bank

Food Pantry Barrier	Before	Now
Hours	Can only use pantry 1x/14 days so more to carry	<i>Advocates are making the case for opening food bank more often</i>
Transportation access	City buses had cargo limit/ did not stop at pantry	<i>Waterville Transportation Director now on Action Team and open to changing bus routes. Action Team considering distributing food boxes that fit under bus seats</i>
Food choice	People did not take the healthy food	<i>Fruit and vegetables now at front of food bank/no limit on quantity. Fresh corn and apples now bagged and people are taking more of it</i>
Structural features	Forbidding, confusing setting with poor signage	<i>New signs welcome visitors and provide directions</i>
Requirements	Eligibility verified at the Welfare office, causing long waits and anxiety at 2 locations	<i>Eligibility is now determined on site, and every person is served once, even if they do not have “proof” of living in poverty in Waterville</i>
Attitudes	Some food pantry board members and volunteers concerned that eligibility changes would leave insufficient food for “deserving” residents; reluctant to change	<i>After learning how much clients contributed to positive changes, Food Bank Board considering a Community Advisory Board</i>

The empathy mapping experience helped build the case for involving people with lived experience in informing system change efforts. Healthy Waterville was fortunate in that the Food Bank director was not only willing to look critically at food bank practices and policies but joined the Action Team. Most importantly, pantry users are now working alongside organizational partners on solutions to their problems. The Action Team is working on additional responses to the issues raised at the Food Pantry such as holding community suppers and creating a mobile food pantry to bring food to people's neighborhoods.

5. Evaluating process and effectiveness

As part of the SCALE grant, Action Team members went to a Community Health Improvement Leadership Academy. As part of the training, participants were introduced to community health assessment, the value of measurement and demonstrating effectiveness, and community health

questionnaires. One of the members of the Action Team is so excited about obtaining community feedback that he is personally recruiting people to complete surveys. Healthy Waterville is assessing its process by obtaining feedback after every meeting, and they are using the "100 Million Healthier Lives Questionnaire for Adults" to get an annual pulse on how community members

"A shared value that everyone has access to healthy food, that food is where people access connection, that the decisions we make benefit all, and stigma is gone."

Community member's definition of success

rate their health, their ability to access healthy food, their sense of connectedness, and their quality of life. The 2016 survey revealed that one in five local people were rarely or only sometimes able to get healthy food. More than two in five said that community members care about each other "somewhat." The community will use these data to design strategies and to track changes in perceptions of wellness and access to free food resources. The team has also created several videos that capture individual stories.⁵ Community members are thinking about results, measures, and showing people they are effective.

5 <https://insight.livestories.com/s/v2/healthy-waterville-livestories/768c3523-196b-4dce-833c-a006c059128f>

5. Challenges and strategies to overcome them

The policy context in Maine creates a significant hurdle to achieving food equity. For example, 9,000 single people lost Supplemental Nutrition Assistance Program (SNAP) in the state over the last year or two. The Governor’s current budget calls for further cuts in SNAP benefits, and SNAP school nutrition education is at risk. In order to address food system policy and practice on a statewide basis, the Food Equity Coordinator has joined the Maine Food Strategy Network’s Healthy Food for All Council (www.mainefoodstrategy.org), which brings together people from across the state to identify and advance shared goals for building Maine’s food economy and strengthening its food system. This group has the potential to have statewide impact.

The free food system is dependent on aging volunteers. Some volunteers give 30 to 40 hours of uncompensated time per week. Healthy Waterville is working to retain volunteers by strategizing around ways to value and reward their contribution and build caring relationships among volunteers.

More needs to be done to change negative attitudes toward people who need food.

Additional partners such as civic organizations are needed to recognize that food insecurity exists and to turn that concern into action.

Supporting true community-driven change is complex and labor intensive. Healthy Waterville committed to engaging people who live with poverty and food insecurity in the design of their initiative, but they went further than that—the

Action Team now has ownership over the implementation process. A significant proportion of the Community Food Equity Coordinator’s time is spent supporting community members in their efforts to learn about systems change, governance, and leadership.

Evaluating community change is difficult. The Healthy Waterville team feels that their current evaluation activities are insufficient to do justice to the story of this initiative and of the residents who are participating in the process. The team plans to seek additional assistance in this effort.

“Regulations and policies are important, but beliefs and attitudes are the key.”

Healthy Waterville staff

Healthy Waterville has learned a number of lessons from their effort to help community members become confident, equal members of the planning body:

- » Invest in orienting and training community members in collaborative group process, information collection, interpretation and use, and other skills that enable them to be equal participants
- » Create a supportive, safe space to help community members overcome their fears, tell their stories and speak in public
- » Hire and train a strong facilitator. Facilitating community-driven, action-oriented collaboratives requires a special skill set that is sometimes unappreciated in this work: content background, sensitivity to hearing individual stories combined with attention to group goals, and ability to ensure that everyone has a voice. If the facilitator needs help to develop those skills, ensure that she is trained appropriately.
- » Educate all group members to raise awareness and reduce stigma; for example, Healthy Waterville sponsored training in Mental Health First Aid.

All of these activities are strengthening the effectiveness of the Action Team, as indicated by a more vocal membership, increased ability to stick to an agenda, and member recognition that every action requires planning.

6. Summary

Healthy Waterville has made impressive inroads into improving the way that free food is accessed and delivered, with the understanding that food and community connection are inextricably linked. Further, the people who actually experience food insecurity are guiding the initiative. This is particularly striking given their history—in 2014, there were no community members sitting on its decision-making bodies. Healthy Waterville has benefited from having three sources of funding that all support community-based solutions that improve food systems. Together, these funders supported the Director and Coordinator, facilitator training, mini-grants, cross-community sharing, learning communities for grantees, and travel and training for community members to help them make a difference at home. Healthy Waterville leadership figured out how to braid these funding sources into an integrated initiative that accelerated their work.

While funders often require community engagement as a critical component, it is rare that they provide appropriate and adequate support to ensure that initiatives like these are successful. This is a rare exception. MeHAF has made a long-term commitment to Waterville and to the other Healthy Community grantees that enabled Healthy Waterville to reach consensus *as a community* around access to healthy food. Their current three-year grant gives Healthy Waterville the time to try new ideas and approaches, to create the relationships required to see if they can both transform the food system and build community assets and connection in the process. Most importantly, they will have time to test the idea that if the idea for change comes from the community affected by the health issue, the change will be more likely to work and to be sustained over time.