

Lincoln County Health Department 607 N. Sales Street, Suite 101 Merrill, WI 54452 715-536-0307 Fax 715-536-2011

Lincoln County Nutrition Coalition Meeting
Lincoln County Health Department, 607 N. Sales Street, Merrill WI 54452
Friday, May 3, 2024 12:00 PM – 1:30 PM
Meeting Location: Health & Human Services 1-103: Health Clinic Room (50)
607 N. Sales St., Merrill, WI 54452

Teleconference Attendance: Persons wishing to attend the meeting by phone may call into the telephone conference beginning ten minutes prior to the start time indicated above using the following number:

Meeting ID:

Video call link: meet.google.com/vhd-grbf-zdz Phone Numbers: (US) +1 971-267-3922 PIN: 558 817 604#

The teleconference cannot start until the host dials in and enters the host password.

All public participants' phones, microphones and chat dialog boxes will be muted or disabled during the meeting. If "public comment" appears on the agenda, before the meeting is called to order, the clerk will ask teleconference attendees whether any public comment is being offered. When called upon by the clerk or chair, any person offering public comment should state their name and comments.

AGENDA

- 1. Call to Order and Introductions
- 2. Approve Minutes of Previous Meeting Friday, January 26, 2024
- 3. Open discussion of current state/local legislation influencing nutrition.
- 4. County Health Rankings Report
- 5. Action Plan Dashboard and Annual Work Plan Updates
- 6. Partner Update
- 7. Recruit new coalition members
- 8. Next Meeting Date Friday, July 26, 2024
- 9. Adjournment

Posted to county website on	at	m. by	_
Requests for reasonable accommodations for o	lisabilities or limita	ations should be made	
prior to the date of this meeting. Please contact	the County Clerl	k at 715-539-1019 or	
chris.marlowe@co.lincoln.wi.us as early as poss	ible so that prope	er arrangements can be	Э
made. Requests are kept confidential.		_	

GENERAL REQUIREMENTS:

- 1. Must be held in a location which is reasonably accessible to the public.
- 2. Must be open to all members of the public unless the law specifically provides otherwise.

NOTICE REQUIREMENTS:

- 1. In addition to any requirements set forth below, notice must also be in compliance with any other specific statue.
- 2. Chief presiding officer or his/her designee must give notice to the official newspaper and to any members of the news media likely to give notice to the public.

MANNER OF NOTICE:

Date, time, place, and subject matter, including subject matter to be consider in a closed session, must be provided in a manner and form reasonably likely to give notice to the public.

TIME FOR NOTICE:

- 1. Normally, a minimum of 24 hours prior to the commencement of the meeting.
- 2. No less than 2 hours prior to the meeting if the presiding officer establishes there is a good cause that such notice is impossible or impractical.

EXEMPTIONS FOR COMMITTEES AND SUB-UNITS:

Legally constituted sub-units of a parent governmental body may conduct a meeting during the recess or immediately after the lawful meeting to act or deliberate upon a subject which was the subject of the meeting, provided the presiding officer publicly announces the time, place, and subject matter of the sub-unit meeting in advance of the meeting of the parent governmental body.

PROCEDURE FOR GOING INTO CLOSED SESSION:

- 1. Motion must be made, seconded, and carried by roll call majority vote and recorded in the minutes.
- 2. If motion is carried, chief presiding officer must advise those attending the meeting of the nature of the business to be conducted in the closed session, and the specific statutory exemption under which the closed session is authorized.

STATUTORY EXEMPTIONS UNDER WHICH CLOSED SEESIONS ARE PERMITTED:

- 1. Deliberation of judicial or quasi-judicial matters. Sec. 19.85(1)(a)
- 2. Considering dismissal, demotion, or discipline of any public employee or the investigation of charges against such person and the taking of formal action on any such matter; provided that the person is given actual notice of any evidentiary hearing which may be held prior to final action being taken and of any meeting at which final action is taken. The person under consideration must be advised of his/her right that the evidentiary hearing be held in open session and the notice of the meeting must state the same. Sec. 19.85(1)(b).
- 3. Considering employment, promotion, compensation, or performance evaluation data of any public employee. Sec. 19.85(1)(c).
- 4. Considering strategy for crime detection or prevention. Sec. 19.85(1)(d).
- 5. Deliberating or negotiating the purchase of public properties, the investing of public funds, or conducting other specified public business whenever competitive or bargaining reasons require a closed session. Sec. 19.85(1)(e).
- 6. Considering financial, medical, social, or personal histories or disciplinary data of specific persons, preliminary consideration of specific personnel problems or the investigation of specific charges, which, if discussed in public would likely have an adverse effect on the reputation of the person referred to in such data. Sec. 19.85(1)(f).
- 7. Conferring with legal counsel concerning strategy to be adopted by the governmental body with respect to litigation in which it is or is likely to become involved. Sec. 19.85(1)(q).
- 8. Considering a request for advice from any applicable ethics board. Sec. 19.85(1)(h).

CLOSED SESSION RESTRICTIONS:

- 1. Must convene in open session before going into closed session.
- May not convene in open session, then convene in closed session and thereafter reconvene in open session with twelve (12) hours unless proper notice of this sequence was given at the same time and in the same manner as the original open meeting.
- 3. Final approval or ratification of a collective bargaining agreement may not be given in closed session.

BALLOTS, VOTES, AND RECORDS:

- Secret ballot is not permitted except for the election of officers of the body or unless otherwise permitted by specific statutes.
- 2. Except as permitted above, any member may require that the vote of each member be ascertained and recorded.
- 3. Motions and roll call votes must be preserved in the record and be available for public inspection.

USE OF RECORDING EQUIPMENT:

The meeting may be recorded, filmed, or photographed, provided that it does not interfere with the conduct of the meeting or the rights of the participants.

LEGAL INTERPRETATION:

- The Wisconsin Attorney General will give advice concerning the applicability or clarification of the Open Meeting Law upon request.
- 2. The municipal attorney will give advice concerning the applicability or clarification of the Open Meeting Law upon request.

PENALTY:

Upon conviction, nay member of a governmental body who knowingly attends a meeting held in violation of Subchapter IV, Chapter 19, Wisconsin Statutes, or who otherwise violates the said law shall be subject to forfeiture of not less than \$25.00 nor more than \$300.00 for each violation.



Meeting Minutes

Friday, January 26, 2024, 9:30-11:00 am Lincoln County Health Department, Clinic Room

Members Present:

X Aspirus Merrill/Tomahawk Hospitals	X Healthfirst, Inc.	□ Lincoln County Health Department
Jane Bentz	Morgan Thums	Lexi Buntrock
X UW-Extension Food Wise		
Terry Kolb, Shara Allen		

Partners Present:

Agenda Item	Notes	Action Items
1. Call to Order	Meeting called to order by Buntrock at 9:32 am.	
2. Welcome and Introductions	Introductions were made.	
3. Approve Minutes of	Motion to approve minutes by Bentz, seconded by Thums. All ayes.	
September 8, 2023 Meeting	Motion carried.	
4. Agenda Items	A. Current State/Local Legislation	
A. Open discussion of	WPHA/WALHDAB Supports Healthy School Meals for All	
current state/local	Legislation - WPHA and WALHDAB also agreed to support draft	
legislation influencing	legislation that provides enough state funding to K-12 public	
nutrition/healthy	and private schools statewide so that all school children may	
lifestyles	receive a free breakfast and/or lunch each day at	
	school. Under this bill, meals would be available to all students,	
	regardless of family income. Also, families would no longer need	
	to complete income verification and related	
	paperwork. Governor Evers also included this proposal in the	
	Fiscal Year 2023-2025 budget that he submitted to the legislature	
	in early 2023, but it was ultimately not included in the final budget that he signed into law.	
	 Additional Funding Over Summer for Families who Qualify for Free & Reduced Lunch 	
	riee & Reduced Luiicii	
B. Action Plan -	B. Action Plan	
Dashboard Updates &	Dashboard Updates – Group made some updates to the CHIP	
Review Annual Work	2023-2028 Healthy Lifestyles Dashboard directly. Buntrock will	Buntrock will send out
Plan / Aspirus Health	request addition report outs via email. Report out is for 2023	request of dashboard
Funding	quarters 3 & 4.	data to coalition
		members.

C. Review Coalition Work and How It Aligns with Action Plan and Annual Work Plan (ex. Gleaning, Food Pantry Assessment, Campaigns, Hydroponic Gardens, Food Demos, School Wellness Policy, Promotional Materials, Lincoln County Food Resource Guide)

- 2024 Healthy Lifestyles Work Plan Buntrock drafted a work plan for the year based on preliminary discussion from coalition members at the last meeting. Reviewed today. Coalition Members made suggestions. See attached work plan.
- Aspirus Health Funding Each organization can submit a funding request to Aspirus, but Buntrock can do one on behalf of the coalition. Make it separate from Healthy Minds.
- **C. Review Coalition Work** Moving forward this will be part of b. (Action Plan Updates) and d. (Member/Partner Updates).
 - **Gleaning** Buntrock presented Gleaning Toolkit for approval. After coalition members reviewed, a motion to approve the toolkit was made by Bentz, seconded by Allen. All ayes. Motion to approve carried.
 - Current Update on Gleaning efforts: Bentz reported their gleaning efforts are down, but Merrill Food Pantry is in need of more. So they could use additional gleaning. LCHD has potential funding to pay for funding of containers. Food Pantry can purchase the containers much cheaper. Talk to them about submitting a request.
 - Buntrock will check in with all the pantries about accepting gleaned foods. As a coalition, we brainstormed list of places to get the toolkit out to:
 - -Potentially Environmental Health Specialist from LCHD present the toolkit while out doing restaurant inspections.
 - -Other places: Church Mutual, Pine River, Golden Harvest, County Market - expand beyond bread, other gas stations, Mexican Restaurants, Eagles, Club 64, any fast food restaurants, Nursing Homes, Merrill Distributing.
 - Food Pantry Assessment Kolb, Allen and Buntrock currently
 working on this initiative and have been meeting as a subgroup.
 Plans to meet with the Merrill Food Pantry late February. Possible
 funding through the Health Department for Pantry needs.
 Possibly will look at doing the assessment with other food
 pantries in Lincoln County afterwards.
 - **Campaigns** discuss Farmers Market Campaign. Buntrock, Bentz, Kolb will work together on this.
 - Hydroponic Gardens Buntrock reported out that Washington Elementary School is using their hydroponic garden (only update since last check in and update). Trinity has a new principal and Buntrock explained what the hydroponic garden

was and how it worked. He will see if any of this staff are interested in leading this initiative. This will no longer be an agenda item, but as Buntrock gets updates, Buntrock will share. Food Demos - PRSYL and Tomahawk Head Start occurred in Fall 2023 - updated in dashboard. Food Pantries, Low Income Housing - Aspirus was doing, but not time. UW Extension might be able to. Discussion will happen. • School Wellness Policy – Partnership efforts are being made to between Healthy Lifestyles members and school. **Promotional Materials** – Buntrock reported out on what we have available: Insulated bags, healthy substitute magnets, healthy temperatures and cooking measurements magnet. Survey to go along with these. Request materials through Buntrock. **Lincoln County Food Resource Guide** - Updated! View on our website. Has been professionally printed with our updated logo. Hot off the press – just got the copies this week. Note: New logo was branded to match our Live Well Lincoln brand. **D.** Member/Partner D. Member/Partner Update **Updates** • **UW Extension -** Harvest of the Month Campaign. Stockboxes -Erin Wells and Merrill Enrichment Center stepped down and UW Extension taken over the admin piece for now. Need partners to help. Possibly Merrill Food Pantry? Looking for additional partners. Happens both in Merrill and Tomahawk. Tomahawk Admin is taken care of. Day of, Church Mutual sends people. Needing more help with the admin. Not much time - 1-2 times. Need more help with data collection and answering the phone. Trying to streamline so not much work. Suggestion: Check with churches, St. Vinnies. Last year, over \$27,000 worth of food distributed last year. 85-90 boxes per month about. Make sure it is listed on FindHelp. • **Aspirus** - Jane working on getting reports out from Farmers Market on coupons and Fruit & Veggies Prescription Program given out by the provider. E. Member/Partner E. Member/Partner Agreement Update – Buntrock will send survey with All coalition the meeting minutes to assess partners' membership status and Agreement Survey member/partners asked areas of interest. https://forms.gle/SCpLFqGQpxeNoMTC6 to complete Coalition Agreement Survey.

F. Recruitment of New Coalition Members	F. Recruitment of New Coalition Members - Discussed while looking at work plan. Possible partners: Tranquil Times, PRSYL, Food Pantry. All members work on recruitment.
6. Adjournment	Next meeting is April 26 from 9:30-11:00 a.m. Meeting adjourned at 10:49 am. Buntrock adjourned the meeting.

Minutes submitted by: Lexi Buntrock, Public Health Educator, 1/26/24



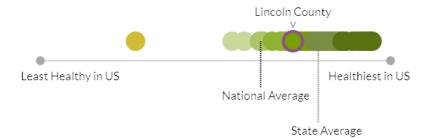
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Lincoln County Health Snapshot 2024

Lincoln County Health Outcomes

Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive.



Lincoln County is faring worse than the average county in Wisconsin for Health Outcomes, and better than the average county in the nation.

Measures	Lincoln 2023	Lincoln 2024	Trends *not always available due to changes in data collection methods	WI 2024	U.S. 2024
Length of Life					
Premature Death Years of potential life lost before age 75 per 100,000 population (age adjusted).	6,900	8,200	No significant trend identified	7,100	8,000
Data Source: National Center for Health Statistics - N Quality of Life	atality and Mo	rtality files; Cer	nsus Population Estimates Prog	<u>ram 2019-202</u>	21
Poor or fair health Percentage of adults reporting fair or poor health (age adjusted).	12%	14%	Data unavailable	13%	14%
Data Source: Behavioral Risk Factor Surveillance Syst	em 2021				
Poor physical health days Average number of physically unhealthy days reported in past 30 days (age adjusted)	3.2	3.6	Data unavailable	3.1	3.3
Data Source: Behavioral Risk Factor Surveillance Syst	em 2021				
Poor mental health days Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.5	5.1	Data unavailable	4.8	4.8
Data Source: Behavioral Risk Factor Surveillance Syst	em 2021				
Low birthweight Percentage of live births with low birthweight (< 2,500 grams).	8%	8%	Data unavailable	8%	8%

LINCOLN COUNTY VISION STATEMENT:

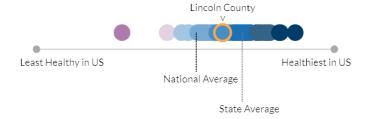


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Lincoln County Health Factors

Many things influence how well and how long we live. Health Factors represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities.



Lincoln County is faring worse than the average county in Wisconsin for Health Factors, and better than the average county in the nation.

Measures	Lincoln 2023	Lincoln 2024	Trends *not always available due to changes in data collection methods	WI 2024	U.S. 2024
Health Behaviors					
Adult smoking Percentage of adults who are current smokers (age-adjusted).	19%	17%	Data unavailable	14%	15%
Data Source: Behavioral Risk Factor Surveillance Syst	em 2021				
Adult obesity Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	35%	37%	Data unavailable	34%	34%
Data Source: Behavioral Risk Factor Surveillance Syst	em 2021		1		
Food environment index Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	8.8	8.9	Data unavailable	9.1	7.7
Data Source: USDA Food Environment Atlas, Map the	e Meal Gap fro	m Feeding Am	erica 2019 & 2021		
Physical inactivity Percentage of adults age 18 and over reporting no leisure-time physical activity.	21%	21%	Data unavailable	19%	23%
Data Source: Behavioral Risk Factor Surveillance Syst	em 2021				
Access to exercise opportunities Percentage of population with adequate access to locations for physical activity.	65%	67%	Data unavailable	84%	84%
Data Source: Business Analyst, and Living Atlas of the	world; YMCA,	& US Census Tig	gerline Shapefiles 2023, 2022 &	x 2020	
Excessive drinking Percentage of adults reporting binge or heavy drinking (age-adjusted).	28%	23%	Data unavailable	25%	18%
Data Source: Behavioral Risk Factor Surveillance Syst	em 2021		Ī		
Alcohol-impaired driving deaths Percentage of driving deaths with alcohol involvement.	44%	42%	No significant trend identified	35%	26%

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Data Source: Fatality Analysis Reporting System 2017	-2021				
Sexually transmitted infections Number of newly diagnosed chlamydia cases per 100,000 population.	188.5	238.3	No significant trend identified	472.3	495.5
Data Source: National Center for HIV/AIDS, Viral Hep	patitis, STD, and	TB Prevention 2	2021		
Teen births Number of births per 1,000 female population ages 15-19.	20	15	Data unavailable	12	17
Data Source: National Center for Health Statistics - N	latality Files; Ce	ensus Population	n Estimates Program 2016-2022	2	
Clinical Care		l			
Uninsured Percentage of population under age 65 without health insurance.	7%	6%	Trend getting better for this measure	6%	10%
Data Source: Small Area Health Insurance Estimates	2021	T			
Primary care physicians Ratio of population to primary care physicians.	1,840:1	2,040:1	Trend getting worse for this measure	1,250:1	1,330:1
Data Source: Area Health Resource File/American M	Nedical Associo	tion 2021			
Dentists Ratio of population to dentists.	1,900:1	1,890:1	No significant trend identified	1,360:1	1,360:1
Data Source: Area Health Resource File/ National Pro	ovider Identific	ation File 2022			
Mental health providers Ratio of population to mental health providers.	1,500:1	1,490:1	Data unavailable	400:1	320:1
Data Source: CMS, National Provider Identification 2	023	1	1		
Preventable hospital stays Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	1,683	1,826	Trend getting better for this measure	2,451	2,681
Data Source: Mapping Medicare Disparities Tool 202	21				
Mammography screening Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	47%	53%	No significant trend identified	50%	43%
Data Source: Mapping Medicare Disparities Tool 202	21				
Flu vaccinations Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	48%	44%	Trend getting worse for this measure	52%	46%
Data Source: Mapping Medicare Disparities Tool 202	21		•		
Social & Economic Factors					
High school completion Percentage of adults ages 25 and over with a high school diploma or equivalent. Data Source: American Community Survey, 5 year e	93% stimates 2018-2	92%	Data unavailable	93%	89%

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Some college Percentage of adults ages 25-44 with some post-secondary education.	55%	53%	Data unavailable	70%	68%
Data Source: American Community Survey, 5 year es	timates 2018-2	2022			
Unemployment Percentage of population ages 16 and older unemployed but seeking work.	3.7%	3.1%	Trend getting better for this measure	2.9%	3.7%
Data Source: Bureau of Labor Statistics 2022			· · · · · · · · · · · · · · · · · · ·		
Children in poverty Percentage of people under age 18 in poverty.	15%	13%	Trend getting worse for this measure	13%	16%
Data Source: Small Area Income and Poverty Estimat	es; American	Community Su	urvey, 5-year estimates 2022 & 2	2018-2022	
Income inequality Ratio of household income at the 80th percentile to income at the 20th percentile.	4.2	4.4	Data unavailable	4.2	4.9
Data Source: American Community Survey, 5 year es	timates 2018-2	022			
Children in single-parent households Percentage of children that live in a household headed by single parent.	16%	20%	Data unavailable	22%	25%
Data Source: American Community Survey, 5 year es	timates 2018-2	2022			
Social associations Number of membership associations per 10,000 population.	16.3	15.1	Data unavailable	11	9.1
Data Source: County Business Patterns 2021		•			
Injury deaths Number of deaths due to injury per 100,000 population.	92	97	Data unavailable	93	80
Data Source: National Center for Health Statistics - M	ortality Files; C	ensus Populati	on Estimates Program 2017-202	21	
Physical Environment					
Air pollution-particulate matter Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	6.8	6.8	Trend getting better for this measure	7.8	7.4
Data Source: Environmental Public Health Tracking N	etwork 2019	1			
Drinking water violations Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	No	Yes	Data unavailable		
Data Source: Safe Drinking Water Information System	2022				
Severe housing problems Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	9%	9%	Data unavailable	13%	17%
	rategy (CHAS)) data 201 <i>6-</i> 20	20		

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ercentage of the workforce that drives one to work.	84%	81%	Data unavailable	77%	72%			
Data Source: American Community Survey, 5 year estimates 2018-2022								
ong commute – driving alone mong workers who commute in their car one, the percentage that commute more an 30 minutes.	31%	31%	Data unavailable	28%	36%			

For more information on the County Health Rankings visit http://www.countyhealthrankings.org

LINCOLN COUNTY VISION STATEMENT:

One Time Event Planning Worksheet

Use this form for health fairs, one-time events, trainings, gun lock campaign, tick disease prevention kits, etc.

Name of Outreach: Healthy Snacks Educational Booth Dates of Outreach: 4/6/2024

Assigned Staff: Lexi Buntrock

Target Audience: Families with children.

Objective(s): Educate families on how to choose healthy snacks for their family. Educate families on how to read a food label.

Health Equity Objective(s): Provide families with simple concepts to increase knowledge on how to pick out healthy snacks.

Does this event link to performance management, QI, Strategic Plan, CHIP, Grant Objective?

Description activities: Taste testing of healthy snack. Food Label Poster to educate on how to read a food label, specifically sugar (included vs added). Sugar Boards as a visual to families on how much sugar is in commonly bought drinks and snacks.

Evaluation Method Used:

- Observation
- □ Survey
- ☐ Photos
- ☐ Story Telling
- □ Other

Choose more than one evaluation method.

Post Event:

Evaluation results: 33 individuals completed the survey at the event. Not all individuals that stopped at the booth filled out the survey. 78.8% (n=26) of individuals responded that they "agree" or "strongly agree" that they increased their knowledge on how to read a food label. While 87.9% (n=29) individuals responded that they "agree" or "strongly agree" that they have increased their knowledge on how to choose healthy snacks for their family.

Barriers or challenges individuals have faced when wanting to eat healthy include:

- Cost (n=22)
- Time (n=15)
- Access to foods that are healthy (n=13)
- Education on what foods are healthy (n=8)
- Not wanting to eat healthy (n=3)
- Lack of internet access to look up healthy food (n=2)

- Lazy (n=1)
- Not a good cook (n=1)

Through storytelling, cost of eating healthy continued to come up. Many families stated "oh, I didn't think to buy pre-cut frozen fruit" and we went on to discuss how fruit is expensive and can go bad quickly, so this is a way to eliminate that.

Through observation, some kids LOVED the fruit (especially the mango) and would come back or ask if they could have another one (or two or three or more). While the other half did not like it. Another observation was 4-5 parents took pictures of the sugar boards to show a family member, while additional others said to their children, "we'll have to let _____ know how much sugar is in (drink)".

A family that was deaf came through. Due to plenty of education that was visual, the family was able to learn without myself speaking. One of the things that was very helpful for this family was the signs I had in front of the samples, which labeled what they were.

Conclusion of Results: Overall, a majority of individuals who came through and responded to the survey increased their knowledge on how to read a food label and how to choose a healthy snack for their family.

Mangos and Peaches are not everyone's favorite but it did allow some children to taste it for the first time.

The bag said to thaw by setting out for 30 minutes. It took much longer than 30 minutes, so especially the first hour or two, the mangos were still frozen or very cold, which made some people not enjoy it as well due to the coldness.

Although we have had the sugar boards at multiple events now in the past year, it continues to be a great visual and teaching moment.

The following resources were taken: Coalition Insulated Bag (68), Conversions and Cooking Temp Magnet (57), Healthy Substitute Magnet (45), LWL Notepads (24), Sugar Handout (14), 5210 Magnet (12) Food Resource Guide (2).

Action Plan based on Results:

- 1. For future events, make sure the fruit is completely thawed out (allow more time to thaw).
- 2. Continue to use the sugar boards.
- 3. Educate more on how to access healthy foods (resource guide). It was available, but I did not specifically educate on it.

Results shared with: LCHD, BOH, Healthy Lifestyles Coalition

Document Prepared by: Lexi Buntrock, Public Health Educator



GLEANING

Lincoln County Health Department, with collaboration from the Lincoln County Healthy Lifestyles Coalition would like to encourage establishments that serve food to consider gleaning excess foods.



What is gleaning?

Gleaning is simply the act of collecting excess foods from grocers, restaurants, farms, or any other source, and donating it to provide to those in need.

Why glean?

In 2020, Lincoln County had 2,280 food insecure people with a rate of 8.2% per capita (Feeding America, 2020).

Is there a tax benefit?

Internal Revenue Code 170(e)(3) provides enhanced tax deductions to businesses to encourage donations of food to qualified nonprofit organizations serving the poor and needy.

Concerned about liability?

The Bill Emerson Good Samaritan Act limits liability for food donations. In addition, there is the Wisconsin State Statute 895.51 (2)

Do you have more questions? Want to learn more?

Have more questions such as what foods are acceptable to donate, how do I package, I am busy - how much time does this take? Or are you interested in gleaning and need help taking that next step? Contact Lexi Buntrock.

Contact Information

Lexi Buntrock, Public Health Educator
Lincoln County Health Department
Email: lexi.buntrock@co.lincoln.wi.us Call: 715-539-1374



Created 2.2024

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- Lazy (n=1)
- Not a good cook (n=1)

Through storytelling, cost of eating healthy continued to come up. Many families stated "oh, I didn't think to buy pre-cut frozen fruit" and we went on to discuss how fruit is expensive and can go bad quickly, so this is a way to eliminate that.

Through observation, some kids LOVED the fruit (especially the mango) and would come back or ask if they could have another one (or two or three or more). While the other half did not like it. Another observation was 4-5 parents took pictures of the sugar boards to show a family member, while additional others said to their children, "we'll have to let _____ know how much sugar is in (drink)".

A family that was deaf came through. Due to plenty of education that was visual, the family was able to learn without myself speaking. One of the things that was very helpful for this family was the signs I had in front of the samples, which labeled what they were.

Conclusion of Results: Overall, a majority of individuals who came through and responded to the survey increased their knowledge on how to read a food label and how to choose a healthy snack for their family.

Mangos and Peaches are not everyone's favorite but it did allow some children to taste it for the first time.

The bag said to thaw by setting out for 30 minutes. It took much longer than 30 minutes, so especially the first hour or two, the mangos were still frozen or very cold, which made some people not enjoy it as well due to the coldness.

Although we have had the sugar boards at multiple events now in the past year, it continues to be a great visual and teaching moment.

The following resources were taken: Coalition Insulated Bag (68), Conversions and Cooking Temp Magnet (57), Healthy Substitute Magnet (45), LWL Notepads (24), Sugar Handout (14), 5210 Magnet (12) Food Resource Guide (2).

Action Plan based on Results:

- 1. For future events, make sure the fruit is completely thawed out (allow more time to thaw).
- 2. Continue to use the sugar boards.
- 3. Educate more on how to access healthy foods (resource guide). It was available, but I did not specifically educate on it.

Results shared with: LCHD, BOH, Healthy Lifestyles Coalition

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