

Note: During the production of this podcast, the name of the farm changed from The Farm at St. Joe's Ann Arbor to The Farm at Trinity Health Ann Arbor.

Clifford Scholz: Hello, this is the Farms for Tomorrow podcast, and I'm your host today, Cliff Scholz. We'll be speaking with Amanda Sweetman, who came into her role as regional director of farming and healthy lifestyles for Trinity Michigan, in fall of 2019.

Amanda took on the role of farm manager for The Farm at St. Joe's in 2015. Passionate about food and farming, Amanda brings her background as scientist, farmer, educator, and chef to help define an evolving new role that connects people, food, farms, and wellness, with a focus on strengthening local agriculture and increasing food access. The goal is to build a healthy community. Welcome, Amanda.

Amanda Sweetman: Thanks so much for having me today, Cliff.

Clifford Scholz: Amanda, my understanding is that in 2010 a portion of your hospital grounds at St. Joseph Mercy Ann Arbor Hospital in Southeast Michigan was set aside to go back to its historic use as farmland. A farm on hospital grounds: That's unusual. What is The Farm at St. Joe's?

Amanda Sweetman: A farm on hospital grounds is unusual.

So, like you said, it was started in 2010 at our campus in Ypsilanti, Michigan. We now have a second campus at our St. Joseph Mercy Oakland Campus in Pontiac, Michigan. These are relatively small spaces. The Ann Arbor farm has about two acres dedicated to food production, with an additional 23 acres of land in hay production.

You're like, "How big is this hospital campus, Amanda?" It's 365 acres; it's one of the largest health care campuses in the country, which is one of the things that makes us so unique.

In addition to spaces for outdoor crop production, we have two production hoophouses: a propagation hoophouse, and, first in the nation, handicap-accessible hoophouse. We have been operating out of two modular buildings for the past 11 years.

In the fall of 2021, we finished construction of our new food hub. This is a— just over 2,000-square-foot building with a dedicated wash/pack, Farm

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Share packing space, an enormous cooler, and a classroom. Our St. Joe's Oakland Campus: That farm is brand-new, with 2021 being its first growing season.

Surrounded by hospital buildings and parking lots, that farm is much more urban, and has access to just under an acre of land. In both locations we grow year-round, using organic practices. We offer a range of programs from a collaborative CSA, we call it a Farm Share, to summer camp.

So when you say, "What is this place?", I like to think of The Farm at St. Joe's as being the bridge to the community for the hospital. We are really taking health care out of the hospital, out of those four walls, and meeting people where they are. And it's this innovative idea to use food to do that.

Clifford Scholz: Wow. Many of our listeners are farmers and farm advocates. Can you help us understand why your program can help our mission to protect farms and farming, and build community around local agriculture? You mentioned that you're connecting people: How do those connections happen?

Amanda Sweetman: Oh, gosh, there's a lot there. So let me start first with, "Why should your farmer audience care?" I like to hit people in the dollars and the cents right off the bat. So one of the things that we do that connects people and connects farmers to those people is that we're really an economic engine for the local food economy.

The Farm Share, our collaborative CSA, and our other food programs generated over \$200,000 for local farms last year. So we're helping farms start businesses, stay in business, and making the economics of that whole system work a little better.

Second, poor health really impacts us all, right? Not just physical health, but economic and ecological health, as well. Programs like ours are some of the innovative ways that we can all work together to address the large-scale challenges we face, such as the climate crisis, health and racial disparities, and a shrinking number of small and mid-sized farms in our communities.

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Our programs serve large numbers of people, with thousands of food boxes being distributed to people in need every year. A thousand kids a year come to the farm for field trips and summer camp to learn about real, healthy food. Volunteers give thousands of hours of their time, and we provide innovative spaces for therapy and healing

Clifford Scholz: So that sounds like real— real impact. Well, how did all this come about? And how does it advance your organization's mission?

Amanda Sweetman: Oh, good, I was hoping you were gonna ask this question. So The Farm started in 2010; that's when the first crops were planted. The idea started a little bit before that.

The story goes we had a new president of our hospital, Rob Casalou. And he was workin' long hours on his first day on the job, went downstairs to get dinner, and all he could find was a hamburger and french fries.

Now, if you know Rob Casalou, he's a very healthy person, very health-conscious person. And so this really set him on the, "This shall not stand; we can do better." And so he went out to his leaders and said, "How can we do better?"

And what health systems often do is go to an external contractor for their food service. And what's really awesome about St. Joe's, and why The Farm came into existence, was there was already a grassroots movement among the St. Joe's employees to say, "We have this amazing hospital, it used to be a family farm, we know we can do better in terms of the food and preventative wellness for staff and patients. You know, we should be a life-giving place, not just a place you come when you're sick. And one of the foundational pieces of that is what you eat."

And so the solution that they came up with was, "We're gonna rip out the fryers; we're gonna put in equipment that lets you cook whole, real foods more." In an institutional setting it's still difficult, but they definitely do it more than they did before. They hired culinary-trained staff, and they really started to bring in more whole, fresh foods to the kitchen.

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As a part of that large proposal, that grassroots movement I talked about, Lisa McDowell, our head of nutrition, Dave Raymond, who's the head of planning and designs, and physicians came and said, "Oh, by the way, you know what else we really want to do, is start a farm."

Rob is the kinda guy who says, "Well, yeah, we should do that." So there was initial funding from leadership that really got us going, and, again, that real grassroots movement. So you need both. One of the questions I often get is, "How do you start something like this?" You need both: You need support from leadership, and you need that grassroots movement.

So they hired a farmer, someone who knew how to grow food. They started installing some hoopouses and we were gonna feed the hospital. And pretty quickly it became clear that the amount of food that the hospital needs, versus what the farm could provide, were not a good match.

And so the question then became, "What else do we do with this cool program?" 'Cause everyone thought it was great. And so they started growing food to take to the farm stand in the hospital lobby, and they were donating food to the food bank.

And then their original farmer moved on; he had another opportunity, and I got to start in 2015. Now, I knew a little bit about farming before I started. But I'm really a gatherer of people; I'm a connector by my nature. And so I thought they'd hire me to, you know, grow some food, maybe start a youth education program, do something like that.

And, instead, it's really been fertile ground for all these other things. Today, we're really something more than this idea of getting food into the cafeteria, or health and wellness for our colleagues. Today, The Farm is really an integral part of the health system's commitment to being a transforming, healing presence in the community we serve.

We're a faith-based organization, and I have to say I love working for a mission-driven organization like St. Joe's. We test ourselves to do better for the community all the time. You know, we have these core values of stewardship and care for the underserved.

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Those values include being good stewards of the land, of our resources, of our relationships.

But we can acknowledge that our efforts should be doing more. We shouldn't just be fixing your broken arm, or helping you when you've had a heart attack. And that's what I think is so fantastic about getting to work for an organization like this.

I often get asked why: "Why would a hospital have a farm?" And I think if you really start to look at the data it's a valuable shift in our perspective to talk about disparity in health outcomes.

So, the name of St. Joe's Ann Arbor, our hospital's a little confusing. It says it's "Ann Arbor," but it actually sits in Ypsilanti. It was started in Ann Arbor and they moved it. But for those of you listening to us, Ann Arbor and Ypsilanti are sisters. They kiss each other.

Geographically, they would look the same if you looked at them from an aerial image.

Ann Arbor is very well-to-do, by and large. The University of Michigan is there, very high opportunity index. Not a lotta places where there's low access to food. People have transportation, it's this lovely place to live. In one of the communities there the life expectancy is 89 years. So that's the highest life expectancy in a Census tracking, in Ann Arbor.

In Ypsilanti, literally no more than two miles away, the lowest life expectancy Census tract, which actually touches the hospital: It's 67 years. So that's a 22-year age difference.

We've all recognized that that's not okay, that we will not continue to live in a community where those disparities exist. Your ZIP Code should not determine your life expectancy.

And so, again, working for a mission-driven organization like St. Joe's, we hold ourselves accountable to trying to address that difference. Now, there's a term. If you're some of my health care peeps, you'll have heard this a bunch: "The social determinants of health."

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Some determinants of health are your genetics. Some are your personal health choices, what you choose to eat. But a lot of them are outside of your control. Do you have access to transportation? Do you have access to a good job? Good education? Do you have food that's nearby and healthy for you? Is the environment you live in safe and clean and supportive to your health? All those things.

So more of your health outcomes, how long you live, is determined by those things that you cannot control than either your genetics or your personal choices. I'll bring this back to health care: 20% of your health outcomes are due to the health care you receive.

So, I am continually thrilled that our health system invests in foundational ways to change health. Not just in new robots and all those other things. They do; they continue to invest in those things. But by investing in these social determinants of health and by getting innovative by starting programs like The Farm, we really get to— we get to live that mission: We get to be a transforming, healing presence. We get to meet people on their path toward better health. And it really does get at health outcomes. So are you ready for some shocking statistics?

Clifford Scholz: More shocking statistics?

Amanda Sweetman: More shocking statistics, yeah. So we know that food is the number one cause of poor health in America, with poor diet causing half a million deaths a year. And that number is really striking, and it's really important to remember that those numbers aren't equally distributed. Poor health outcomes due to diet are much more prevalent in communities of color and communities of low income.

So, again, what are we doing to address those things? And, I think it's been a confluence of events that I came in as someone who was really well-connected to our local food community, who's got a background in sustainability. And I joined forces with our community health and well-being team, and we're working at this faith-based organization.

And so all of these things came together in this nexus at The Farm, where

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we've gotten to build programs and spaces that are supportive of trying to address those disparities. And we can't do it all, right? But we can do a little bit.

And so what we really focus on is nutritional security and a sustainable food system because those are the things that we can do right now.

Clifford Scholz: You are pioneering something here. You're defining a new kind of role, something that hasn't really existed.

It's growing. It's having bigger impact, it's got more programs that are operating, it's touching more people. How did this happen?

Amanda Sweetman: Well, my dad likes to say, "You work really hard to get lucky." And I think there was a lotta workin' really hard, and there was a lotta gettin' lucky.

"We got lucky," but we have really good leadership. We have Rob Casalou, who's now, in a national role. Our president and CEO of Trinity Health, Mike Slubowski, cares deeply about this, and invests his time and energy in it. Our local community health and well-being leaders give their time and attention to this very often, in a very targeted way.

And as I went on my personal growth trajectory from, "Ooh, I like growing food. Ooh, I like being outside. Oh, I like connecting to people," and I've moved beyond that to see "What does our community need?"

And I think The Farm is this beautiful place where people come together, stories come together. What better way to share a story than over food? And so we get to hear a lot of people's stories, and the thing that I've realized, and the thing that the health system probably already knew, I was maybe a little slow on the uptake, is that there is a ton of health disparity in our community.

So if you think of your vitality, how healthy you are and how long you live, if you think about all the components that go into that, some of that is your personal health choices, some of that is your genetics. Those two things equate to about, mmm, 40%. Twenty percent is the health care you receive.

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The remainder is all these things outside of your control.

And so I think it's really important to flip that dialogue of, "Oh, well, you're overweight and it's your fault that you're not healthy." We need to think about our communities and our systems and the structures are not supporting people. And, in fact, in a lot of instances, our systems and our structures are working against people, intentionally.

How do we address those things? Now, we can't do them all. And, again, this is back to that question of, "Why a farm?" Well, food is really transformational, right?

It's this really foundational way to connect with people, and it makes a really big difference. And so that's why The Farm is really important. We get to take it from a "should," that's back to that, "You're responsible; you're responsible, you should eat healthier, you should exercise more," to, "I can enjoy kohlrabi," "My children like eating cherry tomatoes."

And that's the idea of joining people on their path toward better health. And meeting people where they are.

Our mission at The Farm today is to grow a healthy community by empowering people through food, education, and relationships. We know that we can't solve all the challenges facing the food system, so our primary focus is on increasing the health of our community today, through nutrition security and investing in the health of our community tomorrow by investing in a more sustainable food system. And so if I can connect people to food that makes them feel good, it's really a fantastic way to spend your days.

Clifford Scholz: You shared with us about the Harvard study. Can you make some clarification around that?

Amanda Sweetman: Yeah. So, the social determinants of health are those structures around you that are determining your vitality.

But, Cliff, I think what you're really maybe asking me is, "Why is The Farm

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doing more than just food?"

The thing that really shaped me and a lot of our programs was when I learned that it's not enough to just give people food. And that this Harvard longevity study, which is so fascinating, followed people on their trajectory through life, and they saw some really remarkable things.

One of the things that stood out to me was that more important than your genetics was the strength of your relationships, at 50, on your health outcomes.

So "How happy are you with your spouse?" or some other close relationship, had more of an impact on how long you lived than your genetics. I think it was the same if you smoke cigarettes. So there are some things that we know are really bad for you. Smoking cigarettes. Really bad for you. But being lonely is worse. Having no tight connections is worse.

And so when we think about why we would have all these other programs, like education programs, and community gardens, and doing tours and staff retreats, and going to community meetings, and hosting events: all the many, many things that we do, we splinter our focus to be able to address those bigger things, creating relationships.

My training, I'm a wetland ecologist, I studied diverse ecosystems. And what our research showed was that more diverse ecosystems were more resilient to challenges like climate change. And what I've learned, and I think is being proven in the research, is that more diverse human systems are more resilient, as well.

And so we need to have diversity in our relationships, we need to have diversity in the people that interact with, we need to break those bubbles. Our bubbles are really strong. They're really tight, and so how do we start to address those things? And I think that's why we try so hard to have so many cross-cutting programs.

In addition to that Harvard longevity study, something that's currently shaping how I think about our programs is research coming out by Dr.

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Fielding-Singh. And she wrote a book called *How the Other Half Eats: The Untold Story of Food and Inequality in America*.

And she's shown that, and other researchers have shown, that food access — you know, is there a grocery store close to you? — food access only accounts for 10% of the dietary gap. Which literally rocked my world because so much of our intervention programs have been based on: "Reduce food deserts, reduce food deserts."

And if 10% of your dietary gap is based on access alone, well, gosh darn it, what else is causing it? And her research suggests that it's not just cost, which is, of course, important, but also your "emotional nutrition."

If you have few resources, you often tell yourself "no" all the time, and you really say "no" to your children on a regular basis. But you can often say "yes" to food.

So it's a way to say "yes" and feel good about yourself as a parent and as a person. You know, that 99-cent bag of hot Cheetos looks really yummy, and food companies really push hard, they advertise hard to kids to tell them, "Ask for this stuff." And so there's the emotional nutrition.

There's also your time budget: When I'm short on time, I eat a lot more processed food than when I've got a lotta time. Your knowledge: Do you know how to cook that thing? Have you ever seen a kohlrabi before? Then, your foodways: What are the traditions in your family? What did you grow up with?

And so if your traditions aren't super healthy, it can be really hard to change them. Because, then, if you're changing those things, it can feel like you're going against these things that have been handed down to you. I love the Christmas cookies that my grandma always made, and I'll always make them because it keeps her memory alive for me.

So I think this is just to highlight that there's so much going on behind the food choices that we make, not only the systems and the structures that are put in place by federal subsidies, and food mart lobbies, and, where

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grocery stores choose to go in. There's also a lot of the human side of it. And we have to be looking at all of the sides.

Clifford Scholz: This might be a really good place to connect everything that you just said with your St. Joe's Farm Share program, which is basically a CSA that operates aggregating the produce of a number of different farms and bringing together the whole hospital community as a customer base for those farms.

Amanda Sweetman: Yeah, the Farm Share is a really unique program, and I love it for a buncha different reasons. And it really started because we were trying to make it easier for our medical residents to get access to healthy food. So we had 30 members and an old refrigerator in the fall of 2015. And since then it's grown tremendously.

We sold, I think, 1,100 memberships this past year. But a lot of the people who receive that food are people experiencing food insecurity. So about 40% of our members last year received the program for free or some kind of subsidy, and everyone who participates — well, not during COVID, because we've had to do contact-free — but pre-COVID, we were very intentional about mixing the groups.

So on Wednesday nights when you picked up your food, we had people giving out recipes. We designed our systems, like the flow of how you picked up your food, how you went to your car, all those other things, we designed those things so that you would talk to the other members of the Share.

So how do we cut across the physician who can afford to pay for the share, and someone working in environmental services who might be receiving a subsidy? How do you help them talk to each other? And you do it over food. It's the only way I know.

And we also really work hard to provide those educational resources. I love talkin' about food, right? I can't stop talkin' about food. You have a question. I'm here to answer it for you. And, really, anybody who comes and works at The Farm feels the same way.

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And so we don't just talk to you one-on-one. We also have a newsletter that we write every week that we really pour our hearts and souls into. We work hard to find good recipes. The Farm Share itself: We think of it as kind of like a CSA on training wheels. You don't get a lot of unusual foods. You maybe get one. We give you Swiss chard one week, and then we let you figure out how to use Swiss chard. And then we'll give you a kohlrabi. And then we'll give you purple carrots. And then we'll give you a celeriac.

But it's this real idea of, "Let's build relationships. Let's build relationships with each other, let's build relationships with food. Let's make it low-cost for those people who are experiencing food insecurity, so it's not dinging your budget." You don't have to set aside more money for produce that you don't know if your kids are gonna eat. So it's a very low-risk way to get more produce into your diet and into your home.

And it's really fun for kids to come to The Farm. It becomes like people's back yards. You get out when you get your share, and you go and look at the cherry tomatoes in May, and they're shorter than the four-year-old. And you get out in June and they're at eye-height. And you get out in July and they're over your head. And by August, it's a jungle.

We have kids who literally beg to come to The Farm, "I wanna go, I wanna go, I wanna go." We make it fun to do that, and we make it feel safe. I love the parents who have their children unpack the boxes because then it becomes, like, a gift. It becomes a surprise.

We also offer summer camp, and my favorite is called, "The Farm-to-Table." And kids four to seven come with a caregiver and it's a half day 'cause those littles don't have a ton of attention. We do something on The Farm: We go out and harvest, we learn about soil, we do something fun. And then we harvest something and we take it into the kitchen and you get to prepare it together.

I had a mom look at me on a Wednesday, it's a one-week camp, and she said, "My five-year-old has eaten more vegetables, as of today, in this one week, than he has eaten in the entire rest of his life." Which I could totally believe. And the beautiful thing is we got him when he was five. And now he

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likes peppers, and now he likes cherry tomatoes, and now they have this bonding experience that they've gotten to do together.

So there are many, many offshoots to The Farm, and it can be hard for me to tell the story in a linear way. But I hope what we're sharing is that we try to be intentional, we try to be thoughtful, and we're always trying to learn about how we can better meet community needs, how we can better listen, how we can better learn from the research, and how we can continue to make a difference.

Clifford Scholz: And you're working with a bunch of local farms.

Amanda Sweetman: Yes. As of last year, we have about 14 partner farms for the Ann Arbor Farm Share. We did start a Farm Share for our St. Joe's Oakland location, and they had fewer. But we're really fortunate, Washtenaw County, and Michigan in general. We can grow a lotta really great food.

We can grow a lot of diversity of food and we have a lot of things working in our favor. Like Argus Farm Stop, like the Green Things Farm collaborative model. There's a lot of innovation happening around how to increase local food.

Clifford Scholz: Yes, our podcast guest, Eric Kampe, is the one who put this CSA model that you're operating there on our radar. Because he was talking about it from the farmers' perspective of how great it is to be able to funnel your weekly produce from your farming operation.

And then when you've got a bunch of farms working together that way, it takes some of the pressure off an individual producer from having to be an expert and have success 100% of the time with 100% of their crops. So that made it a lot easier, from his perspective, and that's what led us, really, directly to you, was his description of how this benefited their organization over there.

Amanda Sweetman: Yeah, I think there are a decent number of stories like that. And the Farm Share has three very distinct goals. We have

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economic goals, where we're trying to provide economic support for small organic farms in Washtenaw County and the surrounding areas.

We have social goals. We're trying to provide access to high-quality, local food, primarily to food-insecure families. Create and nourish relationships within households, and at The Farm, and increase the number of meals shared in the home.

And we have nutritional goals of increasing fruit and vegetable consumption among all of our members, and knowledge of how to prepare a wider variety of vegetables.

Clifford Scholz: How does that work with the farmers? How do you work effectively with them to meet their needs, and to help them meet your customer base needs?

Amanda Sweetman: The way we work with farmers is to have good relationships. Which I think is the key to a lot of good business: Do you have good relationships with the people that you serve?

And I think the beautiful thing about the farm community around here is that most of us are friends, and we know each other, and we work actively to keep in touch. We're very supportive of one another, and so when Eric says he's bummed that he missed making the sale on that lettuce, but he's excited that one of his friends made the sale, that's completely accurate.

When we started looking at starting the aggregated Farm Share, it started with one other farm. We had a farm, actually Green Things, was already coming to the hospital to add more produce to the farm stand that was happening every week. They had much more diversity than The Farm at St. Joe's. So they were already coming.

I looked at them and said, "Honestly, we can't start a CSA. I have kids who come through, I have, the special needs classroom come through, and they have a really good time pulling carrots. I don't wanna freak out on them and say, 'No, no, you can't pull those carrots, they're for the CSA.'"

And so we started with one farm that we already knew. And we got good at

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that. We got good at two farms putting food in, The Farm at St. Joe's and this other farm. We got good at that, we figured that out, we figured out how to pay them. Really difficult to figure out how to pay out of a large institution.

So we got to work out some of those kinks, and then when our two farms didn't have enough, we got another farm, someone who lived just down the street, Seeley Farm. And then when they didn't have enough food — 'cause we're also an aggregator of demand — when they didn't have enough food, we added another farm.

And to be able to do that, I was the food purchaser at first. I just got texts and emails that said, "Yep, I've got cherry tomatoes, cilantro, and fresh onions." And I was like, "Oh, good, it's the salsa week of the CSA share." And that worked for a little while.

But when we had about 100 whole-share equivalents — we offer whole and half-shares — when we hit 100 whole-share equivalents, I couldn't do it anymore. The Farm had also gotten more complicated on the other side. So our community is beyond blessed to have a local food coordinator agent at our MSU Extension Office, Jae Gerhart.

I was already calling Jae, like, "I don't have enough food for this box. Do you know who has food right now?"

And eventually she was like, "Amanda, do you just want some help? I'll just do the food-ordering; I think my bosses'll go for that 'cause it's increasing transactions for local farms."

And I said, "Yes, absolutely." And so then we started having a food orderer, she held the relationships with farms, and she already knew all those people, which was great. And then I got to do all the public side. So I was the demand side, she was the supply side.

And we've really kept that model up. So we have someone who does the demand, all the customer service. And we have someone who does all the supply. And so, to get back to your question, "What can a farm expect?", we're pretty easygoing, honestly.

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We've tried, other times, to have an application, and to have a crop-planning process, and, like, a bidding process: "Who wants to give us head lettuce this week?" And, "Who wants to give us beets that week?" And some farms loved it, and some farms still do that.

Garden Fort wants to give us produce every other week all year. And in spring and fall we buy even more than that because they are a wholesale greens provider. Their greens are great, they're consistent, we know they're gonna deliver every week. Personally, I love farms like that.

A lot of our other farms have a diversified business model: They take food to Argus Farm Stop, they take food to the farmers market, they take food to restaurants, they have their own CSAs. And so what happens a lot is we say, "Look you're really good at growing X, Y, Z, 'cause now we have, what, six years under our belt of working with a lotta these folks.

"We love your beets, we love your hakurei turnips; we'll take those." And mostly people say, "Great, we're gonna grow for St. Joe's, and when it's ready, we'll reach out." That mostly works. There are a few things that no one wants to grow: No one wants to grow cauliflower. No one wants to grow broccoli, not at that scale. And it's hard: climate change is really starting to impact our ability to grow some of these crops.

I think we had broccoli once in the share last year. That's really kind of a miss for me in terms of what we give to our customers, because it's something that people really know when they like. So I incentivized that, right? I will say, "I will guarantee that I will buy this from you if you grow it." So we've got some farms who are doing that from us, as well.

The flexible model is great; however, it comes with its challenges. So every farmer communicates differently. Some people, it's texts, some people, it's email. Some people get right to you, some people you have to pester 'em for it.

And then there can be disappointment, too, you know? So if it's a late spring and you were supposed to have head lettuce to us in April, but you didn't get us that head lettuce until May, when everybody else has head

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lettuce, the flexible model pretty much means that we go with our trusted vendors first, we go with the people who are most communicative first, typically. So it leaves some up to the person who's doing our supply piece, and those relationship pieces.

I'll be curious: We're hiring a new position just to manage our food programs, so it's gonna be a food program coordinator position. So for the first time since I was the person who was doing both — in fact, when we had, like, 70 members — we're actually gonna put supply and demand in the same role, trying to simplify communication. Because it's a big beast at this point.

I'll be curious to see how it changes. And I think it'll be for the better that the person who's hearing from our customers, like, "Too many Hakurei turnips, Amanda. It's been five weeks in a row. No more." That'll be the same person who's doing the buying.

And then it'll help give that immediate feedback to the farmers, too. What I hope the farmers experience is that it's something that they enjoy, that we make it easy. You get to make a big sale all at once. We're gonna pay you, we're not gonna pay you that day that you drop off, but we will pay you. Trinity Health is definitely good for it. You know us, the people who are making the purchases. You make good relationships.

The person who had been doing this, Rick Rigutto, was excellent at it. He had farmed for 17 years and I always looked at him and I was like, "Man, Rick you just — it's like a song." He's like a composer for the Share, through the year. And our members come back to us and say, "I've never had a CSA that the proportions were so good. I could always make a meal with what you put in. There were always meals that could be made out of every box."

Clifford Scholz: How about the logistics for customer pickup, as well as farmer dropoff?

Amanda Sweetman: So for farmer dropoff, it's typically weekly. There are a couple of things we'll hold, but we don't have just a massive storage

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facility. If a farmer's coming from further away, we'll often hold things.

We do have some people from as far away as an hour or two north and then an hour or two south.

People love fruit, kids love fruit. To be able to bring in fruit, we've been working with Cherry Capital Foods. They're a Michigan food hub, and they have trucks, and they can move food from the Fruit Belt over in West Michigan. So, not a primary component, but we do add some of that diversity, trying to really make a high-quality product for our consumer. So that's the geographical footprint.

In terms of dropoff, we really want people to drop off on Tuesdays, by about 1:00. We'll accept deliveries on Mondays, but we want deliveries Monday and Tuesday. We then have our crew, mostly of volunteers, who packs up those shares on Tuesday afternoon.

And then, on Wednesdays, we're ready for pickups. So one of the unique things about our Farm Share is that there's a self-serve option. This was built in from the get-go because our initial customer was our medical residents, and they have crazy schedules. I literally have people who come and pick up at 2:00 in the morning — it's nuts.

But it really helps us with retention, both in our paid members and in our Farm Share Assistance members. Because if I didn't work there, I wouldn't manage to pick up my share every week, either. Our lives our busy, our lives are hectic.

People can start picking up Wednesdays at noon. We guarantee that they'll be ready by then. That is like, if a farmer shorted us on Tuesday, and we need to make an adjustment on Wednesday morning, or we made a mistake, or...it just gives us a little bit of buffer.

And then we I really encourage customers to come during our in-person time. So pre-COVID we had it kind of out like a farmstand. So you picked your head of lettuce, your bunch of beets, you got your Hakurei turnips and you came and packed it yourself during that in-person time. We did a lot of

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engagement at that time, as well.

And it was a great place for people to ask questions. We have a U-Pick herb garden, so one of those ways that we add value that's easy for us to maintain, and how we get people to "eddy-out," as I like to call it. How do you get people to stay on a site longer so they'll talk to each other and learn more and feel engaged? U-Pick herbs is a great tool.

In COVID, we've had to do a contact-free option. So people pull up in their cars. I now have my CSA memorized by their car type. I'm like, "Oh, look, it's the orange Chevy, great, they're a half-share member." I'm really looking forward to a day when we're not in cars anymore. But I'm really impressed with the relationships we've managed to build anyway.

You know, it's food, and we get to talk about food, and there's nothin' like it. So it's pretty easy. And then that self-serve, so it's open from Wednesdays at noon, and it goes through Sunday evenings. I really tell people like, "Your food's gonna be better earlier in that window; come earlier." But most stuff will last.

Clifford Scholz: How do people find you? And how do you find people? I'm sure that people are talking within the community. Your presence is visible within the hospital community. As far as going off-site, and reaching people that might not be immediately associated with your hospital through employment and so on, how do you find them?

Amanda Sweetman: Well, Cliff, I wish I could say you were right, and people just knew. But that's not the case.

We work really hard to advertise inside the hospital. One of the things that the Ann Arbor Farm struggles with is that we're tucked off in a corner. So you can work at St. Joe's for a decade and never notice us.

It's different at the Oakland site — you have to walk through it to get from the parking lot. So we actually spend quite a bit of time talking to huddles, going to team meetings. I'm part of the management team, so I get up in front of the managers. We speak a lot to our colleagues, and we really miss

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having our farm stand in the lobby for that reason, too. That was a great way to meet people.

It was shut down during COVID. We've figured out that, you know, if my crystal ball is correct, and if the surge lessens, we will bring the farm stand back this coming season. One of the things that we haven't talked about is that because of COVID, and our COVID response programs, we shut almost everything else down and focus all of our attentions on serving the immediate emergent need.

We doubled our food distribution in 2020 because we were doing delivery of food to people who were homebound and food insecure. And so this actually gets back to your question of, "How do people find me?" I think of us as having three "customers," quote/unquote: We have our colleagues, people who work at the hospital. We have our local farmers. And then we have your community members, and our community members are also our patients.

So colleagues find us 'cause they know me, we put flyers out, I can email them all. It's great. Our local farmers find us 'cause it's a small community and they talk to each other, and we reach out to them actively.

Our patients and our community members is a little different. We have a very active social media presence. I would encourage people to check us out. That's a nice way to get ahold of us. We try to be present at community meetings and resource groups. And we talk to, local schools and food banks and community centers, so that people know that we're around.

But something that happened for us in 2020: Our electronic medical record changed. And when that happened, The Farm was actually built in as a referral source in our electronic medical records. So your doctor, or your social worker, can actually send a referral to The Farm.

And that's one of the things I think is really unique in how people find us. My observation, so take it with a grain of salt. But one of things that the pandemic highlighted, but I'm sure was happening beforehand, was that how you get information is changing. And it's becoming very reliant on

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having technology and knowledge of how to use technology.

And so you don't get a phone book anymore. Very few of us get a newspaper. And if you're put into a novel situation, where you've never needed help accessing food because you were doin' okay, to it's now a pandemic and you're completely desperate to find a way to access food, but maybe you're medically frail and you feel like you can't leave the house: Those people have been missed.

And without knowing already how to access the emergency food system, people were frankly missed. And one of the only things people were still doing during the pandemic was going to their doctor, or they could do Telehealth. And because St. Joe's is a mission-driven organization, we asked those questions: "Do you have enough food at home?" And it's a really valuable question. And so then, by having that tool, that system, you could send a referral to us. So I think that's really powerful.

In terms of our broader community, I think the other thing I'll highlight is that, as opposed to people who are already shopping at a farmers market, who then join a CSA, which is a relatively comfortable trajectory: You're familiar with the farmers, you're familiar with some of the food, and then you take this next step to invest in getting a box of food every week.

We're really hitting a customer base that has never participated in a CSA before, by and large. Our hospital colleagues come from a lot of rural areas, a lot of people have never heard of a program like this. So we're actually getting food out further than we normally would because people are commuting in to the hospital and they pick it up from us before they go home.

We're getting it out into communities who just...it hasn't been on their daily habits to go to the farmers market, or they've just never heard of it.

And since we have this cool, innovative program, and I get to do public speaking, and we're out working with kids, and, you know, we see a thousand kids a year for field trips. And we send them all home with a thing saying, "Hey, do you want a box of food? And if you can pay for it, great, but

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if you can't we've got resources, so you should participate." So we have a lot of different ways that we try to get the message out.

Clifford Scholz: What are some of the challenges that you're facing with the Farm Share?

Amanda Sweetman: First I have to share we've addressed a bunch of our challenges. So if you were thinking about trying to start something like this, there's a couple things you need. You need a really big cooler. You need ideally, a covered space to pack your boxes and a bunch of other stuff. But that's the bare minimum.

So we had been doing this out of a stick-built cooler that we built that was eight by twelve. And then for COVID we doubled our food distribution. And we actually rented a cooler for a little while, and that was getting just too expensive, so we built an addition to that stick-built cooler. And that's been working okay, but it's not as secure as we would like. It does an "okay" job, but there was a step up.

So every one of those pounds of food that we brought in got picked up by us, off the truck, moved into the cooler, put on a shelf. Then to pack it, you picked it back up, you put it on the table, put it into a box, and picked it back up and put it in the cooler. And then if you were bringing the box back out to a customer, you put it in their car. Did I just say four times that we lifted every one of those many thousands of pounds? I am not getting any younger. Okay, y'all? My back is tired, and my biceps, they're good.

We needed to be able to scale up. We needed to be able to take things on pallets, we needed to be able to use wheels. Oh, my gosh, y'all, wheels: They are just a magical thing. And the covered space we were using was an old hay shed, so it wasn't temperature-controlled at all. It was really hard on us spring and fall, in particular, 'cause we run from the first week of April until the middle of December.

It just was really challenging. So one of the things that's happened, I think I mentioned at the beginning, is our food hub. So we put in that space that's got heated floors. It's the nicest thing that I've ever experienced in my life. It

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has a garage door. All of the doors are big enough to bring a pallet in and out of. The cooler is really, really sturdy, and holds temperature really well. The floors are concrete so we can spray them down, and there's drains in the floor.

I don't know if my excitement is coming through? However, we're really pumped to have this new space. And before you ask, "How'd you fund that, Amanda?" We got a grant from our parent company Trinity Health, and extra investment from our local pool of money.

So we've addressed that infrastructure challenge. But anybody who's thinking about doing that, it's a big one: Ya gotta answer it.

The other thing we're having happen with the Farm Share, it has grown really fast. Our Farm Share Assistance program doubled last year, from '20 to '21.

Working with that clientele is fantastic, and one of my favorite parts of my day, but it's complicated. And people have needs, and you hear their needs, and you want to be able to meet them. And so, thankfully, we have another new position that we're hiring called a community health worker.

And so that person is a frontline health worker who should be able to come and meet those social needs. So "social needs" are, like, your needs today, right now; they're not those social determinants.

That person isn't gonna make your street safer. But they are gonna help you sign up for food stamps, or, as it's now known, "SNAP." They can help you get on a waiting list for subsidized housing, all those things. So we can start to meet those needs as well.

Staffing capacity, right? And systems? We are still using Excel for all of our membership. It's too complicated. So we need some systems. I think we probably need a CRM. We need to be able to keep track of our customers. We need to know that Mrs. Ramirez bought a spring share, but she didn't buy a summer share. Are we gonna reach out to her? Cliff bought a share in 2020, but not in 2021. Maybe we could get him back? Becoming more of

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a business would really help us out.

And then one of the biggest challenges, and probably one of the biggest opportunities for our primary audience, is that I'm concerned we're actually gonna run out of food. So, one of the things that we have committed to is growing at the same pace that the farmers are growing at.

So we have a year-end meeting where we say, "How you doin'?" This is what we think we're gonna do in terms of numbers next year. That's what we can commit to in terms of members." And we try really hard to get there. Some years we do, and some years we don't quite make it. And sometimes the farmers are like, "Okay, yep, that's good; like, don't go any further." So that's one thing that we're concerned about.

We're also really wrestling with the changing price of food and some, especially small famers, want to charge us more, right? That bunch of carrots is really valuable to them. They worked really hard at that, they don't have a lot of those.

So if they can make more money going to the farmers market, they're probably gonna go to the farmers market. And that's exactly what they should do. But at the size that we're at, so 280 boxes a week was our max this fall, we need to not pay farmers-market prices, especially not the Ann Arbor Farmers Market price. It's gone up really dramatically recently.

And I've been resisting increasing the price of the share. Which I don't think we've actually mentioned this. So the price of the share right now is \$25 a week. We spend \$20 on produce from local farmers. We spend 80% with the farms. We keep 20% for our overhead. It fluctuates through the season, but that's about what we do.

So this is a really big challenge: We need more mid-size farms. We need more people to grow more food. In an ideal world, we have more people who want to just say, "I'm gonna grow you that lettuce. I'm gonna give you lettuce every other week. You're gonna buy it from me, no matter what happens." And we just know we have our lettuce producer. I'd love to have that for other things, as well.

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While we're willing to continue that flexible model that we have, it would be nice if we could put some more structure to it. But I'm flexible. We're trying to make it good for the farms. It's gotta work for the farms.

So: challenge and opportunity. It can feel risky to people, that they're gonna, like, grow all this extra food, and then if we don't buy it, they feel stuck. That's the downside of the flexible model. So one of the things that I've heard from folks is, "Well, we just need another equivalent outlet. We need another space that's gonna, like, keep pace so that if you don't buy it that week, we can get it out to this other outlet."

And I was kinda hoping somebody else in town would do it. And Argus really is. They have their food box as well. We're workin' hard to make sure we're not competing with each other, but we're also making an internal alternate source. So we just got funding for something called our Good Food Box, which is gonna be more clinically integrated. This is a delivery program so you'll get healthy pantry staples from the food bank that are designed to be able to make healthy meals. And then a bag or a box of Michigan produce.

We'll have 80 people receiving that this coming year, so we're starting to build our other programs alongside so that we can buy maybe slightly smaller quantities, but we're trying to, like, keep up and offer multiple outlets to folks.

Clifford Scholz: You mentioned that 40% of the CSA shares are subsidized in some way. Where does the money come from to pay for that? And how do those relationships happen?

Amanda Sweetman: There are a lotta different ways we fund that. It started with a grant from the Michigan Environmental Council. They actually approached us and said, "Hey, seems like you might have the bandwidth to scale up because you're aggregated." And we said, "Oh, yeah, and we're mission-aligned, so that makes sense to me."

So in 2017 they gave us initial funding to serve 40 families. And we actually took it out into the community. We went to Parkridge Community Center

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and took the shares there. We found that to be really successful. We loved doing it, we loved connecting with people. We just didn't have the bandwidth to continue to go offsite.

We needed to bring it back to The Farm so that we didn't need to be loading up our personal cars. And by taking it out of The Farm, we lost a little bit of the magic, you know? That magic of being able to go out in The Farm and pick yourself a bouquet, or check on the cherry tomatoes, or any one of those things.

It's worked better for us, up until now, to bring the Farm Share back to The Farm. We are on a busline, so you can get to us, even if you don't have a car. So we got that grant from the Michigan Environmental Council. That came to us for two years.

And then we started getting funding from a braided approach to funding. We have a long-term relationship with the Children's Foundation of Michigan. And you asked me, "How do those relationships start?" I turned around in line at a conference and shook the hand of the guy behind me 'cause he had the sharpest-looking suit on.

His name is Larry Burns, and he's in charge of the Children's Foundation. And that relationship just blossomed because their organization and ours share a lot of common goals. So they provide funding for at least 40 families almost every season, which is great. We receive individual donations. One of my past interns just put The Farm on her wedding registry, so people gave to The Farm in honor of their marriage.

So we have small donors, we have big donors. The hospital has covered it before, if we have a season where we aren't gonna meet our minimum criteria. Our minimum criteria is that we always have at least 25% of our members are part of the assistance program.

And up until last year, it had been entirely free. So last year one of the grants that we had in that braided solution was called Michigan Farm to Family, run by the Michigan Fitness Foundation. And what they did was they covered 75% of the box price, and people with SNAP covered the

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other 25%.

So that was where we got the sliding scale model. Sliding scales are tough, y'all. If you want to start a sliding scale, and you have a better solution, come talk to me; it was exhausting. I'm not sure that we'll actually keep that up this year, given how many new staff we have. People found it valuable, and I think it's really nice to be able to increase our reach by asking people to pay what they can, but it takes a system in and of itself to do.

So a little more detail about how the hospital does it. As a mission-driven organization and a nonprofit, we are mandated to do a community health needs assessment every three years. So we go out and do a survey, and ask a lotta people what they need.

And then the top health needs that are identified there, we have to put together an implementation plan to start to meet those needs. Food and diet-related illnesses comes to the top, unfortunately, every three years, and so it's relatively easy for us to justify putting some of those dollars into things like the Farm Share and The Farm.

Clifford Scholz: Well, the picture that you're painting, of your organization's, and your specific part of your organization's, efforts to meet community needs in a real way, in a way that approaches it on a buncha different levels, all of which count, is really compelling. Do you see this as a replicable model, or something that could evolve along similar lines in different locations than yours? What would it take?

Amanda Sweetman: That's really funny: I actually had a call this morning with a health system down in Illinois asking me the same question. So do I see it as a replicable model? Yes. There are other hospital-based farms. They all do something different, as far as I know.

So there's a hospital-based farm down in Bethlehem, Pennsylvania, called St. Luke's. They are neighbors to The Rodale Institute. If you know The Rodale Institute, you know that they have some experts right there. So they have, I think it's like, eight acres, and some Rodale employees actually farm that land and grow the food. And about 85% of that food goes to their

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hospital kitchens.

Their goal for that program is to grow food. I don't think they have a lot of education, they do some, but most of it's like, "We are gonna grow food." Which is great. And they have the resources and the knowledge, so much knowledge, to do it.

The Boston Medical Center: They have an awesome program. It's a rooftop garden. Theirs is tied to a food pantry that they run inside their hospital, as well. And I think they get some incredible amount of food out to people in their communities, and they do education and cooking classes and things like that.

So if you look across the country, they're popping up all the time. In terms of our model: Is it replicable? Yes. We just started The Farm at St. Joe's Oakland, and I'm learning about what it means to not just inherit the infrastructure. Farmer Dan, who started before me, I don't think I gave him enough credit for how hard it is to get all the capital stuff up — all the buildings, and the water, and all that stuff. I got to just walk into that all being present.

We're looking at starting at least two other farms at hospitals in Southeast Michigan, hopefully in the next three-ish years.

Trinity is a large health system. There are 88 hospitals, I believe, across the country. And I had the opportunity to speak to the whole company last week, so about 900 colleagues from all across Trinity were listening. And I know that I've got some people in my queue who are asking me how we could get this started in other places.

You know, "What does it take to make it work?" That leadership support, I think, is really key. Thankfully, for us, at the Trinity level we have it from top to bottom. I think you've gotta have that grassroots energy. You have to have people who really care, and they ideally would be from multiple sectors within the organization.

I think it was really powerful that Lisa McDowell is the head of clinical

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nutrition and wellness. I think having Dave Raymond be planning and design, and having worked for the hospital for decades, and knowing everyone and where the water is and, he just knows everything about the site, you know? And he's a can-do kinda guy.

And then relationships. It's really all about relationships, I think, underpinning everything we've talked about.

Clifford Scholz: Beautiful. Amanda, you've got multiple programs working onsite. Would you like to tell us about some of the other things besides the CSA?

Amanda Sweetman: So I use a few focus areas to help kind of tell the story. I'll go through it by our focus area. Our first focus area is investing in nutrition security. And that's that idea where making sure that people have all the components they need for a healthy life: access, knowledge, it's appropriate price, it's culturally appropriate, and it's not just good for you right now, but it's gonna treat or prevent disease going forward.

So that's where things like the Farm Share fit in. One of the questions I'm sure people are thinking about is like, "Well, you have a farm, but you haven't really talked about growing food. Where does your food go?" So actually 80% of our food goes to a program we call "Produce to Patients and Providers."

We donate it and it's kinda like a provider CSA. 'Provider' equals doctor, nurse, social worker, something like that; it's hospital-speak. These providers come and pick up a box of food every week from The Farm. And then they take it to their clinics and they give it out in a way that makes sense.

Dr. Irina Burman is a great example: She comes every week, she picks up her food, she's such a great advocate for our program. It's remarkable. She takes it to the academic internal medicine clinic, where they work with high-needs patients and they're training medical residents.

She takes that food in, she sets it out in the lobby, and patients actually now

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make their appointments for Veggie Wednesdays because they know they're gonna get nice, high-quality food. And the thing I think about with this is that not only are patients getting food that they probably need, and it's certainly good for their long-term health, they might be experiencing food insecurity.

But we're also training those providers. The average primary care physician has about a million patient encounters in their career. So if I can turn that person into an advocate for the value of fresh, local food, and I can teach them about referring to The Farm, or to a farmers market, or the foodbank, that's a super powerful intervention.

And so this food — that might feel silly, right? It's a bag of spinach: What difference is that gonna make? But it's this educational tool. It's this marker to our community that, you know, "Hey, we at St. Joe's, we care about you. We're gonna help you manage your disease; we're gonna do that through a mixture of things." Maybe medication is the right answer. It may be lifestyle change is the answer.

Here's the best bag of spinach you've ever eaten 'cause it's January and it's sweet and it's crisp and it feels like life when it's really dark here in Michigan. And, we believe food is medicine, and we're walkin' the walk.

I think it also lets our providers feel more secure in asking those hard questions: "Do you have enough food at home?" Do you worry about running out?" Because then they have an answer. They can give you food right then and there. They can refer you to the Farm Share. They know that someone at The Farm is gonna call this patient.

So Produce to Patients is really valuable. We added 'Providers' in 2020. Many of our clinics went to Telehealth, and the community had this amazing response of sending food in for our frontline health care workers. A lot of it was comfort food, and you can't live off of comfort food.

So we made sure that we were sending in salad and carrots and anything we had available to help people feel well, and to support their long-term health. And that's where our partnerships with Lisa, who's still at the

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hospital: She brings that food in. The Wellness Team brings that food in and delivers it.

So last year we donated — I think it was 6,500 servings of food — it was about a \$32,000 value donation. Also in that Nutrition Security, we talked about the Good Food Box a little bit. That's our delivery program that's just starting up, and it's kind of a maturing of our COVID food assistance program, where we were delivering food to people who are homebound and food insecure.

We have a couple other programs where we'll aggregate food. We work with a local afterschool program called EMU Bright Futures, and they started the Family Cooking Club. They used our food as a curriculum tool so that they could use their grant dollars to help feed people. And they made packets of curricula for their kids who are at home, and they picked up these bags of produce, and the educators delivered them. In 2020 they made 3,000 deliveries. Last year I think it was closer to 1,500. But we're still getting out into the community and we're doing all that really important work.

We work hard to educate, so our next focus area is education. So we educate at the intersection of health, agriculture, and sustainability. We've talked over and over again during our conversation about the value of knowing what to do with it, and wanting to eat it.

Changing that message in your mind of, "Yeah, I like Flamin' Hot Cheetos, but I also like cherry tomatoes." Cheetos might be a sometimes food. Cherry tomatoes you can eat anytime. I call them our "gateway vegetable." In the height of summer, a Sungold is, like, tomato candy. They're a pretty easy sell.

We do a lotta summer camps, we do field trips, we go into classrooms — and that's just what we do for youth. We also do a lot of adult education. So we'll go and run classes for colleagues, we'll do things online. We do a lotta staff retreats trying to help people do teambuilding, all that kinda stuff.

We also nourish minds, bodies, and spirits. So that handicap-accessible

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hoophouse was built in 2013, in partnership with the Eisenhower Center. They're a traumatic brain injury recovery group in town. And we have raised beds, where they can come out and do occupational, recreational, vocational therapies.

We're also in conversations with our behavioral health team to start doing mental health services at The Farm, as well, because it's such a therapeutic space. We also cultivate purposeful relationships. I said this earlier, and I'll say it again: Diverse human systems are more resilient.

We work really hard to reach across the bubble, reach across geographic barriers, reach across socioeconomic barriers, and make sure that people feel included. The signs at The Farm are in three languages. We make sure to bring in volunteers from as many groups as we can.

And we have a lot more to learn. We have a lot more to learn in this space. I think it's so important to us because we learn more from the people who come to The Farm than we ever can teach them.

An example of a volunteer who's really made a difference for us, Saad: He's an agricultural engineer from Iraq, and he's in his early 70s, and he's been coming to The Farm for years. And we have a super strong language barrier, but we are just best friends.

So, I could go on. We have a lot of other programs. We have a community garden for staff, we have a flower garden where we cut bouquets for patients who don't have anyone to take them bouquets. Hopefully, that gives you something of a picture.

Clifford Scholz: Yeah, it's amazing. I feel like we're getting pretty close to a wrap here. I've heard you mention a couple of times about this kinda turnip that people seem to not know what to do with when they get it in their box. What is that?

Amanda Sweetman: Yeah. So that was the point, right? To use something that was a little foreign. So a Hakurei turnip, or another term for them, I think, is Tokyo turnip? You'll see them in a lot of the small seed

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catalogs. So they're a fresh eating turnip.

A lot of our CSA farms around grow them because they're productive spring and fall. They're one of my favorite vegetables, and they're one of those vegetables that people don't know. Just like kohlrabi, right? You hand someone a brassica spaceship and they're like, "What the heck is this vegetable?"

Hakureis are kind of a similar thing. And then I get to say, "Well, you eat 'em like an apple. Here you go, just rub it off on your pants and take a bite." Or "Make pickles," or "Put them into a bibimbap recipe," or "Roast them," or any of the other things that you can do with some of these veggies.

And they're just not something you're gonna get from the store. And they taste really good. They're like a mild radish, but they're so juicy. And the greens are good, and that gets to culturally appropriate foods, right? Turnip greens are something that people really love, so it's one of my favorite vegetables to hold up as, "Why would you do a CSA?" It's just like garlic scapes, right? The top of a hard-necked garlic is another product that you get. Nobody knows what they are. We call them "witches' fingers" with the little kids. It's really fun.

Clifford Scholz: That's great. And turnips have really been on my radar for my own home production as well because you can eat the greens, and then you can eat the roots, and, yeah, I'm looking at a lotta these dual-use crops that if something happens to the root, that's okay, even. But that's a sidebar.

What's next for your Farm?

Amanda Sweetman: I feel like I've had my head down a little bit trying to get some of these big challenges of infrastructure and staffing solved, particularly for the Ann Arbor farm. So the big picture — my big audacious goal that I work on with several of my colleagues — is that it's as easy to prescribe food as it is to prescribe medicine in five years.

And, the cool thing about that is that it encapsulates all this other stuff that

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we're working on. We have to have more farms, we have to have more systems, we have to have more relationships, we have to train more doctors about the importance of why local food is valuable. We have to make it easy. We have to make it easy, we have to make it easy, we have to make it easy.

And then we have to teach people what to do with it when they get home. It's no good if you have a prescription, and then you're, to use a medical term, "not compliant." We have to make that people are compliant to eating their fruits and veggies. So we're workin' on it. We're workin' on it. So: clinical integration.

And I feel so fortunate to have this regional role, where I get to use my skillset as a big-picture thinker, and I get to leverage some of my resources. Something that I've really been enjoying doing is joining our advocacy team and talking to our elected leaders.

How do we have our systems serve us? I'm really becoming a firm believer in: Our systems have to do the work so that we can make change at the scale. We have to make change to solve the big problems that are facing us. So I get to do advocacy. I get to train new staff. I get to make new community relationships.

One of the things I'm personally working on is making sure that we make it a priority to have community voices speaking first. I know I have learning to do in this space, and we can do better.

Clifford Scholz: Wonderful. Thank you, Amanda. I hope we can talk with you again sometime.

Amanda Sweetman: Thank you, Cliff, and thank you all for listening. It's been a real pleasure to share our programs. And it gets me excited all over again for all the different things we get to do.