

# Opinion

## The First Amendment

Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the government for a redress of grievances.

### OUR VIEW

# What are you doing to connect St. Cloud?



Abdi Daisane (center) talks with others over food at an iftar hosted by the Islamic Center of St. Cloud on May 24. AUSTEN MACALUS/ST. CLOUD TIMES

## Share actions through the Times Opinion section

Later this week, St. Cloud will mark one month since The New York Times published its assessment of how our fast-growing community faces tension, bigotry and worse thanks to some people opposing the presence of immigrants and refugees, especially those with roots in Somalia and who practice Islam. ■ The report did a thorough job of presenting how a “loosely connected network of white, anti-immigration activists” — the report’s description — can foment fear and mistrust. What the New York Times report did not report thoroughly was how this community has worked hard on many fronts for years to counter that poison.

Yes, the report did mention #UniteCloud, which has been a leader recently in building a welcoming community and, more importantly, educating residents about Muslim practices.

It also shouted out the St. Cloud Times’ immigration fact check series, which started in October 2015.

However, those are just two efforts created to educate and promote interaction and civility. Here are just a few others:

### United faith leaders

For at least five years, more than a dozen leaders of different churches and faiths in the St. Cloud area have been leading the charge to build relationships and encourage religious acceptance.

This group — commonly referred to as the Greater St. Cloud Area Faith Leaders — has been especially supportive of the local Muslim community. Its members include the St. Cloud Diocese, First Presbyterian, Bethlehem Lutheran, Higher Ground to name just a few.

The support from these faith leaders, especially when local Muslims are faced with opponents bent on ignoring the First Amendment, is invaluable.

### Create CommUNITY

With roots going back about 20 years, Create CommUNITY is essentially a joint public/private organization providing front-line leadership in protecting human rights and making this a welcome place to live, work and visit.

Similar to (and often in conjunction with) the faith leaders group, Create CommUNITY brings together key leaders of private, nonprofit and public organizations to address racism and other forms of discrimination.

While its best known for its annual Conversation on Race event, its deep connections through all sectors of Central Minnesota make it a driving and expansive force for equality and acceptance.

See OUR VIEW, Page 14A

## The Editorial Board

Our View represents the Times Editorial Board, whose members seek to provide opinion, information and leadership that promote public discussion and build a better community.

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## Should food be treated like medicine in health plans?



**Linda M. Larson**  
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On STAT, a life science news site, David B. Waters wrote an intriguing argument in “Medically tailored meals save lives. Health plans should cover their cost.”

His opinion piece tickled my curiosity. Is food medicine? And should it be part of a health plan?

Waters is CEO of a nonprofit company, Community Servings, which offers medically tailored meals for 15 different diets. Since he may be looking for fund-

ing, I was skeptical. Here’s a look at his claims.

His first claim is that medical meals reduce costs. JAMA Internal Medicine published a study that showed a 16% reduction in health care costs due to fewer hospital and nursing home admissions when people ate better meals.

It seems like a nutritious meal delivery service may keep people out of nursing homes. If (or when ... time seems to be catching up with me) I get to this point, I’ll be the first to sign up.

He cites another study in Health Affairs, which echoed these savings, attributing them to “fewer ambulance trips, emergency department visits, and hospital admissions.”

Waters sums up with this: “In other words, if someone does not have enough to eat, or their daily diet is inappropriate for a certain chronic illness, then it could be detrimental to their health.”

Waters also claims that not everyone has access to good food. I found support for this through the USDA. A “food desert” is a location where it’s difficult to obtain healthy foods, which “may contribute to poor diet, obesity, and other diet-related illness.”

People can search for food deserts by location in the online Food Access Research Atlas.

In addition, certain patients cannot manage special diets on their own,

probably due to the health reason that makes them need the diet. Waters gives the example of people with AIDS in the 1990s dying of malnutrition.

A 2016 Forbes article stated that malnutrition for older adults cost \$51.3 billion a year.

A lot of what Waters says is backed up by science and numbers.

If I have any criticism of Waters, it’s that he didn’t mention local programs such as Meals on Wheels, which is a nonprofit that delivers dietician-reviewed meals. People are asked to pay based on need, and the cost may be completely covered.

See LARSON, Page 14A