



RI Hunger Elimination Task Force Q3 Meeting

July, 26 2022 | 2:00 - 3:30 pm

Theme: Innovative Partnerships in Healthcare

- **Click Here to Watch the Recording**

MEETING SUMMARY

The third Hunger Elimination Task Force Meeting of 2022 featured a panel discussion on innovative food access programs operated in partnership with healthcare programs. Rhode Island's Director of Food Strategy, Juli Stelmaszyk kicked off the meeting with key food access updates including the \$20 Million line item in Governor Dan McKee's FY 2023 Budget that will go to the RI Foundation for nonprofits that provide food and housing support. Juli also reminded the group that a key federal nutrition bill, the Healthy Meals, Healthy Kids Act has been introduced. Rhode Island Food Policy Council (RIFPC) Board President Diane Lynch shared updates on food-access related bills that were introduced during the 2022 legislative session including two that passed; a bill that provided \$11.5M for SNAP retail incentives in grocery stores and a bill that streamlines paperwork for smaller food pantries.

The panel featured the [Southside Community Land Trust's Veggie RX Program](#), and the [East Providence Health Equity Zone's](#) Produce to People program. Both programs provide fresh, healthy food to individuals diagnosed with chronic health conditions and experiencing food insecurity. The panelists discussed challenges with finding long term financial support for these efforts, evaluating health outcomes for program participants, and scaling up strategically. The group also shared that the programs were able to be more successful when they included recipes, cooking demos, nutrition tips, and small kitchen tools along with the produce. The panelists also shared that these programs allowed their organizations to form a deeper connection with their clients, enabling referrals to other social services to continue supporting their healthy living goals. Breakout room discussions centered on how to reduce the stigma associated with using food access programs, improving transportation infrastructure, and the need for more evaluation and research of these types of food access programs to help them scale.

MEETING PARTICIPANTS

First Name	Last Name	Affiliation	Email
Allison	Montagnon	RI Food Policy Council	allison@rifoodcouncil.org
Alyssa	Gleason	East Providence Health Equity Zone EBCAP	agleason@ebcap.org
Amanda	(Clarke) Cantrell	RI Community Food Bank	aclarke@rifoodbank.org
Ana	Rosario	RI Office of Healthy Aging	ana.rosario@oha.ri.gov
Andrew	Schiff	RI Community Food Bank	aschiff@rifoodbank.org
Angel	Mendez	Red Tomato	amendez@redtomato.org
Annie	Underhill	University of Rhode Island	anne_underhill@my.uri.edu
Ashley	O'Shea	Executive Office of Health and Human Services	Ashley.G.OShea@ohhs.ri.gov
Ava	Schully	Commerce RI	Ava.Schully@commerceri.com
Beth	Alaimo	South Providence Health Equity Zone Family Services of RI	Alaimobe@familyserviceri.org
Brady	Dunklee	Integra Community Care Network	bdunklee@carene.org
Caitlin	Mandel	Hope & Main, RI Food Policy Council	caitlin@rifoodcouncil.org
Candace	Clavin	Waterway Farm	newenglandtonic@gmail.com
Cara	Mitchell	Farm Fresh RI	cara@farmfreshri.org
Carla	Wahnon	East Bay Community Action Program (EBACP)	cwahnon@ebcap.org
Carrie	Bridges Feliz	Lifespan Community Health Institute	cbridgesfeliz@Lifespan.org
Casey	Sardo	Tri-County Health Equity Zone Tri-County Community Action Agency	csardo@tricountyri.org
Courtney	Lysiak	Progreso Latino	Clysiak@progresolatino.org
Dana	Siles	Rescuing Leftover Cuisine	dana@rescuingleftovercuisine.org
Dave	Goldstein	Build Pawtucket	tmdgroup@yahoo.com
Deirdre	Jones	Warwick Health Equity Zone Comprehensive Community Action Program (COMCAP)	dmjones@comcap.org
Denise	Greene	West End Community Center	execdir@wecc.net

Diane	Lynch	RI Food Policy Council	dianeroselynych@gmail.com
Elijah	Smith	RI Food Policy Council	elijah@rifoodcouncil.org
Francesca	Gallo	University of Rhode Island, Kendall Foundation	fgallo@kendall.org
Garry	Bliss	Prospect Charter Care	garry.bliss@prospectmedical.com
Gennifer	Keller	Northern RI Conservation District	gkeller.nricd@gmail.com
Isabelle	Boullier	Warwick Health Equity Zone Comprehensive Community Action Program (COMCAP)	iboullier@comcap.org
Jake	Stanton	Southside Community Land Trust	jake@southsideclt.org
James	Connell	Age Friendly RI	jconnell@ric.edu
Jeanette	Nessett	Lifespan Community Health Institute	jnessett@lifespan.org
Jessica - RELISH RHODY	Patrolia	RI Department of Education	jessica.patrolia@ride.ri.gov
Jesus	Ayala	Family Service of RI	ayalafigueroaje@familyserviceri.org
Julianne	Stelmaszyk	Commerce RI	Julianne.Stelmaszyk@commerce.ri.com
Julius	Searight	Sankofa	jsearight@westelmwood.org
Kathleen	Gorman	University of Rhode Island	kgorman@uri.edu
Katlynn	Kisla	RI Department of Health	Katlynn.Ferreira.CTR@health.ri.gov
Kayleigh	Hill	RI Commerce Corporation	Kayleigh.Hill@commerceri.com
Kelsey	Fitzgibbons	Aquidneck Community Table	market@aquidneckcommunitytable.org
Ken	Ayars	RI Department of Environmental Management	ken.ayars@dem.ri.gov
Kerri	Connolly	RI Public Health Institute	kerri.connolly@riphi.org
Kim	Gans	Brown University	kim_gans@brown.edu
Kristy	Whitcomb	RI Department of Health	kristy.whitcomb@health.ri.gov
Laudine	Koster	Unite US-RI	laudine.koster@uniteus.com
Lisa	Kennedy	Tri-County Health Equity Zone Tri-County Community Action Agency	lkennedy@tricityri.org
Maria	Ursini	Benjamin Church Senior Center	mursini@townofwarren-ri.gov
Maria	Saillant	West Warwick Public Library	maria@wwpl.org
Matt	Helm	RI Public Health Institute	matt.helm@riphi.org
Meghan	Grady	Meals on Wheels of Rhode Island	mgrady@rimeals.org

Melissa	Carden	RI Emergency Management Agency	melissa.carden@ema.ri.gov
Neyda	DeJesus	Newport Health Equity Zone Women's Resource Center	Ndejesus@wrcnbc.org
Rita	Capotosto	East Bay Community Action Program (EBACP)	rcapotosto@ebcap.org
Tarshire	Battle	Southside Community Land Trust, Roots2Empower	tarshire@southsideclt.org
Yaruska	Ordinola	Brown University, RI Community Food Bank	yaruska_ordinola@brown.edu
Yuselly	Mendoza	RI Department of Health, RI Department of Health - Health Equity Institute	yuselly@gmail.com

OBJECTIVES

- *Learn about innovative partnerships in healthcare*
- *Hear updates on issues from the 2022 legislative session*

PRE-READING

- [Learn more about our panelists](#)

AGENDA

2:00 pm **Welcome and Introductions**

2:05 pm **Announcements**

- Updates on Governor Dan McKee's FY23 Budget
- Next Unite RI Training August 4th
- Legislative Session Updates

2:15 pm **Panel: Innovative Community Based Nutrition + Healthcare Partnerships**

- VeggieRX Program
 - Jake Stanton, Food Access Associate at the Southside Community Land Trust
- Produce to People Program
 - Alyssa Gleason, Director of the East Providence Health Equity Zone
- Lifespan Community Health Institute's Connect for Health Program

- Carrie Bridges Feliz, Director of the Lifespan Community Health Institute

2:45 pm Breakout Session

3:15 pm Breakout Session Report Out

3:25 pm Final Meeting Announcements

NOTES

Welcome and Introductions

Caitlin Mandel, RI Food Policy Council (RIFPC) Food Access and Equity Program Manager opens the meeting by thanking the Hunger Elimination Task Force Core Partners, the RI Department of Health, and the RI Director of Food Strategy, Juli Stelmaszyk for their assistance. She reminds meeting participants that each quarterly meeting has a theme to help the group dig deeper into issues related to nutrition and food insecurity in the state.

Announcements and Updates

Juli Stelmaszyk, the state's Director of Food Strategy, provides several announcements and updates.

- Juli reviews the history of the Hunger Elimination Task Force, reminding the participants that the Task Force was created in 2017 as part of the Relish Rhody Food Strategy with the goal of reducing hunger and increasing access to healthy, culturally-appropriate food for all Rhode Islander residents.
- The RIFPC will publish their list of supplemental food delivery programs soon. This resource will be posted on the RIFPC website and emailed to the Hunger Elimination Task Force listserv.
- A new federal Child Nutrition Reauthorization Bill has been introduced, called the Healthy Meals, Healthy Kids Act. The RIFPC will keep the network updated as this bill is reviewed by Congress.
- The RI State Budget for 2023 has passed, and thanks to collective efforts from this group, now includes \$20 Million for nonprofits providing food and housing services. We are currently working with partners to support the rollout of this program and will keep you updated.
- UniteRI is an online platform that connects social service organizations in the state, it is free to use for nonprofits. They host a [free monthly](#) training session if you'd like to learn more.

RIFPC Board President Diane Lynch shares a summary of food-access related legislation introduced during the 2022 Legislative Session

- The RIFPC now hosts a [bill tracker](#) on our website, we track any food-system related bills with this tool.

- The RI Public Health Institute had a big win this year, after years of advocacy. Their legislation to introduce SNAP retail incentives in grocery stores passed and does include funding (\$11.5 Million) to help with the technology piece that will be required, and for the incentives themselves. This program will be implemented by the Department of Human Services (DHS). SNAP participants that use their ebt card to purchase fruits and vegetables and will get a .50 rebate for every dollar they spend. Hopefully at the end of the year when DHS can share the evaluation of this program, the General Assembly will continue to fund that.
- Another win was a bill introduced by Representative Julie Casimiro and Senator Bridget Valverde, introduced and passed a bill that streamlined paperwork for smaller food pantries and food access points. These smaller food pantries do not need to register as a food business with the RI Department of Health.
- A \$250 per child tax rebate was introduced that does not relate specifically to food access, but will help families better afford food.
- Another bill was introduced for the sixth year by Senator Sandra Cano and Representative Marcia Ranglin-Vassell, to implement a universal school lunch program in public schools in Rhode Island, but it did not pass. There are members of a RIFPC working group that are working on this issue and may try to help with this legislation next year.

Panel: Innovative Community Based Nutrition + Healthcare Partnerships

Why did you decide to start your program and how did it get to be where it is today?

- Jake Stanton - Southside Comm Land Trust : Our program is a partnership between Southside Community Land Trust and a few healthcare providers in the Pawtucket area. It's a program designed to get fresh, healthy nutrition food to the people that need it most in the community. We work with these healthcare organizations to identify folks who are at risk of chronic health issues, food insecurity, and have an amount of money set aside to provide them with a share of fresh produce every other week. I wasn't here during the initial origins of the program, but it fit within our organization's mission because it helps small farmers, including immigrant farmers, who don't have the connections to sell to larger retail outlets sell their products, and to help get the healthy food into the community to the people that need it.
- ***Garry Bliss: I work in healthcare so I 'm allowed to say this, but healthcare organizations are not always the easiest to work with. We are large , we can be bureaucratic and we have a ton of regulations that we need to live with. Can you speak to how your organization overcame some of these challenges, and what lessons you've learned?***
 - Jake Stanton - Southside Comm Land Trust - we started out on a very small scale. This year we are doing 250 shares every other week, but we started at 70 shares three years ago. We started with one healthcare partner and looked for other partners and sources of funding to diversify the program's support. We started with Integra (shout out to Brady Dunklee) with funding they provided. We have now added Clinica Esperanza (funding from a Bank of America grant),

and this year we are adding Lifespan, with grant funding. We had to get creative to find funding to expand the program and make it work within our existing structure. A lot of the patients enrolled in the VeggieRX program are current patients at these clinics which helps make the program manageable.

- **Garry Bliss: Alyssa Gleason, can you tell us about your Produce to People program, how it got started and what made you folks decide it was needed in the East Bay.**

- Alyssa Gleason - East Providence Health Equity Zone - Produce to People provides bags of fresh produce and lean proteins to East Providence residents that are food insecure and have diabetes. It began a few years ago with the Diabetes Health Equity challenge a couple of years ago and is now funded through the Rhode To Equity which is an initiative of the RI Health Systems Transformation Fund. Food insecurity and chronic health conditions, diabetes in particular, were identified as a barrier to health equity and access. It started out as a program to provide bags of food, delivered when needed (because transportation can be a barrier) and we also provide recipes. Over the last year it has expanded to include a volunteer nutrition that offers cooking demos, suggestions for healthier food options. Partnering with URI SNAP Ed to do an eat well, spend less class, and take the feedback of all the participants into consideration each month. For example we send out a list of the items ahead of time and adjust based on their preferences. When we follow up to ask how the program is going each month, we will ask how things are going for the individual and do a little bit of light case management - making referrals to other EBCAP services, using a no wrong door approach.

- Garry: So your program preceded the pandemic is that correct?
- Alyssa Gleason : it started right when the pandemic started and we are looking to continue it, and improve this program based on what we've learned. How can the lessons learned from our program improve the food pantry operations?

- **Garry Bliss: Carrie Bridges-Feliz, please tell us about the Lifespan Health Institute and about your food security programs.**

- Carrie Bridges-Feliz: the Lifespan Community Health Center is the public health arm of Lifespan and community benefits. I am a public health professional, we deploy public health strategies to try to improve the health of the populations we serve. Both those who visit a Lifespan facility and also those who live, work, play near them - so essentially throughout Rhode Island. And we are a community benefit system because we are a not-for-profit program in not-for-profit hospitals. We exist to provide care to all those who need it, with special attention to those who are experiencing the greatest vulnerabilities. I tell people that we get paid to drive people away from the system, keep people happy and healthy and out of the hospitals. One of the strategies that we deploy in this system is called Connect for Health, which is our social service support system. We screen patients for health related social needs, including food insecurity. We have a cadre of advocates, including students who manage

these caseloads, and we use the Unite RI platform to manage and document needs and make electronic referrals to programs both in the Unite RI network and not. And we have seen an increase in food needs, especially during the pandemic, but it's always been a top food need. We have also been running food as medicine programs, and we have a demonstration kitchen in our facility on Prairie Avenue. We have been doing this for many years, the pandemic allowed us to reach more people because we went virtual. We recently expanded this program to include a new offering called "A taste of African Heritage", a six week program teaching people to prepare healthy meals on a budget, using ingredients that are more familiar to those who like a West African diet. We are working to do more, and are now offering a produce prescription program in partnership with the Southside Community Landtrust for 77 of our patients. Most will pick up their share in our office, but for those without transportation, we will do drop offs when necessary if we have the capacity to do so.

- **Garry Bliss: Jake I want to ask you about something Carrie mentioned, innovating to offer culturally-relevant options for their clients. How have you ensured cultural relevance in the food and information you provide to your clients?**
 - Jake Stanton - that has been an interesting aspect of this program. Most of the farmers we work with are immigrants, mainly from African nations or Southeast Asia, and already grow a lot of specialty crops. Things that I'd never heard of before this job, such as malabar spinach, or chihote. It's been a delicate balance to support these farmers as they grow these specific crops while also ensuring the patients who are from many different cultural backgrounds are able to eat the produce. One way we overcome this challenge is to include one or two [recipes](#) with each bag. We are also coaching these farmers to grow produce that is more popular in America (such as "American" eggplant) while still enabling them to grow specialty crops for their own community (such as bitter eggplant). We are still learning and working on this process.
 - Garry - what is your favorite newly discovered vegetable? Jake - cassava leaf has been my favorite so far. It's hard to get at the market, it doesn't grow well in this climate. It takes a lot of preparation to cook because it has cyanide in it if it's not boiled so it's an interesting product to eat.
- **Garry Bliss: Alyssa, how have the food needs of the people you have been working with changed over time?**
 - Alyssa Gleason - there has just been an increased need that keeps going and going. We are starting to hear questions from people who want to know how to store and preserve the food so it doesn't go to waste. We now provide kitchen tools to help people better utilize these items. We have also heard from people regarding their lack of transportation options. This was always a barrier, but has gotten worse. For people who rely on public transportation, they have to consider how they will get to and from the store with all of their groceries and they try to consolidate their trips as much as possible. The needs haven't been changing too much, just increasing significantly.

- **Garry Bliss: Question - how are you analyzing the health benefits of the food you are providing? Have you begun to compare the food you are providing and the health outcomes?**
 - We are not requiring people to report, they are doing optional self-reporting at this time. Program participants are reporting that their A1C is going down, that's been a big one. People are asking more questions about other referrals, people want to join a walking group because they have more energy and feel better. It's supporting people to take these healthy steps, that is outside just giving them free vegetables. We are also assisting people with addressing social needs/help with isolation, they are looking for a peer support group and are looking to interact with others again. We try to guide them to healthier ways of finding support.
 - Gary Bliss - So you are seeing that this food program is helping open doors to further engagement with your clients?
 - Alyssa Gleason - Yes.
- **Garry Bliss: Carrie, to what degree are you incorporating an analysis between health outcomes and the interventions you are offering?**
 - Carrie Bridges-Feliz - Sadly a lot of our patients meet our criteria, but we have a limited number of shares. Our criteria for adults is 1) screened positive for food insecurity, 2) have a diagnosis of diabetes and 3) have a hemoglobin A1C above the threshold.
 - Garry - these identifications are done by the medical staff?
 - Carrie - no we pull their medical data from Lifechart, our electronic health records and match them with the UniteUS Connect for health patients who have been identified for food insecurity and we call to invite them to join. If they don't have a recent baseline A1C we ask them to come in to get a recent level. We survey at the end of the program to see the change.
 - For pediatrics, we have a wider net 1). Food insecurity, 2) try to gauge the severity of the food need, 3) degree of success meeting the need in the past few months, we try to gauge and prioritize that as well
 - Garry - how are you bringing in the adults in the household because you need the whole family to make behavior change?
 - Carrie- technically the client is the child, but we work with the parent or guardian who is picking up the food and doing the cooking. In the enrollment survey we created with the Southside Community Land Trust, we ask them if they grow their own food, if they feel they are consuming enough fruits and vegetables, and their interest in trying certain vegetables. These are questions to assess pre and post self-reported behavior to see if we've addressed these behaviors with the pilot.
- **Garry Bliss - Jake - as you look at this intersection between food and healthcare from your perspective at a creative organization, what are you planning for this program in the future?**
 - Jake - that's a good question. We just moved to a new bigger facility with more capacity, so right now we are trying to see how much capacity our new

building has and our farmers have. We have been blessed to get more sources of funding, and will be working with Lifespan and are focused on trying to see what that all looks like moving forward. One conversation we've had is to look into ways to better track determinants of health, and working with the clinics to track this information. Getting this information can be tricky because of privacy concerns but we need to know these things for accessing future funding and tracking the real outcomes on people's health. That's probably the next big horizon for us.

- Garry - that's where the partnership with healthcare providers comes in. They can share aggregated data for the group and they can demonstrate the "return on investment" you are all making.
- **Garry Bliss - Alyssa - what is on your organization's mind as you consider the future of your program? Expansions, modifications, etc.?**
 - Alyssa - yes, some of what we are looking to do is get more of this programming inside of the schools. We have a great relationship with the East Providence School Department. We are in the elementary schools one day a week during the school year as a resource for families. We created a school garden at one school and are looking at how we can expand that across the city. We are exploring that interest in fruits and vegetables from a young age and supporting parents that way. We want all of our initiatives to be community-led endeavors. We are looking at the school garden, the library, and food pantry and trying to change the perception of accessing services and reducing stigma. How do we change that perception? That's an important part of everything we are doing.
- **Garry Bliss - Carrie, what on the food and healthcare front are you considering when you look to the future?**
 - Carrie - In addition to expanding the current program for more patients, we are hoping to fully expand the continuum of nutrition assistance from screening and education programs to medically tailored prescriptions. We'd love to have a full scale food pantry at the Lifespan Community Health Institute. Similar to Alyssa we are looking at how we can bring our program out into the community further, also into school/community settings. Because we are all dealing with the same families. We want to provide support at the right time and place for them.
 - Garry - Thank you Carrie. And I'd like to provide a plug to my colleague Denise who helped us at St. Joseph's Health Center as we build out our own food pantry. I also want to put in a plug for Unite RI, it's an incredible tool. We have used it at Prospect Health for years.