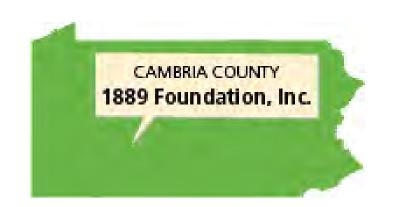
Cambria County, Pennsylvania

The 1889 Jefferson Center for Population Health, a partnership between 1889 Foundation and Jefferson College of Population Health, is working toward improving care coordination through a Community Care HUB over the next two years.



Goals

- Strengthen collaborative relationships between social service providers, health care providers, and the community
- Increase access to food security services and health care by impacting systems-level policy change through the mobilization of Community Health Workers
- Collaborate with partners to inform and create a community-wide food security approach

Background



Population size: 152,598



Cambria County ranked 65th out of 67 counties for health outcomes in the state



A high prevalence of diabetes and low birth weight births pose as some of the largest health issues in the county

Success Stories



Met with CBOs and health care providers in Cambria County to learn about services, share HUB plans, and brainstorm collaboration ideas

Changed policies and procedures to promote access to foods that support healthy eating patterns





Expanded HUB population to household/family members of pregnant women so that entire family unit is served

Key Milestones from July - December 2020



partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns

25 诗

community convenings or meetings related to access to foods that support healthy eating pattern

3 14

individuals engaged in training or capacity-building to address inequities in the health system

Follow their social media!

@1889Foundation

@jeffersonuniv









@JeffersonJCPH 1889foundation.org





Chula Vista, California

The University of California San Diego Center for Community Health, the San Diego County Childhood Obesity Initiative and other community partners offer a collaborative and innovative nutrition program to connect residents with the resources needed to achieve food security.



Goals

- Increase food security levels, and obesity prevention among Chula Vista community members
- Develop a Resident Leadership, Advocacy, Policy, Systems and **Environmental Change program**

Background



Population size: 272,000



33% of Chula Vista residents have low access to a supermarket



33% Chula Vista Census tracks are considered low-income and with low-access to a super market

Success Stories



Resident Leaders are receiving stipends for their contribution of time and energy, something has never been done before for the city's resident leaders

Onboarded promotores, or community health workers, and engaged them with community residents to support food security and obesity prevention efforts





Recruited ten Resident Leaders

Key Milestones from July - December 2020



individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns

75 **\ **



community convenings or meetings related to access to foods that support healthy eating pattern



individuals provided with foods that support healthy eating patterns and nutrition services

Follow their social media!

@ucsandiegoyouth





ucsdcommunityhealth.org



@ucsandiegoyouth



Center for **Community Health**



Cincinnati, Ohio

In Cincinnati, Green Umbrella and The Health Collaborative– Gen–H are collaborating with partners to develop a coordinated solution to healthy food access and nutrition education in their city!



Goals

- Amplify community voice in governance of food security and health programs
- Coordinate programs of food access, affordability and education
- Develop model policies and procedures for amplifying community voice in systems governance

Background



Population size: 302,615



Approximately 30% of adults are food insecure



46% of the population live in areas with limited access to supermarkets with healthy and nutritious food



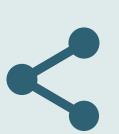
72% of those with limited supermarket access live in low-income neighborhoods

Success Stories



Compiled baseline measures of organizational diversity, equity, inclusion and collaboration of food organizations

Crafted deep connections with local government, health care institutions, and big retail companies





Co-created a work plan with partners and community members

Key Milestones from July - December 2020

3,653



individuals reached through public communications that promote advocacy, transparency, awareness or knowledge of the food system

65 i

community convenings or meetings related to access to foods that support healthy eating pattern

33 14

partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns

Follow their social media!

@GreenUmbrellaCIN

@greenumbrellacincy









@GreenUmbrella www.greenumbrella.org





Cleveland, Ohio

Baldwin Wallace University, alongside other partners, are working with Community Health and Empowerment Navigators to increase their community's voice and engagement to advocate for health equity in their city.



Goals

- Hire and train residents and public health students who will improve their knowledge of food insecurity and health inequities
- Screen low-income families and identify and enroll those most vulnerable to food insecurity
- Establish a Community Navigators in Cleveland Neighborhoods **Advisory Board**

Success Stories



Community Health and Empowerment Navigators have been hired for the project

These Navigators have directly interacted with community residents in need of food resources





These Navigators have also made other food and health services referrals for community residents to other institutions such as food services, clothing, housing organizations, etc.

Background



Population size: 385,282



20% of city residents are food insecure.



In 2019, Cleveland was ranked high in the US in terms of child poverty. Poverty affects 48.7% of children in the city.

Key Milestones from July - December 2020



individuals reached through public communications that promote advocacy, transparency, awareness or knowledge of the food system

165 诗

community convenings or meetings related to access to foods that support healthy eating pattern



43 123

partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns

Follow their social media!

@baldwinwallace university

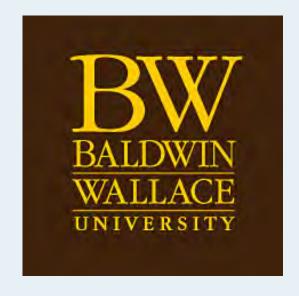
@BaldwinWallace

bw.edu









Collier County, Florida

Southwest Florida Regional Planning Council and their partners are using a food policy council and working across sectors to improve public health and prevent chronic disease in Collier County.



Goals

- Build engagement, support, and credibility of the Food Policy Council as an effective deliberative body
- Develop a portfolio of policy and systems changes
- Strengthen communication and partnership across sectors
- Build a resilient supply chain for local growers of all scales

Background



Population size: 384,902



There has been a drastic increase in the incidence of strokes and other chronic conditions in the past few years.



The Immokalee community, located in Collier, is part of a federally designated Promise Zone, signifying they've been historically impoverished and in need of food resources.

Success Stories



Collier County Food Policy Council successfully built communication and partnership across sectors to ensure a resilient food supply

Hired a Food Policy Coordinator who is responsible for convening and coordinating project research, policy and programmatic efforts of the Council and agency partnerships



Food Policy Coordinator is currently drafting a **Proclamation for the Collier County Board of County Commissioners**



Key Milestones from July - December 2020



250,000

partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns

379

new food access points



43 320,000

individuals provided with foods that support healthy eating patterns

Follow their social media!







@sfrpc

swfrpc.org



Cumberland County, North Carolina

Cumberland County Department of Public Health and partners are improving food accessibility by partnering with local residents, developing a food policy council and using community data to understand the needs of their locality.



Goals

- Sign a charter between Cumberland County and Ft. Bragg that establishes a joint County and Installation Food Policy Council
- Commence a Food System
 Assessment, including at least three policy recommendations
- Implement at least two policies, systems, or environmental priorities identified by the Food Policy Council

Background



Population size: 332,330



20 census tracts met the definition of a food desert, including five census tracts located on Ft. Bragg.



13% of residents have limited access to healthy food and nearly 19% of residents are considered food insecure.

Success Stories



Formation of multiple subcommittees: one subcommittee will assist with food environment assessments, and the other will assist in the establishment of a Joint Cumberland County/Ft. Bragg Food Policy Council

Partners hosted a Healthiest Cities and Counties Kick-Off meeting for community partners to connect





Strengthened relationship with homeless serving agencies

Key Milestones from July - December 2020



community convenings or meetings related to access to foods that support healthy eating pattern





individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns



partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns

Follow their social media!



@Cumberland NC

co.cumberland.nc.us









@cumberland countync



Deerfield Beach, Florida

By strategically connecting new and existing community leaders, FLIPANY and partners are paving the way to show how today's youth can bring together local and regional health services through meaningful engagement!



Goals

- Access to affordable fruits and vegetables
- Provide families with network by which to communicate ideas to local leaders in order to impact healthrelated policies and systems within their community

Background



Population size: 267,503



Low-income, ethnic minority youth are at risk of chronic conditions like obesity, especially Black and Latino children.



82% of students in public schools in Deerfield are eligible for free or reduced lunch.

Key Milestones from July - December 2020

Success Stories



FLIPANY leveraged the Challenge to receive matched funding from the Children's Services **Council of Broward County to support efforts** related to food insecurity

Students registered to be part of Wellness Challenges to participate in creative video journaling exercises





Challenge provided funding for the Wellness Coordinator position, which is an essential role for implementing systems and procedural changes in school settings



community convenings or meetings related to access to foods that support healthy eating patterns





individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns



230

individuals provided with foods that support healthy eating patterns















Dougherty County, Georgia

Dougherty County, with Flint River Fresh, Inc. and University of Georgia Cooperative Extension, brings together the brilliant minds of its community to distribute food more equitably and educate residents through the Dougherty Fresh initiative.



Goals

- Identify the top two food deserts in **Dougherty County**
- Establish weekly mobile markets
- Partnership through the development of a food policy council
- Create a replicable model to use in other locations

Background



Population size: 95,565



65% of Dougherty's population of Non-Hispanic African Americans have limited access to healthy food.



Nearly 29% of the population live below the poverty level.



27% of residents suffer from food insecurity and 15 of 27 census tracts are in a defined food desert.

Success Stories



Purchased materials for grow kits and marketing materials for Flint River Fresh, Inc. program

Held first meeting with a neighborhood watch group





Put together the preliminary list of food council members for a kickoff meeting

Key Milestones from July - December 2020



community convenings or meetings related to access to foods that support healthy eating pattern



individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns



individuals provided with foods that support healthy eating patterns

Follow their social media!

flintriverfresh.org









Forsyth County, Georgia

Forsyth County Government and partners are forming a robust collaborative approach to close gaps for people with mental illness and/or substance use disorders who are involved in the criminal justice system through data-driven decisions.



Goals

- Improve care coordination for individuals with behavioral health issues by building a data system
- Integrate and share data via a cloudbased, high-security data platform
- Create a person-centered record and a mechanism to track interactions across health care providers and associated networks

Background



Population size: 236,612



Georgia ranks 47 out of 50 for access to mental health care.



In 2018, the Forsyth County Sheriff's Office responded to 487 suiciderelated calls, a 53% increase over 2017.

Key Milestones from July - December 2020

Success Stories



Completed gathering sessions with partners to finalize data architecture and technical design of data-sharing infrastructure

Project team is in the process of designing and developing the initiative's data warehouse internally





Attended a three-day workshop that served as a roadmap on how information throughout the county and community will be delivered



community convenings or meetings related to access to health services



individuals that attended community convenings or meetings related to access to health services



partner organizations convened or engaged by the lead partner to promote access to health services







Greenbrier County, West Virginia

Greenbrier County Health Alliance and partners are distributing mini-grants and supporting community members to develop resident-led actions that address community needs related to accessing food and health services.



Goals

- Increase capacity to facilitate systems, environment, and policy change to advance health equity utilizing a social determinant of health and common agenda framework
- Develop a hub to advance health equity
- Develop a "clinic/community linkage" system locally to connect local healthcare organizations, providers, and patients with health promotion workshop opportunities

Background



Population size: 35,279



West Virginia has one of the nation's highest burdens of chronic disease.



Rural isolation has contributed to health disparities and increased the risk of residents developing chronic conditions.

Success Stories



Conducted meetings with partners in order to design a "community engaged health survey"

Scheduled trainings to support residents' ability to actively manage chronic health conditions through development of "clinic-community connections" referral system





Receiving interest responses for their Ambassador Mini-Grant program and plan to connect with them later this year

Key Milestones from July - December 2020



organizational policies or procedures adopted or modified to promote access to foods that support healthy eating patterns

94

individuals engaged in training or capacity-building to address inequities in the food system



partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns







Kerrville, Texas

New Hope Counseling Center/Hope4Health, with Light on the Hill and Peterson Regional Medical Center, is working diligently to increase access points for food and nutrition education and provide dental services to Doyle residents.



Goals

- Improve health for Doyle residents by promoting healthy eating
- Reduce policy and systems barriers that create inequities
- Increase community engagement and resident leadership through system/policy changes

Background



Population size: 22,347



61% of African Americans and 21% of Hispanics in the Doyle Community live below the poverty level.



69% of the African American residents have annual household incomes of \$10,000 or less leading to limited access to health care and high levels of food insecurity.

Success Stories



Hired food pantry manager and trained pantry manager and other Doyle residents to manage food pantry and distribution of food



Dental screening tool created and screenings are actively being implemented at Peterson Clinic at Doyle



Partners met with Mayor and City Council Member talked about how to give more power to the Doyle residents

Key Milestones from July - December 2020



individuals provided with foods that support healthy eating patterns





community convenings or meetings related to access to foods that support healthy eating patterns



partner organizations convened or engaged by the lead partner to promote access to health services

Follow their social media!

newhopecounselingtx.org



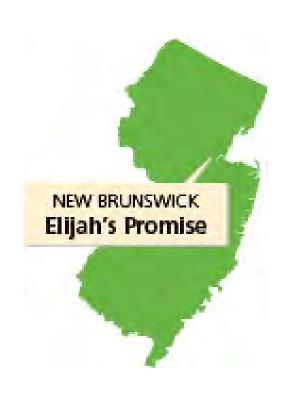


@NewHopeCounselingCenter



New Brunswick, New Jersey

Elijah's Promise, with partners in youth services and education, are engaging youth leaders to help identify community needs and tackle some of the county's most pressing needs through a paid internship program!



Goals

- Engage and educate high school students to civically engage with their school food system
- Implement institutional-level changes that improve the school food system and food education in students' school districts

Success Stories



Developed a student/parent school food survey to collect valuable information about student school food experiences

Established a substantial new relationship with New Brunswick Public Schools





Taking steps towards creating a community school food advisory committee comprised of students, parents, community food system organizers, and school and city officials

Follow their social media!

@ElijahsPromise

elijahspromise.org









@ElijahsPromise

Background



Population size: 57,073



Students are served almost three times as much sugar in their breakfasts and four times as much in their lunches on average than what is recommended.

Key Milestones from July - December 2020



individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns





community convenings or meetings related to access to foods that support healthy eating patterns





partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns



Orange County, New York

Orange County Department of Community Health Outreach and partners are reducing chronic disease for residents by aligning food insecurity screening and referral through county hospitals.



Goals

- Increase the number of health care systems who set up systems for food insecurity identification and referrals
- Increase number of referrals made by hospitals/health centers
- Increase number of food pantry lists made available to hospitals
- Increase number of Rx for Produce programs established and coupons used

Background



Population size: 382,226



Some areas of the county lack adequate access to quality food pantry's, farmer's markets and supermarkets.



High poverty rates and low household median incomes have contributed to food insecurity throughout Orange County.

Success Stories



Three of their health care site partners have incorporated food insecurity questions into their screening procedures

Provided a training to health care providers and community sites on local food assistance programs in Orange County





Updated food pantry lists and created resource sheet on how to refer patients with food insecurity to food assistance programs

Key Milestones from July - December 2020



15

individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns



organizational policies or procedures adopted or modified to promote access to foods that support healthy eating patterns



individuals engaged in training or capacitybuilding to address inequities in the food system

Follow their social media!

orangecountygov.com





@OrangeCountyGovernment



Paterson, New Jersey

United Way of Passaic County and partners are fighting to address the health needs of Paterson by creating greener neighborhoods that promote physical activity and increasing access to foods that support healthy eating patterns.



Goals

- Expand summer meals and after school dinner programs in the City of Paterson
- Adopt healthy food procurement practices at institutions such as Paterson Public Schools
- Expand of community gardens in the City of Paterson

Background



Population size: 267,503



37.4% of surveyed Paterson residents reported being food insecure.



20% of adults in Paterson reported eating five or more servings of fruits and vegetables per day.



Paterson has a "limited access to healthy food" of 14% with some sections of the city between 30–50% limited access.

Success Stories



Expanded of Green Acres Community Garden and increased production and community engagement

Formed a resident led community garden planning committee which identifies location for new community gardens





Expanded number of days meals are offered through the meal distribution sites which increased the number of meals served by 20%

Key Milestones from July - December 2020



4,000

individuals provided with nutrition education and support services

45



partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns



10,000

individuals provided with foods that support healthy eating patterns

Follow their social media!

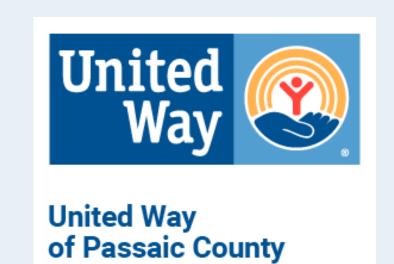
@uwpassaic







unitedwaypassaic.org



@unitedwaypassaic

Perry County, Kentucky

The University of Louisville School of Nursing and partners are working hard to improve food security and diet-related health for county residents by identifying the root causes of food insecurity and strategies to improve healthy food accessibility.



Goals

- Conduct root cause analyses of food insecurity issues
- Increase food security screening
- Implement strategies to increase donations of healthy foods
- Coordinate existing food security services to ensure consistent access

Success Stories



Partnered with new community groups like Save the Children and Farmers to Families Food Box

Hired a project director for the project who is now CITI trained





Coordinated food resources that will enhance the ability for retailers to donate food on any day of the week and will ensure that food resources are available to community members consistently

Background



Population size: 26,092



Nearly 18% of Perry County households are food insecure.



More than 90% of county residents do not consume recommended amounts of fruits and vegetables.

Key Milestones from July - December 2020



3,000

individuals provided with foods that support healthy eating patterns

27



partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns

25,000

individuals reached through public communications that promote advocacy, transparency, awareness or knowledge of the food system











Pittsburgh, Pennsylvania

Pittsburgh Food Policy Council and partners are building grassroots efforts and supporting resident leadership to pass a city-wide food policy.



Goals

- Standardize data collection and measurement of food and health equity in Pittsburgh that will identify healthy food priority areas for policy action
- Develop and launch resident advisory program to meaningfully co-design policy and program change
- Develop a comprehensive citywide food and healthy equity policy

Background



Population size: 302,407



2019 data shows 20% of Pittsburgh's population lacked consistent access to adequate food.



Pittsburgh's poverty rate among minority groups remain four times higher than Whites.



Black populations in Pittsburgh are more likely to report food and housing insecurity and to be diagnosed with chronic diseases.

Success Stories



Healthy food priority areas have been identified and mapped and are being utilized to recruit resident ambassadors

Scheduled to launch applications for their pilot resident program in Feb. and kick off the program in March 2021 after months of research and planning



Key Milestones from July - December 2020



by the lead partner to promote access to foods that support healthy eating patterns

1 \$

organizational policy or procedure adopted or modified to promote access to foods that support healthy eating patterns



453

individuals reached through public communications that promote advocacy, transparency, awareness or knowledge of the food system

Follow their social media!

@BurghFoodPolicy







pittsburghfoodpolicy.org



Rochester, New York

Common Ground Health is working with partners to implement the city's new Comprehensive Plan, Rochester 2034, which has an emphasis on equity and healthy living.



Goals

- Increase stakeholder and community engagement
- Spread public awareness
- Establish food policy councils to actively advance policies

Success Stories



Recruited resident leaders from the community to join the team and help lead their work

Engaged community in online events to explain the project and ask the community for input and direction





Launched a webpage to host information on food systems, policies, and the project

Background



Population size: 206,284



Over a third of residents live in poverty.



Rochester residents are twice as likely as their suburban counterparts to be stressed about purchasing healthy foods.

Key Milestones from July - December 2020



196

individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns



community convenings or meetings related to access to foods that support healthy eating patterns



partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns

Follow their social media!

@CommonGroundH







commongroundhealth.org



Tompkins County, New York

Cradle to Career, a project of the Center for Transformative Action, and partners lead the Childhood Nutrition Collaborative, a community initiative that ensures food security in Tompkins County.



Goals

- Identify assets for and barriers to food security and review the current approaches being used to decrease food insecurity
- Embed the Childhood Nutrition
 Collaborative within other food systems
 initiatives to better inform change and
 influence sustainability
- Influence systems change that has the potential to increase food security for every young person pre-birth to age 24

Success Stories



Distributed a community survey which included questions about food access and local food systems in an effort to gain better understanding of COVID's impact on the community

Created a Childhood Nutrition Collaborative Coordinator position, which holds outreach and relationship building central to this role





Updated food pantry lists and provided resource sheet on how to refer patients with food insecurity to food assistance programs

Background



Population size: 104,871



Rates of food insecurity in Tompkins County are estimated to be 14%.



The median income is below U.S. average, with 20% living in poverty.

Key Milestones from July - December 2020



individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns



partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns



community convenings or meetings related to access to foods that support healthy eating patterns

Follow their social media!

@TransformAction









Wheeling, West Virginia

The City of Wheeling and partners is working to create what they call the "Edible Mountain," a holistic, place-based youth wellness hub that aims to increase access to local food, physical fitness, social connection, and creative exploration.



Goals

- Improve physical health among youth, as measured by reduced prevalence and risk factors for childhood metabolic disorders
- Improve resilience among youth, as measured by reducing the impact of Adverse Childhood Experiences

Background



Population size: 26,771



Wheeling median household income for families with children is substantially lower than the state's average.



Wheeling's urban core's youth population suffers from metabolic disease and trauma at a disproportionately high rates.

Key Milestones from July - December 2020

9





Hired a new parks and recreation director

Hiring process for coordinator is underway and being led by Never Bored Board, a youth leadership group





Participated in meetings with Prevention and Research Partner to learn best practices regarding evaluation metrics, data collection, analysis



individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns

3



partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns



community convenings or meetings related to access to foods that support healthy eating patterns

Follow their social media!

@cityofwheeling









Wilkes County, North Carolina

The Health Foundation, Inc., and partners, form the Wilkes Healthy Action Team to address Wilkes County's health and safety needs through cross-sector, community-informed work.



Goals

- Authentically engage the community to develop policy, system, and environmental changes needed to enhance healthful eating
- Remove barriers that prohibit people from accessing healthy foods including transportation, cost, and knowledge of food preparation

Background



Population size: 68,557



Wilkes County has a high poverty rate of 19%, with with 13.8% being food insecure.



22.6% of children in Wilkes
County live in homes that are food insecure.

Key Milestones from July - December 2020

94

new food access points





Distributed 24,000 meals to children 0-18 years old

Recruited 6 Design Team Members with varied life experiences who will pilot ideas generated to explore the connection between the ability to access healthy foods and where a person lives





Served 157 unduplicated people with 1,820 meals

3,900 ?

knowledge of the food system





2,252
ividuals provided with foods that support

individuals provided with foods that support healthy eating patterns





