

1

00:00:01,022 --> 00:00:02,462

Well, hello everybody.

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00:00:03,182 --> 00:00:07,022

Good morning, good afternoon, depending on where in the world you are in.

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00:00:07,382 --> 00:00:19,422

Today we are working on or discussing covering the quality time, the first ever quality time under the Quality Management Committees, part of the Academy of Nutrition and Dietetics.

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00:00:19,902 --> 00:00:22,942

And so the topic for today is Beyond the Shelf.

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00:00:23,422 --> 00:00:26,222

creating healthy, resilient food pantries.

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00:00:26,222 --> 00:00:28,022

And this is really exciting for me.

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00:00:28,022 --> 00:00:30,382

It's a topic that I wanted to do for a while.

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00:00:30,702 --> 00:00:37,862

It is a follow up to our quality spotlight that we did on August, 2025.

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00:00:38,462 --> 00:00:45,182

And you should be able to access that in our webpage under eatrightpro.org.

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00:00:45,865 --> 00:00:51,145

Regarding the quality time sessions, this is brought to you, like I mentioned, by the Academy's Quality Management Committee.

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00:00:52,265 --> 00:00:56,265

We have some planned also for November, January, March, and May.

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00:00:56,825 --> 00:01:08,625

The idea is a 45-minute discussion that can happen, and it's going to be an informal

kind of discussion with a 15-minute presentation and 30-minute interaction with our presenters and participants.

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00:01:09,305 --> 00:01:11,225

You can interact via the Q&A.

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00:01:11,745 --> 00:01:20,905

You can interact also by raising your hand when we call to be able to do so, and we will work on getting you unmuted and you can ask a question.

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00:01:21,665 --> 00:01:27,385

If it does not work, you can also, like I said, use the Q&A part of the Zoom platform.

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00:01:28,105 --> 00:01:30,665

The session's learning objectives are shown here.

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00:01:31,865 --> 00:01:35,265

And of course, I did that.

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00:01:38,025 --> 00:01:44,665

With that, we wanted to make sure that you are all aware that this is not prior approved for CPE use.

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00:01:45,305 --> 00:01:53,305

But if you believe the session does meet core content to be prior approved, you are welcome to use it in your activity log.

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00:01:53,705 --> 00:01:59,145

All the links are here shown, and they'll be in the handouts that we sent earlier today.

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00:01:59,905 --> 00:02:04,105

So you can get those links and see if this session qualifies or not.

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00:02:05,305 --> 00:02:09,265

With that, I'm going to go ahead and present our moderator and subject matter experts.

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00:02:09,265 --> 00:02:11,545

So I'm the moderator, Tammy Ojeda.

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00:02:11,545 --> 00:02:17,985

My name is Tamaire, but I go by Tammy, and I'm a Director of Quality Initiatives and Improvement for the Academy of Nutrition and Dietetics.

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00:02:18,505 --> 00:02:26,745

With me, and I'm very excited to introduce to you Dana Mitchell, and she is the Director of Community Health and Nutrition Low Country Food Bank.

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00:02:27,305 --> 00:02:34,905

Rickeya Feggins, who was also part of the August 2025 Spotlight, and she is

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00:02:35,145 --> 00:02:35,945

part of the follow up.

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00:02:35,945 --> 00:02:37,465

So I'm really excited to introduce her.

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00:02:37,705 --> 00:02:41,785

She's a Senior Manager of Nutrition Services for Feeding America National Office.

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00:02:42,825 --> 00:02:47,065

And with that, I am going to show you the disclosures real quick.

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00:02:47,065 --> 00:02:48,345

Again, they're in your handouts.

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00:02:48,665 --> 00:02:52,745

Biographies were also sent to you as a handout via e-mail.

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00:02:52,745 --> 00:02:58,905

If you did not get them, let us know by emailing quality@eatright.org, and we are happy to send them to you as well.

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00:02:59,145 --> 00:03:01,705

With that, take it away, Tia.

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00:03:03,585 --> 00:03:04,105

Awesome.

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00:03:04,105 --> 00:03:05,785

Thank you so much, Tammy.

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00:03:06,825 --> 00:03:10,025

First and foremost, thank you for sharing the space with us today.

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00:03:10,585 --> 00:03:21,865

Myself, as well as Dana, are here to talk to you today about moving from more traditional roles within food access to transformative partnerships.

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00:03:26,425 --> 00:03:27,065

All right.

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00:03:27,225 --> 00:03:28,825

Oh, I moved too fast.

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00:03:30,345 --> 00:03:30,905

There we go.

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00:03:31,145 --> 00:03:42,905

All right, so typical workflow for addressing food insecurity, most of the time in the clinical setting, and this is what you will typically see as a dietetic professional in the clinical setting.

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00:03:44,425 --> 00:03:58,185

through either a screening that you have done or someone else on your team has done, or maybe just in conversation, motivational interviewing, what have you, with a patient, they are found to be food insecure, right?

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00:03:58,745 --> 00:04:07,785

The practitioner, whether it is yourself or someone else, may then point that patient into the direction of food access supports.

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00:04:08,105 --> 00:04:11,145

This is typically SNAP or WIC.

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00:04:11,785 --> 00:04:14,225

Sometimes TANF is also

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00:04:14,945 --> 00:04:25,705

applicable here, but sometimes, too, you all will point them to either a food bank or a food pantry, and then that patient may or may not go and receive services, right?

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00:04:26,185 --> 00:04:39,945

I think the important thing to note here is that all of this happens to the neighbor or the patient, but it is not normally within partnership with the neighbor or the patient, which is really what we want to get to.

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00:04:43,705 --> 00:04:57,305

So our North Star for today is to go from pointing in the direction of food access to partnering with the neighbors and community organizations to create a seamless, ongoing access point to nutritious food and services.

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00:04:57,545 --> 00:04:58,985

I said point, take that out of there.

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00:04:58,985 --> 00:05:00,985

Not a point, we're going away from pointing.

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00:05:02,185 --> 00:05:11,625

So we wanna create that continuum of care of healthy food access as part of your patient, your client, your neighbors,

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00:05:11,785 --> 00:05:13,385

access to nutritious food.

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00:05:13,825 --> 00:05:21,105

And we want to adapt to what is needed in the community or for what we call neighbors, you may call patient or client.

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00:05:21,705 --> 00:05:23,505

We want to adapt with data.

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00:05:23,505 --> 00:05:32,825

And then we want to see improvement over time with this partnership to make sure that it is truly a continuum of care, resilient food systems,

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00:05:33,465 --> 00:05:36,345

need to have a cohesive continuum of care.

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00:05:36,345 --> 00:05:38,185

So there needs to be that feedback loop.

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00:05:38,185 --> 00:05:41,105

It's not just I went like this, it's more of this.

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00:05:41,105 --> 00:05:43,865

Sometimes it's a this, you never know.

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00:05:43,865 --> 00:05:45,465

But there has to be a loop somewhere in there.

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00:05:45,625 --> 00:05:46,745

We need that feedback.

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00:05:46,745 --> 00:05:53,985

We need to use the data, feedback from the patient, from the provider, from the community organization to make sure this is a resilient partnership.

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00:05:58,425 --> 00:06:07,625

So really quick before we jump into like the nitty gritty of this particular presentation, I wanted to give you all some vocabulary, right?

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00:06:08,385 --> 00:06:13,545

Because it can be very tricky to think about food bank, food pantry, and then neighbor.

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00:06:13,945 --> 00:06:22,745

So a food bank is typically a regional hub that sources, purchases, or in our world procures, receives, stores,

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and distributes food at scale to food pantries, meal programs, and other community

partners.

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00:06:30,585 --> 00:06:32,985

So think about it like an actual bank.

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00:06:33,465 --> 00:06:34,905

The money goes into the bank.

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00:06:36,425 --> 00:06:43,385

It may also provide support with technology, programming, and capacity building for their partner network.

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00:06:44,385 --> 00:06:51,425

Food banks may also have direct programming and distribution to neighbors via examples like mobile distributions.

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00:06:51,425 --> 00:06:55,145

These were really, really popular back in COVID days.

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00:06:55,945 --> 00:07:03,305

Food bank staffed pantries, special pop-up distributions like at schools and things like that, or other programming.

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00:07:03,665 --> 00:07:14,025

Whereas a food pantry is really that community-based organization, location, or mobile program that provides food and additional services

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00:07:14,425 --> 00:07:18,025

and supports directly to neighbors and their families.

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00:07:18,345 --> 00:07:26,745

And then a neighbor is simply a person or a patient that is experiencing food and or nutrition security.

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00:07:26,985 --> 00:07:34,025

So when you hear us, like Dana said before, say neighbor, we are talking about your food insecure patients.

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00:07:34,185 --> 00:07:37,785

But we call them neighbors because they exist within our community.

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00:07:38,105 --> 00:07:39,425

Neighbors don't have a face.

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00:07:39,425 --> 00:07:42,425

Food insecurity doesn't have necessarily an identity.

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00:07:42,665 --> 00:07:45,145

So they can be your neighbor, literally.

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00:07:45,145 --> 00:07:47,865

They can be your friend, et cetera, et cetera.

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00:07:52,585 --> 00:07:58,825

So we want to talk about three key points that are the capacities of this resilient, healthy food pantry network.

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00:07:59,305 --> 00:08:02,025

The 3 are access, partnerships, and learning.

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00:08:02,665 --> 00:08:04,505

First, we need to have the food access.

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00:08:04,945 --> 00:08:08,025

But it's not just enough to say, hey, there's a food pantry open.

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00:08:08,505 --> 00:08:10,825

We need to make sure that they're at convenient hours.

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00:08:10,825 --> 00:08:14,185

They're locations that our neighbors can actually get to.

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00:08:15,465 --> 00:08:17,985

Maybe delivery is a model that's available.

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00:08:17,985 --> 00:08:18,945

We would love that.

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00:08:18,945 --> 00:08:20,505

Transportation is such a barrier.

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00:08:21,145 --> 00:08:28,905

Access includes language, language that is able to be making these pantries accessible to any neighbor.

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00:08:29,385 --> 00:08:34,825

We want to make sure that we have healthy, preferred, culturally affirming food options and services available.

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00:08:35,225 --> 00:08:36,505

Access is not just food.

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00:08:36,985 --> 00:08:40,505

when, where, and how individuals receive it and communicate it.

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00:08:40,825 --> 00:08:42,425

That's huge with access.

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00:08:42,905 --> 00:08:46,905

Partnerships, we want to make sure that we have reliable referral pathways.

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00:08:46,905 --> 00:08:48,985

Remember, pointing just says, hey, go there.

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00:08:49,225 --> 00:08:50,105

That's an option.

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00:08:50,425 --> 00:08:53,185

Referrals is that back and forth feedback loop.

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00:08:53,505 --> 00:08:55,105

And we want to share in the problem solving.

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00:08:55,105 --> 00:08:57,225

It's not just, hey, I think there's a food pantry.

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00:08:57,865 --> 00:08:59,785

What is the partnership between the two?

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00:08:59,785 --> 00:09:03,225

How do we work together to make sure it works for all parties involved?

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00:09:03,545 --> 00:09:06,185

We have a diverse pantry network.

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It might be a church full of volunteers and parishioners that are running it.

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00:09:10,745 --> 00:09:15,225

may be a nonprofit organization that has a job chart.

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00:09:15,225 --> 00:09:17,545

It has a development department.

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00:09:17,545 --> 00:09:19,865

It has an actual HR department.

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00:09:20,345 --> 00:09:26,265

Our partners, our partnerships are diverse within the food pantry network, as well as with our clinical partners.

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00:09:27,545 --> 00:09:30,105

We want to make sure that we also have that community support.

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00:09:30,265 --> 00:09:33,025

It's not going to work alone with just the clinical and just the community.

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00:09:33,025 --> 00:09:35,145

There needs to be that community support as well.

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00:09:35,465 --> 00:09:36,665

And we're always learning.

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00:09:37,145 --> 00:09:41,705

We need to make sure that we are listening to neighbors, to community partners.

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00:09:41,865 --> 00:09:52,905

We want to make sure that we are in a space to learn and to receive that feedback, not just ask for a survey to be completed just to say we did a survey and continuously improve upon that.

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00:09:58,825 --> 00:10:17,385

I know a lot of times when we are talking to specific dietetic practitioners, whether they be RDs or NDTRs, everybody's trying to figure out, okay, well, food insecurity, of course, it is an important problem that we need to solve, but I'm a retail dietitian.

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00:10:18,105 --> 00:10:20,905

I am an NDTR in a college setting.

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00:10:22,265 --> 00:10:24,105

I don't think I have a role here.

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00:10:24,505 --> 00:10:25,505

I think that is

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00:10:25,625 --> 00:10:27,105

so much further from the truth.

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00:10:27,865 --> 00:10:32,585

So we want to make sure you all are aware that every practice area has a role.

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00:10:34,105 --> 00:10:39,465

You could be guiding, whether it's at your organization or at a pantry.

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00:10:39,785 --> 00:10:42,585

You can instill a screen and refer model.

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00:10:42,825 --> 00:10:46,025

You can volunteer or consult at a food pantry.

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00:10:46,025 --> 00:10:48,825

You can develop and provide practical education.

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00:10:49,545 --> 00:10:51,545

And you can also support food safety.

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00:10:51,945 --> 00:10:52,345

right?

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00:10:52,905 --> 00:10:53,945

You could be building.

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00:10:53,945 --> 00:10:55,625

So you could be training teams.

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00:10:55,625 --> 00:11:01,545

You could be training students to help work at food banks and food pantries or other food access organizations.

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00:11:01,945 --> 00:11:05,625

You could be strengthening sourcing and inventory.

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00:11:05,865 --> 00:11:07,225

If you're a food service Rd.

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00:11:07,305 --> 00:11:09,545

or if you're a

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00:11:24,945 --> 00:11:26,345

and influence, right?

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00:11:26,585 --> 00:11:31,225

So we can design or advocate for specific partnerships.

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00:11:34,665 --> 00:11:37,545

We can also shape policies and systems.

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00:11:37,865 --> 00:11:40,745

We can advise pantry staff and volunteers.

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00:11:40,985 --> 00:11:46,105

And then we can also help align funding data and neighbor voice.

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00:11:50,185 --> 00:11:56,745

Okay, we talk about screening and we talk about learning and we talking having a closed loop or continuum of care.

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00:11:57,145 --> 00:11:58,345

What is this actually?

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00:11:58,425 --> 00:12:09,545

So 2020, everybody started screening for food insecurity because we found out very quickly, food bank network knew, but everybody in the medical world, oh, our patients might not have enough food.

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00:12:09,945 --> 00:12:11,225

So they started screening.

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00:12:11,465 --> 00:12:13,225

There are validated screeners out there.

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00:12:13,225 --> 00:12:14,665

There's two question screeners.

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00:12:14,825 --> 00:12:18,505

There's large social determinants of health or social drivers of health screeners.

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00:12:19,065 --> 00:12:20,745

We want to use a validated screening tool.

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00:12:21,705 --> 00:12:33,945

But let me tell you, the two question screener that is in many of our electronic health record programs or computer systems don't really always get at the root of it.

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00:12:34,345 --> 00:12:37,065

So we know, just so you know, we know these questions are not the best.

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00:12:37,145 --> 00:12:45,865

And people are researching and trying to figure out how to ask better questions to get to the root of it and to understand if people have nutrition insecurity, not just food insecurity.

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00:12:46,345 --> 00:12:47,305

So we can't just screen.

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00:12:47,305 --> 00:12:49,145

We need to ask that follow-up question.

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00:12:49,705 --> 00:12:51,905

We need to ask it with dignity and respect.

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00:12:51,905 --> 00:12:54,985

We want to make sure that people feel safe to answer that question.

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00:12:55,145 --> 00:13:01,385

So I always encourage that you just say we value food as part of your medical care.

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00:13:02,105 --> 00:13:06,345

We want to make sure our patients have access to the food they need for their bodies to thrive.

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00:13:06,745 --> 00:13:12,745

So asking a follow-up question with that screening helps get a little bit closer to the root and also creates a safe space.

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00:13:13,785 --> 00:13:19,705

but we have to actually use the screening tool so that we can use that validated screener and bill, hello.

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00:13:20,425 --> 00:13:22,825

So ask a follow-up question and then there's the connection.

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00:13:23,065 --> 00:13:28,745

If you are in a large healthcare system, I hope that there's already a workflow in place, but this can be at

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00:13:29,625 --> 00:13:30,425
a free clinic.

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00:13:30,585 --> 00:13:32,665
This might be at an outpatient clinic.

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00:13:32,905 --> 00:13:36,425
We need to make sure we understand what the next step is.

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00:13:36,425 --> 00:13:39,865
there a direct link to connect patients to food access?

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00:13:40,185 --> 00:13:45,065
Or do we need to help advocate for there to be that connection and not just that point?

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00:13:45,385 --> 00:13:51,865
So connecting patients truly can take on different forms and you need to figure out what works best for your patients.

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00:13:52,185 --> 00:13:54,185
I started with a card with a QR code.

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00:13:54,425 --> 00:13:57,225
A lot of the patients in some of our rural communities have a flip phone.

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00:13:57,465 --> 00:13:58,825
How are they going to use a QR code?

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00:13:59,145 --> 00:13:59,345
So

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00:13:59,425 --> 00:14:03,705
again, there's that feedback loop and not just saying, here's a QR code with some information on it.

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00:14:03,945 --> 00:14:07,945

We need to make sure that connection is useful for the patients or for the neighbors.

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00:14:08,265 --> 00:14:11,065

And so we have to ask questions and we have to adapt.

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00:14:11,665 --> 00:14:21,145

Like Rickeya said, training, training everybody involved with how to create this dignified opportunity to share that they need food as part of their medical care.

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00:14:21,385 --> 00:14:24,025

Training is huge in how to adapt these systems.

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00:14:25,305 --> 00:14:31,145

And then also connecting with that patient to follow up and say, hey, were you able to get the food that you needed?

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00:14:31,785 --> 00:14:32,665

Is that your role?

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00:14:32,745 --> 00:14:33,385

Maybe not.

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00:14:33,945 --> 00:14:40,505

Community health workers are an incredible place, NDTRs, to be able to follow up with a patient and say, did you get the food you need?

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00:14:40,985 --> 00:14:45,625

If you are directly working with a patient, put it in your note to ask the next time you talk with them.

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00:14:46,385 --> 00:14:52,185

But if it's not your role, figure out whose role it is, because we are the ones setting the tone for that nutrition care.

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00:14:52,345 --> 00:15:02,345

We need to make sure they have the nutrition they need so that when we're talking to them, when we're counseling them, when we're teaching them, when we're making food for them, whatever our role is, they have the food they need.

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00:15:02,825 --> 00:15:12,425

So we all have that role within the screening, whether it's a direct role or kind of an auxiliary role, know what the screening workflow is, who's in charge, and if it's working well.

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00:15:16,545 --> 00:15:21,745

Here's another practical application where we'll be talking about discussions with pantry staff.

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00:15:22,105 --> 00:15:27,225

One thing you want to avoid is going in and thinking that you have all of this expertise

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00:15:28,105 --> 00:15:37,305

to share and you do, but I can almost guarantee you that your pantry staff or your volunteers probably have way more expertise in this area than you.

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00:15:38,265 --> 00:15:41,145

So you want to go in with a learning mindset.

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00:15:41,305 --> 00:15:43,065

What are your neighbors asking for?

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00:15:43,785 --> 00:15:48,185

If you can't meet the preferences of the neighbor, the food is not going to be consumed.

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00:15:48,945 --> 00:15:52,905

What challenges are they facing at a food bank or at a food pantry?

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00:15:53,425 --> 00:15:55,385

What may be working well, right?

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00:15:55,385 --> 00:15:57,625

We don't wanna get rid of anything that's working well.

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00:15:57,825 --> 00:16:01,305

And then also what is most useful right now, okay?

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00:16:01,705 --> 00:16:10,505

Remember your expertise never, ever, ever, ever, ever, ever Trump's a neighbor,

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00:16:10,985 --> 00:16:15,625

your community or your pantry staffed with live experience, okay?

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00:16:15,945 --> 00:16:17,945

You should be co-creating.

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00:16:18,105 --> 00:16:23,305

You should not be replacing or building and instructing people to do as they're told.

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00:16:27,745 --> 00:16:29,465

Can you tell Rickeya and I are really passionate about this?

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00:16:32,745 --> 00:16:35,905

Okay, so we talked about the kind of the clinical setting.

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00:16:35,905 --> 00:16:37,545

We talked a little bit about the community setting.

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00:16:37,545 --> 00:16:42,185

We talked a little bit about the roles within guiding or building or training or leading.

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00:16:43,145 --> 00:16:44,905

What is your role?

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00:16:44,985 --> 00:16:48,985

So in the next 30 to 60 days, we encourage you to explore.

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00:16:49,225 --> 00:16:52,665

Explore your area in which you live or work.

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00:16:53,785 --> 00:16:55,785

Find out what food pantries are near you.

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00:16:55,865 --> 00:16:56,825

Who's the food bank?

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00:16:57,305 --> 00:17:00,985

My food bank that I work at, we have a food for health program.

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00:17:01,705 --> 00:17:07,625

Your food bank may not have that, so it might be new to them and it's an opportunity to ask questions and explore.

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00:17:07,625 --> 00:17:09,465

They've heard it from Feeding America.

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00:17:09,785 --> 00:17:13,505

Maybe it's not something that has been a priority or something that they have the expertise.

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00:17:13,505 --> 00:17:15,945

So just go ask questions, learn.

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00:17:15,945 --> 00:17:16,985

Don't come in and talk.

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00:17:17,225 --> 00:17:21,065

Ask questions, learn what's going on in your neighborhood.

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00:17:21,785 --> 00:17:22,905

Go visit a food pantry.

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00:17:23,785 --> 00:17:27,865

Go in as a neighbor having no idea what you're experiencing.

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00:17:27,865 --> 00:17:29,385

I have our interns do it all the time.

217

00:17:29,705 --> 00:17:40,905

Learn about a food pantry and what it's like as a neighbor to get food from there so that you're putting your feet in the shoes of your community members that are

accessing that pantry and understanding the opportunities and the barriers there.

218

00:17:41,145 --> 00:17:47,785

So first and foremost, explore and then get in there and experience as a neighbor and maybe even as a volunteer.

219

00:17:48,185 --> 00:17:50,185

I know that hours are all over the place.

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00:17:50,945 --> 00:17:57,065

but there might be outside of hours times that you can volunteer with a local food pantry or a food bank.

221

00:17:57,385 --> 00:17:59,705

So ask questions.

222

00:17:59,705 --> 00:18:02,825

That's the biggest thing to do in the next 30 to 60 days.

223

00:18:03,385 --> 00:18:07,785

Search on the internet, ask some questions, get to know somebody in this world if you're not already there.

224

00:18:07,785 --> 00:18:10,865

Or on the clinical side, ask some questions about what's going on with screening.

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00:18:10,865 --> 00:18:11,785

What's going well?

226

00:18:12,025 --> 00:18:13,225

What don't they know yet?

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00:18:13,465 --> 00:18:14,985

What do they wish they had as a tool?

228

00:18:16,665 --> 00:18:29,545

Yes, and then after you have learned about food access in your area, you may have done a little digging, maybe volunteered your time at a food pantry just as a regular volunteer.

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00:18:30,345 --> 00:18:33,225

After that, you're gonna wanna engage, okay?

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00:18:33,465 --> 00:18:39,305

So if your organization doesn't already have a partnership with a food access organization in your community,

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00:18:39,945 --> 00:18:47,305

Advocate for one, create one, ask what it would take to have the capacity to partner, right?

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00:18:48,105 --> 00:18:52,985

Talk to pantry leaders and neighbors to continue to learn more, right?

233

00:18:53,185 --> 00:18:56,585

And then last but not least, you want to continue to volunteer.

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00:18:56,745 --> 00:19:09,705

Please do not show up just one time and then expect for you the next time you show up to be the time that you get to dig into the nitty-gritty and ask people about their inventory and tell

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00:19:09,825 --> 00:19:15,225

neighbors dietary advice because I can almost guarantee you, you will be shown the door.

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00:19:15,305 --> 00:19:15,865

Okay?

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00:19:16,025 --> 00:19:27,465

So you want to continue to build trust so that this way you can lend your expertise and you then can lead with a little bit of expertise in your area.

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00:19:27,625 --> 00:19:30,345

So you're also going to want to advocate for partnerships.

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00:19:30,505 --> 00:19:33,825

You're going to want to talk more to pantry leaders and neighbors.

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00:19:33,825 --> 00:19:36,905

And then you're also going to want to build trust.

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00:19:40,905 --> 00:19:42,665

All right, we do have resources.

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00:19:42,665 --> 00:19:43,425

They're coming next.

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00:19:43,425 --> 00:19:45,705

But let me just leave you, let us leave you with this.

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00:19:46,545 --> 00:19:52,665

The questions we want you to be thinking about is what role could you play in strengthening the pantry network in your community?

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00:19:53,545 --> 00:19:54,585

We all have a role.

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00:19:54,585 --> 00:19:56,425

It may not be directly in the pantry.

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00:19:56,665 --> 00:20:00,745

What is your role in your community and your food access network?

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00:20:02,465 --> 00:20:08,265

And I also encourage you to ask yourself, what would a strong pantry partnership look like in the setting in which you're working?

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00:20:09,145 --> 00:20:10,825

Is there a partnership opportunity?

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00:20:12,705 --> 00:20:13,265

That's all I have.

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00:20:14,025 --> 00:20:14,865

Those 2 questions.

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00:20:18,025 --> 00:20:20,185

I saw some resources come up in the chat.

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00:20:20,185 --> 00:20:22,665

People want to know where they can go for more, right?

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00:20:23,465 --> 00:20:28,345

Feeding America has two really cool links where you can find your local food bank.

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00:20:28,585 --> 00:20:33,625

Your local food bank then also has, most of them have a search engine.

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00:20:34,185 --> 00:20:40,345

that you can go to to search where your local food pantries are in your area, right?

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00:20:40,585 --> 00:20:51,145

You can also learn more about food insecurity in your state, county, or by food bank using our map the meal gap tool on Feeding America's website.

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00:20:52,025 --> 00:21:03,305

We do have, Feeding America is a network of over 250 partner food banks, 66,000 partner agencies, 20 plus partner state associations, and 10

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00:21:04,425 --> 00:21:09,825

And so we have food banks that touch every county of the US.

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00:21:09,825 --> 00:21:13,625

So there is a food bank in your area that services your county.

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00:21:15,065 --> 00:21:21,545

There's also our newly released medically tailored grocery nutrition standards for community-based organizations.

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00:21:22,185 --> 00:21:25,505

I worked really hard over the past year and a half with individuals

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00:21:25,705 --> 00:21:36,665

like Dana to create guidance for what actually should be offered to patients or neighbors with hypertension, diabetes, and cardiovascular disease.

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00:21:37,385 --> 00:21:45,865

Our network has done a very good job at vetting these standards, but also they were reviewed by the Academy of Nutrition and Dietetics.

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00:21:46,745 --> 00:21:50,225

And we will be continuing to expand upon these.

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00:21:50,225 --> 00:21:51,545

It's a great resource.

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00:21:51,705 --> 00:21:52,745

Please check it out.

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00:21:53,265 --> 00:22:06,745

And then last but not least, my friend Dana here has recorded two videos on YouTube around ensuring dignity while you are screening for food insecurity, because that's really important, and incorporating food insecurity screening

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00:22:13,865 --> 00:22:23,625

And that is my cue to say thank you to these wonderful, very passionate presenters on the topic of food insecurity and food banks and food pantries.

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00:22:24,185 --> 00:22:32,025

I have to say, every time I hear you, Tia, and now Dana, you join my network of people I learn from.

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00:22:32,505 --> 00:22:33,945

I always learn something new.

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00:22:34,105 --> 00:22:37,625

Even though I thought I knew what was needed, I always learn something new.

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00:22:37,625 --> 00:22:44,345

I love when you, Dana, was talking about the continuum of care not being a straight line, but actually being a loop.

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00:22:44,745 --> 00:22:46,505

Sometimes we don't think of those things.

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00:22:46,745 --> 00:22:52,505

Making sure that we are asking our community what they really need was one of my biggest takeaways.

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00:22:52,785 --> 00:22:55,145

It's always one of the biggest takeaways for me.

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00:22:55,545 --> 00:23:00,345

We think we may know what our community needs, but unless we ask them, right?

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00:23:00,745 --> 00:23:03,225

we we don't really know if we're meeting their needs.

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00:23:03,225 --> 00:23:08,825

So with that we have a several questions that are coming up.

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00:23:09,185 --> 00:23:12,905

So I do have a couple of questions that I wanted us to get started with.

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00:23:12,905 --> 00:23:26,505

So in your opinion, what is the best way to navigate the added when you have a practitioner, a clinical practitioner that is doing their clinical work and they see

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00:23:26,825 --> 00:23:38,905

the need in the community to start a food pantry specifically, what are ways that they can add that workload and still do their clinical work, right?

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00:23:39,105 --> 00:23:47,385

Because in certain ways, it's a little different from what the clinical work would be in some job descriptions, for example.

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00:23:47,625 --> 00:23:55,225

So what are your thoughts on how can they start that or add more of that food pantry community

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00:23:55,665 --> 00:23:58,865

food insecurity work to their workload.

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00:23:58,865 --> 00:24:01,225

Did that make sense on that question?

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00:24:02,385 --> 00:24:02,505

Okay.

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00:24:04,185 --> 00:24:05,545

Dana, you want to take that one?

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00:24:05,865 --> 00:24:06,585

Happy too.

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00:24:06,905 --> 00:24:08,505

You don't have to do it alone.

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00:24:09,065 --> 00:24:11,705

Most people who come to me and say, I'm ready to start a food pantry,

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00:24:12,425 --> 00:24:19,145

are not yet aware of all of the other resources that are out there and who's done it before them and have best practices in place.

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00:24:19,465 --> 00:24:22,905

So I always share some other health systems that are already doing it.

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00:24:23,385 --> 00:24:25,225

And we all love to share.

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00:24:25,465 --> 00:24:30,905

So learning from those who have gone before to understand what didn't work well and what's working really well.

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00:24:31,625 --> 00:24:43,145

You're also going to have to go to leadership and making sure our big medical system, if there's someone new every other week coming to me saying, I want to start a food pantry and they're all within the same healthcare system.

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00:24:43,305 --> 00:24:47,625

So I want to link them back to who's in charge of that within their healthcare system.

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00:24:48,425 --> 00:24:53,945

So there's one I would say, please don't feel like you're adding more to your workload.

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00:24:54,305 --> 00:24:56,345

Let's figure out how we can integrate it into it.

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00:24:56,345 --> 00:24:59,945

So make sure that it's part of a value of your team.

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00:25:00,665 --> 00:25:01,625

But get us involved.

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00:25:02,185 --> 00:25:10,105

The local food bank would be happy to talk to you about, if they already have a Food for Health or Food as Medicine program, talk to you about best practices.

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00:25:10,585 --> 00:25:16,265

So find out once again in your community, is anybody already doing this in a clinical setting so that you can learn best practice?

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00:25:17,385 --> 00:25:18,505

You don't have to do it alone.

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00:25:21,265 --> 00:25:22,585

Anything you want to add, Kia?

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00:25:23,145 --> 00:25:24,505

I think she said it perfectly.

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00:25:24,505 --> 00:25:29,465

I don't know if there's anything else that can be added.

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00:25:31,945 --> 00:25:39,145

You all mentioned about volunteering being one of the first steps for you to learn kind of how that world works.

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00:25:39,945 --> 00:25:53,625

So we have a question from one of our viewers, participants that says, as a volunteer at a food pantry with limited financial support and an increasing population of clients, it says 15 families to 70 in three years.

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00:25:53,865 --> 00:25:55,705

That's kind of amazing.

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00:25:55,985 --> 00:26:02,105

How can we ever consider partnering with an organization that would increase our number of clients?

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00:26:02,265 --> 00:26:11,065

So how can they increase or consider partnering with an organization to help continue increasing that number of clients?

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00:26:13,425 --> 00:26:15,785

Sounds like they're in the growth pattern here.

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00:26:18,345 --> 00:26:26,705

so what I would say is 1, check your capacity to be able to be a good partner, right?

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00:26:28,025 --> 00:26:35,545

A lot of times we talk about partnership all the time, but partnership looks different depending on the capacity that you have, right?

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00:26:35,785 --> 00:26:41,865

When I used to work at my old food bank in Hampton, Virginia, we were a smaller food bank, right?

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00:26:42,105 --> 00:26:45,705

We had the capacity to do healthcare partnerships because I was there.

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00:26:46,025 --> 00:26:55,745

But we had so many people asking for healthcare partnerships that we had to be very strategic about who's gonna be a good partner for us, right?

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00:26:57,065 --> 00:27:07,785

So I would say one, check your capacity, but then also check your food banks or food pantry's desire to partner with a healthcare organization.

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00:27:07,945 --> 00:27:09,905

Find the one that fits best for you.

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00:27:10,425 --> 00:27:14,025

You know, there are health care organizations of all different sizes.

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00:27:14,025 --> 00:27:26,105

I think some of the best that I've worked with are FQHC, so your federally qualified health clinics, because they are seeing a lot of our same patients, right?

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00:27:26,745 --> 00:27:32,025

But not only that, large hospital systems can be very good to partner with.

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00:27:32,105 --> 00:27:37,385

You just have to work through the red tape no matter where you're at partnering.

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00:27:37,545 --> 00:27:39,065

You also want to build in buy-in.

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00:27:40,265 --> 00:27:40,745

Right?

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00:27:41,945 --> 00:27:45,585

A lot of my job at my food bank was to create the partnership.

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00:27:45,945 --> 00:27:47,305

So I had to then...

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00:27:47,945 --> 00:27:48,865

You have that experience.

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00:27:49,945 --> 00:27:54,985

Yes, I think everybody on this panel right now has that experience.

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00:27:55,385 --> 00:28:06,265

We have to be able to illustrate the value of this partnership to not only leadership, but the people that will be doing the work to carry out this partnership as well.

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00:28:07,145 --> 00:28:09,545

So check your capacity, check your desires.

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00:28:11,345 --> 00:28:12,185

Be strategic.

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00:28:12,185 --> 00:28:13,585

That was my favorite.

335

00:28:13,865 --> 00:28:14,865

Be strategic.

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00:28:15,785 --> 00:28:16,825

Be very strategic.

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00:28:16,825 --> 00:28:18,905

Dana, do you have anything you wanted to add there?

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00:28:21,945 --> 00:28:22,305

All right.

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00:28:22,305 --> 00:28:30,105

I love the be strategic because that also includes looking at all the resources that you have available, being prepared

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00:28:30,505 --> 00:28:45,705

with, I always say have an elevator pitch and whatever is that you want project wise to get, have an elevator pitch ready in your mind 'cause you never know what you're gonna bump into to maybe, and that will be your opportunity to present your idea.

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00:28:46,065 --> 00:28:52,585

So in whatever it is, the project that you're growing, not necessarily just this food insecurity or food pantry.

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00:28:53,065 --> 00:28:58,025

world, always have an elevator pitch ready because you never know who you're gonna bump into.

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00:28:58,065 --> 00:29:03,225

That's one of my favorite things that I was told and I always like to pass on.

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00:29:03,625 --> 00:29:07,465

So Dana, I wanted to ask you this question specifically.

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00:29:08,825 --> 00:29:22,265

How do you see NDTRs, or Kia, if you wanna share it too, I am happy to hear your thoughts, but how do you guys see NDTRs fitting the world of food banks and food pantries?

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00:29:25,785 --> 00:29:30,825

Sadly, I'm in South Carolina and it's not recognized in South Carolina.

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00:29:30,825 --> 00:29:32,265

So we're working on that.

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00:29:32,665 --> 00:29:37,945

It's something our South Carolina Academy of Nutrition Dietetics has as part of workforce development.

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00:29:38,185 --> 00:29:38,825

We're trying.

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00:29:39,545 --> 00:29:46,345

However, in other states, I know Boston has had NDTRs in their on-site food pantry.

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00:29:46,665 --> 00:29:50,905

They've been doing one for long before he and I were talking about this, to be completely honest.

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00:29:52,505 --> 00:29:59,305

So they have an NDTR in the actual pantry so they can speak to, it's just like a retail dietitian.

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00:29:59,625 --> 00:30:07,705

So you can speak to the patients and bridge that gap between what your dietitian has said and your practitioner has said and the food that you're actually seeing.

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00:30:08,185 --> 00:30:17,065

So acting as that retail dietitian within the food pantry setting is key and bringing it to, I would say the table.

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00:30:17,625 --> 00:30:19,945

A lot of times our priority is fresh produce.

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00:30:20,425 --> 00:30:23,105

We love fresh produce, but what if you don't know how to cook it?

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00:30:23,105 --> 00:30:24,385

What if you don't know how to store it?

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00:30:24,385 --> 00:30:25,025

What if you don't?

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00:30:25,145 --> 00:30:30,905

And so being able to actually bring it full circle to the table, not just the grocery bag or cart.

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00:30:31,465 --> 00:30:32,025

Yes.

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00:30:32,425 --> 00:30:32,945

I love that.

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00:30:33,545 --> 00:30:44,785

I will also add on here, one, we have a food bank in our network that does not have RDs, but they have NDTRs, right?

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00:30:45,225 --> 00:30:46,425

And in our food banks,

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00:30:47,065 --> 00:30:50,825

You can do a variety of different things as a dietetic professional.

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00:30:50,825 --> 00:30:53,305

You can help shape policy.

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00:30:53,305 --> 00:31:00,585

So writing your nutrition policy that will help dictate what kind of foods you're bringing into your food bank or food pantry.

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00:31:01,785 --> 00:31:05,545

You can also help shoring up that inventory as well.

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00:31:05,785 --> 00:31:12,585

Dana mentioned providing nutrition education and being that bridge, but also screenings.

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00:31:14,105 --> 00:31:16,345

I think screenings are so important.

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00:31:16,665 --> 00:31:30,025

A lot of times in your healthcare partnerships, you may have a healthcare partnership where your healthcare partner cannot provide dieticians to do screenings and things of that nature because they are doing so many other things, right?

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00:31:30,025 --> 00:31:31,065

Everybody's strapped.

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00:31:31,545 --> 00:31:35,225

But as an NDTR at a food bank or food pantry, you can do that screening.

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00:31:35,945 --> 00:31:39,385

And you'll probably actually a little bit more

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00:31:40,585 --> 00:31:42,945

experienced on how to do it.

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00:31:42,945 --> 00:31:51,145

You're probably a little bit more experienced on how to interface with the neighbor

and talk to a neighbor to say, hey, are you food insecure?

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00:31:51,865 --> 00:31:53,225

Are you nutrition insecure?

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00:31:53,225 --> 00:31:57,305

Do you have issues with accessing food in a very dignified way?

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00:31:58,425 --> 00:32:12,225

A lot of times in the community setting, and this is why I'm like a champion for dietetic professionals working in the community setting, we get to break a lot of the traditional rules that are housed within nutrition and dietetics, right?

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00:32:13,145 --> 00:32:14,425

So this is just a plug.

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00:32:14,425 --> 00:32:20,265

If you want to have a little bit of fun and work in a community setting as an Rd.

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00:32:20,425 --> 00:32:25,505

as an NDTR, the oyster honestly is yours, right?

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00:32:26,985 --> 00:32:27,625

So yeah.

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00:32:28,665 --> 00:32:38,105

I would add to that, that even because Dana, I live in Kansas, Kansas doesn't really state wise doesn't have an NDTR recognition either.

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00:32:38,425 --> 00:32:51,625

But I think even if you don't have that in your state, you can still work with the scope of practice of the NDTRs and work that into a job description because within their scope is all that these ladies have mentioned.

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00:32:51,625 --> 00:32:54,985

So I would say just start with the scope of practice of the NDTRs.

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00:32:55,505 --> 00:33:05,785

see what they can do to support the development or function of your food pantry or

food bank because they definitely have this both within their description.

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00:33:06,265 --> 00:33:10,265

We got really lucky and we were able to hire an NDTR who is a chef.

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00:33:10,905 --> 00:33:16,145

And it's been amazing in the food bank setting because we have a production kitchen and we are exploring.

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00:33:16,145 --> 00:33:18,185

I know somebody asked about medically supportive meals.

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00:33:18,185 --> 00:33:21,305

We are exploring that and are in the process of making recipes.

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00:33:21,865 --> 00:33:24,425

And she has way more experience than I do in that.

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00:33:24,665 --> 00:33:34,665

So we're able to use her expertise, honor that, and be able to support her in her academy certification without actually necessarily being something that's recognized in our state.

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00:33:34,665 --> 00:33:35,705

So we got really lucky.

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00:33:37,665 --> 00:33:40,105

Medically supported meal and nutrition analysis as well.

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00:33:41,225 --> 00:33:41,905

That's awesome.

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00:33:41,945 --> 00:33:49,545

And I love that you said that she is a chef and she's on NDTR and you're using that combination.

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00:33:49,545 --> 00:33:50,825

And that you said also that

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00:33:51,065 --> 00:34:01,545

you are focusing on showing your clients or neighbors how to use these foods because we think sometimes we just need to make sure you have the food.

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00:34:01,545 --> 00:34:03,945

But like you said, what if you don't know how to use it?

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00:34:04,185 --> 00:34:07,305

What if you don't have a microwave to microwave this food, right?

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00:34:07,305 --> 00:34:11,145

So those are all the things like you guys have been saying all long.

402

00:34:11,385 --> 00:34:16,625

You have to know your neighbors and your neighbors needs to be able to make sure that what you're providing is what they need.

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00:34:16,625 --> 00:34:17,665

So awesome.

404

00:34:19,065 --> 00:34:19,745

Let's see.

405

00:34:19,745 --> 00:34:20,265

Let's see.

406

00:34:20,265 --> 00:34:22,665

So since you mentioned that question, let's go with that one.

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00:34:22,665 --> 00:34:26,425

How do you see food as medicine being incorporated in food pantry setting?

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00:34:26,425 --> 00:34:27,545

Let's go with that one.

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00:34:29,825 --> 00:34:33,385

You want to talk about what you're doing, Dana, with your chef a little more?

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00:34:34,825 --> 00:34:38,425

My mic's going in and out, so wave at me if you can't hear me.

411

00:34:39,545 --> 00:34:39,705

Okay.

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00:34:41,385 --> 00:34:51,065

So our production kitchen, we have been doing healthy meals for a very long time, but now the Food is Medicine Coalition has guidelines around medically tailored meals.

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00:34:51,385 --> 00:34:53,545

We do not see ourselves as a healthcare provider.

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00:34:53,545 --> 00:35:02,025

We do not have a kitchen that gets to specific disease states or to specific needs.

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00:35:02,265 --> 00:35:06,185

So we're doing, they are meeting a generalized guideline such as DASH.

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00:35:07,465 --> 00:35:16,785

So we are looking at all of our current recipes and seeing how they align with that and then marketing those for medically supportive with the clear guidelines.

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00:35:16,785 --> 00:35:18,585

They have to be created by our chef.

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00:35:18,985 --> 00:35:20,105

They have to be made by our chef.

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00:35:20,105 --> 00:35:24,105

Our volunteers, we love them, but they love to add a little extra this and a little something there.

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00:35:24,465 --> 00:35:31,505

So we need to make sure that we are using our paid staff to make those meals so that we can actually feel the integrity of those meals.

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00:35:31,505 --> 00:35:34,985

So that's what we're doing with Food is Medicine from the prepared meal site.

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00:35:35,225 --> 00:35:38,025

We have a food for health market program.

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00:35:38,025 --> 00:35:41,065

So we have food markets in clinic settings.

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00:35:41,145 --> 00:35:44,585

One of my favorite ones to talk about is in a renal clinic.

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00:35:46,025 --> 00:35:48,425

Patients, 10 to 20 patients a month were

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00:35:48,985 --> 00:35:52,985

dropping off the transplant list and they had also been screened positive for food insecurity.

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00:35:53,385 --> 00:35:56,985

And their community health worker said, that's not okay, we need food.

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00:35:57,305 --> 00:36:06,505

And so the providers didn't love it, but we put a tiny little market in the provider office and they now are seeing patients actually

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00:36:08,185 --> 00:36:15,625

coming to 75% of their visits as opposed to 20% of their visits and really more compliant because another need can be met.

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00:36:15,785 --> 00:36:18,665

So clinically, we are not necessarily able to link

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00:36:19,225 --> 00:36:33,465

the clinical improvements from the food they gave, but the stories we got of actually staying compliant with coming to those visits, feeling like they are having better care because another need is met while they're there has been absolutely huge.

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00:36:33,465 --> 00:36:42,185

So markets in a clinic setting to overcome the barrier of time and transportation for those patients, getting them the food to nourish their body has just been huge.

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00:36:46,025 --> 00:36:50,505

You mean to tell me that the doctors didn't like you putting it in the clinic?

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00:36:51,145 --> 00:36:51,345

What?

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00:36:52,185 --> 00:36:52,985

No, in your office.

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00:36:55,225 --> 00:36:55,625

Oh my gosh.

437

00:36:57,145 --> 00:36:59,465

Is that where you use the QR code, Dana?

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00:36:59,705 --> 00:37:04,825

I was going to ask you, is that where you, the QR code little thing that you showed me that one time?

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00:37:06,105 --> 00:37:13,305

Because they're getting food while they're at their visit, we want to make sure they're getting connected to that local food pantry.

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00:37:13,705 --> 00:37:29,225

And so the local food pantry is where we have these cards that have the website, the QR code, but it has a place for the clinic staff to fill out the pantry name and the phone number so that if they can't use that little QR code, they can, they're leaving with a resource still.

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00:37:30,345 --> 00:37:31,825

So these are our cards with the QR code.

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00:37:31,825 --> 00:37:33,545

And then we have posters as well.

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00:37:33,785 --> 00:37:35,505

Again, it has the website listed out.

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00:37:35,505 --> 00:37:42,465

And then we also put them up at libraries in case that is where a patient is going to access their internet.

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00:37:43,945 --> 00:37:48,825

And I wanted to build off of what Dana was saying around the in-clinic pantries, right?

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00:37:49,785 --> 00:37:57,865

At my old food bank, we actually received some funding from a large healthcare organization

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00:37:58,905 --> 00:38:04,585

to create community pantries that were co-located inside of clinics.

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00:38:04,905 --> 00:38:14,905

The one that my food bank is responsible for is actually an old church that they gutted out and turned into a community clinic with a pantry on the inside.

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00:38:15,145 --> 00:38:18,065

That pantry only stocks healthy food.

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00:38:18,905 --> 00:38:27,985

So that pantry only stocks things like low sodium canned veggies, low sugar or sugar-free fruits, fresh produce, lean proteins, et cetera,

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00:38:28,425 --> 00:38:31,385

They also provide nutrition education classes.

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00:38:32,825 --> 00:38:40,665

We also see this playing out in our network around one, shoring up the supply chain for nutritious food access, right?

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00:38:40,665 --> 00:38:43,305

You can't have nutritious food access without healthy food.

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00:38:43,865 --> 00:38:50,745

And that also includes culturally affirming foods because food is not healthy until you put it in your mouth, you chew it, and you swallow it.

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00:38:51,705 --> 00:38:52,025

Okay?

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00:38:52,265 --> 00:38:57,625

So if you're giving somebody a sweet potato and they don't want sweet potatoes, they're not gonna eat a sweet potato, so don't do it.

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00:38:59,465 --> 00:39:00,825

Learn from my mistakes.

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00:39:02,185 --> 00:39:13,865

We're also seeing a lot of this happen in the form of nutrition policies to help dictate or guide our nutrition, our sourcing and procurement standards at our local food banks.

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00:39:14,665 --> 00:39:19,145

We're seeing this happen with postage and signage and all of these things.

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00:39:21,145 --> 00:39:32,985

to make sure that neighbors know what foods they should be selecting for their different disease states, primarily hypertension and diabetes, because that's what we see most often.

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00:39:33,225 --> 00:39:37,785

But there are signage and posters out there that food pantries can use.

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00:39:38,305 --> 00:39:45,865

And then also food banks will also do things like partner with their food pantries to create programming all on their own.

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00:39:46,825 --> 00:39:50,545

So we just wrapped the largest community

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00:39:50,625 --> 00:39:59,705

community-based study on community-based food is medicine initiatives called the Food is Medicine 3 evaluation that was funded by Elevance Health.

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00:40:00,185 --> 00:40:05,465

If any of you all are gonna be at FNC next month, you will be able to hear a little bit more about that.

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00:40:05,785 --> 00:40:15,705

But that just showcased the wide range and variety of ways that our food bank network has been doing this work.

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00:40:17,665 --> 00:40:18,665

And I just wanna say

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00:40:18,985 --> 00:40:21,625

If you want to look up something, look up healthy pantry.

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00:40:21,825 --> 00:40:25,305

What Ruki was talking about, I know there's somebody here from Virginia.

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00:40:25,705 --> 00:40:29,625

The Virginia Federation of Food Banks has an incredible healthy pantry network.

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00:40:30,105 --> 00:40:38,105

And that is something we're trying to do in the low country, but you're doing it in central eastern North Carolina through the food bank in Raleigh.

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00:40:38,265 --> 00:40:41,505

We are all, a lot of us are trying to create healthy pantry networks.

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00:40:41,505 --> 00:40:43,465

So they're designated healthy pantry.

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00:40:43,465 --> 00:40:45,225

They have those nudge strategies in place.

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00:40:45,225 --> 00:40:47,145

They have some level of nutrition education.

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00:40:47,585 --> 00:40:48,385

Pennsylvania,

477

00:40:48,465 --> 00:40:51,785

You guys have an incredible healthy pantry toolkit.

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00:40:52,225 --> 00:40:57,825

I'm just naming the ones that we talked about at one of the conferences we were at recently, but there's many, many more than that.

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00:40:57,825 --> 00:41:03,865

Texas, Idaho, you guys, there's so many beautiful things happening from the food bank side.

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00:41:04,505 --> 00:41:06,345

but also from community organizations.

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00:41:06,585 --> 00:41:08,905

I know Salvation Army was mentioned in here.

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00:41:09,225 --> 00:41:11,625

They're doing incredible work at the community level.

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00:41:12,905 --> 00:41:16,825

Office on Area Agency on Aging, that is a great network for seniors.

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00:41:16,825 --> 00:41:24,745

A lot of food banks work with our senior centers to make sure seniors have access to not just nutritious food, but also the education around it.

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00:41:25,385 --> 00:41:27,225

So it's not just a food bank.

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00:41:28,025 --> 00:41:29,865

Look up a healthy pantry network.

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00:41:30,025 --> 00:41:31,705

Just, you know, ask AI.

488

00:41:31,705 --> 00:41:33,225
Get some key terms in there.

489
00:41:35,225 --> 00:41:35,505
Yes.

490
00:41:36,745 --> 00:41:42,025
Like you guys said, look, kind of wrapping it all up because we have two more minutes.

491
00:41:42,025 --> 00:41:43,865
And I do want to ask one more question.

492
00:41:43,865 --> 00:41:46,985
So to wrap it all up, just remember, volunteer first.

493
00:41:47,105 --> 00:41:51,905
Look where you can volunteer so you can understand the community's needs.

494
00:41:51,905 --> 00:41:54,625
You can understand how the work functions, right?

495
00:41:54,625 --> 00:41:57,065
And that would be a perfect place to start.

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00:41:57,065 --> 00:41:59,785
With that said, our last question,

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00:42:01,385 --> 00:42:11,785
So, and I wanna leave with this one, and we have a bunch of more questions, so we will send those answers later within the next two weeks, panelists of mine, I will reach out to you later.

498
00:42:12,185 --> 00:42:14,745
With that said, I wanna leave with this question.

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00:42:14,945 --> 00:42:24,105
What recommendations do you have for supporting individuals who may have food access needs but are scared to access traditional pantry models?

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00:42:24,425 --> 00:42:27,705

And I know we talked about this in our spotlight in August.

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00:42:28,185 --> 00:42:34,825

last year, but I want to bring that up because that is still a recurring question and a very valid and important question to ask.

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00:42:34,825 --> 00:42:36,345

So we got one more minute.

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00:42:37,385 --> 00:42:43,705

So really quickly in today's climate, there are a lot of reasons to be scared to go to a food bank or a food pantry.

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00:42:43,905 --> 00:42:44,345

Okay.

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00:42:44,985 --> 00:42:46,745

Some of your food banks and food pantries

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00:42:47,385 --> 00:42:57,785

They will institute things like home delivery to make it easier for patients or neighbors to be able to access nutritious food without having to come directly to the pantry.

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00:42:59,065 --> 00:43:11,065

And also as a person that is the expert on food in your team, it is your job to make sure that your neighbors can be comfortable with at least talking to you, right?

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00:43:11,225 --> 00:43:15,385

A lot of our hospital systems will provide emergency food boxes, so that is another way.

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00:43:15,545 --> 00:43:16,865

Dana, did you have anything you want to say?

510

00:43:18,745 --> 00:43:19,465

Normalize it.

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00:43:20,105 --> 00:43:25,505

We were talking about earlier, I was talking with my intern earlier that you never know who my

512

00:43:25,585 --> 00:43:26,425

might be in need.

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00:43:26,425 --> 00:43:32,985

One water leak or blown tire might have you needing access to food today.

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00:43:33,225 --> 00:43:35,625

So just if you have a community, talk about it.

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00:43:35,865 --> 00:43:37,625

When you're learning, share it forward.

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00:43:37,625 --> 00:43:40,265

There might be someone you don't even know that needs access to that.

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00:43:40,585 --> 00:43:46,025

With regards to being able to do it in kind of a discreet, dignified way, I'm going to shout out Feeding America.

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00:43:46,745 --> 00:43:51,705

They have an order ahead platform that some food banks are using, some food pantries are using.

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00:43:52,105 --> 00:43:54,825

I can't tell you all of them, but if you go to orderahead.org,

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00:43:55,705 --> 00:44:06,745

systems in place, I'm looking at you, DC area, Virginia, greater Virginia area, that are using order ahead where you can order online just like you would at your local grocery store chain.

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00:44:07,545 --> 00:44:14,745

And you can access a network of food pantries that are doing this where you order online, schedule the time to pick it up.

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00:44:14,985 --> 00:44:23,705

And you pick it up either from a food blocker or a discrete area so that you can do it at the convenience that works for you in a time that you feel safe and have the ability to go get it.

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00:44:23,905 --> 00:44:32,185

And really quick, Tammy, because I know we're a minute over, but just want to put another plug in for the fact that you need to normalize this.

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00:44:33,305 --> 00:44:41,145

Sharing very personal story, I was food insecure as a dietician working in a renal care facility.

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00:44:43,065 --> 00:44:44,785

I never thought I would be food insecure.

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00:44:44,785 --> 00:44:48,025

I didn't even know what food insecurity looked like until I became food insecure.

527

00:44:49,065 --> 00:44:51,065

So it happens.

528

00:44:51,305 --> 00:44:51,945

It happens.

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00:44:51,945 --> 00:45:02,705

It can be acute, it can be chronic, but it is our jobs to normalize that these things happen and there is an entire network that can catch you if you fall

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00:45:02,825 --> 00:45:09,225

all that will be here to help and support you with not just food, but other supports and services.

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00:45:09,225 --> 00:45:12,505

We are here for you, not against you.

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00:45:13,505 --> 00:45:13,865

Love it.

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00:45:14,425 --> 00:45:17,425

I knew that would be the best question to close this discussion.

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00:45:17,465 --> 00:45:18,025

But like I said,

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00:45:18,745 --> 00:45:26,825

The rest of the questions will be answered in a document form and we will send them to you all that are here within the next two weeks.

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00:45:26,865 --> 00:45:30,265

Give us some time because we are all busy, but we will get them to you.

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00:45:30,985 --> 00:45:34,345

Hopefully you did get all the other documents, the bios on the slides.

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00:45:34,345 --> 00:45:46,585

If you didn't or you want to reach out to the panelists here today, e-mail us at quality@eadright.org and I will be happy to share that e-mail or a question with either of the panelists.

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00:45:46,905 --> 00:45:48,985

For now, thank you so much for being here.

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00:45:48,985 --> 00:45:51,745

Thank you for participating in your wonderful, amazing questions.

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00:45:51,745 --> 00:45:59,065

This was the best inaugural, I'm proud of myself for being able to say that word, quality time session.

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00:45:59,345 --> 00:46:03,705

And we will see you on November information to come.

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00:46:03,705 --> 00:46:04,825

So stay tuned.

544

00:46:05,105 --> 00:46:06,025
Thank you, everybody.

545
00:46:07,185 --> 00:46:07,665
Thank you.

546
00:46:07,865 --> 00:46:10,425
Happy Hunger Action Month, everyone.