

National Strategy on Hunger, Nutrition, & Health Learning & Discussion Series

Session 2:

Pillar 1 Improve Food Access and Affordability

April 20, 2023 2:00 – 3:00 p.m. ET



Welcome!



A few reminders...



This meeting will be recorded



We encourage you to share



Please use the same display name as the one you used for register. Display your pronouns if you wish.



Please take a moment to complete the survey, at end of today's meeting



Use Chat for, questions, comments and reactions



Meeting Norms

- Encourage each other to be emotionally, intellectually, and socially engaged
- Feel free to speak your truth, while knowing it's only part of the truth, and empathizing with the truth of others
- Listen to understand
- Practice being vulnerable. It's ok to speak in rough draft.
- Be mindful of the impact of what you say, not just your intention
- Understand that we are all learning
- Be ok with not having all of the answers and be honest about your capacity
- Communicate positive, reflective, constructive feedback for collective solutions

Today's Agenda

2:00-2:05 pm	Welcome & Housekeeping
2:05-2:10 pm	Opener
2:10-2:15 pm	White House Progress on National Strategy
2:15-2:20 pm	Pillar 1 Overview
2:20-2:40 pm	States in Action – Arizona and North Dakota
2:40-2:55 pm	Group/Panel Discussion and Q&A
2:55-3:00 pm	Upcoming Dates/Important Reminders & Closing



Opener



In the chat, share your name and what you hope to learn from or discuss in today's session?



What sector do you represent? Choose the best answer.



- Support dialogue and discussion around the National Strategy
- Share information and resources around the implementation of chronic disease prevention and health promotion activities that align with the National Strategy
- Create a space for NACDD Members to share how their work that aligns with the National Strategy

Today's Objectives

- 1. Provide an overview of the Pillar 1.
- 2. Discuss state/territorial- and community-level activities that align with Pillar 1 of the *National Strategy on Hunger, Nutrition, and Health*.
- Identify one action that you can take in your state or community to support implementation of Pillar 1.



White House Progress



White House Progress







Proposed Rule: Lowered threshold for states to participate in Universal School Meals

Community Eligibility
Changes

Summer EBT Changes

Proposed Child Tax Credit Changes



About Pillar 1



Pillar 1: Improve Food Access and Affordability

A. Help more individuals experiencing food insecurity benefit from federal assistance programs.

B. Invest in community and economic development to increase access to food

Examples from National Strategy Federal Government Role

- Expand SNAP eligibility for college students, formerly incarcerated individuals, people who have aged out of foster care system, and those providing kinship care
- Address built environment barriers to food access (lack of bike paths, and safe walkways)
- Creation of Indigenous food hubs
- Create more AmeriCorps positions geared towards addressing food insecurity and improving economic development



Pillar 1: Improve Food Access and Affordability

- Advance economic security though refundable Child Tax Credit and other income supports for low-resourced communities
- Increase access to free and nourishing school meals
- Provide summer P-EBT benefits to more children.
- Expand SNAP eligibility and enrollment (working across state agencies)
- Increase funding for Older Americans Act nutrition programs for example through improved community-clinical linkages
- Make it easier for eligible individuals to access federal food, human services, and health assistance



Pillar 1: Improve Food Access and Affordability



Working with Extension office to expand the number of farmers accepting EBT payments (Maryland)

> Environmental scan of North Nashville to examine the area's food availability landscape and historical causes of food insecurity. (Tennessee)

> > Working with farmers to accept SNAP for Community Supported Agriculture (Michigan)



Thinking about your work, is your organization implementing or working with partners to carry out any of the Call to Action recommendations in the Pillar 1. (Select all that apply)



Pillar 1 - State Sharing



Meet Today's Speakers



Sybil Peters

Program Coordinator Sr. AZ Health Zone, Pinal County Office The University of Arizona, Pinal County Extension

NORTH DAKOTA

Megan Ditterick

Program Director FNP/SNAP-Ed & EFNEP North Dakota State University **Extension Program**

Jacob Davis

Citizen of Turtle Mountain Chippewa Tribal Programming Director Prevent Child Abuse North Dakota



The University of Arizona Cooperative Extension

Pinal County

AZ Health Zone

• Sybil Peters, Community Outreach Professional III



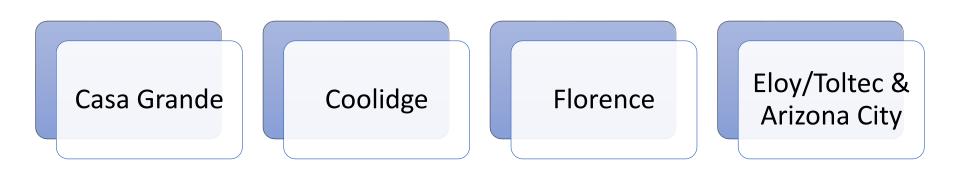




Formerly the Supplemental Nutrition Education Program



The Program focuses on 4 communities in Pinal County



What we Do







DIRECT EDUCATION



POLICY WORK



COMMUNITY ENGAGEMENT

Florence Farmers Market











COLLECT OF AGRICULTURE De active your way

Coolidge P.O.W.W.O.W.

Eloy Farmers Market to P.O.W.W.O.W.















Florence Community Garden

The Florence Community Garden has been a fixture in the Florence Community since the early 2000's. Starting in 2014 the AZ Health Zone – Pinal County Cooperative Extension program was approached to provide technical assistance and education to the participants and has been a part of the program ever since.



Casa Grande Middle School Community Garden



Casa Grande Head Start









SEEDS of HOPE Community Garden



Walker Butte K-8 Elementary School

This project has been very challenging and has come together slowly. It acknowledges the challenges that having a garden present in a school and community setting can be. Currently there are 5 in-ground beds and 3 above raised bed planters. This project has had a variety of successes and is currently growing sweet potatoes as well as fruit trees.





Hope Women's Center

The Hope Women's Center was created so that all the women who participate in the garden earn points for their participating in the garden project that they can use in the centers market. These points can be used on a variety of products to help the women, including food and hygiene products. All the produce from the garden is given to the women from the center to be taken home. The produce has also been prepared on site to introduce the women to new types of vegetables and healthy recipes.

Pinal Healthy & Active App

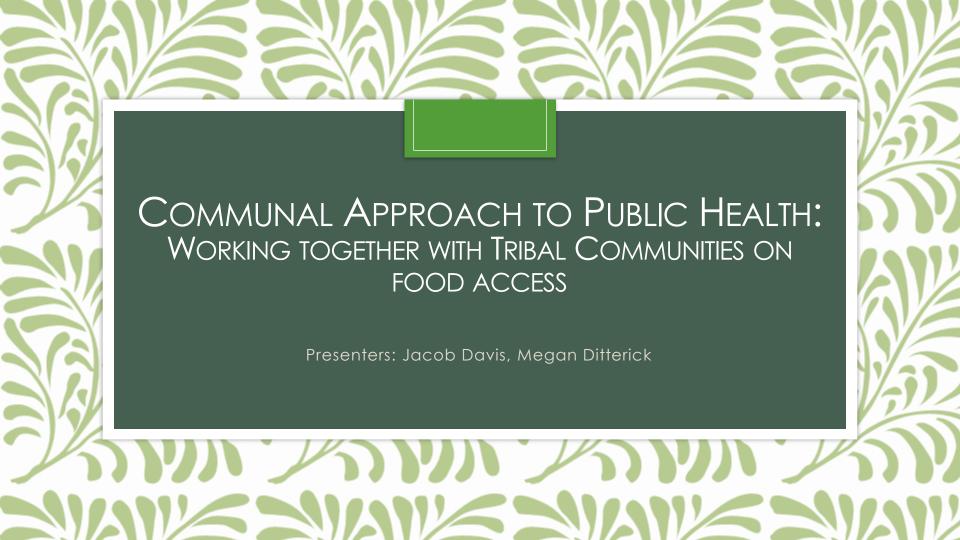
ay healthy with just one tap.



Fresh food, recipes, and tun activities are within each. Download the



SCAN OR VISIT



NDSU's Land Acknowledgement

HTTPS://WWW.NDSU.EDU/INCLUSIONCOUNCIL/NATIVE_AMERICAN_INITIATIVES/

We collectively acknowledge that NDSU, a land grant institution, gathers on the traditional lands of the Oceti Sakowin (Dakota, Lakota, Nakoda) and Anishinaabe Peoples in addition to many diverse Indigenous Peoples still connected to these lands. We honor with gratitude Mother Earth and the Indigenous Peoples who have walked with her throughout generations. We will continue to learn how to live in unity with Mother Earth and build strong, mutually beneficial, trusting relationships with Indigenous Peoples of our region.



Donate to the Standing Rock Tribe at https://www.standingrock.org/



Donate to Turtle Mountain Tribal Arts Association at https://heartoftheturtlegallery.com/donate/



Beyond Land Acknowledgment https://nativegov.org/beyond-land-acknowledgment/

Jacob Davis
Citizen of Turtle Mountain Chippewa
Tribal Programming Director
Prevent Child Abuse North Dakota

Presenters



Megan Ditterick
Program Director
FNP/SNAP-Ed and EFNEP
NDSU Extension

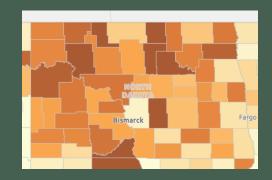
About the ND CDC HOP project

- Five-year CDC grant funds 15 1862 land grant universities to work with extension services to increase access to healthier foods and accessible places for physical activity
 - Leverage Extension capacity & evidence-based outreach
 - Target community and societal levels
- Cooperative agreement

EXTENSION

 Eligible communities in counties with > 40% adults with obesity (Rolette and Sioux in 2019)



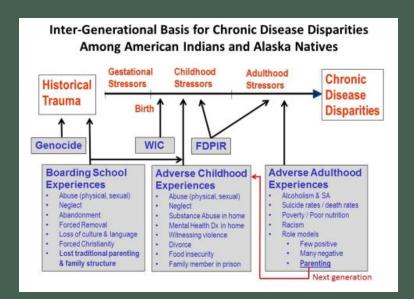






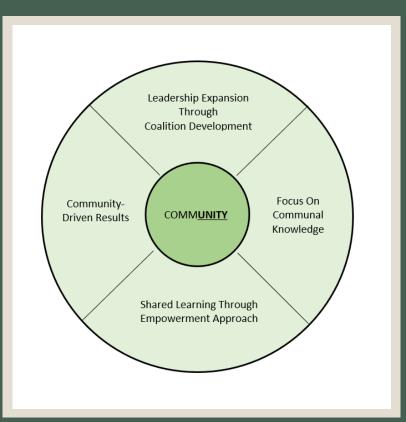
PUBLIC HEALTH





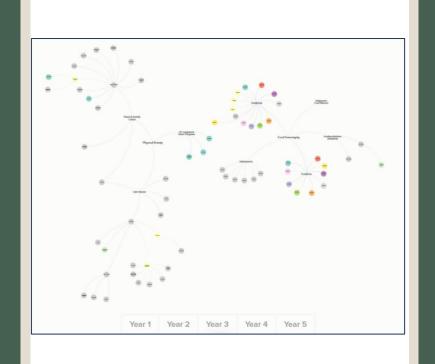
Historical Trauma

- For the last 500 years, tribal communities have suffered from systematic destruction
- Genocide/Colonization/Assimilation led to historical loss of population, land, family, identity and culture
- Relocation and Historical Loss
 Symptoms: poverty, mental illness, substance dependence, diabetes & other chronic illnesses, dysfunctional family dynamic, food insecurity, lack of education, unemployment, etc.



Self-Healing Community Model (SHCM) Framework

- The SHCM builds the capacity of communities to define and solve problems most relevant to them and generates new cultural norms that mirror the values and aspirations that community members have for their children. It requires investment in the processes of healthy community and family life: engagement, learning, innovation and reflection. Uncommon partners across disciplines, systems and cultures must be invited to share resources, high expectations, respect, and a commitment to a new sense of shared identity—one of hope, optimism, efficacy, curiosity and welcoming.
- Self-Healing Community Report



Leveraging Partnerships

- Cross-sector partnerships enhanced through the development of community coalitions and task forces
 - 54 Community Champions
 - 17 Major Entities
 - E.g. Turtle Mountain Band of Chippewa and Sitting Bull College
 - 39 Different Programs
- Food Sovereignty Alliance with 5 tribal colleges

Hydroponics – Standing Rock





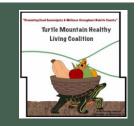








Hydroponics – TMBC















Partnership Gardens















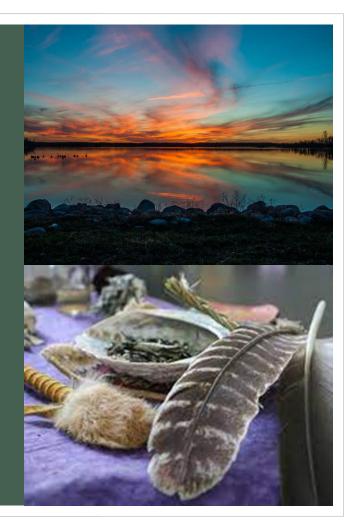
Challenges and Lessons Learned

Pandemic impacts on work

- Switch to virtual, community priorities shifted, influx of other funding
 Bureaucratic processes created challenges to community relationships
 Misalignment of funder expectations and community needs/wants
- Created positions in the community/focused on relationships to move work forward
- Invested further in each community money into local contracts, etc.
- Pulled together diverse expertise areas
- Was adaptable to changing course, internal/external partners as necessary
- Learned "language" of how to frame community-driven activities with CDC HOP expectations

Best Practices

- Ensure enough time and safe spaces to build relationships of trust and transparency
 - Making sure all voices have a seat at the table
- Empower and provide direct resources to the communities to influence change
- Provide culturally inclusive approaches to each tribal community
 - E.g., Importance of family, where the community is seen as family also
- Recognize that all tribal communities are different from each other
 - Historical context, culture, language, environment, community dynamics
- Use traditional knowledge and Indigenous ways of knowing
 - Incorporating/promoting cultural and traditional healing community activities





Group/Panel Discussion



Closing & Reminders



Session 3 Thursday, May 18 | 2:00-3:00 PM ET

Pillar 2: Prioritize the Role of Nutrition and Food Security in Overall Health

Interested in sharing your state's work related to Pillar 2 during Session 3?

Please contact
Mara (<u>mgalic@chronicdisease.org</u>) and
Charita (<u>cjames_ic@chronicdisease.org</u>)

Discussion Series 2023 Calendar

Third Thursday of each month at 2:00 PM ET

- May 18- Pillar 2: Integrate Nutrition and Health
- June 15- Pillar 3: Empower All Consumers to Have Access to Healthy Choices
- July 20 Pillar 4: Support Physical Activity for All
- August 17 Pillar 5: Enhance Nutrition and Food Security Research
- Sept 21 State Sharing of Successes, Challenges, and Lessons Learned
- Oct 19 State Sharing of Successes, Challenges, and Lessons Learned;
 What's Next



Please take a moment to complete the survey at the end of this meeting!



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Thank you!!