

ISSUE BRIEF

THE HEALTH AND HUNGER SUMMIT SERIES

BUILDING BRIDGES BETWEEN HEALTH
CARE AND HUNGER-RELIEF IN WEST
VIRGINIA

ABOUT THE PROJECT

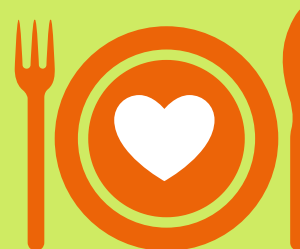


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We are grateful to those who served as panelists for the series. Your expertise and insight were invaluable. Panelist names are listed with each session summary.

We're grateful to **UniCare Health Plan of West Virginia** for funding this important event, especially for the contributions of **Tadd Haynes** and **Barbara Wessels**.

The views expressed in this paper are those of the authors and are reflective of the discussions held during the series sessions. They do not necessarily represent Think Kids, UniCare, or any institutions with which the authors are affiliated.

INTRODUCTION

The intent of this issue brief is to capture in words the discussions and highlights from the Health and Hunger Summit Series. The panelists provided a wealth of knowledge on the state of food insecurity and health outcomes in our state, and the pandemic's immediate impact on families, historic challenges, emerging innovations, and perhaps most importantly, potential policy ideas.

With the goal of expanding these conversations beyond our common professional silos, this series, and thus this report, serves as an opportunity to deeply reflect, define key words and phrases, compile resources, and importantly, share potential policy recommendations to addressing substantial challenges in this moment of the COVID-19 pandemic. While this brief isn't exhaustive, we hope you will keep it as a reference and remember it was written at a time when stakeholders across our state coalesced around this issue to build better bridges between these systems.

OPENING REMARKS

Following a brief greeting by staff, Tadd Haynes, President of UniCare, welcomed online participants and panelists and set the tone for series sessions.



“At UniCare, we are proud to be a part of this innovative collaboration. This Health and Hunger Summit has taken a broad look at the state of food insecurity and its effects on West Virginians from both the health care and social support systems. It is a valuable first step to address disconnects and promote positive change – strengthening the bond between the health care system and community food resources.”

ABOUT THE HEALTH AND HUNGER SUMMIT

The Health and Hunger Summit was a virtual series that took a candid look at connections between the health care system and community resources that address hunger in West Virginia. Health and hunger are profoundly connected. Their systems should be, too. The series was designed to bring together the insights of experts from the fields of health care and community support providers to discuss these important questions:

1. **What is the state of health and hunger in West Virginia** and how has this status been exacerbated because of the COVID-19 pandemic?
2. Hunger is growing. And yet, it remains challenging for health care providers to adopt screening and referral practices. **What is the status of health and hunger from the health care provider's perspective?**
3. How are food pantries and resource providers responding to the needs of their communities **during the COVID-19 pandemic?** What do they do when they identify a person who needs to see a doctor? **What is the status of health and hunger from the community resource provider's perspective?**
4. As the summit series came to a close, we brought together a panel of health and hunger policy experts to the table to ask: **How can we use what we've learned to promote positive policy change between the health care and food access systems?**

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Panelists

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Session One: The State of Health and Hunger in West Virginia

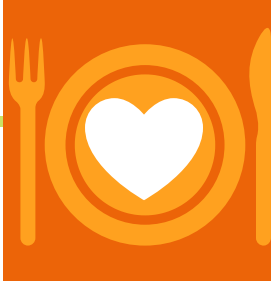
Major Topics Discussed:

- West Virginia has historically experienced high poverty rates. Pre-pandemic, this rate had been on a [slight decline at 16%](#), while the national average [had fallen to 10.5%](#). The number of children living in poverty is higher; [25% of West Virginia's children](#) live in poverty. West Virginia is a state with a heavily reliance on a few industries-- mining and logging. The decreasing job market and subsequent lack of employment, lack of public transportation, and lack of food access, all lead to greater food insecurity.
- Food insecurity is associated with higher health care spending, and this spending varies substantially across states. In 2016 and in West Virginia, the annual health care cost for food insecurity was [estimated at \\$ 327,036](#). Also, there's a considerable amount of research that demonstrates that people living at or near poverty have disproportionately less access to health care and [suffer worse health outcomes](#).
- West Virginia relies heavily on the [Supplemental Nutrition Assistance Program \(SNAP\)](#). [Approximately 16.6% of West Virginians](#) receive some form of SNAP assistance, and benefits range from \$200-\$300 per month. [To be eligible for benefits](#), one's income and assets must meet federal guidelines. In 2018, the average [SNAP benefit in West Virginia was \\$214](#). The percentage of West Virginia receiving SNAP benefits was decreasing before the onset of the pandemic.
- Food insecurity isn't just a lack of food, it's a lack of nutritious food. Children can seem an appropriate weight, or even obese, when actually they are malnourished. Several factors create these food deserts and [food swamps](#) around our state, and sometimes, food banks and pantries struggled to ensure that the food that they provided is "healthy." Donated food may not be healthier but is needed and appreciated. Those who work in the food resource system recognize that that many individuals in West Virginia suffer from obesity, hypertension, and are prediabetic or diabetic, but it's a delicate balance between providing fresh, healthy food, and providing over- processed food with a longer shelf life.



- Serving fresh food also comes with larger considerations, such as whether those receiving the food have refrigeration and storage space. Some receiving assistance do not know how to cook or have the capacity to cook. Providing them with fresh meats and vegetables isn't helpful or efficient.
- [The Emergency Food Assistance Program \(TEFAP\)](#) is a federal program that helps supplement the diets of low-income Americans by providing them with emergency food assistance at no cost. TEFAP has increased variety and volume of fresh and frozen foods over the last few years and has provided \$8.7 million in food and resources to West Virginia in FY 2020.
- [West Virginia's public schools](#) continue to serve as the largest provider of meals for children during the school day. County nutrition programs have "risen to the challenge" of ensuring children continue to receive meals during the COVID-19 pandemic. Some counties have struggled more than others.
- [Backpack Programs](#) are supplemental nutrition programs that provide eligible students with a bag or backpack full of nutritious and easy to prepare meals and snacks for the weekend. These programs are often coordinated by schools, churches, non-profits, or food banks. A comprehensive list of backpack programs across the state is unavailable, but many communities have them.
- [Kids farmers markets](#) are held in conjunction with WVU Extension Services. Markets are brought to different locations for easier accessibility, and each child receives \$4 in farmers market vouchers to purchase different produce from local farmers.
- Medically Indicated Food Box Programs offer specially tailored food boxes for patients with specific health indications. A comprehensive list of programs across the state is unavailable, but many community programs currently provide or have provided this program.
- [Mobile Pantries](#) are pantries on wheels, setting up in different regions or targeted counties and often provide canned goods, fresh vegetables, baked and refrigerated goods to people in need, where they live, rather than requiring those in need to travel to host sites. Often food banks partner with nonprofits and volunteers groups and community churches to coordinate these events. They have become more common in West Virginia due to the historic challenge of transportation and now, due to the COVID-19 pandemic. A comprehensive list of programs across the state is unavailable, but the dates and times that these pantries operate depend on season, funding, and location availability.
- A [Farmacy](#) is a program where health care providers can "prescribe" healthy food to patients who have food insecurity issues and may also need healthier foods to meet their health goals. A comprehensive list of programs across the state is unavailable, but they seem to be increasing via partnerships between health centers, hospitals, clinics, and community food resource providers.
- [WV 2-1-1](#) is a free and confidential service that helps West Virginians find local resources to address a number of health and social services. Dial 2-1-1 to connect with a navigator or visit their website. It is available 24 hours a day, 7 days a week. The United Way took over the service in 2018 and since then, they have been working to update the programs and services listed in their database. Since the onset of the pandemic, they have seen 915% increase in calls from the same three-month period of the previous year.





SESSION ONE

“None of us, all together, are ever going to have enough money to keep doing this forever. We’ve got to figure ways for people to feed their own children.” -Margaret O’Neal

Policy Recommendations

- The state, counties, and communities should coalesce around the question “What kind of partnerships can we build to help improve community services?” Also, “What can we do to ensure that everyone has the right information and access to that information?”
- Expand extend emergency [SNAP](#) allotments to all SNAP recipients.
- Create a collaborative, statewide campaign to address the stigma of addressing food insecurity, in both the health care and community settings.
- Encourage health care and community providers to continuously update their programs and services with [WV 2-1-1](#), so data is accurate, and utilizers won’t experience the “call run around” to find open and available programs and services.
- Cultivate innovative discussions on new ways of distributing food across our state that will continue beyond the pandemic.

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Session Two: Health and Hunger from the Health Care Provider's Perspective

Major Topics Discussed:

- Clay County, West Virginia is an example of a geographic location in our state that, despite significant advocacy and support, has not been able to financially sustain a community grocery store. It's representative of many locations in our state where individuals cannot access healthy options locally. Mountaineer Food Bank and United Way have been holding mobile pantries in Clay County for the last two years to address this access gap. Dr. Becher believe that around 10% of the population in Clay County utilizes the mobile pantry services. This setting represents a challenge many providers face: *How do you advise your food insecure patients to stay healthy, knowing they lack access to healthy foods?*
- Dr. Becher screens patients for food insecurity at least twice a year. If they have had significant life events, she screens more frequently. It's part of a larger screening where she asks additional questions like:
 - *Do you lack transportation?*
 - *Do you worry about having your utilities shut off, or have you had your utilities shut off?*
 - *Do you ever feel threatened, or are you a victim of any physical or emotional abuse?*
 - *Do you have trouble running errands?*
 - *Do you ever have trouble remembering things?*
- If the patient has insurance, she enters this information into a database called [CAPGate](#). This project reaches out to patients to help with solutions, but it really isn't "Clay-focused." Staff in her health center reaches out, if CAPGate can't. Once they realize a patient's needs, and it isn't something that is covered by insurance or a current grant program, she sometimes will help write a grant to address the need.
- Dr. Becher's health center is reimbursed \$1.00, twice a year when she screens for food insecurity. This reimbursement rate is not really a financial incentive for asking.
- Sometimes patients get offended or upset when she asks. Sometimes, they lie. Sometimes, they become embarrassed, or worried she may call [CPS](#). She believes that establishing trust with her patients is key to overcoming these challenges, and she recognizes that individuals in Clay County can be proud, which is admirable but often a barrier.



- [Community Care of West Virginia](#) employs a community health worker who helps address social determinants of health and connect patients to services. Some health centers have employees who can help with care coordination. Many do not.
- Dr. Chaiban does not screen for food insecurity. As a pediatrician who recently relocated to the Morgantown area, was startled to learn, in her research, that poverty was so high in our state, and yet food insecurity addressed so infrequently in the health care setting.
- [The Hunger Vital Sign](#) is a validated two-question food insecurity screening tool used to identify households at risk of food insecurity. Dr. Chaiban noted that while this tool has been adopted in many practices nationwide, she found no providers in her network within the state that used this tool.
- The most popular electronic health record program in West Virginia, EPIC, does not have embedded food insecurity tools in its software, although it is already built into the [EPIC Foundation System](#) (under "Hunger Screening").
- Screening for food insecurity is not a quality measure that comes from Medicaid, Medicare or Highmark. A number of quality performance measures are incentivized. The higher the performance, the larger the quality bonus the organization receives. Why, Dr. Chaiban asked, is screening for hunger is not one of the metrics in our poor state?
- She, like a number of providers in West Virginia, is not originally from the United States. And so, information and resources about such programs as SNAP and WIC were not "intuitively" known to her. Providers should receive more resources and prompts within their EHR programs to refer patients to these important programs.
- With screening comes responsibility. Dr. Wooten suggested a number of follow up questions when addressing food insecurity in the health care setting, such as:
 - *Do you have the utilities to cook meals?*
 - *Do you have a fridge?*
 - *Do you know how to cook?*
- Dr. Wooten is a provider who recently began screening-- a two-question tool she included in her organization's EHR that assesses both food insecurity and access to clean water.
- [Federally Qualified Health Centers \(FQHCs\)](#) are required to conduct health screenings that are tied to funding streams. Screening for food insecurity isn't tied to funding in our state, and so administrators may not see it as a priority.
- [Coplin Health Systems](#) operates a Farmacy program that provides prescriptions for locally sourced produce." Dr. Wooten emphasized the importance of ensuring that the patients know how to "use" the food, meaning that providers not give them bags full of plums, for example, without asking if they know recipes to use the plums, because after about a week, the plums will lose their ripeness. If the program shares recipe sheets, ensure the patients can read them.
- Our panelists weren't taught how to screen for food insecurity in school. All were optimistic that the social determinants of health were becoming more of a centralized focus in the field of health care.





SESSION TWO

“I think most of us are not prepared to screen for something that we’re not aware of.” - Dr. Rafka Chaiban

Policy Recommendations

- The state and stakeholders should strategize on how to expand mobile pantry services.
- The state should provide funding for hospitals, health centers, and clinics to employ social workers and/or community health workers.
- Embed the [Hunger Vital Signs](#) screening tool in all EHR programs in West Virginia.
- Add screening for food insecurity to state quality improvement (QI) measures.
- Provide professional development for providers to help them better connect families to federal nutrition programs, like [SNAP](#) and [WIC](#).
- Create a standard, sustainable intervention model and incentivize clinics to adopt it.
- Create healthy food financing initiatives that target development and renovation for retail grocery stores.
- Incentivize annual screening for hunger for all [Medicaid](#) and [CHIP](#) recipients at least once per year. Advocate for private insurers to adopt similar policies.

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Session Three: Health and Hunger from the Community Resource Provider's Perspective

Major Topics Discussed:

- West Virginia has an increasing number of non-traditional families. Grandchildren, children in kinship care, and extended family members are now living in the same homes but do not qualify for traditional SNAP benefits. Parents, guardians and caregivers have to supplement for their additional family members. More West Virginians are getting laid off and having their hours cut during the pandemic. And yet, these folks do not qualify for SNAP. This is a primary reason why more individuals are relying on food pantries.
- Senior citizens are a rising demographic struggling with food insecurity during the COVID-19 pandemic. For example, the Salvation Army in Charleston has 13 seniors on a wait list to receive services. They try to deliver food and resources to seniors who are over 60 years old during the pandemic. On average, [seniors receive about \\$16 a month in SNAP benefits](#). This is a rising demographic that, especially in West Virginia, is caring for their grandchildren. Often, to do not receive additional assistance to support them.
- Many food pantries request demographic and income information. Requests vary, depending on sponsoring organization. Funders often request this information, and some providers use this information internally to get better understanding and respond more strategically to the needs of their clients. Some individuals, especially in more rural areas, find these questions intrusive and express concerns that volunteers may share their economic hardships with others within the community.



- Panelists recognize the integral connection between health care and food insecurity. According to [America's Health Rankings](#), in 2019, West Virginia ranked 50th in our diabetes rates, 50th for premature death, 48th for cancer deaths, 44th for cardiovascular deaths, and 49th for our obesity rates. We have one of the highest rates of suicide for those ages 75-84.
- Some food resource providers are aware that their clients have health issues; some clients don't present this information. Two of the state's largest community resource providers-- Catholic Charities and the Salvation Army-- provide programs and services to bridge the connections between health and food insecurity. Sometimes, they help with transportation, purchase medical supplies, and set up [Humana](#) and other supplemental insurance providers in their lobbies for enrollment outreach. They may receive referrals from hospitals or refer clients to their [local free clinic](#) or programs like [WIC](#).
- Some resource providers, like Pantry Plus More, are acutely aware for the need of a variety of healthy options, when available. They pack emergency food boxes that provide enough food for a family of 4-5 for 4-5 days. Every effort is made to include fresh vegetables and fruits, milk and meat when they are able.
- [Project Hope Partnership](#) is a collaboration of medical, nursing, social work, pastoral care and other health care professionals who serve together on the street and in homeless shelters in Wheeling. They provide basic medical care, food, water, clothing, follow-up appointments and information on agencies and services.
- [Panttries in public schools](#) break down typical food delivery barriers like access and transportation. Because the pantries are located inside school buildings, the food is readily available to students. Often, these facilities include hygiene products. Careful consideration is made to ensure students may access the facility privately. Pantry Plus More operates pantries in 11 public schools in Monongalia County. They work closely with the social workers and counselors in each school to provide this service and extra services for students and their families.
- Again, attendees heard from panelists that have increased use of mobile pantry services to respond to community needs during the pandemic. Pantry Plus More, for example, currently maintains a list of over 150 volunteer delivery drivers. Their goal is to reach people where they are, to address both transportation challenges and to contain virus spread. They pre-package meals and deliver them to more rural parts of the county and surrounding area, which takes additional time and more volunteers. In this moment, this work is critical, as increasingly, people lack reliable transportation or money to pay for gas.
- Stigma remains a challenge and concern for panelists, because even resource providers sometimes struggle with their own issues with stigma. For example, we shouldn't criticize families who fully utilize the services provided to them. We should expect people to stock up, and we should collectively work to help them sustain themselves. People have to and should take advantage of the resources. Remaining compassionate and non-judgemental is critical.





SESSION THREE

"Food assistance is a band aid for a problem that really needs surgery. And that surgery is the larger problem of poverty." -Roark Sizemore

Policy Recommendations

- Expand SNAP benefits. [These benefits generate \\$1.70 in additional economic activity](#), and the program can much more efficiently address food insecurity, especially in more rural areas in our state, than can our food delivery infrastructure.
- The state should consider creating a program to cultivate younger volunteers to help sustain food pantries around the state. The pandemic has highlighted the need for this, since many current volunteers are over 60 and more susceptible to the effects of the coronavirus. While some pantries are relying on additional help from the [National Guard](#) and [AmeriCorps/Vista volunteers](#), a more sustainable network should be created or integrated into the work of another great state resource, [Volunteer West Virginia](#).
- All of us should be mindful of the isolation many of our seniors are experiencing right now. Community resource providers should partner with other stakeholders to ensure folks aren't left alone too long without meaningful connections with their community.
- Pantries should consider expanding pantry hours to accommodate working families.
- We should collectively work to create service maps of services-- like [Farmacy](#) programs, mobile pantries, and school-based food pantries. This could help folks access programs, but also help those running these programs network with others, discuss best practices, and perhaps work collectively to find additional funding opportunities.

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SPENCER MOSS, MBA
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Session Four: Bringing Health and Hunger Resources to the Same Table

Major Topics Discussed:

- [Thirty-five million Americans living in households that struggle against hunger](#). Nearly 1 in 8 households with children cannot buy enough food for their families. Rates have escalated since the start of the COVID-19 pandemic. Black and Hispanic populations are disproportionately affected.
- [Federal nutrition programs](#) are unique, invaluable, and available everywhere. All are entitlement programs, except for WIC. These programs can be expanded in times of need. [Nearly half the babies in America are benefiting from the WIC program](#). Federal nutrition programs help alleviate poverty, reduce food insecurity, improve dietary quality, and improve health and well-being. modifications to waivers.
- Again, the West Virginia Department of Education's Nutrition Program was heralded as one of the best in the country. It is the leading source of meals for school-aged children during the school year, and an important provider of feeding programs during the summer months.
- Mountaineer Food Bank, the largest food bank in the state of West Virginia, is on track to serve 28 million pounds of food in 2020. This is an 8 million pound increase. Their summer feeding program is past capacity; they have seen a 30% increase in need.
- A popular program created via state policy is [SNAP Stretch](#). Customers can swipe their SNAP/EBT cards at participating markets and receive a 1:1 match. Children and seniors ages 60 and up receive an additional 1:1 match. West Virginia farmers had record breaking sales this year with this program-- so popular, the program ran out of money in July.



- The [Farm to Food Bank Tax Credit](#) provides 10% of the value of products that individuals donate to a food-orientated entity up to \$2500, not to exceed \$200,000 per year. This is another example of a state policy meant to aid farmers, but it hasn't been promoted or utilized incredibly well.
- [Shared table legislation](#) passed a few years ago that gives children the opportunity to take home extra food from their school lunch program. This was successful legislation that a number of advocates worked on together.
- "Health care providers have trusted voices in this space," meaning that when it comes to policy and advocacy work, they are important allies to have. We could greatly benefit from more providers sharing their voices and experiences with state and local policymakers.
- The [West Virginia Chapter of the American Academy of Pediatrics](#) is one health care advocacy organization with a focus on food insecurity, nutrition, and obesity. It's beneficial to both systems for collaboration between sometimes siloed advocacy groups to find this common ground and plan their policy agendas together. Social support programs and advocates should identify health care advocacy organizations that share common ground with them and initiate a dialogue around food insecurity, preferably in the fall, in preparation for legislative session in January or February.





SESSION FOUR

"The policy I would love is for the state to make sure they're using every available federal dollar for nutrition programs and adopting permissible policies that can expand the reach and sometimes the benefit levels for programs. So these programs are a great gift, and too often states leave money at the table." - Alexandra Ashbrook

Policy Recommendations

- FRAC is advocating for a [15% boost in the Supplemental Nutrition Assistance Program \(SNAP\) maximum benefit, an increase in the SNAP minimum monthly benefit from \\$16 to \\$30, and a suspension of SNAP time limits and rules changes that would cut SNAP eligibility and benefits.](#)
- The [Emergency Food Assistance Program](#) funding drops considerably in 2021 for purchasing and replenishing. This funding needs to be increased for fiscal year 2021, or food banks will reach a "cliff" in funding. Maintain or increase TEFAP funding purchasing levels or food banks will have less food in time of great need.
- Congress should include increases to food bank capacity in the next COVID relief bill.
- Allocate more [West Virginia CARES Act](#) funding for community food programs and to the state's two food banks.
- Advocate for the creation of an additional state storage facility with cold storage capacity.
- Create a comprehensive state plan for a healthy, sustainable food system. This guiding document should include direction as to how food programs should operate and funding to support making this plan happen.
- Support revenue generating mobile markets.
- Support more effective childhood education programs- like farm to school and pop up kids' markets-- that partner with health care organizations.
- Advocate for more professional development funding to encourage screening for food insecurity in the health care setting.
- Consider the creation of a [sugary beverage tax](#), with the proceeds being used to create more mobile food pantries.

RESOURCES AND HOW YOU CAN HELP



[Facing Hunger Foodbank](#) provides nutritious canned, boxed, fresh, frozen, and prepared food to nearly 116,000 individuals annually. This food is recovered and secured from restaurants, supermarkets, food distributors, the USDA, farmers, wholesalers, sportsmen, and through food and fund drives.

[HungerfreeWV](#) is a collaborative effort with both of West Virginia's Food Banks--Mountaineer Food Bank and Facing Hunger Foodbank. The goal of this partnership is to connect individuals facing food insecurity to their local resources. With both food banks working together we can accomplish the widespread goal of ending hunger in West Virginia.

For 50 years, the [Food Research & Action Center \(FRAC\)](#) has been working to eradicate poverty-related hunger and undernutrition in the United States.

[Mountaineer Food Bank](#) was created in 1981 and placed in Gassaway, WV in Braxton County due to its central location. Mountaineer Food Bank's mission is to feed West Virginia's hungry through a network of member feeding programs in 48 counties. In 2019, MFB distributed over 20 million pounds.

[WV 2-1-1](#) links people to community services in West Virginia and is sponsored by the United Way.

[WV Chapter of the American Academy of Pediatrics](#)' mission is to attain the optimal health and well-being of all infants, children, adolescents and young adults by uniting and educating pediatricians and facilitating effective partnership between pediatricians and other child experts and advocates.

[USDA Food Access Research Atlas](#) maps food access indicators for census tracts using ½-mile and 1-mile demarcations to the nearest supermarket for urban areas, 10-mile and 20-mile demarcations to the nearest supermarket for rural areas, and vehicle availability for all tracts. Users of the Atlas can view census tracts by food access indicators using these different measures to see how the map changes as the distance demarcation or inclusion of vehicle access changes.

[WV Food and Farm Coalition](#) provides leadership to the local food and farm sector across the state of West Virginia by building a strong network equipped to grow food and farm business, promote access to local foods, share resources, as well as to map and connect the local food sector, change agricultural policy, and tell West Virginia's food and farm story statewide.

[WV Food for All](#) is an active coalition comprised of organizations and grassroots supporters whose mission includes changing policy at the state level to reduce food insecurity.



"Many thanks to those of you who joined us for the Health and Hunger Summit Series. If you're interested in working with us to build bridges connecting health care with community resources, let us know."- [Kelli Caseman, Executive Director, Think Kids](#)

About Us

THINK KIDS



Think Kids launched in 2020 with the goal of using data-driven advocacy to make meaningful change. We work to ensure that generations of West Virginia's kids grow up healthy. We work to connect parents, guardians, and care providers with resources and services that ensure that kids are raised in healthy environments. And, we inform and promote changes to local policies, systems, and environments to foster healthy living and prevent health inequities. Kids are the most important investment we can make to change the trajectory of poor health outcomes in our state. A better West Virginia begins with its kids.

Check out our [bimonthly newsletter](#), our [website](#), our [blog](#), and our [Facebook page](#).

UNICARE OF WEST VIRGINIA



UniCare Health Plan of West Virginia, Inc. serves more than 160,000 Medicaid beneficiaries living in West Virginia. They have served Medicaid beneficiaries in West Virginia since 2003. For more information about UniCare, visit <http://mss.unicare.com/>, and follow the company on [Facebook](#) and [Twitter](#). UniCare Health Plan of West Virginia, Inc.'s ultimate parent, Anthem, Inc., is a publicly traded company. UniCare is currently funding a pilot project which offers incentives to health care providers who screen for Social Determinants of Health (SDOH) issues.