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July 15, 2022

Dear President Biden, Vice President Harris, and the Biden-Harris Administration,

The Food Pantries for the Capital District is honored to provide feedback and stories of people with lived experiences of food insecurity and chronic health conditions to the Biden-Harris Administration to help inform the upcoming September 2022 White House Conference on Hunger, Nutrition, and Health.

Yours in service,

Natasha Pernicka, MPA
Executive Director

Executive Summary

The Food Pantries for the Capital District was formed in 1979 to help coordinate food assistance efforts in New York's capital city of Albany. This is a decade after the first and only other White House Conference focusing on Hunger, in 1969, in which all 1,800 of the recommendations—developed by academics, scientists, business and civic leaders, activists, and politicians—were approved, and 1,600 were implemented within two years. Where there is a will, there is a way. And this pathway created an America that almost eliminated hunger by the late 1970s.

Yet gaps still existed and in 1979, the compassionate and dedicated group of volunteers that formed The Food Pantries believed that their organization was only a temporary solution. However, with the dismantling of the social welfare system in the 1980s, community need grew and today we are facing a serious food security crisis.

With a vision to end hunger, and knowing it to be a possibility, The Food Pantries recommends the following strategies towards ending hunger in America by 2030:

1. **Align Federal Policies, Programs, and Investments in support of the goals of this conference**.

2. **Secure sustainable alignment** of Federal Policies, Programs, and Investments in support of the goals of this conference by **addressing campaign finance reform** and ensure that **lobbying** efforts of Big Food, Big Ag, and the larger food manufacturing industry that don't align with the goals of this conference are not given consideration.
3. **Raise Federal minimum wages to a level that equates to living wages**.
4. **Fully fund Federal Nutrition Assistance Programs** (SNAP/WIC/Meals on Wheels) at an investment level that is needed to lift households needing assistance, those who fall through the cracks of a newly instituted living wage minimum, or who are unable to work a full-time job, to **nutrition security.**
5. **Increase and expand access to Federal Assistance Programs.**
6. **Fund healthy universal free breakfast and lunch in all public schools.**
7. **Fully integrate and fund a continuum of Food as Medicine (FAM) interventions** - Veggie Rx, Medically Tailored Groceries, Medically Tailored Meals, Food Farmacies, Nutrition Education – through all public health plans such as Medicaid and Medicare.
8. **Support a healthy dignified accessible charitable food system** for those who are in need, fall through the cracks, or are unable to work full time, and in the case that Federal Nutrition Assistance Programs are not funded at a level to provide nutrition security**.**

About The Food Pantries for the Capital District - Working together to feed the hungry in our community, The Food Pantries for the Capital District is a coalition of nearly 70 food pantries located in Albany, Rensselaer, Saratoga, and Schenectady counties of New York State. Annually, The Food Pantries helps fund, collect, and deliver more than 3.1 million pounds of food for our member pantries, which helps provide groceries to **52,000 people** for approximately 2.4 million meals. We also support our member pantries by providing service coordination, education, training, opportunities for networking, and infant needs and holiday meals programs. The Food Pantries also runs the New York State Community Food Assistance Network, and a network of Food as Medicine providers. All programs of The Food Pantries, including membership, are completely free for our member food pantries that meet our guidelines. Guidelines to be a member include: will not discriminate for any reason; provide enough food per individual for at least 3 meals a day for 3 days (9 meals) per visit; and participate in service coordination through The Food Pantries. Established in 1979, The Food Pantries for the Capital District is the LOCAL voice for the hungry. For more information about us please visit www.thefoodpantries.org.

Biden-Harris Administration:
White House Conference on Hunger, Nutrition, and Health
The Food Pantries for the Capital District Recommendations

Respectfully Submitted by Natasha Pernicka, Executive Director
July 15, 2022

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About the NYS Community Food Assistance Network - Launched in 2020 by The Food Pantries for the Capital District, The New York State Community Food Assistance Network (NYS-CFAN) is a unified effort of community-based food assistance providers and stakeholders to reduce food insecurity in New York State. NYS-CFAN convenes stakeholders across sectors, coordinates collective impact activities, provides a forum for information sharing, and develops a robust network to increase capacity and nutritious food supply to direct food assistance equitably and efficiently to our communities. We are a voice for community-based food assistance providers and our community members experiencing food insecurity. NYS CFAN works with nonprofit food assistance providers from **13 regions across New York State**, including New York City and Upstate New York.

About our Convening/Feedback -The Food Pantries for the Capital District collected feedback and stories to include in this recommendation through several processes:

1. As a coalition of nonprofit food assistance providers in New York's Capital Region and state we reached out to more than **70 organizations** for their responses to the White House's specific questions via an online survey. While we only received 6 responses via electronic survey, we regularly survey our coalition members on community needs and their own organizational needs and have included that feedback as well. Total organizations providing feedback is more than 70.
2. In relation to our 2020 strategic plan one component was focused on ending hunger. We are also including feedback from our stakeholders including coalition members, board members and staff members. This accounts for **approximately 100 voices** and 70 organizations.
3. On June 30, 2022, we hosted a virtual convening of food as medicine stakeholders to kick off our NYS Food as Medicine action plan and policy recommendation project. More than 200 people registered and **150 people attended** from stakeholder groups such as individuals with chronic health conditions who experience food insecurity, Food as Medicine providers, hospital systems, health insurance companies, researchers, policy advisors, and more. We had two breakout sessions to inform our feedback on sustainable funding for Food as Medicine programs and models for impact.

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With a vision to end hunger, and knowing it to be a possibility, The Food Pantries recommends the following strategies towards ending hunger in America by 2030:

1. **Align Federal Policies, Programs, and Investments in support of the goals of this conference**.
2. **Secure sustainable alignment** of Federal Policies, Programs, and Investments in support of the goals of this conference by **addressing campaign finance reform** and ensure that **lobbying** efforts of Big Food, Big Ag, and the larger food manufacturing industry that don't align with the goals of this conference are not given consideration.
3. **Raise Federal minimum wages to a level that equates to living wages**.
4. **Fully fund Federal Nutrition Assistance Programs** (SNAP/WIC/Meals on Wheels) at an investment level that is needed to lift households needing assistance, those who fall

through the cracks of a newly instituted living wage minimum, or who are unable to work a full-time job, to **nutrition security.**

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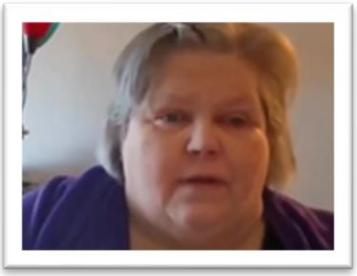

A personal story: How has hunger or diet-related disease impacted you and your family?

Tammy Holmes, a Food as Medicine participant, has experienced food insecurity and chronic health conditions. As a 52-year-old grandmother raising her two grandchildren, she shares, "You don't know hunger until you are panhandling on the street to feed your grandchildren." Before participating in our Food as Medicine program Tammy was ready to give up hope. She is obese, in a wheelchair, struggles with high blood pressure and diabetes, and is blind due to her diabetes. Our Food as Medicine program provided medically tailored groceries and nutrition education which changed Tammy's life. She lost more than 38 pounds, reduced her insulin intake by half, reduced her high blood pressure, and has hope again. Hear her personal story in her own words during a 2022 New York Health Foundation virtual presentation here: https://youtu.be/DhI2AM9IbQQ

The Food Pantries/NYS CFAN Recommendations

Strategy #1: Align Federal Policies, Programs, and Investments in support of the goals of this conference. This is the single most important focus that the U.S. Federal Government, including the Executive Branch and Congress, can undertake.

Here is an example of how misalignment has created the problems we are now working to solve: From Dr. Mark Hyman's book, "*Food, What the Heck Should I Cook."* Pages 17-19

"Food is a deeply personal choice, but it is also profoundly political.

Our current federal food policies encourage Big BoodFood to put private profit over public health. Despite the food system being the biggest national and global industry (over $1 trillion in the US and $18 trillion a year globally), we have no integrated, coordinated set of food policies. In fact, we have many agencies governing our food system, and their goals are often at odds with each other.

For example, the government tells us to eat five to nine servings of fruits and veggies a day. Fruits and vegetables are known as "specialty crops," and they receive just 1 percent of the more than $25 billion the United States Department of Agriculture (USDA) spends to support agriculture. The other 99 percent of the USDA's current funding goes to support commodities (corn, wheat, soy, etc.): those government subsidy-supported crops are turned into processed, high-sugar, high-glycemic, toxic, industrial foods that have been proven to increase chronic disease and death and which our dietary guidelines tell us to avoid. If we all followed our government's advice to eat five to nine servings of fruits and vegetables each day, 50 percent of our diet should be fruits and vegetables and plant foods. Yet only 2 percent of our agricultural land is used for these crops, while 59 percent is used to grow commodity crops, the raw material for processed food. And if the USDA subsidies were designed with the government's dietary recommendations in mind, a much larger percentage of funding would support the production of healthy fruits and veggies instead of commodities destined to become junk food. Plus, we spend about $85 billion through our food stamp program (SNAP), most of which goes to pay for processed food, including over 30 billion servings of soda for the poor every year.

Then, Medicaid and Medicare pick up the tab for chronic diseases that our misaligned government policies create.

Currently, obesity and type 2 diabetes account for $3.4 trillion a year in direct and indirect medical costs, or almost 20 percent of our entire economy."

Aligning federal policies will only happen if you remove the barriers of campaign financing and lobbying by Big food and ag, and the food manufacturing industry.

Strategy #2: Secure sustainable alignment of Federal Policies, Programs, and Investments in support of the goals of this conference by **addressing campaign finance reform** and ensure that **lobbying** efforts of Big Food, Big Ag, and the larger food manufacturing industry that don't align with the goals of this conference are not given consideration.

From Dr. Mark Hyman's book, "*Food, What the Heck Should I Cook."* Pages 17-19
"Let's take a deeper look at the implications of our current food policies. Unregulated food marketing targets children and minorities. The results? Escalating childhood obesity, chronic disease, and dramatic racial disparities when it comes to health, predominantly in the African American and Latino communities. This has created an achievement gap wherein obese children

perform more poorly in school than their healthier classmates. The processed, industrial diet has been shown to perpetuate poverty and chronic disease, impair brain function, and even drive violence and crime. But what about the US dietary guidelines? Shouldn't they be guiding our health in the right direction? Yes, they should, but they're not. Rather than reflecting science, they are heavily influenced by the Big Food lobby. For example, there is no scientific data to support the recommendations that adults drink 3 glasses of milk and that kids drink 2, yet our guidelines demand that school lunches include milk. And to make matters worse, they don't even recommend whole milk; they encourage children to consume low fat, flavored, sweetened milk that contains nearly as much sugar as a soda.

In 2017, as a result of the dogged persistence of Nina Teicholz, a one-woman lobbying force, Congress mandated that the National Academy of Sciences review the US dietary guidelines. In 2017, as a result of the dogged persistence of Nina Teicholz, a one-woman lobbying force, Congress mandated that the National Academy of Sciences review the US Dietary Guidelines. They found that the Dietary Guidelines Advisory Committee had not only ignored significant scientific findings, it was also hobbled by significant conflicts of interest stemming from members' ties to the food industry.

We're not given a fair chance to make our own decisions around food. Our food labeling system is confusing, and while certain changes have been made, like the use of "added sugars" in nutrition information, nothing about this framework earnestly pushes consumers to buy real, nutrient dense items like fruits and vegetables. Our food labeling system is confusing, and while certain changes have been made, like the use of "Added Sugars" in nutrition information, nothing about this framework earnestly pushes consumers to buy real, nutrient-dense items like fruits and vegetables. Instead, it has them focus on single nutrients such as saturated fat or sugar and gives the food industry the ability to dial up or down ingredients rather than sell us whole, real food.

All of this keeps us sick and fat and weighs heavily on the economy. We have an escalating federal debt due in large part to the fiscal burden of chronic disease on Medicare and Medicaid, much of which could be prevented with proper nutrition and lifestyle choices. Science confirms that poor diet can create poverty, violence, and social injustice due to its effects on behavior. I once had a prison inmate write to me, telling me how his whole world changed when he changed his diet. He no longer had the angry, violent outbursts that had led to his crime, and science supports his story—studies. Studies have shown feeding prisoners' healthy diets can reduce crime among inmates by 56 percent. This represents yet another way our economic burden could be lessened by the power of real, nutritious foods. There is so much more hiding in our food than we're led to believe—and I'm not just talking about ingredients. The social implications of what we eat run wide and deep. Our food policies do not support public health. They create a wellness deficit early in life for our most fragile humans, take advantage of low-income families, and perpetuate a ""sick care" — rather than a health care—system. What we put on our fork at every meal has the power to transform our health and the economy, reverse climate change and environmental damage, and help reduce poverty, violence, social injustice, and more."

We are excited to see the investment of time and resources the Biden-Harris Administration is investing in this conference. Let's make sure the results are sustainable.

Strategy #3: Federal minimum wages that equate to living wages across America.

Make sure all workers in the United States have living wages based on where they live. If people have a living wage they can participate in the purchasing of their own groceries, which provides dignity and choice, and will not need to rely on assistance programs. The United Way's ALICE (Asset Limited Income Constrained Employed) report is a great resource for calculating living wages.

Strategy #4: Fully fund Federal Nutrition Assistance Programs (SNAP/WIC) at an investment level that is needed to lift households needing assistance, those who fall through the cracks of a newly instituted living wage minimum, or who are unable to work a full-time job, to **nutrition security.**

When households live in food deserts and/or don't have access to transportation, they don't have the ability to buy items in bulk or at cheaper costs at full-service grocery stores.

- **Increase SNAP benefit levels to the Low-Cost Food Plan** which more adequately provides enough resources for nutrition security.
- **Increase SNAP income cutoff from 130% to 200% of the federal poverty line.**
- **Permanently increase WIC benefit adequacy**, including by making permanent the temporary boosts to cash value benefits for fruits and vegetables that have supported vital access to healthy food during the pandemic. One New York WIC participant shared, "The increased [cash value benefit] has made such a huge difference for our family. We have tried all sorts of new fruits and veggies that would otherwise not be affordable." (Hunger Solutions New York)
- **Create a permanent, nationwide Summer EBT and Emergency EBT program**, building on the success of Pandemic-EBT, which reduced food insecurity during COVID-19. Seven parents in New York described Pandemic-EBT as a "godsend", with the benefits ensuring "we have not gone a day without food." (Hunger Solutions New York)
- Increase investment in the **Double Up Food Bucks program** for doubling the value of SNAP on purchases of fresh produce.

Strategy #5: Increase and expand access to Federal Assistance Programs.

- **Streamline enrollment in Federal Assistance Programs** by utilizing technology and "one-stop" online access points. Increase outreach and marketing of SNAP and other nutrition assistance programs.
- **Remove barriers to SNAP participation** by eliminating the time limit for unemployed adults, removing the five-year bar for immigrants, and permanently expanding eligibility for low-income college students. (Hunger Solutions New York)
- **Improve online access to using SNAP and WIC through online grocery shopping.** All online grocery shopping should be able to accept SNAP and WIC.
- **When using SNAP and WIC benefits for online grocery shopping, provide free home delivery.**

- **Lengthen SNAP recertification process.**

Strategy #6: Fund healthy universal free breakfast and lunch in all public schools.

- Provide healthy, no cost school meals to all students through the NSLP and SBP to improve access, reduce stigma, streamline administration, and support kids' health and learning. Meaningful incremental steps toward this goal include expanding eligibility for the Community Eligibility Provision (CEP) – which allows eligible high-poverty schools to offer meals at no cost for all students – from 40% to 25% identified students; increasing the reimbursement multiplier for CEP from 1.6 to 2.5 to provide more adequate funding to participating schools; and establishing an option to adopt CEP statewide. (Hunger Solutions New York)

Strategy #7: Fully integrate and fund a continuum of Food As Medicine (FAM) interventions - Veggie Rx, Medically Tailored Groceries, Food Farmacies, Medically Tailored Meals, Nutrition Education – through all public health plans such as Medicaid and Medicare.

Health Affairs article, From Hospital to Home: Why Nutrition Counts.

"One of the most important determinants of our health, balanced nutrition, remains a low priority in the training and practice of most health care professionals. Proper nutrition is necessary to heal wounds, control chronic illnesses, and build or maintain strength. But many Americans are malnourished—either undernourished or overnourished that is, overweight or obese. Adequate and balanced nutrients are needed to heal from disease and remain at the optimal level of health. With the growing fervor to address social determinants of health, the time is ripe to dramatically improve the care of malnourished patients, especially as they move across care settings.

What Is The Problem?

Malnutrition is an under-recognized health issue that results in substantial disease and economic burden, as well as elevated mortality rates. Surprisingly, up to 50 percent of hospitalized patients in the United States are malnourished or at risk for malnutrition, but only 8 percent receive a medical diagnosis of malnutrition during their hospital stay. Many acute and chronically ill hospital patients are malnourished and when their nutritional deficiencies are not treated, they are unable to recover properly, leading to significant increases in hospital length-of-stay, readmissions, infection rates, mortality rates (especially for those old than age 65), and use of costly health care services.

Treating disease-related malnutrition in the hospital leads to significant improvement in patients' health. However, once discharged, patients receive minimal follow-up nutrition care, especially in primary care settings. Although community-based nutrition resources exist, many patients who are malnourished or are at risk of becoming malnourished do not receive the post-discharge nutrition support needed to improve their health outcomes. Action to improve access to community-based nutrition resources is critical to keep high-risk patients healthy, enhance the healing process, and avoid costly hospital readmissions.

Initiatives have been launched to increase understanding of the care continuum for malnourished patients and identify opportunities to advance the quality of care.

Recognizing the need to improve coordination across care settings, our research examined how malnutrition is addressed as part of hospital discharge planning and during post-discharge transitions managed by primary care practices, outpatient clinics, community health centers, and other community-based settings. Regrettably, the study's key finding was there is a lack of resources to guide health care providers in support of nutrition care across care settings.

We found that although nutrition care plans for malnourished medical and surgical patients were implemented while patients were in the hospital, the plans were inadequately communicated to next-in-line providers following discharge. Respondents reported that RDNs were not part of discharge planning teams, did not join rounds for patients being discharged, and did not have adequate staff to work directly with ambulatory care providers assuming care for discharged patients.

Despite these resource limitations, several hospitals in the study managed to work with interdisciplinary teams to build innovative nutrition transition-of-care programs. However, these innovative programs are few, far between, and reliant on time-limited funding from private or state grants. They lack the resources and support needed for long-term sustainability.

What Will It Take To Solve The Problem?

Five changes are needed to provide a foundation for optimal nutrition care to patients after hospital discharge.

Leadership

The first is an acknowledgement from hospital and primary care leadership that the transition of nutrition care from the acute hospital to the ambulatory care setting is a critical step on the pathway to patient healing and improved health outcomes. Leadership recognition and support of nutrition transition-of-care programs are essential to advance coordinated discharge planning by interdisciplinary teams that include RDNs and provide for the efficient transfer of critical nutrition information among providers.

EHR Integration

The second change needed is better integration of nutrition-focused documentation into electronic health records (EHRs). This documentation should include a nutrition care pathway within the medical discharge plan, nutrition-focused patient education and resources, and a standardized transition-of-care protocol that addresses the unique needs of malnourished patients. Such integration would allow the clinician providing continuing care to access the hospital's nutrition care plan and information on the patient's progress. If the patient required readmission, this documentation also could provide important nutrition-related information for hospital staff providing readmission care. Patients' post-discharge nutrition care would also benefit tremendously if their next-in-line clinicians, such as primary care providers, employed

EHRs that enabled them to receive critical nutrition care information from the hospital stay. To achieve this integration, EHR systems should be upgraded to enable effective transfer of health information such as nutritional status and treatment plans between hospitals and ambulatory and primary care clinics.

Insurance Coverage

The third needed change is health insurance coverage for nutrition care following hospital discharge. While the costs of care for a hospitalized malnourished patient are usually covered as part of the overall treatment plan, public and private payers have not consistently covered post-discharge nutrition care, even though it is now recognized as an important cornerstone for recovery. Under current payment systems, if nutrition care is provided, generally it is bundled as a part of the overall cost of care. A 2017 study found that a transition program focused on continuing the nutrition care plan for malnourished patients post-discharge led to a 29 percent decline in all-cause 30-day readmissions, a 26 percent reduction in hospital length-of-stay, and $3,800 in savings per patient.

It is important that health plans have access to the research data that document the savings associated with effective nutrition care transition programs. Such data will support decisions to provide reimbursement for innovative interventions, especially as both public and private health plans and larger health systems move to alternative payment models. As value-based contracting arrangements increase, nutrition-related performance measures will provide health insurers with the information they need to determine payments that are based on improved quality of care and documented cost savings.

A Nutrition Care Requirement In Discharge Planning

The fourth change is for CMS to include nutrition transition-of-care plans as a discharge planning requirement. While CMS moved toward acknowledging the importance of nutrition in its most recent rule about discharge planning criteria, nutrition was not specifically included as a requirement. The language that CMS is proposing is significant given that the rule is among the Social Security Act provisions that set federal health and safety standards for Medicare and Medicaid participation and, therefore, provider payment. This rule is an important first step in building the necessary database for payment of post-discharge nutrition care by Medicare and Medicaid. Furthermore, as data on discharge planning criteria are generated, policy makers will be able to assess where more specific gaps in post-discharge nutrition care exist and call for quality measures to report on the improvements that address these gaps.

Physician Education

Finally, improved physician education about nutrition and malnutrition can help make programmatic changes sustainable. While the creation and adoption of quality measures to financially incentivize providers to engage in nutrition transition-of-care programs is important, physicians need to understand the crucial role that nutrition and other social determinants play in promoting patients' health and healing. Nutrition courses and content should be integrated throughout the medical school curriculum, and board exam questions should draw upon this

knowledge to ensure that it is taught comprehensively. Also, more states should require that continuing medical education credits for practicing physicians include nutrition education—with some of those opportunities focused specifically on presentation, treatment, and prevention of malnutrition. Furthermore, institutions should acknowledge and reward physician leadership of interdisciplinary teams that actively incorporate nutrition into their care plans.

Conclusion

There is a critical need for evidence-based models for post-discharge nutrition care transitions. It is time to recognize the essential role that nutrition plays in health and make policy and clinical practice changes to carry out effective post-hospital nutrition care."

The article from Health Affairs provides specific steps from a hospital setting. Our experience and recommendations are from a community-based organization perspective.

The Food Pantries for the Capital District launched our Food As Medicine (FAM) program in 2020 with a unique approach, as a network of FAM providers, providing a continuum of FAM services including: Healthy Food Pantry; Medically Tailored Groceries; Medically Tailored Meals, along with Nutrition Education. The largest challenges we have faced can be solved through the following:

- **Sustainable funding** – A continuum of FAM programs (Veggie Rx, Medically Tailored Groceries, Food Farmacies, Medically Tailored Meals, Nutrition Education, Registered Dieticians Nutritionists RDN) must be fully reimbursable through all public health plans such as Medicaid and Medicare.
    - Further build medical coding for food and nutrition insecurity, malnutrition, and their treatments as efforts to integrate nutrition into healthcare progress, they have highlighted important gaps in healthcare infrastructure that must be addressed to allow organizations to properly bill and code for nutrition interventions. (Food Is Medicine Coalition)
- Enough investment to have the **ability to scale**.
    - Fully fund and implement large scale food as medicine intervention pilots in the Medicare and Medicaid programs. While not a long-term solution, large scale pilot programs can be an important first step towards broader integration into healthcare delivery and payment systems.
    - Medicare: H. R. 5370: the medically tailored home delivered meal demonstration pilot act of 2021
    - . Medicaid: 1915 C HCBS waivers, 1115 waivers, managed care pathways. In lieu of services and more. (Food Is Medicine Coalition)
- **Enough investment to support the infrastructure** needed to operate at a level of community health interoperability, including technology, policy development, and technical assistance.
- **Consistent access to a food supply chain** with specific nutritious foods required for FAM programs.
- **Home delivery must be a reimbursable service** included in the FAM payment structure. Approximately 87More than 85% of the households participating in The

Food Pantries' FAM programs required home delivery due to barriers, such as transportation, to accessing sites in person.

- **Virtual access to nutrition education** services is critical for people who have barriers, such as transportation, to accessing sites in person, as well as limitations in time.
- **The entire household must be provided with nutritious food** resources in order for FAM interventions to be successful. In a consumer survey it was a common sentiment from parents that they would skip meals in order to give their children food to eat. Food insecurity impacts the entire household.

In addition, our larger FAM system recommendations are:

- All people either at-risk of malnourishment, diagnosed with malnourishment, or screened as food insecure, who are at-risk of or currently experience chronic conditions including **diabetes, obesity, heart disease, and hypertension**, should have access to fully funded FAM programs through health insurance.
- **Diagnosis of malnutrition and screenings for food insecurity** need to happen in all hospital, community health center, and primary care settings.
- **Referring a patient to a FAM program should be integrated into the medical system** and should be as easy as referring a patient to PT or prescribing a medication.

Strategy #8: Support a healthy dignified accessible charitable food system for those who are in need, fall through the cracks, or are unable to work full time, and in the case that Federal Nutrition Assistance Programs are not funded at a level to provide nutrition security**.**

For many years the charitable food system (food pantries, soup kitchens, community meals, food banks) has been referred to as the "emergency" food system, when in fact, millions of Americans rely on this system to supplement their other resources in order to survive each month. It is time to recognize that while charity does not have the ability to end hunger, it does end hunger a day at a time, a person at a time, to step up where a failure in our society has allowed for more than 38 million Americans to experience food insecurity.

As the Biden-Harris Administration works to address the Federal policies, programs, and funding needed to end hunger, charities are working hard to fill in the gaps in the meantime so that people are not going to bed hungry tonight.

As a coalition of more than 70 New York Capital Region food pantries, and a network of food providers in 13 regions in New York State, The Food Pantries for the Capital District/NYS CFAN recommends the following:

- **Fund comprehensive food assistance resource databases and map systems**. Seeking assistance can be difficult when you don't know where to turn to for help. Funding statewide databases of food assistance programs that can share data with searchable maps and other online resource listings will increase access to the information for those experiencing food insecurity as well as all those in fields that provide help and case management. In New York State, The Food Pantries for the Capital District/NYS CFAN is the "source of truth" for food pantry and soup kitchen

data that feeds into a Food Connect resource map. The data is also shared with other organizations such as, Hunger Free America, 211, hospital associations, the State, and more. Here is a link to our map which displays the data: The Food Pantries Food Connect Map

- **Fund technology, transportation, and infrastructure to support systems that increase access to food assistance providers such as food pantries.**
    - **Online ordering platforms** – must include the ability to provide client choice for food and cultural preferences.
    - **Home delivery and transportation service options** for people who lack transportation or who have other barriers to accessing in-person sites.
    - **Mobile food pantries and markets** that bring nutritious food access to food deserts.
- **Expansion and funding of the charitable food supply chain** with a focus on collective wholesale purchases and donations of nutritious foods including whole grains, fresh produce, frozen produce, low salt and low sugar options, lean meats, dairy, and healthy prepared foods.
    - **Ensure culturally appropriate** food options.
    - **Expand food purchasing beyond the food bank system.** Local and regional nonprofits are starting to form collective purchasing cooperatives where they are able to secure healthy food at affordable prices, sometimes even cheaper than through food banks, and the benefits are more than just financial.
        - Food pantries are able to order specific foods that their community members prefer.
        - Food pantries can control the quantity of product and the delivery date to best coincide with their distribution needs.
        - Ordering directly from wholesalers and producers adds a higher level of quality.
        - This decentralizes the supply chain and pantries are able to purchase from local producers, small and midsize farms, and have a positive economic impact in their local communities.
- **Fund collaborative innovation in the nonprofit sector** at a multi-year level to provide an opportunity for sustainable partnerships that result in a more effective and efficient system. Collaboration does take the investment of time and resources to support the important role of facilitating relationships, roles, and resources. **By working together, we can do more than any one of us alone.**

In conclusion, The Food Pantries for the Capital District believes that a hunger free America is possible and thanks the Biden-Harris Administration for giving our nation a chance to provide feedback and stories to help create a better future for the 38 million Americans who are experiencing food insecurity. We can do better. And by working together, we will.