DE Food Research Network Meeting Notes
6-26-20

1. Attendees
   a. Alberta Aryee
   b. Alicia Salvatore
   c. Allison Karpyn
   d. Donna Paulhamus
   e. Gina Crist
   f. Jonathan Kirch
   g. Katie Fitzpatrick
   h. Lekha N. Paudel
   i. Lindsay Lancaster
   j. Lindsay Naylor
   k. Marcia Scott
   l. Michelle Axe
   m. Nicole Kennedy
   n. Nikko Brady

2. Updates/discussion
   a. Donna Paulhamus, UD Nutrition Clinic
      i. Where they are
         1. Average participant weight loss is at 5%
         2. Individual visits happening via telehealth
         3. 60 in person visits per month
         4. 40% of patients have eating disorders
         5. 10 new patients in June of 2020
      ii. Vision for the future
         1. More work with the Delaware Division of Substance Abuse and Mental Health
            a. Individual medical nutrition therapy was planned but delayed due to COVID-19
            b. Currently working on a contract to continue these services, perhaps via telehealth
               i. Targeted at people with prediabetes, congestive heart failure, etc.
            c. Looking to provide services outside of UD’s campus
      iii. Question from Lindsay Naylor – support for people who are breastfeeding?
            1. Donna – at the moment no, but that is a possibility
            2. Lindsay – her work with the Breastfeeding Coalition & with the Neonatal Clinic have come to halt, during this time she is monitoring how human milk is being provided
a. Update: raised $1,000 for the Food Bank of Delaware from her book release party

iv. Question from Jonathan Kirch
   1. What is the monetary cost of nutrition education? What does the referral look like?
      a. Donna – the Clinic offers regular medical insurance reimbursement
         i. Highmark recently developed a healthy weight management reimbursement that is available through Medicare
         ii. Noted that the Dean of College of Health Sciences does not like to turn people away. The Clinic frequently offers courtesy sessions
            1. Approximately 5-10 visits a month are provided as a courtesy for those who do not have ability to self-pay if Medicare or their insurance will not cover the visits

b. Alicia Salvatore, Delaware COVID-19 Community Survey, Christiana Care Value Institute (contact Alicia for more information: Alicia.salvatore@christianacare.org)
   i. From chat: Allison Karpyn shared the links to the survey
      1. For the ENGLISH survey please follow this link: https://redcap.christianacare.org/surveys/?s=HXKMMEMWFE
      2. For the SPANISH survey please follow this link: https://redcap.christianacare.org/surveys/?s=8TX4HEHDAA
   ii. Background
      1. Created an anonymous online statewide survey to understand social and health impacts of COVID-19 on Delaware residents
      2. Launched on June 12, open until Sept 15
      3. In English and in Spanish
   iii. Participation
      1. All Delaware residents 18 years or older are invited to participate
      2. Invitation email disseminated via state and community partners
         a. Additional push through social media and media coverage
      3. A limitation of the study is that there is no incentive.
         Approximately 400 folks have taken the survey so far. There has been a limited response with Spanish version (approx. 11 respondents)
      4. Middle to higher income participation is highest right now
      5. Exploring the opportunity to use interview-administered data collection to reach those who many not be reached online, perhaps with research incentives to access those who have been impacted differently
   iv. Focus of the survey
1. Social determinants of health & what things looked like for folks before and after COVID

2. Questions about:
   a. Social distancing measures and assessing how easy or difficult they are
   b. Access to resources and impacts on mental health
   c. Zip code and nearest intersection
   d. Optional participation in future surveys

3. Questions specific to food:
   a. Two food insecurity questions
   b. A question about SNAP
   c. A question about how easy or hard it is for folks to stock up on food

v. Slideshow presentation: responses thus far are not conclusive & the data presented at this meeting is a snapshot that is not ready to be shared due to the small sample size (there are not enough participants)

vi. Comments and suggestions
   1. Lindsay Naylor offered her labor (has been a research assistant with Christiana Care in the past, can conduct interviews in English or Spanish, will connect after the call).
   2. Alisson Karpyn brought up capturing the Haitian/Creole population in Delaware. This important subpopulation in the state is often categorized as Hispanic & it is difficult to isolate their data. She is looking for ways to better capture their experiences and identify this group as a subpopulation.
      a. Alicia - Could include question as part of a list or ask explicitly, the University of Florida is a collaborator and she can see what kind of questions they have used.
      b. Allison – It would be a good idea to come up with a few questions and pump them out. Some individuals may be lost in fray and have unique needs we are not meeting.
   3. Gina Crist via chat: We have heard that on the education side - we have translated information, but like you said do not capture that information on any of our demographic information. It would be helpful though because it is an important subset.
   c. Nikko Brady, Delaware Council of Farm and Food Policy, letter of intent for DE Community Foundation (DCF) Vision Grant
      i. The grant provider is seeking collaborative projects directly related to COVID-19 response efforts. What DCF is looking for is what this group is doing.
      ii. The project idea is to incorporate a SNAP education program.
      iii. Many are working on this project
      iv. Funding to get project started this summer
      v. Can talk more about details and where they are headed in the future
d. Marcia Scott, COVID-19 mapping work
   i. Seeking money to expand the work we are doing
      1. Started in Cape Henlopen, has been expanded north, trying to do
         statewide
      2. Critically important as the needs evolve with the pandemic.
   ii. There are many emergency food resources in the state, but one go-to
       location that provides visualization is critically important.
      1. Noted shifting needs and shifting resources, as well as the
         inconsistency between programs.
      2. There is a need to understand where the gaps are in terms of
         resources between various school districts
      3. There has also been a shift from elderly adult congregate meals to
         outreach and community based
   iii. The Cape Community Collab 4 COVID is a great model to follow.
      1. There have been lessons learned. Moving forward, a platform like
         this will be helpful for responding to food insecurity related to the
         pandemic as well as other critical emergencies that many emerge
         in the future, for example, those that are weather related.
   iv. Partnerships
      1. Julia O’Hanlon is a policy scientist with the University of
         Delaware’s Institute for Public Administration who is working with
         Nicole Minni and the Sea Grant Program on mapping vulnerable
         populations and their needs as it relates to any type of human
         based crisis, including weather related emergencies.
      2. This is a great partnership to continue this work. They will also do
         some data visualization mapping working to support food access
         as part of the Healthy Neighborhoods Initiative.
   v. Feedback from the group
      1. Allison Karpyn commented on the potential to use data from a
         different, empirical perspective later on.
      2. Lindsay Naylor mentioned she is a professor in the Geography in
         Spatial Science Modeling.

e. Allison Karpyn, direct food distribution in Wilmington and food hubs
   i. Some key players:
      1. Matt Williams at Conscious Connections
      2. Elisa King at the Bellevue Community Center
      3. The Common Market
         a. Nonprofit based in Philly, major regional distributer of
            food.
         b. Approximately six million dollars of food distributed every
            month.
   ii. A summary of food distribution efforts
      1. Matt put in a proposal to start distribution with an interface that
         has an ordering component.
2. Elisa is doing home and order distribution (up to 80 boxes per week). There are mixed clients with a sliding scale (some paying whole fare payments to support those who are not).
3. Ninth Street Baptist Church is also distributing (providing free food)
4. Conscious Connections is providing free food, but is currently looking to move to a subsidized model like Elisa King’s

iii. The groups described previously are looking to formalize the activities they are already doing
iv. These organizations are thinking hard about how to pilot some food hub work. There are lot of conversations around this.
   1. The Food Bank did a feasibility study around the notion of a food hub. Their questions included: Is an aggregation facility necessary for farmers? What would it look like?
   2. The unique thing that the collaboration in Wilmington is trying to work out is how food hubs could serve as a distribution mechanism.

f. Jonathan, the Healthy Lifestyle Subcommittee of the Cancer Coalition
   i. This subcommittee was appointed by Lieutenant Governor’s Office and is a testament to how important the administration feels that this work is.
      1. It has been embraced by health and human services in general.
   ii. The group has taken input from the Delaware Council of Farm and Food Policy work.
   iii. A new model of tiered taxation on sugary drinks is being explored. Will try to share more information on this as a reply all email to this group later today.
   iv. There are a lot of possibilities, some things coming out of that subcommittee that are almost certain to happen. Exciting work coming on the policy front.
   v. Allison – the goal of the subcommittee is to provide recommendations around community, education, children, and workplace. The final report will be issued shortly.
      1. The focus of the report is prevention efforts that would improve community, workplace and family wellbeing. Some specific topics include:
         a. School feeding
         b. Healthy Communities Delaware
            i. Beverage tax is a possibility
         c. More expansive support for the cornerstone work
            i. Aligns with the Department of Agriculture
         d. Expanding nutrition education programming (SNAP education like programming)
         e. Safe streets (physical activity)
         f. Physical activities guidelines for students in school
i. The number of minuets of education versus physical activity were debated

3. Next meeting
   a. Friday, July 17th, 2020 at 11:00 a.m.
Appendix A: Chat Log

Allison Karpyn: I wanted to share a grant opportunity that Thianda sent me earlier this week. Her email is below.

I sat in on a webinar for DE’s Vision Grant Program that is part of the COVID19 strategic response fund. https://www.delcf.org/vision-grants/ They are looking for big ideas and strategic partnerships. From my perspective, we could maybe make a case for building a more resilient food system with more school and community gardens and urban farms and have a strong research component - I know this is less than half baked, but just wanted you guys to be aware of the opportunity.

Marcia Scott: I attended the DCF Vision Grant webinar this week. A letter of intent (LOI) is due today. Nikko Brady plans to submit the LOI that reflects her 2-page “pitch” re: the proposed “PSE Food Systems Collaborative” that she prepared & circulated to potential partners.

Lindsay Naylor: I'm also in the Geography department and can connect you with folks who do GIS and mapping, if maps need to be made.

Lekha Paudel: I am Lekha Paudel from DSU. I don't have anything to share at this time, but I encourage everyone to grow food on your backyard and deck as container garden to feed yourself and family that helps us to fight this covid-19. thanks