

ORLANDO BOARD VISION EXCHANGE

OCTOBER 24, 2017

TABLE DISCUSSION AND GROUP SHARING:

TABLE 1:

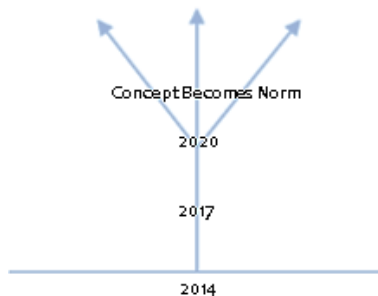
Health & Hunger is connected to a broader issue... poverty. Major social determinants have an impact: Education, Housing, Income/Jobs and Health. *Who else do we need to connect to break this cycle of poverty? What kinds of networks are required that do not exist now?*

- Insurers
- Social Services
- Employers – integrate health services
- Network
- Policy – Financial Industry

TABLE 2:

What might this Health & Hunger work look like for Food Banks in 2020?

- Uniform recognition at State and Federal level for food is medicine.
- Becomes the norm:



- 3 Scenarios:
 - Looks the “same” nothing has happened.
 - Looks “worse” – “slippery slope”
 - Lightbulb turns on to unlock economic connection – “concept opens up new market”
- AHA:
 - Quality of proposition vs. more volume. We fed “x” families and saved “x” in healthcare \$’s
 - Increased opportunity for employment and family stability
 - Dr. Andree \$1 of nutrition saves \$50 in medical
 - Rob’s PMPM progress (per member per month)
 - Conflict: Remove empathy side vs. FA message – empathy portals
 - Health & Hunger + positive economic impact
 - How do we design a collective/universal model while acknowledging market differences?

- Pilot design elements:
 - Kinds of food – frequency of meals
 - “Products” – how do we/what do we sell? Features?
 - How much data do we want to collect? What are the metrics?
 - Pay for success model
 - What’s our enhanced service value (more than “free” food mentality)?
- What are we aiming for? What’s our risk?
- Move from discussion/dabbling to creation of products/services
- Value of agency network and the people they reach.
- Lost workdays – “market”
 - Quantify
 - ROI

TABLE 3:

What might this Health & Hunger work look like for food banks in 2020?

- Produce boxes to homes that tailored to need of the home and screening for health ideation and funding for major food banks to try common theme/operation pilot
- More funding for better outcomes (i.e. \$30 mil of value from 10 m funding)
- Advocacy for legislation that plugs in screening, food pantry network, food for health needs – while meeting health and food in “one step”
- Target doctors/nurses where it can make an impact to give food pantry info and bus pass (direct services)

TABLE 4:

Food bankers still have a lot to learn in this new space of Health & Hunger. At times, it is beyond current staff capability. *What type of thinking and leadership does it take on this topic from the Board level? In terms of the Board’s perspective, what business principles, strategies and practices might apply to this work?*

- Creative focus
- Measurement of performance
 - Feed, lead, strengthen
- Trust from the community
 - How you measure success

TABLE 5:

Our Food Bank communities know and value us as efficient and effective organizations for distributing large volumes of food to people in need in a variety of ways. *How do we communicate our focus on Health & Hunger work without confusing them? How might we further engage the public through our work in Health & Hunger?*

- Not so much change... do a better job of explaining
- Focus on provision of nutritious meals “we provide healthy food” then focus on health follows
- Wins – health, sustainability, reduce waste and economic

TABLE 6:

For food banks, what are the major Goals to be identified? Strategies?

- Big goal strategies:
 - Elevate the positioning/rebranding of the Health & Hunger connection w/goal of influencing policy
 - Expand Qualitative/Quantitative research available for cost savings around health outcomes
 - Cohesive research data strategy template for entire network
 - Develop strategy to scale healthy food distribution in a cost-effective way.

TABLE 7:

What are the meaningful outcomes of this work around Health & Hunger? (not outputs such as pounds of food). What are reasonable expectations for Food Banks?

- Reduction in chronic illness
 - BMI (down)
 - Blood sugars (down)
 - Other indicators – registries
 - Re-admissions
 - Food security – nutritional
 - Medical cost reduction – public opinion – policy
 - Collapses silos
 - Unique family assistance – based on the person
- Reasonable expectations
 - Re-establish/re-think food bank’s network
 - Data collection w/unique id