

# A Plan of Action to End Hunger in Western Massachusetts

*Vision: a region where no one goes hungry and everyone has access to nutritious food*

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## Introduction

This plan of action was developed over the course of one year and involved many people—both organizations and individual residents—in its formulation. However, it should in no way be seen as a completed product. Rather, it is a road map for planning and implementation, and will be sure to change and shift over time. We invite community members and organizations to be part of that ongoing development. There are many, many facets to ending hunger, and we need everyone’s passion, energy and expertise in order to succeed in achieving this goal.

## Task Force History

The Task Force to End Hunger in Western Massachusetts was born during the strategic planning process that The Food Bank of Western Massachusetts underwent in 2014. The Food Bank’s mission is to “feed our neighbors in need and lead the community to end hunger.” The “feed” part of the mission is simple, if not at all easy; it is to provide emergency food to our neighbors in need so they can put food on their tables today and tomorrow. In this regard, The Food Bank and its network of member agencies continue to distribute more and healthier food year after year. In the last fiscal year, The Food Bank distributed just over 10 million pounds of food, the equivalent of more than 8.4 million meals.<sup>1</sup>

The “lead” part of this mission is less concrete. It has become increasingly clear to many food banks across the country that the provision of emergency food will not “solve” hunger. Rather, solutions to ending hunger will require long-term, systemic change. During the strategic planning process, The Food Bank’s Board of Directors and staff discussed how the organization might affect this type of change, and the idea for the Task Force was born.

In 2015, a small group of staff and partners came together to start the planning process. This group identified and recruited Task Force members, hired a facilitator, and developed a plan for accomplishing a very large piece of work in only one year. In January 2016 the Task Force came together for its first meeting, and was given the mandate to develop a “bold yet pragmatic” plan to end hunger in western Massachusetts.

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<sup>1</sup> In addition, The Food Bank provided more than 1 million meals through SNAP enrollment and 161,000 meals by working with school districts to implement Breakfast in the Classroom.

### How the Task Force Operated

The Task Force consisted of 26 individuals who were selected to represent all four counties and a broad range of sectors, including healthcare, government, food retailers, workforce development, media, labor, religion, higher education, housing, economic development, and non-profits. This diverse group met ten times over the course of 2016 at The Food Bank of Western Massachusetts. Curtis Ogden, of the Interaction Institute for Social Change, facilitated the meetings.

A “Design Team” was also formed to plan the work of the Task Force and provide general staffing. The design team met at least once between each Task Force meeting to review progress made and to plan for next steps. Design Team members also attended the Task Force meetings, and occasionally presented information to the group.

The Task Force spent several meetings learning more about the issue of food insecurity in our region before turning its attention to identifying possible solutions. During the course of conversation, several themes arose repeatedly; these themes formed the backbone of the final plan.

In order to incorporate the general public’s point of view in the discussions, the Task Force sponsored four community forums, one in each of the four counties of western Massachusetts. A total of approximately 150 people attended these events, including Congressman James McGovern who spoke at two of them. State Senator Benjamin Downing attended the Berkshire County forum. Each of these events offered participants the opportunity to discuss hunger in their own communities and to brainstorm possible solutions. These ideas were then incorporated into the Task Force’s discussions.

### Members of the Task Force

- Abdoul Samake, The Community Builders at Leyden Woods
- Ana Jaramillo, Holyoke Health Center
- Andrea Allen-Glenn, Martin Luther King, Jr. Family Services
- Andrew Morehouse, The Food Bank of Western Massachusetts
- Benjamin Downing, State Senator
- Brian Williams, Big Y World Class Market
- David Cruise, Hampden County Regional Employment Board
- Elizabeth Román, The Republican/El Pueblo Latino
- Fiore Grassetti, Pioneer Valley AFL-CIO
- Gwendolyn Van Sant, Multicultural Bridge
- Jacob Fine, Congregation B'Nai Israel
- James McGovern (represented by Keith Barnicle), U.S. Representative
- Janet Daisley, Community Foundation of Western Massachusetts
- Judy Raper, Greenfield Community College
- Kathryn Buckley-Brawner, Catholic Diocese of Springfield
- Lynn Griesemer, UMass Donahue Institute and Board Member, Amherst Survival Center
- Margaret Christie, Community Involved in Sustaining Agriculture (CISA)

- Nancy Robinson
- Natalie Blais, University of Massachusetts/Amherst
- Peter Gagliardi, HAP Housing
- Richard Neal (represented by Bill Powers), U.S. Representative
- Rick Sullivan, Economic Development Council
- Scott Soares, United States Department of Agriculture
- Soloe Dennis, Massachusetts Department of Public Health
- Tracy Finnegan, Williams College Center for Learning in Action
- William Dávila, Center for Human Development and Board Member, The Food Bank of Western Massachusetts

#### Members of the Design Team

- Abby Getman, The Food Bank of Western Massachusetts
- Alan Dallmann, The Food Bank of Western Massachusetts
- Andrew Morehouse, The Food Bank of Western Massachusetts
- Christina Maxwell, The Food Bank of Western Massachusetts
- Chris Wojcik, The Food Bank of Western Massachusetts
- Curtis Ogden, Interaction Institute for Social Change
- Frank Robinson, Baystate Health
- Keith Barnicle, Office of Congressman Jim McGovern and Task Force member
- Monte Belmonte, WRSI
- Nancy Robinson, Task Force member
- Sarah Tsitso, The Food Bank of Western Massachusetts
- Tracy Finnegan, Williams College and Task Force member

### **Principles**

In developing this plan, the Task Force has adhered to the following principles:

A belief in FAIRNESS, EQUITY, and HONESTY informs our work. Everyone has the right to nutritious food, from reliable sources, to sustain an active and healthy life. Hunger has many causes, and we have a responsibility to acknowledge and address all of those causes in order to end hunger. In our action to end hunger, we will:

- Preserve RESPECT and DIGNITY for individuals and organizations.
- Demonstrate COMPASSION for people’s circumstances and barriers.
- Respect DIVERSITY and be sensitive to CULTURAL DIFFERENCES.
- Prioritize action that will have the greatest IMPACT.
- ENGAGE those who are impacted by hunger in planning, implementation and evaluation of our efforts.

## Background Information

Food security exists when all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active, healthy life.<sup>2</sup> Unfortunately in western Massachusetts, nearly a quarter of a million people struggle with food insecurity out of a total population of more than 830,000. That means that a quarter of the population does not necessarily know where they will get their next meal. Although the popular perception of the “face” of hunger is that of a homeless person on the street, the truth is far more complex and widespread. Food insecurity strikes entire families, seniors, military veterans, children, and persons with disabilities. It occurs in urban communities and rural villages. Many of the people who struggle with food insecurity have jobs, but are still not able to make ends meet. A great number of people are forced to make anguishing choices between eating or paying for medicine, putting food on the table or paying for heat, buying groceries or putting gas in the car to get to work.

In our region and in the U.S. generally, hunger looks different than it does in some other parts of the world. Hunger is not only a lack of food that can lead to serious weight loss, starvation, and death. In the so-called “developed world,” hunger is often manifested as malnutrition; people may consume enough calories, but those calories often lack adequate nutritional value. This malnutrition can lead to obesity, a counter-intuitive indication of food insecurity. Poor nutrition can also lead to high blood pressure, diabetes, and cardiovascular disease.

In children, food insecurity leads to impaired cognitive development, a lowered immune response, short stature, and an increased likelihood of being hospitalized.<sup>3</sup> Undernourished children don’t learn as well as other children and are more likely to be suspended from school.<sup>4</sup> They also struggle more to get along with others and are more likely to suffer from depression and anxiety than food secure children.<sup>5</sup>

Food insecurity in seniors can lead to myriad health problems. Compared to their food secure peers, food-insecure seniors are 53 percent more likely to report a heart attack, 52 percent more likely to develop asthma, and 40 percent more likely to report an experience of congestive heart failure. In addition, food-insecure seniors are more likely to experience limitations in their Activities of Daily Living (ADLs), which are those fundamental activities, such as eating, dressing, and bathing, that individuals typically can perform independently and which keep seniors living in their own homes.<sup>6</sup>

## Mind Map

Because hunger and food insecurity are such complicated issues with multiple causes and effects, the Task Force developed a way to provide a visual tool to represent this complexity. They developed a

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<sup>2</sup> Food and Agriculture Organization. The State of Food Insecurity in the World 2001. Rome, 2002.

<sup>3</sup> Children’s HealthWatch. The Hunger Vital Sign: A New Standard of Care for Preventive Health. May 16, 2014.

<sup>4</sup> No Kid Hungry. Hunger Devastates Children: Facts on Childhood Hunger in America. 2016

<sup>5</sup> Food Research and Action Council. Breakfast for Health. Spring 2014

<sup>6</sup> Feeding America. Spotlight on Senior Health: Adverse Health Outcomes of Food Insecure Older Americans. 2014.

“Mind Map” that shows many, although certainly not all, of the causes of food insecurity and the relationship of those causes to each other. (See Appendix)

### **Strategies Essential for Ending Hunger in Western Massachusetts**

The Task Force identified three major areas of work to be carried out in addressing food insecurity in western Massachusetts:

- I. Address the lack of understanding and education about food insecurity, and the stigma involved with being food insecure.
- II. Advocate for public policies that will address food insecurity.
- III. Develop integrated services to help “knit together” the frayed safety net.

#### **Strategy I: Address the lack of understanding and education about food insecurity, and the stigma involved with being food insecure.**

- Reduce the stigma surrounding hunger and poverty  
The stigma surrounding food insecurity is real and powerful. People who face food insecurity often feel shame, which can limit their participation in safety net programs that could help them. We should address this stigma through several avenues: 1) In our education system, we should teach the youngest children about our interconnectedness and reinforce this value throughout a child’s educational career; 2) In the media, we should tell better the story of hunger in a visceral and visual way, publicize the underlying causes of hunger and possible solutions, and invite the community to join in the effort; and 3) In our retail establishments, we should ensure that staff are properly trained to treat recipients of nutrition assistance with dignity, compassion and respect.
- Address Racism  
Racism in all its forms is closely intertwined with poverty and food insecurity. In order to reduce levels of food insecurity, we must address this fact honestly, and work to explain the connections between racism, social inequities, and food insecurity.
- Increase knowledge about nutrition and cooking  
Despite the strong culture of local food and healthy eating present in western Massachusetts, many people lack an understanding about why healthy food is important. Many more people either don’t know how to cook nutritious meals, or simply don’t have time to do so. Instead, they rely on processed food and take-out meals that tend to be high in sodium and fat. We should increase the availability of educational opportunities for both children and adults to learn about healthy cooking and eating, and how to do so on a budget.

#### **Strategy II: Advocate for public policies that will address food insecurity.**

- Address the Cliff Effect  
The “Cliff Effect” refers to the phenomenon that occurs when people who are receiving public benefits begins to earn more money at work and, subsequently, have their benefits reduced to

such a level that they are worse off economically than they were before the pay increase. This frequent occurrence creates a real challenge for people who are trying to improve their socio-economic standing. In fact, it de-incentivizes work. If we desire for people to be able to pull themselves out of poverty through work, we must create the mechanisms that make it possible. A “glide path” instead of a cliff effect would mitigate the immediate drop off in benefits by allowing recipients to hold on to their benefits for a period of time even while they are earning a higher income. This would give them the opportunity to gain a toe-hold to be more able to maintain economic stability when benefits finally do cease.

➤ Reduce poverty

In western Massachusetts, approximately 16,000 people (12 percent of the population) live below the federal poverty line. However, it is clear that many people who live above the poverty line are still not able to make ends meet; indeed, several safety net programs have income limits above the poverty line. The current poverty line, which has been largely the same since 1963, is too low to give an accurate picture of who actually lives in poverty. Nationally, billions of dollars of federal aid and Medicaid funding depend on the poverty measure. At the state and local level, many assistance programs use the poverty level as a basis for eligibility. We should increase the poverty line to more accurately reflect today’s cost of living.

➤ Provide living incomes

Of course, many people who currently live in poverty would no longer do so if they were able to earn a living wage at work. Increased wages, combined with adequate income supports, would make many more people food secure. In addition to advocating for living incomes, we should also increase the number of job readiness programs available to help people find and keep good-paying jobs.

➤ Protect federal and state nutrition programs

Unfortunately, many of our nation’s federal nutrition programs are at risk of being drastically reduced. For example, proposals in Congress would reduce or eliminate the Supplemental Nutrition Assistance Program, or SNAP (formerly called Food Stamps). In western Massachusetts, approximately 18,000 people (14 percent of the population) receive SNAP each month;<sup>7</sup> a loss of these benefits would be devastating both to recipients and to businesses in our region that rely on this revenue source to employ local residents. We must work with our representatives in Congress to preserve and protect this vital program as well as others such as WIC<sup>8</sup> and school meals. On the state level, the Massachusetts Emergency Food Assistance Program (MEFAP) provides millions of pounds of food to the four food banks in the Commonwealth. We should continue to advocate for sufficient funding for this program in the state budget each year.

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<sup>7</sup> U.S. Census Bureau. American Community Survey, 5-Year Estimates (2009-2014).

<sup>8</sup> The Special Supplemental Nutrition Program for Women, Infants, and Children provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

One factor that contributes to food insecurity is the high cost of healthy food, especially in relation to less healthy food. The Healthy Incentives Program (HIP), funded by the United States Department of Agriculture and implemented by the Massachusetts Department of Transitional Assistance, will provide additional buying power to SNAP customers when they purchase fruits and vegetables at farmers' markets, farm stands, Community Supported Agriculture (CSA) farms,<sup>9</sup> and mobile markets by providing a dollar-for-dollar incentive. This innovative program, based on a successful pilot that took place in Hampden County in 2013-2014, is expected to increase SNAP users' consumption of fresh produce, and will also provide increased financial support to the Commonwealth's farmers.<sup>10</sup> The state could expand this program by investing in a proposed trust fund to allow incentives to be distributed even after the three-year federal funding comes to an end.

In 2018, the federal Farm Bill is expected to be renewed. This bill provides the funding for nutrition programs that many people in western Massachusetts depend upon, including SNAP, WIC, school breakfast and school lunch, Meals on Wheels, and many more. We need to protect funding for these programs within the Farm Bill. Initially, this will mean working to ensure that the nutrition titles and the agricultural titles remain tied together; separating them into two separate bills, as has been proposed, would leave the nutrition programs extremely vulnerable to cuts or elimination. In addition, the Farm Bill provides significant subsidies to commodity farmers who produce crops such as corn and soy beans. These ingredients are used in a vast number of processed foods, including many that most people would consider less healthy. Reducing these subsidies would raise the cost of "junk food," thereby putting it on par with healthier foods that derive from crops that do not receive federal subsidies.

➤ **Improve participation in federal nutrition programs**

The suite of federal nutrition programs constitute a crucial part of the safety net by providing billions of meals each year to people with lower incomes across the country. Unfortunately, many people who are eligible for such programs do not participate in them. The reasons for this might include lack of knowledge about the program, lack of access to a program site, assuming non-eligibility, or embarrassment. We should do all that we can to maximize enrollment in these programs. Not only will this provide more assistance to individuals with lower-incomes, but it will also boost local economies by bringing millions of additional federal dollars into our communities.

In Massachusetts, the current SNAP enrollment rate is 95 percent, meaning that 95 percent of the people who are eligible for the program are actually enrolled.<sup>11</sup> While this rate compares

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<sup>9</sup> Community Supported Agriculture consists of a community of individuals who support a farm operation, with the growers and consumers providing mutual support and sharing the risks and benefits of food production. Typically, "share-holders" of the farm provide the farmer with working capital in advance. In return, they receive shares in the farm's bounty throughout the growing season.

<sup>10</sup> Massachusetts Department of Transitional Assistance. FINI: Massachusetts Healthy Incentives Program (HIP). October 2016.

<sup>11</sup> Food Research & Action Center. State of the States: Profile of Hunger, Poverty, and Federal Nutrition Programs. Accessed at <http://frac.org/wp-content/uploads/2016/10/ma.pdf>

very favorably to that of many other states, it still leaves a large number of people without the needed boost to their food budget. One way to increase enrollment would be to close the “SNAP Gap,” or the difference between people who are enrolled in SNAP and the people who are enrolled in MassHealth. Since the two programs share the same income requirements, it is very likely that many MassHealth recipients are also eligible for SNAP. Creating a common application portal would allow applicants to apply for both programs at once, without duplicative paperwork or office visits.

Breakfast in the Classroom (BIC) is a sustainable model for providing breakfast to every child in a school after the morning’s opening bell, regardless of the family’s income level. Research shows that food-insecure children face significant stress and challenges that can have a lasting effect on their physical, cognitive, and behavioral development. They come to school ill-prepared to learn, have trouble focusing in class, and may struggle with complex social interactions. Students participating in BIC show improved concentration, alertness, comprehension, memory, and learning. Students’ attendance increases, tardiness rates decrease, and visits to the school nurse and the principal’s office decline. Children who eat breakfast are 20 percent more likely to graduate from high school and are less likely to experience hunger as an adult.<sup>12</sup> Moreover, since all children are offered breakfast, no child is stigmatized for needing food. Currently, Massachusetts ranks 44<sup>th</sup> out of 50 states and the District of Columbia in school breakfast participation.<sup>13</sup> As a result, the Commonwealth is leaving approximately \$25 million in federal reimbursement funds on the table annually.<sup>14</sup> We should ensure that all schools eligible for the Community Eligibility Provision (CEP), and thereby able to serve a free meal to every student in the school, are participating in BIC. The Food Bank of Western Massachusetts and the Eos Foundation have partnered to increase BIC participation in such schools throughout western Massachusetts. In addition, a bill has been proposed in the state legislature to mandate that every school with 60 percent or more students who are eligible for free- or reduced-price meals implement a breakfast-after-the-bell model if they haven’t already.<sup>15</sup>

The Summer Food Service Program (SFSP) ensures that income-eligible children continue to receive nutritious meals when school is not in session. Each summer, the U.S. Department of Agriculture (USDA), through its sponsors in each state, serves more than 200 million free meals to children aged 18 and under.<sup>16</sup> Meals are typically served in parks, at recreation centers, schools, religious centers, and other community locations. In Massachusetts, SFSP meals reach only 15 percent of the 317,000 children receiving free or reduced price lunches during the

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<sup>12</sup> No Kid Hungry Share our Strength. Ending Childhood Hunger: A Social Impact Analysis. 2013.

<sup>13</sup> Food Research & Action Center. School Breakfast Scorecard: SY2012-2013.

<sup>14</sup> Massachusetts Budget and Policy Center. May 2014

<sup>15</sup> The 60 percent threshold has been identified as a level at which it is likely that a school can reach at least 80 percent breakfast participation, which results in sufficient federal reimbursements to make the program self-sustaining.

<sup>16</sup> United States Department of Agriculture, Food and Nutrition Service. <https://www.fns.usda.gov/sfsp/summer-food-service-program>



school year.<sup>17</sup> One of the challenges of this program is that children need to be able to get to the meal site in order to participate, a difficult proposition for many children, especially in rural areas. In order to address childhood food insecurity, we should work to increase the number of children who participate in the summer meal program.

### **Strategy III: Develop integrated services to help “knit together” the frayed safety net.**

#### ➤ Increase physical access to food

One factor that can lead to food insecurity is a lack of physical access to food. Several areas in western Massachusetts are considered “food deserts,” meaning there is no place to purchase fresh, healthy food in the area.<sup>18</sup> These food deserts are found in both urban and rural areas and can be exacerbated when people do not own cars. Some of these areas might actually be called “food swamps,” where food is abundant but it is mostly junk food. This type of environment tends to occur in urban areas where there are many corner stores, bodegas, and fast food outlets.

Increasing the number of farmers’ markets is one way to increase people’s access to healthy food. Another way is through the newly-created Massachusetts Food Trust. The Food Trust will provide loans, grants, and technical assistance to support food retailers that locate in low- and moderate-income communities. The Food Trust has been signed into law and has start-up funding allocated. We need to work with the Healthy Food Financing Coalition to secure the release of the \$6 million appropriation as well as support the request for \$100,000 in operating funds in the state budget.

#### ➤ Address transportation challenges

As mentioned above, transportation challenges can create a significant barrier for people accessing healthy food. Many people, especially in our urban areas, do not have cars. Many areas have no public transit option at all. In areas that do have public transportation available, the routes and schedules—not to mention the limit on the number of bags each passenger is allowed to carry—make using the system to go grocery shopping untenable. One way to address the challenge of getting people to the food is, instead, to bring the food to the people. Food access could be integrated into other services and locations where people are already gathered, for example housing complexes, schools, and houses of worship. In addition, food delivery services could be expanded. Currently Meals on Wheels and Take and Eat programs bring prepared meals to homebound seniors, but programs should be established or expanded to deliver food to a broader range of people.

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<sup>17</sup> Food Research & Action Center, State of the States: Profile of Hunger, Poverty, and Federal Nutrition Programs. Accessed at <http://frac.org/wp-content/uploads/2016/10/ma.pdf>

<sup>18</sup> United States Department of Agriculture Economic Research Service. <https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx>

- Work with the healthcare industry to promote the idea of food as medicine  
Physicians and others in the healthcare industry are becoming increasingly aware of how nutrition impacts an individual's health. The idea of "food as medicine," which used to be seen as something without much scientific validity, is increasingly becoming accepted in the healthcare industry. There are some obvious connections between diet and health: obesity, heart disease, and high blood pressure have long been understood to be linked to a poor diet. But other connections are coming to light and are causing the healthcare community to take notice. For example, young children in food-insecure families are more likely to be in fair or poor health, to have been hospitalized, and to be at risk for developmental delays than children in food-secure households.<sup>19</sup> Mothers of young children who are food insecure are at greater risk of fair or poor health and depression than their counterparts in food secure households.<sup>20</sup> In light of these findings, the American Academy of Pediatrics now recommends screening families for food insecurity using the Hunger Vital Sign™, which was designed by Children's HealthWatch.<sup>21</sup> This two-question screening tool identifies households that are at risk of food insecurity. In several cases across the country, medical facilities have established partnerships with their local food bank to provide referrals to patients. This is a model that will be piloted in western Massachusetts between the Holyoke Health Center and The Food Bank of Western Massachusetts. Should that pilot be successful, the program could potentially be expanded to more hospitals and community health centers in the region.
  
- Find ways to integrate nutrition programs into other safety net programs  
In addition to the specific issues detailed above, there is also a need to connect services and resources such as childcare, housing, workforce development, and financial literacy. Offering these services in "silos," as is often the case now, makes it extremely difficult for people to access them. Building collaborations across sectors will improve service integration to people in a much more effective and efficient way. The pilot project that is discussed in the next section is one example of possible collaborations.

## Moving Forward

Having finished the first phase of its work, the Task Force will now transition into a more specific planning and action process. The next iteration of the Task Force will be called the Coalition to End Hunger and it will begin its work immediately. The Coalition will consist of three teams, each of which will focus on one of the above-named strategies: a Policy Team, a Service Integration Team, and a Communications and Education Team. These teams will meet monthly, and will come together quarterly to share ideas, information, and inspiration.

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<sup>19</sup> Children's HealthWatch. The Hunger Vital Sign™: A New Standard of Care for Preventive Health. May 16, 2014.

<sup>20</sup> Children's HealthWatch. Ibid.

<sup>21</sup> Children's HealthWatch. Cultivating Healthy Communities: Lessons from the Field on Addressing Food Insecurity in Health Care Settings. February 26, 2016.

The first phase of the Coalition’s work has been generously funded by the Community Foundation of Western Massachusetts, which has awarded The Food Bank a grant for an eight-month period of innovative planning and piloting of ideas that emanated from the Task Force.

One of the ideas that will be piloted is a food security screening project. The Food Bank of Western Massachusetts and the Holyoke Health Center are teaming up to provide screening to all pediatric patients at HHC using the Hunger Vital Sign™<sup>22</sup>. Patients who are deemed to be food insecure will be referred to The Food Bank for assistance with SNAP enrollment, nutrition programming, and information about emergency food sources in their neighborhoods. In cooperation with HAP Housing, Catholic Charities, and CISA, families will also be connected with housing, employment and financial literacy services, and low-cost CSA shares. We continue to look for additional partners who will be able to provide services to these families. Our hope is that a successful pilot will lead to expansion of the screening program throughout Holyoke Health Center and to other healthcare facilities in the region.

## **Conclusion**

The Food Bank of Western Massachusetts is grateful to all the members of the Task Force who dedicated so much of their time and energy to this effort. We look forward to continuing to work with many of them on the Coalition to End Hunger. We are also thankful for the community members who took part in the forums that were held throughout the region. Their input was invaluable in the Task Force’s discussions and the formation of this plan.

As we move into the future, everyone’s voice will be necessary if we are truly to end hunger in western Massachusetts. We welcome everyone’s input and involvement in overcoming this tremendous challenge.

For updates and more information:

[www.foodbankwma.org/special-initiatives/task-force-to-end-hunger](http://www.foodbankwma.org/special-initiatives/task-force-to-end-hunger)

or contact

Nancy Robinson at [nancyr@foodbankwma.org](mailto:nancyr@foodbankwma.org) or 413/247-9738 x147

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<sup>22</sup> Children’s HealthWatch, The Hunger Vital Sign™: A New Standard of Care for Preventive Health

Appendix

