

Advancing Health Equity Through

**INNOVATION &
PARTNERSHIPS**

Learnings from the
H2HC 2025 Fall Summit

November 6, 2025 | Boston, MA

“H2HC elevates voices that are too often left out of the conversation ... including young people and students like us. It felt like a privilege to be in that room.”

– **Sophia Bahad and Eric Fang, Students,
Boston University School of Medicine**

“It is a true balm in otherwise terrifying times. Every panel knocked it out of the park and shared information I didn't know ... always a good measure of a worthwhile gathering.”

– **Betsy Rosenfeld, H2HC Strategic Advisor, H2HC (former Regional Health Administrator, U.S. Department of Health and Human Services)**

“In times like this, more than ever, we need these sorts of convenings to cut through the noise, to encourage one another, and to help us all continue to chart our path forward.”

– **Priscilla Wang, MD, Associate Medical Director of Primary Care Health Equity, Mass General Brigham**

“The Summit brings together an incredibly diverse and talented room of people—nonprofit trailblazers, funders, academics, and government employees—in genuine conversation. The limited size ensures robust dialogue, and you leave with valuable connections across the country. I consider being invited a tremendous honor and privilege.”

– **Jennifer Williams, General Counsel,
Action for Boston Community Development**

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(Clockwise from top) Emily Yu, Rebecca Elliott, Karen Mitchell, Ellen Prenelus, Julie Meyer, and John Erwin



Dear Friends,

In November 2025, we welcomed leaders from 17 states and Washington, D.C. to our Fall Summit, *Addressing Health Equity Through Innovation and Partnerships*, at the Federal Reserve Bank of Boston. We spent a powerful day together marked by energizing conversations, candid sharing of challenges and victories, and clear calls to action. Together we uplifted and learned from examples of innovative food and nutrition work creating positive change all around the U.S.

With catastrophically unpredictable federal funding cuts, effective entrepreneurial models and collaborations are more important than ever. Our Fall Summit panels and conversations focused on the economic imperatives of health equity, creative state-level innovations, sustainable partnerships, and much more.

We featured H2HC 2025 Prize for Innovation winners and other visionary organizations empowering a new generation of young leaders, building stronger communities, and fostering hope, all through their sustained commitment to continuing the hard work over the long haul.

Founded in 2018, the Hunger to Health Collaboratory Prizes has awarded more than \$2.2 million dollars in grants and prizes to support innovative, systemic food and nutrition work that advances health equity. We are continuing to build a cohort of winners focused on food and nutrition access, health equity, economic empowerment, knowledge sharing, and social justice. I invite you to become part of our community of innovators creating real change.

Finally, as we plan our 2026 Fall Summit, I invite you to visit our website to sign up for updates as we move forward.

With best wishes for a successful year ahead,

A handwritten signature in black ink that reads "Nicolene". The signature is fluid and cursive, written in a professional style.

Nicolene Hengen
Executive Director
Hunger to Health Collaboratory



KEYNOTE SPEAKER

Priscilla Wang, MD,
Associate Medical Director
of Primary Care Health
Equity, [Mass General
Brigham](#)

1 | Nutrition and Health Equity: Framing the Landscape

In her keynote, Dr. Wang, a primary care physician and health equity leader at Mass General Brigham, framed the current national moment as both precarious and promising. She urged participants to stay focused on the North Star of universal health and well-being and emphasized that nutrition equity is foundational for health equity.

Dr. Wang underscored that health equity is about more than whether people have enough food, or even access to healthy food, but that nutrition equity is, "the state in which everyone has a fair and just opportunity to attain their highest and best level of health".¹

More than 40 million Americans live in food-insecure households, and one in four live with severe food insecurity.² This burden falls disproportionately on vulnerable communities, including people of color and people with disabilities.

Dr. Wang acknowledged the significant challenges that families are facing, including cuts to Medicaid and other health-related funding, rising health insurance costs, and growing financial strain. She emphasized that economic security and food insecurity are deeply intertwined, and that when resources are reduced, families with the fewest options are hit first and hardest.

But, she added, we also have the opportunity to create change. National polling data reveals that health equity, nutrition equity, and food security are profoundly bipartisan and unifying goals.³ When stripped of political language, e.g., referring to [the Affordable Care Act](#) as the ACA rather than ‘Obamacare’, these programs enjoy widespread support across political affiliation, age, gender, and geography. Growing national attention from leaders, organizations, and communities to the role of food in health suggests that we are at an exciting tipping point.

As we move forward, Dr. Wang stressed that our collective work to advance nutrition and health equity must outlive any particular political movement or administration.

“I am always inspired by the fact that food is not just medicine and food is not just health. Food is culture, community, caring, and love. And I think there are few things that are more unifying to the human experience than the need to eat and the joy and experience of eating.”

**Priscilla Wang, MD,
Mass General Brigham**

Calls to Action



Embed equity in daily work.

Equity is not just about outcomes; it is about how programs are designed and delivered. Are meals accessible to people with physical limitations or without transportation? Are they adapted for people living in shelters or without standard kitchen equipment? These details determine who truly benefits.



Build and strengthen coalitions.

Coalitions stretch resources and amplify impact. They work best when they center community voices, build trust through transparency, set clear goals and timelines, and engage new partners, like the [Make Hunger History](#) Coalition in Massachusetts.



Communicate strategically.

Help different stakeholder audiences understand that nutrition equity matters by using customized data and human stories.

- **Healthcare CFOs** understand value through preventing readmissions, building community trust, and meeting quality measures for insurance contracts.
- **Business leaders** want to see return on investment and workforce productivity.
- **Policymakers** respond to constituent impact and economic data.
- **Community members** connect with stories that reflect their own experiences.



Advocate persistently.

Do not accept the fallacy that change is impossible; pressure works and action matters.



MODERATOR

Priscilla Wang, MD,
Associate Medical Director
of Primary Care Health
Equity, [Mass General
Brigham](#)

SPEAKERS (L-R)

Richard Sheward, Director of
System Implementation
Strategies, [Children's
HealthWatch](#)

Gina Plata-Nino, Director of
SNAP, [Food Research and
Action Center \(FRAC\)](#)

Natalie Haynes,
Executive Director,
[Vitamix Foundation](#)

2 | Shifting the Landscape of Pediatric Nutrition and Health Equity

Pediatric health equity remains chronically underfunded, and to advance it requires both strategic interventions and effective coalitions that bring together healthcare, early childhood education, food access, and policy advocacy for long-term impact.

Panelists underscored that pediatric health equity is both a moral imperative and strategic lever; interventions in early childhood offer the most powerful long-term returns and require the most cross-sector coordination. The panel identified three strategic priorities for advancing pediatric health equity.

Strategic Priorities for Advancing Pediatric Health Equity

1

Support critical systems and proven programs.

Six million children under age 3 in early childcare settings depend on providers who themselves face alarming rates of food insecurity (approximately 30% nationally and up to 50% in some states).⁴ Both the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants & Children Nutrition Program (WIC) are underutilized, but WIC even more so, in part because it has fewer authorized retailers (40,000 compared to 266,000 for SNAP).

2

Use systemic screening as a gateway to resources.

Screening by pediatricians uncovers needs and opens pathways to essential resources for families. MassHealth's 1115 waiver expands flexible services to address health-related social needs and demonstrates how healthcare systems can integrate social supports into care delivery.⁵

3

Innovate clinical-community partnerships.

Economic justice hubs like Boston Medical Center's StreetCred embed tax assistance in pediatric clinics to help families access programs and tax credits and directly increase household income.

Richard Sheward emphasized that pediatricians are often “the tip of the spear” in addressing poverty, not because they chose anti-poverty work, but because poverty shows up in the exam room. Drawing on Children’s HealthWatch’s research-to-policy model, he urged attendees to “make the invisible visible” by naming poverty as a health crisis rather than an individual failing.

Funding threats to national nutrition programs like SNAP offer an example of how making poverty visible can shift public understanding by heightening public awareness of both hunger in the U.S. and how SNAP works. Recent national attention around SNAP has accelerated a shift toward state leadership, narrative-driven advocacy, and cross-sector strategies to advance health equity.

The Food Research and Action Center (FRAC) has focused on making SNAP more relatable through targeted messaging: The majority (96%) of SNAP recipients are U.S. citizens, work but earn less than \$1,100 monthly, and typically participate in the program for between six and 24 months.⁶

As federal policies become less predictable, states are responding with bold innovations that demonstrate transformative policy change is possible and replicable. Some recent examples include:

- The **Massachusetts** Commission on Poverty in August 2024 outlined a 10-year roadmap to reduce poverty over the next decade through expanded tax credits and guaranteed income pilots.⁷
- **Michigan** committed \$270 million in October 2025 to expand Rx Kids, a guaranteed income program providing families with \$1,500 in cash payments during pregnancy and \$500 monthly during an infant’s first year.⁸ The program is expected to reach an estimated 100,000 infants, or one-third of all births in Michigan.
- **New Mexico** became the first state to implement universal childcare in November 2025 with an investment of \$600 million.⁹



“My role is to include people who look like the audience—teacher assistants, childcare workers, nursing assistants—so viewers can relate. Unless it touches you personally, you won’t care. The same is true for policymakers.”

Gina Plata-Nino,
Food Research and Action
Center (FRAC)



"I'm really inspired by the momentum and the interest in nutrition and health right now, so I really feel like this is the opportunity for us to seize this moment and take some action."

Natalie Haynes,
Vitamax Foundation



"Often data will only get you so far, and then you need stories. You need the human connection. And when the two are woven together, that's like a superpower for really getting something solved."

Richard Sheward,
Children's HealthWatch

The importance of coalition building emerged throughout the panel. Natalie Haynes emphasized the importance of relationship-driven grantmaking involving mutual learning, flexible support (including technical assistance and connections), and sustained partnership. She noted, "This time is bringing a lot of funders together. I see a lot more collaboration and interest in working together and forming coalitions and networks... We're wanting to be more flexible, more nimble."

The roadmaps exist, the research is clear, and innovative programs across the country are creating opportunities to advance nutrition and health equity. This work requires building relationships that survive political transitions, thinking generationally about change, and forming coalitions strong enough to protect proven systems.

Calls to Action



Everyone

Create at least one new connection, partnership, or initiative that helps reduce hunger and improve family health. Build relationships that connect community wisdom to institutional change.



Advocates and Practitioners

Prioritize state-level action while federal policy remains uncertain. Become the expert your policymakers can rely on. Build relationships with state legislators who need data, stories, and responsive support. Document policy outcomes, both positive and negative, to build the case for what should be preserved, expanded, or redesigned.



Funders

Create collaborative investments to provide flexible capacity funding for innovative organizations working to implement community-driven solutions.



Healthcare Providers

Treat poverty as a health crisis. Screen universally for food insecurity and integrate social service supports into care delivery. Partner with community organizations to create sustainable clinical-community partnerships that build trust with families across generations.



3 | Innovative Cross-Sector Solutions

Establishing Strong Partnerships

Successful cross-sector partnerships begin with aligned vision, shared purpose, and co-designed solutions. Sustaining these partnerships requires institutional buy-in, multiple contact points across organizations, and infrastructure that survives staff turnover. Effective partners experiment, learn from mistakes, and remain flexible in applying lessons learned. DoorDash operates on a principle of "1% better every day," for example, and emphasizes open communication.

The BUILD Health Challenge identifies alignment with potential partners by reviewing nonprofits' 990 forms for focus areas and examining hospitals' community health needs assessments for goals. Partnership assets might include financial resources, advocacy capacity, communication expertise, community relationships, and technical infrastructure.

Community Care Cooperative (C3) prioritizes communication protocols like meeting frequency, response timelines, and key staff contacts. Kim Prendergast emphasized the importance of setting clear expectations up front. "What will happen when we make a referral? Do we speak the right languages? Can we reach people at times that work for them?"

MODERATOR

Julie Meyer, Founder,
[Connection151](#)

SPEAKERS (L-R)

Melissa Monbouquette,
Executive Director, [The BUILD Health Challenge](#)

Kim Prendergast, Vice
President of Policy and
Strategy, [Community Care Cooperative \(C3\)](#).

Daniel Riff, Head of
Government and Nonprofit
Operations, [DoorDash](#)



“The difference between a vendor and a partner is going into conversations ready to co-design solutions—being clear about what we can and can’t do and figuring out opportunities together.”

**Kim Prendergast,
Community Care
Cooperative**

Addressing power imbalances strengthens collaboration, and organizations with resources have an obligation to be responsive partners. Nonprofit partners often operate on different fiscal calendars and require advance notice to make staffing and budget decisions. C3 shares referral volumes, payment processes, and upcoming changes proactively to balance power across organizations.

Once trust is established through clear roles, communication, and power transparency, partnerships are positioned to address the operational systems required for growth and sustainability.

Infrastructure Enables Scale

Integrating technology across organizations ensures that data, referrals, and communications flow smoothly despite different systems and platforms. Many community-based organizations lack in-house technical expertise and rely on consultants, which makes realistic planning around technology integration essential from the outset.

C3 leveraged the Massachusetts Section 1115 waiver to create a hub model to process claims on behalf of its partners. This allows CBOs to focus on service delivery while C3 manages multiple funding sources (Medicaid, Medicare, research grants, and traditional grants) on the backend in a seamless way for both community partners and patients.

With 17 accountable care organizations in Massachusetts designing different nutrition programs, Prendergast emphasized the need for standardization. The national [Food is Medicine Coalition](#) has begun defining what medically tailored grocery boxes and meals should include, and certification standards are now emerging.

Workforce planning is crucial. Massachusetts' medically tailored meal programs require dietitian consultations for every patient referral, but there aren't enough dietitians to meet demand. Hiring additional staff, developing remote work capacity, and sharing dietitians across organizations requires multi-year planning. When organizational visibility only extends through the next fiscal year, even within multi-year waiver approvals, organizations cannot make the workforce investments that scaling requires.

Infrastructure can also demonstrate value. A Project DASH Pennsylvania partner delivering 40,000 food boxes monthly to seniors operated with minimal program funding.¹⁰ By demonstrating to both Republican and Democratic state legislators that seniors could not independently access heavy boxes without home delivery, the organization secured \$1 million in state funding. Panelists noted that decisions about how systems scale—who carries administrative burden, who absorbs risk, and who adapts—ultimately determine whether partnerships advance equity or reinforce existing disparities.

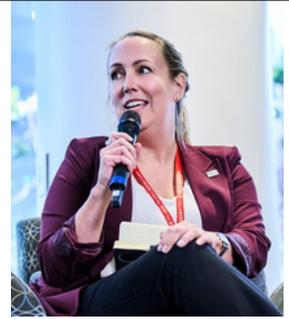
Infrastructure Enables Equity

Drawing on BUILD's national portfolio, Monbouquette noted that food access cannot be separated from housing stability, transportation, or employment. The collaboratives that scale most effectively are those that reduce funding silos and design solutions across systems rather than within a single program stream.

In 2023, residents in Cleveland's Central Kinsman neighborhood who had been without a grocery store since 2019 received a grant from BUILD to develop a community-owned food co-op and farmers' market network. With this funding, they were able to simultaneously address the interconnected social drivers of food access, economic development, and transportation with a food co-op, community garden network, food jobs pipeline, and a food delivery program.¹¹

The contrast across states illustrates why infrastructure matters. In California, food banks and pantries must negotiate separately with nine different health plans on different rate structures to access 1115 waiver funding, creating barriers to participation for many organizations.¹² In New York, the Section 1115 waiver (renewed in April 2022) included substantial funding for nutrition services but lacked funding to integrate nutrition screening and referrals into existing healthcare workflows.¹³

Physicians have limited time with each patient, and adding screening requirements necessitates workflow redesign. Successful scaling requires embedding nutrition services into standard care processes rather than creating parallel systems clinicians must remember to use.



"I'm feeling optimistic watching our communities organize. They are responding in ways that are centering community members to push our systems and our policymakers to be better."

Melissa Monbouquette,
The BUILD Health
Challenge





“The smoothest partnerships start when a partner says, ‘We have this program, but it has a hole. We think it’s your strength that can fill it.’”

**Daniel Riff,
DoorDash**

Calls to Action



Establish clear expectations from the outset.

Clearly define roles, responsibilities, and communication expectations to create a foundation that can survive staff turnover and organizational change.



Invest in partnership infrastructure to move beyond good intentions.

Across sectors, panelists agreed that investing in shared infrastructure is the most effective way to translate collaboration into lasting, equitable impact.



Reduce silos between funding streams and program requirements.

Streamline administrative barriers to accelerate collaborative solutions.



Standardize across programs and states.

Adopt common approaches that help measure impact, scale effective programs faster, and reduce duplication without losing the ability to adapt locally.



Explicitly redistribute power.

Build partnerships that reduce friction for under-resourced organizations and respond to the realities of community members’ lives.



4 | Policy Notes from the Field

As of the 2024-25 school year, 29 percent of U.S. public schools nationwide offer free meals to all students through state or local initiatives, up from 21 percent in October 2022.¹⁴ Eight states offer permanent universal free school meals (California, Colorado, Maine, Massachusetts, Minnesota, New Mexico, New York, and Vermont)¹⁵, and most states have healthy school meals coalitions working toward universal free school meals. Panelists emphasized that while policy contexts vary widely, the underlying mechanics of successful advocacy are consistent across states.

New York operates one of the world's largest public-school systems in a progressive political environment with established advocacy infrastructure. In contrast, Utah is predominantly rural and deeply conservative. Despite these differences, New York and Utah advanced universal free school meals through organizing principles that prioritized relationships, dignity, and broad public ownership, including:

- Create broad coalitions that crossed typical lines
- Maintain focus on shared goals
- Build trust over years
- Authentically center student voices
- Lead with human stories and use data strategically
- Address stigma explicitly in messaging and implementation

In New York City, Community Food Advocates (CFA) led coalition efforts that secured universal free school meals for all the City's 1.1 million students in

MODERATOR

Nicolene Hengen, Executive Director, [H2HC](#)

SPEAKERS (L-R)

Emily Bell McCormick, Executive Director, [The Policy Project](#)

Abbie Watts, Director of School Food Advocacy, [Community Food Advocates](#)



“Bringing people together who come from different experiences, backgrounds, and expertise to focus together on that common goal is really powerful, and if you have purpose behind, that then you have a movement.”

Abbie Watts, Community Food Advocates

2017, then co-led the statewide campaign to bring free meals to all 2.7 million students in New York State starting in the 2025-26 school year. In 2024, CFA also secured \$275 million to redesign school cafeterias across the city, resulting in a 35% increase in high school student participation across more than 500 transformed cafeterias.

In Utah in 2025, The Policy Project (TPP) successfully expanded access to free school meals for 40,000 additional students, building on years of relationship-building with legislators through previous campaigns on menstrual equity and teen poverty. The policy, providing free school meals to approximately one-third of all enrolled students in the state, has reduced meal debt and stigma and strengthened food security statewide, demonstrating TPP’s approach of turning upstream policy solutions into community-level impact that promotes dignity for students and families.

Effective Messaging Strategies

Stigma and misconceptions surrounding school meal programs complicate policy conversations. The communication challenges extend beyond data to include deeply held beliefs about personal responsibility, the role of government, and who deserves support. CFA addressed this by creating legislative fact sheets that presented complex data as clear, localized takeaways. Maps highlighted geographic disparities and made the misalignment of federal guidelines with local cost of living data visible and urgent. “The spreadsheet makes your eyes blur,” Watts reflected. “But when a legislator sees what’s happening in their district, that’s different.”

Both organizations described framing strategies rooted in shared values rather than ideology. TPP emphasized children’s vulnerability, adult responsibility, and return on investment. “What kind of returns are we getting on investing in public education if we have kids who cannot learn because they’re hungry?” TPP also used public messaging campaigns, including billboards along major interstates with messages like “Hungry kids can’t learn” to broaden understanding.

Elevating student voices grounds policy debates in lived experience and shifts power toward those most affected by the decisions. CFA runs a city-wide Youth Food Advocates program with approximately 20 paid student interns who become food systems experts. These well-prepared students proved extraordinarily powerful with legislators who might dismiss adult advocates but found youth voices compelling and credible. McCormick noted, “A legislator can tell me all day that ‘this isn’t really a problem’, but when you are listening to a kid who is telling a story, it is very, very impactful.”

Create Coalitions Across Divides

As campaigns expand, broad coalitions become essential for sustaining momentum, signaling legitimacy, and carrying policy across political and ideological divides. Both campaigns succeeded through expansive coalition work that brought together partners who might not naturally collaborate. Both CFA's Lunch 4 Learning Coalition (City level) and Healthy School Meals for All Coalition (state level) created space where organizations working in related areas could unite around shared goals.

Bell described coalition-building as a deliberate structure, not an *ad hoc* process, emphasizing that durable policy change requires aligned roles across community, philanthropy, and culture.

- **Community stakeholders** bring lived experience and expertise, and TPP explicitly asked these organizations to guide their work.
- **Philanthropists** provide both funding and access. When donors contribute to both a cause and legislators' campaigns, this creates meaningful leverage for policy conversations.
- **Community members** are essential because culture and policy must align for change to endure.

Successful policy campaigns take years because relationships with both coalition partners and policymakers cannot be built quickly. Creating sustainability that survives staff turnover requires building institutional memory and connection beyond individual champions.

Implementation and Sustained Engagement

Panelists repeatedly emphasized that policy passage is a midpoint, not an endpoint, and that sustained engagement determines whether wins translate into lasting impact. Many Lunch 4 Learning Coalition members who worked on New York City's universal free school meals campaign in 2017 are still engaged today. Policy change created opportunities for improvement, and the Coalition's monitoring led to an ambitious capital campaign for redesigning cafeterias and the identification of nutrition collaboratives as the major goal.¹⁶

TPP created impact teams throughout the state to monitor implementation, particularly in rural areas with high poverty and food access challenges. When Utah faced SNAP funding decisions, legislators brought into the school meals conversation felt ownership of food security issues and approved the use of state rainy day funds to support SNAP. By building trust and shared ownership through the school meals campaign, advocates created a broader coalition of legislators prepared to engage on food security beyond the original policy focus.



“We can pass a policy, but if people are not ready to accept it, things are not going to change.”

Emily Bell McCormick, The Policy Project

Strategies for Advancing Lasting Policy Change



Engage voters and families.

While children cannot vote, their parents do, making family engagement and voter registration part of a comprehensive advocacy strategy. In New York City's 2025 mayoral race, despite the largest mayoral election voter turnout since 1969, only 2 million of 5.1 million registered voters participated. Those non-voters represent untapped power for policy change.



Seek and support unlikely champions.

Looking for unlikely partners and thanking legislators who support relevant measures creates openings for future work. Small olive branches, like acknowledging when someone takes a position you support, opens doors.



Support local and state campaigns and coalitions.

With only eight states currently offering universal free school meals, 42 states present opportunities for advocacy. Most states have healthy school meals coalitions working toward this goal. Supporting these campaigns, even through a light-lift action like adding an organizational name to coalition sign-on letters, demonstrates power in numbers that policymakers recognize.



Lay the groundwork for future change.

Building policy success creates a foundation for future work that extends beyond the specific issue. The victories in Utah and New York demonstrate that universal free school meals are achievable in both progressive and conservative states and in urban and rural contexts. Success requires patient, relationship-driven policy advocacy, coalition-building with unlikely partners, and authentic engagement of young people in shaping policies that affect their lives.



Be a knowledgeable advocate.

Become the expert your policymakers can rely on by being responsive, informed, and ready with both data and stories.



Show gratitude to school food service workers.

Show gratitude to school food service workers. CFA's Youth Food Advocates run an annual gratitude campaign and distribute postcards for students to write thank-you notes to cafeteria staff. Recognition builds a culture that sustains programs.



5 | The Boston Medical Center StreetCred Client Experience

StreetCred at Boston Medical Center is a medical-financial partnership that integrates evidence-based, underutilized economic resources into prenatal and infant healthcare. The program provides free services to families:



In-clinic tax preparation

that has returned more than \$6.5 million to 2,500 families since its inception in 2016



Trauma-informed financial coaching

through eight-week classes



Economic bundle services

yielded an estimated \$3 million in resources for families in 2025

MODERATOR

Rachel Sagor, MD, Pediatrician, Boston Medical Center, and Medical Director, [StreetCred](#)

SPEAKERS (L-R)

Lourdia Beauvoir, [StreetCred](#) client

Yvenord Beauvoir, [StreetCred](#) client

Beatrice Dorzin, Career Navigation Coach, [StreetCred](#)

StreetCred's impact at Boston Medical Center demonstrates what becomes possible when economic stability is treated as preventive health care. The program expanded in 2024 to serve prenatal families in BMC's obstetrics,



"Helping people, connecting them with resources, unlocking their potential, wherever they are on their economic mobility journey, it's always something I'm happy to do."

Beatrice Dorzin, StreetCred

gynecology, and family medicine departments. StreetCred's ultimate goal is to embed economic security supports, including SNAP and WIC enrollment and college savings accounts for infants, as routinely as vital sign checks in all healthcare settings.

National Scale and Impact

In 2019, StreetCred founded the Health by Wealth Collective, a national open-source technical support and learning community that has grown to include 37 member organizations across 11 states and Washington, D.C. These organizations have returned more than \$35 million to some 20,000 families, clearly demonstrating the model's scalability and replicability.

From Client to Colleague

Boston Medical Center provides care that, as Beatrice Dorzin described, "saved my life and my baby's life." When her baby's pediatrician mentioned the Financial Community Wellness Advocate position, it resonated with her prior work alongside Dr. Paul Farmer in Haiti, work grounded in the belief that "injustice has a cure" and that underserved populations deserve high-quality healthcare.

As a Financial Community Wellness Advocate, Dorzin meets with families of newborns between pediatrician visits to share information about SNAP enrollment, WIC access, and opening Baby Steps college savings accounts (a Massachusetts program that provides an initial \$50 deposit toward a child's future education).

The Beauvoir Family's Experience

When Yvenord and Lourdia Beauvoir first met Dorzin, their son was two days old, and the family was living in a shelter. Over nine months, Dorzin connected them with job readiness resources, training opportunities, and ongoing support. Clients' appointments are consistently scheduled with the same advocate, something that distinguishes StreetCred from one-time resource navigation programs.

The Beauvoir family participated in an eight-week, in-person financial coaching class at the hospital to learn how the U.S. financial system works, establish and build credit, and understand saving and investing strategies.

Through career navigation services, Yvenord enrolled in a construction and building trades program while Lourdia began learning English to prepare for returning to work. These parallel pathways demonstrate how career navigation meets families where they are and supports different paths toward economic stability.



StreetCred Design Principles

The stories shared during the panel revealed that StreetCred's success is grounded in a set of intentional design principles that guide both its clinical integration and community partnerships.

1

Meet people where they are.

Embedding services in pediatric appointments removes barriers to access and integrates economic security into routine care.

2

Ensure cultural responsiveness and language access.

Providing services in families' primary languages with staff who share cultural backgrounds and recent immigration experiences builds trust and ensures true accessibility. Dorzin's ability to interpret in Haitian Creole and her own recent arrival in the U.S. created a natural connection with the Beauvoir family.

3

Use trauma-informed approaches.

Recognizing that relationships with money, work, and economic systems are shaped by past experiences allows for effective support that builds on strengths rather than highlighting deficits.

4

Create pathways from client to colleague.

Dorzin's journey from BMC patient to StreetCred staff demonstrates how centering community expertise strengthens programs in ways formal training alone cannot.

5

Provide comprehensive, interconnected support.

Economic security requires addressing multiple dimensions simultaneously: immediate needs like food assistance, medium-term skills like financial literacy, and long-term opportunities like career development and education savings.

6

Enable scalability through collaboration.

The Health by Wealth Collective's growth to 37 organizations across 11 states demonstrates that effective models can expand when organizations commit to open-source sharing rather than proprietary competition.



“I think every clinic and every hospital deserves to have a program like StreetCred to help families thrive. I'm happy for this program and I want other people to experience the help and the joy that I got from participating in this program.”

Yvenord Beauvoir,
StreetCred

Integrating economic security supports into healthcare delivery recognizes poverty as a health crisis and creates meaningful, measurable impact for families.

The StreetCred model demonstrates that when healthcare systems address social determinants of health directly and comprehensively, they can transform family trajectories across generations.



MODERATOR

Erika Hanson, Clinical Instructor, [Center for Health Law and Policy Innovation \(CHLPI\)](#), [Harvard Law School](#)

SPEAKERS (L-R)

Angela Odoms-Young, Nancy Schlegel Meinig Associate Professor of Maternal and Child Nutrition, [Cornell University](#)

Katy Crosby, former Chief of Community Engagement and Institutional Accountability, [National Community Reinvestment Coalition \(NCRC\)](#)

Priya Fielding-Singh, Director of Policy and Programs, [Global Food Institute](#), [George Washington University](#)

6 | Combating Wealth Inequality for National Well-Being

Wealth inequality is at historic levels around the world. Wealth gaps in the U.S. are among the widest globally: the top 10% of households hold more than two-thirds of all wealth while the bottom half (160 million people) hold just 2%.¹⁷ The racial wealth gap has also widened dramatically: in 1983, the average white family's wealth exceeded the average Black or Hispanic family by about \$320,000. By 2022, that gap exceeded \$1 million.¹⁸ These figures set the context for the panel's central argument: wealth inequality is not an abstract economic condition, but a structural driver of health outcomes shaped by policy, power, and history.

Angela Odoms-Young emphasized that these disparities result from historical extraction and dispossession, including Indigenous land theft and uncompensated labor, not chance. She noted, "When we think about wealth, there are two things that really matter. One is earnings. The other is history." Income alone is an insufficient measure of stability, and wealth determines how families experience economic shocks.

Priya Fielding-Singh noted that wealth, not income, is the most powerful predictor of health. Assets, savings, and debt determine whether financial stresses force families into harmful trade-offs around nutrition and food purchasing. When just under half of Americans have sufficient emergency savings for three months of expenses, balance sheets matter more than

paychecks. Wealth buffers stress, shapes daily decision making, and ultimately influences long-term physical and mental health outcomes.

From Community-Based Interventions to Policy Innovation

Panelists identified multiple pathways for addressing wealth inequality through programmatic and policy interventions.

Workforce Development with Community Hiring. Cornell Cooperative Extension's Expanded Food and Nutrition Education Program (EFNEP), operating since 1969 in all 50 states and six territories, hires community members to deliver nutrition education while providing living wages and upward mobility. Studies show participants pursue additional education and advance to other employment after training.

Community Development and Wealth Building. Odoms-Young described her lab's work with a Chicago church that purchased 30 acres on the South Side to build Imani Village, a planned development addressing mass incarceration, food insecurity, and the wealth gap through rental housing, senior housing, and approximately 70 homes for ownership.

Financial Infrastructure and Capital Access. The National Community Reinvestment Coalition creates community benefit agreements focused on increasing capital flow in underserved communities through mortgage and small business lending, philanthropic investment, and community development including affordable housing and health centers. NCRC is developing a Community Investment Institute to educate community organizations on presenting needs to private-sector anchor institutions in ways that align with their investment criteria.

Time-Bound Cash Transfers. Harvard's Center for Health Law and Policy Innovation tests guaranteed income for families experiencing acute health crises like pediatric cancer or Neonatal Intensive Care Unit (NICU) hospitalizations. These trials examine whether cash transfers improve health outcomes by allowing families to address pressing needs, like transportation, accommodation, or childcare rather than receiving prescribed services that may not match immediate circumstances.

Federal Programs with Local Flexibility. Odoms-Young highlighted WIC and the National School Lunch Program as examples of how national policies can be implemented differently at local levels. Despite both programs being federal, WIC operates very differently across the country, and every school district implements lunch program requirements uniquely. These programs become effective when federal policy allows flexibility for local implementation tailored to community needs.



“...we have an opportunity to rebuild these systems. So, the same way that they're being destroyed, we have an opportunity to rebuild them in a way that prevents them from us having this experience again.”

Katy Crosby,
National Community
Reinvestment Coalition
(NCRC)



“If we want to start addressing health disparities, we cannot forget the wealth gap.”

Priya Fielding-Singh,
George Washington
University



“How do we continue to dedicate resources toward people with lived experience or those community advocates that understand the problem and also have positive solutions to address the problem?”

Angela Odoms-Young,
Cornell University

Employee Ownership Expansion. Employee-owned businesses offer more satisfaction, better retention, and stronger financial performance. Over half of U.S. businesses are owned by people 55 and older retiring in the next decade, the “silver tsunami”. The 40 Million Owners initiative works to expand employee ownership in the lower middle market: nearly 600,000 companies employ 40 million people, but only 2% are employee-owned.¹⁹ Notable examples include Bob's Red Mill Natural Foods, King Arthur Baking Co., WinCo Foods, and Publix. Employee ownership appeals across the political spectrum, creating bipartisan potential for policy change.

Calls to Action



Leverage state and local innovation.

Crosby emphasized focusing on state-level opportunities as laboratories for innovation and reimagining them to resist future dismantling. Odoms-Young reinforced the importance of hyper-local, place-based strategies rather than always pursuing scale. Sometimes the goal is solving problems intensely in specific neighborhoods and allowing others to learn from those successes.



Reframe expertise and authority.

This work requires reframing who holds expertise and authority. Odoms-Young called for giving communities more autonomy and resources, supporting CBOs with lived experience who understand problems and have solutions. The focus should shift to documenting CBO innovations and scaling those up by dedicating resources toward people with lived expertise rather than extractive research that identifies problems without supporting solutions.



Think generationally.

Both Odoms-Young and Crosby emphasized thinking multiple generations ahead. The racial wealth gap is generational and continues to widen. The racial food insecurity gap has existed since measurement began and hasn't closed. Effective policy strategies must close these gaps rather than just document them.

Addressing health disparities requires addressing the wealth gap directly, structurally, and with urgency. Communities across the country are already doing this work through workforce development programs, community benefit agreements, guaranteed income trials, and employee ownership expansion.

Change requires building practical, place-based systems that give people real ownership, resources, and a stake in what comes next while deploying existing tools at scale and rebuilding economic systems that serve everyone.



7 | Health Equity in Action

The final Summit panel turned from policy to practice. “Vision without execution is hallucination,” Emily Yu reminded attendees, framing a conversation about how community-based organizations adapt to crisis by staying rooted in trust and connection.

Four of the H2HC 2025 Prizes for Innovation winners—Grades of Green, Boulder County Farmers Markets, Dream of Wild Health, and the Central Council of Tlingit and Haida Indian Tribes of Alaska—shared how they’ve responded to recent federal funding cuts and SNAP benefit disruptions with the same relationship-driven approach that defines their work. Their stories show that when systems falter, community-rooted organizations don’t just endure—they innovate, building trust through food, centering youth leadership, and honoring traditional knowledge.

Community-Driven Solutions

Grades of Green and its environmental education programming reach 1.1 million students globally and positions schools as agents of change. By placing students at the forefront of designing schoolyards, creating edible gardens, and building community spaces, the organization demonstrates that youth leadership is a practical strategy with positive results.

MODERATOR

Emily Yu, Chief Partnerships and Program Officer, [Newman's Own Foundation](#)

SPEAKERS (L-R)

Kelley Lê, Executive Director, [Grades of Green](#)

Neely Snyder, Executive Director, [Dream of Wild Health](#)

Ralph Wolfe, Director of Indigenous Stewardship, [Central Council of Tlingit and Haida Indian Tribes of Alaska](#)

Mackenzie Sehlke, Executive Director, [Boulder County Farmers Markets](#)



“I’m so grateful for the people in this room who are advancing the work because we need you all. We know that we’re part of it, but we also need all of you to advocate for it.”

Kelley Lê,
Grades of Green



“I think there's so much more to food than just eating. There's the gathering...the family time, it's the community time, it's the learning the ways that have been done for generations.”

Ralph Wolfe,
Central Council of Tlingit
and Haida Tribes of Alaska

Dream of Wild Health operates on the principle, "We grow seeds and we grow leaders," running a Native Youth Education and Leadership Program that connects young people to land, culture, spirituality, language, and nutrition. As Neely Snyder described, "Our big idea is to grow the next generation of young Indigenous leaders who are leading food sovereignty and food justice work in the community." The program provides safety nets, fosters peer connection, and develops future Indigenous leaders.

The Central Council of Tlingit and Haida Indian Tribes of Alaska reconnects children with culture through traditional food systems and the gathering, processing, and preserving of food. Preparing and sharing traditional foods restores connections eroded by colonization and economic change.

Boulder County Farmers Markets centers relationship-building between local producers and eaters through programs like Farm to Early Childhood Centers, strengthening trust between local producers and families.

Adapting to Crisis Through Community Connection

Dream of Wild Health typically prepares "hibernation boxes" for youth program families around holidays. With the SNAP benefit disruptions in late 2025, Synder described shifting to crisis mode with weekly planning rather than seasonal preparation. They moved beyond one-time distributions by providing culturally appropriate foods with recipe cards and hosting free Indigenous food workshops where families could learn, sample dishes, and take ingredients home.

When COVID closed their chef internship program at an Indigenous café, they pivoted to contactless delivery by providing equipment and food and cooking with chefs via Zoom. What began as an emergency pivot became a family gathering, as siblings, cousins, grandmas, and aunties joined Zoom sessions and youth cooked for their households.

Wolfe’s team faced similar challenges distributing whole salmon to community members, many of whom didn't know how to process them. They created TikTok videos teaching salmon processing highlighting every preservation method in one minute or less. Knowing that they had seconds to capture attention, they met people where they were—on their phones. The goal was to normalize connections to food, place, and identity for a generation that needs different entry points.

Grades of Green leaned on corporate partners when federal funding disappeared by launching a CalRecycle campaign supporting 40 youth ambassadors across California creating culturally relevant messaging with

representation across communities. Young people drew on their lived experiences to develop leadership skills and reimagine recycling and composting systems.

Calls to Action



Support Indigenous-led equity work.

Continue investing in Indigenous-led programs that build equity, strengthen trust, and sustain culture.



Support community-based organizations.

Identify and support the CBOs leading food access work in your community.



Build relationships starting with food.

Share meals, connect with local Indigenous communities and youth, and support intergenerational leadership in food justice.



Practice accountability in program design.

Ask who shaped the research questions and project design. If community members weren't at the table, something essential is missing. Move beyond listening sessions toward shared leadership.



“There's unity in community... open up to others in your community that maybe you haven't had a relationship with. invite those folks to your table.”

Neely Snyder, Dream of Wild Health



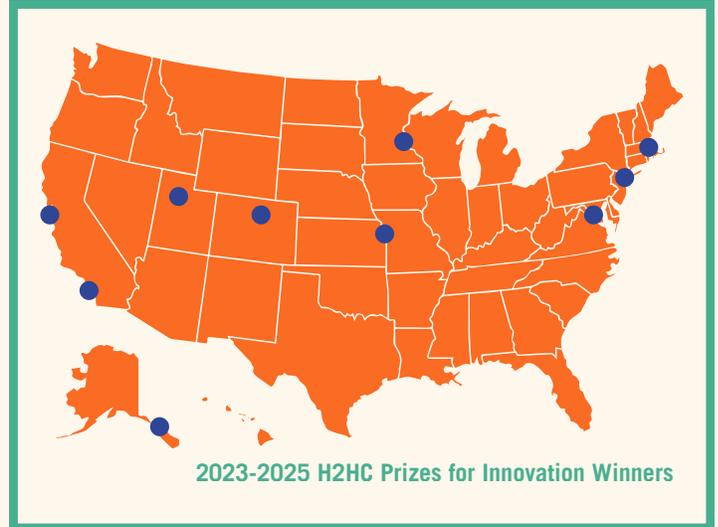
“I think all of us have have to get more granular, more connected. When we're talking about community, we're talking about solidarity and relationship building. We're talking about sitting around the table and knowing each other and building trust on a one-on-one level.”

Mackenzie Sehlke, Boulder County Farmers Markets

2025 H2HC Prizes for Innovation Winners

The H2HC Prizes for Innovation identify and highlight innovative food and nutrition work that offers promising, upstream models and replicable, scalable solutions that significantly advance health equity in communities throughout the U.S.

Since 2018, H2HC has awarded \$2.2M in grants and prizes to support change-making work around the U.S.



Food and Nutrition Policy Work Advancing Health Equity for Youth

Community Food Advocates
(New York, NY)



Community Food Advocates' (CFA) mission is to utilize high-impact public policy to ensure all New Yorkers have access to healthy, affordable, culturally affirming foods within a sustainable and equity-centered food system. CFA believes in the strength of collective power and is fueled by the partnership and engagement of the people most directly affected.

The Policy Project
(Salt Lake City, UT)



The Policy Project's (TPP) mission is to promote opportunity and dignity through thoughtful policy and the power of community. TPP advances innovative, upstream policy solutions that strengthen Utah's food and nutrition systems. By transforming statewide policy into community-level impact, it reduces barriers to access, promotes dignity, and builds lasting health equity for students and families across the state.

2025 H2HC Prizes for Innovation Winners

Indigenous Food Justice for Youth

Central Council of Tlingit and Haida Tribes of Alaska
(Juneau, AK)



The Central Council of Tlingit & Haida Indian Tribes of Alaska’s Traditional Food Security program was introduced in 2022 as a response to the COVID-19 pandemic. It works to connect more than 34,000 Tribal citizens across 21 communities to traditional foods and education to combat food insecurity and inspire future generations of harvesters and stewards in the region.

Dream of Wild Health
(Minneapolis, MN)



Dream of Wild Health (DWH) restores health and well-being in the Native community by reclaiming knowledge and increasing access to Indigenous foods, medicines, and cultural practices. Through youth education, farm and food access programs, seed stewardship, and community outreach, DWH fosters leadership, food sovereignty, and cultural resilience across the Twin Cities and beyond.

Nutrition Education and School Food

Boulder County Farmers Markets
(Boulder, CO)



Boulder County Farmers Markets (BCFM) connects Colorado farmers with all members of its community through producer-only markets and a year-round local food hub. Its programs make fresh local food accessible to everyone and create systemic change by linking health, early education, and agriculture to advance community food equity.

Grades of Green
(El Segundo, CA)



Grades of Green (GoG) activates students to lead environmental change in their schools and communities. Through hands-on programs in food sustainability, waste reduction, and green schoolyards, GoG helps youth design and implement real solutions that advance health, equity, and climate resilience—especially in under-resourced and over-polluted neighborhoods.

2024 H2HC Prizes for Innovation Winners



The Giving Grove
(Kansas City, MO)

The Giving Grove partners with communities to plant and care for community orchards, providing free, healthy food where access is limited. The model weaves together food access, climate resilience, and community leadership, advancing health equity by creating sustainable sources of nutrition and connection in neighborhoods experiencing disinvestment.



StreetCred
(Boston, MA)

StreetCred at Boston Medical Center promotes equitable access to food, nutrition, and health by improving economic mobility for 700 families annually in Boston, MA. It embeds free evidence-based, underutilized economic resources into routine prenatal and infant healthcare. StreetCred also launched the national Health by Wealth Collective to support other medical financial partnerships, and to date they have returned over \$35 million in tax refunds to more than 20,000 families.

2023 H2HC Prizes for Innovation Winners



D.C. Central Kitchen
(Washington, D.C.)

D.C. Central Kitchen (DCCK) is the nation's first and leading 'community kitchen' with a mission of using food as a tool to strengthen bodies, empower minds, and build communities. DCCK turns the traditional soup kitchen model on its head by focusing on providing culinary training to adults of all ages who have faced employment barriers such as homelessness, incarceration, addiction, and trauma.



Recipe4Health
(Alameda County, CA)

Recipe4Health (R4H) serves Alameda County's most vulnerable patients with prescriptions for organic food and health coaching through its "Food Farmacy" and "Behavioral Pharmacy". By sourcing from local regenerative and organic farms and including BIPOC farmers, R4H is an equity and health multiplier that generates co-benefits to human, economic, and climate/soil health.

¹ “Food Security in the U.S. - Definitions of Food Security | Economic Research Service.” n.d. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security>.

² “Food Security in the United States.” n.d. [www.ers.usda.gov](https://www.ers.usda.gov/data-products/food-security-in-the-united-states). <https://www.ers.usda.gov/data-products/food-security-in-the-united-states>.

³ Lewis, Jarrett, Bill McInturff, and Elizabeth Harrington. 2022. “Review of Public Opinion on Health Equity & Social Determinants of Health (SDOH).” Public Opinion Strategies. June 2022. <https://pos.org/wp-content/uploads/2022/06/Attitudes-On-Health-Equity-and-the-SDOH.pdf>.

⁴ “Map The Meal Gap Reports | Feeding America.” 2025. Feeding America. May 14, 2025. <https://www.feedingamerica.org/research/map-the-meal-gap/overall-executive-summary>.

⁵ “MassHealth Section 1115 Demonstration Waiver.” n.d. <https://www.mass.gov/info-details/mashealth-section-1115-demonstration-waiver#overview>.

⁶ Plata-Nino, Gina. 2025. “SNAP’s Critical Role in Rural Communities – and the Consequences of Cuts.” Food Research & Action Center. August 26, 2025. <https://frac.org/blog/snaps-critical-role-in-rural-communities-and-the-consequences-of-cuts>.

⁷ Kershaw, Amy, Bisola Ojikutu, Bonnie-May Shantz, Christi Holmes Staples, Chrissy Lynch, Clare Higgins, Craig Andrade, et al. n.d. “A Ten Year Roadmap to Expand Economic Mobility in Massachusetts.” <https://www.wvlp.com/wp-content/uploads/sites/26/2025/08/68a354f18b368.pdf>.

⁸ Dhandapani, Sneha. 2025. “Rx Kids Gets \$270 Million in New State Budget.” Michigan Public, October 8, 2025. <https://www.michiganpublic.org/health/2025-10-08/rx-kids-gets-270-million-in-new-state-budget>.

⁹ “Universal Child Care | Early Childhood Education & Care Department.” 2025. Nmececd.org. 2025. <https://www.nmececd.org/universal/>.

¹⁰ Witf. 2025. “DoorDash’s Project DASH Expands Food Access for Seniors in Pennsylvania.” Hunger-Free PA (blog). October 10, 2025. <https://www.hungerfreepa.org/post/door-dash-s-project-dash-expands-food-access-for-seniors-in-pennsylvania>.

¹¹ Chilcote, Lee. 2023. “‘This Is About Food Justice’: \$300k BUILD Grant Will Help Create Food Co-op in Central Kinsman.” The Land. May 23, 2023. <https://thelandcle.org/stories/this-is-about-food-justice-300k-build-grant-will-help-create-food-co-op-in-central-kinsman/>.

¹² “Medi-Cal Section 1115 Medicaid Waiver Resources.” n.d. <https://www.dhcs.ca.gov/provgovpart/Pages/WaiverRenewal.aspx>.

¹³ “New York State Medicaid 1115 Waiver.” n.d. https://www.health.ny.gov/health_care/medicaid/redesign/1115_waiver/.

¹⁴ “More Than a Quarter of Public Schools Now Offer All Students Free School Meals Through State or Local Initiatives | IES.” n.d. <https://ies.ed.gov/learn/press-release/more-quarter-public-schools-now-offer-all-students-free-school-meals-through-state-or-local>.

¹⁵ FoodCorps. 2026. “Find Your State: School Food Policy Action Map.” FoodCorps. January 30, 2026. <https://foodcorps.org/act/>.

¹⁶ Zimmer, Amy. 2024. “NYC Schools Get \$150 Million for Cafeteria Upgrades and \$20 Million Extra to Save Popular Food Items.” Chalkbeat, July 8, 2024. <https://www.chalkbeat.org/newyork/2024/07/03/cafeteria-upgrades-coming-to-more-nyc-middle-and-high-schools/>.

¹⁷ “The Fed - Distribution: Distribution of Household Wealth in the U.S. Since 1989.” n.d. <https://www.federalreserve.gov/releases/z1/dataviz/dfa/distribute/chart/>.

¹⁸ Dean, Joseph. 2025. “The Racial Wealth Gap 1992 to 2022; NCRC.” National Community Reinvestment Coalition (blog). April 2, 2025. <https://ncrc.org/the-racial-wealth-gap-1992-to-2022/>.

¹⁹ “40 MILLION OWNERS.” n.d. 40 MILLION OWNERS. <https://40millionowners.com/>.

H2HC Impact

The Hunger to Health Collaboratory (H2HC) convenes changemakers from around the country to highlight innovative, systemic work in food and nutrition that advances health equity. Since 2018, H2HC has supported impactful work that creatively confronts food and nutrition challenges through community-driven solutions, policy innovation, and cross-sector partnerships.



1k+

Cross-sector thought leaders in the H2HC learning community



\$2.2M

Prizes for Innovation and grants for innovative, community-based models and research



49

States and U.S territories represented among H2HC Prizes for Innovation applicants



29

Prizes for Innovation winners and grantees across the U.S.



9

Funded research reports on food, nutrition, and health equity



13

Convenings to explore innovative solutions to food and nutrition challenges

Convenings

Focus on the Social Drivers of Health: National Context and State-Based Models of Innovation (2023)
 The Economic and Health Impacts of Food Insecurity: The Business Community As Changemaker (2021)
 Entrepreneurial Thinking in the Social Sector (2020)
 Hunger to Health in COVID and Beyond: Food Policy as Health Policy (2020)
 Mobilizing Healthcare Grantee Forum (2020)
 Addressing Community Inequalities During COVID-19 Recovery Townhall (2020)
 Hunger to Health Summit: Acting Together to Address Food Insecurity (2020)
 Mobilizing Healthcare for a Hunger-Free Massachusetts (2019)
 The Power of Collaboration (2018)

Fall Summits

H2HC 2025 Fall Summit: *Advancing Health Equity Through Innovation and Partnerships* (2025)
[H2HC 2024 Fall Summit: *Accelerating Solutions for Change*](#) (2024)
[H2HC 2023 Fall Summit: *Building Enduring Solutions for Health Equity*](#) (2023)
[H2HC 2022 Fall Summit: *The Way Forward*](#) (2022)

Supported Research

[Opportunities to Improve Food Equity and Access in Massachusetts](#) (2022)
[Addressing the Health Consequences of Hunger Through a Hospital-Based Economic Mobility Pilot](#) (2022)
[Poor Mental Health as a Consequence and Driver of Food Insecurity](#) (2022)
[Creating a Dignified & Welcoming Environment in Food Pantries](#) (2022)
[Use of Food Assistance Programs during COVID-19](#) (2022)
[Food Insecurity, Consumer Habits, & Chronic Disease in the First Months of the COVID-19 Crisis](#) (2022)
[Food Access in Connecticut: One Year into the COVID-19 Pandemic](#) (2021)
[Gaps in Food Access During the COVID-19 Pandemic in Massachusetts](#) (2021)
[An Avoidable \\$2.4 Billion Cost: Food Insecurity and Hunger in Massachusetts](#) (2018)

Grantmaking

2021

Children’s HealthWatch
 Foodshare
 Rhode Island Community Food Bank
 The Greater Boston Food Bank

Everett Community Growers
 Food Bank of Western MA
 Foodshare
 Growing Places
 Just Roots
 Our Neighbors’ Table

Melrose Wakefield Healthcare
 Northern Berkshire Community
 Coalition
 Pioneer Valley Planning Commission
 The Greater Boston Food Bank
 The Open Door

2020

Africano Waltham
 Children’s HealthWatch
 Ethos

2019

Food Bank of Western MA
 Healthy Waltham
 Massachusetts Food System Collaborative

Waltham Fields Community Farms
 Quincy Asian Resources Inc.
 Rhode Island Community Food Bank
 The Food Voice
 The Greater Boston Food Bank



(Clockwise from top right) Viviana Catano-Merino, Shiarra Pyrrus, Eric Fang, summit participants, Robyn Burns, and Thea James

H2HC Partners



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