



# Health and Hunger Task Force

## Meeting Notes

Friday, December 12th, 2025 | 10:00am-11:00pm | Zoom

### Meeting Recording:

- **Link:** [HTTF - December 12th](#)
- **Passcode:** F\*ZNUx0i

### Meeting Notes:

- **Welcome and Review of Agenda (0:15-3:17):** Maureen Hawkins, Second Harvest Food Bank, Director of Health & Hunger Strategies
  - o Maureen welcomed participants, acknowledged the end-of-year timing, and reviewed the meeting agenda. She emphasized the goal of sharing timely, actionable updates while creating space for discussion and learning.
- **Common Metrics Initiative – Population Level Indicators (3:17–23:57):** Angela Corona, Second Harvest Food Bank, Health Systems Manager
  - o Angela provided an overview of the Health & Hunger Task Force data strategy, known as Common Metrics, which aligns shared priorities between the HHTF members, measures impact, and supports collective learning and strategy using shared data. More information about Common Metrics can be found [here](#).
    - **Feedback from October Meeting:** Feedback from members fell into three main categories (below) and were discussed by CM workgroup members. Angela provided feedback on their decisions for each of the types of recommendations identified:
      - Requests to add additional health conditions
        - After consideration, CM Working Group decided not to add anything extra to the common metrics framework and the indicators that we had selected because we wanted to keep this work at a scope that feels manageable, both in terms of managing it as an organization and as a collective and we wanted to keep conditions/social needs connected to the diet related conditions.
      - Requests to add demographic data (ex. Food insecurity is broken down in ethnicity) and additional populations or subpopulations (age such as children)
        - Opportunities remain to disaggregate data by race, ethnicity, and children where data sources allow. This will be considered moving forward but does not require a change to the framework or existing datasets at this time.

- Alignment with other community-wide initiatives (ex. CHNA, CHIP)
    - Selected conditions align with the 2025 CHNA priorities. HHTF leadership will continue to look for opportunities to align indicators and the framework with other community-wide initiatives.
- **Mental Health Indicator Update:**
  - A new indicator was selected for mental wellness, which includes frequent mental distress.
    - Defined as “14 or more mentally unhealthy days in the past 30 days” (CDC Places). <https://www.cdc.gov/cdi/indicator-definitions/mental-health.html>
      - This indicator captures stress, anxiety, and depression without relying on formal diagnoses.
      - The metric allows for overlaying mental distress with food insecurity data to identify priority areas for intervention
- Angela gave an overview of Phase 2 of the Common Metrics Initiative: System Level Indicators.
  - System level indicators support identification of changes and shifts in policies, systems, funding, relationships, and other factors that indicate system changes are taking place in the community to better support needs of community members
  - The HHTF will be using the [FSG Water of Systems Change](#) framework for thinking about and measuring systems change across the community.
  - Examples of Systems Changes related FI screening and Food as Medicine that may have been tracked in the past:
    - Screen and Intervene Program with CHW = Funding, Resource Flows, Relationships/Connections
    - Partners adopting FI screening processes within organizations = organizational policies and practices
    - Joint Closed Loop Referral Workgroup = Relationship/Connections and Resource Flows
      - three separate groups were brought together for relationships for robust collaboration
- Systems Change indicators will be identified by HHTF membership and measured annually via a HHTF member survey. Outcomes will likely be reported via an annual report, not via Ladder. The indicators will capture changes in policies, funding, relationships, etc. that may occur in a member organization, in Central Florida, or even at a state/national level.
- To get initial feedback on HHTF Systems Level indicators, meeting participants were randomly assigned to breakout rooms led by Angela, Maureen, and Claire. Each group brainstormed survey questions for an annual survey, as well as any other opportunities to measure/track system level changes. Highlights and suggestions from the breakout rooms included:
  - Structural Changes

- Asking about resources being provided at organizations and efforts to map or somehow showcase resource provision in a way that is helpful to organizations
  - Data collection and anticipated utilization for food insecurity/health related social needs screening – what is being collected and how are organizations using it?
  - Program Trends – can organizations identify trends or system gaps at certain times of year for planning?
  - Policies passed (at State or National level) and subsequent implementation practices at local organizations
  - Utilization of technology – how are technology shifts impacting metrics tracking, communication with community members, etc.
  - Identification of best practices from fields of study across the country that may be relevant to work in Central Florida.
  - Impacts of government – how are changes and uncertainties in the federal landscape impacting programming and how are organizations adapting?
- Relational Changes
  - How are organizations building relationships within the community and how is it different than in the past?
  - Neighbor/community member engagement – how are organizations doing this and is there infrastructure within the community to support this?
- **Common Metrics Website Resources and Ladder Update (26:09-31:15):**
  - The Common Metrics overview and documentation are available on the Health & Hunger Task Force website with population-level indicators document includes full framework and data definitions
  - A dedicated Health & Hunger Task Force team has been established within [Ladder](#) and currently includes population-level indicators only. Members may join the platform as viewers, and no data sharing is required. Participation is optional, and members may choose to leave at any time.
  - Phase 3 will explore the sharing of organization-level indicators. At this time, the focus remains on population-level data.
- **Healthcare Provider Education – LMS Update (31:15–35:17):** Claire White, Second Harvest Food Bank, Health Promotion Coordinator—Healthcare Partnerships
  - HHTF has been discussing and gathering information for healthcare provider education around food insecurity screening and intervention for several years
    - Screen and Intervene program allowed up to pilot healthcare provider training
    - Provider Engagement working group completed focus groups with healthcare staff
  - The team is now ready to develop the next phase of provider education, including an online course in a learning management system. Claire shared updates on the new

Learning Management System (LMS), designed to supplement in-person training with online education.

- Phase 1 of the initial training series will focus on
  - Food Insecurity and Health Impacts
  - Food Insecurity Screening in healthcare settings
- Key LMS Features that will make the content engaging:
  - Interactive learning modules
  - Clickable graphics and visual tools
  - Flash cards and knowledge checks
  - Embedded resources (e.g., Feeding America Meal Gap data)
  - Ability to download and save materials
- Pilot Phase and Feedback:
  - Phase one content is nearing completion
  - Task force members are invited to test the LMS; HHTF members interested in participating should sign up here ([Provider Education User Testing Interest Form – Fill out form](#))
  - Initial feedback is requested on usability, clarity, and engagement. Content feedback will be coming soon!

– **Closing (35:38-36:49):**

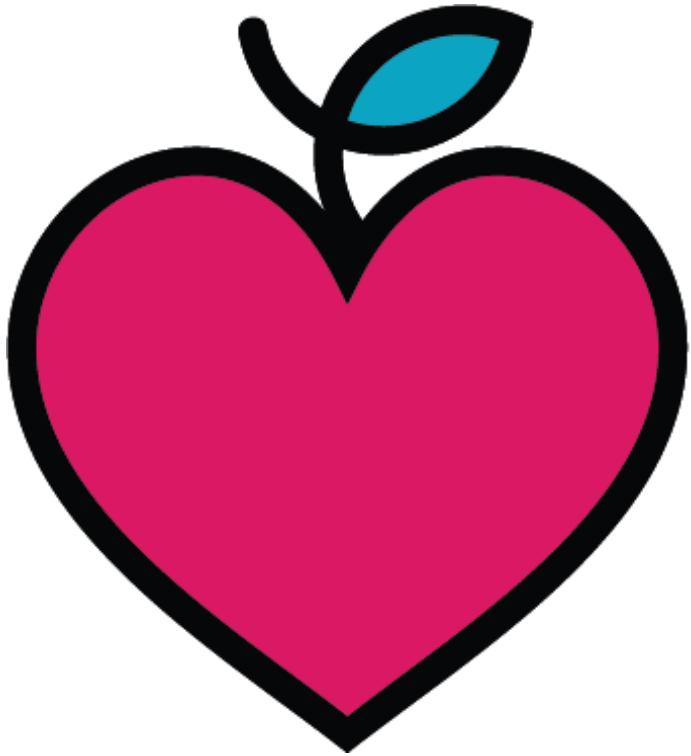
- Maureen thanked participants for their engagement, especially during the busy holiday season. She encouraged members to continue sharing resources, updates, and strategies that support neighbors experiencing food insecurity. She closed by wishing everyone a safe and healthy holiday season and encouraged continued collaboration into the new year.

**Next HHTF Meeting:**

- Friday, February 13<sup>th</sup>, 2026
- Virtual
- 10am-11am

– **Additional Materials:**

- PowerPoint: HHTF Meeting - December 2025: Pages 5-23



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# **HEALTH & HUNGER TASK FORCE OF CENTRAL FLORIDA**

DECEMBER 2025



# COMMON METRICS

# PURPOSE OF COMMON METRICS

Identification of meaningful metrics that reflect both Task Force priorities and community needs

Alignment

Impact

Learn

Strategize

# HHTF COMMON METRICS



## Population Level Indicators

Example: Diabetes rates, hospitalizations, food insecurity, etc.



## System Level Indicators

Example: Policy changes, funding changes, workflow/resource flow changes, and collaboration



## Program/Intervention Indicators

Example: Sites/Locations and Reach of Food as Medicine Interventions (i.e. Produce prescription, Mobile Farmers Market, Nutritious Pantries, etc.)

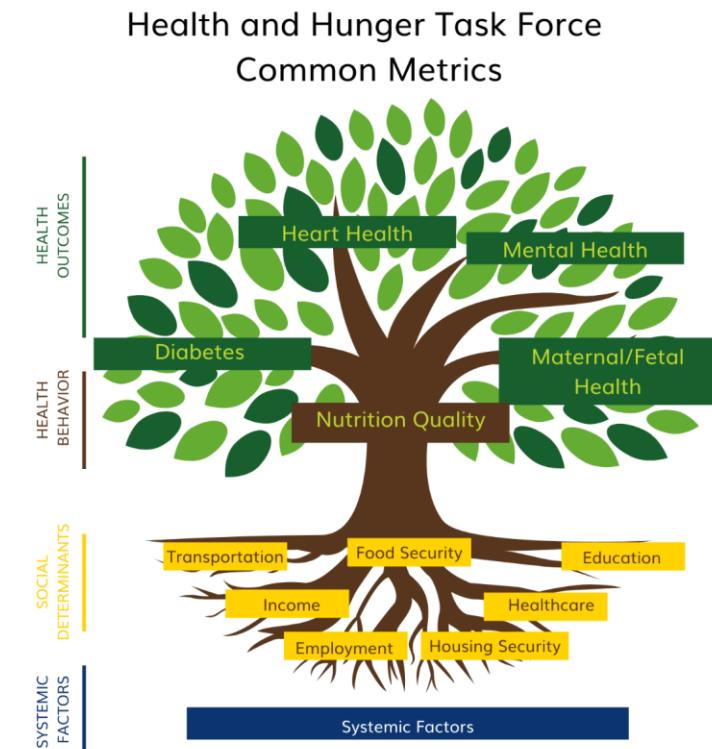
## Community Need Indicators

Example: Food Insecurity screenings, Find Help/211 searches, drilled down population level metrics

# MENTAL WELLNESS INDICATOR SELECTION

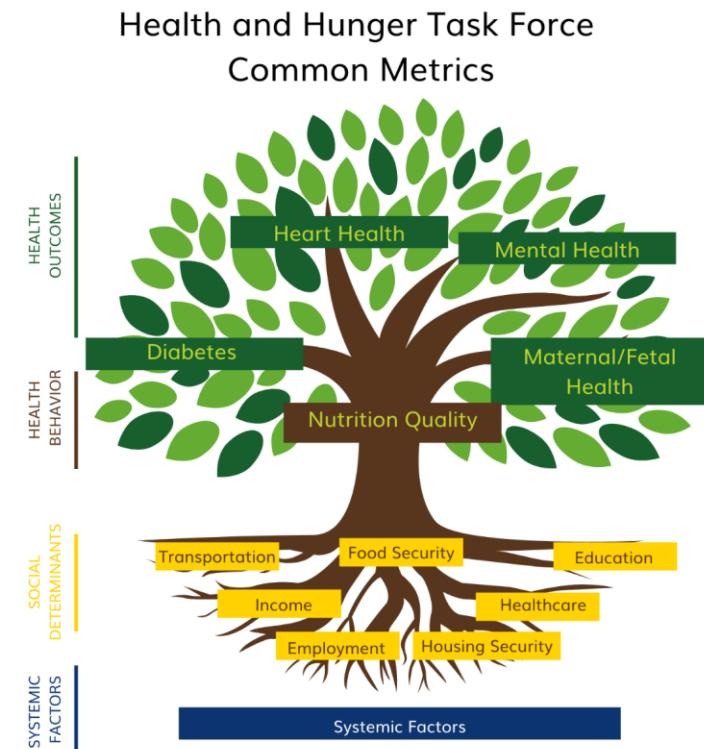
## ■ Frequent Mental Distress

- Prevalence of frequent mental distress (FMD) is defined as 14 or more mentally unhealthy days during the past 30 days where the person has experienced poor mental health because of stress, depression, or problems with emotions



# POPULATION LEVEL INDICATORS FEEDBACK

- Additional Conditions
- Additional Populations
- Alignment



# HHTF COMMON METRICS



## Population Level Indicators

Example: Diabetes rates, hospitalizations, food insecurity, etc.



## System Level Indicators

Example: Policy changes, funding changes, workflow/resource flow changes, and collaboration



## Program/Intervention Indicators

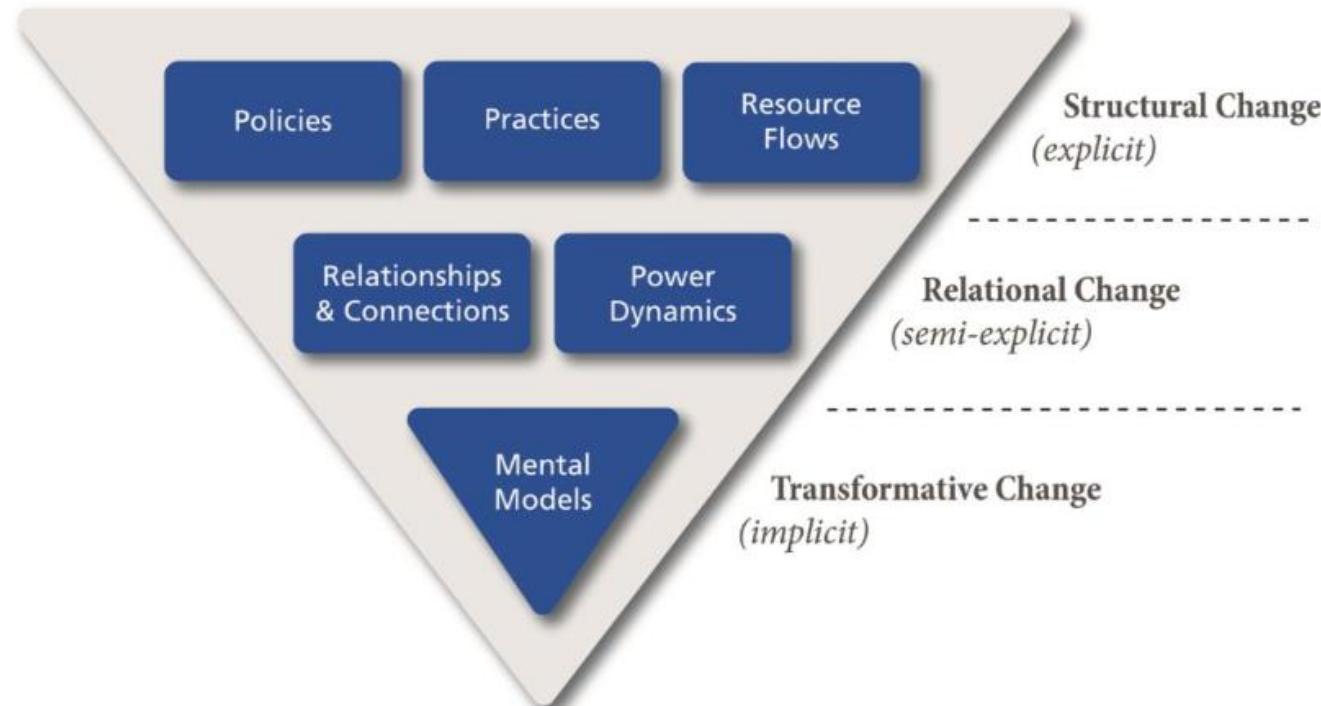
Example: Sites/Locations and Reach of Food as Medicine Interventions (i.e. Produce prescription, Mobile Farmers Market, Nutritious Pantries, etc.)

## Community Need Indicators

Example: Food Insecurity screenings, Find Help/211 searches, drilled down population level metrics

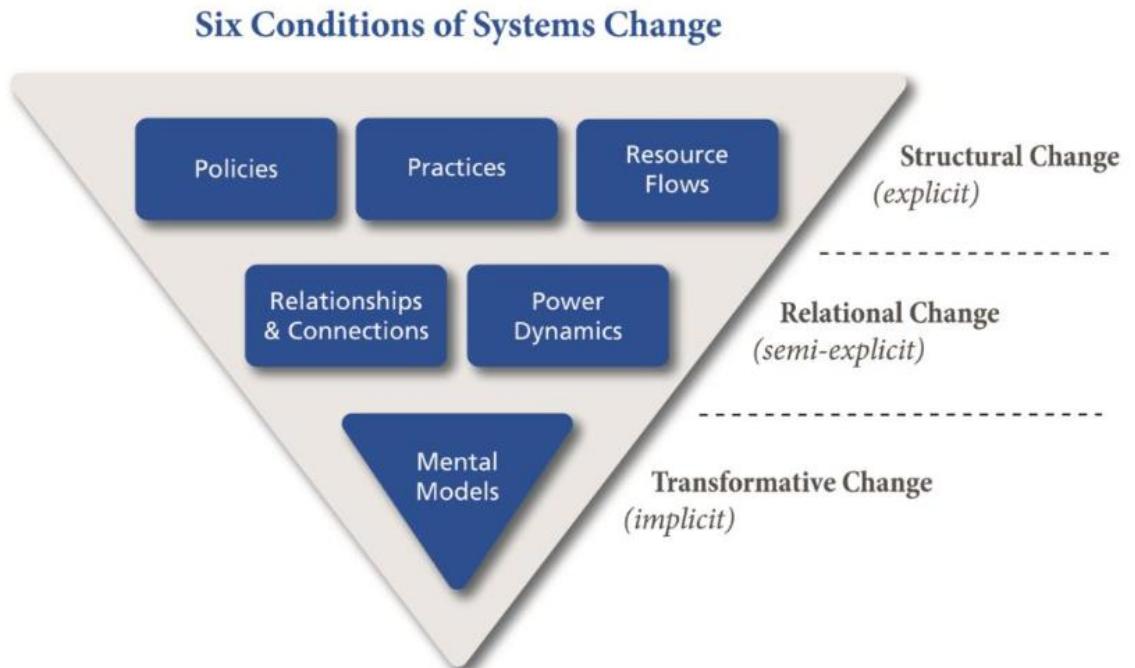
# COMMON METRICS: SYSTEM LEVEL INDICATORS

## Six Conditions of Systems Change



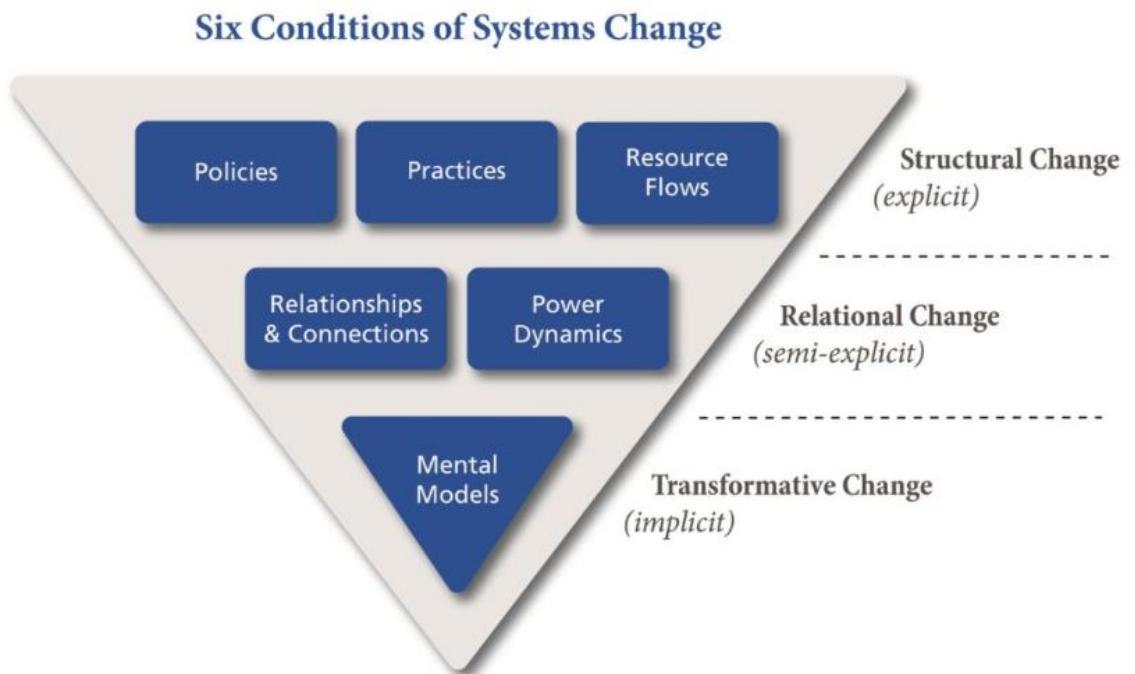
# COMMON METRICS: SYSTEM LEVEL INDICATORS

- Examples:
  - Resource Flows:
    - Screen and Intervene Grant program
  - Practice
    - Organizations adopting FI screening
  - Relationships & Connections
    - Joint CLR workgroup



# COMMON METRICS: SYSTEM LEVEL INDICATORS

- Brainstorm Survey Questions across the three levels
  - Topic areas
  - Specific questions
- Target Survey Audience:
  - HHTF member organizations



## SAMPLE QUESTIONS

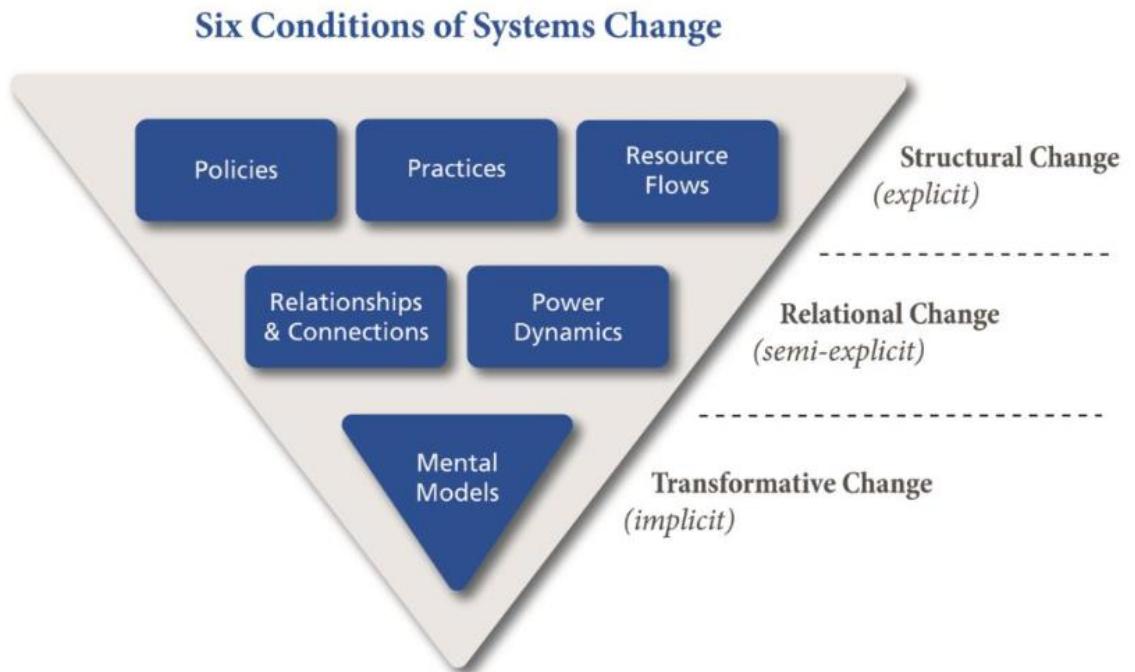
- *Have you observed shifts in how your organization or partners think about the root causes of food and nutrition insecurity (e.g., from individual blame to systemic factors)?*
  - No shift
  - Some shift
  - Significant shift
  - Complete transformation
- *To what extent do community members with lived experience of food or nutrition insecurity have a voice in decision-making within your organization or partnerships?*
  - Not at all
  - Occasionally
  - Frequently
  - Always

## SAMPLE QUESTIONS

- *How many new cross-sector partnerships (e.g., with schools, clinics, food banks, local government) has your organization formed in the past year to address food or nutrition insecurity?*
  - \_\_\_\_\_ (Numeric)
- *Can you share an example of how your organization's understanding of the root causes of food or nutrition insecurity has changed in the past year?*

# COMMON METRICS: SYSTEM LEVEL INDICATORS

- Brainstorm Survey Questions across the three levels
  - Topic areas
  - Specific questions
- Target Survey Audience:
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## Common Metrics Overview

Catch up on the full Common Metrics Strategy with this overview of the initiative. Learn about the purpose of the initiative, and the phased approach to implementation.



## Explore Ladder

HHTF will be leveraging the Ladder platform as a central tool for visualization, collaboration, and insight. Developed in collaboration between HHTF members and DataKind, Ladder is a groundbreaking data visualization and mapping platform designed to transform how we



## Get Ladder Training

Want to learn more about how to use Ladder? Watch this training by DataKind to learn how to login, visualize data, upload your own data, and share across organizations.

# COMMON METRICS: ONLINE

[HTTPS://HEALTHANDHUNGERCFL.COM/DATA-AND-RESEARCH/DATA/](https://healthandhungercfl.com/data-and-research/data/)

## COMMON METRICS: LADDER TEAM

- HHTF Ladder Team is Live
- HHTF members may request "Viewer" access (no ability to upload data)
- No shared organizational data will be in the HHTF Team at this time
- Must have a Ladder account prior to requesting access
- More information coming via email

## HHTF Ladder Team Request Form



## PROVIDER EDUCATION



**Phase I: Food Insecurity and Health Impacts & Food Insecurity Screening in Healthcare Settings**



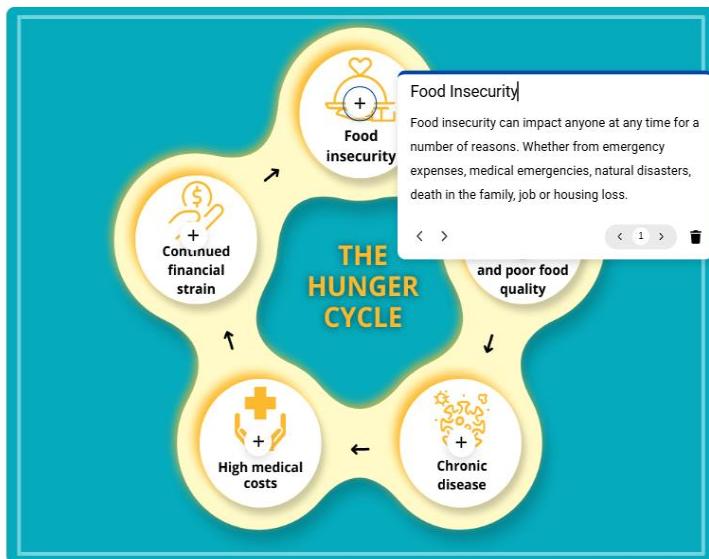
Covering topics like chronic health condition impacts, implementing screening into your workflows, and privacy considerations

# PROVIDER EDUCATION: INTERACTIVE FEATURES

## Life Cycle of Hunger

The cycle of food insecurity is something that is very easy to fall into, and extremely difficult to break out of. This cycle can have long-lasting impacts on an individual's health and financial wellbeing.

Click each icon below to learn more about each stage of the cycle of hunger:



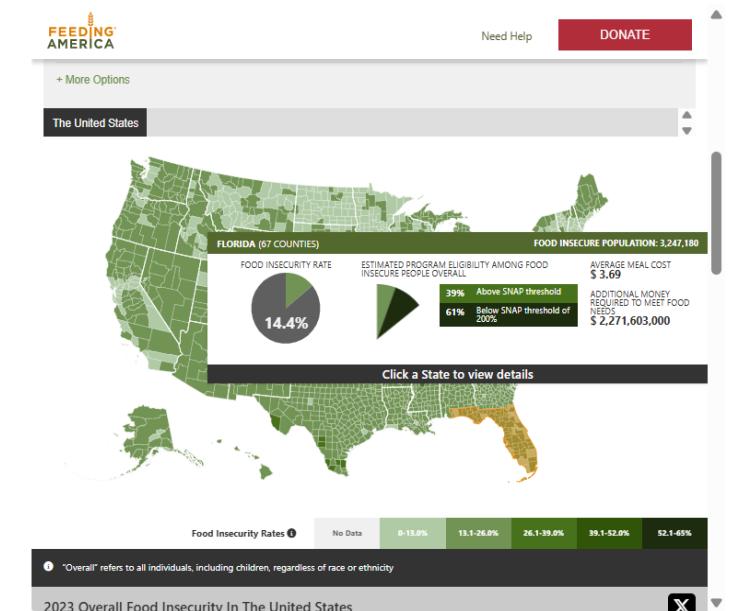
## Root Causes of Food Insecurity

Food insecurity is not the result of something an individual has done, and it takes more than just food to end hunger. There are many economic and social hardships that are interdependent and are lead drivers of hunger and poverty that people face. There are many root causes that are ingrained in our society that can keep people trapped in this cycle. This includes, but is not limited to: inadequate wages and working conditions, lack of quality, affordable, accessible health care, educational inequalities, housing insecurity, criminalization of communities, and systemic discrimination. Understanding and addressing the root cause of hunger is an essential step in eliminating food insecurity.

### Addressing Root Causes:

- Inadequate wages & working conditions
- Increasing access to quality health care that is affordable to promote physical and mental health
- Educational opportunity inequalities
- Increasing access to affordable and quality housing
- Creating healthy, safe, and thriving communities
- Systemic discrimination

Interact with Feeding America's Map the Meal Gap page to discover how food insecurity impacts counties differently throughout the U.S.:



INTERESTED IN TESTING THE MATERIAL?

Provider Education User Testing  
Interest Form



FRIDAY, FEBRUARY 13TH

VIRTUAL

NEXT MEETING