

Choose Healthy Pantries

Opportunities to Increase Healthy Food Access in Utah Pantries



Healthy Living Through Environment
Policy and Improved Clinical Care (EPICC)

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Utah Food Pantries

Utah Local Health Departments

USU County Extension Food Sense Programs

Northern Utah Food Pantry Coalition (NUFPC)

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Executive Summary



Background

More than one in 10 Utahns are estimated to be food insecure, meaning they lack access to sufficient, safe, and culturally appropriate food for a healthy lifestyle. Food support systems, such as food pantries, offer support to food insecure households meeting income and geographical requirements. Food insecurity is associated with chronic, nutrition-related diseases, including cardiovascular disease, hypertension, chronic kidney disease, and type 2 diabetes; however, current data suggests pantry offerings are often nutritionally inadequate.¹⁻³ The aim of this report is to evaluate current barriers to healthy food distribution in food pantries and provide future recommendations, with the goal to contribute to the health and resiliency of Utah communities through healthier food distribution.

Key findings

- Food pantry offerings lack several nutrients, including vitamin A, C, and D; calcium; fruits and vegetables; and fresh dairy products.⁴
- A diverse client-base, ranging from the elderly to immigrants to higher-education students, use food pantries and other emergency food assistance programs consistently in their monthly food planning.
- Findings from a survey of food pantries in Utah showed that healthy food quantity (54%) and quality (68%), rather than patron preference (3%) or pantry capacity (19%-32%), are the most commonly reported barriers to making healthy food choices in pantries.⁵

Recommendations for food pantries and community partners

- Create recommendations for major food donors to encourage healthy food drives and donations, improving the quality of current distribution channels.
- Develop relationships with community partners that offer healthy foods to increase healthy food distribution channels.
- Expand implementation of the *Thumbs Up* program to increase patron selection of healthy food items by improving visibility and familiarity of healthy food items.

Recommendations for policy makers and administrators

- Complete a market study or Strengths –Weaknesses –Opportunities –Threats (SWOT) analysis of food donation streams to identify optimal strategies and opportunities for improvement.
- Facilitate the pilot of healthy food distribution plans that delineate nutrition goals and specific strategies.
- Direct resources to food pantries to facilitate outreach and education aimed at increasing enrollment in federal food assistance programs such as Supplemental Nutrition Assistance Participants (SNAP).
- Establish bulk buying channels to increase the availability of low-cost healthy foods in pantries.
- Support food access-related statewide surveillance to improve monitoring of food access and insecurity.

Background

Approximately 15 million (11.8%) Americans faced food insecurity (FI) at some point in 2017. Data from 2015-2017 showed roughly 300,000 Utahns or 100,000 (10.7%) households in Utah are food insecure.⁶ Food insecurity is defined as a household-level social and economic condition that is characterized by limited or unreliable access to sufficient, safe, and culturally appropriate food for a healthy lifestyle.

Despite a network of federal assistance programs, many Americans still struggle to make ends meet and are faced with a variety of negative health and financial consequences.⁷ Feeding America, a national network of approximately 200 food banks, reports numerous coping strategies pantry patrons utilize to address these economic situations, such as choosing between food and medical care (66%), food and utilities (69%), food and transportation (67%), food and housing (57%), and food and education (31%).⁸ This means food insecure households battle between affording basic living expenses or food, leading to low quality diets, reduced micronutrient intake, unintended weight gain, poor disease management, and chronic illnesses.⁹ The consequences for children include poor health, increased hospitalizations in their lifetime, and impaired cognitive and emotional development.⁷ Emergency food assistance programs, such as food pantries, aim to provide a safety net for these populations to reduce food insecurity and the many associated adverse outcomes.



Nutrition Implications

The role of pantries has shifted in recent years from providing short-term emergency food assistance to being a routine part of households' monthly food planning.⁸ This could be due in part to the meal gaps left by federal assistance programs such as Supplemental Nutrition Assistance Participants (SNAP). These programs are affected by policy and budget modifications and do not account for localized disparities such as county-level food costs. For example, the average meal cost in Salt Lake County, UT is 20% more than the SNAP benefit, but the average meal cost of Summit County, UT is 67% more the SNAP benefit.¹⁰ Among those receiving SNAP, 76% of households continue to use food pantries even after six months of receiving benefits, reflecting a persistent need for emergency food assistance in addition to federal food assistance systems.¹¹ Furthermore, in Utah specifically, only 69% of those eligible for SNAP participated in 2015.¹² Some households are unaware of their eligibility, while others fear applying for SNAP may impact family members' immigration status. Unfortunately, pantry food quality and variety is not equivalent to that available from federal food assistance programs. Current evidence suggests pantry offerings lack vitamins A, C, and D, calcium, fruits, vegetables, and fresh dairy products.⁴



Background



Food Assistance

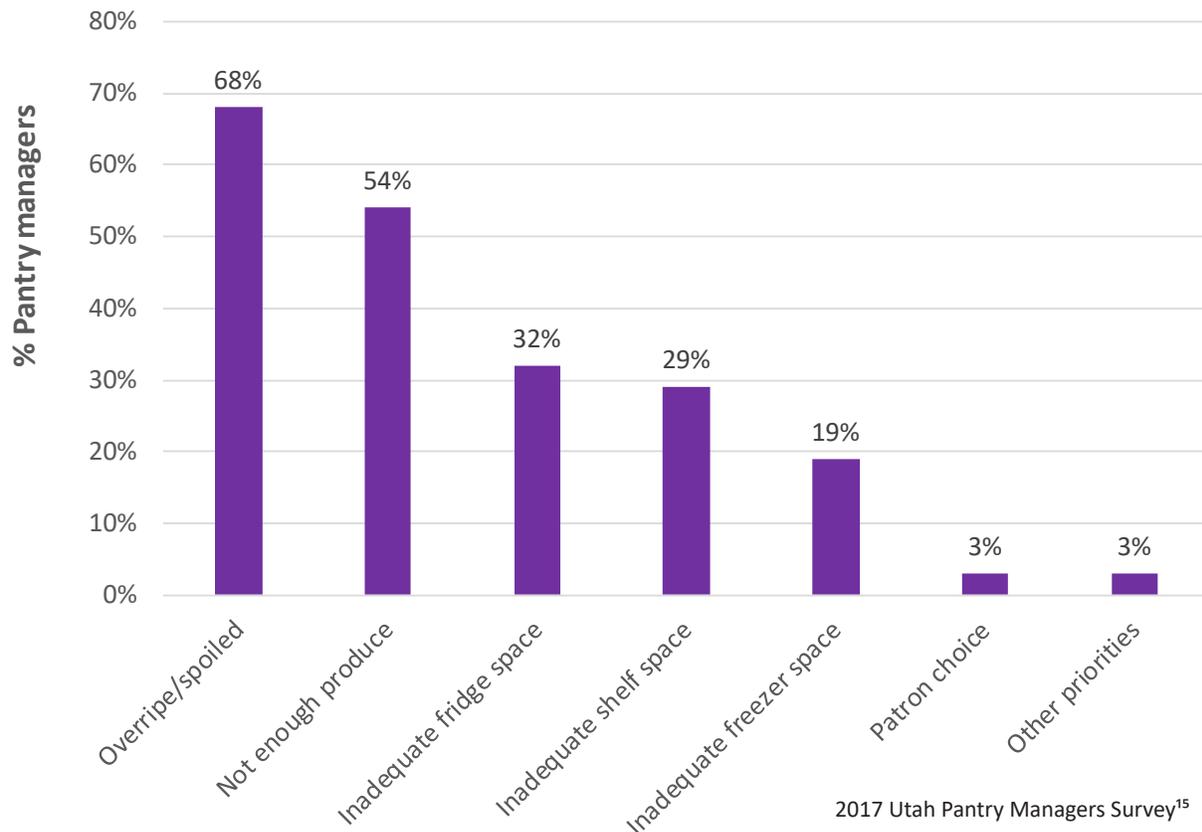
Food banks receive and store millions of pounds of food from the food industry and large scale public food drives. In turn, food banks donate to pantries, that distribute food directly to local patrons with both income and geographical eligibility requirements.⁸ Food donation channels for Utah food pantries include the Utah Food Bank, grocery rescue, local food drives, faith-based organizations, backyard gardeners, monetary donations, and farmers markets. Food pantries serve a diverse population, including families with children, those facing homelessness, veterans, elderly, and immigrants. Nationally, the majority of patrons are SNAP recipients (55%) and households with seniors and/or children (65%).⁸

Additionally, there are higher-education and faith-

based food pantries that are less traditional but may serve more specialized populations. Wisconsin HOPE Lab recently released data from the largest national online survey of 43,000 students at 66 higher education institutions. Among the findings, 36% of university students and 42% of community college students were food insecure in the past 30 days.¹³ Survey data from University of Utah found that 51% of students experience food insecurity.¹⁴ In other words, the population of individuals who are hungry and in need of nutrient-dense foods come from vast backgrounds, and many are working hard to improve their economic conditions but require additional nutrition assistance. In turn, food banks donate to pantries, which distribute food directly to local patrons with both income and geographical requirements.⁸

Key Findings

Utah Pantry Managers' Reported Challenges Distributing Fresh & Frozen Produce

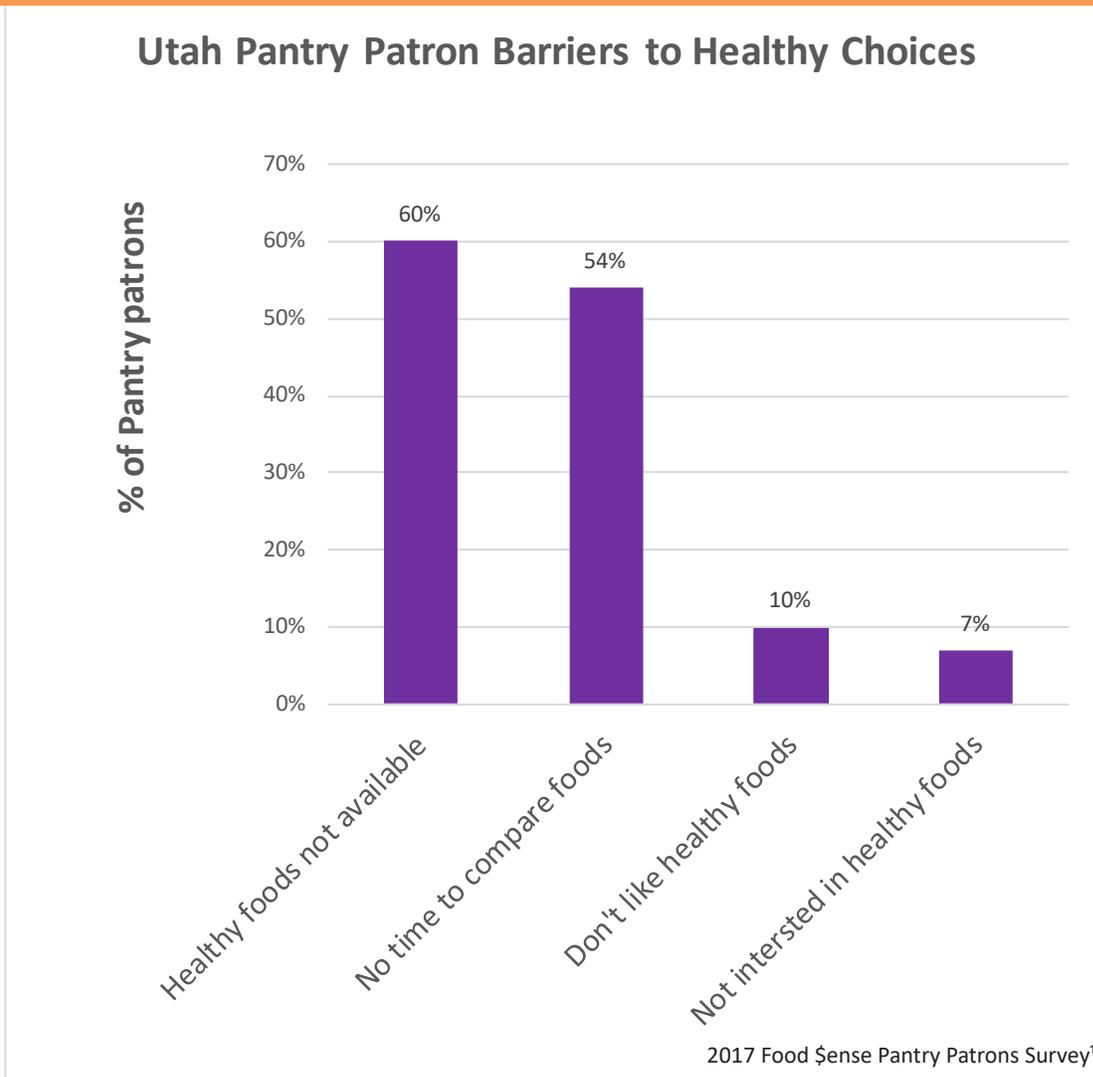


Key Findings

In 2017, Utah Department of Health developed and conducted a survey of food pantry managers to learn about the challenges associated with distributing fresh and frozen produce.¹⁵ The survey analyzed 33 food pantry manager responses in 10 of the 13 local health districts across Utah. Results suggest both produce quantity and quality are major obstacles to distributing fresh or frozen fruits and vegetables. All pantries already distribute fruits and vegetables, and 87% are interested in distributing more. While storage capacity to receive and distribute more produce was an issue for some pantries (19% reported inadequate freezer, 29% reported inadequate refrigerator, and 32% reported inadequate shelf space, respectively),

a surprising majority of pantries reported receiving overripe/spoiled produce (68%) and insufficient amounts of produce (54%). Notably, only 3% of pantries reported “patron choice” as a reason for produce challenges.⁵ Utah State University (USU) Food \$ense (SNAP-Ed) interviewed clients of six pantries located in three counties (Weber, Davis, and Salt Lake) and found the most common barrier to making healthy choices in a pantry is the lack of healthy foods available (60%).¹⁶ The least common barriers were dislike and disinterest in healthy foods (approximately 10% and 7%, respectively). Thus, both pantry patrons and managers identified lack of quality and quantity of healthy food to be the major barriers to healthy food selection in pantries.

Key Findings



Food recovery programs, such as Seattle’s Food Lifeline or Utah Food Bank’s Grocery Rescue and Backyard GardenShare, partner with grocers, farmers, food manufacturers, and backyard gardeners to redirect “unmarketable” surplus to food pantries which may be imperfect but still safe to eat. Food recovery donations often consist of fresh produce, dairy, and meats, providing a great resource for pantries seeking to increase healthy food offerings. These programs are an important part of solutions which aim to decrease food waste while increasing food access. Challenges of this model can involve the logistics of distribution between the surplus origin of limited shelf life food and the food pantry. For example, one Utah food pantry reported acquiring a dumpster specifically to

manage the consistent excess volume of spoiled food they receive. This highlights the importance of coordinating and maintaining food donation channels which are mutually beneficial for both pantries and food suppliers.

Recommendations



Salt Lake County Foodstruction, 2018

Recommendations for pantries and community partners

With such a vast, diverse client base using pantries for long-term food assistance, public health interventions are vital to improve the nutritional quality of food pantry offerings. Some local health departments and community partners have begun taking steps to improve the availability of healthy foods in pantries. For example:

- Community organization partners (USU Extension, local health departments, Boy Scouts of America), grocers, farmers markets and Backyard GardenShare can help promote healthy food donations.
- Foodstruction raises awareness about healthy food donations by inviting local businesses to create healthy, shelf-stable food sculptures displayed at libraries throughout Salt Lake County during community events. The food is donated to local pantries.¹⁸
- Recommendations for healthy food donations can be supplied to major food donors.

The USU Food \$ense *Thumbs Up* program uses marketing and product placement strategies to increase the visibility and appeal of donated healthy foods.¹⁶ According to the Food \$ense Patron Experience Survey, the second most commonly reported barrier in selecting healthy foods was patrons' lack of time to compare the nutritional value of foods (~57%). *Thumbs Up* is a multi-component program featuring shelf labels for items that meet specific nutrition criteria, which eases the time burden on patrons to read and compare nutrition facts labels. The Food \$ense

Patron Experience Survey shows the *Thumbs Up* initiative has had great success in numerous pantries. Of 409 patrons who responded to the survey, 93% agree/strongly agree it is important to them to make healthy choices in the pantry. Of the 153 respondents who stated they are familiar with the program, 94% agreed *Thumbs Up* makes it easier to make healthy choices, 68% reported their family eats healthier, and 69% agreed they were more likely to select an unfamiliar foods because of the healthy shelf label. A Bountiful Food Pantry client stated, "It's great to have the [*Thumbs Up*] reminder. It makes healthy choices much easier, especially if I have questions about the choices available." *Thumbs Up* provides a low-cost opportunity to highlight the healthy items that pantries do receive. Additionally, Food \$ense offers cooking classes and nutrition education to pantry patrons, providing the opportunity to develop skills and competency to incorporate healthier foods in the home kitchen.

While there are some important concerns of changing

Recommendations

or limiting food pantry offerings with formal nutrition policies, a few pantries have had success in changing the composition of foods available to their patrons through food distribution policies. Metro Caring in Denver, Colorado, employed a sugar nutrition policy to divert distribution of items such as cakes, cookies, and candy, without compromising quantity of food received.¹⁹ These food items were redistributed to nearby pig farmers. Sugar guidelines dramatically decreased the amount of sugar provided (22.0% to 13.8% of calories), and pounds of produce provided per person increased from 2.6 pounds to 8.0 pounds. Similarly, MAZON, a Jewish anti-hunger organization, distributed a National Food Bank Survey and found formal nutrition policies and informal nutrition guidelines do not affect food banks' annual donations (85%) or pounds (86%).²⁰ Those with formal nutrition policies distributed 7% more healthy foods than those without policies, suggesting this is a feasible solution for pantries looking to increase healthy food donations without compromising overall food quantity.

Recommendations for policy makers and administrators

Providing all Utahns with sufficient, healthy foods in order to support a balanced diet is a goal all would aspire to achieve. This can only be accomplished through sharing pertinent data and information among decision makers and community partners. These collaborations would allow for transformative changes that are vital for creating a long-lasting, healthy emergency food support systems. As policy makers and administrators, there are several ways to encourage these changes:

1. Support healthy food distribution plans: Establish healthy food distribution plans that outline nutrition goals and cultivate creative strategies to meet each goal.

Example: Fund a pilot of a healthy food distribution plan and evaluate impacts on quality and quantity of healthy foods (measuring food quality and quantity or patron selections before and after implementation). Utilize findings to support expansion of healthy

food distribution plans to other Utah pantries.

2. Support pantry-based federal assistance program outreach: Directing resources to pantries to aid in federal food assistance enrollment can move families closer to food-self sufficiency. To go a step further, aiding pantries in bulk buying can support pantry patron and manager desires to use healthy food options to fill in remaining food assistance gaps.

Example: Support and promote expansion of the Utah SNAP Outreach Program, a partnership between Utahns Against Hunger and the Department of Workforce Services which aims to increase access to SNAP benefits across the state, particularly among vulnerable populations including seniors, people with disabilities, people with limited English proficiency, and low income workers.²¹ The program provides reimbursement to community organizations and food pantries for the time they spend on SNAP outreach activities.

3. Support market studies to analyze the food donation stream: Identify the strengths, weakness, opportunities and threats along food donation channels.

Example: Map and analyze food donation channels for targeted urban, suburban and rural pantries to identify opportunities to improve the quality of food donation in Utah. Use findings to inform recommendations, such as mechanisms to incentivize healthy food donation and disincentivize unhealthy donation for corporate food donation.

4. Support statewide monitoring of food insecurity and food assistance utilization: Better local food insecurity and food assistance data would support the most efficient targeting of limited resources to improve healthy food access in the highest need communities. It also provides a benchmark to measure long-term impacts of programs that aim to address food insecurity and food access.

Example: Direct funds to assist with state-added food insecurity and food access questions on Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS) surveys.

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