

Exploring the Feasibility of Implementing Healthy Food Pantries in Los Angeles County



November 2019

HUMANist

About the Nutrition and Physical Program

The Nutrition and Physical Activity Program, housed within the Division of Chronic Disease and Injury Prevention in the Los Angeles County Department of Public Health, implements the Supplemental Nutrition Assistance Program-Education (SNAP-Ed) in Los Angeles County, known in California as the CalFresh Healthy Living Program. SNAP-Ed is a federally funded evidence-based program that targets individuals and families living at less than 185% the Federal Poverty Level (FPL) to increase access to healthy food, beverages, and opportunities for physical activity.

In partnership with California Department of Social Services and California Department of Public Health, the Nutrition and Physical Activity Program provided funding for this study to obtain a deeper understanding of existing efforts of food pantries to improve the nutritional quality of food distributed to their clients and identify opportunities to support the emergency food system to increase access to healthy food for underserved individuals and families in Los Angeles County.

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Background

In 2017, The Los Angeles County Department of Public Health (DPH) released a report, “Food Insecurity in Los Angeles County,” based on the Los Angeles County Health Survey¹. Data showed that approximately 29% of households in Los Angeles County with incomes less than 300% FPL, totaling 561,000 households, experienced food insecurity, and 11.3% of households, totaling 217,000 households, experienced very low food security.² Additionally, the report described a strong connection between food insecurity and chronic health conditions. The proportion of adults with chronic conditions of obesity, diabetes, hypertension, high cholesterol, and current depression was higher for each condition among those living in food insecure households compared to those living in food secure households. The report also provided several recommendations to address food insecurity, which included enhancing nutrition standards in food pantries.¹

To support the health of food insecure households, strengthen the emergency food system, and address the challenge of surplus food in Los Angeles County, the Los Angeles County Board of Supervisors adopted a Board Motion titled, ‘Reducing Both Food Waste and Food Insecurity in Los Angeles County’ on February 19, 2019. The motion included a directive for the Los Angeles County Department of Public Health (DPH) to assess the existing landscape of practices and policies in food pantries around nutrition standards, describe the barriers and facilitators of successful implementation of nutrition standards, and identify sites that can partner to implement nutrition standards.

The Need for Healthier Food in Food Banks and Food Pantries

Originally designed for temporary emergency food relief, the U.S. charitable feeding system (CFS), made up of food banks and food pantries, was intended to alleviate hunger by providing food to address short-term needs.³ Since the mid-1990s, however, food pantries have increasingly been used to meet the food needs of chronically food insecure clients.³ Given the association between poverty, food insecurity, and diet-related chronic disease, health experts recommend food pantries supply nutritious, healthy foods that promote and protect health³, such as fresh produce and foods low in sodium and sugar. Studies show that clients prefer receiving healthy foods, including fruits, vegetables, and lean proteins, which are also the most expensive foods.^{4,5} High caloric and inexpensive products such as soda, candy, and snack foods also ranked least preferred by clients.^{4,5} Fresh fruit and vegetables were the most desired items that clients did not find at food pantries (55%), followed by protein (47.1%), and dairy (40%).⁶ Food banks and pantries are evolving toward a more systematic and thoughtful consideration of the nutritional quality of foods they distribute by taking steps to increase their inventory of healthy food while implementing innovative strategies that encourage clients to choose healthier options.

Food Inventory and Sources of Food Donations

The sources of food donations for the U.S. charitable feeding system (CFS) must be considered when discussing the development and implementation of nutrition standards. Historically, the CFS has received food from three sources:

- Surplus food from farmers/growers, manufacturers, and retailers
- The United States Department of Agriculture's The Emergency Food Assistance Program (TEFAP) and Commodity Supplemental Food Program
- Food purchased from retailers

Food banks, operated independently or part of larger networks, such as Feeding America¹, store and distribute food to other organizations, such as food pantries. Food banks range in size from small operations that serve a few agencies to multi-acre facilities that serve hundreds of agencies. Some food banks also offer on-site food pantries.

Food pantries serve as a localized effort to provide food and support directly to people who struggle with hunger and food insecurity. They receive their food inventory from food banks and smaller food donors, such as local grocers, food retailers, manufacturers, universities, hospitals, and the hospitality industry. Additionally, food pantries may also purchase foods directly from food retailers to provide food inventory they cannot access through other sources.

Food banks and food pantries rely on predominantly donation-based surplus food inventory through the CFS. In the early days of the CFS, donated food was predominantly shelf-stable products discarded by the food industry. As the food industry has grown in sophistication to prevent surplus shelf-stable food, and secondary markets have proliferated for less desirable foods at a discount, donations from large manufacturers have dwindled while donations from retailers and other sources have increased. Simultaneously, food banks and pantries recognized the need to procure healthier food options which has created new challenges. The prioritization of healthier foods has required identifying new ways to procure healthier items, altered relationships with donors to prioritize healthier foods, and changed food bank and pantry operations to appropriately receive, store, and distribute perishable items.⁴

In California, SB 1383-Short Lived Climate Pollutants: Methane Emissions Reduction (2016), required a 20% statewide reduction in edible food waste through food rescue and food redistribution. While this could help increase the amount of surplus food donations available for food pantries, the donations may not be aligned with nutrition standards that prioritize healthy food.



Best Practices to Create Healthy Food Pantries

Several initiatives throughout the United States have identified best practices to create client centered, health-focused food pantries, commonly known as “healthy food pantries.” For example, Washington State’s *Healthy Food Pantry Guide*,⁸ the Oregon Food Bank’s *Healthy Food Pantry Initiative*,⁹ Leah’s Pantry’s *Nutrition Pantry Program*,¹⁰ Feeding America’s *Safe & Healthy Food Pantry Project*,¹¹ and *SuperShelf*¹² include some or all of the following best practices.

Adopt Policies That Outline Nutrition Standards for Food Procurement and Inventory

Official written standards provide requirements for food pantry inventory to ensure procurement of healthy foods from donors. Written standards help build consistent organizational practices, set internal and external expectations, and establish a culture of accountability.⁸ Written standards can also increase client access to healthy food, help clients address diet-related chronic health conditions, demonstrate the commitment to community health, and may serve as a mechanism to educate donors on food donations, procurement practices and operations.⁹

Implement Behavioral Economics and Create Welcoming Environments to Encourage Healthy Choices by Clients

Behavioral economics combines the ideas of psychology and economics to implement strategies that influence decisions people make when

selecting or purchasing food items. In practice, behavioral economics incorporates marketing into a wider set of strategies to encourage consumers to make specific purchasing decisions. Behavioral economics strategies include “nudges,” such as attractive signage that promote specific options, point of decision prompts, how food is displayed (e.g., placing certain items at eye level, creating attractive displays), and “bundling” (e.g., selling multiple products together as a package or recipe). Usually associated with profit driven entities such as grocery stores, many comprehensive approaches to healthy food pantries, including those named above, incorporate behavioral economics to encourage their clients to select healthy foods.¹⁵ Research is beginning to show the promise of incorporating behavioral economics as a viable strategy to increase healthy choices made by food pantry clients.^{15,16,17}



Accommodate Cultural and Dietary Needs

Critical to providing well-rounded healthy inventory and ensuring clients choose healthy foods is the inclusion of cultural and dietary accommodations which "...can ensure they [food pantries] are being inclusive of all possible audiences served."¹¹ These accommodations include distributing foods that cater to clients with specific health conditions, such as diabetes and hypertension; dietary restrictions, including vegetarian and vegan choices, as well as religious restrictions, such as halal or kosher items, and culturally relevant foods.

Provide Nutrition Education Services in Food Pantries

Nutrition education is an important strategy to increase knowledge and awareness of the health benefits of foods that are distributed by food pantries. Nutrition education may be delivered in a format beyond nutrition education classes. Examples include posting signage that provides nutrition facts, verbal messaging by food pantry staff, and recipe cards that include food offered by the food pantry. Education can also include food demonstrations and cooking classes conducted by knowledgeable staff that can answer questions and conduct nutrition education classes.

Establish Partnerships to Share Resources and Link Clients with Additional Services

Successful partnerships with community-based organizations, local government, and even larger food pantries can offer opportunities for food pantries to share resources, such as transportation, storage, and inventory.

Partnerships can result in the sharing of skilled personnel, such as Registered Dietitians, health educators, and volunteers. Partnerships can also result in connecting clients to additional emergency food assistance resources (e.g. Supplement Nutrition Assistance Program (SNAP), known in California as CalFresh Food, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)), other resources and social services, such as healthcare (e.g. Medicaid), additional government benefits (e.g. Supplemental Security Income (SSI), General Relief (GR), and transportation (e.g. Los Angeles' Immediate Needs Transportation Program (INTP)).



Purpose

The purpose of this report is to determine the feasibility of implementing nutrition standards in food pantries. First, the report describes the existing landscape of practices and policies related to the adoption and implementation of nutrition standards in food pantries. Second, the report discusses potential barriers and facilitators of successful implementation of healthy food pantries. The report then establishes criteria to assess the viability of implementing healthy food pantry strategies in food pantries in Los Angeles County. Lastly, the report provides recommendations for a multi-sector approach to implementing healthy food pantry strategies, including written nutrition standards, in food pantries in Los Angeles County.

Methods

In the summer of 2019, the Los Angeles County Department of Public Health partnered with HUMANist Inc. to conduct key informant interviews with staff at 20 food banks and food pantries geographically distributed throughout Los Angeles County with representation in each Service Planning Area. A total of 20 semi-structured interviews were conducted with staff from food pantries and food banks. Interviews lasted approximately one-hour. Of the interviewees:

- 9 represented food pantries that were “food pantries only,” defined as those that provide food directly to clients (and not to other organizations)

- 8 represented food pantries that were “food pantries + redistributors of food,” defined as those which provide food directly to clients and distribute inventory to other partner food pantries (either by delivering inventory to other agencies or allowing other agencies to pick up from their location)
- 3 represented food banks, defined as organizations that received donations from a variety of sources and distributed donations to partner food pantries and food banks

This was a convenience sample in which agencies were identified through existing working relationships, several online platforms, including Los Angeles 211, foodpantries.org, and based on referrals from other interviewees. All organizations were non-profit public benefit charitable organizations that distributed free food-grocery provisions directly to individuals or to their partner agencies for housed and homeless individuals and households, and used a model in which no cash exchange of fees or suggested donations were charged to their clients to receive food in accordance with the Bill Emerson Good Samaritan Food Donation Act. Interviewees included executive directors, program directors, and operations managers at the food banks and food pantries.

Findings

The 20 food banks and pantries represented in this report ranged in size, serving approximately 500 to 5,000+ people per month. In addition to serving individuals directly, some food pantries also distributed food to partner organizations. For the purposes of this report, the food banks and pantries selected for this study were organized into three general categories; agencies with formal nutrition standards, agencies that implement healthy food pantry strategies without formal standards, and agencies with no formal standards or implementation of healthy food pantry strategies (neither).

The Landscape: Implementation of Best Practices to Create Healthy Food Pantries

Nutrition Standards for Food Procurement and Inventory

Agencies with Formal Nutrition Standards

Only one key informant representing food pantries and three respondents representing food banks reported having formal written nutrition standards to guide healthy procurement practices. Key informants shared that the development of formal nutrition standards was an intentional and concerted effort by their agency. Written nutrition standards were often shared with their clients, donors, and the broader community.

“Our conversations are much more productive when sharing the guidelines with our food donors ahead of time” – Food Bank

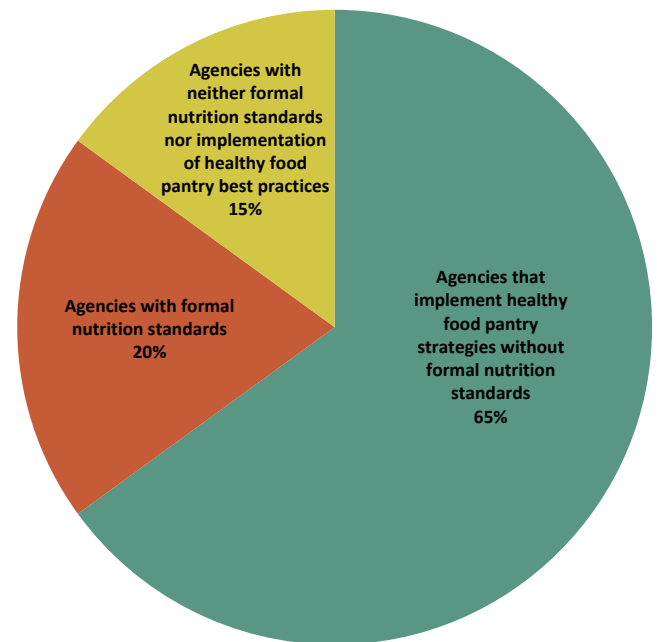


Figure 1. Percent of food banks and pantries with nutrition standards in the study sample

Agencies That Implement Healthy Food Pantry Strategies Without Formal Standards

Key informants from 13 of the 20 agencies reported that they did not have formal written standards that defined what healthy food was and how these foods were procured. However; key informants from these agencies did report that they prioritized healthy foods or relied on the nutrition standards of their donors (such as food banks within the Feeding America network¹⁸).

There were several ways in which the agencies without official standards reported how they provide healthy foods to their clients:

- Default to Los Angeles Regional Food Bank's (LARFB) utilization of nutrition standards and relying on LARFB's inventory selection.
- Prioritize fresh fruits, vegetables, lean meats and whole grains from their donors.
- Offer nutrition education and cooking classes to equip clients with knowledge and skills to make healthy choices when funding or partnerships are available.
- Utilize the "client choice" model to promote healthy food selection, which includes placing fresh fruits and vegetables in the front and center of the agency facilities to encourage clients to fill their bags first with these items.

Three of these agencies reported that they were in the process of working to create formal, written nutrition standards. To develop these standards, key informants reported referencing existing resources, including healthy food pantry toolkits, such as Washington State University's *Healthy Food Pantry Guide*,⁸ and Leah's Pantry's *Nutrition Pantry Program*,¹⁰ USDA's *Dietary Guidelines for Americans*,¹⁹ Feeding America's *Foods to Encourage*,²⁰ resources from the American Diabetes Association, American Heart Association, American Academy of Dietetics, and local university partnerships.

Agencies with No Formal Nutrition Standards or Implementation of Healthy Food Pantry Strategies (Neither)

Key informants from 3 of the 20 agencies had no formal nutrition standards and did not implement healthy food pantry strategies. These pantries generally were small operations, with key informants reporting barriers such as limited staff, space, equipment, funding, and little knowledge of available resources to guide adoption and implementation of healthy food pantry strategies.



Food Inventory Offered at Food Banks and Pantries

Figure 2 shows the percentage of food banks and pantries providing each type of food listed.

Nearly all agencies reported they provided fresh produce.

Key informants from food pantries reported the majority of their food came from food banks, other pantries, and donations from individuals and businesses. Other food was sourced from fundraising efforts and food rescue organizations.

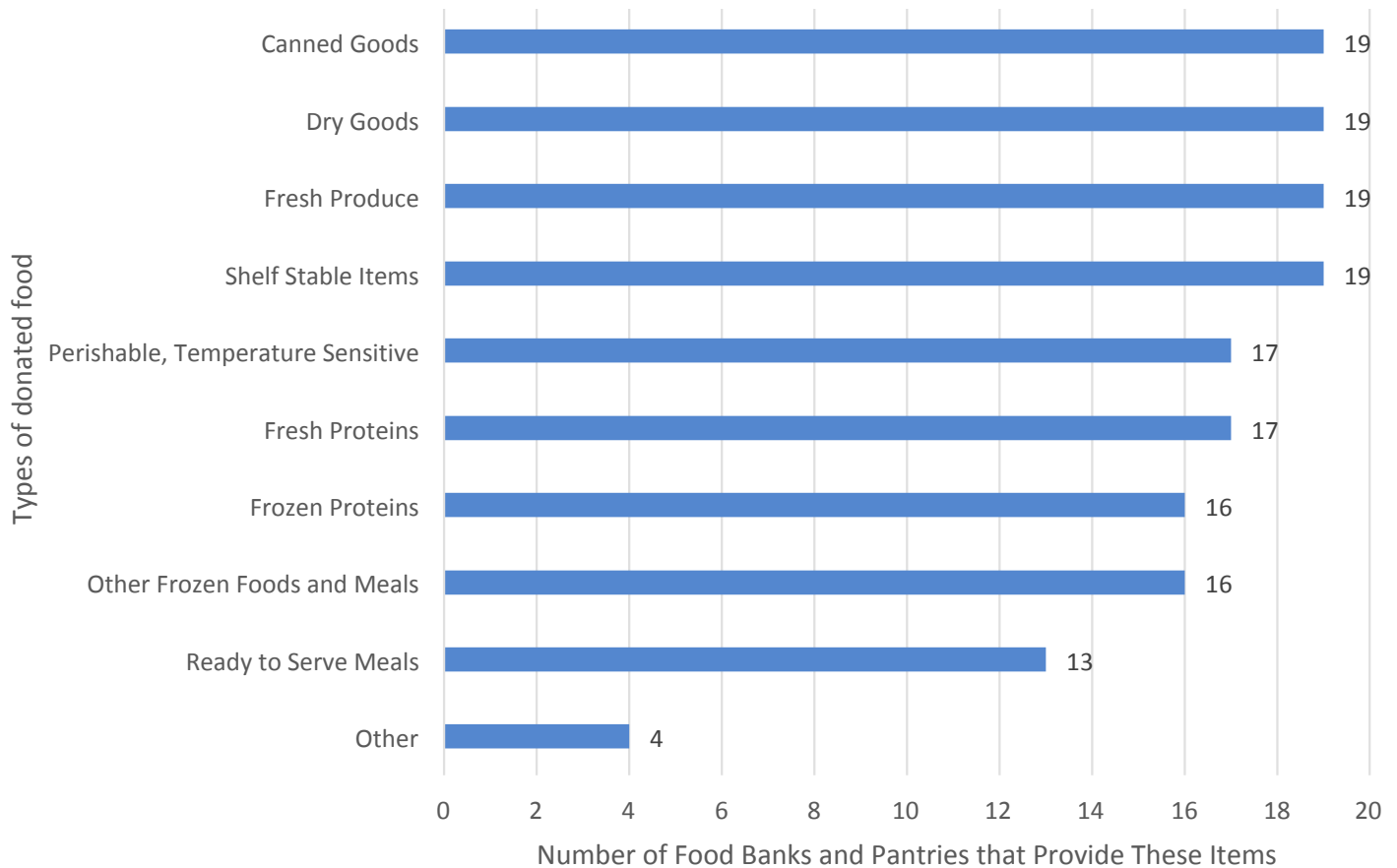


Figure 2 Food inventory offered by the food banks and pantries in the study sample

Behavioral Economics and a Welcoming Experience

Across the agencies, the implementation of behavioral economics strategies varied. Some key informants did not understand the term “behavioral economics,” but described specific strategies that coincided with behavioral economics including providing a warm, welcoming environment and using the “client choice” model.

The Client Choice Model

Key informants identified the client choice model as a “grocery store,” “farmers market” or “shopping” style experience in which clients were encouraged to select the items they wanted. Some key informants reported their pantry used the “client choice” model and others reported they provided pre-packaged selections. Many informants, however, stated they provided a mix of both client choice and pre-packaged methods.

Key informants reported the client choice model created a better experience for clients, reduced food waste, and increased the amount of fresh produce they distributed.

“...we’ve also recently started a program for... the farmer’s market model where the people have a choice to choose their vegetables and fruit... we did our first... inaugural farmer’s market and... [approximately] 1,500 pounds of additional produce went out... those 80 [or so] clients got another 1,500 pounds [of produce using the client choice model]”
– Food pantry

Providing a Warm and Welcoming Environment

Key informants were sensitive to the idea that providing a warm, welcoming environment was an important aspect of their agencies’ operations. Most reported their agency did their best to provide an environment that provided their clients a sense of dignity while also noting additional ways they could make improvements. Informants often stated that training staff and volunteers was critical to treating clients with dignity and respect. Respondents noted that their staff and volunteers encouraged clients to try new things, were stationed as greeters in the facility, and engaged with new clients to explain the pantry’s distribution process.

Additionally, brightly colored signage, clean or visually appealing tables and tablecloths, and printed materials were identified as ways respondents improved the look and display of produce to create a welcoming environment.

“every time we give out groceries before we start ... I reiterate to everybody, “These are people that are desperate... that are willing to stand in line for half an hour or longer to get groceries. And if they’re willing to stay on a line in 100 degree weather to get two or three bags of groceries, we need to put smiles on their faces [and] on our faces...” - Food pantry

Cultural and Dietary Accommodations

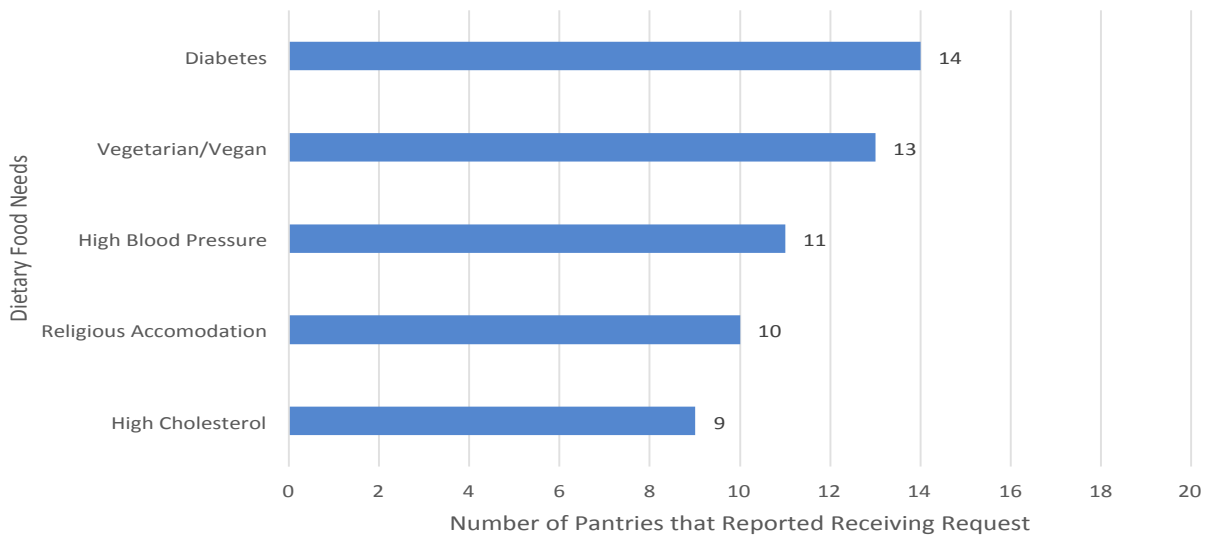


Figure 3. Number of food banks and pantries who received requests for cultural and dietary food accommodations in the study sample

Several key informants identified challenges with providing food that meets the cultural and/or dietary needs of their clients, including their agency's ability to access food items that were culturally relevant and diet specific. However, several agencies reported they distributed food that met specific dietary needs to appropriate clients when possible. Figure 3 shows the number of key informants that reported their clients requested food to address specific dietary accommodations. A large portion report that clients asked for grocery items that could help them control their diabetes.

Several informants mentioned a lack of staff awareness related to client cultural and dietary

preferences. Surveying food bank and pantry clients, a central aspect of the client-centered model, was discussed as a next step to better addressing the needs of clients.

"I think the main barrier is just people need to be a bit more aware of other people...For example, I grew up in a very multicultural environment...So I kind of had an idea of, 'Maybe I don't personally like this but I know that people would. They're from maybe this background or this is traditional [for them].' But for people who may [not] have experience with different ethnic groups and things, it's hard to get [them] to think [in that] way." – Food bank

Nutrition Education

Many of the food banks and pantries offered nutrition education, including signage with healthy messaging, recipe cards and cookbooks with healthy recipes, and nutrition education and cooking classes. Informants reported that cooking demonstrations were particularly helpful to introduce new food items.

“We try to invite our clients who are interested in learning about smart choices [to] cooking classes, education classes and we provide them with recipes. The selection of perishables (healthier options) now outweighs the non-perishables.” – Food pantry

Informants reported some of the obstacles to providing nutrition education classes, including limited staffing, space, limited client time, and for some agencies, a perception of limited client interest.

“[Nutrition education classes] would probably necessitate adding a at least part time position. Which is not in our current budget, but expanding the budget might provide the opportunity to do more in nutrition education. Also having the right person doing it.”- Food pantry

Many informants stated they were open to providing more nutrition education and implementing more nutrition education classes, such as cooking demonstrations, if a partner was able to provide the nutrition information for materials or staffing and supplies to conduct nutrition education classes.

“What would really be nice if there were like some nutrition [information] prepared...by the County or something like that. Information that we could just either have in the lobby that people could pick up or we could drop into the... grocery bag.” – Food pantry

Partnerships

Key informants frequently discussed the importance of partnerships with other organizations.

Partnerships helped to:

- **Source Foods:** A diverse range of partnerships was important for agencies to access a variety of food for their clients. Food rescue organizations, (organizations that collect surplus fresh foods), were mentioned as particularly helpful for agencies to access fresh produce in addition to traditional partners, like regional food banks.
- **Provide Nutrition Education:** As mentioned earlier in this document, many key informants suggested their agency’s ability to provide nutrition education to clients, including food demos, signage and healthy cookbooks, was made possible through partnerships with other organizations. For example, signage, one of the primary items requested to increase food pantries’ nutrition education efforts, was provided to partner agencies by a large food bank.

“if there’s another outside organization that wanted to do it [nutrition education classes], like [another organization] was doing, we’re we’d be super open to having an outside organization come in and do it.”

– Food pantry

- **Secure Personnel:** Partnerships provided access to volunteers that could support agency operations.
- **Link Clients to Additional Resources:** Partnerships also provided opportunities to link clients with other resources, including additional emergency food assistance, CalFresh, and WIC. Through partnerships, one informant discussed how referrals helped address the social determinants of health of their clients, which included assistance with transportation and housing.



Barriers and Facilitators to Creating Healthy Food Pantries

Barriers

Defining Nutrition Standards

Key informants did not have a uniform understanding of the term “nutrition standards.” The term “nutrition standards” was interpreted to mean either (1) protocols used to ensure the procurement and distribution of healthy foods OR (2) food safety and quality measures. The misinterpretation by key informants was identified as a key barrier to implementing widespread nutrition standards in food pantries.

“We don’t have them [nutrition standards], no one has given them to us and we’d love to follow up on that.” – Food pantry

Funding for Infrastructure and Equipment, Space, and Personnel

Funding was often cited as a barrier to an agency’s ability to implement comprehensive healthy food pantry strategies. These findings align with other research studies.⁹ Key informants stated that an increase in perishable and healthy foods given to food banks and pantries requires significant and costly changes involving more frequent deliveries, refrigerated storage, and additional space to unpack, sort, and display healthy foods.

“I think most of it is funding....hiring staff and finding volunteers is great, but definitely getting funding to really improve upon certain things like getting more signage, and just making a better experience, and possibly even having more options.” – Food pantry

Specifically, key informants identified specific needs that additional funding could provide, including:

- **Equipment** such as refrigeration, freezers, storage materials, and display materials for perishable food items
- **Additional space** to store healthy inventory, implement the “client choice” (or “farmers market, or “grocery store”) style shopping experience, and to deliver nutrition education classes and food demonstrations. Several agencies simply did not have the space or facilities to provide cooking classes; however posters, flyers, and informant conversations with clients were cited as ways to circumvent physical space limitations.

*“If the choice, if the client choice model is implemented, then we would need to have more space and funding because of the, of the quantity and, and variety of foods that we would need to have.”
–Food pantry*

- **Personnel**, such as Registered Dietitians, that could develop nutrition standards to help identify and sort healthy foods, and health educators to support nutrition education activities.

“...when donors ask us, ‘what do you want, what should we give you?’ I always say, ‘what would you want to feed your family?’ ... I said that to [a donor] and what did we get? Hand stuffed grape leaves. But it was a vegetarian option and our vegetarian clients loved it.” – Food pantry

Client Perception of Healthy Foods

Some key informants felt their clients perceived that healthy foods did not align with their cultural preferences. Key informants also stated that clients perceived that vegetarian or vegan foods did not taste good. There also was reported concern that clients who went home from the food pantry with only healthy food were letting down their families, causing them to go elsewhere. As previously stated, nutrition education, specifically taste tests and food demonstrations, was often discussed as one way to introduce new and healthy foods to clients. One informant shared peer-to-peer sharing experiences in which clients taught each other how to cook with certain types of produce.

“...you can see the clients talking to each other... you might see [one client] talking to [another client] saying, “Oh no, you sauté these greens just like spinach. Try them”... And then, I witnessed the next week...the [client] came back and said, “Oh my..., I tried it. I loved it.” – Food pantry



“We would love again for nutrition [education] to have the funding to extend that program out to our pantry sites including cooking classes and cooking demonstrations.” – Food bank

Food Sourcing

Small Number of Donors

Implementing nutrition standards in food pantries and banks requires food sources that can both provide healthy foods and sufficient healthy food to serve clients. A small number of donation sources can make it difficult to provide enough healthy food as well as a choice in determining what food is donated. Several informants stated that nutrition standards for procurement are easier to implement when purchasing food, as opposed to accepting donated food.

“We’ve diversified our partners from grocery stores, other food assistance agencies which just allows for more diet first selections of food with more...heart healthier options.” – Food pantry

Donor Relationships

Prioritizing healthy food may negatively impact existing donor relationships. Key informants reported that donors may look elsewhere to donate food if certain types of food are rejected. The ability to accept the loss of a donor relationship depends on the size and capacity of the food pantry or bank. Some agencies did not have a choice in what donations they could accept. Several other informants, however, reported

that the loss of that relationship ended up being a positive for their clients because they were able to diminish the amount of unhealthy food in their inventory.

***“We have to accept whatever is donated to us.”
– Food pantry***

***“There are only a few donors with whom we can negotiate for better food options and will entertain nutritional discussion. Most donors, like store or supermarkets, are mainly interested in discarding their food items that are past shelf life. We cannot strictly reserve donations to purely what we want.”
– Food pantry***

Cultural and Dietary Accommodations

Providing foods that meet specific dietary and cultural needs of clients is a key component of healthy food pantry best practices, but the lack of available healthy and culturally relevant foods from donors was repeatedly discussed as a barrier. Even if agencies were able to provide certain foods for specific dietary needs, agencies only had the ability to offer these foods intermittently to clients. Instead of donations, several informants relied on retail purchasing to meet the specific dietary needs of their clients.

However, respondents reported that when they communicated the dietary needs of their clients to donors, they received more relevant food items.

Facilitators

Leadership Support

Organizational leadership that supported health-focused changes was key to the adoption and implementation of both formal and informal nutrition standards. As organizational leadership ranged from less supportive to more supportive, several key informants recognized their agency's ability and capacity to implement healthy food pantry strategies. Shifts in strategies occurred either because of a change in leadership or those in leadership positions became more amenable to the changes being proposed.

Skilled Staff and Volunteers

Key informants stated their food pantries relied on a mix of paid staff and unpaid volunteers. An agency's ability to implement strategies to increase inventory and consumption of healthy food depended on an increase of skilled staff and/or volunteers. Some key informants mentioned the need for additional training for their staff to communicate agency-level changes to their clients and to also understand how and why health-focused changes were being made.

Several specific roles were found to improve an agency's capacity to offer and promote healthy foods:

- **Registered Dietitians** that created healthy food standards to identify and select healthy food inventory and helped clients identify appropriate healthy foods

"My wife is a certified nutritionist. It's her information."

– Food pantry

- **Nutrition Educators** that were trained to provide nutrition education through food demonstrations, nutrition education classes, and the creation of signage and flyers

"For us, having the funding to hire someone on staff to go to pantries to provide [nutrition education], or to contract with somebody to provide directly to pantries, I think that would be really helpful. Or maybe somebody who could help develop in-house materials tailored to the food we have here..."

– Food bank

- **Translators and Interpreters** that provided language services to ensure inclusion of clients from diverse population groups

"So we had actually made a lot of effort to make sure all the clients felt they could participate. Because the program materials were in English and Spanish and I had actually engage a Russian translator to translate... if you're doing something for only 2/3 of that pantries population, people feel left out and that's not a good feeling." – Food bank

- **Outreach** support that conducted outreach activities to specific communities

Technical Assistance and Existing Implementation Toolkits

Formal knowledge of nutrition concepts and access to Registered Dietitians, nutrition educators, and translators facilitated the adoption of formal and informal nutrition standards. Technical assistance through partnerships with educational institutions, healthcare institutions, and private companies were important in the development of written nutrition standards. Tools such as Washington State's *Healthy Food Pantry Guide*,⁸ the Leah's Pantry's *Nutrition Pantry Program*,¹⁰ and *CHOP (Choose Healthy Options Program*²¹) served as guides in the implementation of healthy food pantry strategies.

“...technical assistance...helped us conceptualize how the farmer’s market...model would work for us... [A grocery store]... came out and... did a study... They ... [c]reated a display stand, looked at different ways to display the food and merchandise...to make it really attractive ...[T]hen they surveyed people and... reinforced that having greater choice helps people feel empowered....[T]hey thought the food was fresher when it was displayed that way ... So I think that really kind of helped solidify the model for us ... [it was] a critical partnership.” – Food pantry

Strategic Partnerships and Shared Resources

Key informants reported that partnerships were critical to the implementation of healthy food pantry strategies, including healthy food inventory, nutrition education, shared resources, and additional services, such as emergency food, transportation, and other social services.



Feasibility of Implementing Nutrition Standards in Food Pantries

As noted previously, 17 of the 20 respondents reported their agencies either already had guidelines that prioritized healthy food for their inventory or were planning to implement guidelines that prioritized healthy food inventory. They also reported that they implemented or wanted to implement additional practice-tested strategies that were included in healthy food pantry tools and implementation guides, such as implementing behavioral economics strategies, accommodating dietary and cultural accommodations, providing nutrition education, and forming partnerships to secure resources and link clients to additional services.



Recommended Criteria to Implement Healthy Food Pantry Strategies

The following is suggested criteria to identify food pantries to implement healthy food pantry strategies. Food pantries should have:

- Non-profit status where clients do not pay for food
- Leadership and staff supports the implementation of healthy food pantry best practices
- Diverse funding sources including government, grant, and private funding
- A client-centered approach that prioritizes client needs
- Procurement model that sources from a diversity of sources, including, but not limited to, regional food banks, corporate and individual food donors, and food gleaning operations
- Space and infrastructure to install new equipment and implement health-focused strategies
- A broad reach that can serve a large number of clients
- Food distribution a minimum of once per week
- A location in walking or short public transportation distance of healthcare clinics, community centers, schools, or parks

Recommendations

The Los Angeles County Department of Public Health (DPH) is well-positioned to participate in multi-sector partnerships to support the expansion of healthy food pantries throughout Los Angeles County to increase opportunities for food insecure households to access healthy, nutritious foods. Below are recommendations to create healthy food pantries.

Partnerships

- Identify organizations to provide technical assistance to adopt healthy food pantry best practices
- Expand partnerships with food gleaning organizations to provide fresh produce to food pantries
- Identify and establish partnerships with food donors that can provide food that meets cultural and dietary needs
- Facilitate partnerships between food pantries and other services, such as education, healthcare, housing, mental health, and transportation
- Explore the feasibility of establishing a resource-sharing system for food pantries to exchange equipment and materials

Evaluation and Assessment

- Identify healthy food pantry assessment and evaluation tools and train stakeholders on implementation
- Identify resources to facilitate data collection and analysis to demonstrate outcomes
- Explore the feasibility of conducting a study of the costs associated with implementing healthy food pantry best practices

Nutrition Education

- Identify and connect local government programs, community-based organizations, universities, and healthcare institutions to provide nutrition education in food pantries
- Provide free evidence-based multi-lingual nutrition education materials, such as flyers, posters, and cookbooks to food pantries

Training and Staff Capacity-Building

- Create a learning collaborative to provide food pantry staff opportunities to learn new information, gain new skills, and share resources
- Conduct train-the-trainer nutrition education workshops for food pantry staff
- Coordinate trainings for food pantry staff related to customer service, behavioral economics, marketing, and donor relations
- Coordinate trainings for food pantry staff on sensitivity and trauma-informed service for vulnerable populations, cultural competency, and implicit bias
- Coordinate trainings for food pantries to identify and secure funding
- Identify tools to support staff to communicate nutrition standards during procurement of donated produce and purchased food
- Provide training for food pantries and donors on legislation related to surplus food donation and charitable food distribution

Tools and Resources

- Use existing toolkits, such as Washington State's *Healthy Food Pantry Guide*,⁸ the Oregon Food Bank's *Healthy Food Pantry Initiative*,⁹ Leah's Pantry's *Nutrition Pantry Program*,¹⁰ Feeding America's *Safe & Healthy Food Pantry Project*,¹¹ and *SuperShelf*¹²
- Identify or create sample template nutrition standards to guide healthy food procurement
- Identify or create materials (letters, posters, flyers, pamphlets) that communicate nutrition standards for donors to prioritize procurement of donated produce and purchased food
- Support the development of a marketing campaign that promotes the donation of healthy food that meets cultural and dietary needs

Funding

- Identify funding for operating costs, such as staff time, rent, office supplies etc., in pantries that directly support the implementation of healthy food pantries best practices
- Identify additional grant funding that allows for the purchase of equipment that will better enable food pantries to safely store perishable food items, such as refrigerators
- Identify potential collaborative funding opportunities between public and private funders

Conclusion

Key informants from 20 food banks and pantries across Los Angeles County provided insight into food pantry operations, experiences implementing healthy food pantry best practices, and identified key barriers and facilitators to success. The themes that emerged showed that implementing nutrition standards and comprehensive health-focused strategies is feasible for many food pantries in Los Angeles County. Many food banks and pantries were engaged in healthy pantry efforts. Several informants showed interest in implementing additional healthy food pantry strategies and were taking steps to serve their clients with healthy options.

The success of implementing these strategies in a wide array of food pantries is based on the utilization of existing guides and toolkits, as well as support from funders and partners, particularly to provide technical assistance, resources, and strategic coordination and collaboration of services.

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Acknowledgements

HUMANist Inc. would like to thank the Los Angeles County Department of Public Health, Dipa Shah-Patel, MPH, RD, Daniel Rizik-Baer, MSW, Julia Caldwell, PhD, MPH, Heather Guentzel Frank, MPH, MA for their contributions to this report.

HUMANist Inc. would also like to thank the 20 key informants from the food banks and food pantries interviewed.

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November 2019



This material was produced by HUMANist Consulting in coordination with the Nutrition and Physical Activity Program in the Division of Chronic Disease and Injury Prevention at the Los Angeles County Department of Public Health with funding from the United States Department of Agriculture's (USDA) Supplemental Nutrition Assistance Program–Education (SNAP–Ed), known in California as the CalFresh Healthy Living Program. CalFresh Food provides assistance to low-income households to help buy nutritious food for better health. For CalFresh information, call 1-877-847-3663. For important nutrition information, visit CalFreshHealthyLiving.org.