

*"Fighting Hunger...  
Feeding Hope"*

# Assessing community readiness for food pantry nutrition initiatives

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**Photo Credit: Loaves & Fishes of NW Oklahoma**

# Presenter Disclosures

**Marianna Wetherill, PhD**

**The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

Consultant:

- Tulsa CARES, a social services organization delivering food and other forms of assistance to people with HIV/AIDS

# Orientation to the Problem

- **Food insecurity is associated with health risk factors and chronic health conditions.<sup>1</sup>**
- **Persons with these conditions may use food pantries on a regular basis<sup>2</sup> for food assistance.**
- ***Feeding America* supports initiatives that meet the nutritional needs of food insecure clients.**
- **Yet, services provided through food pantry partner programs may not be oriented to meeting the food needs of individuals with nutrition-related chronic disease.**

# A Conceptual Framework: Cycle of Food Insecurity & Chronic Disease



# Possible individual-level intervention strategies to reduce health risks associated with food insecurity





# At the systems level, what is needed to transform the emergency food model?



# Food Pantries in Oklahoma



Image source: <http://www.flickrriver.com/photos/jassy-50/9269526009/>

2  
FEEDING  
AMERICA

Member Food Banks

500+

Food Pantry Partner  
Agencies plus other  
additional feeding  
programs

1 in 7

Oklahomans served

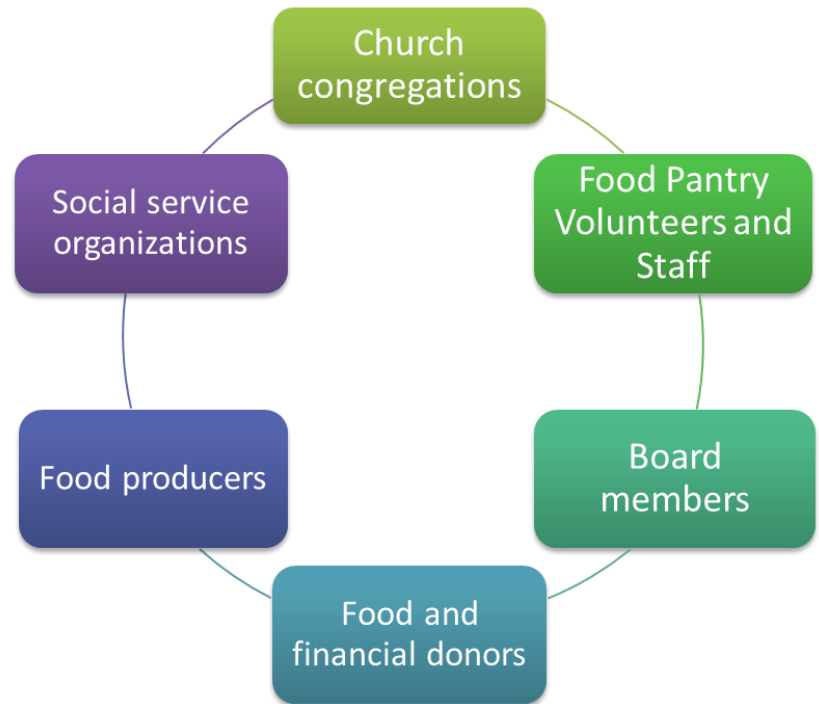


# Assessing 5 Dimensions of Readiness<sup>3</sup> within a Charitable Food Assistance Community

## *Local Charitable Food Community*

### Dimensions of Readiness

- A. *Community Knowledge*
- B. *Leadership*
- C. *Community Climate*
- D. *Resources*
- E. *Organizational Efforts*





# Assessing Stages of Readiness



9	<b>Professionalism / Ownership</b>	Community leaders and staff are experts serve as models for other communities
8	<b>Confirmation / Expansion</b>	Operating programs are evaluated with efforts to expand due to strong community support
7	<b>Stabilization</b>	Current programs integrate health components
6	<b>Initiation</b>	Staff and leaders accept ownership of issue and have begun to modify components of pantry operations
5	<b>Preparation</b>	Practical “how to” details discussed
4	<b>Preplanning</b>	Issue of interest to organization, but no concrete plan
3	<b>Vague Awareness</b>	Issue recognized, but no motivation to act
2	<b>Denial / Resistance</b>	Community ambivalence or cognitive dissonance
1	<b>No Awareness</b>	No recognition of relationship between food insecurity and health

# Research Questions

- **What is the overall level of readiness among food pantries in Tulsa, Oklahoma for nutrition initiatives?**
- **What are the community's strengths and challenges related to systems change?**
- **What strategies are needed to engage community members for change?**

# Methods

Purposive sample of leaders from eleven diverse metropolitan food pantry operations (n = 11)

Structured, qualitative interviews using The Community Readiness Interview Guide<sup>3</sup> (lasting 35 and 90 min. each)

Interviews were transcribed verbatim; scoring guide (code book) created

The researchers (M.W. & L.H.) independently read and coded the interviews for dimensions and stages of readiness; inter-coder reliability >85%

Interviews were assigned a final score for each dimension of readiness and overall readiness for improving the nutritional quality and medical suitability of foods

# Methods

- **The Issue: “Meeting the nutritional needs of food pantry clients with chronic disease”**
  - (1) organizational readiness
  - (2) perceived food bank network readiness

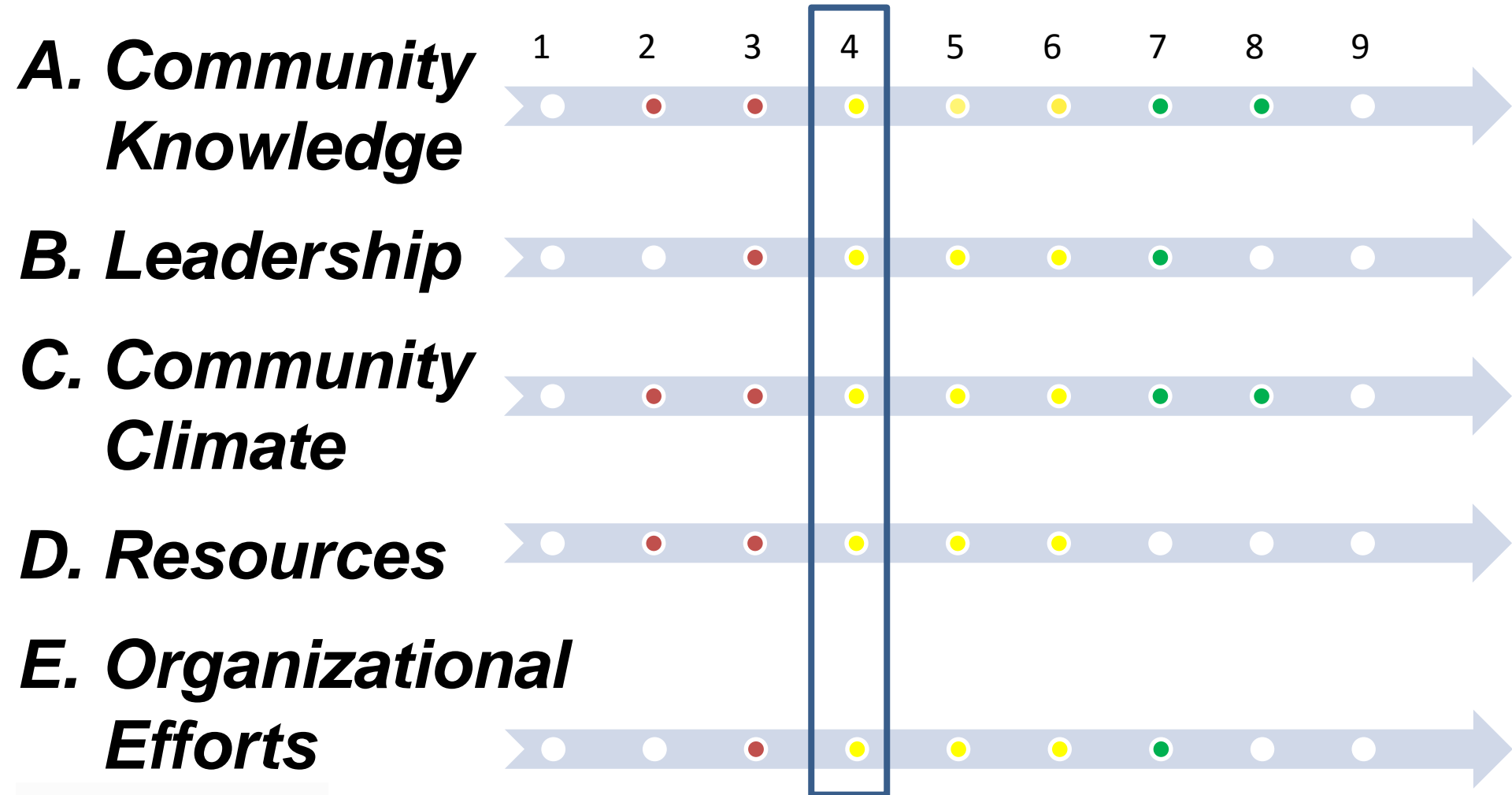
Dimensions of Readiness	Example interview questions
A. Community Knowledge	How knowledgeable are community members about this issue?
B. Leadership	How are leaders involved in efforts regarding this issue?
C. Community climate	How does the community support the efforts to address this issue?
D. Resources	What is the community’s and/or local business’ attitude about supporting efforts to address this issue, with people volunteering time, making financial donations, and/or providing space?
E. Organizational efforts	Please describe the efforts that are available in your community to address the issue.



# Methods: Analyzing Data

- **By dimension**
  - Community knowledge
  - Leadership
  - Community Climate
  - Resources
  - Organizational Efforts
- **By readiness score (1-9)**
  - No awareness  $\leftrightarrow$  Ownership

# Most Common Readiness Score: Pre-Planning



# Results:

## Community Knowledge & Climate

- **Most participants did not perceive their role in the community as health related.**
  - Health problems among the food insecure were consistently cited as a problem to be addressed by the client's doctor.
- **Few could accurately describe the relationship between food insecurity and health risk.**

# Results: Characteristics of Low Readiness

- **Limited knowledge of the issue**
- **Absent, passive, or failed efforts to implement nutrition initiatives**
- **Leadership ambivalence**
- **Inadequate resources**
- **Community climate endorsing unhealthy eating habits**



MAYBE





# Results: Characteristics of High Readiness

## Leaders of food pantries with higher readiness:

- ✓ **Clearly articulated the issue**
- ✓ **Had executed some strategic planning with stakeholders to improve the nutritional quality of foods**



# Results:

## Dimensional Variation in Readiness

- **Level of readiness within a single organization was not always consistent across dimensions**
  - Poor understanding of the issue did not preclude organizations from making current efforts to address health
    - E.g., sugar free cakes for diabetics
  - This may result in ineffective interventions that may not lead to positive health impact

# Results:

## Organizational Variation in Readiness

- **Level of readiness varied according to organizational type:**
  - Faith-based social services
    - Highest level of readiness for all dimensions
  - Sectarian social services
    - Second highest level of readiness for 4 of 5 dimensions
  - Church pantry
    - Lowest scoring for all dimensions except organizational efforts (mostly due to use of healthy recipe cards)
- **In general, organizations perceived themselves to be more “ready” than the overall food assistance network, regardless of their own readiness level.**

# Discussion

- **If charitable feeding programs are to become intentional platforms for public health, tailored interventions to build readiness for change (capacity) at the organizational level, not simply the client level, are paramount to success.**



# Discussion: Building Readiness

Readiness Level	Capacity Element	Strategy
<b><i>Denial</i></b>	<p>The notion that hungry people need more than the current charitable food approach threatens the historical premise of emergency food: to fill empty bellies above all else.</p> <p>This mission is at the center of decades of service for many food pantries.</p>	<p><b>Increase Capacity of Vision</b></p> <p>The connection between the client consumption of emergency food and the client's overall, long-term health will need to be clearly presented and absorbed; otherwise many food pantries will not transcend this stage of community readiness.</p>

# Discussion: Building Readiness

Readiness Level	Capacity Element	Strategy
<b><i>Resistance</i></b>	<p>Many emergency food service agencies may push back an evolution to healthier client options, simply because of their own lack of access to healthy food.</p>	<p><b><i>Increase Capacity of Space and Finances</i></b></p> <ul style="list-style-type: none"><li>• Pantries will need assurance that support exists for change.</li><li>• Networks need a full assessment of storage, manpower, and transportation capabilities for new food products.</li><li>• Food banks will need to address deficiencies within the network before health interventions can be implemented.</li></ul>

# Discussion: Building Readiness

Readiness Level	Capacity Element	Strategy
<b><i>Resistance</i></b>	<p>Many agencies have had the same leadership for 10-25+ years.</p> <p>Long-term food pantry managers may resist change because of what their own personal narrative tells them—failed past attempts to integrate nutrition or a high level of burn-out that makes any additional intervention seem too overwhelming.</p>	<p><b><i>Increase Capacity of Routine</i></b></p> <ul style="list-style-type: none"><li>• Resistant reactions to a culture of health is rooted in history – theirs, their communities, and their agencies.</li><li>• Perspectives of experienced leadership should be included in order for food banks to address perceived barriers as part of any effort to change pantry service norms or routine operations.</li></ul>

# Discussion: Building Readiness

Readiness Level	Capacity Element	Strategy
<p data-bbox="92 511 440 659"><b><i>Vague Awareness</i></b></p>	<p data-bbox="548 439 1108 659">A majority of pantries have either a spiritual mission or are at least driven by people with a passionate mission.</p>	<p data-bbox="1174 459 1928 516"><b><i>Increase Capacity of Mission</i></b></p> <ul data-bbox="1263 588 1901 831" style="list-style-type: none"><li data-bbox="1263 588 1901 831">• How will an agency's mission to "feed the hungry, the poor . . . ." fit with a mission of health?</li></ul>
<p data-bbox="81 1090 455 1159"><b>Preplanning</b></p>	<p data-bbox="548 745 1151 1031">In these organizations, mission is not the same as a business plan. It is driven by the heart and/or very deep religious beliefs.</p> <p data-bbox="548 1110 1124 1396">As food pantry leaders become more aware of the food insecurity-health issue, their missions will likely need to be redefined.</p>	<ul data-bbox="1263 859 1928 1373" style="list-style-type: none"><li data-bbox="1263 859 1928 1039">• Organizational missions must align with program modifications.</li><li data-bbox="1263 1059 1928 1373">• Food pantry directors must be able to communicate new changes to their board, congregation, donors, and the public.</li></ul>

# Discussion: Building Readiness

Readiness Level	Capacity Element	Strategy
<b><i>Vague Awareness</i></b>	<ul style="list-style-type: none"><li>• Many pantry workers do not have backgrounds in health and nutrition.</li><li>• Many pantry workers do not see their role in shaping health outcomes.</li><li>• Those in the health sector are considered “experts.”</li></ul>	<b><i>Increase Capacity of Expertise</i></b> <ul style="list-style-type: none"><li>• Food banks can arm pantry workers with a base education in health and nutrition, informed by a community health worker model.</li><li>• Trained food pantry staff can then better see their potential role and perceived capabilities in the fabric of community health.</li></ul>
<b>Preplanning</b>		

# Discussion: Building Readiness

Readiness Level	Capacity Element	Strategy
<b>Preplanning</b>	<ul style="list-style-type: none"><li>• Pantries often depend on the time and value of other people: volunteers, donors, etc.</li><li>• No matter what their role, the planning of any intervention must include all the working parts of the agencies.</li><li>• Otherwise, the leaders will not have the support they need to enact change.</li></ul>	<p><b><i>Increase Capacity of Support</i></b></p> <ul style="list-style-type: none"><li>• Capacity development should include a series of workshops for everyone that touches the pantry and works with the clients.</li><li>• Potential stakeholders not currently at the table should be included in planning efforts to gauge community support and garner new potential resources to support health intervention efforts.</li></ul>

# Discussion: Building Readiness

Readiness Level	Capacity Element	Strategy
<b>Preparation</b>	<p>Although providing models for pantries on best practices and interventions is important, the vast differences of pantries can deter from the acceptance of these “models.”</p>	<p><i>Increase Capacity of Models</i></p> <ul style="list-style-type: none"><li>• Creating an atmosphere of peer-support can boost the power of models.</li><li>• Pilot testing interventions at select pantry sites can prepare the entire network for implementing broad change.</li><li>• Stories and best practices from these pilot sites matter most when shared by network members and not commanded by the food bank itself.</li></ul>



# Conclusion

- **To build readiness for nutrition initiatives, food banks should raise community awareness about food insecurity and chronic disease risk.**
- **Food pantry leaders must perceive their operations as a critical component of community health.**
- **Coalition building and technical assistance are potential strategies for achieving these goals.**

# Conclusion

- **Building community, building impact**
  - For agencies dependent on donations to fill their pantry shelves, the “community” with both the knowledge of the issue, efforts, leadership, climate, and resources AND the power to implement change is the local food bank.
  - System-wide change must begin with the food bank’s own purchasing power, guidelines and policies, and ultimate attitudes toward health.

# Next Steps

- **The Food Independence, Security, and Health (FISH) Project**
  - A statewide assessment of readiness for food pantry-based health interventions at the:
    - Food Bank and Food Pantry Organizational Level,
    - Food Pantry Worker/Volunteer Level, and
    - Food Pantry Client Level
  - Recruitment begins early 2016

# Research Team

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