

Partnering with Food Pantries

To Improve Food Security & Create Opportunities for Nutrition Education

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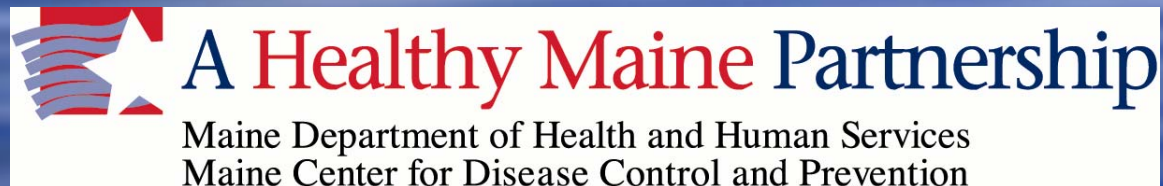
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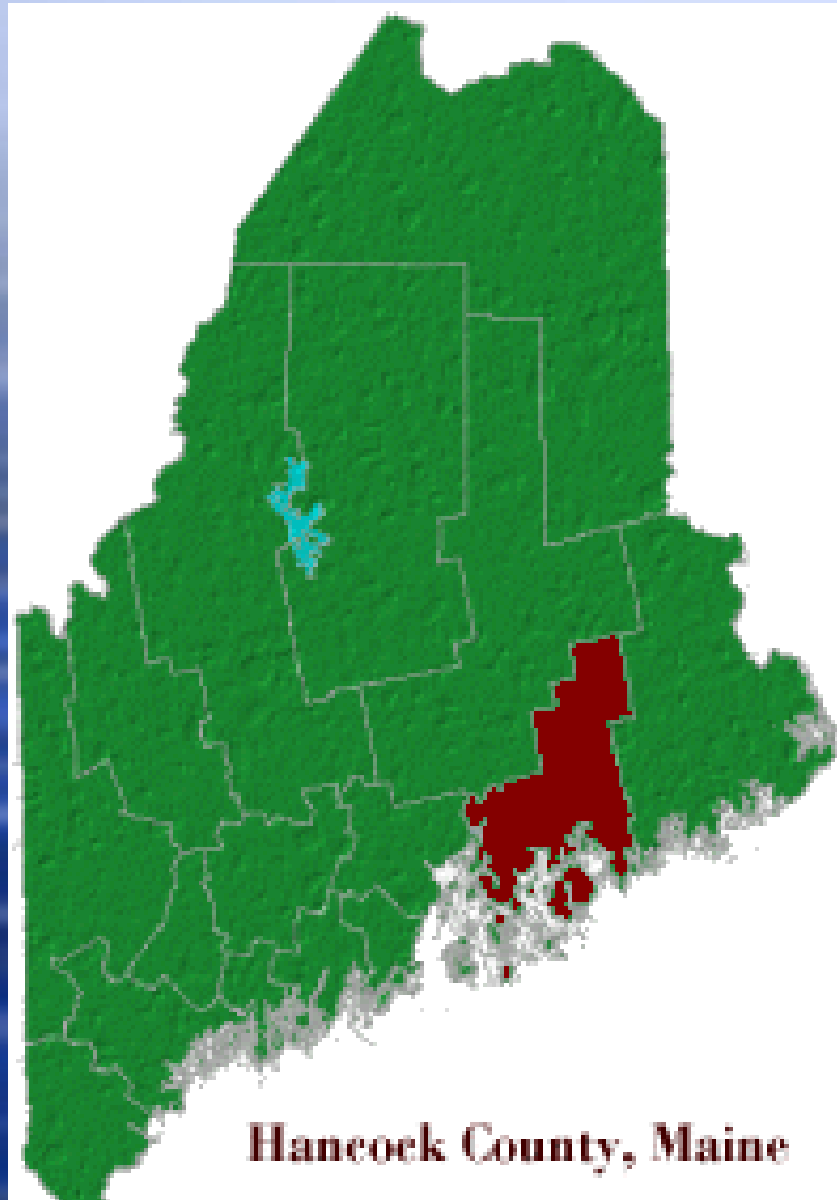
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Presentation Overview

- ◆ Regional Snapshot
- ◆ Food Security & Public Health
- ◆ Partnering with Food Pantries
- ◆ Beyond the Pantry :
Moving from Individual to Community Food Security

Hancock County



Hancock County, Maine

1600 Sq Miles

54,000

32 people per sq mi

\$38,580 median family income

15.5% of Children in Poverty

18% of Children ~ Food Stamps

40% of Children ~ Maine Care

Food Security

“Access by all people at all times to enough food to sustain an active, healthy life”

At minimum:

1. Availability of nutritionally adequate & safe foods
2. Ability to acquire foods in socially acceptable ways (e.g., without resorting to emergency food supplies etc)

Is Food Insecurity on the Rise?

- ◆ Food stamp participation increased 60.1% between 2002 and 2005 (compared with a 49% increase across Maine)
- ◆ Children on Food Stamps increased 18.3% between 2006 and 2007 (compared with a 16.8% rise statewide)
- ◆ Children in Poverty Rate rose 16.5% between 2004 and 2005 (compared with 13.9% statewide)
- ◆ Food pantries report increasing numbers of clients
- ◆ Area social service providers report increase demand for a variety of assistance programs

What's Driving Food Insecurity?

- Rising Cost of Housing
- Seasonal unemployment
- Cost of living has outpaced income
- Food Assistance Gap



Bar Harbor Housing:

½ Mile & \$ Millions Apart

Making Ends Meet

Family of 4 Hancock County

Livable Wage	\geq	\$46,030
Median Income	\sim	\$38,580
Federal Poverty Level	\leq	<u>\$18,850</u>

- ◆ More than Half of all families earn below a livable wage
- ◆ “Low Income” (200% Poverty) describes half of all families
- ◆ Poverty Level is not a reliable indicator of food security
- ◆ Food Assistance does not equal food security

Why Partner with Food Pantries?

Food Security & Public Health

- ❖ JAMA Oct 24/31,2007; Food Insecurity Harms Health
 - Correlation w Obesity & Chronic Disease
 - Medication adherence & Delayed access to care
 - Boom-Bust dietary cycles
 - Malnutrition
- ❖ Social Disparities research
 - Greater social disparity (e.g., income inequality)
 - Correlates with worse health outcomes for all.
- ❖ Social Gradient research
 - Health outcomes improve with income level

Food Security as a ***Sentinel Indicator*** for Community Health

Partnering with Food Pantries

Phase 1: Groundwork & Situation Analysis

Phase 2: Mobilize & Plan for Action

Phase 3: Implement

Phase 4: Monitor & Evaluate

- ◆ 2002 : **Assess Readiness**

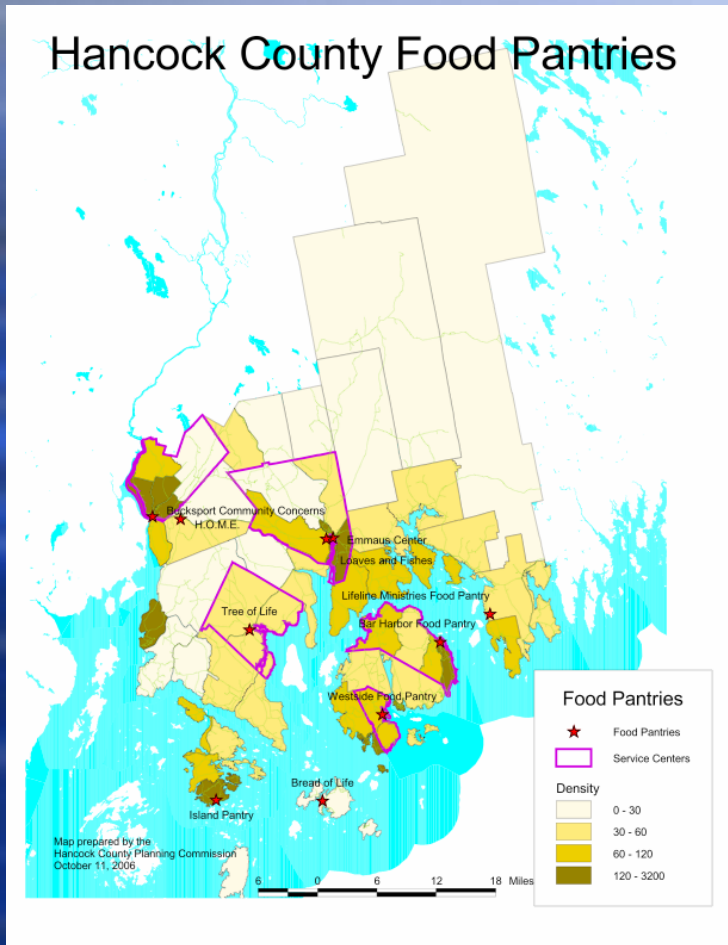
Q: How ready were of Food Pantries to work with us to support nutrition education of their clients? A : Not very!

- ◆ 2003 : **Identify Barriers and Opportunities**

Q: What services do you provide,
what's keeping you from serving your clients well ?

What We Learned

(Phase 1)



- ◆ 12 food pantries
- ◆ Serve 900+ households Approx 2500 people/month
- ◆ Very limited supply of fruit and vegetables
- ◆ Perceived consumer disinterest in fruit & veggie consumption

What We Learned

(Phase 1)



- ◆ Transportation is a barrier for several rural pantries
- ◆ Lack of information about other resources including other food pantries
- ◆ Several Pantries reported trouble receiving USDA commodities

Convene Food Pantry Network

Phase 2: Mobilize & Plan for Action



2004

Collective Advocacy

Phase 3: Implement Plan for Change



‘Low Hanging Fruit’
70,000 lbs of additional USDA commodities
delivered

Plant-a-Row Program Implemented (Phase 3)



600 lbs of fresh vegetables distributed to
pantries each year

Nutrition & Diabetes Education (Phase 3)



Educating the Influencers
(Pantry Organizers & Volunteers)

Local Stories

(Phase 4/Phase 1)

2006 Interviews with 71 food pantry client households

Food for Thought, Food for Action report

www.healthyacadia.org

www.maine-nutrition.org



Local Stories

(Phase 4 & 1)

What We Learned

- ✓ Women are the primary food 'gatekeepers'
- ✓ Children & Youth are disproportionately impacted
- ✓ Food Insecure clients came from almost every town
- ✓ Families working hard to put food on the table
- ✓ Food Stamps alone don't address the need
 - ✓ 46% of clients interviewed participate, and still must rely on multiple sources

Local Stories

(Phase 4 & 1)

What We Learned

- ✓ Many clients wanted more fruits and veggies
65% Eat daily, and 50% want to eat more often
- ✓ Price and Availability are the primary barriers keeping clients from eating more often
- ✓ Many clients expressed “Cooking Confidence”
90% prepare meals daily; 85% had kitchen equipment
76% were not interested in learning more about cooking.

Community Supported Agriculture (Phase 3)



Pantry purchases share of vegetables from local farm

Cooperative Ordering

(Phase 3)



Food Pantry Timeline

2002

Approach
Food
Pantries

Process

2003

Interview
Pantry
Volunteers

2004

Convene
Pantry
Network

2006

Interview Pantry
Clients

2007

Community
Nutrition
Action
Planning

2008

Implement &
Evaluate
Nutrition Education
Interventions

70,000 lbs USDA
Commodities
Distributed



Plant-A-Row
Program –
600 lbs
Vegetables



Nutrition & Diabetes
Education for Pantry
volunteers

Impact



Cooperative Ordering



Community Supported Agriculture

Beyond the Food Pantry

(2007) Phase 2: Mobilize & Plan

Community Nutrition Action Plans (CNAP)

Engage broader communities surrounding
Food Pantries

- Share Information & Research
- Present Issues
- Create Opportunities
- Plan for Action
- Monitor & Evaluate

Moving From Food Assistance to Community Food Security

Public Health Nutrition Education
An Ecological Approach



Public Health Nutrition

2008 (Phase 3)

- ◆ Southwest Harbor: Expanding food voucher program
- ◆ Frenchboro: Organizing a weight self-management Group
- ◆ Bucksport: Creating a Food Assistance Resource Guide
- ◆ Blue Hill: Social Marketing @ point of purchase
- ◆ Mount Desert Island: Starting a low-income CSA Farm Share
- ◆ Bar Harbor: Nutrition Education resource center

Parting Thoughts

On Partnering with Pantries

To Improve Food Security & Public Health Nutrition



- ◆ Meet partners where they are (Ask & listen first)
- ◆ Do your homework – learn about the local food system & social ecology of Food Security
- ◆ Public Health organizers have a primary role convening dialogue about Food Security
- ◆ Collaboration & Building Trust takes time, and needs a platform for the relationship to thrive
- ◆ Peer Support Networks can be powerful agents of change

Thank you



Photo Courtesy Bryan Gagner