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.¹

• Persons with these conditions may use food pantries on a regular basis² 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.

¹Seligman, 2010; ²Hunger in America, 2014
A Conceptual Framework: Cycle of Food Insecurity & Chronic Disease

FOOD INSECURITY

- HOUSEHOLD INCOME
- SPENDING TRADEOFFS
- HEALTH CARE EXPENDITURES
- EMPLOYABILITY

STRESS

COPING STRATEGIES:
- Dietary Quality
- Eating Behaviors
- Bandwidth

CHRONIC DISEASE

HEALTH CARE EXPENDITURES

The UNIVERSITY of OKLAHOMA Health Sciences Center
College of Public Health

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

- Dietary Intake
- Stress
- Self-Efficacy
- Bandwidth
- Competing Demands
- Binge-Fast Cycles
- Employability
- Stability
At the systems level, what is needed to transform the emergency food model?

Knowledge and skills of key staff and leadership

Organizational Competency

Organizational Capacity

Human, financial, and capital resources

Community Readiness

The degree to which the charitable food system is willing and prepared to take action in response to the health needs of food insecure clients

Stanley L. et al., 2014
Food Pantries in Oklahoma

2 Member Food Banks

500+ Food Pantry Partner Agencies plus other additional feeding programs

1 in 7 Oklahomans served

Assessing 5 Dimensions of Readiness within a Charitable Food Assistance Community

Dimensions of Readiness

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

Local Charitable Food Community

- Church congregations
- Social service organizations
- Food producers
- Food and financial donors
- Food Pantry Volunteers and Staff
- Board members

3Stanley L. et al., 2014
## Assessing Stages of Readiness

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

\(^3\)Stanley L. et al., 2014
Methods

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

<table>
<thead>
<tr>
<th>Dimensions of Readiness</th>
<th>Example interview questions</th>
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<tbody>
<tr>
<td>A. Community Knowledge</td>
<td>How knowledgeable are community members about this issue?</td>
</tr>
<tr>
<td>B. Leadership</td>
<td>How are leaders involved in efforts regarding this issue?</td>
</tr>
<tr>
<td>C. Community climate</td>
<td>How does the community support the efforts to address this issue?</td>
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<tr>
<td>D. Resources</td>
<td>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?</td>
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<tr>
<td>E. Organizational efforts</td>
<td>Please describe the efforts that are available in your community to address the issue.</td>
</tr>
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Stanley L. et al., 2014
Methods: Analyzing Data

• **By dimension**
  – Community knowledge
  – Leadership
  – Community Climate
  – Resources
  – Organizational Efforts

• **By readiness score (1-9)**
  – No awareness ↔ Ownership
Most Common Readiness Score: Pre-Planning

A. Community Knowledge

B. Leadership

C. Community Climate

D. Resources

E. Organizational Efforts

1 2 3 4 5 6 7 8 9
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
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

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<th>Readiness Level</th>
<th>Capacity Element</th>
<th>Strategy</th>
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<td><strong>Denial</strong></td>
<td>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. This mission is at the center of decades of service for many food pantries.</td>
<td>Increase Capacity of Vision</td>
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<td>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.</td>
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<td>Resistance</td>
<td>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.</td>
<td>Increase Capacity of Space and Finances</td>
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<td>- Pantries will need assurance that support exists for change.</td>
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<td>- Networks need a full assessment of storage, manpower, and transportation capabilities for new food products.</td>
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<td>- Food banks will need to address deficiencies within the network before health interventions can be implemented.</td>
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# Discussion: Building Readiness

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<td><strong>Resistance</strong></td>
<td>Many agencies have had the same leadership for 10-25+ years.</td>
<td><em>Increase Capacity of Routine</em></td>
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<td></td>
<td>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.</td>
<td>• Resistant reactions to a culture of health is rooted in history – theirs, their communities, and their agencies.</td>
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<td>• 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.</td>
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<td><strong>Vague Awareness</strong></td>
<td>A majority of pantries have either a spiritual mission or are at least driven by people with a passionate mission.</td>
<td><em>Increase Capacity of Mission</em></td>
</tr>
<tr>
<td></td>
<td>In these organizations, mission is not the same as a business plan. It is driven by the heart and/or very deep religious beliefs.</td>
<td>• How will an agency’s mission to “feed the hungry, the poor . . . . “ fit with a mission of health?</td>
</tr>
<tr>
<td>Preplanning</td>
<td>As food pantry leaders become more aware of the food insecurity-health issue, their missions will likely need to be redefined.</td>
<td>• Organizational missions must align with program modifications.</td>
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<td>• Food pantry directors must be able to communicate new changes to their board, congregation, donors, and the public.</td>
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| **Vague Awareness** | • Many pantry workers do not have backgrounds in health and nutrition.  
• Many pantry workers do not see their role in shaping health outcomes.  
• Those in the health sector are considered “experts.” | **Increase Capacity of Expertise**  
• Food banks can arm pantry workers with a base education in health and nutrition, informed by a community health worker model.  
• Trained food pantry staff can then better see their potential role and perceived capabilities in the fabric of community health. |

**Preplanning**
## Discussion: Building Readiness

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| **Preplanning** | • Pantries often depend on the time and value of other people: volunteers, donors, etc.  
• No matter what their role, the planning of any intervention must include all the working parts of the agencies.  
• Otherwise, the leaders will not have the support they need to enact change. | **Increase Capacity of Support**  
• Capacity development should include a series of workshops for everyone that touches the pantry and works with the clients.  
• 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. |
## Discussion: Building Readiness

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<td>Preparation</td>
<td>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.”</td>
<td><strong>Increase Capacity of Models</strong></td>
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<tr>
<td></td>
<td>• Creating an atmosphere of peer-support can boost the power of models.</td>
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<td></td>
<td>• Pilot testing interventions at select pantry sites can prepare the entire network for implementing broad change.</td>
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<td></td>
<td>• Stories and best practices from these pilot sites matter most when shared by network members and not commanded by the food bank itself.</td>
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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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References

