

NOPREN Hunger Safety Net Work Group NOTES – November 23, 2015

Partner perspective from Marianna Wetherill, PhD, MPH, RD/LD, Assistant Professor, OUHSC College of Public Health

Presentation: *Assessing Community Readiness for Food Pantry Nutrition Initiatives*

- Food pantry users tend to have higher rates of chronic health conditions
- People are using food pantries on a regular basis now as opposed to only for periodic emergency situations
- Conceptual Framework: Cycle of Food Insecurity and Chronic Disease (see SLIDE 3)
- What are possible mediators that link food insecurity and poor health (SLIDE 4)
- Food insecurity is a symptom of unmet social needs
- 1st step in designing study was to focus on barriers to dietary intake
- Wanted to look at what is needed to transform the emergency food model at the systems level
 - Organizational competency, organizational capacity, community readiness
- Organizational capacity and competency are related but not dependent variables (ex: an org may have sufficient staff capacity to implement nutritional priorities but may not have the knowledge to do so)
- Colorado State University created the community readiness tool used in this study (tool can be used across issues) but had never been used in the food pantry setting
- Used it as a framework to further explore the issue (chose leaders in the food pantry setting to explore their readiness to implement nutrition initiatives)
- Charitable food system in Oklahoma: 2 Feeding America food banks, 215 food pantries, 108 multi-service and 259 emergency food pantries (500+), 1 in 7 Oklahomans served
- 5 Dimensions of Readiness:
 - A. *Community Knowledge*
 - B. *Leadership*
 - C. *Community Climate*
 - D. *Resources*
 - E. *Organizational Efforts*
- Model provides a list of interview questions that were then modified to meet study needs
- 2nd element of model (5 dimensions + stages of readiness) can go from no awareness to ownership of the issue
- **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
 - 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

- Most common readiness score: pre-planning (4 out of 9)- hearing of issue but not knowing what to do, limited resources, perceived limited knowledge of stakeholders, general agreement among leaders that issue is concerning but do not know how to make a plan of action
- **Results:** Community Knowledge & Climate
 - Most participants did not perceive their role in the community as health related.
 - 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 clearly articulated the issue and 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 (this may result in ineffective interventions that may not lead to positive health impact)
- **Results:** Organizational Variation in Readiness
 - Level of readiness varied across organization type (faith-based was most ready, then sectarian groups, and then church pantries)
 - Most thought they were more ready than their peers regardless of own readiness level
 - Most see the food bank as expert; so if food banks took initiative on issue they would be more likely to take action
- **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.
 - Expansion of agency missions, visions, and expertise may be essential prerequisites for adoption of evidence-based interventions.
- **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.
- **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
 - Goal is to standardize best practices and guidelines across OK food pantries
- **QUESTIONS:**
- *Did you report back results to food pantries and was that helpful?*
 - Presented findings to Food Pantry Taskforce (comprised of 30 orgs) and feedback was in agreeance with levels of readiness; most said they wanted to be part of efforts in the future
- *What are effective ways to convey message of link between food insecurity and health?*
 - Challenge for OK food banks is writing out what their nutrition philosophy and policy is and trying to create a forum to direct these orgs in a way that builds their skill level in this area. Most providers felt no self-confidence in teaching nutrition to clients; felt it outside their practice; food banks need to

build self-efficacy of providers so they feel comfortable engaging with clients around nutritious choices

Subgroup Updates:

- Food Policy Councils: (Chair: Larissa Calancie)
 - Sent out survey to get sense of group priorities and next call is early Dec
- Clinical Linkages: (Co-chairs: Steve Cook and Ellen Barnidge)
 - Co-chairs met and are planning 1st call; looking at expertise of group members and their networks to get a sense of capacity; will first look at question of screening and referral for food insecurity
- Food Systems: (Chair: Alex Lewin-Zwerdling)
 - Held 1st call in November
 - 7 themes came out of first call:
 - Evaluating local food system benefits, where are the gaps, why measure
 - Shared value-how do we highlight private/public partnerships; how do we develop case studies of successful model
 - Wraparound services
 - Intersection of healthcare and food
 - Food prescriptions
 - Food systems in general (national distribution network)
 - Food waste
 - Next call is Dec. 7th
- Developing a research agenda: (Co-chairs: Seth Berkowitz and Darcy Freedman)
 - 1st call is Dec. 4th at 3pm EST

Announcements:

- AAP released policy statement recommending universal screening for all pediatric patients for food insecurity
- Questions they recommended are slightly different from USDA questions and there is no current understanding of how change in questions might change responses
- Looking for opportunities to test how new response options differ from previous options
- If anyone is interested in testing this, please let us know

- Now that the subgroups are active, the larger Hunger Safety Net WG will be meeting every other month.
- Our next call will be **January 25th at 9am PST** (theme: food voucher and prescription programs)

CDC Updates:

- NCCOR workshop (Nov.9-10): Community Linkages
- Sponsored by USDA, CDC,NIH,RWJF