

Peer Learning

We asked several food banks who have already developed and implemented a nutrition policy about their experience. Grab a cup of coffee or tea and read through their processes, joys, challenges, and outcomes.

Interview

How many shoppers does your food pantry serve, on average, on a weekly basis?

650 (estimate of clients seen by our community pantry in Harlem)

Our nutrition policy on donated product applies to our pantry and warehouse which provides food to over 800 pantries and soup kitchens of New York City.

How did you begin the process of adopting a nutrition policy?

In 2012, Food Bank conducted a comprehensive analysis of donated foods to ensure a strategic approach to food procurement. Again in 2017, Food Bank reviewed and analyzed donated inventory. Annual review of donations has contributed to the development of this policy, and will occur going forward on an annual basis. This organizational research as well as continual reassessment of community health needs will inform nutrition policy and development of new procurement goals. In early 2017, Food Bank distributed a food and nutrition survey to learn more about the needs of clients who utilize our network of nearly 1,000 pantries and soup kitchens. The results of this survey allowed Food Bank to gain a clearer understanding of how the foods we provide are meeting the needs of the clients we serve. The survey results also provided us with important information about the health needs of clients who access our network, their food preferences, and how our member agencies feel about providing healthy food. In total, Food Bank received a 30% response rate including 293 validated responses. Of these, 44 were soup kitchens (15%) and 229 were food pantries (78%); other sites were senior centers, shelters, and mobile sites. Through this survey, we learned that our agencies overwhelmingly want to offer healthy foods. Food Bank is positioned to increase access to these products for our agencies. When asked, 87% of survey respondents reported their clients would benefit from receiving healthier food and 90% reported that they would like to provide the most nutritious food possible to their clientele. In summary, these results, along with public health research, provide the rationale behind enactment of this nutrition policy.



Please share about the process of *developing* your policy. What were some of the key challenges and successes? How, if at all, was your board involved? How, if at all, were your volunteers involved? How, if at all, were your shoppers involved?

The board was presented with the rationale for implementing the policy and as New York City's leading organization in addressing food security they quickly agreed with development of the policy. Once finalized the board was presented with our initial criteria for the policy and approved for implementation.

It was absolutely vital to have a Food and Nutrition Subcommittee where over 15 pantry coordinators and Food Bank staff would meet monthly to brainstorm over ideas to identify our foods to omit and foods to increase. The pantry coordinators represented their unique communities and clients. This was imperative in making decisions such as increasing "ready to eat" foods for communities with high rates of homelessness. The focus meetings began *after* our survey results were finalized. This survey was able to capture client feedback and member feedback as well.

Some challenges were agreeing on criteria to omit snacks and baked goods, we wanted to assure we were not turning down food needed by our communities. To address this we created criteria to have some flexibility to allow some snacks that at least provided a certain amount of nutrition. For example, we would accept peanut butter and jelly as a snack food due to the protein content found in one serving that would benefit a client. Although the Jelly provides unnecessary sugar, it met the criteria based on low sodium and high protein content.

Please share about the process of *implementing* your policy. What were some of the key challenges and successes? How did you overcome your challenges?

The biggest challenge was explaining the policy to warehouse staff who are responsible for training the volunteers on how to glean through donated product. We needed to make sure the warehouse reps understood how to use the criteria we developed and then interpret the nutrition facts label. This proved to be especially challenging as we would get large volunteer groups to glean through donated product. Many volunteers would come with questions on interpreting the nutrition facts label. We solved this by making huge posters with pictures and easy to understand handouts indicating which donated product were able to put aside

Our biggest success was communicating our policy to major donors and sourcing healthier donations.



Do you restrict or refuse any donations according to your policy? How did you approach this?

Yes we restrict Candy, Sugar Sweetened Beverages, Baked Goods and Snacks.

Foods that are identified by this policy and targeted for reduction or elimination are those that do not contribute to the health of our clientele; are not in demand according to our member survey, and are inexpensive and often readily available in the communities we serve. These items are not in alignment with the US Dietary Guidelines for Americans and can contribute to poor health outcomes including diabetes and obesity. These foods are not part of the My Plate guide and are targeted by this policy because we do not believe that these foods should take up valuable space in our pantries and soup kitchens.

Specifically for Snacks we decided all snacks in our donated inventory must meet at least 2 of 4 nutrition standards as outlined below, with at least 1 standard met from either the sodium or sugar category.

- Snack must not contain more than 6 grams of sugar per serving.
- Snack must not contain more than 140 mg of sodium per serving.
- Snack must contain at least 3 grams of fiber per serving.
- Snack must contain at least 3 grams of protein per serving.

Our Food and Nutrition Subcommittee developed these standards with careful consideration and thoughtful analysis. The subcommittee used several references including the “Smart Snacks” USDA nutrition standards for snacks sold in schools, the USDA Dietary Guidelines for Americans, the American Diabetes Association, and the New York State Department of Health HPNAP nutrition standards in foods policy (12). Our snack food criteria take into account the population served by our network of pantries and soup kitchens, which includes homeless individuals and those without access to adequate cooking facilities. Snack foods should therefore be as nutritious as possible as they may, in some cases, be foods or meal substitutes that certain individuals consume on a regular basis.

Did you develop any tools or borrow any tools from others that you would recommend?

We used survey monkey as an evaluation tool to reach members and highly recommend it.



How, if at all, do you track your policy?

We do currently track our policy

Have you employed any ways to measure or evaluate the impact of your policy on food offered or on your shoppers' health?

No

How, if at all, has your policy impacted the variety, quality, or type of food available?

Our very own pantry and a large percentage of the pantries we serve do not provide sugary sweetened beverages or candy, leaving valuable space for more nutritious foods clients have said they need such as lean protein, low sodium canned goods and fresh fruits and vegetables.

How, if at all, has your policy impacted your donor base? Have you lost any donors or brought on any new donors because of your policy?

No, we have not lost any donors.

Is there anything else you would like to share with someone who is just beginning the process of adoption a nutrition policy?

I would recommend they start with a strong why? Why do we need a nutrition policy? Identifying the why can achieve buy-in from important stakeholders. Providing data on health disparities, survey results and client testimonials can be very effective to begin the process of creating a nutrition policy. I would say start small making the changes gradually in stages, as opposed to all or nothing.

