



UNDER PRESSURE: PRIORITIZING HEALTHY HUNGER RELIEF DURING THE COVID-19 PANDEMIC

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SUMMARY

The COVID-19 pandemic placed extreme hardship on American families and the food banks that help them put dinner on the table. Unemployment soared and people seeking food assistance, who were also those most severely impacted by COVID-19, dramatically increased over a short period of time. Health-focused food banks nationwide struggled to provide nutritious foods that supported community health while dealing with food suppliers that were out of stock, volunteers who were sheltering in place, and in-person distributions that were no longer safe.

Health-focused food banks do more than just provide calories; they provide well-rounded options that allow community members to make nutritious, healthy meals. These organizations make long-term commitments to healthy hunger relief, prioritizing the nutritional needs of their communities when making purchasing decisions, soliciting donations, and building community programs.

During the early days of the COVID-19 pandemic food banks experienced wide-spread food shortages, particularly of healthier shelf-stable options. Other challenges placed a significant burden on food banks across the country, such as the volunteer workforce disappearing to shelter in place; community partners closing their doors to protect individual safety; and the unprecedented need for emergency food support that was unmet by federal food programs. Food banks stepped in to meet this need as best as they could, adapting programs and staffing models, expanding distribution services to home deliveries, and innovating wherever feasible. Greater reliance on the charitable food system to solve nationwide disparities in healthy food access, transportation, healthcare, and more, is pushing food banks to their limits, and slowly eroding the responsibility of the entire economic system to enable all Americans to thrive.

This report provides an overview of the organizational challenges and experiences of health-focused food banks nationwide during March - August of 2020. Interviews with 17 food banks were conducted in August and September 2020. This report includes the themes from those interviews, and calls for policies, practices, and legislation that will enable decision makers across the country to join health-focused food banks in providing sustainable access to the healthy foods that help every community thrive, during pandemics and beyond.



Photo courtesy of the Des Moines Area Religious Council

HEALTHY HUNGER RELIEF PARTNERSHIPS:

Since 2016, the Partnership for a Healthier America (PHA) has recognized, elevated, and accelerated the work of food banks and large-scale food pantries across the country that are uplifting the health and well-being of their communities. Through these relationships, PHA and its Healthy Hunger Relief partners are improving the supply of healthier, nutritious foods for millions of Americans who rely on our nation's food banks.

On average, 25% of all food bank inventory distributed nationwide is comprised of unhealthy beverages and snack foods.¹ In 2019, the Feeding America network distributed 146 million meals; applying this measure we can assume that out of those meals, 36.5 million were really offerings of sugar sweetened beverages, candy, sugary baked goods, and unhealthy snacks. As of December 31st, 2020, PHA has been working with 28 Healthy Hunger Relief partners, reaching over 7.2 million people, to improve the nation's charitable food supply. Each of these organizations is building long-term strategies that solidify health as a vital component of hunger relief, working to ensure nutritious groceries for every American family.

All food banks interviewed in this study are part of the Healthy Hunger Relief program, and have each made long-term commitments to health, such as tracking the healthfulness of their foods, replacing some of the least-healthy options in their inventory with healthier choices, or having nutrition experts on their staff and board. Due to these commitments, the charitable food system in the US will have 19 million fewer pounds of the least healthy options and 115 million more pounds of healthier foods by 2023.



OVERVIEW OF THEMES FROM INTERVIEWS

1. There was high need in every state

2. Food banks shifted from working with food pantries to mass distributions

- Food pantries closed
- Food banks began large-scale distributions

3. Food banks changed how they operate

- Food banks increased their capacity
- Innovative partnerships were created
- New partnerships opened up opportunities to help seniors

4. Long-held programs and values were disrupted

- Nutrition initially unable to be first priority
- Suppliers had long lead times and increased prices
- Client choice practically disappeared

5. Traditional food banking is evolving

- Federal programs had a big impact
- Food banks tackled more system-wide challenges

Photo courtesy of the Des Moines Area Religious Council

1. <https://mazon.org/assets/download-files/MAZON-TippingPointReport-FINAL.pdf>

BACKGROUND



In March 2020, the COVID-19 pandemic led local and state governments to shut down many public venues in an effort to slow the spread of the disease. Although these actions were required to protect the public's health, they also had stark economic consequences. The impact of this crisis was felt by the charitable food system immediately and significantly. Photographs of cars waiting in long lines for food distributions seized the attention of the media and the public as demand for emergency food relief soared.

During the COVID-19 pandemic, the estimated number of individuals experiencing food insecurity rose by 13.2 million people and is expected to reach of 50 million by the end of 2020.² The Feeding America network of over 200 food banks across the country reported a 60% increase in the number of people seeking food due to COVID-19. Many of the individuals economically impacted by the pandemic have not had to turn to food banks in the past.

People who rely on food banks and food pantries often suffer from health issues at disproportionately high rates, and COVID-19 was no exception. Research funded by the National Institute of Health showed that populations with a higher poverty rate had higher death rates from COVID-19, and that Black Americans specifically were at a higher risk for serious outcomes and death.³ The CDC reported that communities of color are at an increased risk of getting sick and dying from COVID-19, and noted the systemic impact of racial discrimination, wealth gaps, and inadequate housing as some of the social determinants of health that impact contracting and surviving the virus.⁴

The pandemic stressed the hunger relief food system more than ever before. At the very time demand was increasing, food banks' capacity to meet that demand shrunk as volunteers sheltered in place and staff quarantined for COVID-19 exposure. The hunger relief system is one that relies heavily on volunteers, especially in the food pantries and meal program sites that provide food directly to community members. Volunteers may order food, package distribution boxes, stock pantry shelves, and even manage budgets and volunteer schedules. For many food pantries, losing volunteers crippled their ability to distribute food to their community.

2. https://www.feedingamerica.org/sites/default/files/2020-10/Brief_Local%20Impact_10.2020_0.pdf

3. Abedi, Vida, et al. "Racial, Economic, and Health Inequality and COVID-19 Infection in the United States." *Journal of Racial and Ethnic Health Disparities*, Springer International Publishing, 1 Sept. 2020, www.ncbi.nlm.nih.gov/pmc/articles/PMC7462354/

4. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html#fn2>

INTERVIEW THEMES

THERE WAS HIGH NEED IN EVERY STATE

Massive increases in unemployment, driven by the COVID-19 pandemic, put record numbers of families in need of groceries. Food banks across the country reported miles long lines of cars waiting for food, people arriving at 5:30 AM to line up for a food distribution that started at 10:00 AM, and even food banks running out of food in the early weeks of the pandemic.

During interviews, food banks frequently stressed the “high level of need,” and expressed concerns that they would fail to meet demand. Most food banks saw dramatic increases in the numbers of individuals served beginning in March and April of 2020. However, food banks reported that they were already serving record-high numbers before the pandemic. During The Great Recession, food bank and food pantry usage levels reached an all-time high, and instead of decreasing as the economy recovered, food banks and pantries continued to see sustained, and even increasing, numbers year after year.⁵ The food system’s dependency on food banks to meet perpetual food needs of their communities, instead of short-term emergency need, placed food banks in a precarious position at the beginning of COVID. With the need for hunger relief at an all-time high pre-COVID, food banks faced a new definition of the phrase “unprecedented need.”



Photo courtesy of the Des Moines Area Religious Council

“*At this point of the year, we would normally have served 706,000 food insecure individuals. This year we are at 2 million.*”

“When COVID began, we immediately got overrun at many of our distribution sites because there was just such a high level of need.”

“I think it's really kind of opened our eyes as well to the broadening need of how limited people are in terms of assets...it really doesn't take much for someone to move from one socio-economic level to another.””

5. Colleen Heflin & Ashley Price (2019) Food pantry assistance and the great recession, Journal of Hunger & Environmental Nutrition, 14:1-2, 225-239, DOI: 10.1080/19320248.2018.1434099

FOOD BANKS SHIFTED FROM WORKING WITH FOOD PANTRIES TO MASS DISTRIBUTIONS

Food Pantries Closed:

Food banks are large regional hubs that supply hundreds, and in some cases thousands, of faith-based organizations and community-based non-profits with food for their hunger relief work. The COVID-19 pandemic dealt a blow to that critical network, with many of the small sites closing up shop for health and safety reasons. Multiple food banks interviewed highlighted the difficult decisions staff and volunteers at food pantries, many of them retired seniors, had to make between prioritizing their own individual health and safety and keeping their food pantry running. Food banks estimated that in the early months of the COVID-19 pandemic, up to 95% of their pantry partners had temporarily closed their doors.

The number of food pantries that had been able to reopen by September 2020 varied greatly across the country. Many food banks interviewed said that most of their food pantry partners had been able to reopen, estimating around 80-90% were again operational. However, multiple food banks in different areas of the country continued to be the main distribution point for their communities, with only 25%-50% of their pantry partners able to distribute food.

“*We, like many other food banks across the country, saw our network shrink. We had many of our food pantries that were closed, and are still closed in many cases...Our model completely flipped... We're now directly distributing about 75% of everything that's going out.*”

"We also had a sense of where some of our partners were stopping their distributions. If it's a faith-based organization that's a pantry run by seniors, they had to make the decision to close during COVID."

"Only 3% of our pantries are currently still down which is a much lower percentage than any other areas are experiencing...So because our pantry network is largely still operational, we haven't needed to do the same mass distributions as some other food banks."

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Food banks began large-scale distributions:

The decrease and almost disappearance of distribution partners meant that food banks needed to respond to new levels of high need without the use of traditional distribution models through their pantry partners. Most food banks rapidly set up mass distributions of food, building large-scale operations at football stadiums, NASCAR tracks, and shopping malls.

Most food banks interviewed described their distributions as a no or low-contact model, with staff and volunteers running stations in a large parking lot, and cars driving down the line from one station to another while food was loaded into the trunk of their vehicle. At some food banks, each station was prepackaged, so a family would receive a pre-boxed selection of produce or shelf stable items. At other food banks, each station had a few specific items, which allowed the family to choose or decline items based on their needs (such as declining peanut butter if there were peanut allergies, etc.).

Food banks across the country credited the financial response of their local communities with their ability to rapidly set up and scale mass distribution models. Because of the increase in financial donations over individual food items, food banks reported being able to purchase fresh fruits and vegetables and other healthier options for these distributions, as well as invest in the additional trucks, staff, and other supplies needed to run new distribution sites.

“*From end of May through approximately the end of July, we've had 80 community food distributions two times per week serving about 500 households each.*”

“It's actually direct to their trunk with each item in a line. There are volunteers that are responsible for one item, so a volunteer would be putting milk into the trunk. A volunteer might be putting chicken into the trunk and another volunteer might be putting a box of cucumbers into the trunk and so on.”

“We had a massive decrease in community volunteers that were wanting to participate in our direct distributions and so contactless made sense, both from a health perspective but also a resource perspective. We have less volunteers. And a drive-up distribution could be managed with less people actually on site.””

FOOD BANKS CHANGED HOW THEY OPERATE

Food banks increased their capacity:

To meet the increased need and new styles of distribution, food banks needed to rapidly adapt not only their distribution models, but also their physical and human capital. Using the increased monetary donations from their local communities, food banks reported that they were expanding their facilities, hiring new drivers and other staff, and buying and leasing new trucks.





Photo courtesy of the Arkansas Food Bank

While part of this increase in physical and human capital is directly related to current need, food banks also articulated that their motivation to expand physical capacity and inventory was due to concern about future widespread emergency need. Multiple food banks said that they never wanted to be put in the position again of struggling to find enough good, healthy food for their communities. Because of this, food banks reported increasing the amount of healthier, shelf-stable food that they have on hand. Some items, such as low sodium canned vegetables, were initially out of stock and hard to find during the spring and early summer of 2020. While some of these products were back in stock at wholesalers across the country by August, food banks said that the long lead times to receive that product remained a barrier to having a sufficient amount of food on hand. Because of this, food banks reported stocking higher levels of inventory, so for future crises they can distribute pre-packed emergency food boxes quickly and efficiently.

“We have two temporary warehouses that we've contracted with to store extra food and supplies for boxes. And we've increased drivers, we've increased warehouse operations staff to help support all of that...we've increased vehicles.”

“The long-term plan is to continue to have a second location and additional dollars, product, and volunteers to continue to pack ancillary food supply boxes so that we're never in this situation again. We don't want to be beholden to the supply chain.”

“We've had to expand our warehousing space, we've had to expand our fleet of tractor trailers, we've had to bring on temporary employees, temporary drivers to be able to meet that need. So there's a large logistics operation associated with it, it's not necessarily just more food, but everything that goes along with that.”

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Innovative partnerships were created:

One of the positive outcomes that food banks across the country identified was that COVID-19 forced them to build new, non-traditional partnerships. Some food banks worked with large organizations such as Amazon and Uber to deliver groceries to seniors, or partnered with their local school systems to expand grocery delivery alongside the free school meals that were being delivered to children. Additionally, food banks invested in their pantry network to increase the organizational capacity of their partners to be open more hours, have more refrigeration on hand for produce and dairy items, and even hire additional staff.



Photo courtesy of the Arkansas Food Bank

Because of the closure of pantries early on in the pandemic, many food banks reported searching for alternative locations to distribute food to their communities. Multiple food banks found that their municipal governments were strong partners. City staff and officials ran food distributions, using the large parking lots of city facilities to distribute food to their local communities. Additionally, food banks increased partnerships with their local health care systems. In some areas, those who tested positive for COVID-19 were also given a short food insecurity screening; if they needed groceries, they were given a supply of food to help them safely quarantine at home.

Beyond food, food banks stated that they also addressed health through education. While nutrition education has frequently been presented in person, either through cooking demonstrations at food pantries, or in-person cooking classes at food banks and community kitchens, food banks responded to COVID-19 by taking that education virtual. One food bank mentioned partnering with its local library system to both develop and host videos on the library's database, while other food banks were building nutrition education videos and using social media platforms to share those resources broadly.

“*"We have entered into some partnerships with hospitals and clinics who are doing COVID testing so that individuals who are being tested for or who have COVID can receive a box of shelf stable foods. Then they can more safely quarantine with reduced food insecurity during their quarantine period. We started in April and we're continuing the program. I honestly thought it would start to scale down but we're still adding COVID food box partners."*

"Our strategy through COVID has been to partner directly with the municipalities. The elected officials and folks within the community are really supportive of this at the local level. We've been able to go to city halls and spaces within large parks that have the ability to ensure traffic control, we've been able to work with local law enforcement at the municipality level to ensure safety for the community. These partnerships throughout our service region... ensure that we are filling the gaps where some of our partner agencies have had to temporarily close as a result of a lot of them being volunteer run by older adults that were sheltering in place."

"Children during the summer, and for part of the academic year, couldn't attend the schools. So, we have to move from direct education to virtual education...We have had a high demand for the educational services that we are offering."

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New partnerships opened up opportunities:

Hunger relief agencies have long been thinking through how to address the rising need among seniors for healthier food support, particularly as the “silver wave” of Baby Boomers retire. The COVID-19 pandemic placed many Americans in similar situations to seniors: lacking adequate public transportation, spending more time at home alone, and experiencing difficulty accessing grocery stores and food pantries for health reasons.

Food banks took the opportunity provided through their new partnerships to build out senior and home-bound specific programming. While home deliveries were more of a dream than a reality for food banks and pantries previously, many food banks reported starting pilot programs for home delivery of groceries, as well as increased investment in these programs for the foreseeable future. At some food banks, partnerships with large businesses like Amazon, Uber, and UPS made these programs possible. Others were able to harness large-scale volunteer support of those able to volunteer from home, and used volunteers to make 500-800 calls a day to seniors, track who needed delivery, and then connect them to a volunteer network that brought them groceries.

“*We also had a partnership with Amazon where we were able to provide direct door delivery to clients. COVID really forced our hand in it, because of how high that need is in regard to older adults that were sheltering in place and homebound. And for folks that don't have transportation, we're saying if you don't have a car, we really don't want you going to the drive thru for safety reasons. We'd rather just bring it to you.*”

“We have not had a really robust senior hunger program in the past. And because of COVID, some gaps in our existing program presented themselves and one of them was seniors and our immunocompromised population. We're going to continue to make investments in that partnership to continue to provide home delivery to vulnerable populations and seniors. And we're also partnering with home health organizations and our local hospital network to reach those individuals.”

“I think what we learned in talking with the thousands of people that called us was this need for home deliveries is a need that exists beyond COVID times.””



LONG-HELD PROGRAMS AND VALUES WERE DISRUPTED

Nutrition was initially unable to be the first priority

All food banks interviewed have made long-term commitments to health as part of their PHA partnership. They deeply value nutrition as a key driver to address food security, particularly as those who are food insecure experience diet-related chronic diseases and adverse COVID-19 effects at a higher rate than those who have steady groceries. Even with their nutrition policies and health-focused sourcing strategies, almost every food bank reported difficulty in prioritizing health and nutrition during COVID-19.

As the supply of healthier shelf-stable groceries (like canned fruits and vegetables, whole grain pasta, and low-sodium soups) disappeared, food banks felt forced to make difficult tradeoffs between the long-term health needs of their communities, and the short-term need for dinner on the table. Most food banks interviewed report that they initially paused tracking the nutritional value of their inventory during the early months of the COVID pandemic, but had returned to using their nutrition ranking systems, a foundational component of their partnership with PHA. They remained concerned about the availability of healthier items, particularly shelf-stable ones.

“*We are supposed to be distributing food and we have no food. Our nutrition policy is always part of our work. But at that point we had to make decisions based on the need for food.*”

“From our limited options, we tried to make good informed decisions about what we could bring in. In some cases, that meant the choice of getting food in really quickly versus the healthiest option. We knew that we needed to have a certain amount of food in our warehouse to continue to provide service, but also wanted to quickly get to a point where we could bring more fresh produce in and other more perishable items to kind of balance that out.”

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Suppliers had long lead times and increased prices:

One of the most intense struggles identified by PHA’s partner food banks was difficulty sourcing healthier food options. Specifically, almost every food bank said that the early days of the pandemic were the most difficult, with suppliers out of the foods that food banks were used to stocking. Things like canned green beans, hearty soups, and whole grain pasta were out of stock at wholesalers across the country, just as they were out of stock on the shelves of grocery stores for those able to purchase food.

Multiple Operations Directors at food banks said that they felt like they were in “competition” with local grocery stores. Since the grocery stores were seeing a dramatic increase in demand as Americans stocked their pantries and basements, any purchases the food banks tried to make from local wholesalers were lower priority, and went unfilled. This left many food banks with empty warehouses, feeling desperate to find any source for healthier options.



For the food banks that were able to place orders, they said that lead times for the food to arrive at the warehouse were significantly longer than ever before, and prices were also significantly higher. Food banks reported lead times of 3-4 months for orders that used to be delivered in a few days. Because of this extreme change in how frequently food banks were able to refill their inventory, they reported holding more stock on hand and investing significant cash flow in products that were sitting in warehouses.

“*This forced us to have to carry more inventory. And it also forced us to have to move to our local partners where prices are higher, but we're able to react quickly and we're able to get commodities that we need and keep ourselves in stock without having to fill up our warehouse...but we're paying prices 40% higher than before.*”

"I would say for the first few months...it was what was available, you were lucky to get something that you might really, really need. Our procurement manager definitely knows that the healthy items are the priority. But if it wasn't possible, it just wasn't possible."

"There's things that we really want and need right now like shelf stable milk, for example, which we still cannot get any decent timing for any decent price. So, I think it would be a fallacy to say that the supply chain has improved as a rule."”

Client choices practically disappeared:

Food banks interviewed overwhelmingly agreed that the loss of client choice during COVID-19 was a large set-back for the hunger relief industry. They said that client choice models, where a community member chooses the food off the shelf similar to a grocery store, increase respect and dignity of their clients, allowing each community member to choose the foods that their families want and need.

However, because of health concerns and the massive need for large-scale emergency hunger relief, in person “shopping” was shut down and drive-through models were adopted. Many food banks pre-boxed their food distributions to minimize contact during distribution and to quickly serve the thousands of families in line needing food. Some preserved limited choice by offering a produce box and a shelf-stable box, giving households the opportunity to choose if they wanted one or both boxes. In other communities, individuals were able to opt out of an item in the drive through, whether due to allergies, dietary restrictions, or simply not needing that item in their pantry at the moment.

Food banks reported feeling a responsibility to provide a healthier balance of food in the pre-boxed model. Since they were the ones choosing the food that was distributed to each household, some food banks said they were considering the high rates of food-related chronic diseases experienced by their communities, and how each food option in the box supported immune health to fight viruses like COVID-19. Many estimated that in-person client choice shopping models would not be possible for at least a year. Some food banks stated that choosing the foods that a family has access to over such a significant period of time is a substantial responsibility, and that they wanted to prioritize health as much as they could.

Additionally, some food banks interviewed expressed concern that community members were losing access to foods that fit their cultural diets. Since the food bank was choosing the foods included in each box, clients may not have been receiving foods that they were familiar with, enjoyed, or were able to consume for other religious, cultural, or health reasons. Some food banks were investing in culturally specific food sourcing, building out specialized food boxes by food culture that could be offered as an option at large-scale distributions.

“*The most impactful change is that we've lost a lot of client choice. We have to pre-package everything that we're distributing for the sake of traffic flow. Client choice is almost non-existent at this point.*”

"Because previously, the pantry leaders determined what was ordered and then clients got to determine what they selected. But without client choice...how do we see this as an opportunity to impact folks well, especially given what we know about chronic illness within our clients?"

"We're hoping to shift our sourcing in some small ways, whether it's produce, shelf stable spices, etc., to be more culturally appropriate. And that was spurred on by COVID in some ways, because we were wondering if immigrant communities were experiencing additional food insecurity because of COVID...But this is a long-term need that should have been asked about years and years ago. COVID was the opportunity for us to dive in further. Certainly, this need will go beyond COVID. Whenever it ends."

TRADITIONAL FOOD BANKING IS EVOLVING

Federal programs had a big impact:

The federal and state stimulus packages in response to COVID-19 included significant support for the emergency hunger relief system across the country. Food banks saw a dramatic increase in the food provided by federal and state governments, including the Community Food Assistance Program (CFAP), a new program created in the stimulus packages through the United States Department of Agriculture (USDA), and The Emergency Food Assistance Program (TEFAP), a staple program of the hunger relief industry providing commodity foods to food banks.

Most food banks interviewed expressed both a gratefulness for the support of these programs, and also concern about how they were structured and implemented. Primarily, food banks remarked on the inconsistent or unpredictable nature of these programs, and the lack of a federal plan for meeting the long-term food needs of their communities. The sudden and dramatic inflow of food boxes from CFAP, for example, placed significant stress on the food bank network to distribute those boxes to communities before the produce inside became overripe. Other areas didn't receive much produce at all, and struggled to find ways to distribute large quantities of a single type of food, like processed meat. Food banks also found that the amount of food distributed through CFAP was not adequate to meet the uniquely high need during the pandemic, particularly the need for healthier shelf-stable products.

Food banks point to other federal programs, like the Supplemental Nutrition Assistance Program (SNAP), as a way to increase community members' access to food in a long-term manner. One partner noted that they could see the impact of increased SNAP dollars in their community: when the increase in SNAP funds were approved and distributed, visits at their local food pantry actually declined because community members were able to go to the local grocery store to purchase food. However, they also noted that the increase in SNAP funds was temporary and unpredictable, which created the challenge of not knowing if or when the food bank would see increased demand.

“*There's good and bad to CFAP, but my concern with the program beyond whether it works or whether it doesn't is...is it masking how much more food we actually need? CFAP is putting a band-aid on the problem that as soon as you take it off, it's really going to get bad.*”

"Because our network partners don't have the ability right now to distribute...we are inundated with COVID boxes, we have trade mitigation USDA products, we have our own state program of produce. So here we are with 500,000 pounds of fresh produce, and we need to figure out a model for moving it. A pantry taking 100 pounds here and 100 pounds there is not going to get us to the 500,000-pound mark."

"They're getting an additional \$60 on average per person in the household [from SNAP]. So, if you had been coming to a pantry before that amount of money probably makes up what you are getting from us. And the tricky thing for us is the uncertainty around when that's going to end. You usually find out three days before the end of the month if they're going to continue the max benefits in the next month. So, when you're working on six-to-ten-week lead times for food orders...if we get a bomb dropped on us and have 3000-4000 people come back, we're going to be in the lurch."

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Food banks tackled more system-wide challenges

Across the board, the food banks interviewed described intense feelings of uncertainty: uncertainty in the food supply, federal programming, and incoming food donations. In the midst of that uncertainty, they also all highlighted an increased need to serve as a greater resource for their local communities. Overwhelmingly, the food banks interviewed desired to take their commitments to health and nutrition deeper than ever before.

The COVID-19 crisis led food banks to focus on larger, systemic issues and increased their willingness to engage in political advocacy. When asked what their strategic priorities were for the next 6-12 months, multiple food banks mentioned advocating for increases in SNAP dollars, higher minimum wages, and better public transportation systems.

Other food banks were considering the same issues, but from a local, programmatic lens instead of a legislative one. In areas of poor public transportation, food banks built networks of volunteer drivers to do home deliveries of food. In areas of lower wages and high unemployment, food banks built programs that hired displaced workers from the restaurant and food industries. In areas of high chronic diseases or COVID-19 spread, food banks partnered with health care systems to ensure that people had access to nutritious food that supports, rather than hinders, healing and wellness.

“*“We're really focused on reducing barriers to access for immigrant communities. And that involves a few different changes...like sourcing more culturally appropriate foods. And so right now we're on a quest to define what culturally appropriate is and appropriate for whom? And who gets to decide that?”*

“We are trying to figure out the sourcing and making sure that we can get in front of what we need before the next boom happens. We know there's going to be a drop off coming [of support]. It's just a matter of trying to predict when. We've been referring ourselves as a “non-prophet” because we keep trying to guess what's going to happen, and we're wrong every single time.”

“We know we have a responsibility to be more vocal about why people are in this situation... if they don't have a living wage, if they if they don't have adequate living conditions, if there's chronic diseases that we haven't really addressed systemically as a country, I think that's our opportunity to continue to shift as a food bank.”

“We're looking at all the social determinants of health that are needed in solving this issue. It's not just about the immediate food that you get today.””



WHAT'S NEXT

At first, some of the next steps highlighted by the food banks sound promising. An increased investment in food bank capacity or an increased focus on long-term social determinants of health sounds like a shift toward systemic change. However, the fact that food banks consider this work to fall within their purview reflects the deeper problem that people expect the charitable food system to solve nationwide disparities in healthy food access, transportation, healthcare, and more. The growth and increased role of food banks in our society is not a success story; it is a chapter in the failure of the American government to equip its citizens for success. Food banks have long said that their goal is to not be needed. However, the COVID-19 crisis has seen food banks expand capacity in order to meet an unmet and unprecedented need.

As the broader food system relies more heavily on food banks to become the primary food source for many American families, changes to policies and procedures at food banks, national hunger relief organizations, and state and federal governments must support the long-term health needs of every community. The broader economic system itself, without relying on food banks as the sole response to hunger, must build in resiliency at every level to ensure robust healthier food access for their communities.

FUTURE PROGRAM AND POLICY OPPORTUNITIES

The hunger relief system has long called for support and expansion of the social safety net. Instituting a livable minimum wage, increasing SNAP benefits, providing access to affordable health care, and other large-scale solutions are necessary to ensure a base level of health and dignity for all Americans. The policies and programs outlined below are recommended with the assumption (and historical experience) that the American system lacks the political will necessary to implement full-scale change. While these opportunities are band-aid solutions to the systemic inequities experienced by Americans every day, these recommendations will also improve peoples' daily lives, and should be considered in partnership with long-term solutions at a national scale.



Photo courtesy of the Alaska Food Bank

How can the funding community accelerate health-focused food banking?

- Prioritize funding for organizations that have made long-term commitments to encourage and elevate health in hunger relief
- Direct funding for grantees to use evidence-based, health-focused hunger relief strategies, including the recently released Healthy Eating Research Nutrition Guidelines for the Charitable Food System⁶
- Invest in technology solutions, like online ordering and dynamic inventory systems, that use behavioral nudges to increase healthy behavior by food banks, food pantries, and community members
- Support hunger relief efforts that drive collaboration across government, business, healthcare, and food banks so that the burden of health-focused hunger relief does not fall solely on charitable institutions

How can government administrators accelerate health-focused food banking?

- Add nutrition guidelines to all commodity programs and allocate foods in proportion to the extent that they should be consumed as a part of a healthy diet
- Reduce barriers to access by permanently allowing TEFAP waivers and increased flexibility in Summer Feeding Programs
- Reduce the uncertainty around the availability of federal benefits by clearly communicating program timelines and providing a gradual drawdown of support
- Build deeper relationships with local food banks to develop a better understanding of and become more responsive to their needs and the needs of the communities they serve

How can food banks accelerate health-focused food banking?

- Adopt nutrition ranking systems that use nationally recognized rankings, like Healthy Eating Research Nutrition Guidelines for the Charitable Food System,⁷ to identify and promote the healthiest options
- Integrate a commitment to health across the organization that promotes practices at multiple levels (including the Board of Directors, staff, and volunteers) to support the successful adoption of new health-focused innovations
- Expand mobile food distribution and home delivery that addresses client transportation barriers and reduces waste by quickly distributing fresh and perishable food.
- Expand wrap-around services, particularly client connections to federal food assistance programs and clinical services, and use service-area demographics to build new partnerships.
- Support additional programming for special populations, including seniors, immigrant and refugee groups, and those with chronic health conditions
- Support client choice across different types of food distribution models. Invest in online ordering systems, increase culturally-specific food box options, and offer choice through smaller distribution sites, like mobile pantries.

6. The Robert Wood Johnson Foundation convened a panel of experts from the charitable food system, nutrition, and food policy fields to create clear, specific recommendations for evidence-based nutrition guidelines tailored to the unique needs and capacity of the charitable food system. This tool helps to establish a baseline of understanding system-wide, so that common language and definitions can be used when discussing nutrition and health in the charitable food system. This information is available at: https://healthyeatingresearch.org/wp-content/uploads/2020/03/Nutrition-Guideline-Expert-Panel_one-pager2.pdf

7. Ibid.

CONCLUSION

The COVID-19 pandemic placed significant and unprecedented strain on food banks across the country. Health-focused food banks experienced widespread food shortages, particularly of healthier shelf-stable options. This unprecedented need for emergency food support was unmet by federal assistance. Food banks stepped in to meet this need as best as they could by adapting programs and staffing models; expanding distribution services to home deliveries; and innovating programming to serve seniors and the broader community. However, expecting the charitable food system to solve nationwide disparities in healthy food access, transportation, healthcare, and more, is pushing food banks to their limits and failing to point out the responsibility of the government to ensure that our society's economic structure enables all Americans to thrive. Policy makers, business leaders, and legislators have the opportunity to lead by implementing long-term solutions that ensure robust opportunities for every American to live a healthy life.



Photo courtesy of the Des Moines Area Religious Council

APPENDICES

PARTNER LIST

The Partnership for a Healthier America is deeply proud of its efforts with 28 Healthy Hunger Relief organizations across the country. Each of these food banks has made significant, long-term commitments to improve the supply of healthier, nutritious foods for millions of Americans. We thank you for your hard work at ensuring that every person in your community has the healthy food they need to truly thrive.



- Arkansas Food Bank (Little Rock, AR)*
- Atlanta Community Food Bank (Atlanta, GA)
- Blue Ridge Area Food Bank (Verona, VA)*
- Capital Area Food Bank (Washington, DC)*
- Central California Food Bank (Fresno, CA)*
- Central Texas Food Bank (Austin, TX)*
- Connecticut Food Bank (Wallingford, CT)
- Des Moines Area Religious Council (Des Moines, IA)*
- Facing Hunger Foodbank (Huntington, WV)
- Feeding America Eastern Wisconsin (Milwaukee, WI)
- Feeding South Florida (Pembroke Park, FL)*
- Feeding Southwest Virginia (Salem, VA)
- Food Bank of Alaska (Anchorage, AK)*
- Food Bank of the Southern Tier (Elmira, NY)*
- FoodLink (Rochester, NY)*
- FoodShare (Bloomfield, CT)*
- Galveston County Food Bank (Texas City, TX)*
- Good Shepherd Food Bank (Auburn, ME)*
- Greater Chicago Food Depository (Chicago, IL)
- Greater Pittsburgh Community Food Bank (Duquesne, PA)*
- Houston Food Bank (Houston, TX)
- Maryland Food Bank (Baltimore, MD)
- Philabundance (Philadelphia, PA)
- San Antonio Food Bank (San Antonio, TX)*
- Second Harvest of Santa Clara & San Mateo Counties (San Jose, CA)
- The Food Group (Minneapolis, MN)
- The Jacobs & Cushman San Diego Food Bank (San Diego, CA)*
- Three Square Food Bank (Las Vegas, NV)*

*interviewed for this report

Photo courtesy of the Arkansas Food Bank

METHODS

Semi-structured interviews were conducted with 17 food banks, with one to three representatives from each organization. Those interviewed were asked to report on their organizational practices rather than their own personal beliefs; therefore, the study was deemed exempt by the University of Connecticut's IRB (i.e., not human subjects research). The overall purpose of the research questions was to determine how processes changed for health-focused food banks during March – August 2020, the beginning of the COVID-19 pandemic, with particular questions around changes to the nutritional ranking of products, gathering information from clients and agencies, and distribution and sourcing of food.

All participating food banks were interviewed over a two-week period in August and September 2020. Interviews took place during usual business hours over videoconference between one PHA team member and one to three food bank representatives. The interviews were designed to take 30 minutes; three interviews took between 45 and 60 minutes.

Interviews were audio and video recorded with participants' permission; audio files were then uploaded to a transcription software (Otter.ai). One team member reviewed each transcription for quality assurance compared against the original audio file, making corrections in the transcriptions where necessary. A complete set of interview transcription was exported and reviewed by two additional team members. During two meetings, themes from the transcripts were established through consensus-building and simple text analysis (word clouds and theme tagging). Representative quotations were selected for each theme.

FOOD BANK INTERVIEW GUIDE

1. During COVID-19, some food banks are reporting that it is difficult to continue the same inventory processes that were in place pre-COVID. With this in mind, out of all of the new items that you add to inventory (i.e., items that are new and weren't previously ranked) what percentage of those items is your organization ranking nutritionally? Example, 25%? 50%?
2. Are you using the information from the nutrition ranking system to inform organizational decisions? If so, how?
3. Some food banks have relaxed the information required from clients at distributions, have you done this, and if so, please explain how.
4. Some food banks have relaxed the information required from agencies such as Feeding America food categories, individuals served, etc. Have you done this, and if so, please explain how.
5. We have heard from food banks that COVID has impacted how they distribute healthier foods, such as increased frequency of community distributions, setting up temporary Agencies, doing direct delivery to clients' homes, etc. What are the most important ways that COVID-19 has impacted how you distribute healthier foods?
6. We have heard from food banks that COVID-19 has impacted how they source healthier foods, such as longer lead times for product, difficulty sourcing shelf stable items, and increased availability of produce. What are the most important ways that COVID-19 has impacted how you source healthier foods?
7. What opportunities is your organization considering or planning for over the next 6-12 months because of COVID-19? Are there ways that PHA can support and uplift that work?