Feed1st Food Pantry Toolkit

HOW TO LAUNCH AN OPEN ACCESS FOOD PANTRY IN YOUR ORGANIZATION

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Table of Contents

Letter from Our Founder …… 5
Overview …… 6
History of Feed1st …… 6
Food Insecurity and Health in the Hospital …… 8
- Hospital-Based Food Support Models
- Why Feed1st?

Tools for Success …… 10
- Pre-Screening
- Measuring Outcomes
- Space
- Food Source
- Institutional Support
- Labor Force

Financial Considerations …… 20
Potential Challenges …… 23
Pantry Logistics…… 24
Raising Awareness and Communication …… 25
Partnering with Feed1st …… 27
Conclusion …… 28
Appendix …… 28

Letter from Our Founder

June 5, 2019

Welcome to the Feed1st toolkit.

If you work at a place that cares for people's health, like a hospital, a pediatrics office or a community health center, then you are caring for people who are hungry. You have patients who are worried about where they will get their next meal. Some of your patients are not taking their medicine or following your recommendations because they have to save their money to put food on the table for their children. Parents sleeping at their child's hospital bedside are not disinterested in their child. They are hungry. They don't want to eat in front of their child who is nauseated from their chemotherapy or who is restricted from eating due to their illness and they don't trust that their child will be ok if they leave the bedside. These are facts we know from caring for hungry people and from studying hunger in the healthcare setting.

We have created this toolkit to help you address the big humanitarian problem that is hunger in the healthcare setting. This work is based on more than a decade of service to our own hospital community and science, including NIH-funded research, focused on alleviating unnecessary suffering among people seeking to preserve and recover their health. The first priority of Feed1st is to feed hungry people, no questions asked. No barriers. Self-serve. 24/7/365. The Feed1st model is a receive and give model. Everyone who is hungry can take as much food as they need. Everyone who can give back has a way to contribute. Some beneficiaries of Feed1st give food. Some help stock shelves. Others give advice or leave notes of thanks. Feed1st alleviates hunger with dignity, without stigma, and with the belief that everyone has something to contribute to solving the hunger problem.

Feed1st was created in 2010 to address the problem of hunger in our children's hospital – a problem raised by our chaplain. Our approach was "feed first, ask questions later." We set up a food distribution system and *then* we studied the problem. Feed1st continues to grow. Today, we operate pantries on nearly every floor of Comer Children's Hospital and one in the cancer care area of the Duchossois Center for Advanced Medicine at the University of Chicago. This toolkit is a product of our many years of learning by doing together with the people we serve.

Thanks for this toolkit goes to many, including the University of Chicago Medicine for using its community benefit dollars to provide space and other support to grow our pantries. Thanks to Reverend Karen Hutt, the hospital chaplain, who noticed the hunger problem and reached out for partnership. Thanks to Doriane Miller, MD who raised the issue to me and to the Pritzker School of Medicine students who responded to my call for help. Over a decade, we have had hundreds of volunteers and contributors, including especially medical students, nurses, plant and facilities employees, grateful patients, donors and our own families who keep Feed1st going and growing. There should be no hunger in our rich and privileged society. When hunger is gone, Feed1st will then have achieved our mission.

Stacy Tessler Lindau, MD, MAPP
June 5, 2019

Overview

Food insecurity is a well-documented modifiable health-related social need; however, its prevalence in the hospital setting is relatively unexamined (Gundersen and Ziliak 2015). Feed1st, which has been operating at the University of Chicago Medicine since 2010, demonstrates that hospitals can actively mitigate the effects of food insecurity for patients and their families at the point of care. Our research on food insecurity and our own experience in implementing a 24/7/365 self-serve hospital-based food pantry system are the foundation of our expertise. We have created this toolkit to provide hospitals and other healthcare organizations ("hospitals") across the country with a proven model to address food insecurity among their patients. Feed1st has maintained its mission of providing access to food support in a manner that minimizes stigma using a no questions asked, self-serve, clinically-integrated, 24/7/365 approach. We hope this toolkit will allow other hospitals to replicate Feed1st, learn from it, and adapt it to meet their goals.

What is food insecurity?

- Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.

1. Life Sciences Research Office, S.A. Andersen, "Core Indicators of Nutritional State for Difficult to Sample Populations," The Journal of Nutrition 120:1557S-1600S, 1990.

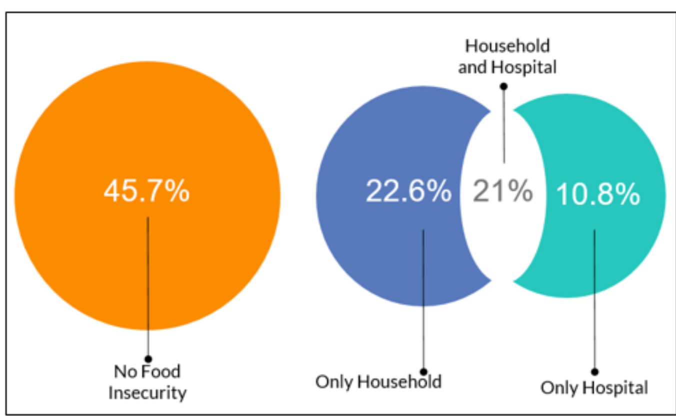
The Feed1st model differs from its peers because it prioritizes open access to its pantries. Our model addresses and reduces the stigma associated with food insecurity in a hospital setting in large part by fully integrating the pantry into the hospital setting. While the use of food prescriptions and pre-screening in other settings certainly yields valuable data for researchers and hospital administrators, we believe this benefit is outweighed by the barriers these activities create, including stigma, to accessing food support. Our open access model helps mitigate the incidence of food insecurity due to hospitalization and optimizes dignity of people with hunger in our hospital community. We found that caregivers would often go hungry because they were afraid of leaving their children alone when looking for food (Makelarski 2015). In a very practical sense, our model combats this obstacle by having pantries in on-unit locations that the parent or other caregiver could very quickly access or that clinicians could use to obtain food for the family if needed.

History of Feed1st

In 2009, a pediatric hospital chaplain, Reverend Karen Hutt, observed hungry parents of patients admitted to the hospital asking hospital staff for food. She became deeply worried about how caregiver hunger could impede a child's recovery. She shared her observations with physician leaders, hoping to ultimately alleviate suffering for parents and other caregivers and their children. In 2010, we started Feed1st with a closet in the children's hospital chapel, a relationship with the Greater Chicago Food Depository, and the combined efforts of University of Chicago Pritzker School of Medicine students, Comer Children's Hospital staff, University of Chicago Medicine administrators and medical staff, and University of Chicago faculty. Initially,

when she would identify or learn of a hungry family, the chaplain would assemble bags of food from the chapel closet and deliver the food directly to caregivers. While this approach helped feed families without relying on clinic staff to give up their own meals, it still required hungry people to disclose their need and it was not scalable. While iterating strategies to increase access and achieve scale, we started asking scientific questions about the problem of food insecurity in our hospital. In 2011, we conducted a cross-sectional needs assessment study with 200 participants. We found that 32% of parents or other caregivers were going hungry during their child's hospital stay, and 44% were food-insecure in the 12 months before the child's hospitalization (Figure 1, Makelarski et al. 2015). In 2012, hospital administration provided Feed1st with its first self-serve pantry space in a free access family room space on an inpatient unit. This contribution of space is accounted for in University of Chicago Medicine's annual community benefit report, an essential ingredient to sustainability of the effort. Currently, Feed1st operates self-serve food pantries in several key patient areas at the University of Chicago Medicine: inpatient pantries operate on 4 pediatric inpatient units, an outpatient pantry serves the adult oncology population, and the pediatric emergency department has its own pantry.

Figure 1: Food Insecurity in Caregivers of Hospitalized Pediatric Patients

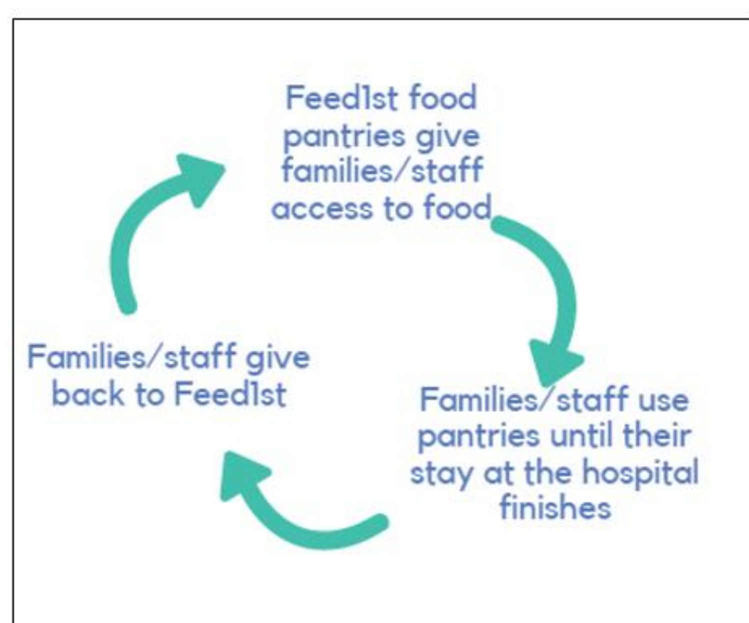


The mission of Feed1st is to alleviate hunger among patients, families and caregivers, and other members of our community. Feed1st has partnered with the Greater Chicago Food Depository (GCFD) from its inception, purchasing non-perishable food to supply the hospital pantries. Stigma and shame are known barriers to accessing food support. Feed1st is designed to alleviate hunger with dignity.

- For pantry users, access is free with no questions asked (no prescriptions, no permissions, no credentials required).
- Food is free and available any time during the day or night.
- In contrast to other hospital-based pantry efforts, Feed1st is founded on the principle that anyone in the hospital community (e.g. parents, caregivers, staff) can take as much food as they need.

In addition, while not a requirement, we have found that this free-access model empowers families to give back to the program after their hospital stay either through nonperishable food donations of their own, providing feedback through comment cards or by participating with our Advisory Board (Figure 2).

Figure 2: Feed1st Cycle of Engagement



Food Insecurity and Health in the Hospital

Food insecurity, a major public health concern, affects 1 in 5 U.S. households with children, (Coleman-Jensen, Gregory, and Singh (2014), Coleman-Jensen et al. (2011)) and is a highly stigmatized condition that often goes undisclosed. Research provided by the United States Department of Agriculture (USDA) found that among the 40 million people living in food-insecure households, 6.5 million were children (USDA ERS, 2017). Research shows that household food insecurity is associated with several negative impacts for both parents and children. Acute physical symptoms include hunger, depression, fatigue, and feelings of 'embarrassment and shame' and 'lack of control' (Heflin, Siefert, Williams (1982), Siefert, Heflin, Corcoran, Williams (2004), Casey et al. (2001), Kleinman, Murphy, Little (1998)). Individuals living in food-insecure households also experience impaired learning ability and increased risk for poor mental health ((Heflin, Siefert, Williams (1982), Hamelin et al (2002), Hamelin et al (1999), Casey et al (2005), Cook et al (2004)). Children suffering from hunger are more likely to encounter psychosocial problems, receive special education services, and fail a grade in school (Cook et al 2006).

Though little is known about the prevalence and patterns of food insecurity in the hospital setting, our research provides valuable insights (Makelarski 2015). We found caregivers in our setting suffer from depression, fatigue, lack of concentration, and impaired decision-making. These findings are troubling because when a caregiver has insufficient caloric intake, energy is limited to care and advocate for their loved one, making recovery from and coping with illness more difficult. Food insecurity disproportionately affects non-Hispanic Black people, single parents, those with low levels of education, and those living below the poverty line. By instituting a food pantry system, hospitals can play a pivotal role in mitigating the effects of

food insecurity.

Hospital-Based Food Support Models

Several hospitals across the country have taken steps to address food insecurity in their organizations – Feed1st has been inspired and informed by several of these efforts. The Health Research and Educational Trust compiled a thorough summary of these efforts (published in 2017). We point you to that resource for their thorough analysis and summarize information about key programs here to highlight a range of other healthcare institutions' efforts. We recognize all these programs, like Feed1st, have certain unique strengths and opportunities for evolution (Figure 3).

Figure 3: Feed1st versus other hospital-based organizations targeting food insecurity

	BMC	ProMedica	ACH	Feed1st
Food Pantry?	✓		✓	✓
Partnering with local groups?	✓	✓	✓	✓
Cooking Class?	✓		✓	
Pre-screen required?	✓	✓	✓	✗
Universally Accessible				★

Why Feed1st?

To our knowledge, Feed1st is the first and only hospital-based food pantry system founded on and sustained using a fully open-access, 24/7/365, self-serve, no barriers to entry approach. All evidence to date supports our belief that the sustained success of Feed1st is **because** of this approach, not in spite of it. Our model addresses and reduces the stigma associated with food insecurity in a hospital setting in large part by fully integrating the pantry into the hospital setting. While the use of food prescriptions and pre-screening in other settings certainly yields valuable data for researchers and hospital administrators, we believe this benefit is outweighed

by the barriers these activities create, including stigma, to accessing food support. Our open access model helps mitigate the incidence of food insecurity due to hospitalization and optimizes dignity of people with hunger in our hospital community. We found that caregivers would often go hungry because they were afraid of leaving their children alone when looking for food (Makelarski 2015). In a very practical sense, our model combats this obstacle by having pantries in on-unit locations that the parent or other caregiver could very quickly access or that clinicians could use to obtain food for the family if needed.

Tools for Success

Pre-Screening

Before any substantial efforts are made to bring a food pantry system like Feed1st to your organization, you do need some understanding of the nature and degree of insecurity in your population. In our case, we trusted the children's hospital chaplain who was distressed and detailed in her account of the problem. We quickly triangulated her concern with nursing, medical and other staff – most of whom added stories of their own experience with and distress about the problem. On the basis of these conversations (call it "qualitative evidence"), we decided to intervene as quickly as possible ("feed first, ask questions later"). There are, of course, pros and cons to implementing a formal needs assessment study before taking action. The "pro" is that skeptics can be convinced the problem is real (although, there is now ample evidence that the problem of hunger is higher among hospitalized populations than the general population and it is higher among low income people). Before spending time and money on a new study, consider whether skeptics can be convinced based on best available data such as Supplemental Nutrition Assistance Rates for the populations you serve (publicly available from American Community Survey data). The biggest con is that needs assessment studies take time and money – in the meantime, people are suffering with a problem that can be readily addressed. You could spend the same amount of money to establish a "pilot" Feed1st food pantry and track how many people use how much food. That was our approach in the beginning and here we are 10 years later.

Feed1st did conduct a scientific cross-sectional needs assessment study once acute food insecurity concerns were addressed. If you are going to assess food insecurity in your population, do not reinvent the wheel. We recommend you use the two-question Hunger Vital Sign (HVS) survey for its high sensitivity and ease of administration (Makelarski 2017). The HVS was developed by Hager et al. 2010 in collaboration with Children's HealthWatch. The HVS measures food insecurity using a three-option response format ("often true," "sometimes true," and "never true"). Our results indicate this format is more sensitive than an alternative (perhaps quicker) two-item ("yes" or "no") response option, which was found to miss nearly a quarter of food-insecure patients in our patient population (Makelarski, 2015 & 2017).

Measuring Outcomes

While we chose to feed first and ask questions after implementing our food pantry program, there are several outcomes that you may consider tracking along with the growth of your program. First, start with a logic model that illustrates the inputs, activities and outputs that lead

to your aspired outcome. We present a simplified logic model as an example (Figure 4) based on United Way of America's Measuring Program Outcomes: A Practical Approach (1996).

Then, elaborate the outcomes you can achieve thinking in the near-term, intermediate term and longer term (Figure 5).

The "Tools for Success" section above describes how to use the Hunger Vital Sign (HVS) tool to estimate and track food insecurity over time. Before you start screening for food insecurity, make sure you either have your pantry operating or you know where to send people for food support.

Figure 4: Measuring outcomes

To maximize potential for the food pantry early on, you will need to make an informed guess on how your operation will run for each period. Consider and keep track of the following:

- ❑ Overall rates of food insecurity in the target population based on best available data
- ❑ Amount of food moving out of the pantry over time
- ❑ Most and least popular food items
- ❑ Hospital-wide awareness of the program

Figure 5: Timeline of Outcomes

Over time, we recommend tracking additional data points such as:

- ❑ Food waste due to aging on the shelf
- ❑ Food stock demand over time and by location
- ❑ Pantry stocking rates
- ❑ Volunteer satisfaction, efficiency, retention
- ❑ Gaps in service due to funding or food delivery rates
- ❑ Community engagement

Space

Obtaining a commitment to appropriate pantry space within your organization is critical to successful implementation. The Feed1st pantry system includes several locations on hospital units and other regular clinical care areas where families can visit to simply grab food and go. We advocate setting up a food distribution network that makes food available in regularly visited areas like waiting rooms, family areas, kitchens, and chapels. This approach is effective in minimizing the effort caregivers need to expend to access food, especially in large complex buildings like a hospital. Placing the pantry near the patient care area removes most worries about leaving a loved one alone for an extended period or missing an important visit from the

care team while getting food. You will need space for the food pantry itself and storage for food used to stock the pantry. Consider these important factors as you negotiate for space:

Figure 6: A stocked food pantry

- Pantry Space: Feed1st pantries are incorporated directly into their surrounding environment, with the goal of making pantry access as normal and effortless as possible. Integrating your pantries into spaces that caregivers frequently visit is essential for maximizing the dignity of users and minimizing stigma around food insecurity. When planning your pantry locations, focusing on areas where caregivers are with their children is also an effective choice. In our program, pantries are located in different areas on each unit depending on what works best for that particular clinical flow. Feed1st operates pantries in family lounges, waiting rooms, and closets (Figures 6-7). Ultimately, your goal should be to have a network of pantries that serve a large portion of your building. Additionally, having pantries on every floor makes it possible for nurses to bring food to the parents and caregivers if they do not want to leave their child's side.
- Food Storage Space: Storage space needs to be large enough to store food for stocking and for containing food that will not fit on pantry shelves. The space should be accessible on a regular basis by anyone who would need to gain entrance to stock the pantries or distribute the larger food items. Managing overflow food is a logistical process that requires sufficient space and people-power. Also, many food distributors have guidelines regulating how food can be stored; your space needs to be adequate to address these. Feed1st, per our partnership with GCFD, is required to obtain a food safety certificate (~1/2 day training).
    - You may require multiple food storage spaces. For example, Feed1st has food storage closer to the pantries for the more frequent restocking conducted by volunteers and staff in addition to a storage space offsite (but connected via underground tunnels) for less frequent stocking. The offsite storage serves as both overflow space and a way to manage the amount of food that goes on the shelves daily. This works best for Feed1st due to the frequency and quantity of

our food deliveries; however, in the beginning, we had one storage space that sufficed until the next delivery. Factors like the volume of food, number of people you are serving, the size of your hospital, and the location of your pantries in relation to your food storage area will dictate distribution.

Figure 7: A stocked pantry in a hospital family lounge

Food Source

While there are a few options to choose from when looking for your pantry's source(s) of food, Feed1st recommends partnering with a well-established food depository or bank in your area. Feed1st partners with GCFD, a partnership that has enabled a sustainable, long-term flow of food at a reasonable price. We order food monthly from GCFD. If no food depository serves your area, look for a different kind of partner that can provide the same features and services we receive from the GCFD. A large grocery store may be interested in partnering as part of its corporate responsibility mission. Reliable low-cost sources of nutritious food should be prioritized.

Other food sourcing options like food drives or donations are effective at engaging the community and enable people to give back to the effort. We note several benefits and costs of food drives (Figure 8). Overall, we caution against food drives as a primary source of food. Alternatively, when asked by individuals or organizations to launch a food drive, we have learned to educate them about the pros and cons of a food drive and engage them in a dialogue about the relative value of other ways to contribute to Feed1st. For example, other contributions have included contributing human capital to our volunteer work force, financial contributions or help with fundraising, or helping to institutionalize and sustain the operations of the pantry.

Figure 8: Food Drive Basics

Food Drives

Pros

- Increase community awareness and involvement in your pantry
- Source of food donations
- Enable others to give back

Cons

- Food can be expired or perishable
- High labor and logistical costs in comparison to other food sources like food depositories

However, if you plan on running a food drive...

- Ask for specific types of food
- Make clear specifications about expiration dates
- Partner with an organization to give them responsibility in the process

Food drives can bring the community together!
This is a display from a Thanksgiving food drive.

Institutional Support

Gaining support from your institution is key to ensure the success of your food pantry system. Feed1st recommends identifying community partners who share the ideological principles of your pantry. These partners could be hospital administrators or groups who are responsible for the well-being of caregivers in your community or who manage volunteer efforts. Partnering with individuals who have either a responsibility or an intrinsic motivation to help address food insecurity can make a major impact on your pantry's success. Keep in mind that costs to launch a pantry (start-up) are higher in the first year as opposed to run-costs after the first year.

Labor Force

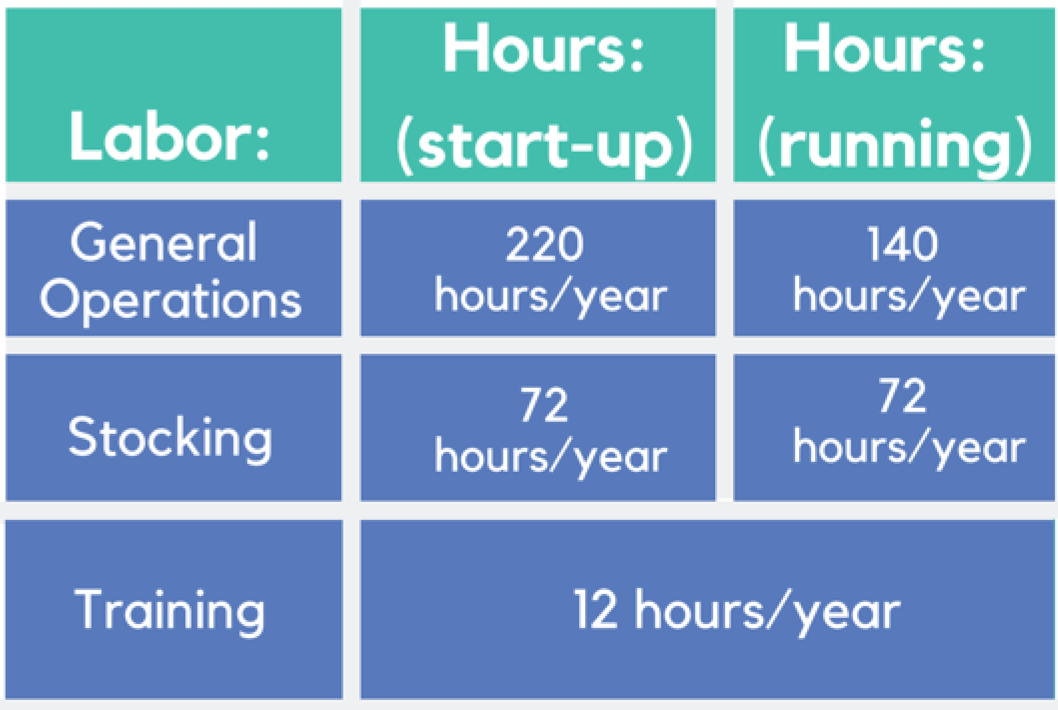
Your people-power can come through several different avenues including but not limited to clinic managers, research staff, medical students, and most importantly, volunteers. In our experience, the most successful pantries are integrated into a readily-available volunteer workforce. It is important to think critically about where your volunteers might come from. For example, do you have a clinic manager who oversees volunteers, or does your organization have a volunteer auxiliary team already performing other services? Could stocking the food pantry be enveloped into the volunteers' schedules? Do trainees like medical, nursing, EMT or pharmacy students have learning objectives that require understanding the community or addressing basic and social needs that relate to health? Feed1st is a great place for students to internalize and master these kinds of learning objectives and it gives them an opportunity to interact therapeutically in the clinical setting. Understanding and answering these questions is a good first step in establishing a viable volunteer force.

Recruitment of a volunteer workforce is an important ingredient in Feed1st's mission to maintain a well-stocked food pantry. Because we have a strong history of working closely with medical students at the University of Chicago, we look to the Pritzker Medical School for first-year medical students (Figure 9). We have found several ways to promote interest in volunteering, but all begin with asking our current medical student volunteers to draft an email and send it to the medical school listserv. This approach lets new students know of an opportunity to join their peers in getting involved with the food pantry program. We then invite interested students to complete a Feed1st volunteer application so we can see the interests and gauge the commitment level of each potential new member.

Once we have identified students who have shown genuine interest in joining the food pantry program, we begin **Training**. Our training manual is available in the Appendix. We then host a meeting (or several if needed) for new and old volunteers to attend. We have a few icebreakers and show them the history and growth of Feed1st. We use data on food insecurity in a health care setting to show the importance of the program and emphasize the integral role they play in the daily operation of the pantry program. We give clear expectations that they will reliably fulfill their pantry stocking commitments and, at the same time, we are cognizant that they are students first. We ask that if anything comes up, they communicate clearly and openly. Figure 10, below, outlines annual Feed1st volunteer hours.

Figure 9: A Pritzker volunteer stocking one of Feed1st's pantries with non-perishable items and bags

Figure 10: Labor Hours



Labor:	Hours: (start-up)	Hours: (running)
General Operations	220 hours/year	140 hours/year
Stocking	72 hours/year	72 hours/year
Training	12 hours/year	

Next, we begin **Food Handling & Safety Training**. We move to the hospital to show volunteers the food pantries and talk about our expectations for stocking the pantry. The tour gives them a good idea of where each pantry is and what goes into a good pantry. The picture is worth a thousand words! We ask them to put on the shelves a good mix of protein and vegetable items that can make a nutritious and filling meal. We also ask that they stock food to address a variety of dietary needs including gluten free, vegetarian/vegan, nut-free allergens, etc. While we cannot guarantee the same food will be ordered every month, generally we have food types available to meet most dietary restrictions.

We explain the importance of knowing the expiration dates of dry and canned goods. We ask volunteers to check dates of items they stock and dispose of all expired items. We explain the importance of pulling forward items that were previously on the shelves, so these older items get used earlier (first in, first out). We also ask them to have forward-facing labels. These guidelines are important to ensuring a clean, organized pantry that is presentable to caregivers.

A few other rules we follow:

- Mainly due to infection control regulations, we can stock only non-perishable food items (no fresh vegetables, fruit, dairy, meat, frozen items, etc.). These items can neither be accepted as donations nor make their way onto shelves.
- Do not put food on the bottom shelf; per guidelines from GCFD, food must be at least six inches off the floor at all times to reduce risks of pest infestation.
- Sign-in sheets are placed at each pantry. Because of the Feed1st accessibility model, individuals using the pantry are not required to sign in to take food, but we are asked by GCFD to give participants a way to self-report use. We then deliver those data to GCFD. In contrast to a food prescription or other monitored access program, the numbers we report are certainly an underestimate of actual use.
- Brochures with information on the program should be stocked and signage should be checked at every visit to clearly mark the space as a food pantry.
- Always check for a can opener, pen, and other tools and replace any that are missing.
- Bags are stocked on the bottom shelf to give food pantry users a way to carry their food. Make sure to restock when they are in low supply. We suggest providing reusable bags.
- Do not stock if the space is being used by a family; respect privacy.

Finally, **Clean up**. We advise volunteers to clean up any trash or debris to keep the space clean and inviting. We aim to create a space that educates our volunteers on food insecurity in a medical care setting while giving back to the community.

Financial Considerations

Finding the financial resources required to start and maintain a food pantry system requires knowledge of what costs to expect and where to seek funding options. What follows is an outline of relevant cost items and how to develop sustainable sources of funding (Figure 11).

Startup Costs

Start-up costs include:

1. Shelving, signage, general office equipment
2. Labor force
3. Food sourcing

Estimated Shelving, Signage, and General Office Equipment Costs

Figure 11: General Costs of Equipment for One Pantry

Cost of General Equipment (2019)

ITEM	COST	# OF ITEMS	TOTAL
Shelving	$140.00	1	$140.00
Can Opener	$7.00	2	$14.00
Brochure Holder	$4.00	1	$4.00
Comment Card Box	$27.00	1	$27.00
Clipboard	$7.00	1	$7.00
Pens	$5.00	5	$25.00
Cart (to transport food)	$160.00	1	$160.00
GRAND TOTAL:			**$377.00**

Programmatic Costs

Other costs that should be considered include those related to the operation and administration of your pantry system. At Feed1st, we allocate the equivalent of a full-time employee's salary toward costs such as: newsletter creation and distribution, social media posts, volunteer training sessions, and other operational costs. We also allocate a small amount of a faculty member's time to oversee the effort. While it is difficult to provide exact cost estimates for each of these categories, it is important to bear them in mind in your planning. A particularly important lesson: while the majority of your food pantry operations might be accomplished with volunteer labor, there are several other aspects of the model that do require financial outlays.

Food Costs

Food costs will vary based on resources available to your organization. Food purchases are by far the most variable cost for a food pantry, as it depends on the price structure of your food source and the demand for food in your community. For example, food banks are low-cost reliable partners, but they may not be accessible in all geographic locations. Feeding America, a national organization that works to end food insecurity, has created a database of 200 food banks across the country. Please reference the Appendix to browse the database to see whether a food bank would be a feasible partner for your organization. Many food banks are actively seeking food pantries as partners. Due to their scale and ability to buy large quantities of food at wholesale prices, food banks are able to stretch their dollars quite far; Feeding America states they can purchase 12 meals from only one dollar. This structure translates into a cost-effective source of food for your pantry.

To get an estimate of how much it would cost to purchase food for your pantry, use the following equation (Figure 12).

Figure 12: Food cost equation

Monthly Cost = (Price/lb) x (1.28 lbs/meal) x (# of meals/person) x (# of people expected to serve/month)

Feed1st has been successful because of support provided by institutional and community partners, volunteers, scientists, and families. Key to long-term sustenance of your pantry system is financial support from your healthcare organization. Looking for supporters who share common principles with your pantry program is key. In 2010, philanthropic funds from the University of Chicago Comer Children's Hospital Board were used to start Feed1st. Start by reaching out to community leaders who understand the problem of food security and feel called to help.

Finding and Sustaining Funding

Fundraising will likely be an important part of the financial picture of your pantry, but we have found that integrating your pantry's operations into your organization's budget can be a very effective mechanism to ensure sustained operations. Making your case may require creative thinking. For example, Feed1st has used a provision in the Affordable Care Act (ACA) that ties nonprofit hospitals' tax exemption to their community benefit activities (Gupta et al.). The provision is aimed at ensuring that non-profit hospitals contribute meaningfully – beyond delivery of direct medical care - to the greater good of the communities they serve; food pantries are one effective way of advancing community benefit goals.

Potential Challenges

Barriers and challenges are a normal part of launching any new initiative. Food pantries are not exempt. While we have shared the biggest challenges we have encountered and best practices, there may be others barriers and challenges you experience. Don't get discouraged!

- **Finding a Space to Store Food** is a unique challenge as you may have as much as hundreds of pounds of food coming your way on a regular basis (our deliveries are monthly). You need a place where you can store food items before they are stocked in the pantry. Getting a designated space where you store food before it gets to the pantry shelves requires finding people with knowledge of the building and some sway over its vacancies.
- A successful pantry program requires **Getting Buy-in From the Right Champions**. The importance of having organizational leaders who can help you meet your goals cannot be over emphasized. Space to store food and money to keep the pantry running require people with budgetary control and influence.
- Having strong **Communication with Partners** is essential for a well-functioning food pantry. Efficiency and effectiveness suffer when communication is poor. In our case, keeping volunteer services and our food depository partners in the loop is essential to sustaining the pantry. Develop multiple means of communicating with key partners and maintaining relationships with volunteer services.
- A **Sustainable Food Source** is vital to a pantry program. We have found reliance on food drives is difficult because they generally cost more to manage than they yield. However, food drives can be used effectively if you follow guidelines that minimize the operational costs of running them (see link in the Appendix). Our experience has shown that partnering with well-established food depositories is more reliable and more cost-efficient than food drives or alternative methods of donations, especially when providing food for a large pantry system. Food depositories generally allow you to choose a desired variety and quantity of food and will often deliver food to your organization. If this option makes sense for your organization, we strongly recommend pursuing it.
- Finally, **Volunteer Force Sustainability** is paramount to the operation of a hospital-based food pantry. Our pantries would likely not exist without the help of institutional or student volunteers committed to keeping the pantries stocked is essential. We hold all our volunteers to their commitments and ask that they notify us if they are unable fulfill their duties so we can find others to fill their place.

Pantry Logistics

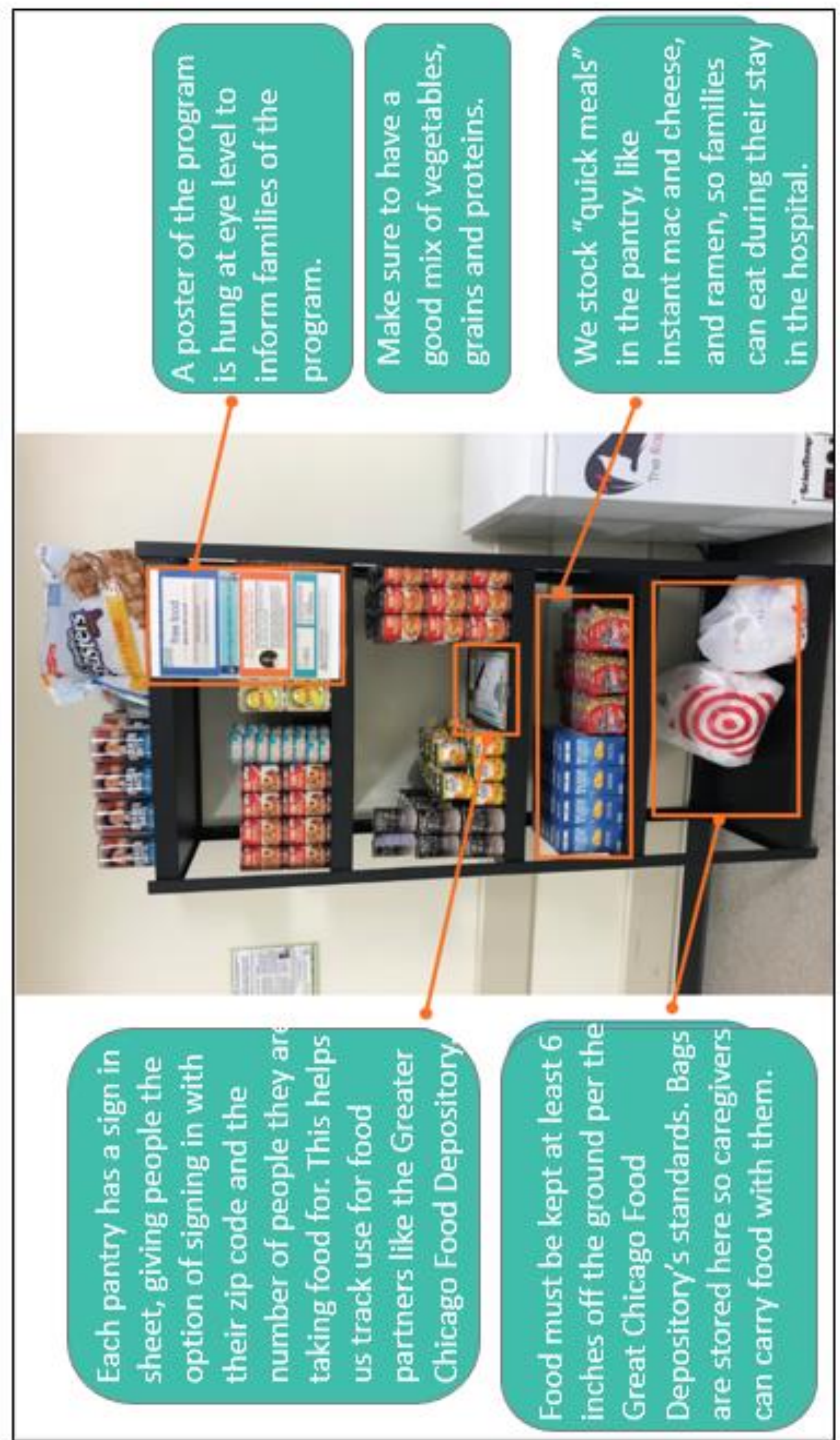


Figure 13: Important features of the pantry

Pantry Monthly Calendar

A monthly calendar is helpful for planning needs for volunteers and scheduling food deliveries and other events for your pantry. Figure 13 displays an example Feed1st calendar for a typical month:

Figure 14: Monthly Calendar

MONTHLY CALENDAR

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
	GCFD FOOD DELIVERY DAY	RESTOCK		RESTOCK		
8	9	10	11	12	13	14
	RESTOCK			RESTOCK		
15	16	17	18	19	20	21
	RESTOCK		RESTOCK		RESTOCK	
22	23	24	25	26	27	28
		RESTOCK		RESTOCK		

Raising Awareness and Communication

Generating awareness in your community about your food pantry is key to its success. A community that is aware of the resources for help can ensure that everyone in need has access to the opportunities for help. Identify different groups that should be aware of your pantry for it to be successful, including your organization's leaders, stakeholders, and community members who might be in need. Feed1st communication tools are described below.

Newsletter

We have found our digital newsletter is the most effective way to keep stakeholders engaged. It is emailed to people individually, announcing updates to the program, success stories, and events. It helps those giving support to the program feel included and engaged. Here are a few guidelines to developing an effective newsletter:

- ❑ Use an attention-grabbing subject line to make sure people open and engage with the newsletter.
- ❑ Include your organization's logo and the date so readers can familiarize themselves with the newsletter.
- ❑ Start out with a little blurb about your organization to get new readers interested.
- ❑ Make it look aesthetically pleasing! People will be more likely to read if they see it looks nice and organized.
- ❑ Ask for monetary donations, this is the most effective way to contact potential financial supporters.
- ❑ Always advertise through other social media platforms, so you have multiple channels to access stakeholders.

We have included a sample newsletter in the Appendix for your reference.

Social Media

Keeping up with your organization on social media is probably the easiest way to let stakeholders get a peek into the day-to day activities of your operation and highlight big updates as soon as they happen. Social media platforms are often less formal than newsletters- a good way to highlight donations, projects, volunteers, events, and more. Many social media platforms exist; use the platform with the broadest reach in your community. We have found the three social media platforms described below to be most helpful in getting our message out.

- Instagram is mainly visual and is a great place to share pictures of day-to-day operations, posters announcing events, and pictures from events.
- Twitter can either use a visual post or words. Twitter is a great way to amplify support as current stakeholders can retweet your tweets and spread your message to their followers. Twitter's character limit requires discipline to convey your message concisely.
- Facebook is very versatile. You can either post a picture, just words, or a combination. Unlike Twitter, Facebook has no character limit.

Advertisement and Signage in the Hospital

An important yet often overlooked aspect of community engagement is how you advertise your presence within your hospital. Feed1st includes signage to indicate pantry locations and explain more about the organization to caregivers and patients in the hospital. Signs are placed in frequently visited areas like waiting rooms and family lounges. Caregivers can only access the pantry if they know it's there. Access can pose a challenge in large complex buildings like hospitals, but thoughtful signage can improve the visibility and access of your pantries.

Communicating with Nurses and Other Clinical Stakeholders

Nurses are at the front line of engagement with family and other caregivers. They will be powerful connectors to the pantries. Ensure that nurses and other patient and family-facing clinicians and staff in your organization are aware of your program and enable them to assist caregivers in accessing pantries. Nurse/stakeholder roles could be as simple as directing families to the nearest pantry, or they could be more involved and actually go to the pantry to retrieve food for a caregiver who does not want to leave their child's side. Communicating with nurses is essential for success of your pantry program. At our institution, nurses have made Feed1st the beneficiary of their charitable giving, they help spread the word so families know about the pantry, and they are partnering with us on research to address food insecurity.

Partnering with Feed1st

Formal Partnership

Any institutions showing strong interest in starting a food pantry in a healthcare setting can formally partner with Feed1st.

Technical Assistance and Consultation

We will help you set up your pantry and keep it running. We will answer any and all questions, maintain a relationship, offer support on your implementation, and guide you through any barriers that might pop up.

Research

Feed1st is an effort led by a group of humanitarian scientists. We know the importance of finding data on food insecurity in a healthcare setting, and the impact of food pantries in combating the problem. We can partner with you on research.

Other Forms of Partnership

We are open to broader avenues of collaboration. Our mission is to help decrease the prevalence of food insecurity by targeting the caregiving population in the hospital, and we understand that collaboration is essential to accomplishing this goal. We know different organizations possess unique strengths, and we are open to learning from others' experiences to improve our model. Some opportunities for further partnership include:

- Participating in our Advisory Board
- Launching a national partnership
- Sharing success stories or tips from your own pantry

Please feel free to reach out at info@feed1st.com for more information.

Conclusion

Thank you for reading our Feed1st toolkit. We hope this guide will help you better understand the problem of food insecurity and develop plans to address your community's needs. We believe the Feed1st model provides a flexible framework that reduces the stigma associated with food insecurity in a hospital setting. While our efforts are yielding positive impacts in our community, the high prevalence of food insecurity requires all communities to take action. Please join us.

Appendix

- Feeding America Food Bank Map - link
- Volunteer Training Program - link
- How to Run a Food Drive - link
- Sample Newsletter - link

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