

**Healthy Client Choice Food Pantry**

**Background**

Food insecurity is not just about the uncomfortable feeling of not having enough food to eat. It is a public health issue with serious health implications.

* Chronic diseases in adults are linked to food insecurity
* Food insecurity is associated with obesity, particularly in women
* Many food pantry clients struggle with diabetes, high blood pressure and other food-related diseases

In the evaluation of the Freshplace program, we surveyed over 200 people who were visiting traditional food pantries on a regular basis for food supplies. Most participants were in poor health; 72% were either overweight or obese. Based on self-report, 24% of clients said they or someone in their household has diabetes, and 64% have high blood pressure (27% of these are not taking medication).

**One participant said the “*Doctors keep telling me to buy different food and they don't know I can't afford it*.”**

**Helping or Hurting?**

A typical bag of charitable food may contain processed foods, refined grains and non-perishable foods high in salt, sugar and fat. “*We’re basically giving people the tools to kill themselves*.” - Reverend McCrorey, Greater Joy Mission church, Hartford, CT. While charitable food donations are meant to help those in need, they can actually cause harm if they contribute to pre-existing health conditions.

**STEP 1: Designing a Client Choice food pantry**

Client-choice pantries help instill dignity by empowering clients to select their own food like they would at a grocery store. In traditional food pantries, volunteers pre-package bags of food and the clients wait in line to passively receive the bag of groceries that may or may not meet their food preferences, health conditions or cultural beliefs. *Please see the Freshplace Manual* for more details on converting to a client-choice food pantry setting.

**STEP 2: Promoting Healthy food in your food pantry**

Many food banks and food pantries around the country understand the important connection between hunger and health, and are finding creative ways to promote healthy food for their clients. Here are few examples:

* The Vermont Foodbank is working with approximately 16 food pantries to change the food environment to increase the availability of fruits and vegetables, increase skills for preparing fresh produce, and reinforce nutrition messages. For more information on the Vermont Fresh program, check out: <http://www.vtfoodbank.org/OurPrograms/FreshFoodInitiatives/VTFresh.aspx>
* The Food Bank of Corpus Christi, TX is designed specifically to address diabetes through their Diabetes Hands on Program. Available at: <http://www.foodbankcc.com/diabetes-hands-on-program/>
* Oregon State University offers the Food Hero nutrition education program in local food pantries. Available at: <https://www.foodhero.org/>
* Create nutrition policies for the food you will accept in your food bank or food pantry. For example, refuse to accept soda or candy.
* Adopt nutrition standards to identify foods that should be eaten frequently, occasionally and rarely. The CHOP ranking system from the Greater Pittsburgh Community Food Bank ranks foods by their nutritional quality. Available at: <https://www.pittsburghfoodbank.org/resources/nutrition/chop/>
* Create a Stoplight system (red, yellow and green lights) to display foods in the food pantry according to nutritional quality. This can be done in conjunction with the CHOP system or with the Foods to Encourage (F2E) system created by Feeding America, available at: <http://healthyfoodbankhub.feedingamerica.org/resource/foods-to-encourage/>

**Summary**

When we understand the connection between food insecurity and chronic health conditions, we should also recognize our responsibility to help rather than harm with our charitable food donations.

Food pantries have tremendous potential for helping to reduce health disparities and to promote healthy lifestyles. They are an untapped resource for providing nutrition education, cooking demonstrations and classes, and health coaching.