The charitable food system is vital for food access for vulnerable people in nearly every community in the United States. The vast majority of individuals and families accessing food pantries and other charitable food programs are food insecure, meaning that there is a limited or uncertain availability of nutritionally adequate foods. Food insecurity is related to poor nutrition and many other negative health outcomes. Some of these health outcomes include poor physical, cognitive and socioemotional development among children and chronic health conditions, including diabetes, hypertension, and obesity, among adults. Thus, food banks are important in addressing community health disparities through the foods and related services that they provide. Supporting food banks to assess and respond to population health needs is in the best interest of the healthcare, educational, economic, and social sectors.

“As the national food banking system evolves to increasingly consider the health needs of the populations it serves, developers of community health programs should consider the potential implications of [food bank] executive attitudes and organizational practices as potential contributors to the success of new healthy food banking initiatives.”

Food insecurity is related to poor nutrition and many other negative health outcomes.

Food banks can and should implement nutrition policies.
The “Foodbanking Research to Enhance the Spread of Healthy Foods” (FRESH-Foods) Study was conducted to identify nutrition-related opportunities, challenges, and programmatic priorities of US food banks, as well as to explore food bank leadership perspectives on the role of their organizations in population health. The study included semi-structured interviews with 30 food bank executives who represented a wide range of food banks from across the US. Interviews were conducted between April 2015 and January 2017. Executives shared their perspectives on the evolving role of food banks in community health, including their own organization’s experiences in working to distribute healthier foods.

Methods

We interviewed executive directors or chief executive officers representing 30 food banks that were all members of the largest US network of hunger relief organizations (Feeding America). Food banks were selected to help maximize the diversity of food banks in the sample, including balanced representation from food banks with various levels of fruit and vegetable distribution, community resources, and state-level availability of fruits and vegetables. Transcripts of the interviews were then analyzed separately by two researchers for major themes.

Results

➢ Food banks are increasingly working to distribute more fresh fruits and vegetables in the communities they serve.
➢ Executives of food banks with higher fruit and vegetable distribution more often described health as central to their organization’s mission, while those executives with lower fruit and vegetable distribution described hunger alleviation as more central to their mission.
➢ Executives of food banks with lower levels of fruit and vegetable distribution often reported a lack of information on the local chronic health needs of the families they serve.

HOW DID A COMMUNITY PSYCHOLOGY PERSPECTIVE INFORM YOUR UNDERSTANDING OF THE ISSUES, RESULTS, AND IMPLICATIONS?

Food banks are key community resources where affected households access foods, oftentimes on a regular basis. This study underscores the importance of food systems reform to improve the health of vulnerable populations. Specifically, we explored how food bank executives perceive the charitable food sector’s evolution from hunger-alleviation to additionally include health-focused initiatives.
One-third of the food banks included in this study lacked formal nutrition policies to guide their food procurement practices, primarily due to perceptions that formal nutrition policies would limit already scarce donations or jeopardize relationships with donors.

What Does This Mean For?

Research and Evaluation: Future studies should evaluate the longitudinal impact of food bank nutrition policies on healthy food distribution, as well as the effect of client health needs assessment data on food bank executive decision making and strategic planning.

Practice: For communities with food banks that have lower levels of fruit and vegetable distribution, food bank leaders may benefit from gaining access to local data on chronic disease and health disparities affecting their service population. This could help leaders better identify and prioritize nutritional needs.

Social Action: Community health needs assessments should include food banks in the planning process, and should provide food bank leaders with local health data to help inform program planning. The healthcare sector should support healthy food access initiatives within their communities through financial and other forms of support.

Similar Settings: For public health workers or community nutritionists, this study gives us a better understanding of how to best serve the food banks in our community. Many food banks need advocates to speak to donors about the importance of nutrition for food bank clients and smooth over potentially difficult situations where food banks might have to refuse donations due to a new nutrition policy. Additionally, since only one-third of food banks had a formal nutrition policy, community health experts could help food banks develop and implement nutrition policies.

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