

Banking on Health

Improving Healthy Beverage
& Nutrition Standards in Food Banks



Increasingly, public health departments and food banks are partnering up to improve the health of food-insecure families and individuals. Together, these agencies can help get good food to those who need it most.

Food banks play a critical role in maintaining and improving the health of the nation's most vulnerable populations. Following the economic recession of the late 2000s, they have become an important resource for an increasing number of Americans. In 2010, the number of Americans experiencing food insecurity – a lack of access to affordable, nutritious food – reached 17.2 million, one of the highest levels seen since 1995 when the United States Department of Agriculture (USDA) first started to collect this information.¹ In California, over one-third of adults experience food insecurity.²

Local food banks are important allies for health departments because their services directly affect the health of low-income individuals. Recognizing that their clients face a higher-than-average risk for diet-related chronic disease, many food banks are starting to adopt nutrition standards for the beverages and foods they distribute. By partnering with food banks to implement healthy beverage or nutrition policies, municipal health departments can help to improve low-income Americans' health.

This guide provides an overview of the role of food banks and how they operate, describes why food bank beverage and nutrition standards are important, and outlines the common elements of strong standards. For the purposes of this guide, the term “standard” is used to refer to beverage or nutrition criteria, policies, or guidelines. A nutrition or beverage standard is defined as a statement of organizational intent, ideally written down and included in an organization's standard policies and procedures. Three case studies help illustrate the challenges and benefits of implementing healthy food and beverage standards. The first case study examines the work of Alameda County's pioneering food bank. The other two highlight partnerships between local food banks and health departments in two California counties – Imperial and Merced. All the food banks profiled in this document have a commitment to providing their clients with the

most nutritious food available, and they all limit or prohibit the distribution of sugary beverages. Note that the Health Departments in Merced and Imperial Valley received funding from CA4Health, the Public Health Institute's Community Transformation Grant, to work on public health interventions that address sugary beverage consumption.

This resource is for public health departments that want to partner with food banks in improving the health of food-insecure families and individuals. It is also a guide for food banks that want to implement healthy beverage and/or nutrition standards.

THE ROLE & OPERATION OF FOOD BANKS

Most food banks in the United States are “hubs” that accept, store, and distribute food to smaller partner agencies.³ These partner agencies, such as food pantries and homeless shelters, give the food directly to individuals. In California, approximately 60 food banks supply 5,000 nonprofit groups with over 200 million pounds of food each year.⁴ Pounds or “poundage” is the total weight of food that a food bank acquires and then distributes. Pounds of food distributed are typically used as a measure of a food bank's success. A food bank that institutes a healthy beverage policy and stops distributing soda may find its poundage reduced. While a difference in poundage will not affect the amount of federal funding received (which is based on the estimated number of people living in poverty in a local area), food banks may have to explain the decrease to private donors.

Food banks get their food from a variety of sources. Individuals and community groups contribute donations through food drives. Commercial food distributors or food manufacturers donate surplus or lightly damaged foods unfit for sale in the marketplace. Another source is surplus food from the USDA, such as canned fruits and vegetables, milk, dried beans, and fruit juices.



FOOD BANK



Improving Nutrition in Food Banks

The Atkins Center for Weight and Health at the University of California, Berkeley has developed a wide array of materials to help food banks address nutrition concerns. In the spring of 2015 they plan to launch an online course on how to develop and implement food bank nutrition policies. The course will be free and open to the public. For access to the Center's food bank resources, go to: <http://cwh.berkeley.edu/resources/2/33/14>



To supplement these donations and purchase additional food, food banks must rely on a diverse array of funding sources. In addition to government grants, foundation funds, and individual donations, food banks can charge a “shared maintenance fee,” which partner agencies pay to help cover the costs of food storage and distribution.⁵ These fees are typically calculated on a per-pound basis, meaning that partner organizations pay a set amount of money for each pound of food they receive from a food bank. In promulgating improved nutrition standards, food banks may elect to waive shared maintenance fees on perishable produce, thereby encouraging agencies to offer more fresh produce to their clients.

In California, food banks can use cash donations to purchase low-cost, locally-grown produce through the California Food Bank Farm to Family program. This statewide program, run by the California Association of Food Banks, creates a partnership between local farmers and food banks. Participating farmers receive small payments to help cover processing fees for each pound of produce a food bank buys.⁶ Farmers can also donate produce to food banks. However, as the drought continues to take a severe toll on California farms, local growers are donating less produce to food banks.⁷

THE HEALTH IMPACT OF FOOD BANK BEVERAGE & NUTRITION STANDARDS

Food banks serve the most vulnerable members of communities, many of whom are at high risk for diet-related chronic health conditions. People who experience food insecurity have poorer diets than the general population and are more likely to be overweight or obese.⁸ Children raised in food-insecure households are also more likely to become overweight or obese by adulthood.⁹ Obesity is correlated to serious health conditions such as type 2 diabetes, cardiovascular disease, and cancer.¹⁰ Thus, food banks can have a significant impact on the health of low-income individuals.

Both children¹¹ and adults¹² are consuming more calories than in the past, with the majority of these additional calories coming from sugary drinks.¹³ Sugary drinks are beverages that have added caloric sweeteners of any kind, including sweetened fruit juices, fruit drinks, carbonated sodas, sports drinks, energy drinks, and flavored milk.¹⁴ African-American and low-income children consume more calories from sugary drinks than white or high-income children.¹⁵

The rise of obesity over the past thirty years corresponds with this increase in caloric consumption. Many public health leaders believe that limiting the availability of sugary drinks, especially among youth, is an important obesity prevention strategy.

By adopting comprehensive beverage standards, food banks can help reduce consumption of sugary drinks in their communities. A beverage standard formalizes a food bank’s commitment to limit the number of sugary beverages that it accepts as donations and distributes to clients.

Recognizing the potential to improve their clients’ health, many food banks are taking steps to provide food with better nutritional value.¹⁶ A 2012 study of 137 food banks across the nation showed that over half of all food banks surveyed had standards for food and beverages.¹⁷ These standards, whether written or unwritten, focus on eliminating certain unhealthy products from their inventories, such as candy or sugary drinks.

ELEMENTS OF STRONG BEVERAGE OR NUTRITION STANDARDS

Written standards have a number of benefits. For example, the process of developing standards allows the food bank's board, staff, and clients to reflect on which elements of the nutrition standards are most important to them. Written standards also clearly define nutrition priorities and institutionalize good ideas. In the event of staff turnover, written standards can ensure that healthy and accepted practices continue. The elements listed below can be incorporated into both comprehensive beverage and nutrition standards.²²

Section 1. Purpose of the Standards

This section connects the mission of the organization with the goal of the standards. It can cite the health benefits of good nutrition and the harm caused by poor nutrition. It should include relevant demographic data. One good source for data is The Robert Wood Johnson Foundation's (RWJF) County Health Rankings, which can be accessed here: www.countyhealthrankings.org.

Section 2. Scope of Standards

This section defines the standards' parameters. Do the standards cover both food and beverages, or just beverages? Do they cover procurement, donation, and distribution – or just distribution?

Section 3. Approval of the Standards

This section assigns authority for the standards. When developing this section, it is important to think about who makes the ultimate decision. Does the executive director approve this document or does it go to the Board of Directors? In some cases, board buy-in can be extremely important.

Section 4. Nutrition Standards

This section defines the types of food and beverages that the food bank will accept as donations and for distribution. It also defines what the organization will not accept as donations and for distribution. It is a good practice to review these definitions annually and update them if necessary.

Section 5. Exceptions

This section identifies exceptions to the standards. For example, the organization may establish guidelines about sugary beverages but be willing to accept and distribute nutritional supplements to specific recipients. Certain types of fundraising activities may also be exempt from the standards.

Section 6. Implementation, Monitoring and Enforcement

This section summarizes the process for implementation, monitoring, and enforcement. It designates the staff position that will be responsible for educating and training staff, clients, donors, and other stakeholders about the policy, in order to ensure compliance. (Effective monitoring may require upgrading the food bank's donation tracking systems. If so, it may make sense to phase in the monitoring and compliance component.) This section should also include a requirement that senior organization leadership, including the board, receive regular program updates. It is also recommended that provisions be included here about educating clients and staff regarding nutrition impacts (as well as the adopted nutrition standards), as this represents an additional opportunity to improve the health of food bank clients.



One of CA4Health's goals is to decrease consumption of sugary beverages. As the Strategic Direction Lead and technical assistance provider for the CA4Health beverage work, California Project LEAN (CPL), a program of the Public Health Institute (PHI), convened a team of nutrition experts to develop the PHI Beverage Standards that CA4Health counties could use as they facilitate the adoption of healthier beverage standards in various community settings, such as food banks. The PHI Beverage Standards are aimed at decreasing access to sugary drinks and increasing access to healthier beverages for meetings, vending, and procurement in schools, community organizations, government buildings, and other public settings. The California Project LEAN Beverage Standards can be found here: www.californiaprojectlean.org/doc.asp?id=225&parentid=221#Public_Health_Institute_s_Beverage_Standards.

ALAMEDA COUNTY COMMUNITY FOOD BANK

| | Alameda County ¹⁸ | State of California ¹⁹ |
|---|------------------------------|-----------------------------------|
| Population | 1,554,720 | 38,041,430 |
| Non-Hispanic White | 34% | 40% |
| Asian | 27% | 14% |
| Hispanic | 23% | 38% |
| Non-Hispanic African-American | 12% | 6% |
| Children in poverty | 17% | 24% |
| Median household income | \$70,209 | \$58,322 |
| Students who receive free or reduced cost lunch | 35% | 46% |

Partners Involved: Alameda County Community Food Bank, Alameda County Public Health Department, MAZON, Kaiser Permanente, and the University of California at Berkeley Atkins Center for Weight and Health.

Although Alameda County is in the wealthy San Francisco Bay Area, many of its residents live in poverty. The county is no stranger to obesity and food insecurity, with over one in five county residents obese and 16 percent of residents identifying as food insecure.²⁰ In 2005, the Alameda County Community Food Bank (ACCFB) became the first in the nation to ban soda donations. After years of planning and education, the food bank's board approved a broader nutrition policy in 2013 that included standards for both beverages and food.

IMPLEMENTING A NUTRITION POLICY

According to Jenny Lowe, ACCFB's nutrition education manager, the food bank began formalizing their nutrition policy in 2011. Their nutrition team interviewed staff members to find out what they thought the informal nutrition policy was and what they wanted it to include. Through the interviews, it became clear that a formal, written policy could help to unite the staff around some common principles.



The team also held conversations with partner agencies to find out the types of food that they wanted to receive. Many of their partners were concerned about highly processed food and wanted to receive more fresh produce and low-fat items. In addition, the nutrition team surveyed clients to understand their food needs and preferences. The survey results confirmed that fresh, healthy food was also very important to the people taking ACCFB food home.

The food bank worked with MAZON, Kaiser Permanente, and UC Berkeley's Center for Weight and Health to develop their nutrition policy. MAZON and the Center for Weight and Health supplied sample policies, presentations, reports, and guidelines on how to implement strong nutrition policies in food banks. In July of 2013, the board of directors approved their formal nutrition policy.

BEVERAGE & NUTRITION POLICY DESCRIPTION

The food bank's nutrition policy establishes rules for the purchase and distribution of foods. **Under this policy, they purchase and accept donations of the following:**

- Fresh fruits and vegetables
- Canned and frozen fruits (low in sugar)
- Canned and frozen vegetables (low in salt)
- Packaged meals and soups
- Lean proteins
- Nuts
- Whole grains
- Low-fat milk (2% or less)
- 100% juice (carbonated and noncarbonated)
- Water

The food bank does not distribute the following:

- Soda (diet or regular)
- All carbonated beverages (except water and 100% juice)
- Anything less than 100% juice
- Alcohol or any item that promotes alcohol
- Energy drinks
- Medical and vitamin supplements
- Diet products that contain appetite suppressants

In addition to its distribution and procurement policies, the food bank set a high standard for distribution: 95 percent of all food distributed should be healthy. To measure compliance, they use the Choosing Healthy Options nutrition ranking tool from the Greater Pittsburgh Community Food Bank.²¹

CHALLENGES

The formalization of the nutrition policy led to positive changes. While some companies that manufacture highly-processed food of limited nutritional value are no longer on the donor list, Lowe reports that the food bank developed relationships with new donors. These new relationships led to increased donations of preferred foods such as bread, dairy products, and produce.

These successes did not come without challenges, however. "Food banks really have two goals that can be hard to balance," Lowe notes. "The first goal is to feed people and the second goal is to provide good nutrition to people." Some staff members and other stakeholders worried that the policy would require them to turn away food that, although not nutritious, could fill empty bellies and alleviate hunger. However, by implementing small, incremental changes over time rather than all at once, the nutrition team overcame these concerns. In 2005, ACCFB started with discontinuing soda and then, later, limited the distribution of other unhealthy foods such as chips and cookies. When nutrition policy was formalized in 2013, ACCFB added the 100 percent juice requirement. As Lowe sums it up, **"The Alameda County Community Food Bank has had a long-standing commitment to good nutrition. This policy formalizes that commitment so staff, stakeholders, and clients are on the same page."**



IMPERIAL VALLEY FOOD BANK

| | Imperial County ²³ | State of California ²⁴ |
|---|-------------------------------|-----------------------------------|
| Population | 176,948 | 38,041,430 |
| Hispanic | 81% | 38% |
| Non-Hispanic White | 13% | 40% |
| Non-Hispanic African-American | 3% | 6% |
| Asian | 2% | 14% |
| Children in poverty | 33% | 24% |
| Median household income | \$38,185 | \$58,322 |
| Students who receive free or reduced cost lunch | 63% | 46% |

Partners Involved: Imperial Valley Food Bank, Imperial County Public Health Department, California Project LEAN.

Imperial Valley Food Bank (IVFB) is located in the second poorest county in California.²⁵ The county’s childhood obesity rate is a staggering 47%, the highest in the state.²⁶ Since 1991, the food bank has been serving local families in need, and each month they give aid to over 20,000 county residents.

Sara Griffen, executive director at the Imperial Valley Food Bank, has observed the way that poverty affects the health of the clients they serve. “Poverty, lack of education, and lack of nutrition education fuels obesity and hunger at the same time,” she explains. “There are a lot of fast food restaurants, and a lot of young mothers who don’t know how to cook. At our food bank we are trying to change this culture.”

IMPLEMENTING BEVERAGE STANDARDS

Prior to tackling the development of beverage standards, the Imperial Valley Food Bank and the Imperial County Public Health Department (ICPHD) had a long history of working together to improve nutrition for the most vulnerable residents of the county. During his tenure as CA4Health program coordinator, Jorge Torres was the health department’s contact person for food banks. “They [IVFB] had already been a part of a variety of projects that dealt with healthy eating and obesity prevention,” he says, “The leadership understood the importance of healthy beverages, which helped make it a smooth process.”

In March of 2014, the food bank and the health department began meeting to discuss the adoption of beverage standards. Collaboratively, they adapted the Public Health Institute’s Beverage Standards for Adult Settings to meet IVFB’s programmatic and funding needs. At the end of April, Griffen accepted the revised beverage standards, and in May, at the recommendation of California Project LEAN, she modified it to include language about distribution. (See description of California Project LEAN on page 4.)

BEVERAGE POLICY DESCRIPTION

IVFB’s beverage standards focus on the purchase, distribution, and promotion of beverages. **The standards state that the food bank will only buy and distribute the following:**

- Water with no additives
- Unflavored non-fat or 1% cow’s milk with no added sweeteners
- Unflavored non-dairy milk alternatives with no added sweeteners
- 100% fruit or vegetable juice or juice/water combinations
- Coffee and tea

The policy also includes an enforcement provision to ensure all standards are being met. This provision designates a staff person who is responsible for the implementation of the policy, as well as for training other staff about the policy’s elements and reporting to the IVFB Board about the status of implementation on a bi-annual basis. Also, the provision stipulates that promotional materials, such as posters, may only promote beverages that meet the policy’s standards.

Additionally, the policy contains a provision that requires the food bank to provide access to free, safe drinking water wherever beverages are offered.

While the IVFB has not as yet written down its policy on food donations, Griffen points out that they nonetheless have a donation policy, which they practice with great care. With the objective of offering clients the most nutritious food possible, they focus on procuring lean proteins, grains, and fresh vegetables and fruit. Griffen explains, “We purchase food keeping in mind obesity and diabetes issues. When offered unhealthy items, we never distribute them. We’re very health conscious and very true to our practice of buying healthy foods.”

IVFB is committed to increasing the amount of fresh produce that it receives. To achieve this, they have partnered with larger food banks, local farmers, and the Farm to Family program.



MERCED COUNTY FOOD BANK

| | Merced County ²⁷ | State of California ²⁸ |
|---|-----------------------------|-----------------------------------|
| Population | 262,305 | 38,041,430 |
| Hispanic | 56% | 38% |
| Non-Hispanic White | 31% | 40% |
| Asian | 8% | 14% |
| Non-Hispanic African-American | 3% | 6% |
| Children in poverty | 36% | 24% |
| Median household income | \$42,552 | \$58,322 |
| Students who receive free or reduced cost lunch | 65% | 46% |

Partners Involved: Merced County Food Bank, Merced County Public Health Department, California Project LEAN.²⁹

Merced County Food Bank (MCFB) serves 40,000 individuals each month, just over 15 percent of the county’s population. The county is deeply affected by food insecurity and obesity. Twenty-two percent of the population identify as food insecure and 31 percent of adults are obese.³⁰ Stephanie Nathan, the supervising health educator at the Merced County Department of Public Health (MCDPH) and CA4Health coordinator, is well aware of these trends. “We face a major health crisis in terms of obesity,” she explains, “and sugar sweetened beverages are a main contributor.” To try and reverse these trends, the food bank and public health department worked together to develop beverage and nutrition standards.

CHALLENGES

Some at the food bank worried that the new beverage standards would deter donors. However, the IVFB has not experienced any decrease in their number of donors. Instead, they have experienced an increase in the amount of food that they distribute. “Our organization is better and tighter,” Griffen says, “**We have new food donors, and we’re starting to find more avenues to get produce. We’re set to ship four million pounds of food this year. Twenty five percent of that is fresh produce.**”

One challenge that the food bank faces with their healthy donation policies is learning how to say no to donations that do not comply. However, Griffen and her staff are clear about their priorities. “You need to know your clientele,” she states. “In our county, we have a lot of health issues. A can of peaches in sugary syrup might be okay somewhere else, but not here.”

IMPLEMENTING THE BEVERAGE & NUTRITION STANDARDS

In September of 2013, Bernadette Mello, the executive director of the Merced County Food Bank, met with the staff of the Merced County Public Health Department to discuss the implementation of a beverage and nutrition standard. Together, they decided to start by learning food bank clients’ preferences. In the months that followed, health department staff developed and administered surveys and conducted interviews with food bank staff and clients. In the end, they determined that clients (as well as staff) preferred healthy food over unhealthy food.

In March, the public health department presented these findings to the food bank’s board of directors. “The board was very supportive of bringing healthy food and beverages into the food bank,” says Nathan, “The chair of the board was really health conscious, and so it struck a chord.”

After the successful board meeting, the food bank and the public health department worked together to draft beverage standards based on the Public Health Institute's Beverage Standards for Adult Settings³¹ and the results of the client surveys. The food bank's organizational board officially approved the standards on August 1, 2014.

BEVERAGE & NUTRITION POLICY DESCRIPTION

MCFB's beverage standards focus on both the donation and distribution of beverages. The food bank does not distribute any soda (including diet or non-caloric sodas) to the public. **The beverage standards encourage the donation and distribution of the following:**

- Water with no additives, vitamins, stimulants, or sweeteners
- Unflavored non-fat or 1% cow's milk with no added sweeteners
- Unflavored non-dairy milk alternatives with no added sweeteners
- 100% fruit or vegetable juices
- Coffee and tea with no added sweeteners

The executive director is the designated enforcer of the beverage standards.

The food bank also implemented nutrition guidelines with Red, Yellow, Green designations to encourage the donation, purchasing, and distribution of healthy foods. This system, adapted from the Choosing Healthy Options program at the Pittsburgh Community Food Bank³², helps staff and clients quickly identify if foods are healthy (green), should be eaten in moderation (yellow), or avoided (red). MCFB's goal is to have 25 percent green, 50 percent yellow, and 25 percent red foods.

CHALLENGES

A strong partnership between the food bank and the public health department served as the foundation for this successful effort. Still, the initiative was not without challenges. Food banks rely on partner agencies to distribute their food directly to clients. Food banks also rely on partner agencies' shared maintenance fees as a key source of revenue. Some board members worried that beverage standards would hurt the food bank's bottom line because they would no longer be able to collect shared maintenance fees on sugary drinks.

Additionally, the beverage standards had to be rewritten a number of times before the food bank felt that it accurately reflected the organization's values. As Nathan recalls, **"Change often takes time. You need to be willing to compromise and be persistent."**

LESSONS LEARNED

Food banks that implement nutrition standards bring up common themes when they talk about their experiences, as do the public health departments that partner with them. These themes include the following:

Lessons from Food Banks

- Implementing an institutional policy requires time and patience. It often takes longer than expected.
- Incremental changes are easier to push through than big, sweeping changes.
- It helps to know the values of your partners and clients before drafting a policy. Survey your food bank's staff, partner agencies, and clients to learn their food and beverage preferences.
- Understand the chronic diseases that your clients face and focus on policies that will best serve their needs.

Lessons from Public Health Departments

- Create strong partnerships. Local food banks are important allies for health departments in the effort to improve the nutrition of low-income residents.
- Expect some opposition from members of the food bank's staff and board, and be willing to address concerns. For example, some may worry that donors will resent being told that certain items are no longer accepted by the food bank. Or staff and board members may feel like clients are being "punished" if unhealthy treats are no longer accepted. Ongoing communication (including meetings and surveys) with donors, staff, board members, and clients may help to address these concerns.
- In order to facilitate rather than demand change, offer educational materials, cooking classes, and other services along the way that appeal to food banks and help move the process along.

Realize that policies are not "one-size-fits-all." Adapt policies and practices to the specific needs and resources of local food banks. Support food banks in their mission of getting food to those in need, and understand why it may be challenging for food banks to turn down certain items for donation.

CONCLUSION

Food banks are critically important community institutions, providing security and nourishment for millions of individuals during difficult times. Comprehensive beverage and nutrition standards can ensure that clients receive the healthiest options available, thereby enhancing the value of food banks to clients and the larger community.

RESOURCES

CA4HEALTH

www.ca4health.org

THE CALIFORNIA ASSOCIATION OF FOOD BANKS

www.cafoodbanks.org

ATKINS CENTER FOR WEIGHT AND HEALTH

<http://cwh.berkeley.edu>

CHOOSING HEALTHY OPTIONS (CHOP)

Greater Pittsburgh Community Food Bank

www.pittsburghfoodbank.org/programs/chop.aspx

MAZON

<http://mazon.org>

CALIFORNIA PROJECT LEAN

www.californiaprojectlean.org

PUBLIC HEALTH INSTITUTE

www.phi.org

RETHINK YOUR DRINK

www.cdph.ca.gov/programs/cpns/Pages/RethinkYourDrink-Resources.aspx



LEARN MORE ABOUT CA4HEALTH

CA4Health is the Public Health Institute's Community Transformation Grant (CTG) program, funded by the Centers for Disease Control and Prevention. The Public Health Institute is a non-profit organization dedicated to promoting health, well-being and quality of life for people throughout California, across the nation and around the world. The CTG program in California focuses on reducing the incidence of chronic disease in counties with populations under 500,000. CA4Health's four strategic directions are: reducing consumption of sugary beverages; increasing availability of smoke-free housing; creating safe routes to schools; and providing health-management skills and resources to people with chronic disease.

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