



# Healthy Giving for Healthy Living

Action for Health Consortium | Clinton County Health Department | Plattsburgh, NY | Presented By: Kelsey Barnes, Public Health Nutrition Educator



## INTRODUCTION

Food environment and food access have been identified as local public health issues for Clinton County, NY. Where one obtains food greatly influences dietary behaviors and the nutritional quality of meals. Rural food environments are characterized by reliance on a greater variety of food sources compared to more urban areas and may include conventional grocery stores, convenience stores, and non-traditional food outlets, such as drug stores, dollar stores and local food pantries.

In Clinton County there are food pantries located within 13 townships. As such, many residents rely on local food pantries as a food outlet, not just when they are in financial need, but also when other obstacles, such as a lack of transportation, prevent them from accessing a traditional food outlet. Research shows that the nutritional quality of food items donated to food pantries is often suboptimal. Costly chronic diseases such as obesity, diabetes, high blood pressure and heart disease are more prevalent in low income populations. This project sought to increase the inventory of, and demand for, healthy food items in food pantries across Clinton County as means of improving the local food environment and influencing the overall health of residents.

## PROJECT OVERVIEW

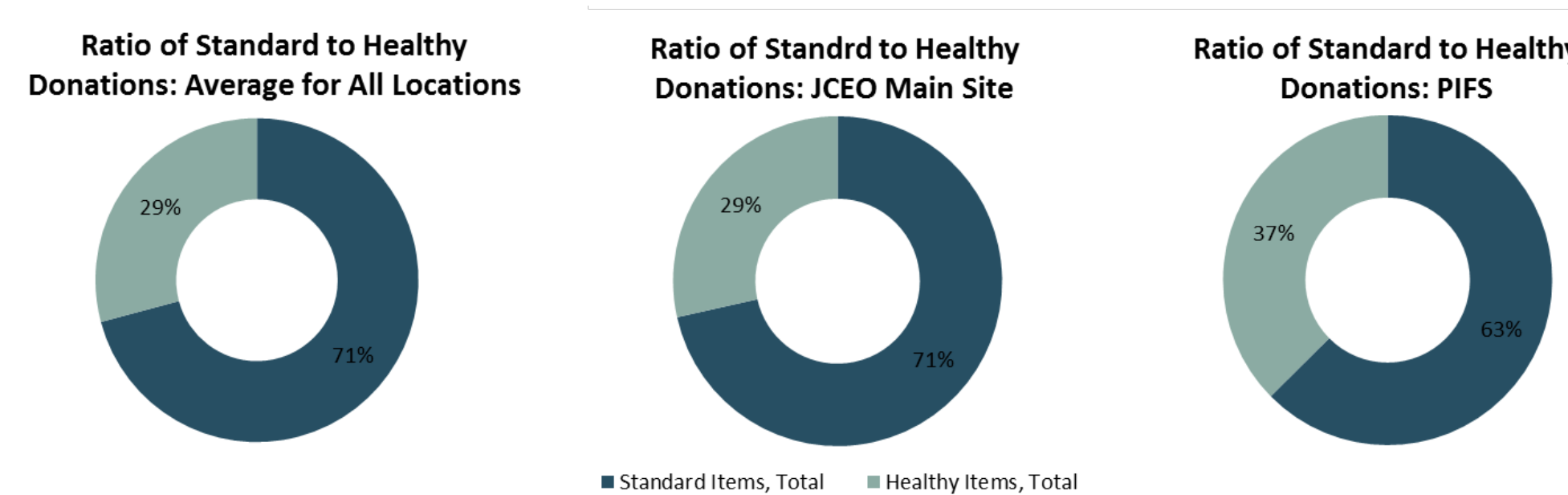
As one of five objectives in our *Community Partnerships for Healthy Mothers and Children (CPHMC)* action plan, the Clinton County Health Department (CCHD) sought to improve access to environments where healthy foods and beverages are available to residents. Due to the prominent role township food pantries play in the local food environment, this project aimed to increase the inventory of healthy foods within the local food pantries. To do so, CCHD developed a full evaluation plan that included a baseline assessment of: pantry inventory nutrition quality, environmental potential for change within food pantries and food pantry client perspective. From this data, project staff designed three “nudges,” or subtle environmental changes, to implement in three food pantry locations intended to increase demand for healthier items among pantry clients. Simultaneously, to increase inventory of healthy foods in local pantries, project staff are implementing a community awareness campaign focused on changing donation behaviors by highlighting foods of high nutritional quality that can be easily donated.

## ACTIVITIES

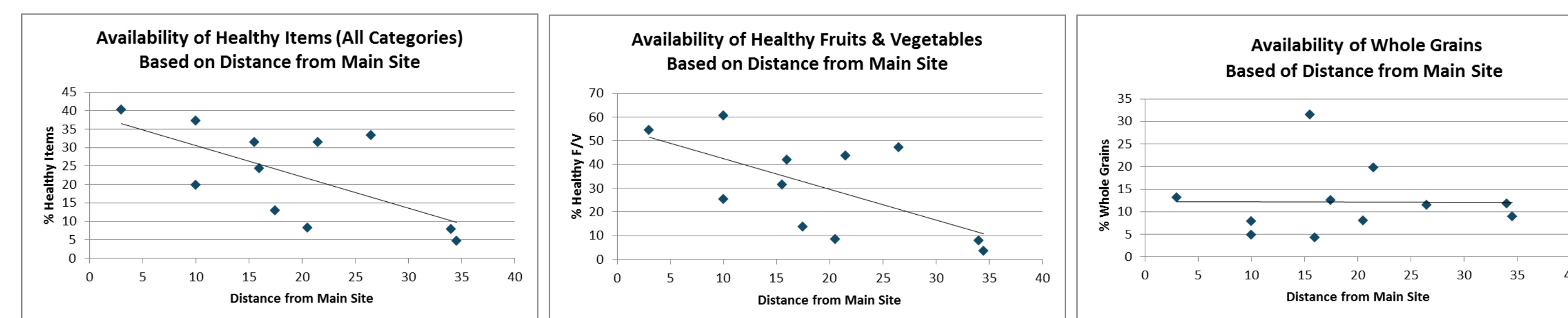
- Created, tested, and implemented baseline nutrition inventory assessments, environmental evaluations and client surveys in 13 targeted food pantries.
- Trained 18 local food pantry staff on food environment and concept of “nudges.”
- Completed equipment upgrades in five locations to increase the capacity of these pantries to accept, store and redistribute perishable food items.
- Designed and implemented three different “nudges” in three pantries to influence client selection behaviors.
- Partnered with five local organizations known for coordinating their own food drives, offering resources to help encourage healthier community donations.
- Developed a series of three animated videos and utilized local newspapers, radio, news stations, and social media to promote healthy donation messaging.

## OUTCOMES

The baseline nutrition inventory captured significant inconsistencies in the availability and amount of healthier items at food pantries across the county. For example, nine out of 13 food pantries had low-sodium canned vegetables on hand, but the amounts ranged from one can to 75 cans between the sites. In addition, there was a notable imbalance between the ratio of standard versus healthy versions of food package items. On average, there were nearly two times as many standard food items than healthy items across all pantry locations.

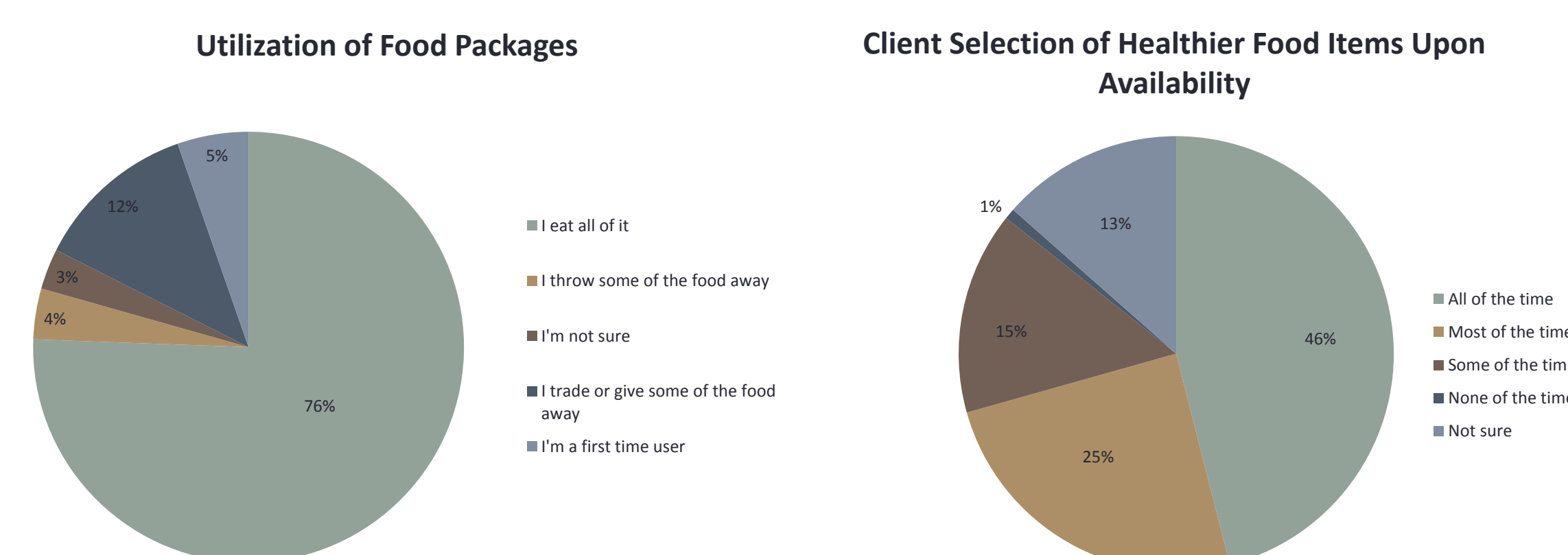


Further data analysis revealed a distinct relationship between the distance from the County’s main food pantry site and the availability of healthier items in the township pantries. This relationship was most pronounced for healthy versions of non-perishable fruits and vegetables, such as low-sodium canned vegetables and canned fruit packed in water or 100% juice. The same relationship was not evident with whole grains, however, availability of whole grains was suboptimal across all pantry sites. No pantry locations had low-fat, shelf stable dairy items or fresh fruits and vegetables available at the time of the inventory.



Environmental evaluations looked at shelving, storage and equipment as well as distribution style and display strategies currently employed at each pantry location. Observations captured space as the primary limiting factor in promoting healthier options. Equipment deficiencies emerged as the primary limiting factor related to capacity for managing healthier donations. The three nudges identified as feasible given space limitations were: signage, order, and multiple exposure. Pilot nudges are currently in the implementation stage.

Client surveys were fielded at six food pantry sites with the goal of reaching 5% of estimated monthly pantry clients (approximately 120 surveys). A total of 126 surveys were collected. A majority of clients reported utilizing all of their food package. For those clients who reported not using their full food package, one out of five indicated it was due to dietary or health restrictions. Three out of four clients noted they would select healthier items either most or all of the time, if they were available. Clients also reported that recipes and food samples would help them to select and prepare healthier meals.



## LESSONS LEARNED

Every project CCHD undertakes builds our capacity to work with partners and influence community health. Our CPHMC experience confirmed the numerous advantages of using existing best practices and tested approaches to accelerate progress and avoid pitfalls. It also provided reassurance to partners and enhanced engagement by key stakeholders in this work.

Evaluation activities have allowed us to enhance our skills in this area of program planning. However, while we readily identify evaluation as a sound practice, we have learned that the ability to capture and quantify change is often necessary to secure partner investment and confidence.



A department-wide pilot food drive resulted in 87% of donations meeting healthy guidelines.



CCHD's CPHMC team relied on a collaborative approach to implement their Community Action Plan.

## BEST PRACTICES

- In their research, Feeding America® identified food pantry staff and volunteer buy-in as a critical factor to “nudge” success. We prioritized connecting with and engaging local food pantry directors and their teams early in the project with positive results.
- We found it critical to develop a sensitive, but feasible, mechanism to determine a baseline measure of nutrition quality in our food pantries. The evaluation plan was designed using internal expertise and feedback from our regional *Population Health Improvement Program*.
- “Nudge” interventions in the food pantries, such as signage, align with activities occurring in other local food environments to ensure consistent messaging and maximize reach.

## NEXT STEPS

Program staff will be collecting post-implementation data for the three pilot nudges through March and April 2017. In addition, the nutrition inventory process will be repeated in the Spring of 2017 to determine if any changes in healthy food availability is evident following the media campaign undertaken through the winter months.

CCHD has secured funding to support the expansion of successful “nudges” in 13 targeted food pantries. In addition, CCHD staff will continue to connect with organizations that coordinate their own food drives to encourage the integration of healthy donation guidance as part of their campaigns. Faith-based and service organizations within the county will be targeted for these activities.