

STEPPING UP TO THE PLATE

Healthy food access and the anti-hunger community's response

CALIFORNIA NUTRITION AND HEALTHY EATING INITIATIVE
RESOURCE GUIDE

MAZON | A Jewish Response
To Hunger

TABLE OF CONTENTS

Acknowledgements	2
Steering Committee Members, Contributors and Advisors	4
Preface	5
Overview of the Guide	6
Building Blocks for Organizational Change	7
Quality with Quantity: The Emerging Trend in Emergency Food Provision	17
Making Nutrition Education a Priority	25
Ingredients for Effective Healthy Food Policy Advocacy	33
Framing Your Message: Giving Meaning to What Matters	41
Joining Collaboratives and Encouraging Partnerships	45
Going Forward: Some Food for Thought	51
Appendix: Glossary	53

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PREFACE

Over the last decade, the enormous rise in obesity and its relationship to food insecurity has prompted the nation's anti-hunger community to seriously consider their role and responsibility in obesity prevention and improving healthy food availability among low-income and homeless communities. The recent economic downturn coupled with a surge in emergency food demand and participation in government nutrition programs have made debate and action in this direction even more urgent. While emergency and government food programs are an important part of the food environment, recent strategies for tackling obesity and improving nutrition have largely focused on schools, food retailers, restaurants and other institutions where food is sold and served. However, MAZON believes that the emergency food system and government food programs are essential levers for change – powerful catalysts for increasing access to nutritious food in support of healthy eating, obesity prevention and hunger alleviation.

In 2007, MAZON, a national grantmaking organization focused on hunger prevention and alleviation, launched the *California Nutrition and Healthy Eating Initiative* to research, develop and disseminate strategies and tools to assist emergency food providers, food banks and anti-hunger advocates in their efforts to become stronger community resources for healthy eating. MAZON engaged practitioners in the field – MAZON grantees with demonstrated leadership in healthy food programming and policymaking in California – in a collaborative process of exploration and analysis over the course of three years. This steering committee of grantee partners was charged with scanning this emerging area, cataloguing some of the current activities and practices, generating new resources, and identifying best practices, barriers and opportunities for increased access to healthy food through the emergency food system and government nutrition programs. The project and its findings sparked dialogue, contributed to a climate of change within the state's anti-hunger community, and spawned a MAZON-led effort to share these learnings with food banks around the country.

OVERVIEW OF THE GUIDE

This resource guide synthesizes some of the key learnings from the *California Nutrition and Healthy Eating Initiative* and provides tools and strategies to help board members, executive directors, program staff and other stakeholders in the anti-hunger field integrate healthy food access into their organization's work.

This guide is divided into six sections that correspond to the subcommittees of the *Initiative*:

- Organizational Change
- Food Distribution
- Nutrition Education
- Advocacy and Public Policy
- Messaging
- Collaboration and Partnership

In each section, we include a brief overview, keys to success and a list of barriers. Tools, case studies and examples of strategies are included as well.

This resource guide was developed to showcase what we learned and to offer a starting point for emergency food providers and anti-hunger advocates interested in improving the availability of healthy food for low-income and homeless communities. It is not a comprehensive review of healthy eating partnerships, programs, policies or practices. However, it does present a framework for approaching this work which we hope will plant the seeds of change toward a greater focus and broader commitment to healthy food access within the anti-hunger community. Adopting some combination of these ideas and strategies will help us fulfill our collective goal of ensuring that all homeless and low-income populations have access to the healthy food and benefits they need and deserve to improve their nutritional well-being.

BUILDING BLOCKS FOR ORGANIZATIONAL CHANGE

INTRODUCTION

Making healthy food goals an integral part of your organization's anti-hunger approach involves a process of inspiring cultural changes within an organization through education, collaboration and persistence.

In nonprofits, organizational culture is a very powerful thing. Changing organizational culture may mean changing "the way we do things around here" or "what makes this a special place to work and receive assistance." So embracing a new healthy food vision can challenge some long-held and unexamined beliefs, values and assumptions about your work. Should emergency food providers, who rely heavily on the generosity of food industry donors, turn away unhealthy food donations? Do emergency food providers and advocates have a moral obligation to help prevent obesity and improve the nutritional status of those they serve? Should food banks and emergency food providers emphasize the nutritional quality, or just the quantity of food distributed?

While few, if any, people in the anti-hunger community would deny the importance of healthy food provision, there is considerable debate and complexity surrounding how to put this ideal into practice in our anti-hunger work. As you will read in the case studies offered in this section, organizational change often hinges on strong leadership skills, consensus building and an organization's ability to innovate.

Challenging familiar practices entails searching for new ideas, experimenting and taking risks in order to create new programs and processes. Cultural change in support of healthy food can take many forms:

- a new mission statement with a focus on health and nutrition;
- new policies and procedures that prioritize healthy food sourcing;
- strategic goals to measure the nutritional quality of food;
- hiring staff with nutrition expertise; or
- recruiting new board members with a public health background.

The key is focusing on those aspects of your work with the greatest receptivity for change, the greatest meaning for the organization, and the greatest potential for impact. Regardless

of the route, the ultimate goal is for healthy food access to become woven into the organizational culture and be established as an integral part of the organization's identity, how it conducts its work, and achieves its mission.

KEYS TO SUCCESS

Take a participatory approach. Every step of the change process should be done with significant participation from the organization's key stakeholders – board, staff, volunteers, donors and food recipients. Engaging them can help minimize resistance, create a sense of empowerment, and maximize commitment to a new vision or policy.

Education is key. Organizational change requires both educating and persuading key constituents. It is not enough to simply inform people of your vision for healthy

food access. It is critical to inspire a shared vision and enlist support from others through effective communication. Education should focus on the need to help improve health outcomes for low-income individuals and families and how change will help the organization better achieve its mission.

Bring in other like-minded staff and board. Recruiting sympathetic board members and/or staff with nutrition-related expertise can help build understanding, enthusiasm and commitment toward healthy food programs and strategies. Some organizations have formed nutrition committees on their board to institutionalize a focus on healthy food and to develop formal strategies and policies to advance this vision.

The impetus for change can come from the grassroots. Many organizations report that their

journey toward healthier food provision started with staff who wanted to improve programs or volunteers who questioned why they were sorting and shelving unhealthy food. An organization's leader can help spark change by creating an environment where employees are empowered and inspired to pursue healthy food programs and goals that may not have otherwise been envisioned.

Strategic communications can help achieve your full organizational potential for change. It is important to maintain constant and consistent messaging to internally convey and reinforce an organization-wide commitment to healthy food. This is true for a mission statement and strategic plans, but also operational manuals, job descriptions, newsletters, bulletin boards and warehouse signage.

Patience. Organizational change and challenging organizational norms takes time, and it is not necessarily a linear process with a beginning and an end. The process can take years, but an organization can set shorter-term goals to ensure it is on the right path.

BARRIERS TO ORGANIZATIONAL CHANGE

Differing opinions about the appropriate role of emergency food providers in addressing obesity and nutrition issues. Emergency food providers are grappling with how to respond to the rise in emergency food demand, hunger and obesity. Should emergency food providers focus solely on addressing the symptoms of hunger and "filling bellies," or on improving healthy outcomes?

Resistance to change among board, staff and volunteers, who may not understand the link between hunger, poverty and obesity; who may have concerns about how changes will impact their job; or who are simply averse to risk.

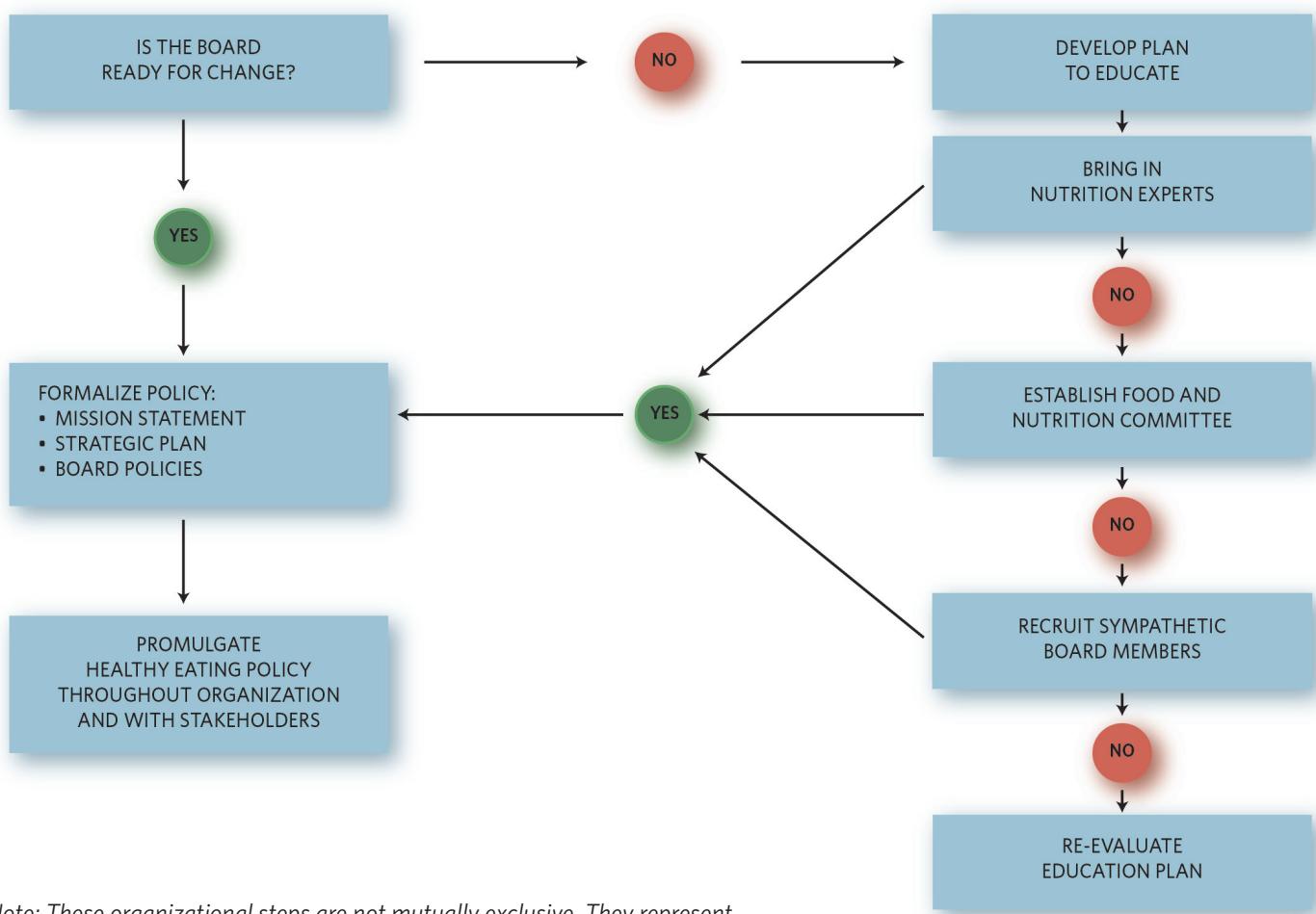
Fear of offending financial and food donors, especially at a time when there is enormous pressure to simply keep food shelves stocked. Opponents say emergency food providers and food banks shouldn't do anything to turn away or harm relationships with donors.

Desire to respond to client demand and preferences. Despite studies that show emergency food recipients place a higher priority on receiving nutritious food over less healthy options, some emergency food providers believe restricting food choice is paternalistic or shows an indifference to client preferences.

A MODEL FOR SPARKING ORGANIZATIONAL CHANGE

The following model diagrams a top-down path toward organizational change that starts with the leadership of the organization. An organization-wide change is most likely to occur when staff and board are in complete alignment.

An executive director who decides to seek board approval and formal support for a healthy food focus must start by gauging the levels of interest and resistance among board members. Ideally, the board chair will be an ally in preparing the board for educational sessions and strategy conversations. With education, consensus building and extensive board work, a full board commitment can coalesce with formal adoption of this new vision.



Note: These organizational steps are not mutually exclusive. They represent some possible paths to the goal of obtaining a board commitment to healthy eating/nutrition programming.

CASE STUDY

AN EMPOWERED STAFF PERSON SPARKS ORGANIZATIONAL CHANGE

When Cissie Bonini began working as St. Anthony's dining room manager in 1995, she noticed an attitude among some dining-room staff and volunteers that dining-room guests should "be thankful for whatever they get" – even if it's low-quality, non-nutritious food. It was clear that any effort to improve the dining room food could upset long-time volunteers, donors, staff, and even guests. Despite the challenge, Cissie strongly believed that San Francisco's hungry are not just hungry for food, but also hungry for nutrition, improved health, and to be treated with dignity and respect.

Cissie began with a goal of switching from using pre-packaged foods and USDA commodities to cooking with fresh ingredients. In order for the dining room to be able to do this, she realized that the kitchen staffing system would have to change from a food prep model to an executive chef model. With the support of her supervisor, Cissie hired an executive chef, Micheal Kearney, who was a graduate of the Culinary Institute of America and had cooked in some of the best restaurants in San Francisco. His cooking experience and expertise allowed the dining room to serve better tasting, more nutritious food while lowering the program's food costs. Once the executive chef was on board, job descriptions for other kitchen positions were changed and food vendors were also changed in order to bring in more fresh produce and less processed food.

As expected, there was resistance among staff and volunteers. Some of the cooks who worked under the old food preparation system didn't want to have to do more work in order to prep the fresh foods. Some of the cooks eventually changed their minds

AT-A-GLANCE

Organization	St. Anthony Foundation
Population Served	Low-income and homeless San Franciscans
Services	Average of 2,600 meals per day, 365 days a year
Staff	17 dining room staff. 5 security staff per day. 25 food-preparation volunteers.
Volunteer size	300 regular volunteers. 5,000 one-time volunteers annually.

about the new system; others left the organization. Once dining room volunteers learned about the nutritional value of using fresh food, they too began to accept the new food preparation procedures. St. Anthony did lose volunteers and donors, but the organization also gained new supporters and volunteers because of the new program focus.

It took four years to fully implement the dining room's new food preparation and acquisition procedures. Along the way, Cissie realized that it was important that menu changes went hand-in-hand with the education of the staff, guests, and volunteers. That education continues on an ongoing basis through the newsletter, monthly menu distribution, client survey, volunteer town hall meetings, new volunteer orientations, and nutritional analyses of the dining room food.

While St. Anthony's does a good job of communicating its commitment to nutrition and healthy eating internally, the organization still wants to improve its communications with the public. With such a dramatic change in the way they do business, they have an opportunity to rebrand their organization: "There's still a perception of the St. Anthony Foundation Dining Room as a 'soup kitchen,'" says Kearney. "We need to create a new word for what we do - home cooking of rescued food on a large scale."

CASE STUDY

BOARD MEMBERS CAN SERVE AS ALLY AND CHANGEMAKER

When she started as executive director at Food for People six years ago, Anne Holcomb was not alone in her interest in improving food quality. In fact, Food for People already had some commitment in place through an ongoing partnership with Humboldt County Public Health. One public-health staffer, in particular, was especially passionate about nutrition and hosted a monthly cooking class at the food bank. Anne invited her to join the board, with the idea that she would share her experience and enthusiasm with other board members.

Her presence on the board opened some eyes and raised some eyebrows. As a board member, this public health advocate was able to raise awareness among board members by voicing her concerns about giving out palettes of candy bars, and making clear how handing out junk food was undermining the messages in the cooking classes. As Food for People began to shift its mission and operations to include nutrition and healthy eating, the organization encountered resistance from a number of directions.

Staff, for example, were initially resistant because they had concerns about turning away donations and insulting donors. Anne responded by taking time, with assistance from the new board member, to discuss the issue of healthy food and nutrition during staff meetings. Staff now fully support a successful practice of accepting all first-time donations from new donors, then meeting with them individually and explaining their organizational philosophy about nutrition.

AT-A-GLANCE

Organization	Food for People
Population Served	Humboldt County, CA
Services	1.3 million pounds of food annually
Budget size	\$700,900
Staff	11 full-time, 3 part-time and currently 2 VISTA
Volunteer size	200 regular volunteers/month, contributing an average of 1,400 hours/month

But ultimately, it was the board that was slowest to embrace the organizational shift. Their opposition had little to do with a resistance to change and more to do with a lack of knowledge about the role that poverty plays in making good food choices. The new board member was again instrumental in helping the board both understand the issue and embrace the concept that Food for People could be a powerful instrument for change.

Over time, Anne built on this momentum by implementing a number of formal actions that reflected an organizational commitment to nutrition and healthy eating. The organization re-worked its mission statement in 2005 to give equal emphasis to eliminating hunger and improving health: "Food for People is working to eliminate hunger and improve the health and well-being of our community through access to healthy and nutritious foods, community education, and advocacy." In addition, their strategic plan, work plans and job descriptions have also been adapted to reflect this organizational shift. In offering advice for food banks embarking on a similar journey, Anne underscores the need to take the long view: "My own experiences have taught me that browbeating doesn't work. It can take a while to impact folks' comfort zones when it comes to food."

CASE STUDY

PROGRAM INNOVATION DRIVES BROADER ORGANIZATIONAL COMMITMENT

In 2002, SOVA began its journey from being a pantry network with a random and inconsistent supply of fresh produce to a program emphasizing the distribution of fresh fruits and vegetables. The agency was merging with Jewish Family Services (JFS) and Leslie Friedman, the executive director at the time, wanted SOVA to serve as an example of what such a food program could be. JFS supported these changes.

With JFS's imprimatur, SOVA began to put their vision into place in 2004 by developing a program that allowed them to respond to some of their clients' unique dietary needs. SOVA secured funding to expand their freezer and cooler capacity as well as funding to purchase food for pantry guests with special health requirements such as low-sodium, low-sugar, or enriched-protein diets. Next, SOVA won grant money to fund a nutritionist who currently visits the pantry several times a month and will sit in on one-on-one sessions with clients, and who provides free nutrition information classes. Securing outside funding and achieving program success helped to legitimize the need for shifting to a combined focus on hunger and nutrition.

"Fortunately, organizational resistance to change has been minimal, especially among staff. SOVA's Advisory Committee – its de facto board – cares more about staying within the limited food-purchasing budget than on what foods the money is spent," says Fred Summers, SOVA's Operations Manager. Donors have not been a problem, in large part because SOVA has made healthy and nutritious food

AT-A-GLANCE

Organization	SOVA Community Food & Resource Program
Population Served	West Los Angeles, CA
Services	1.3 million pounds of food annually
Budget size	\$1.6 million 17 dining
Staff	9 full-time, 6 part-time
Volunteer size	200 regular volunteers

the main focus of their donation pursuits and food drives. SOVA will still accept some less healthy foods, however, but if staff are not satisfied with a donation they won't accept it: "There's a line we won't cross."

The only resistance they encountered was from their volunteers, a 200-person network who supplies most of SOVA's labor. "There was definitely resistance among some volunteers, many of whom have been there longer than staff – as long as 25 years in some cases – who could not understand why we weren't buying canned peaches or pastries if the clients like them so much," said Fred. SOVA responded to volunteer concerns with an informal education process that reinforced the importance of providing a well-balanced diet to people who don't always have the means or knowledge to do that on their own.

Today, when SOVA buys food for distribution, they consciously choose healthier products. They save their money for protein and nutritionally dense foods, don't buy juices high in sugar, or fruit that is in heavy syrup. "When we spend money, it's going to be for whole grain cereals, dairy, for high-protein beef stew, tuna, peanut butter – items with higher nutritional content," says Fred. SOVA also relies on a diverse array of resources to supply them with healthy and nutritious food. As a beneficiary agency of Westside Food Bank and Los Angeles Regional Foodbank, SOVA reaps the rewards from their participation in the Farm-to-Family program. SOVA also gets support from two local schools with on-site gardens and from a local Sunday farmer's market which allows SOVA to pick up leftovers for distribution. Fred estimates that most pantry guests who come to SOVA today leave with at least 5 pounds of fresh produce per person. Just six years ago this would not have been possible.

QUALITY WITH QUANTITY: THE EMERGING TREND IN EMERGENCY FOOD PROVISION

INTRODUCTION

Since its inception, the central goal of the emergency food system has been to provide supplemental food assistance to low-income and homeless families and individuals. The nutritional requirements of those served were not initially a driving factor in identifying surplus food for distribution. However, the landscape is changing.

An alarming rise in health related illnesses like obesity and diabetes coupled with a recession-generated increase in the number of people who now rely on food assistance has forced emergency food providers to revise their priorities. They now have the added responsibility of ensuring that the most nutritionally at-risk families and individuals receive not just any surplus food and beverages donated, but healthy and nutritious food and beverages.

Increasingly, the nation's food bankers believe that the nutritional quality of the food and beverages they distribute is as important as the quantity of food and beverages distributed to those in need. To support this belief, many food banks have begun to implement policies and practices that promote health and wellness, such as increasing the distribution of fresh fruits and vegetables and banning the distribution of soda and junk food.

There is also a growing trend among food banks to set strategic goals based on the percentage of nutritious food distributed. There are several models of inventory evaluation systems used to rank food based on nutrient content and track the percentage of nutritious food acquired and distributed. One of the most effective models is called CHOP™ (Choose Healthy Options Program), which can be used to promote the acquisition, distribution and consumption of healthier foods.

KEYS TO SUCCESS

Set goals, track progress.

Implementing an inventory evaluation system, such as CHOP™, helps to track nutrition goals and educate staff, volunteers, member agencies, emergency food recipients and donors about nutrition and healthy food choices.

Get informed. Equally important to food banks shifting their inventory to more nutritious food and beverages is the need to educate their member agencies about the link between hunger and obesity and the critical role they play in helping to improve the health and wellness of the people they serve. Knowledgeable food pantry staff and volunteers know to make healthy choices when packing food bags and know how to talk about the importance of healthy meals with clients.

Make it real. Linking food distribution to nutrition education efforts is ideal, especially when distributing fresh fruits and vegetables. Successful examples include: onsite cooking demonstrations, taste testing, and food preparation classes that emphasize healthy ingredients.

Bring it on the road. Many food banks have successfully launched mobile food distribution programs, bringing fresh produce and nutrition education to member agencies and low-income households in underserved communities (some refer to it as a Farmers Market on Wheels).

BARRIERS TO HEALTHY FOOD DISTRIBUTION

Fear of change. Resistance to change is not uncommon when making organizational reforms that promote the distribution of healthy and nutritious food and beverages. Altering the way emergency food providers do business takes time, patience and education for all key stakeholders (board, staff, volunteers, clients and donors).

Capacity limitations. Emergency food providers with limited capacity face ongoing challenges

with transportation, storage and distribution of perishable food, such as fresh fruits and vegetables.

and don't think it should be a priority to turn away donated food and beverages, even if they are unhealthy.

Fear of losing donors. Many food banks fear losing longtime food donors if they request only nutritious food donations and begin turning away unhealthy product. Food banks that have gone through this process have confirmed that while you may lose some food donors, you will gain new ones that compensate for the loss in inventory.

Supply and demand. There is concern among emergency food providers that if they decrease their supply of unhealthy food and beverages, overall inventory and poundage might suffer. There are others who feel compelled just to meet the growing need for assistance

Your dollars, your choice. Due to greater production efficiencies and innovations in the food industry, as well as the advent of secondary markets and dollar stores, supermarkets and food companies now have far fewer leftovers to donate to the emergency food network. This coupled with a surge in demand for assistance has forced many emergency food providers to spend more of their operational funds on the purchase of food. The bad news, less donated food means more funds needed; the good news, more choice to make healthy purchases when stocking your shelves.

EMERGENCY FOOD PROVIDERS' ROLE IN NUTRITION & HEALTHY EATING

A concern among some emergency food providers when they begin to embrace healthy food goals is the hesitancy to pursue policies (like banning sodas) that sound worthwhile, but that may offend certain food donors or limit client choice. The following guiding principles offer another way to view the role and responsibility of emergency food providers in the provision of healthy food:

- We can't (and shouldn't) control **everything** someone eats but we can do our part to provide healthier food.
- We don't have to turn down every donation of unhealthy food but should increase supply of healthy food into the system.
- We should advocate for healthy food policy, not simply food policy, at every opportunity.
- We can be a place of learning for the community on food and nutrition issues.
- We can provide nutrition education for our board, staff, volunteers and clients.
- We can be leaders in the fight: healthy food for all.
- We can advocate for systemic change to help our clients.

USDA RECOMMENDED DAILY SERVINGS BY GENDER & AGE

	Children (2-8)	Adolescents (9-18)	Women	Men	Examples of serving sizes
GRAINS	4 servings	6 servings	6 servings	7 servings	1 slice bread 1/2 cup cooked rice or pasta 1/2 cup cooked oats 1 cup corn flakes
VEGETABLES	3	5	5	6	6 baby carrots 1/2 cup broccoli 1 cup raw spinach 1/2 cup cooked sweet potato
FRUITS	3	4	4	4	1/2 small apple 16 grapes 1 large plum 1 wedge melon 1/4 cup dried fruit
DAIRY	2	3	3	3	1 cup fluid milk 1.5 oz cheddar cheese 1 cup yogurt
MEAT & NON-MEAT PROTEINS	3	5	5-6	5-6	1 oz cooked meat 1 egg 1/3 can tuna 1/4 cup tofu

Source: UC Berkeley Dr. Robert C. and Veronica Atkins Center for Weight and Health, 2008 and USDA My Pyramid Guide to Food Group Servings <http://mypyramid.gov/pyramid/index.html>

GUIDE FOR DETERMINING 3-DAY FOOD PACKAGE

Food group	Items	Items per 3-Day Food Bag			
		For 1-2 persons	For 3-4 persons	For 5-6 persons	For 7-8 persons
GRAINS	Bread (Loaves) Rice (Packages) Pasta (Packages) Oatmeal (Packages)	2-3 items	4-5 items	6-7 items	8-9 items
VEGETABLES	Fresh Vegetables (Pounds) Frozen Vegetables (Packages) Canned Vegetables (Cans)	3-6	7-9	11-12	13-14
FRUITS	Fresh Fruit (Pounds) Dried Fruit (Ounces) 100% Fruit Juice (Cans/Bottles)	3-6	7-9	11-12	13-14
DAIRY	Fluid Milk (Cartons) Cheese (Packages) Yogurt (Containers)	2-3	4-5	6-7	8-9
MEAT & NON-MEAT PROTEINS	Canned Fish & Meat (Cans) Meat (Pounds) Eggs (Dozens) Canned Beans (Cans) Peanut Butter (Jars)	2-3	4-5	6-7	8-9

Source: UC Berkeley Dr. Robert C. and Veronica Atkins Center for Weight and Health, 2008.
 Adapted from the Food Bank of Central New York.

INVENTORY EVALUATION SYSTEM

CHOOSE HEALTHY OPTIONS PROGRAM

The Choose Healthy Options Program (CHOP™) is a comprehensive program developed by the Greater Pittsburgh Community Food Bank that promotes the acquisition, distribution and consumption of healthier foods. The CHOP™ system ranks food based on nutrient content provided by the Nutrition Facts Label. It educates food bank staff, volunteers, agencies, clients, donors, and vendors about making healthy food choices, and is used to help food banks track and measure strategic goals based on the percentage of nutritious food and beverages acquired and distributed. Foods are ranked 1, 2, 3 or MC (minimal contribution) with 1 being the highest rating a food can receive. Agencies use the rankings to make product choices that enable them to distribute more nutritious food.

"In 2003 when we started to promote the idea of distributing more nutrient dense food, we were met with a consistent response – fear: fear that we would not make poundage goals; fear that we would lose donors; fear that our agencies and consumers wouldn't take the food; fear of the dictatorship of the food police. Today we know that we can increase both pounds and nutrition in a cost effective way. With education, donors understand what we are doing and continue to support our efforts, both with food and funds. Vendors seek more nutritious foods to offer at competitive pricing. And everyone from food bank staff to donors to agencies to recipients has a better understanding of the role good nutrition plays in health and productivity. In light of the growing obesity epidemic in our country and the deteriorating health of poor Americans, CHOP™ has positioned us to effectively respond to this public health crisis and to optimize our food bank's efforts to be part of the solution."

– Margaret Woods, Director, Procurement & Marketing,
Greater Pittsburgh Community Food Bank

CHOOSE HEALTHY OPTIONS PROGRAM - IN PRACTICE

GRAINS AND PASTA																	
INITIALS	DATE RANKED	DATE ENTERED INTO CERES	ITEM #	BRAND	FOOD ITEM	SAT. FAT (%)	TRANS FAT (grams)	CHOL (%)	NA (%)	FIBER (%)	ADDED SUGAR (Y/N)	FOLATE (%)	FE (%)	TOTAL	RANK	KOSHER	STATE FOOD
KC	6/16/10	6/16/10	OXD5008	Villa Maria	Spaghetti (used Elbow nutritional)	0	0	0	0	8	N	10	25	6	1	Y	SFA
TG	6/17/10	6/17/10		Blue Diamond	Rice	0	0	0	0	0	N	8	20	3	2		
MB	7/15/10	7/15/10	UID0052	Pasta Santina	Spaghetti	0	0	0	0	8	N	10	30	6	1	Y	SFNA
KC	8/2/10			Perfect Blend	Instant Oats	8	0	0	1	17	N	10	0	6	1	Y	SFA
KC	8/10/10			Carr's	Poppy and Sesame Crackers	3	1	0	3	4	N	4	0	-1	3	Y	SFA
KC	8/10/10			Sunshine	Krispy Wheat Saltines	0	0	0	10	2	N	2	0	0	3	Y	SFA
AM	8/23/10			Allegra	Medium Egg Noodles	2	0	2	0	7	N	0	0	2	2	Y	SFA
KC	9/17/10	9/17/10	UID0043	Columbia	Elbow Mac	0	0	0	0	7	N	10	30	6	1	Y	SFNA
KC	10/1/10	10/1/10	PID0093	Chef Karlin	Stuffing Mix	10	0	0	23	3	Y	8	0	0	3	N	SFA

MAKING NUTRITION EDUCATION A PRIORITY

INTRODUCTION

The emergency food system was initially created to provide supplemental food assistance to individuals and families at risk of hunger. Over time, “hunger” has come to mean not just a lack of food, but a lack of access to healthy food, the kind that promotes health and well-being and guards against obesity, diabetes, and other diet-related illnesses.

While some emergency food providers have already shifted away from acquiring and distributing “empty” calories (soda, chips, candy), more education of and buy-in from key stakeholders is needed before nutritious calories become the priority and then the norm.

Emergency food providers play a critical role in educating their boards of directors, staff, volunteers, clients, donors (food and funds), and policymakers about the links between hunger, nutritional quality of food, obesity, and diabetes. Creating opportunities where key stakeholders can understand the connection between food choices and maintaining good health is key.

Nutrition education should begin with the basics outlined in USDA Dietary Guidelines and MyPyramid: understanding the five food groups, portion control, reading food labels, and the importance of physical activity. This will require an added commitment of time, expertise and resources – things many emergency food providers are already short on as many pantries are predominantly run by volunteers busy just trying to get food to those in need.

However there are easy first steps to help get emergency food recipients on the road to understanding how nutritious calories lead to better health. Posting nutrition-related information at your pantry site, placing reader-friendly nutrition fliers in food bags, and inviting nutrition experts from a local university or hospital to visit

during food distribution to counsel clients are good starting points

Many food banks and pantries conduct cooking demonstrations and taste testing linked to foods being distributed along with easy-to-prepare, culturally appropriate recipes to help introduce clients to healthy eating.

This section includes colorful tools and handouts to assist food pantry staff and volunteers in packing healthy food bags and to assist clients in creating nourishing meals. Also included is a scoring tool for emergency food providers to rate the effectiveness of their nutrition education materials.

KEYS TO SUCCESS

Keep it simple. Universal nutrition messages, consistent with the USDA Dietary Guidelines, should be short and simple,

and focus on only one or two behavioral changes (i.e switch to whole grains). Color, large print and reader-friendly format is recommended. And remember, a picture is worth a thousand words.

Know your audience. Tailor your message and programs to your specific audience. Nutrition education materials should be culturally appropriate and sensitive to age, language, and literacy. Providing culturally appropriate cooking demonstrations, taste testing, and easy-to-prepare recipes linked to food distributed is effective.

Repetition works. Frequently delivered nutrition messages that are clear, consistent, and simple work best. Establish relationships with your clients and review nutrition information during each visit.

No need to reinvent the wheel.

Access free or low-cost nutrition education materials and information to post at your site and make available for clients (see links to materials in this section). Look to your public health colleagues for resources.

Cast a critical eye on your nutrition education materials.

Use a Scoring Tool to rate the effectiveness of your nutrition education materials. You may be surprised to learn that some fliers may not be sending the most effective messages (i.e. Drink Milk versus Drink Low-fat or Non-fat Milk).

Walk the walk.

Educators and buy-in begins internally. Try to make your staff and volunteers prime examples of healthy eating. Groups such as WIC have integrated “staff wellness” practices into their workplace. The impact of an organization’s nutrition education efforts is enhanced when its own team has made changes that reflect healthy habits.

BARRIERS TO NUTRITION EDUCATION

What is nutritious? From leadership to volunteers to clients, understanding nutrition is a relatively complex subject.

Even learning to read food labels can be challenging. Gaining a deeper understanding of what “proper nutrition” is requires time and patience.

Limited capacity.

Emergency food providers with limited capacity may feel that adding nutrition education to their plate is just too overwhelming. This can be overcome by tapping into community resources such as a registered dietician or health educator from a local university or hospital. They could counsel clients or provide diabetes screenings and other nutrition-related services during food distribution and community events.

A FEW UNIVERSALLY IMPORTANT NUTRITION MESSAGES

- Eat more fruits and vegetables
- Eat more reduced fat dairy
- Drink fewer sweetened drinks
- Eat less fast food
- Eat more whole grains
- Eat fewer high-salt foods
- Eat lean meats and iron-rich meat substitutes

NUTRITION EDUCATION RESOURCES

Below are links to free or low-cost nutrition education materials and information:

U.S. DEPARTMENT OF AGRICULTURE (USDA)

<http://www.fns.usda.gov/tn/>

<http://www.mypyramid.gov/>

<http://www.cnpp.usda.gov/Publications/FoodPlans/MiscPubs/FoodPlansRecipeBook.pdf>

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

<http://www.health.gov/dietaryguidelines/>

<http://foodsafety.gov>

NATIONAL INSTITUTE OF CHILD HEALTH & HUMAN DEVELOPMENT, MILK MATTERS

<http://www.nichd.nih.gov/milk/milk.cfm>

CENTERS FOR DISEASE CONTROL AND PREVENTION

<http://www.fruitsandveggiesmatter.gov>

USDA NATIONAL AGRICULTURAL LIBRARY, FOOD AND NUTRITION INFORMATION CENTER

<http://fnic.nal.usda.gov>

<http://www.nutrition.gov>

DAIRY COUNCIL OF CALIFORNIA, HEALTHY EATING MADE EASIER

<http://www.mealsmatter.org/>

SESAME STREET, FOOD FOR THOUGHT: EATING WELL ON A BUDGET

<http://www.sesamestreet.org/food>

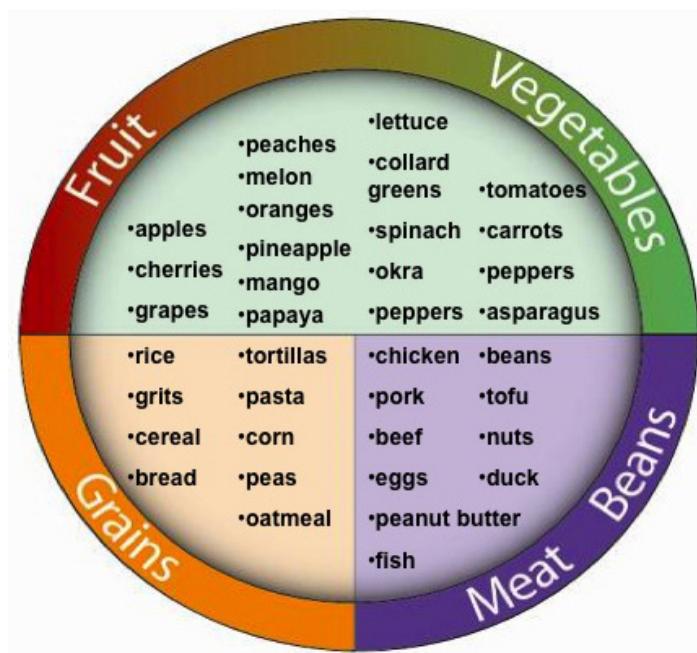
DOLE

<http://www.dole.com/#/superkids>

CREATE A HEALTHY PLATE

The key to healthy eating is to create a balanced plate. Remember, half your plate should be filled with fruits and vegetables, and the other half should be a combination of grains and meat, beans and nuts.

A PLATE FOR A
STANDARD AMERICAN DIET



AN ADAPTED PLATE FOR
ASIAN CUISINE

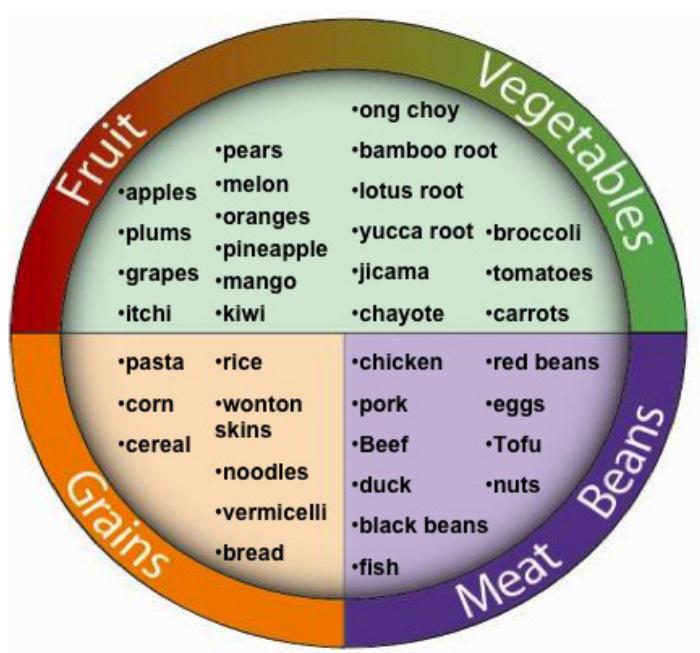


Plate developed by UC Cooperative Extension Body Weight and Health Workgroup, 2007

GUIDE TO SCORING NUTRITION EDUCATION MATERIALS

- 1. Messages are consistent with the USDA Dietary Guidelines.**
 - Content reflects the USDA Dietary Guidelines for Americans and My Pyramid
 - Content is based on conclusions in scientific literature
- 2. If materials are produced by food companies, they promote only healthy messages.**
 - Avoid materials promoting more than the recommended daily servings of any food.
 - Look for the source of materials (e.g. Kraft, McDonalds, the National Dairy Council)
 - Note: materials from promoters of fresh fruits and vegetables are often ok.
- 3. Materials use pictures, bullet points, and short, simple words.**
- 4. Materials are culturally-appropriate for those served. For example,**
 - Include foods commonly used by target groups
 - Materials are translated for non-English speakers
- 5. Nutrition education messages are linked to actual foods that are provided. For example,**
 - Provide fresh vegetables when promoting "eat more fruits and vegetables"
 - Don't provide soda when advising "cut down on sweetened drinks"
- 6. Behavior change messages are simple and focus on one or two behaviors. Important messages include:**
 - Prevent weight gain
 - Decrease fast food intake
 - Eat more fruit & vegetables
 - Lower salt intake
 - Cut down on sweetened drinks
 - Switch to whole grains
- 7. Nutrition messages are relevant to health problems among clients. For example,**
 - Eat more fruits and vegetables
 - Use more low fat dairy foods (e.g. 1% milk)
 - Cut down on sweetened drinks (e.g. soda)
- 8. Materials include specific information about HOW and HOW MUCH to change behaviors. For example,**
 - Try to eat 5 servings vegetables each day
 - Consume 3 servings of dairy foods each day, preferably low or nonfat
 - Eat more colors (fruits and vegetables)
 - Drink water in place of sweetened drinks
- 9. Materials are visually appealing. For example,**
 - Use of pictures
 - Not too many words
 - Well laid out
 - Use of color
- 10. Materials are supported by other education methods such as cooking demonstrations, taste testing, or visual displays.**

SCORING TOOL FOR NUTRITION EDUCATION MATERIALS

TITLE OF EDUCATION MATERIAL: _____

REVIEWER: _____ DATE: _____

Criteria (see scoring guide for details)	NO	SOMEWHAT	YES
1 Messages are consistent with USDA Dietary Guidelines.	1	2	3
2 If materials are produced by food companies, they promote only healthy behavior change messages.	1	2	3
3 Materials use pictures and short, simple words	1	2	3
4 Materials are culturally appropriate for those served.	1	2	3

If any material scores a "1" on any of the above criteria, stop here and do not use it.

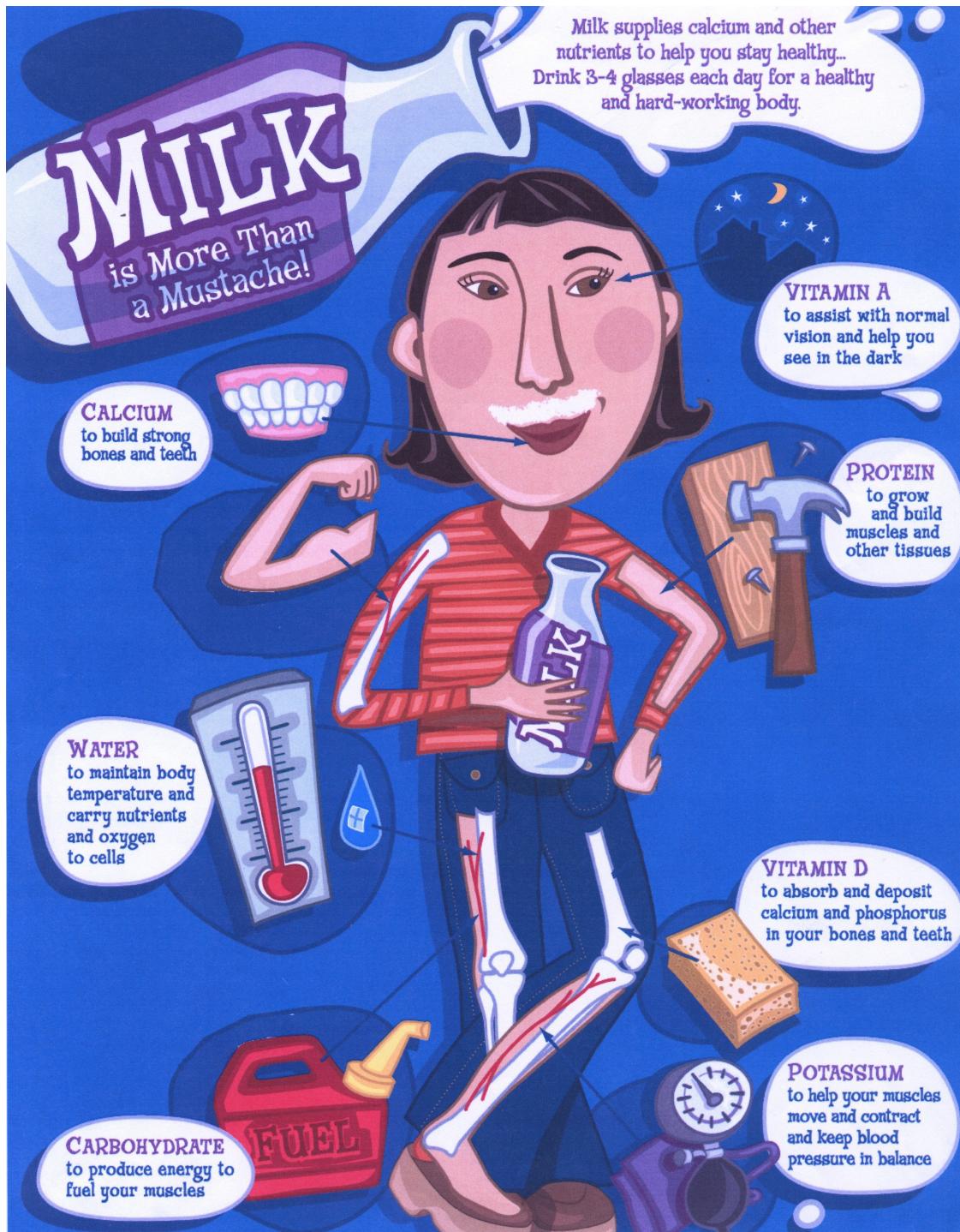
For scores of "2" or "3" on the above criteria, complete the scoring using the items below.

5 Messages are linked to the actual foods provided	1	2	3
6. Messages are simple and focus on one or two behaviors	1	2	3
7. Nutrition messages are relevant to health problems in clients	1	2	3
8. Messages include specific information about how to change behavior.	1	2	3
9. Materials are visually appealing	1	2	3
10. Materials are supported by other education methods such as cooking demonstrations or visuals	1	2	3

RATING SCALE: Materials with mostly scores of "3" are excellent; mostly "2" are good; mostly "1" are poor

EVALUATION IN PRACTICE

This flyer may look clever and colorful, but after analyzing it with our Scoring Tool, it was determined to be a less effective message, primarily because it does not promote low-fat or non-fat milk consumption.



INGREDIENTS FOR EFFECTIVE HEALTHY FOOD ADVOCACY

INTRODUCTION

Emergency food providers who want to advocate for healthy food access for low-income households face many opportunities and barriers. Skyrocketing demand and reduced resources put enormous pressure on emergency food providers to simply focus on the immediate goal of distributing healthy food to hungry people.

But advocacy remains a powerful and essential tool for enhancing long-term impact and advancing the mission of healthy food access. However, many emergency food providers still define advocacy narrowly as client advocacy: i.e., efforts to help clients gain independence by linking them to information, supports and services they need.

While empowering clients to make healthy food choices with their limited budget is important, facilitating individual change alone is an insufficient response to the complex problems of hunger and obesity. Achieving large-scale and lasting results for individuals, families and communities requires public investments, government interventions and systemic changes. Securing government support and action means engagement in the public policy arena.

KEYS TO SUCCESS

Build your organizational capacity for healthy food policy advocacy.

Prepare your organization for healthy food advocacy by educating your board about the role and limits of charity and the need for government nutrition programs. Familiarize yourself with lobbying rules and the

legislative process. Take stock of your advocacy-related human resources and decision-making process to ensure effective advocacy action. Consider developing an annual public policy agenda.

Be prepared. Educate yourself about the issues as well as your lawmakers' interests and their voting record. Be clear about the actions you want policymakers to take on your issue.

Think and act strategically, including working in coalition with like-minded organizations. The anti-hunger community has many potential advocacy allies – including school administrators, public health advocates, farmers and others – with a stake in increasing healthy food availability for low-income households. Also,

don't forget the role the media can play in educating the public and policymakers and in building political will for the policy changes you want. Consider developing a media strategy to complement your advocacy work.

Make it personal. Give serious thought to what your unique perspective is on the issue. Think about how your own healthy food programs can be a backdrop, source of data, or inspiration for your advocacy. Gather personal stories and involve emergency food recipients in lobbying visits and strategy meetings whenever possible.

Bring your passion. Remember that through your advocacy you are giving lawmakers an opportunity to bring healthy food resources and real change to real people's lives.

Persistence is key. Advocating for public policy change is long-haul work. There will be setbacks and bumps along the way, but persistent and flexible advocates do succeed.

BARRIERS TO ADVOCACY ENGAGEMENT

Board and funder resistance.

Nonprofits often point to reluctant board members or funder restrictions as a perceived barrier to advocacy. Some nonprofits who receive government grants also report a fear of retribution for engaging in public policy activities.

Concerns about the legality of advocacy activities, given an organization's nonprofit status. Recent investigations into charities and a lack of

understanding about what actions are legally permissible can discourage an organization from stepping boldly into the public-policy arena.

Organizations like the Alliance for Justice help educate nonprofits about the rules governing lobbying, advocacy and voter education.

Capacity limitations. Among the top barriers to advocacy, nonprofits often cite a lack of time, staff, expertise and funding. Joining coalitions and making strategic use of board members and volunteers can help expand an organization's capacity.

Public perception of advocacy activity as too political, partisan or confrontational. Some nonprofits fear they may offend

individual donors who equate advocacy with not really feeding people, only with talking about it. In addition, some organizations may also face an inhospitable political environment in their local communities. However, the anti-hunger network has a long and proud history of bipartisan support for its policies and programs at the state and federal levels. Emergency food providers and advocates have strong ground to stand on when educating donors and the broader community about the central and essential role of government nutrition programs and the need to demand accountability from them.

ADVOCACY TIPS FOR SMALL AND RURAL EMERGENCY FOOD PROVIDERS

With demand rising, resources shrinking and the urgent need to advocate for healthy food policy, smaller agencies struggle everyday to serve their clients' immediate and long-term needs. But these agencies also bring critical experience, perspective, stories and data needed to ensure an informed debate on nutrition policy. Community-based advocates and agencies should consider these tips:

- **If it takes less than 5 minutes, do it now.** Sending an email to a lawmaker expressing your opinion about a bill or signing on to a letter doesn't take much time, but they are effective ways to influence policy.
- **Engage your volunteers and board of directors** in delivering your advocacy message. Their involvement expands your capacity and diversifies the voices speaking out on your issue.
- **Join local, statewide or national nutrition advocacy coalitions** or find a seasoned advocate to serve as a mentor. You don't have to do this work alone.
- Remember that **grassroots agencies often can be more flexible and responsive** than larger agencies. This is an important asset in the rapidly changing policy environment.
- In the world of policymaking, **small counties have a big impact** in personal legislative visits. For example, if your agency is located in a small rural county, your advocacy effort can have a significant effect on state legislation.
- **Visit your local district office**, even if you can't go to the state capital.

IDENTIFYING HEALTHY FOOD POLICY LEVERS

There is no shortage of government nutrition policies, practices and programs that need advocacy attention. To determine which policy advocacy issues to focus on, advocates scan the public nutrition policy landscape by asking:

Issue	Example(s)
What public nutrition programs are currently operating in my community?	<i>The Food Stamp (SNAP) Program School Breakfast and Lunch Programs WIC Program Privately-operated food banks and food pantries</i>
Are the public nutrition programs well-utilized by the eligible population? What are the policy barriers preventing eligible individuals from accessing and participating in public nutrition programs?	<i>Are there policies in place that make it difficult for participants to maintain benefits, such as requirements for frequent reporting of address and income changes? Are application procedures efficient for participants and administrators, such as simplified paper applications or easy online procedures?</i>
Are new/current policies effectively and efficiently implemented?	<i>If the state government has passed new laws simplifying application procedures, is the local food stamp office actually using those new procedures, or are people still using old inefficient procedures? How effectively are local school districts implementing school wellness policies?</i>
Are the programs perceived by the public, participants, policymakers, administrators, etc. as nutrition/ health programs?	<i>Do program administrators see benefits like SNAP and WIC as “welfare” that must be carefully controlled to prevent fraud, or as ways of getting proper nutrition to populations who are at risk of poor nutrition and health?</i>

Are public nutrition programs promoted effectively?

Do people in my community know where to get WIC, SNAP, school meal and summer food benefits?

Are there incentives for participants in public nutrition programs to make healthy food choices?

Are local schools offering the choice of salad bars for students? Do local farmers' markets and other healthy food outlets accept SNAP benefits?

Do public nutrition programs have a nutrition education component?

Visit the local WIC office. What kind of nutrition education is offered?

Visit the food stamp office. Are there any signs or literature promoting the purchase of healthier food vs. high fat, high salt, high calorie food?

Are local schools promoting healthy eating and is this message contradicted by what's served in the cafeteria?

Is my community affected by food deserts (geographic areas lacking retail locations that sell nutritious foods)?

Can we use mapping programs to find out what kinds of stores or restaurants there are in various parts of the community? Are there high concentrations of "fast food" in certain areas? Are there some areas that have no supermarket or other outlet selling fresh produce?

How does the state budget impact food/nutrition policy?

Is the state planning to reduce funding to their portion of the administration of SNAP (food stamps), school meals or other programs? Is the state pursuing federal funding to increase participation in anti-hunger programs and increase access to healthy food? Are state cuts in other areas such as cash welfare assistance or elimination of rent control contributing to hunger and poor nutrition?

THREE WAYS TO ACT

When communicating with decision-makers at all levels of government, there are usually two kinds of “asks” advocates can make: a policy ask and a relationship-building ask. Policy asks are very specific legislative or administrative actions (i.e. “Stop raiding SNAP benefits”). An example of a relationship-building ask might include requesting a lawmaker attend a town hall meeting or write an article for your newsletter. Both asks are an important part of influencing the policymaking process

Once an organization determines what it wants from policymakers, conducting regular visits and communications can ensure efficient and effective advocacy. Depending on the time available, you can:

1. TAKE QUICK, IMMEDIATE ACTION

One quick way to make a policy ask is to send an email or make calls to your lawmaker. Your communication could be as simple as:

Hello I am _____ from your district.

We represent _____ (number of people).

We are writing/calling to support _____ because _____.*

*What is the connection of the particular policy to healthy eating? Include a local spin when applicable.

2. TAKE YOUR ADVOCACY ON THE ROAD

If you can visit legislators in their office it can be a powerful way to convey your advocacy message. If you are conducting a group lobby visit, consider splitting up the key roles into:

- **Facilitator** – This person will orchestrate the visit, including making introductory comments, keeping the speakers in order, and conducting any follow-up with the official's office.
- **Storyteller(s)** – This person will offer personal stories that illustrate the problem and help make the case for the “ask.”
- **The “Ask” Person** – This person will summarize the request(s) for the official, i.e., supporting or opposing a certain bill.

3. WELCOME LAWMAKERS TO YOUR SITE

Invite legislators, administrators, and their staff members to visit your nutrition programs. Use those opportunities to educate them about your program, the unmet needs in your community, and to advocate for nutrition policy changes. Build a strong network of advocates among your staff, volunteers, board, member agencies and clients, and ask them to share their experiences and opinions with visiting lawmakers.

FRAMING YOUR MESSAGE: GIVING MEANING TO WHAT MATTERS

INTRODUCTION

Many emergency food providers are changing their mission statements, strategic goals and objectives in addition to educating their board, policymakers, donors, staff, clients, and volunteers to reflect their increased efforts to distribute fresh fruits, vegetables and other nutritious foods. Yet, their marketing/collateral materials don't reflect these important changes. Creating an effective messaging and communications strategy requires the same investment of intellect, time and resources that these other areas have been accorded.

Your organization needs to view messaging as a vehicle that is not only helpful or required, but essential to achieving your core goals of healthy food access and the importance of eating a healthy and balanced diet.

This section is arranged around the essential elements that every organization should consider as it develops its updated messaging strategies.

Effective messaging will help amplify impact and create synergy to positively influence the health and nutrition of low-income households.

Remember, words are powerful. They are the means to reinforce the transformational change taking place toward healthy food access within the emergency food system.

KEYS TO SUCCESS

Know your audience. Your health and nutrition messages should be tailored to resonate with the particular interests of your audiences – donors, emergency food recipients, policymakers, etc. The “general public” is not an audience. People respond not to the world as you see it, but to the world as they see it.

Effective communication starts with hearing and understanding rather than talking and trying to convince. Until and unless your “health and nutrition message” is heard and understood by the persons you are trying to reach, it is just noise.

Rules to live by. The best health and nutrition messaging is simple, concrete, credible, emotional

and tells a story. Remember: perception trumps reality; brevity trumps precision; values trumps features; and vibrant language trumps jargon.

Storytelling strengthens your nutrition messaging. It also engages your audience and advances your mission. Do not just recount facts, but also include the elements of a good story.

There are no magic bullets.

No single message will connect with everyone. For your message to resonate, it must be matched by action. It is essential that if you plan to “talk the talk,” that you “walk the walk.” You cannot rely on empty claims. You need to be able to back up your claims with examples of concrete accomplishments.

BARRIERS TO EFFECTIVE MESSAGING

Messaging is typically outsourced or developed by personnel working with small budgets and little idea of what, in the larger sense, the organization is trying to achieve. Few organizations have marketing staff to develop and implement messaging and communications strategies.

CASE STUDY

WOMEN INFANT CHILDREN'S (WIC) HEALTHY HABITS CAMPAIGN

A strong example of effective messaging appeared in 2009 when WIC launched its “Healthy Habits Campaign.” WIC is a federally funded, supplemental nutrition program for pregnant women, post-partum women, infants and children up to age 5. With the Healthy Habits Campaign, the California WIC Program, in partnership with Sesame Workshop and the National WIC Association, developed a comprehensive campaign called Healthy Habits for Life to launch the new WIC food package. Key Campaign messages include:

1. Healthy Habits Begin at Birth
2. Eat a Rainbow of Fruits and Vegetables
3. Eat More Anytime and Less Sometimes Foods
4. Lose the Fat, Keep the Vitamins
5. Drink Low-fat Milk
6. Make Half Your Grains Whole
7. Let's Go Shopping with your New WIC Checks

WIC’s integrated approach began with an educational campaign for their internal staff to ensure that everyone was “on board.” Methods for getting the message out to clients and the general public included the development of a “Get Healthy Now Kit” which was developed by Sesame Workshop to promote healthy eating and physical activity. The kit was based on research, surveys of parents and caregivers and evaluation with children. It included storybooks, DVDs, brochures, bulletin boards and posters all themed around Sesame Street characters and produced in partnership with the Children’s Television Workshop.

EXAMPLES OF NUTRITION MESSAGING

These are examples of food banks that have integrated the importance of nutrition and healthy eating into the description of their work.

ALAMEDA COUNTY COMMUNITY FOOD BANK REVISED MISSION STATEMENT

"The mission of the Alameda County Community Food Bank is to alleviate hunger by providing nutritious food and nutrition education to people in need, educating the public, and promoting public policies that address hunger and its root causes."

THE GREATER BOSTON FOOD BANK'S WEBSITE NUTRITION PAGE

"The Greater Boston Food Bank is committed to providing nutrient rich foods to maintain adequate growth and health outcomes as well as fighting hunger. The Food Bank sees the nutritional value of the foods we deliver as key to our work. We aim to measure the nutrient quality of our inventory and communicate the importance of good nutrition to our donors and member agencies. By doing so, we decrease barriers to healthy food choices and improve our community's health."

A TOOL TO HELP YOU WRITE YOUR ELEVATOR SPEECH

An elevator speech is a brief statement that summarizes the work of your organization in a way that is compelling, persuasive and client-friendly.

<i>(Organization)</i>	believes
<i>(your vision)</i>	.
Every day, we <i>(what you do)</i>	on behalf of
<i>(people you serve)</i>	because
<i>(your mission)</i>	.

JOINING COLLABORATIVES AND ENCOURAGING PARTNERSHIPS

INTRODUCTION

Emergency food providers should consider actively participating in collaboratives at the local, state and national level to improve health and promote nutrition among vulnerable populations. Only through the strategic collaboration of public and private agencies and organizations will long-term systemic change be possible.

Collaboratives to improve quality of life at the local, state and national level are not new, however emergency food providers have been historically under-represented.

KEYS TO SUCCESS

Become involved with existing collaboratives. Research existing collaboratives in your region that have a shared vision. Talk with your public health department, school districts, government agencies, physical activity advocates, the nutrition and wellness community, the mental health community and others. Get involved.

Unique contributions from emergency food providers. Emergency food providers have a unique perspective and can make a powerful contribution to health and nutrition-based collaboratives. Their contributions include but are not limited to: deep political contacts at the state and federal level, data on hunger and food program usage, and relationships with corporate donors that

have the power and resources to generate financial support.

Engagement in collaboratives strengthens political clout.

Political influence is strengthened both for individual organizations and the collaborative as a whole when working in partnership, particularly in the area of advocacy. Anti-hunger organizations have the skill and experience to lobby for policy changes that positively impact the health and nutrition of low-income individuals, children and families.

Public health has been working in this field for decades. Emergency food organizations can learn much from their public health colleagues. Public health has been engaged in partnerships to improve quality-of-life among vulnerable populations for decades and has become

knowledgeable and well informed about these issues.

Clear organizational structure.

Successful collaboratives must have a clearly organized structure with agreed upon goals and objectives; strong internal systems; a carefully selected steering committee and working groups; regularly scheduled meetings with effective facilitation; accountability of collaborative partners; and policy recommendations developed with action steps and follow-up plans. Successful collaboratives must also demonstrate the legitimacy and authority of the lead organization; the ability to match goals to the local context; and the adept use of data to inform activities. There must also be a careful selection of decision-makers at the table.

BARRIERS TO PARTICIPATING IN COLLABORATIVES

Requires a commitment. Building and sustaining a successful collaborative can be time consuming and involves the dedication of precious (often limited) resources.

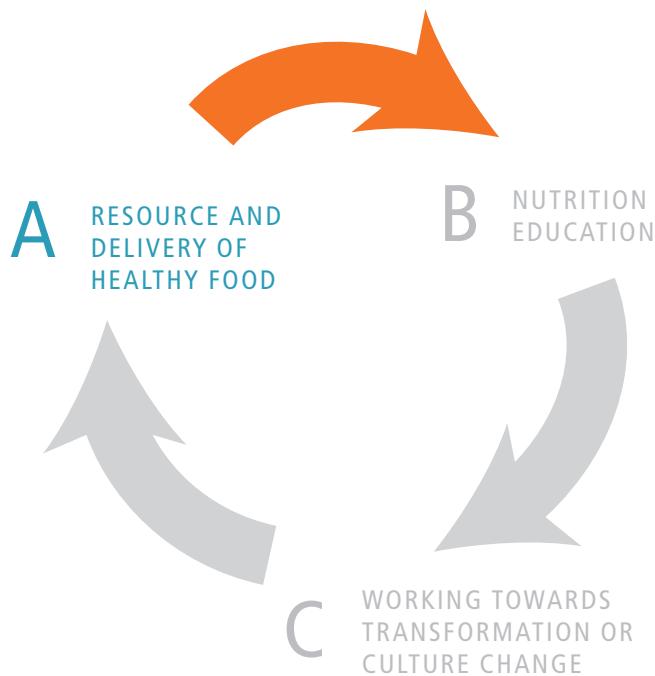
Awkward beginnings. It can be uncomfortable to be the “new person at the table,” especially when your partners in the collaborative may not have a deep understanding of the emergency food world.

Long-term sustainability. If a collaborative is going to succeed over time, early attention must be paid to the development of a sustainability plan, which must also include the commitment of a full-or part-time facilitator.

Competing agendas. It is likely that each of the participants in a collaborative will bring a unique perspective and set of priorities. While the group is working toward a shared common goal, balancing the needs of varied stakeholders can be challenging.

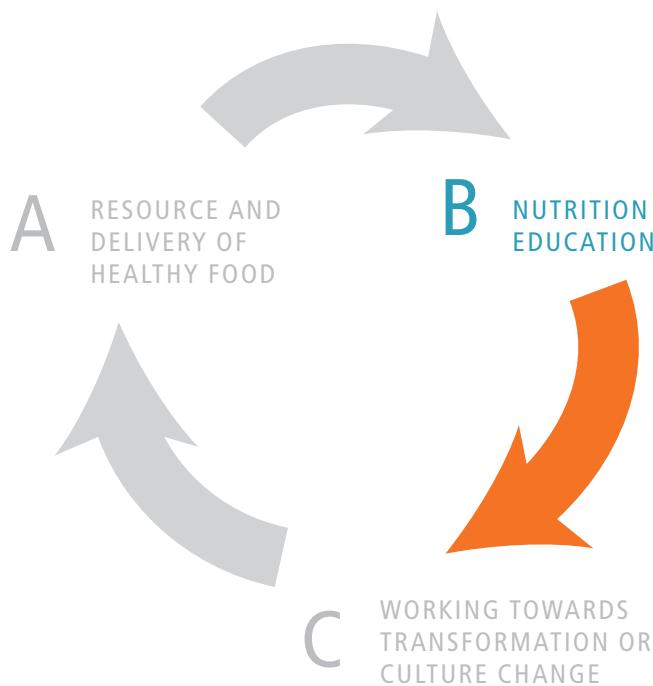
A SUGGESTED MODEL OF COLLABORATION FOR EMERGENCY FOOD PROVIDERS

Below is an emerging model that demonstrates how collaboration and partnerships at the local, state and national levels can enhance emergency food providers' efforts to source and deliver healthy food, provide effective nutrition education and ultimately, lead to systemic changes that build healthier communities.



A - RESOURCE AND DELIVERY OF HEALTHY FOOD

Since emergency food providers are already doing "A" – resource and delivery of healthy food – this part of the proposed model will be familiar. To enhance the delivery of healthy food as effectively and efficiently as possible, it is recommended that you partner with local organizations including but not limited to: grocery stores to provide fresh produce, farm to family programs, community gleaning programs, farmers' markets, community gardens, public schools, SNAP outreach programs, and many others.



B - NUTRITION EDUCATION

While many anti-hunger organizations are already conducting nutrition education programs, they can be enhanced and strengthened by partnering with various organizations from the public and private sectors. Some suggestions include:

- Utilizing local nutrition experts as teachers and consultants at food distribution sites.
- Offering classes at food banks and emergency food sites given by local experts.
- Partnering with your local community college or university to design evaluation tools and/or create educational materials.

EXAMPLE: NUTRITION ON THE GO!

Nutrition on the Go! brings fresh fruits and vegetables, cooking tips and recipes, nutrition information, diabetes screenings and health education to low-income families, often in communities with little or no access to fresh produce in their local markets due to unavailability or expense. Through the Nutrition on the Go! program, FoodLink partners with a variety of providers and agencies, such as Rotary, Tulare County Nutrition Department of Education, UC Cooperative Extension, WIC, Tulare County Health and Prevention department, Kaweah Delta Hospital, First 5, and others to promote healthier choices in a festive, fun and community-building atmosphere.

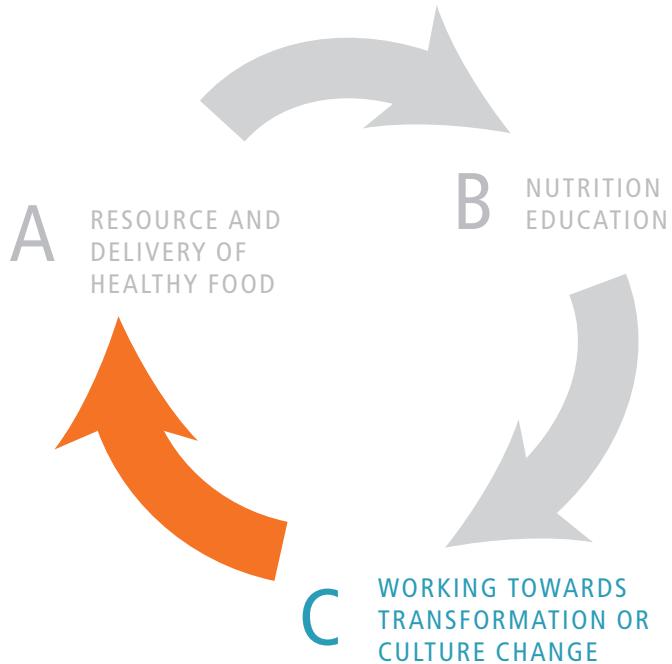
"The families participating in Nutrition on the Go! are reporting some amazing health improvements. Many of the diabetics have told us they have been able to control the disease now that they are able to have enough vegetables in their diet. Many people are now cooking instead of eating fast food."

– Sandy Beals, Executive Director, FoodLink for Tulare County

C - WORKING TOWARDS TRANSFORMATION OR CULTURE CHANGE

Component "C" gets at the heart of the proposed Model of Collaboration going significantly beyond participating in partnerships to enhance services and programs (components A and B). Component C speaks to systemic change at the local, state and national level – the type of issues that impact multiple organizations and vast populations. For example,

- Engage in public policy and collective advocacy of government officials and legislators toward policy decisions that lead to healthier communities.
- Participate in local, regional, state, and/or national collaborative efforts to leverage resources and build partnerships concerned with improving community health.
- Explore solutions to food access disparities, environmental challenges, food insecurity, after-school program policies, etc.



EXAMPLE: FOOD BANK COALITION OF SAN LUIS OBISPO

"In 2005, County Supervisors decided to appoint a Childhood Obesity Prevention Task Force, and as Executive Director of the Food Bank, I was invited to join. That was the beginning of the Food Bank emerging as a leader on food supply and education, not just among low-income residents and the homeless, but for the whole county population. It was also the beginning of my own introduction and education in what was becoming a widespread movement to encourage healthier eating and lifestyles in response to the obesity epidemic. The Task Force became HEAL-SLO, and its story is told on the website, <http://www.healslo.com/>. The untold story is how it changed our Food Bank – how we now have many varied partnerships and collaborations, and are building the community's capacity to truly address its health from many angles.

We offer the story of HEAL-SLO in the hope that you will be inspired to find a similar collaboration in your area, and work to begin one if it doesn't exist."

– Carl Hansen, Executive Director, Food Bank Coalition of San Luis Obispo

GOING FORWARD: SOME FOOD FOR THOUGHT

A HEALTHY FOOD FIGHT

As the anti-hunger community embraces the issue of healthy eating and the opportunity to impact the nutritional status of recipients of emergency food and government food program benefits, the process can call into question our core values, beliefs and practices. Taking on this issue may at times put the anti-hunger community at odds with allies in the public health community or food and beverage industry. But our entry into this arena requires that we raise and answer questions that may:

- **Challenge our assumptions about why some people don't eat healthy.** Is it because low-income people don't have enough money to buy and prepare healthy food? Is it simply because they don't know how to make healthy choices and need to be educated about nutrition? Is it because poor people are

trying to make healthy choices in an environment with limited healthy food options?

- **Bring up the issue of choice.**

Some food bankers have considered the idea of banning sugar-sweetened beverages and other unhealthy food donations. But should visitors to an emergency food program have the same choices we all have, even if it includes unhealthy ones? Are we forcing our values on other people? Are emergency food providers and advocates who pride themselves on empowering their clients comfortable with the idea of restricting client choice?

- **Create a dichotomy of "good" food vs "bad" food.** Today, as the anti-hunger community casts a critical eye on the nutritional quality of emergency food and government commodities, many are asking why it is acceptable to distribute less nutritious food than they

would provide to their own families. But ranking certain foods as "good" or "bad" can be a challenging and charged activity. Nutrition science should lead the way. But should we simply focus on providing well-balanced meals and teaching moderation or should we label and ban certain foods as "bad?" Which foods should reasonably be considered "nutritious" in an emergency food setting?

- **Challenge the way emergency food providers see their role in advancing public health goals.**

Are we solely in the business of filling bellies or do we have an obligation to help improve the nutritional status of those we serve? If low-income people can't afford healthy food, should the emergency food system be a place where they receive healthy food? If we don't assume a reasonable and responsible role, are we part of the problem of obesity in this country?

- **Raise larger issues about the role of government.** With \$4 billion in SNAP benefits annually spent on sugar-sweetened beverages, should anti-hunger advocates be concerned that government benefits may be used to purchase items that contribute to obesity? How do advocates respond when conflicts arise between achieving nutrition policy goals and government food program participation? Should government nutrition programs and policies be consistent with USDA nutrition messages and broader public health goals?
- **Require new and nuanced partnerships with the food industry.** Food and beverage companies have a long-time commitment to fighting hunger in a way that brings social impact and also advances their business goals. But for many companies, there may be a conflict between improving

health and enhancing the bottom line. Do our current partnerships with food companies also create a conflict and inhibit us from engaging the industry and taking a strong stand in support of healthy food? How can we find a common cause around the concept of shared responsibility for improving people's choices and the environment in which they make their food choices?

- **Challenge our thinking about how our success should be defined.** For example, many stakeholders – food banks, food pantries, funders, food donors and others – are heavily invested in the simple and powerful metrics of tens of thousands of pounds of food (or meals) distributed. Should the food bank industry continue to measure its success solely based on volume, or metrics that account for the nutritional quality of the food? If a food

bank emphasizes higher-quality food, how do they convey the more nuanced success story of improved diets?

While many of these questions were raised and wrestled with by the participants of the *California Nutrition and Healthy Eating Initiative*, some of these questions are only now surfacing as food for thought for government, nonprofit and corporate leaders in our field. The process of answering these and other questions will help shape this emerging and dynamic field of work. The story of healthy food access in a time of rising rates of food insecurity, poverty and obesity is yet to be completely told. But we can count on the leadership, innovation, responsiveness, resourcefulness and decency of the nation's anti-hunger community to help write the next chapter.

APPENDIX: GLOSSARY

While conducting the research for the “messaging” work, committee members found that there was some confusion regarding the terms used by hunger relief and other organizations. The following is a glossary of terms using common definitions.

DIETARY GUIDELINES FOR AMERICANS

Issued jointly every five years by U.S. Department of Health and Human Services and the United States Department of Agriculture, the Dietary Guidelines provide recommendations for dietary habits to promote health and reduce the risk of chronic disease. Meals served under many of the federal nutrition programs, such as the Child Nutrition Programs, must meet the requirements outlined in the Guidelines. <http://www.health.gov/DietaryGuidelines/>

FOODS OF MINIMAL NUTRITIONAL VALUE (FMNV)

FMNV is defined as: (i) In the case of artificially sweetened foods, a food which provides less than five percent of the Reference Daily Intakes (RDI) for each of eight specified nutrients per serving; and (ii) in the case of all other foods, a food which provides less than five percent of the RDI for each of eight specified nutrients per 100 calories and less than five percent of the RDI for each of the eight specified nutrients per serving. The eight nutrients to be assessed for this purpose are – protein, vitamin A, vitamin C, niacin, riboflavin, thiamine, calcium and iron. The *Code of Federal Regulations* (CFR) Section 210.11 defines FMNV; Appendix B states foods of minimal nutritional value include: soda water, water ices, chewing gum and certain candies. <http://www.fns.usda.gov/cnd/menu/fmvn.htm>

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. That is, without resorting to emergency food supplies, scavenging, stealing, or other coping strategies.

FOOD SECURITY

Access by all people, at all times to enough food for an active, healthy life. Food Security includes at a minimum: (1) the ready availability of nutritionally adequate and safe foods and (2) an assured ability to acquire acceptable foods in socially acceptable ways – that is, without resorting to emergency food supplies, scavenging, stealing, or other coping strategies.

LOW BIRTH WEIGHT

Newborns who weigh 2,500 grams (5 pounds, 8 ounces) or less are considered of low birth weight. These newborns are especially vulnerable to illness and death during the first months of life.

HUNGER

The uneasy or painful sensation caused by lack of food. The recurrent or involuntary lack of access to food that over time may result in malnutrition in which people do not get enough food to provide the nutrients necessary for a fully productive healthy life.

MALNUTRITION/UNDERNUTRITION

A state in which the physical function of an individual is impaired to the point where he or she can no longer maintain natural bodily capacities such as growth, pregnancy, lactation, learning abilities, physical work and resisting and recovering from disease. The term covers a range of problems from being dangerously thin (see Underweight) or too short (see Stunting) for one's age to being deficient in vitamins and minerals or being too fat (see Obesity). Malnutrition is measured not by how much food is eaten but by physical measurements of the body – weight or height – and age.

MEAL PATTERN

Meals served under the child nutrition programs must fulfill certain nutrition standards established by the USDA. The meal pattern outlines the specific types (fluid milk, dairy, fruit/vegetable, bread/bread alternative, and meat/meat alternative) and serving size of food that fulfill these guidelines. The meal pattern varies based upon type of meal (breakfast, lunch/supper or snack) and age of the child being served. For example, in the Child & Adult Care Food Program, the breakfast meal pattern for children aged 6 - 12 is 1 fluid milk serving, 1 fruit or vegetable serving, and 1 bread/bread alternative. <http://www.ncsl.org/IssuesResearch/HumanServices/GlossaryofHungerandNutritionTerms/tabid/16457/Default.aspx>

NUTRITION

The study of the organic process by which an organism assimilates and uses food and liquids for normal functioning, growth and maintenance and to maintain the balance between health and disease. Also included is the idea of an optimal balance of nutrients and whole foods, to enable the optimal performance of the body.

NUTRITIONAL DEPRIVATION

The condition of not getting sufficient food (minerals and vitamins) to meet scientific standards for healthy growth and development.

OBESITY

An abnormal accumulation of body fat that may result in health impairments. Obesity is generally defined by the National Institutes of Health as having body weight that is more than 20% above the high range for ideal body weight. An obese person can experience malnutrition if obesity has resulted from dealing with food insecurity by relying on less expensive, less nutritious, high-calorie foods to stave off the sensation of hunger.

RECOMMENDED DIETARY ALLOWANCES (RDA)

Established by the Food and Nutrition Board of the National Academy of Sciences, RDAs reflect the amount of specific nutrients in the diet that should decrease the risk of chronic disease for most individuals. http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=2&tax_subject=256&topic_id=1342&placement_default=0

STUNTING

A condition when young children fail to reach their normal height for their age range, due to long-term nutritional deprivation.

UNDERNOURISHMENT

The status of people whose food intake does not include enough calories (energy) to meet minimum physiological needs. The term is a measure of a country's ability to gain access to food and is normally derived from Food Balance Sheets prepared by the UN Food and Agriculture Organization (FAO).

UNDERWEIGHT

Measured by comparing the weight-for-age of a child with a reference population of well nourished and healthy children.

WASTING

A recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Calculated by comparing weight-for-height of a child with a reference population of well nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality.

MAZON: A Jewish Response to Hunger is a national nonprofit organization working to end hunger among people of all faiths and backgrounds in the United States and Israel.



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