

The Road to Food Security: Creating a Food and Resource Center in Stillwater

By: Katelyn McAdams

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MPH Practicum Committee

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What is food insecurity?

- ▶ Food insecurity is the state of being without reliable access to a sufficient quantity of affordable, nutritious food.
 - ▶ Being food insecure does not necessarily mean you live in a food desert. The following components must also be considered:
 - ▶ **Find:** Can community members find healthy foods.
 - ▶ **Afford:** Can community members afford to purchase healthy food.
 - ▶ **Choose:** Do community members choose healthy food when it is available.
 - ▶ **Use:** Can community members use healthy food if and when they purchase it.
- ▶ 1 in 7 Americans struggles to get enough to eat.

46.5 MILLION AMERICANS



Bottom line: hunger and/or food insecurity exists in virtually every community in the United States.

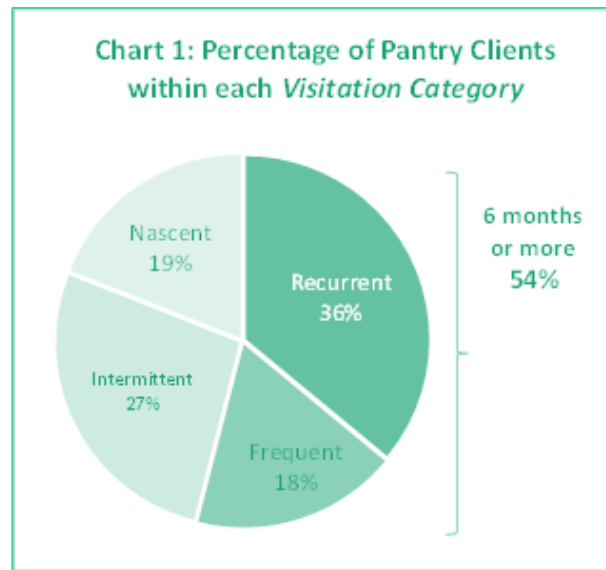
How food insecurity has changed over time

- ▶ The concept of food banking was developed by John van Hengel in Phoenix, AZ in the late 1960s.
- ▶ Food banks and pantries were originally intended for “emergency use,” or in rare situations when families found themselves in a bind.
- ▶ Now, **pantries, shelters and kitchens** are being “chronically used” as a reliable resource for feeding families.
 - ▶ More than 1/3 of clients from the *Hunger in America* 2010 study reported visiting a pantry, shelter or kitchen every month for at least 12 months.
 - ▶ Clients often combine multiple strategies to meet household needs, including federal programs like SNAP and regular pantry visits.

The 2014 *Hunger In America* report showed clients' chronic use versus emergency assistance:

63% of households report planning to get food at a program on a regular basis to help with their monthly food budget

37% of households report waiting to come until they run out of food



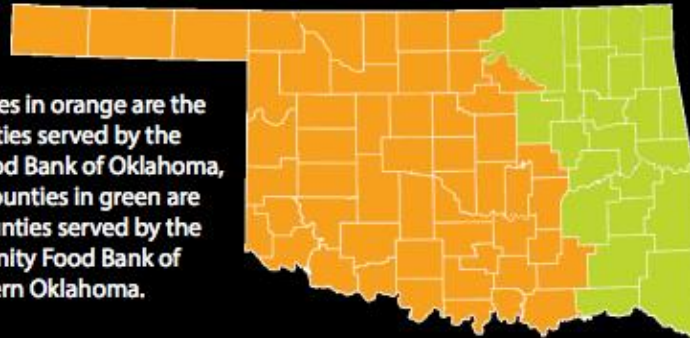
Bottom Line: Emergency use is not always the reality!

Food insecurity in Oklahoma

- ▶ Oklahoma has the 10th highest rate of hunger in the United States.
- ▶ In 2015
 - ▶ 1 in 6 Oklahomans struggled with hunger.
 - ▶ 1 and 4 children
 - ▶ 17% of Oklahoma residents were food insecure.
 - ▶ 49.9 million pounds of food were distributed which is equal to 41.6 million meals.
 - ▶ 656,000 people were hungry.
 - ▶ 242,990 were children
 - ▶ 64,061 were seniors

**OKLAHOMA
IS ONE OF THE
HUNGRIEST STATES
IN THE NATION**

The counties in orange are the 53 counties served by the Regional Food Bank of Oklahoma, and the counties in green are the 24 counties served by the Community Food Bank of Eastern Oklahoma.



Food insecurity in Payne County

▶ In 2015

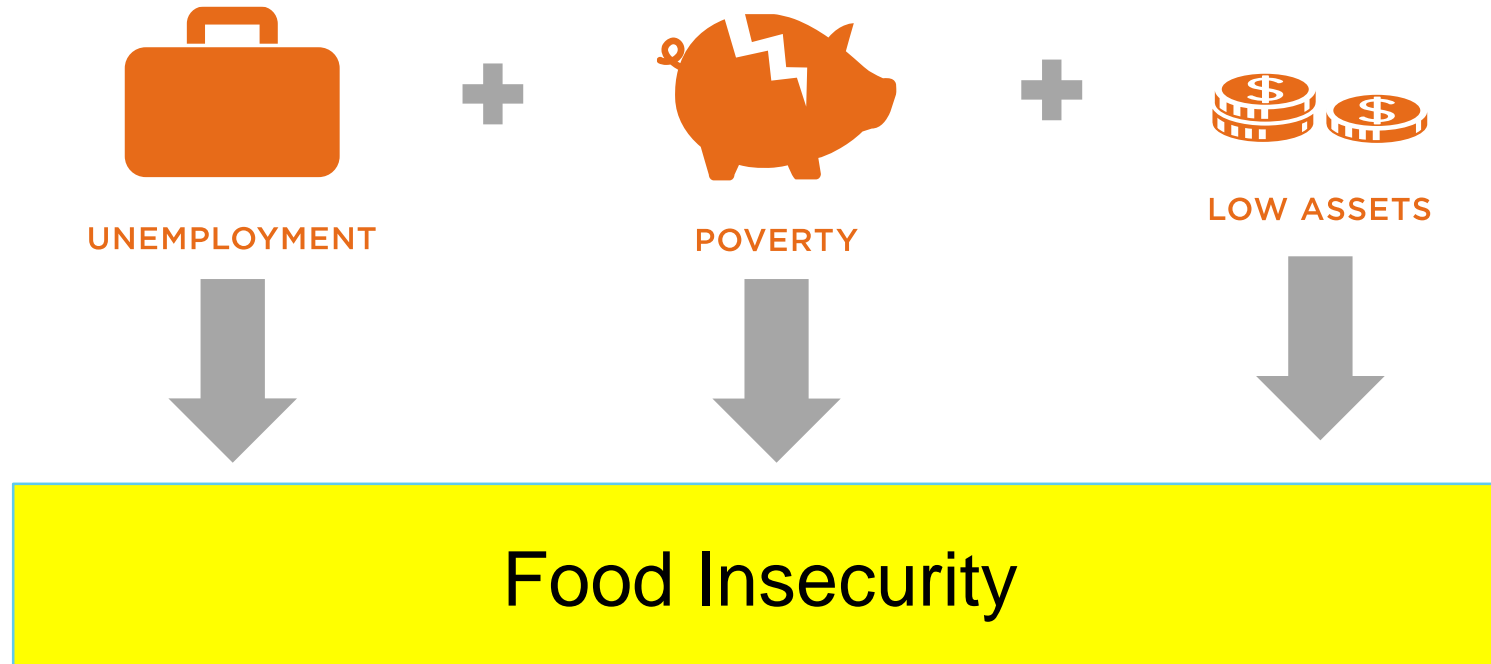
- ▶ 792,190 meals were distributed which was a retail value of \$1,635,080.
- ▶ 15,580 out of 80,000 people were hungry (19%).
 - ▶ 3,930 were children
 - ▶ 1,501 were seniors
 - ▶ This indicates that nearly 5,500 individual's, who are considered priority populations, were struggling to find food resources.
 - ▶ 27% of Payne County residents who are hungry are not eligible for nutrition assistance programs such as SNAP or WIC, and are therefore relying solely on Regional Food Bank outreach.

▶ Stillwater is the most food insecure city in Payne County.

- ▶ The poverty rate is 32.7%.
 - ▶ Cushing: 29.3%, Yale: 23%, Ripley: 15.4%, Perkins: 10.9% & Glencoe: 9.96%



How poverty and food insecurity are related



*Unemployment, poverty and lack of assets, such as home ownership and savings, are the primary drivers of food insecurity.

*Food insecure households are experiencing financial hardships that are putting economic pressure on a household's budget—which forces people to make tough tradeoffs to meet basic needs.

Guests are forced to choose between basic needs



Feeding America's clients report that their household income is inadequate to cover their basic household expenses.

69%
HAVE HAD TO
CHOOSE
BETWEEN PAYING
FOR **UTILITIES** AND
FOOD

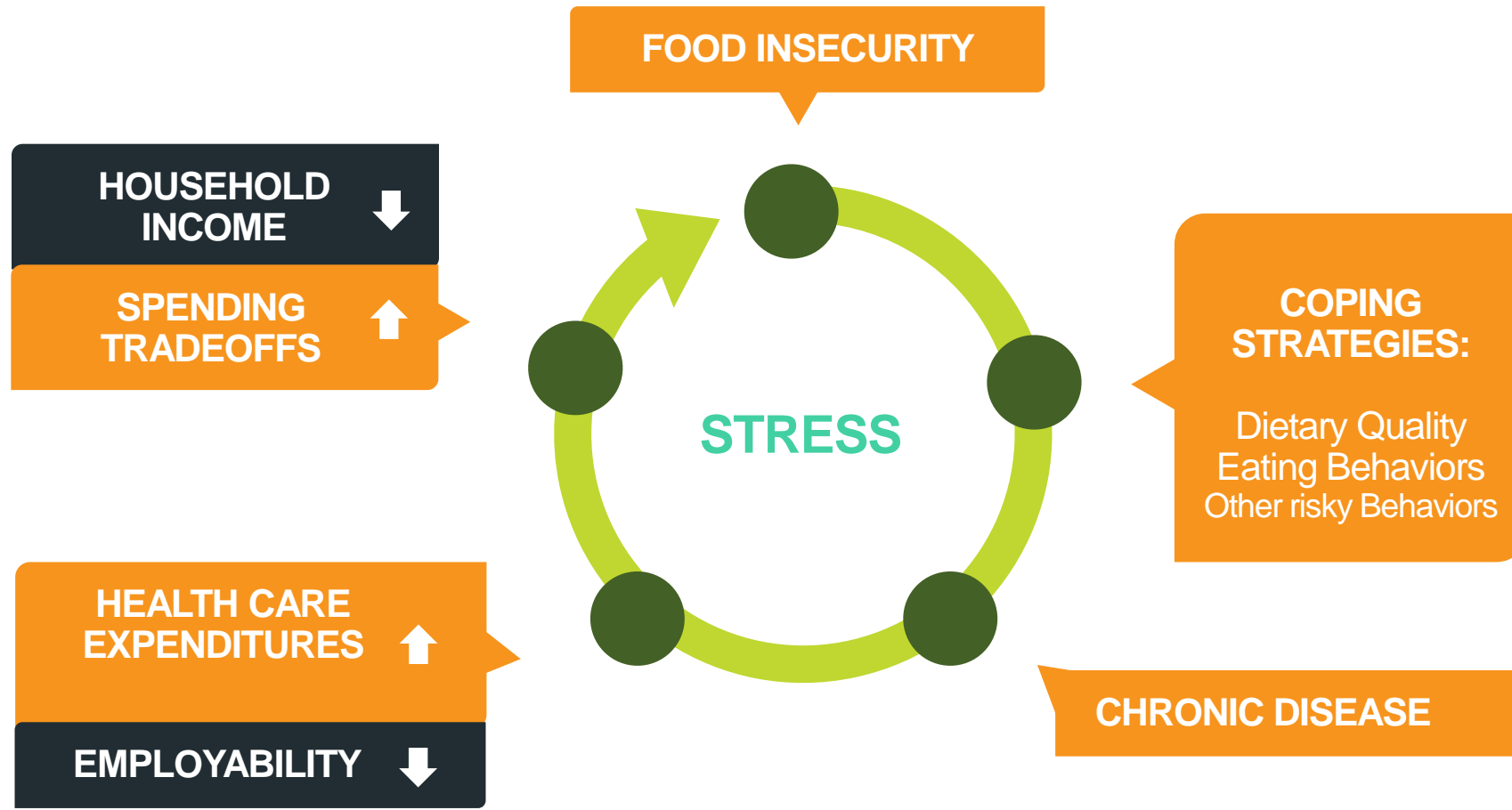
67%
HAVE HAD TO
CHOOSE BETWEEN
PAYING FOR
TRANSPORTATION
AND FOOD

66%
HAVE HAD TO
CHOOSE
BETWEEN PAYING
FOR **MEDICINE**
AND FOOD

57%
HAVE HAD TO
CHOOSE
BETWEEN PAYING
FOR **HOUSING**
AND FOOD

Sources: Map the Meal Gap (2014) and Hunger in America (2014)

How food insecurity, poverty and chronic disease are related



Data to support food insecurity, poverty and chronic disease relationship

Based on a survey conducted by the Feeding America Network:

- ▶ 47% of clients responded that they are in fair or poor health.
- ▶ In 29% of households all members have no health insurance.
 - ▶ the Affordable Care Act went into effect after survey was complete.
- ▶ 55% of households reported some medical debt.
- ▶ 66% of households reported having to choose between food and medicine.



58%
OF HOUSEHOLDS HAVE A
MEMBER WITH HIGH
BLOOD PRESSURE



33%
OF HOUSEHOLDS
HAVE A MEMBER
WITH DIABETES

Chronic Disease rates in Payne County

- ▶ The 2014 State of the County's Health Report showed:
 - ▶ Cardiovascular disease cost Payne County approximately \$25 million in 2010.
 - ▶ State of the State's Health Report 2014 indicated heart disease rates were 197 per 100,000.
 - ▶ An obesity rate of 30% compared to the state average of 29%.
 - ▶ It cost Payne County approximately \$58 million in 2010.
 - ▶ Diabetes rates being 9% compared to the state average of 10%.
 - ▶ It cost Payne County approximately \$1 million in 2010.
- ▶ This totals nearly \$84 million in preventable health care costs in Payne County.



How are we going to address this public health gap? With a local Food and Resource Center!

- ▶ Food & Resource Centers are designed to be one of the most efficient systems in the country for food distribution and community collaboration in the fight against hunger.
- ▶ Food Resource Centers provide:
 - ▶ Greater access to food with extended hours and days of operation.
 - ▶ Client-choice shopping to improve the overall client experience, giving the client the opportunity to choose foods they need and want in a setting similar to a supermarket.
 - ▶ An emphasis on nutritious foods, especially fresh fruits and vegetables.
 - ▶ Additional services/resources and referrals to improve family stability.
- ▶ Food & Resource Centers also increase access to nutrition education and connect clients to other services available in their community, including services provided by other agencies and nonprofit organizations (dental, vision, employment, housing, etc.).



Our Daily Bread - Our FRC

- ▶ Our Daily Bread is an up-and-coming Food and Resource Center that will be located in Stillwater, Oklahoma.
- ▶ Currently, there are 14 locations scattered across Payne County that serve as food pantries, 4 locations that serve free meals, and 6 locations that address other services.
 - ▶ This means that individuals seeking food or other health related resources are forced to shuffle around to 24 different locations to receive the assistance they need.
- ▶ To resolve this problem, Our Daily Bread will serve as the central location for food donations, food delivery, food distribution, volunteers and provide access to other health related resources.
- ▶ It will be open more hours of the day and more days a week, which will allow Payne County to serve double the amount of food and double the amount of families.

In other words, Our Daily Bread will be a



ONE STOP

SHOP

Our Daily Bread's Mission & Goal

- ▶ Our Daily Bread's mission is, "feeding our community collaboratively and providing connections that enable lasting change."
 - ▶ I believe this mission statement represents their civic presence perfectly while also describing the work that it takes to establish and sustain such an organization.
 - ▶ No one person can end hunger, it always has been and always will be a collaborative effort that requires establishments from across all sectors to share resources.
 - ▶ And, because Our Daily Bread will also be a resource center, we will be providing guests with services that not only improve their health immediately, but also services that allow for education and lifestyle changes to take place.
- ▶ This unique organization acknowledges that in order to truly transform the lives of individuals and families, we must move from crisis aid and relief to restoration and development of lives by addressing the need for overall health and wellness.
- ▶ The goal of Our Daily Bread is to strive to do better by individuals and families through providing access to resources that build a better life.
 - ▶ They are committed to doing benevolence differently - in ways that are relational, responsible and redemptive.



Our Daily Bread's Core Values

- ▶ **Address Food Insecurity:** Our organization exist for the purpose of addressing food insecurity in Stillwater and the surrounding communities in Payne County.
- ▶ **Offer Healthy Choices:** Offer families and individual's healthy food options and educational opportunities to improve overall health and wellness.
- ▶ **Create Sustainable Solutions:** Create opportunities for lasting change for the families and individuals served. In addition, promote efficient operations for maximizing the collective impact of investments and efforts.
- ▶ **Build Community Partnerships:** Place a priority on building partnerships and fostering collaboration among community organizations. In addition, build and nurture a vibrant volunteer network to serve our local community and foster connections between clients and volunteers.
- ▶ **Provide Educational Opportunities:** Connect families and individuals to educational opportunities to promote health, wellness, and quality of life.
- ▶ **Increasing Self-Sufficiency:** Establish programs and connect families and individuals to resources that encourage transformation of circumstances leading to self-sufficiency.
- ▶ **Meeting the Needs of the Whole Person:** Address the overall health and wellness of one's spirit, mind, and body.



Our Daily Bread's relationship with the Regional Food Bank of Oklahoma

- ▶ Our Daily Bread is a Food & Resource Center that operates in affiliation with the Regional Food Bank of Oklahoma to serve the people of Stillwater and the surrounding areas by partnering with other food pantries, community, civic, and faith-based organizations.
- ▶ Each Food & Resource Center receives support from the Regional Food Bank both in the development and operational phases.
- ▶ The Regional Food Bank works within the community to build support and identify collaborative partners while additional guidance and support is provided for capacity building, site acquisition or build-out, community organizing, funding, technical assistance, and equipment.
- ▶ Once established, Food & Resource Centers are designed to be self-supporting.
- ▶ The Regional Food Bank continues to support the centers with ongoing training, capacity building, and priority access to food and equipment grants, as well as guidance on fundraising, marketing and volunteer management.
- ▶ And, once the Our Daily Bread facility is functioning, the Regional Food Bank of Oklahoma will deliver goods to the site twice monthly on the first and third Tuesdays.



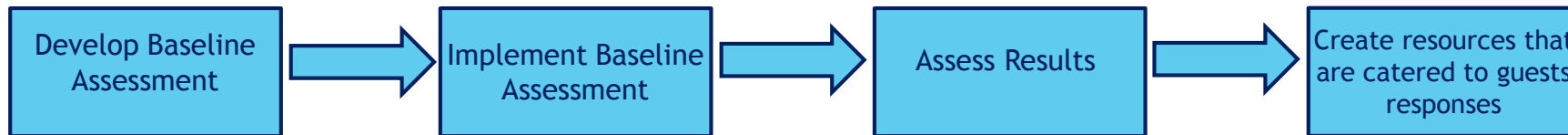
*"Fighting Hunger...
Feeding Hope"™*

My involvement with the organization

- ▶ My position in the organization is multifaceted in the sense that I am taking on a variety of roles.
 - ▶ I have been serving on the advisory board for Our Daily Bread since March 2016.
 - ▶ This has allowed me to provide input on decisions being made from a public health perspective as well as experience a professional setting.
 - ▶ The meetings occur each month on the third Wednesday from 12pm-1pm and they take place at First Christian Church in Stillwater, Oklahoma.
 - ▶ During and outside of these board meetings, I have taken on a public health “advisor” role.
 - ▶ I have provided guidance when others have questions regarding grant or sponsorship applications, nutrition standards or need assistance developing a community partnership.
 - ▶ I have also helped the board strategize on what type of policies they want to have in place for the organization and have given them examples of what policies might look like.
 - ▶ I am serving as the primary investigator and conducting a baseline assessment for the organization prior to its opening date.
 - ▶ From this assessment, we hope to decide on specific and individualized materials that will be given to guests upon request.
 - ▶ Lastly, I am also working diligently to create and mobilize valuable community partnerships for Our Daily Bread.

Objective

- ▶ The objective of this project was to develop and implement a baseline assessment that would help guide the creation of comprehensive wellness initiatives at Our Daily Bread Food and Resource Center.
 - ▶ These initiatives include better nutrition, increased physical activity and tobacco cessation as well as other necessary life skills.
 - ▶ The ultimate goal is to improve lifestyle choices made by those who utilize the Food and Resource Center which will in turn reduce the number of individuals suffering from chronic diseases and other health disparities in Payne County as well as improve their overall quality of life. And, in addition, decrease annual healthcare costs.
- ▶ It is necessary to conduct an assessment of these priority populations so that we can better serve their needs.
 - ▶ The assessment survey is designed to help guide the development and implementation of comprehensive wellness initiatives at Our Daily Bread Food and Resource Center.

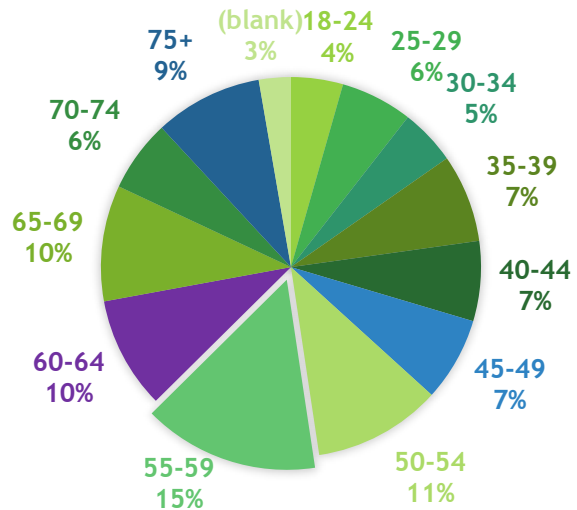


Baseline Assessment Procedures

- ▶ I designed a 59-69 question (depending on the individual) survey and implemented them in four existing pantries that will eventually feed in to Our Daily Bread Food and Resource Center.
 - ▶ Those pantries were: Stillwater Church of Christ, Mehan Union Church, Lost Creek United Methodist Church and The Storehouse.
- ▶ The surveys were conducted over a series of 4 days, 1 day in each pantry, for approximately three hours at each site.
- ▶ A partnership was developed between Dr. Bailey Norwood from the Department of Agricultural Economics and myself.
 - ▶ He was able to provide \$5 incentives for each survey.
- ▶ After each round of surveys, I typed up individual reports regarding questions asked, concerns guests had, additional comments left on the back of surveys and a few other details about the survey process.
- ▶ I would then renumber the surveys to make sure we were keeping track of which ones belonged to which pantry and I would count the amount of surveys compared to the amount money left over to ensure everything was on track.
- ▶ Next, I entered the survey information in to Google Forms and then took the hard copies to Dr. Norwood for a second entry.
- ▶ Once all 294 surveys were completed and all of the data was in Google Forms, the information was transferred to an excel file where I created charts using pivot tables.

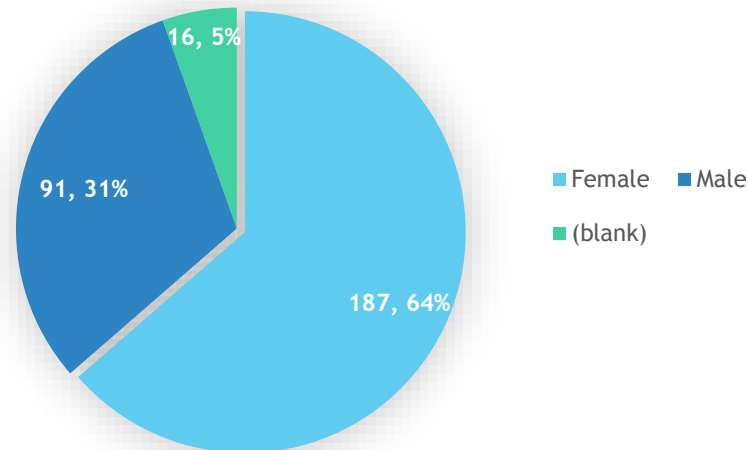
Baseline Assessment Key Findings

CURRENT AGE

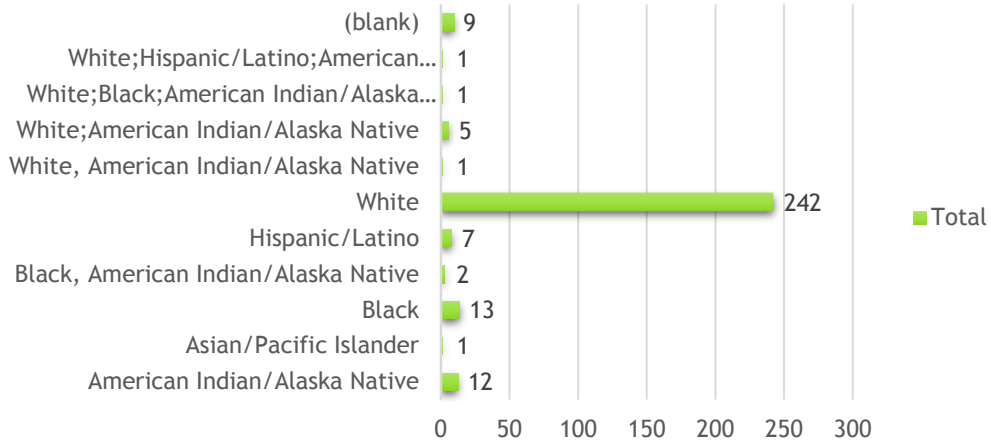


*The most common age group was 55-59

Sex

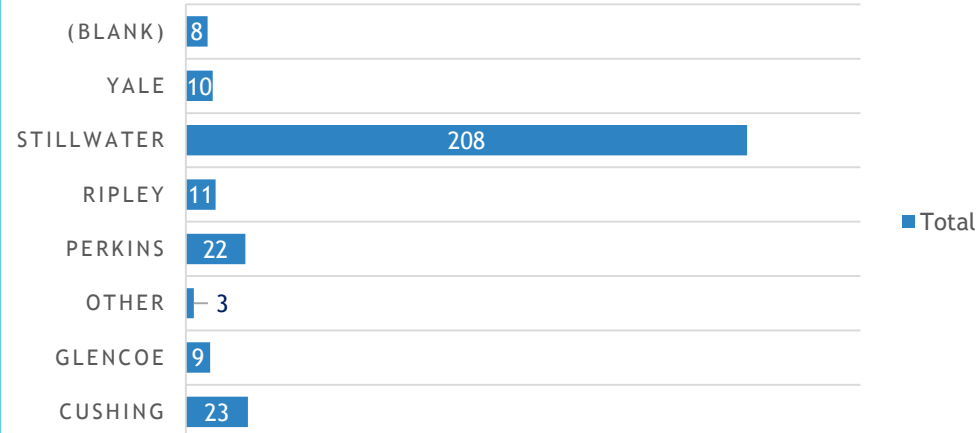


Race



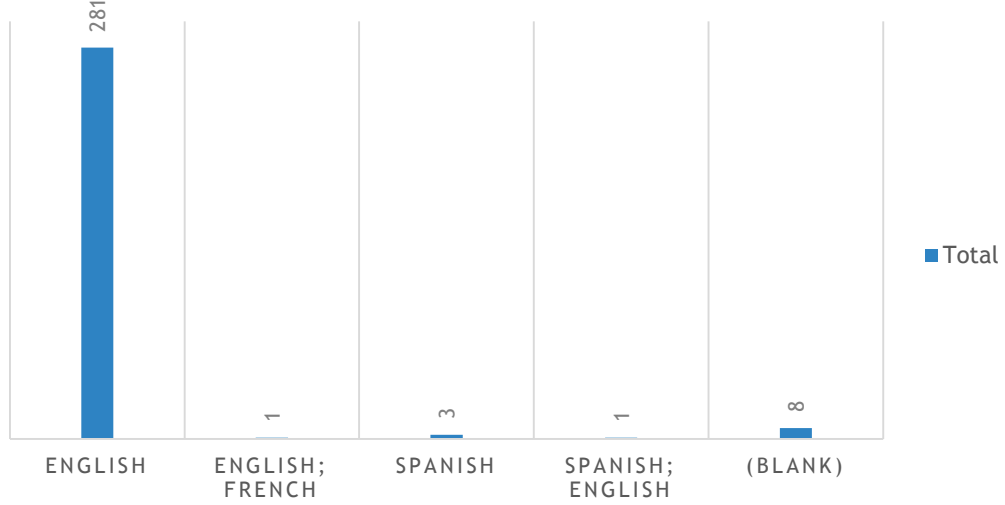
*The most predominant race was White followed by African American

CITY OF RESIDENCE



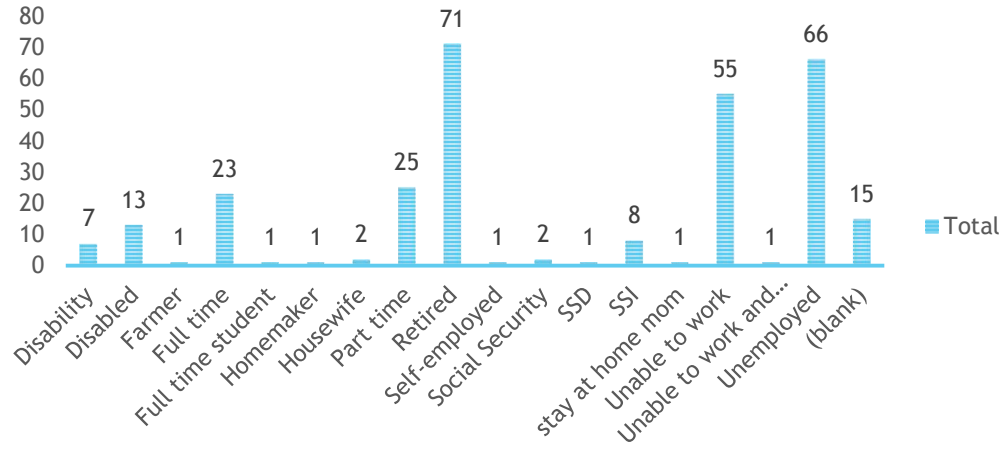
*73% of sample reside in Stillwater, 8% live in Cushing, 8% in Perkins, 4% in Ripley, 4% in Yale and 3% in Glencoe

PREFERRED LANGUAGE



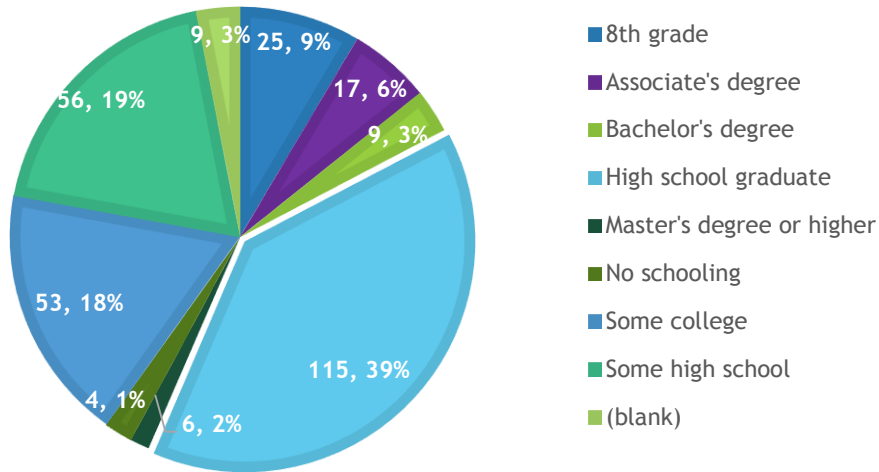
*98% of the sample population prefers to speak English

CURRENT EMPLOYMENT STATUS



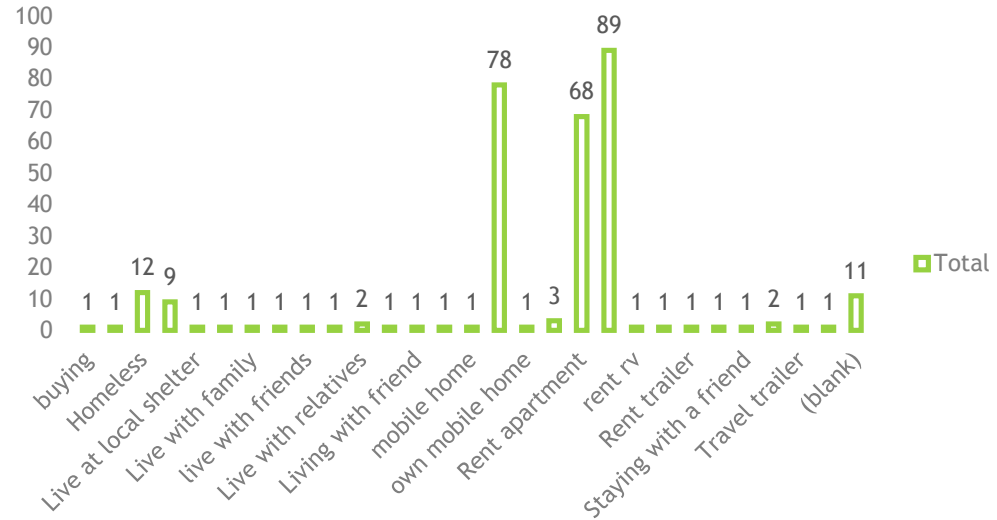
*25% are retired, 22% are unemployed and 20% are unable to work

HIGHEST DEGREE OR LEVEL OF SCHOOLING COMPLETED



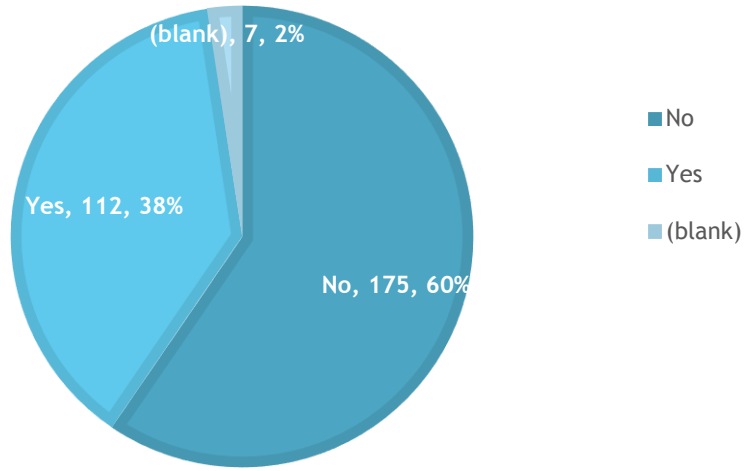
*High school graduates, some high school & some college

Current Living Situation

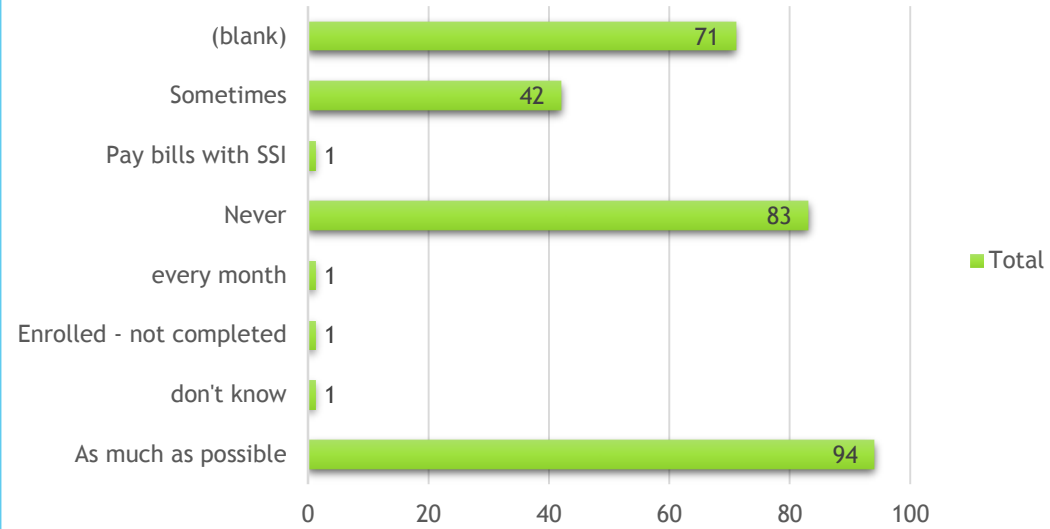


*31% live in rent house, 28% own a house, 24% rent an apartment and 4% are homeless

CURRENTLY ENROLLED & RECEIVING SNAP BENEFITS

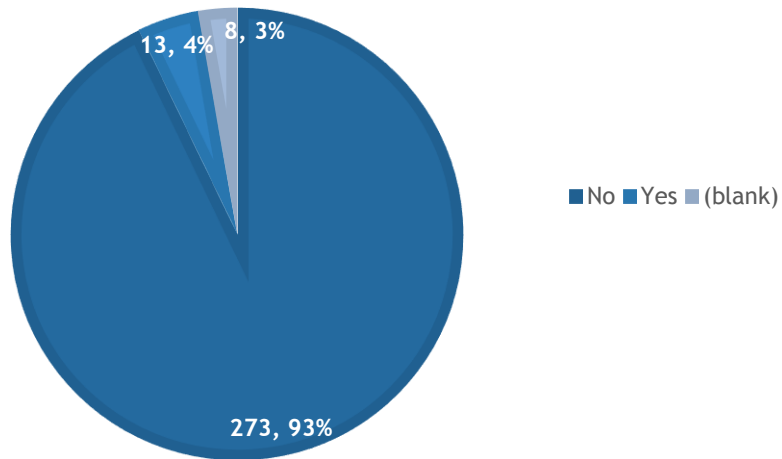


How often SNAP benefits are being utilized

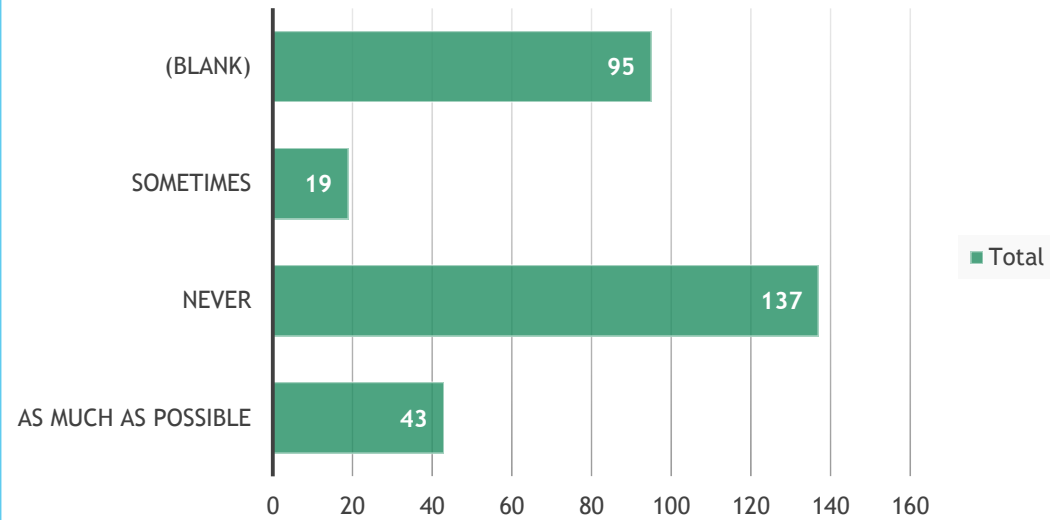


*42% use their benefits as much as possible, 37% never use their benefits and 19% use the benefits sometimes

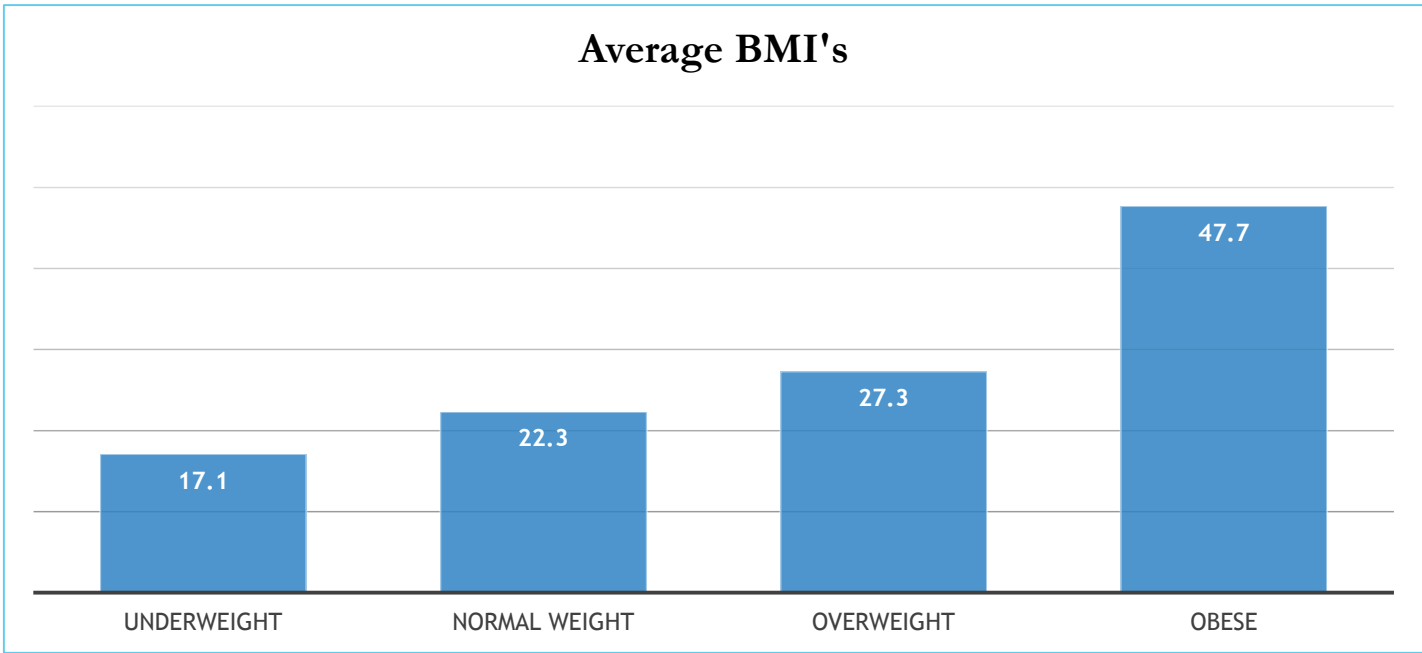
CURRENTLY ENROLLED & RECEIVING WIC BENEFITS



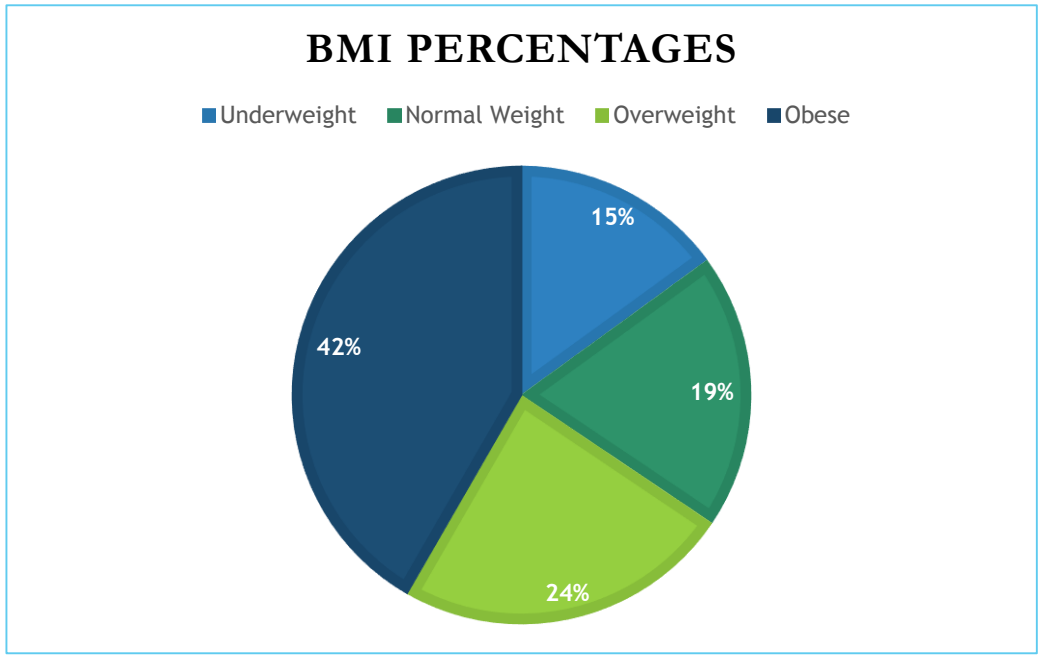
How often WIC benefits are being utilized



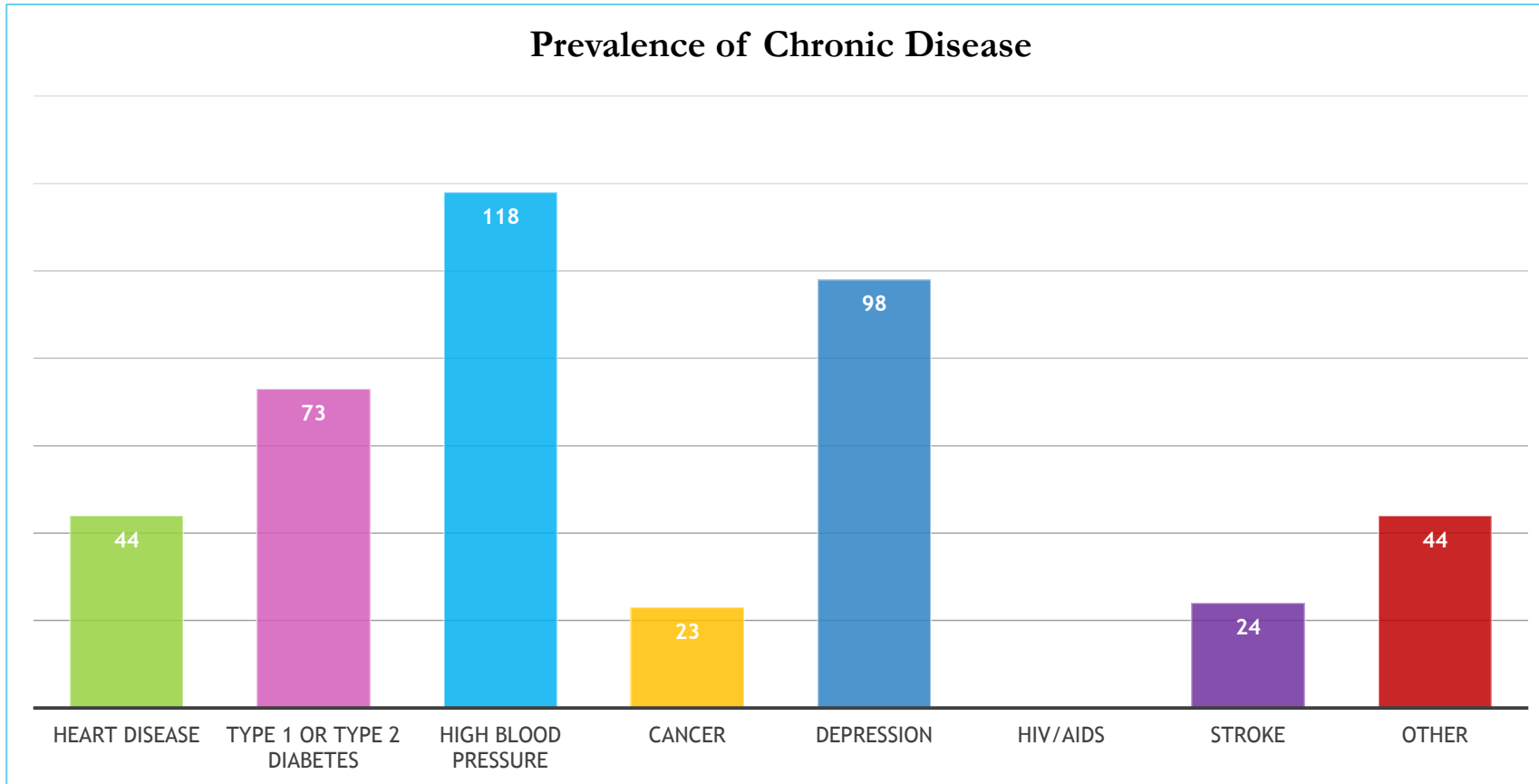
*69% never use their benefits, 22% always use them and 10% use their benefits sometimes



*5 people underweight, 67 at a normal weight, 86 were overweight & 123 were obese (N=210)



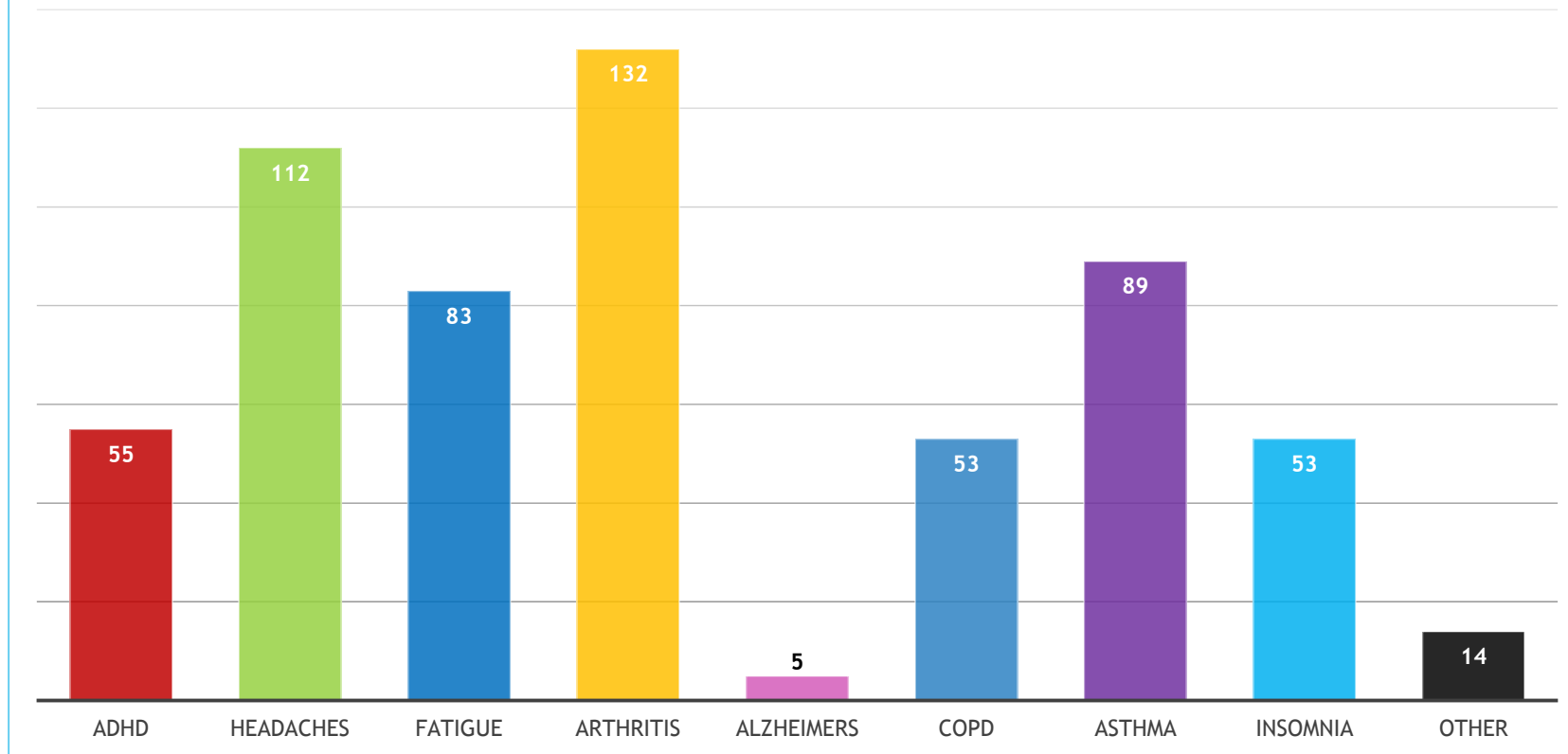
Prevalence of Chronic Disease



*21% have heart disease, 34% have diabetes, 55% have high blood pressure, 11% have or have had cancer, 46% have depression, 0% have HIV/AIDS, 11% have had a stroke, and 21% suffer from another chronic disease.

N=213

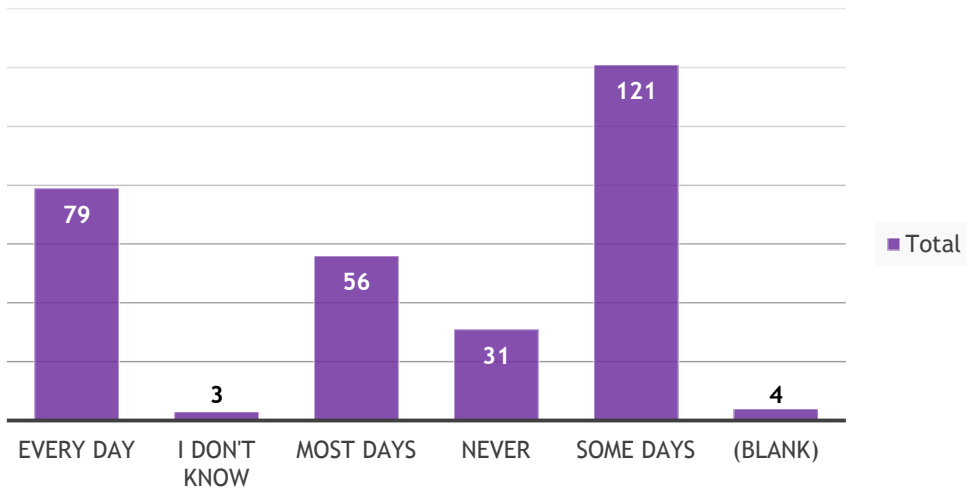
Number of people dealing with additional health problems



*25% have ADHD, 51% have headaches, 38% suffer from fatigue, 61% have arthritis, 2% have Alzheimer's, 24% have COPD, 41% have asthma, 24% have insomnia and 6% have other additional health problems.

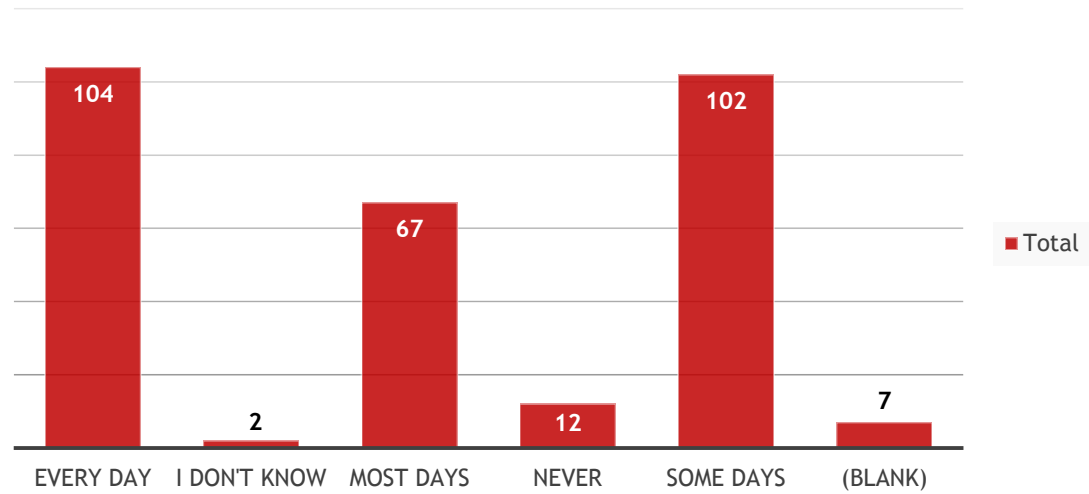
N=218

Frequency of breakfast consumption



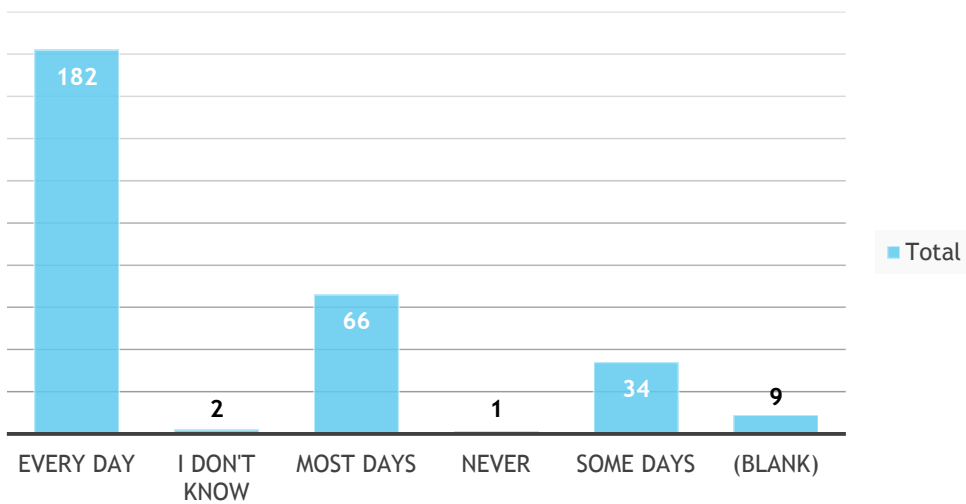
*27% eat breakfast every day, 1% don't know, 19% eat it most days, 11% never eat it and 42% eat it some days

Frequency of lunch consumption



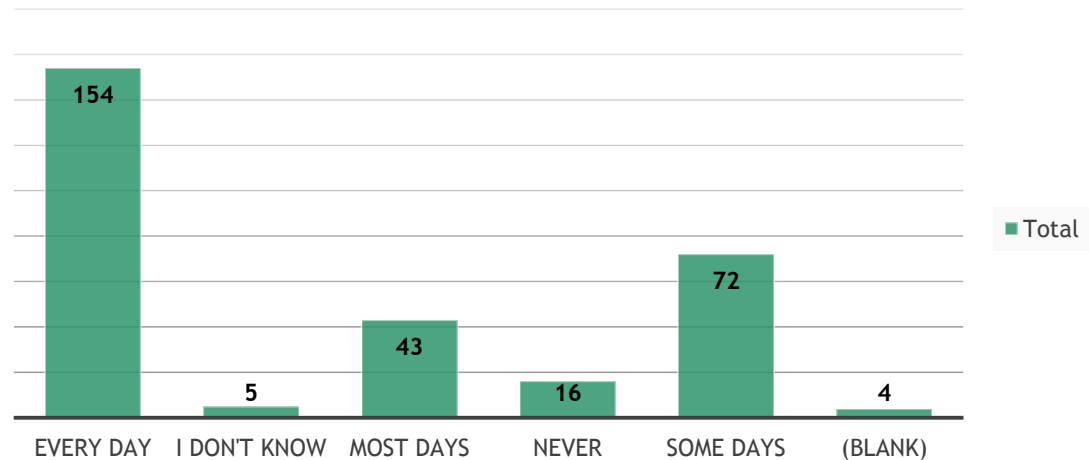
*36% eat it every day, 1% don't know, 23% eat it most days, 4% never eat it and 37% eat it some days

Frequency of dinner consumption



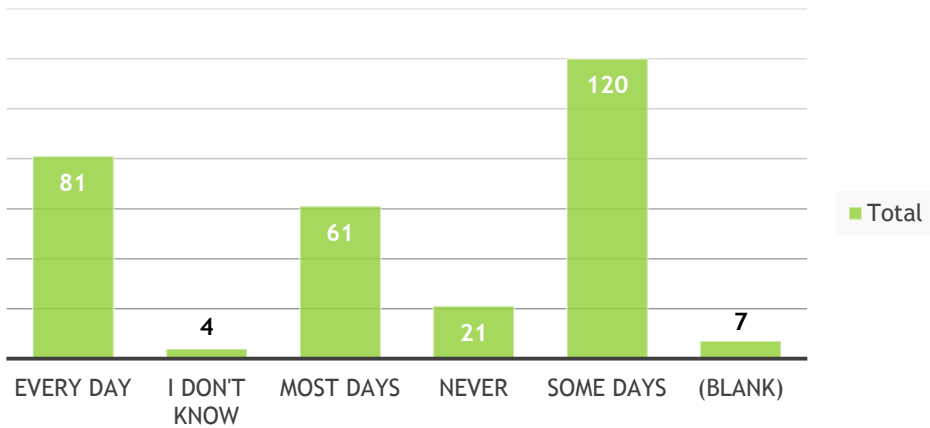
*64% eat it every day, 1% don't know, 23% eat it most days, <1% never eat it and 12% eat it some days

Number of people who drink at least 4 cups of water per day



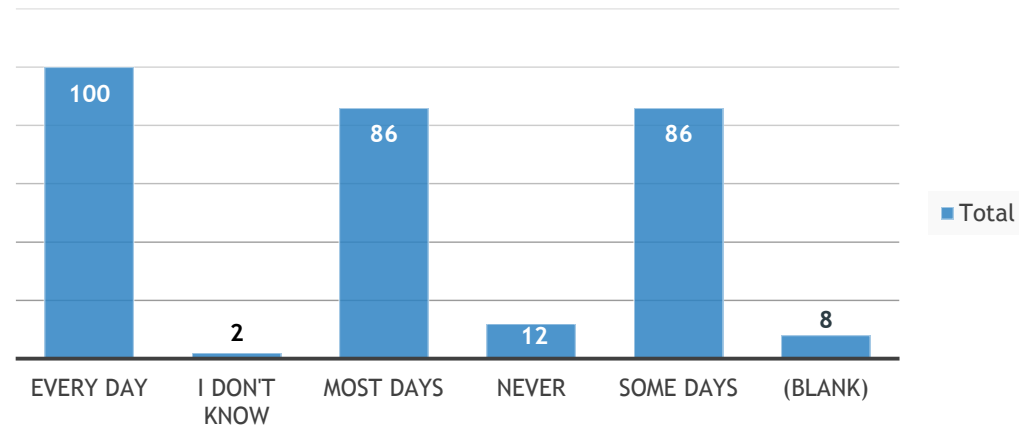
*53% drink it every day, 2% don't know, 15% drink it most days, 6% never drink it and 25% drink it some days

Number of people who eat at least 1 serving of fruit per day



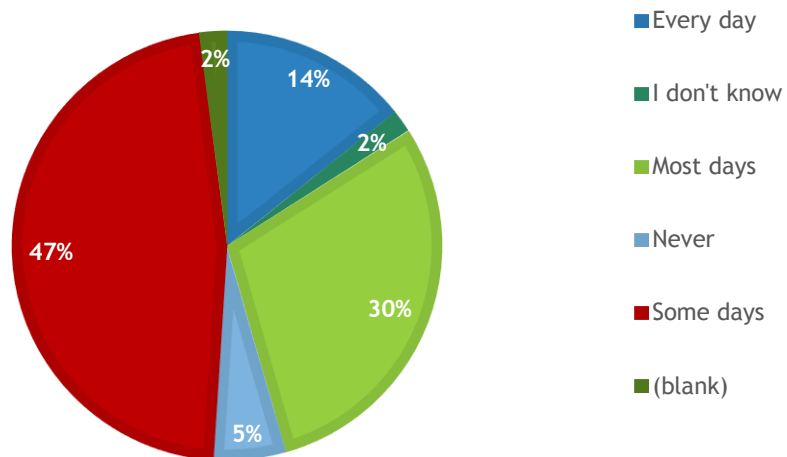
*28% eat it every day, 1% don't know, 21% eat them most days, 7% never eat them and 42% eat them some days

Number of people who eat at least 1 serving of vegetables per day



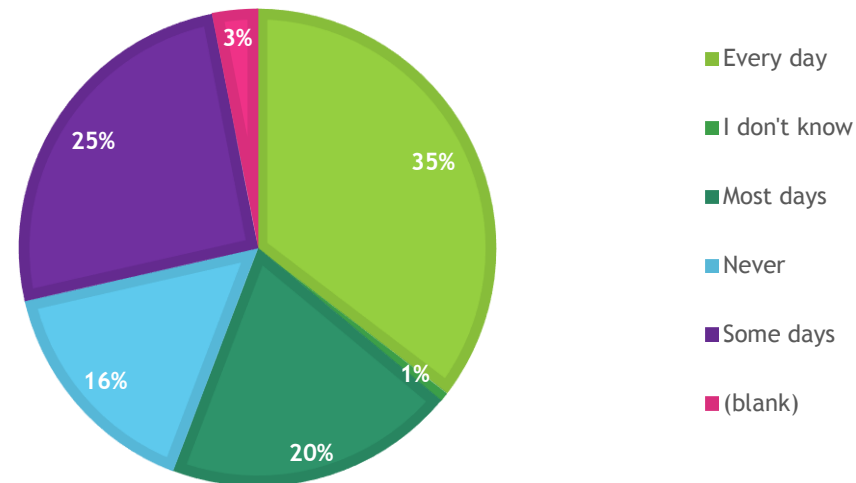
*35% eat them every day, <1% don't know, 30% eat them most days, 4% never eat them and 30% eat them some days

HOW OFTEN PEOPLE HAVE ALL THEY NEED TO PREPARE A HEALTHY MEAL AT HOME



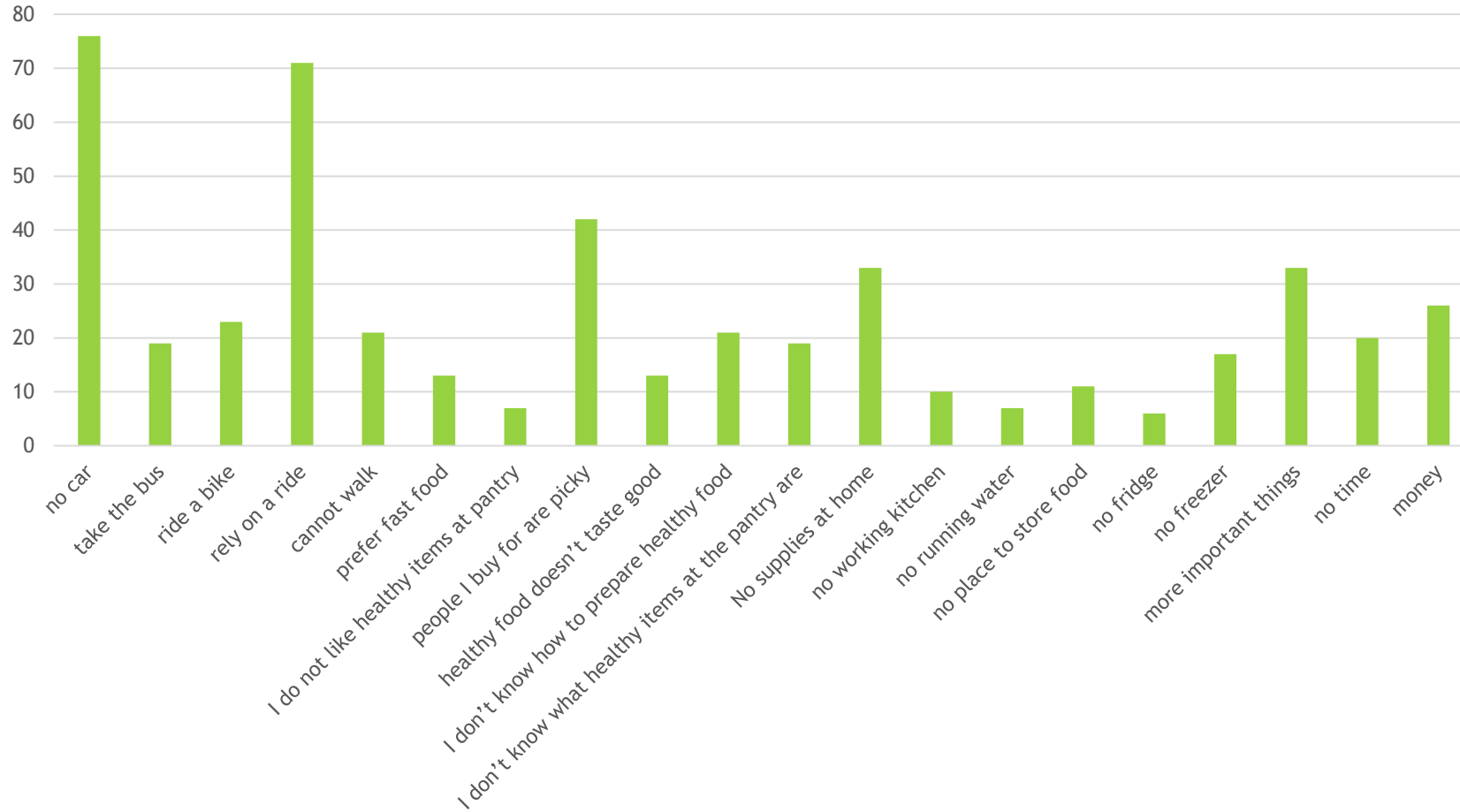
*Over half of the sample population doesn't feel like they have what they need to prepare a healthy meal at home on a regular basis

HOW OFTEN PEOPLE EAT MEALS AS A FAMILY



*41% do not eat meals with their family on a consistent basis

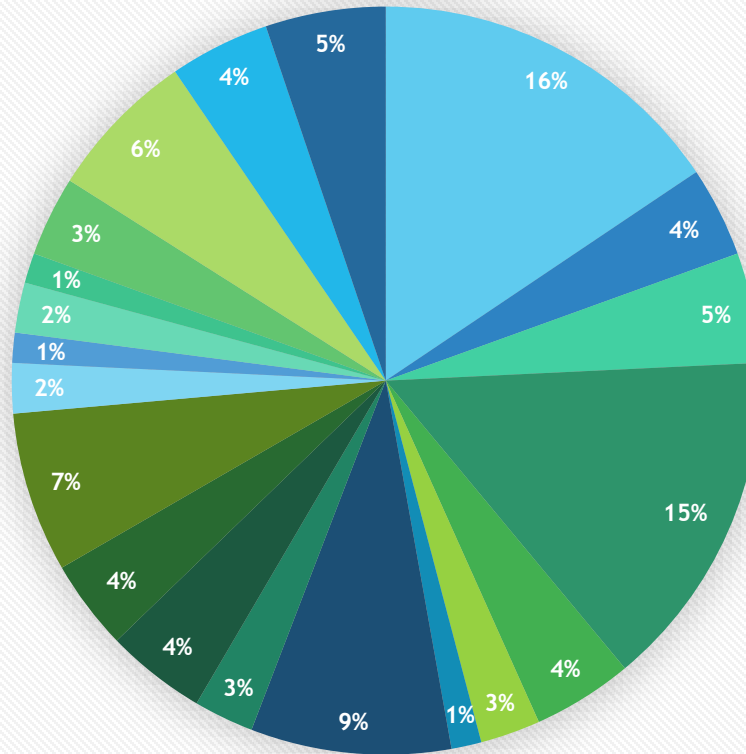
Barriers to Healthy Eating



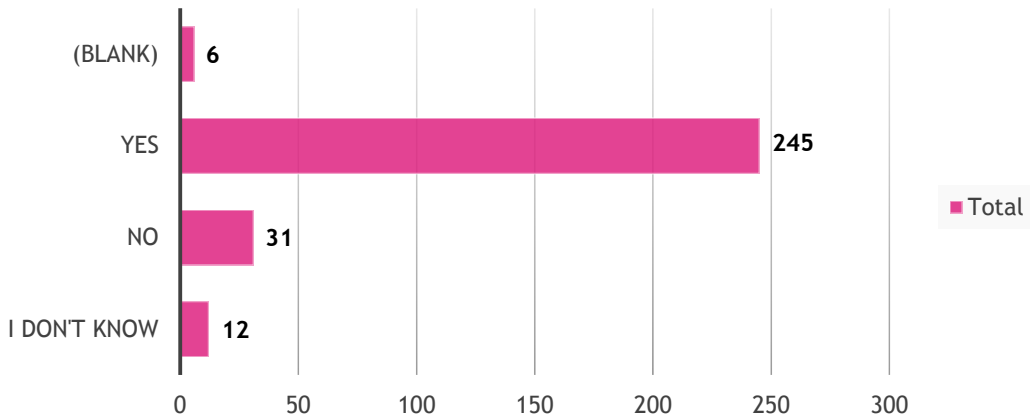
*Most common are no car, having to rely on a ride, people at home being picky eaters and not having necessary supplies at home to cook

Percentage of people with specific barrier to healthy food consumption

- no car
- take the bus
- ride a bike
- rely on a ride
- cannot walk
- prefer fast food
- I do not like healthy items at pantry
- people I buy for are picky
- healthy food doesn't taste good
- I don't know how to prepare healthy food
- I don't know what healthy items at the pantry are
- no supplies at home
- no working kitchen
- no running water
- no place to store food
- no fridge
- no freezer
- more important things
- no time
- no money

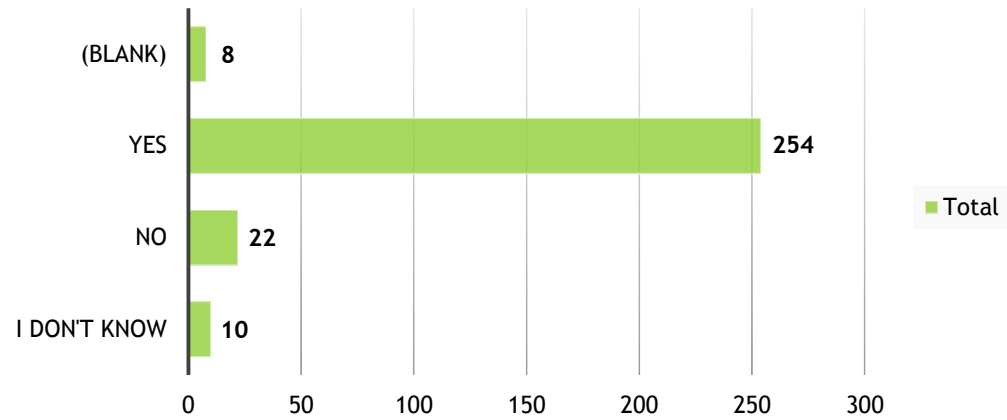


Amount of people who feel they have the necessary tools to prepare a healthy meal at home



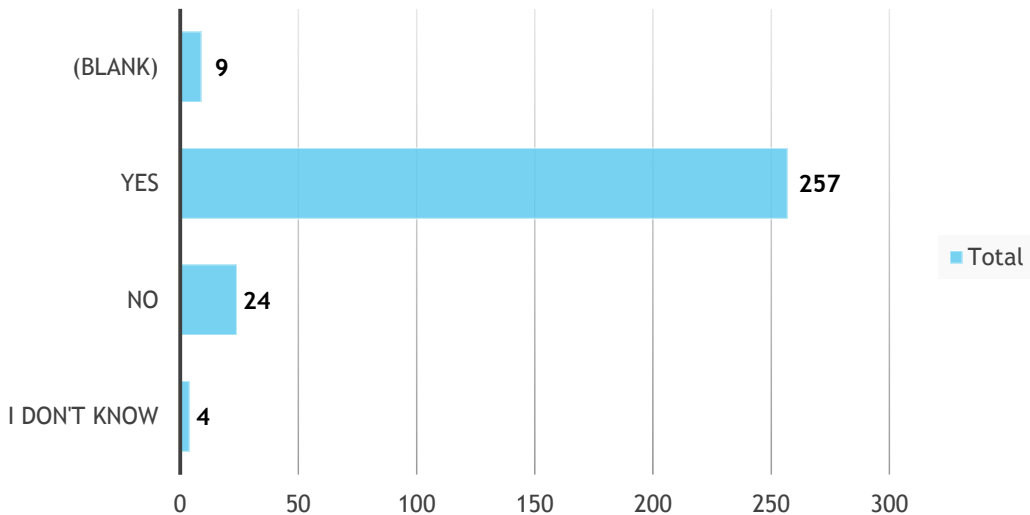
*85% believe they have all necessary tools but 15% do not

Amount of people who feel they have adequate skills to prepare a healthy meal at home



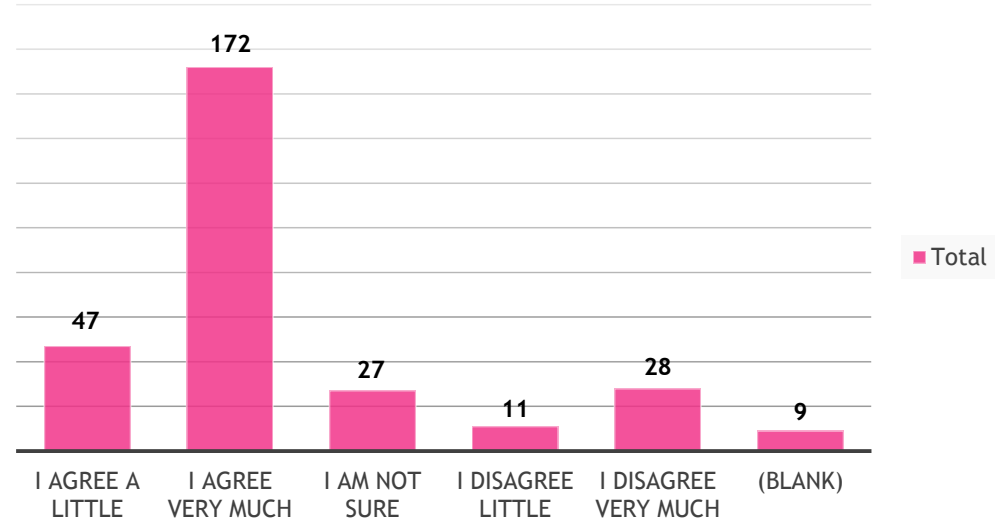
*89% feel that they have adequate skills but 11% do not

Amount of people who have proper storage to keep food fresh at home



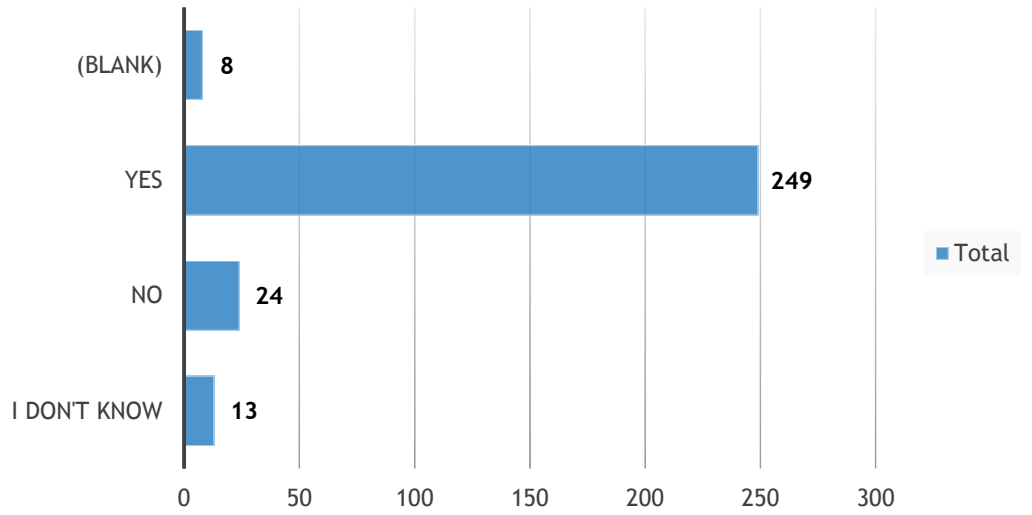
*90% feel that they have proper storage but 10% do not

Number of people who feel confident writing a healthy grocery list



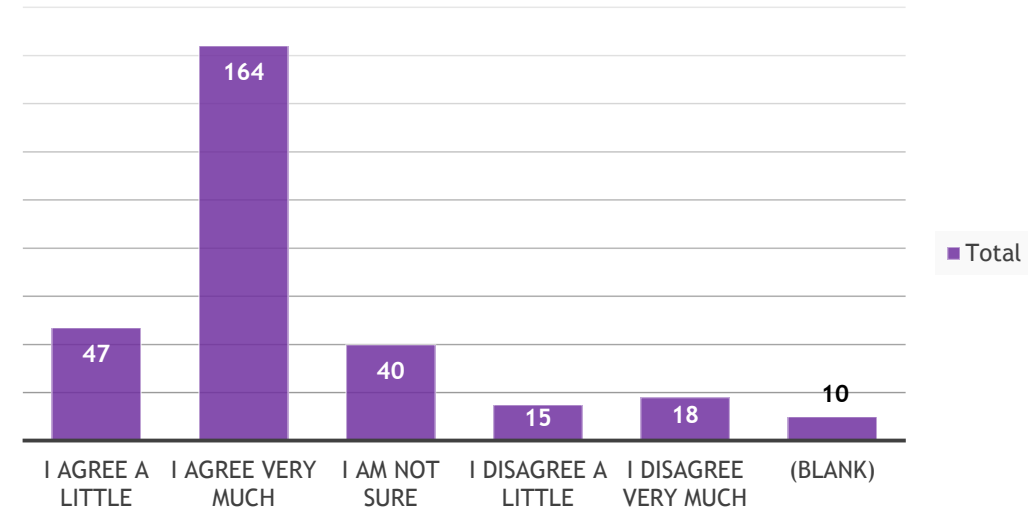
*77% (60% confidently) believe they could write a grocery list while 23% do not (10% definitely not)

Number of people interested in eating healthy



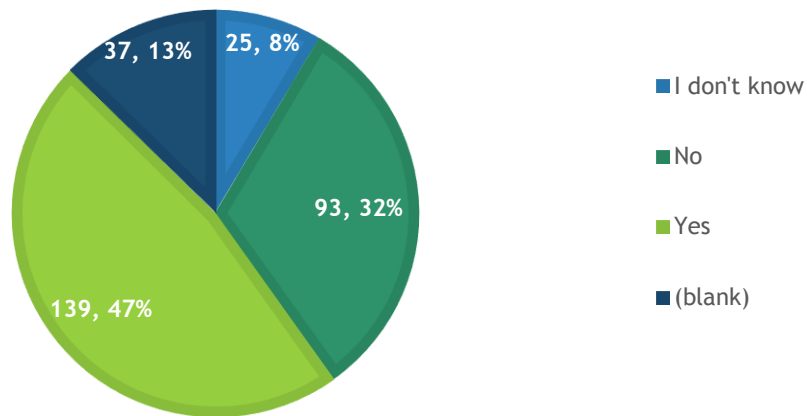
*86% are interested in eating healthy and 13% are not

Number of people who feel comfortable reading a nutrition label

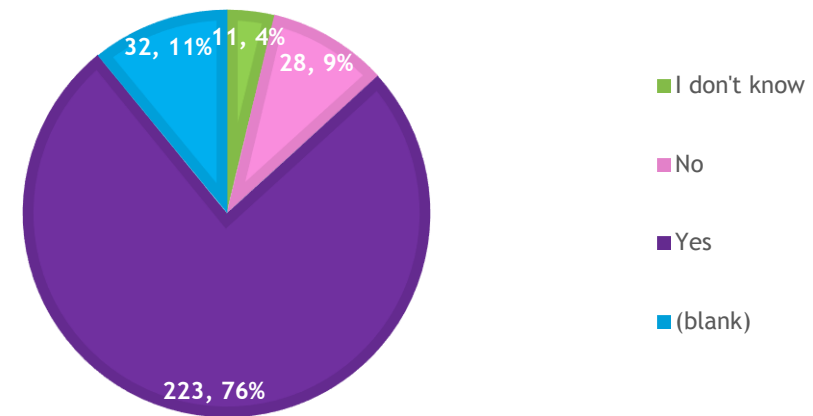


*74% (58% confidently) feel comfortable reading a label while 26% do not (6% definitely not)

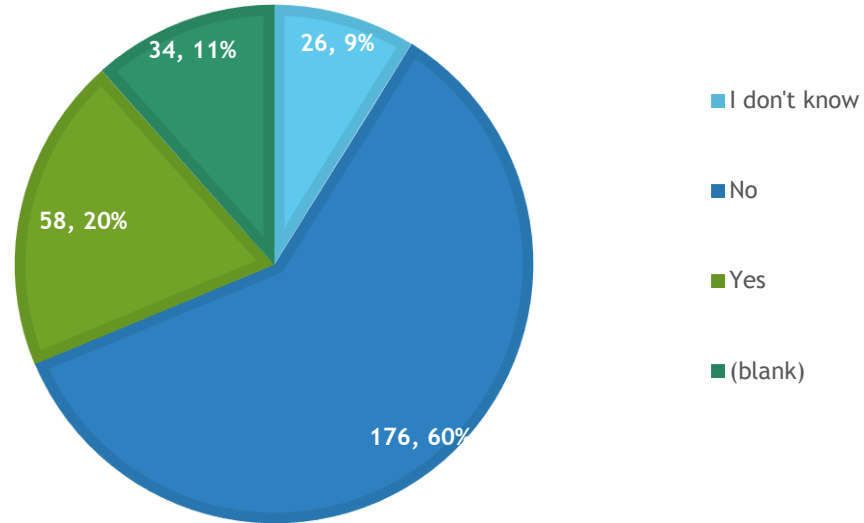
NUMBER OF PEOPLE WHO SAY IT WOULD BE HELPFUL TO HAVE HEALTHY ITEMS MARKED IN THE PANTRY



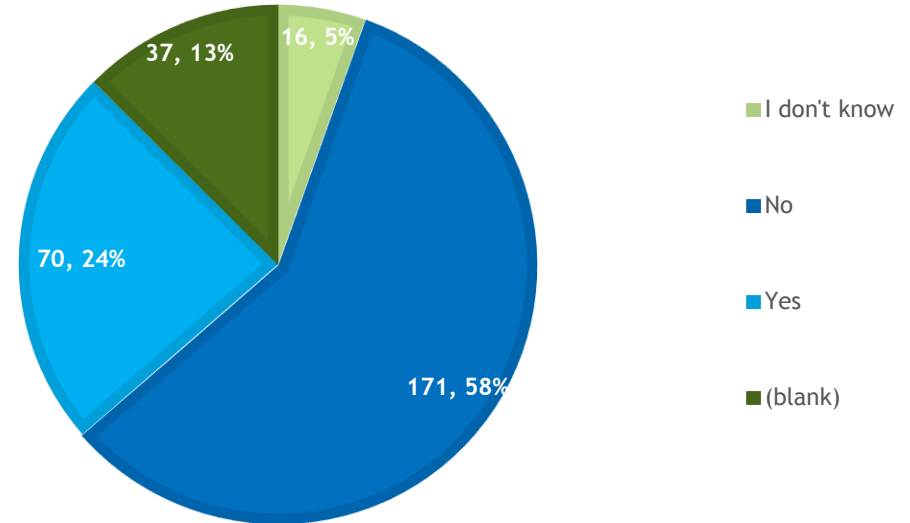
NUMBER OF PEOPLE WHO SAY THEY WOULD EAT MORE FRESH FRUITS AND VEGETABLES IF THEY WERE AVAILABLE



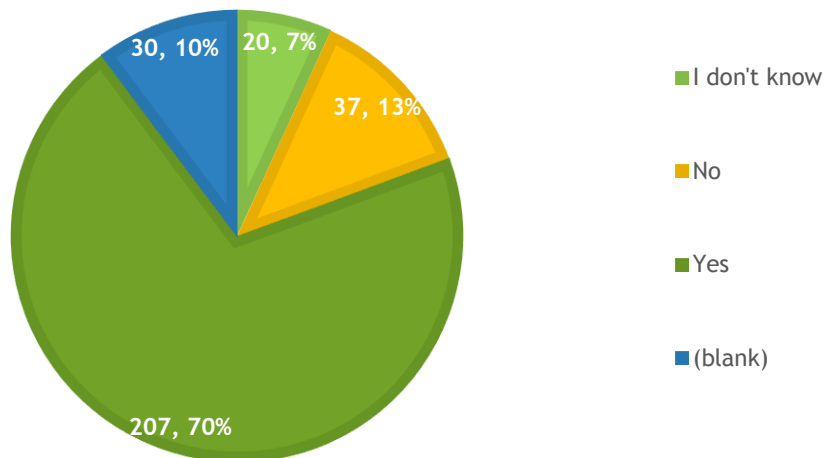
NUMBER OF PEOPLE WHO LIKE HELP FINDING SECURE HOUSING



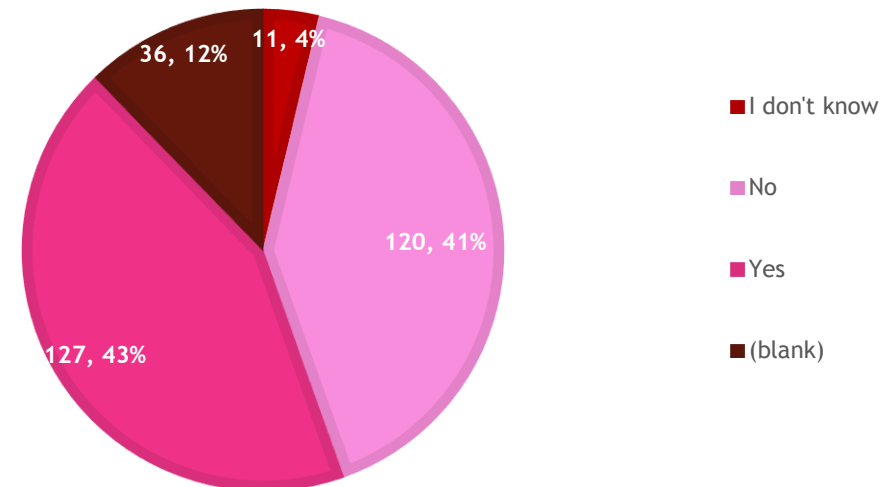
NUMBER OF PEOPLE WHO WOULD LIKE HELP FINDING EMPLOYMENT



NUMBER OF PEOPLE WHO WOULD LIKE THE PANTRY TO OFFER MORE FRESH FRUITS AND VEGETABLES

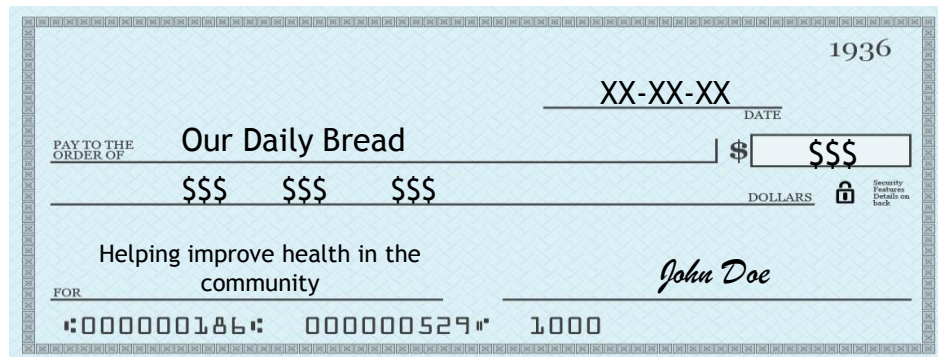


NUMBER OF PEOPLE WHO WOULD LIKE HELP WITH BASIC NEEDS



How is this data being used?

- ▶ The data collected is already being used in a variety of ways.
 - ▶ It has been used as evidence for the Kerr Foundation Grant.
 - ▶ It has been used as evidence for the BOK Foundation Grant.
- ▶ It will be used to apply for local Stillwater Medical Center Community Wellness grant.
 - ▶ This grant is up to \$1,000 and is for organizations who are implementing wellness initiatives to help improve cardiovascular health, nutrition and prevent childhood obesity and tobacco use.
- ▶ The data will be presented at the all churches meeting.
 - ▶ This is a meeting that brings all current pantry managers together to discuss the plans for Our Daily Bread.
- ▶ The data has been shared on social media (Our Daily Bread's Facebook page).
- ▶ We are going to work towards implementing the survey at more locations such as free meal sites and mobile meals.
- ▶ A follow up survey will be implemented once the pantry opens and this data will be used as baseline for comparison.



Using data to develop catered resources

Issue	Solution
Providing access to basic needs like toiletry items (43% say they need this)	Working with other organizations and businesses to get these items at a reduced price or at no cost. Also coordinating supply drives.
Unemployment Rate (22%)	Having resume building and job tip workshops. Also having trained volunteers to help when walk-ins occur
Low enrollment in SNAP (60% are not enrolled) & WIC (93% are not enrolled)	Provide SNAP and WIC education seminars & tell guests where they can shop that accepts these benefits
High BMI's (42% of the sample were considered obese with an average BMI of 47.7)	Provide health education classes (38% said they were interested), nutrition education classes (31% said they were interested) and opportunities for exercise classes (35% said they were interested).
Chronic Disease Rates & Additional Health Problems	Increase fruit and vegetable consumption by offering more at the pantry (70% said they would like this) as well as encourage preventative care by connecting resources. Provide education classes about how to manage chronic diseases. The pantry will also have healthy items marked with stickers (47% said they would appreciate this).
Fruit and vegetable consumption rates (28% eat fruit every day and 35% eat a vegetable every day)	Increase fruit and vegetable consumption by offering more at the pantry (70% said they would like this, 76% said they would eat more if they were offered). These classes will also talk about writing a grocery list (which 23% reported not knowing how to do) and teach individuals how to read nutrition labels (which 26% did not feel comfortable doing).

Catered resources continued...

Issue	Solution
<p>Addressing barriers (most common was no car (16%), having to rely on a ride (15%), people in the house being picky (9%) and not having supplies needed at home (15%))</p>	<p>We are working with the City of Stillwater and OSU to redesign the transportation routes so that people can easily get to the new ODB site via bus multiple times throughout the day. We will also have a bike rack for those who ride bikes. There will be taste testing in the lobby of a daily fruit or vegetable and we will provide cooking supplies if they attend a cooking class</p>
<p>Increasing access to healthcare (27% said they need this)</p>	<p>Developing partnerships with physicians and primary care providers in the community to provide preventative screenings and services like dental and eye care at low or no cost</p>
<p>Having necessary food, skills & supplies to cook meals at home (over 50% did not feel that they had the food they need to prepare a healthy meal at home on a regular basis, 11% felt they do not have adequate skills to prepare a meal and 15% do not have tools needed)</p>	<p>Offer free cooking classes with incentives such as utensils, crock pots & recipe books (this will be paid for with SMC grant and others)</p>



Communicating with guests

A monthly calendar, which will be available at the pantry, will indicate what class schedules will be and what type of incentives will be offered for participation. Below is an example:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Nutrition Education: Diabetes		Tobacco Cessation: How 2 Quit		Job Building: Resume Advice	Cooking Class: Diabetes *Utensil Incentive
	Healthcare: Blood Pressure Screening		Cooking Class: Heart Healthy *Cook Book giveaway		Nutrition Education: Read a Label	Benefits: SNAP Education & Enrollment
	Cooking Class: Easy Breakfast *crockpot giveaway		Tobacco Cessation: Harmful Effects		Physical Activity: Zumba	Nutrition Education: Heart Disease *Cook Book giveaway
	Nutrition Education: Avoid Sugar		Cooking Class: Crock Pot Meals *crockpot giveaway		Benefits: WIC Education & Enrollment	Healthcare: Eye Exams
	Tobacco Cessation: Support Groups		Nutrition Education: Grocery List		Cooking Class: Cooking with Kids *Utensil Incentive	Physical Activity: Mobility

“Nudges” in the pantry

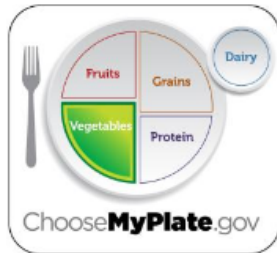
Nudges, or environmental cues such as signage, colors, packaging and product placement, have been identified as factors that influence consumer choice.

We want to make the healthy choice the easy choice.



Grains

Add sweetness to your whole-grain cereals with fruit. Top cereal with sliced bananas, canned peaches, raisins, or frozen fruit!



Vegetables

Try crunchy vegetables, raw or lightly steamed. They make a great snack or side dish!



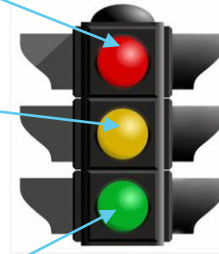
Fruits

Need a dip for your fruit? Mix plain yogurt with a dash of vanilla, or add your favorite spices, like cinnamon, for a new flavor.

Red = Heart Healthy

Yellow = Diabetic Foods

Healthy Option



Choose Healthy Options Program

*The pantry will also be set up where individuals are made to go by fresh produce first, frozen second and then canned.

*All items that are not healthy will be located at the end.

Special Diets

- ▶ Data from the baseline assessment showed that 21% of pantry guests have heart disease, 34% have diabetes and 55% have high blood pressure.

Example of a shopping list that could be given to a diabetic guest:

Vegetables

No salt added green beans, 2 cans
No salt added corn, 1 can
No sugar added/low sodium spaghetti sauce
Diced tomatoes, 1 can
Fresh vegetable tray, large
Large bag of mixed salad greens
Bag of Fresh brussel sprouts
Bag of fresh snap peas

Grains

Oats, 24 oz container
Whole wheat couscous, 5.8 oz box
Whole wheat penne pasta, 13 oz box
Brown Rice, 1 pound bag
Wheat Flakes, 1 box
Whole grain granola chips, 2- 6.2 oz bags
Loaf of 100% whole wheat bread

Meat/Protein

Peanut butter, 18 oz. jar
Chunk light tuna in water, 4 cans
Pinto beans, 1 pound bag
1 dozen eggs
2 lbs. frozen turkey

Dairy/Dairy substitutes

Powdered Milk, makes 18 quarts
1 gallon almond milk
Yoplait Greek yogurt smoothie, 4.5 oz (2)

Fruit

Light peaches, 1 can
Light mixed fruit, 2 cans
Applesauce, unsweetened
Fresh Fruit, 10 items



Considering the population

15% of the sample population was between the ages of 55-59. 11% were between 50-54, 10% were between 60-64 and 10% were between 65-69.

This means that nearly 50% of the sample population were older adults or elderly.

It is important for the pantry to serve this population appropriately.



FOOD TO ENCOURAGE FOR SENIOR GROCERY PROGRAMS (Not an exhaustive list)

TABLE 4

FRUIT

FRESH, FROZEN* AND CANNED*

- Pears
- Bananas
- Strawberries
- Blueberries

* no added sugars * canned in natural juices or light syrup

VEGETABLES

FRESH, FROZEN* AND CANNED*

- Kale
- Spinach
- Broccoli
- Brussels sprouts
- Red, green, and orange peppers
- Carrots

^ avoid high fat sauces for frozen * Low sodium or no added salt

MEAT AND NON-MEAT PROTEIN

FRESH AND FROZEN

- Boneless, skinless chicken breast
- 95% lean ground beef
- Low-fat hot dogs
- Lean ground turkey or chicken
- Fish

CANNED

- Low-fat, low-sodium chili meat
- Low-fat beans
- Tuna or chicken packed in water

DRY

- Beans (pinto, black, etc.)

DAIRY

MILK

- 1% or fat-free refrigerated
- 1% or fat-free, shelf stable/aseptic

YOGURT

- Low fat

CHEESE

- Low fat/reduced fat

GRAINS

- Whole wheat bread
- Fortified, low- or reduced-sugar cereals
- Whole wheat pasta
- Brown rice
- Whole wheat flour

Recipes

- ▶ Although recipes will be provided during cooking classes, there will also be a list of recipe options in each section of the pantry as guests are shopping (fresh, frozen, canned, protein, dairy, grains, etc.).



Examples of 1 minute snacks you can make with pantry items

Tom The Piper's Son's Freeze: Take two graham cracker squares and spread peanut butter on both halves. Place 3-4 slices of banana on top of the peanut butter of one half and cover with the other half (peanut butter side in). Wrap in plastic wrap and freeze. Serve frozen.

Little Jack Horner's Dip: Combine 1 cup plain yogurt with 1 cup salsa. Chill and serve with cut veggies.

Little Miss Muffet's Mix: Toss light microwave popcorn with Cheerios™, dried fruit bits, pretzel twists, and roasted, unsalted peanuts. (For children over three.)

Georgie Porgie's Graperfection: Freeze red and green grapes. Serve cold. (Cut grapes in small pieces for children under three.)

Jack Sprat's Parfait: Put 1/3 of one (8-oz.) container of low-fat vanilla yogurt in a paper cup or medium-size glass tumbler. Top with 1/2 cup chopped fruit or blueberries and 2 tablespoons of Grape-Nuts®. Repeat layering.

Humpty Dumpty's Pops: Combine 1 (15-oz.) can pear halves or slices and 1 small carton (6-8 oz) of low-fat vanilla yogurt in a blender. Process until smooth. Divide mixture evenly into paper cups and insert craft stick in center of each pop. Freeze until firm—about 3-4 hours.

Jack and Jill's Zucchini Hill: Slice zucchini into rounds. Sprinkle with Monterey Jack cheese and chopped red bell pepper. Microwave on high for 1 minute or until cheese melts

Simple Simon's Sundae: Place 2 tablespoons creamy peanut butter in a small microwave-safe dish. Heat until melted—about one minute. Drizzle over 1/2 cup frozen yogurt.

Little Bo Peep's Banana Split: Halve banana lengthwise. Spread 1 half with 2 tablespoons peanut butter. Press in 2 tablespoons of cornflakes or other cereal of your choice. Top with other banana half and cut in half.

Old King Cole's Mini-kabob: Cut cheese into cubes—about the size of dice. Slide 1 grape and 1 piece of cheese on a toothpick. Repeat with remaining cubes of cheese and grapes. (For children under 3, cut grapes in half.)

Little Boy Blue's Waffle-wich: Toast multigrain waffles. Layer with peanut butter, jelly, and banana slice. Top with another waffle. Cut into four pieces.

Queen of Hearts' Desire: Spread 2 tablespoons of pasta sauce on a bagel half. Sprinkle with shredded mozzarella cheese. Bake in toaster oven or broil in the oven until cheese is brown.

What's Next?

- ▶ I will continue to have a relationship with Our Daily Bread.
 - ▶ I will still serve on the advisory board and will help them develop a follow up assessment.
 - ▶ I will continue helping to administer surveys across the local pantries, meal sites and mobile meal locations as requested by my site supervisor.
- ▶ I will continue to be a part of the policy development and adoption process.
- ▶ I will be a volunteer once the site opens and help with assisted shopping, cooking classes and garden maintenance.
- ▶ I will continue to be an advocate for Our Daily Bread and the work they are doing in Payne County.



Quotes from survey participants

- ▶ “I have recently made a life choice to get healthy after having a heart attack and fresh fruits and vegetables would be amazing.”
- ▶ “Thank you for all you people do to help people. Wish people would be like you guys more! Thank you bunches!”
- ▶ “Thank you for helping our family, you are appreciated.”
- ▶ “Since I work in mental health and often take consumers to food banks, I am really looking forward to this opening - especially the fact that they can choose items they will use - this means less waste! I will gladly pass on this info to my agency and consumers!”
- ▶ “I think this is a great idea to hear other opinions on what needs to be helped on.”
- ▶ “A lot of times the last week and a half are the hardest times in the month you get paid once a month. It’s hard to get food when all your bills add up as much you get. The fresh fruits and vegetables would be very helpful to be able to get a couple times a month.”

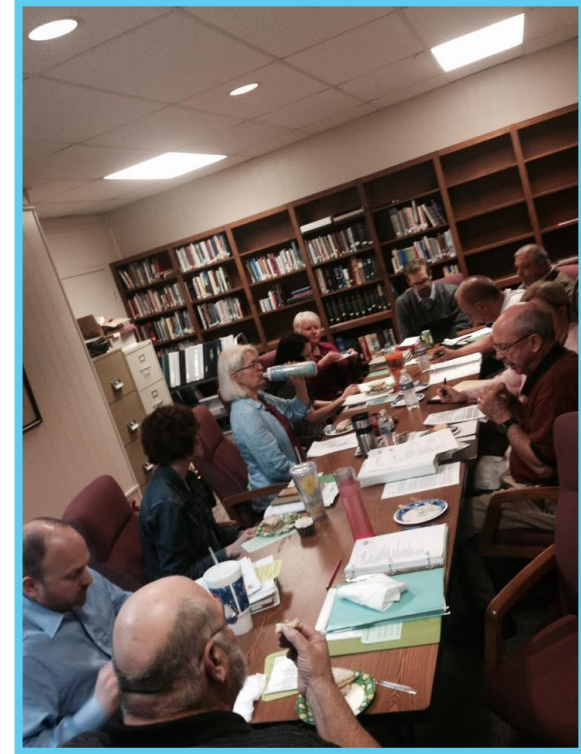


Photographs



Regional Food Bank of Oklahoma
Partner Agency Conference

ODB Interior Garden



March 2016 Board Meeting



ODB's First Sign

Mehan Union Survey Site



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