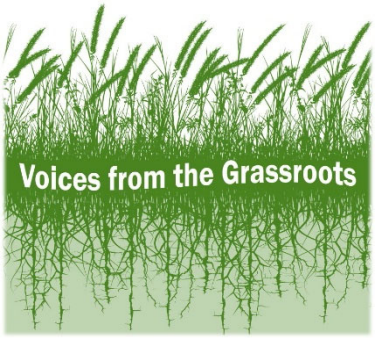
Journal of Agriculture, Food Systems, and Community Development
ISSN: 2152-0801 online
https://www.foodsystemsjournal.org

Six critical solutions to fix Peoria's community emergency food assistance system



Kim A. Keenan *
Gifts in the Moment (gitm) Foundation

Submitted December 17, 2017/ Published online July 2, 2018

Citation: Keenan, K. A. (2018). Six critical solutions to fix Peoria's community emergency food assistance system. *Journal of Agriculture, Food Systems, and Community Development, 8*(2), 19–22. https://doi.org/10.5304/jafscd.2018.082.014

The Big Issue

> *No food system can be considered successful unless all people are well fed with the best food available.*
>
> —Ken Meter (2013, p. 11)

For me, Ken Meter's simple statement hits the nail on the proverbial head. In Peoria, Illinois, we see fundamental issues facing many of our community food programs as they attempt to overcome the challenge of providing people in need with good food—food that is healthy, green, fair, and affordable. Not only are we challenged in feeding all of our food-insecure families adequately; we really struggle in offering, on a consistent basis, healthier food options.

In the city of Peoria (population just over 114,000), where I co-founded the Gifts in the Moment Foundation (the gitm Foundation), there

* Kim Keenan, gitm Foundation; 4200 East Washington Street, Suite B; East Peoria, IL 61611 USA; +1-309-966-3790; gitm@mtco.com; https://www.gitmfoundation.org

I received a master's degree in social work from The University of Illinois, a master's degree in Psychology, and a Ph.D. in Applied Ecology. I am a licensed clinical social worker and an adjunct instructor of graduate studies at the University of Illinois. In addition to having maintained a thriving family therapy practice, I have been a social worker in the Peoria area for over 28 years. In 2007 Denise Urycki and I co-founded The gitm Foundation, which created Peoria's first urban farmers market and installed over 80 raised garden beds in Peoria's south village.

† The gitm Foundation is a not-for-profit organization dedicated to improving environmental and community health. Since 2007 we have spearheaded numerous food system initiatives, including developing an urban agriculture training program, creating the first national storm-water farm, and introducing the area's first food-waste program. As the key creator of the Regional Fresh Food Council (https://www.regionalfreshfoodcouncil.org), we strive to collaborate with cross-sector stakeholders in assessing policy and food-security issues impacting our communities. We work diligently to coordinate healthcare needs with these food-security initiatives through the HEAL (Healthy Eating/Active Living) committee that serves the region's Community Health Needs Assessment Strategies. These strategies can be found at https://www.healthyhoi.org.

are over 40 soup kitchens and food pantries that directly serve families as part of the emergency food assistance system. Collectively called community food programs (CFPs), most are part of faith-based organizations, and many exist within mere blocks of one another. Yet in Peoria there exists no mutually shared system for clients to know whether they qualify for participation, where all of these CFPs are located, or even their hours of operation. Most of these well-intentioned emergency food programs admit to poor communication, but are burdened by having volunteer staff and few resources to try to fix our dysfunctional system. In this Voices from the Grassroots brief, I elaborate on these challenges and offer six solutions critical to fixing Peoria's emergency food assistance system. My hope is that this brief will inspire action within our Regional Fresh Food Council (https://www.regionalfreshfoodcouncil.org), and may possibly inform the work of other food policy councils dealing with similar challenges. We welcome input from other organizations and agencies.

The Challenges of the Failing Community Emergency Assistance Food System

1. Increased numbers of food banks and pantries exist with little to no collaboration between them.
   The limitations in funding can create competition between CFP organizations. Vying for these limited funds can be counterproductive in developing and growing successful collaborations. Competition for food donors (such as grocery stores and restaurants) is also a common challenge, as CFPs seek resources to serve their clients. It is not uncommon for food pantries to become discouraged by the news that another CFP has acquired products from "their" food donor.

2. Food banks and food pantries lack a standardized means of measuring program and client data that can meet the needs of the community.
   A missed opportunity for measuring the impacts of CFPs on food-insecure families is the lack of data to support a push for change. There exist wide and varied methods of collecting data on individuals and families who need food assistance and how they are currently being served by community food-based programs. The lack of standardization only makes it more difficult for collaborations to collect meaningful data that can then be reported to the general public.

3. Many food banks and food pantries are limited in their access to consistent amounts of healthy food, storage capacity, and marketing capacity.
   Most CFPs are limited in resources, whether in personnel or capital equipment or facility capacity. Common issues fall within the ability to store food items that are not shelf-worthy, such as produce, fruit, milk, and eggs. CFPs' services are almost exclusively marketed through word of mouth, as many are programs of small not-for-profits or faith-based organizations. This form of disseminating information can be useful but is hardly an effective form of communicating the wealth of emergency food services offered within a community.

4. Healthcare institutions struggle to collaborate with community-based programs.
   One of the most significant challenges facing communities that seek to address hunger and obesity is building true collaboration among key healthcare institutions. A true partnership should manifest mutual goal-setting, shared resource management, and active strategic planning. Many of the healthcare institutions striving to meet the needs of the community spend too much time and energy attempting to supply the community with their own services instead of partnering with community-based organizations to determine the best courses of actions.

The Solutions from My Perspective

1. Support collaboration between local CFPs by aligning all efforts toward the common good.
   Because we know of the need for greater food

security but fail to recognize how to address it, we continue to add new emergency food programs annually as a way to improve our reach. In the absence of intentional collaboration between current and new programs, this only adds unnecessary layers to the existing CFPs system. Additional feeding programs are becoming part of the national food system, such as school breakfast programs and summer feeding centers, all of which are centered around getting good food to families in dire need. However, these programs do not work collectively toward a shared goal. It should be a best practice when starting any new initiative in the emergency food community to do an asset inventory of existing programs to avoid duplication of effort and make the best use of community resources.

2. Design shared metrics for classifying and measuring healthy food options for CFPs.
   While there are several well-regarded tools available for the assessment of healthy foods offered through food pantries, none incorporates a system by which all CFPs can access the same information quickly and effectively without extensive training or the capacity to use online information. A basic food classification system designed by nutrition experts would aid efforts toward providing healthier food items to families in need. This system needs to be user-friendly and integrated into a free technology-based system that all recipient organizations can use. A classification system could help not only the CFPs monitor the amounts and types of healthier food choices offered, but also help food-insecure individuals make healthier choices from the options available. The encouragement and use of a system across CFPs would also assist in the community-based research needed to determine strategies or courses of action that work to promote healthy eating.

3. Developing a "CFP standard of care."
   Standard of care is defined as the "treatment standards applied within public hospitals to ensure that all patients receive appropriate care regardless of financial means" ("Standard of care," n.d.). A patient in New York seen for possible treatment of a streptococcal infection would receive the same standard of care as a patient entering a clinic in Illinois. A "CFP standard of care" would ensure that all people, regardless of income, could have access to the same choice of healthy foods. With regard to the need for standardization of care between CFPs, major health organizations could begin training CFPs in new technology systems, helping to research trends in CFPs and community needs, and providing greater definition of population health issues as they relate to food access.

4. Create a shared analytics system for food banks and pantries.
   Searchable database systems would allow our local CFPs to share information about their specific food needs in order to avoid waste. Many states now use the internet to help match food needs with potential donations. Some of these systems are free, while others require a contract for service. Software systems that require fees are more robust, have greater technical support, and allow for unique features to be added based on community need. These programs have been able to help alleviate some of the concerns surrounding quality product, storage, and timeliness.

5. Promote the public access of all community food programming information.
   One of the benefits of creating a collective technology-based system is the ability of CFPs to enter their location, hours of operation, family and client participation requirements, and contact information. Homeless shelters, hospitals, government offices, healthcare centers, and other organizations could then direct social workers, nurses, doctors, and volunteers to access the system to provide information to help meet the needs of clients who might need food on a specific day, offer locations, hours of operation, and determine whether they even qualify for services. Temporary and special food needs could be

coded in the system for public access as well, such as Meals on Wheels that serve home-bound individuals, holiday gift baskets for Thanksgiving and Christmas, and even feeding sites for children's nutritional needs during the summer break. All of these would have the organizational names, contacts, and specific requirements listed for public access in within a single system.

6. Encourage all healthcare institutions to support these improved operational processes by providing resources to identify, train, and equip all CFPs as critical public healthcare partners.
   All local healthcare organizations, particularly those serving low-income populations, should be actively seeking to collaborate with community-based food programs in order to improve general population health. The use of technology could revolutionize CFPs through the intersection of a patient's Electronic Health Record (EHR) with healthy food access in order to improve their health. Hospital stakeholders can support the collaborative by providing process management staff services in the applications of a new system and in the training of CFP staff on the new technology.

Conclusion

The ways in which we currently approach community-based emergency food need are inefficient and ineffective, leaving countless families without proper amounts of food and good nutrition. In recognizing these issues, we can better understand what changes need to be made in order to make tackling the issue of food insecurity among families a more collaborative and systematic effort. Through the use of technology in creating a standardized shared system in which CFPs collect and share data, health-care partners can aid in community efforts to manage health issues associated with poor access to healthy foods and food insecurity.

References

Meter, K. (2013). Addressing hunger by strengthening local foods logistics. *Journal of Agriculture, Food Systems, and Community Development, 3*(3), 9–11. https://doi.org/10.5304/jafscd.2013.033.011

Standard of care. (n.d.). In Wikipedia. Retrieved March 1, 2018, from https://en.wikipedia.org/wiki/Standard_of_care