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A Conversation Tool for Assessing a Food Pantry's Readiness to Address Diet-Related Chronic Diseases

Abstract

Food insecurity is associated with diabetes and other chronic diseases. Individuals who experience food insecurity may use coping skills to avoid hunger, including eating unhealthful foods and binging when food is abundant, two practices that are often detrimental to prevention or management of chronic diseases. Food pantries, especially those using the Rainbow of Colors Choice Food Pantry System, are potential settings for providing nutrition education, healthful foods, and screenings to help individuals prevent or manage their chronic diseases. This article describes a conversation guide Extension professionals can use to assist food pantry personnel in identifying and implementing strategies for addressing chronic diseases.

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Introduction

Food insecurity is associated with diabetes and other diet-related chronic diseases (Seligman, Bindman, Vittinghoff, Kanaya, & Kushel, 2007). Those who are food insecure have more emotional and financial challenges related to managing diabetes, low self-efficacy for managing diabetes, more emergency room visits for hypoglycemia (Seligman & Schillinger, 2010), poorer glucose control, and increased risk of health complications (Seligman et al., 2007; Seligman, Jacobs, López, Tschann, & Fernandez, 2012; Seligman & Schillinger, 2010). People who experience food insecurity often use coping strategies to avoid hunger, potentially compromising the ability to manage blood sugars. Coping strategies may include consuming low-cost and energy-dense foods, eating a small variety of foods, practicing food waste avoidance, and binging when food is abundant (Seligman & Schillinger, 2010). Extension professionals can help combat diet-related chronic diseases in food-insecure groups through education of food pantry personnel.

Addressing Chronic Disease via Food Pantries

Food pantries were originally designed to meet emergency food needs. However, many households rely on them to access food year round. A majority of food pantry clients reported using a pantry at least six times per year, and one third reported using a pantry every month (Echevarria-Cruz & Santos, 2010). Recent

interventions have focused on food pantries' providing healthful options and nutrition education as a way to address diet-sensitive chronic diseases. Strategies that can be implemented within food pantries include providing food boxes for those with diabetes, offering screenings and referrals, and providing diabetes education (Seligman et al., 2015). Additionally, some food pantries have converted to the Rainbow of Colors Choice Food Pantry System; such pantries are organized according to U.S. Department of Agriculture Myplate food groups and offer clients healthful choices and nutrition education (Remley et al., 2006; Remley, Kaiser, & Osso, 2013).

Still, many pantries operate using a traditional approach by distributing preselected items. Assessing the diabetes status of clients and addressing associated needs might be an afterthought. The foods distributed might not be the most healthful or desirable, depending on community resources and the procurement skills of the food pantry personnel. Furthermore, clients may not know how to use certain foods, especially in the context of a diabetic meal plan. Interaction with volunteers may be limited, possibly hindering dialogue around needs and preferences. Extension educators can assess readiness and provide coaching and training related to the Rainbow of Colors Choice Food Pantry System, thereby assisting food pantries in addressing diet-sensitive chronic diseases such as diabetes.

Conversation Tool for Assessing Readiness

Here, I present a conversation tool Extension educators can use with food pantry directors and staff to assess a pantry's readiness to convert to the Rainbow of Colors Choice Food Pantry System and to provide strategies for addressing diabetes and other chronic diseases. The questions were drawn from my experiences in food pantry assistance, community coaching (Hubbel & Emory, 2009), and community readiness (Oetting et al., 2014). The tool, shown in Figure 1, has been field-tested in several Ohio pantries.

Figure 1. Conversation Tool for Assessing Food Pantry Readiness to Address Chronic Diseases
<ol style="list-style-type: none">1. Does your pantry have a mission/vision statement?2. What are you most proud of in terms of your food pantry's accomplishments? What does it do really well?3. What are your hours of operation, and how many clients do you see per week/month? Can clients choose their own foods?4. From where do you source most of your foods?5. Who makes decisions in terms of pantry operations and policies?6. [Ask following an explanation of the Rainbow of Colors Choice Food Pantry System.] What are some of YOUR biggest concerns about changing to the Rainbow of Colors Choice Food Pantry System? What are the biggest concerns of your staff and volunteers?

7. In your pantry, what is your opinion about . . .
 - the amount of food offered?
 - the variety of food distributed (are certain foods/food groups lacking)?
 - the healthfulness of the foods distributed?
8. On a scale of 1 to 5, with 1 being *very unskilled*, 2 being *somewhat unskilled*, 3 being *neutral*, 4 being *somewhat skilled*, and 5 being *very skilled*, rate the overall skill level of your personnel relative to each of the following areas, and explain your rating:
 - Treating clients with respect
 - Interacting positively with clients from different cultures or backgrounds
 - Promoting healthful choices
 - Showing clients how to use certain food items
 - Knowing which foods belong in which food groups (for example, knowing that eggs should be placed in the protein group)
 - Helping someone with a chronic disease such as diabetes
9. Do you have any way of assessing client needs or preferences? If so, please describe.
10. Do you have any way of assessing whether clients live with a chronic disease such as diabetes or are shopping for people in their households who have chronic diseases? If so, please describe.
11. What other skills do you feel are needed by your staff/volunteers?
12. What additional supplies are needed to convert to the choice model?

Application of Results of the Readiness Conversation

Following the conversation, Extension educators can guide a food pantry's director and staff to resources or training. Several tools and resources, such as *Making the Switch: A Guide to Converting to A Choice Food Pantry* by the Ohio Association of Second Harvest Foodbanks, can address perceived barriers to converting to a choice pantry (e.g., lack of space, concerns about operations). Other tools, such as Feeding America's *Healthy Foodbank Hub*, can help food pantry personnel make organizational changes related to procuring and offering

more healthful foods, use "behavioral nudges" to encourage healthful food choices, or implement other strategies to help clients learn how to use foods (Feeding America, 2014). For assessing chronic disease, the Centers for Disease Control and Prevention offers a prediabetes screening tool (Centers for Disease Control and Prevention, 2016). Additionally, some researchers have offered guidance on how to help diabetic clients, such as by creating "diabetes only" selections or developing key partnerships with health care providers (Seligman et al., 2015). Finally, Ohio State University Extension has developed a choice pantry volunteer training that equips choice pantry volunteers and staff with cultural competency and nutrition education skills. The training promotes motivational interviewing to facilitate dialogue between food pantry clients and volunteers around food preferences and needs. Motivational interviewing has been shown to be effective in food pantries in terms of promoting nutrition (Martin, Wu, Wolff, Colontonia, & Grady, 2016).

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