

Second Harvest Heartland Healthy Foods Policy

Executive Summary

Second Harvest Heartland believes that food changes everything. We work to provide reliable access to food to disrupt the vicious cycle of poverty, poor health and food insecurity. We're committed to supporting the well-being of our hungry neighbors by distributing nutritious foods that clients need to live healthy lives free from hunger. We have developed a Healthy Foods Policy to guide our sourcing practices that is informed by the latest nutrition science and shaped by client surveys, feedback from our partners, and nutrition policies of other leading food banks.

By FY2023 our organization seeks to:

- Double the amount of lean protein we make available to our partners
- Achieve 50+% distribution of fruits and vegetables (including fresh, frozen, and canned)
- Provide year-round access to no-cost milk for our partners
- Discontinue distribution of sodas & candy from our distribution center

Policy Benefits and Rationale

One in eleven Minnesotans struggles with food insecurity.^{citation} Second Harvest Heartland, a trusted leader in hunger relief in Minnesota and western Wisconsin, is one of the nation's largest and most innovative food banks. The organization provides for more than 80 million meals annually to 532,000 individuals each year. 4,250 food shelf clients from 188 food shelves participated in the 2017 Minnesota Food Shelf Client Survey. Among those surveyed:

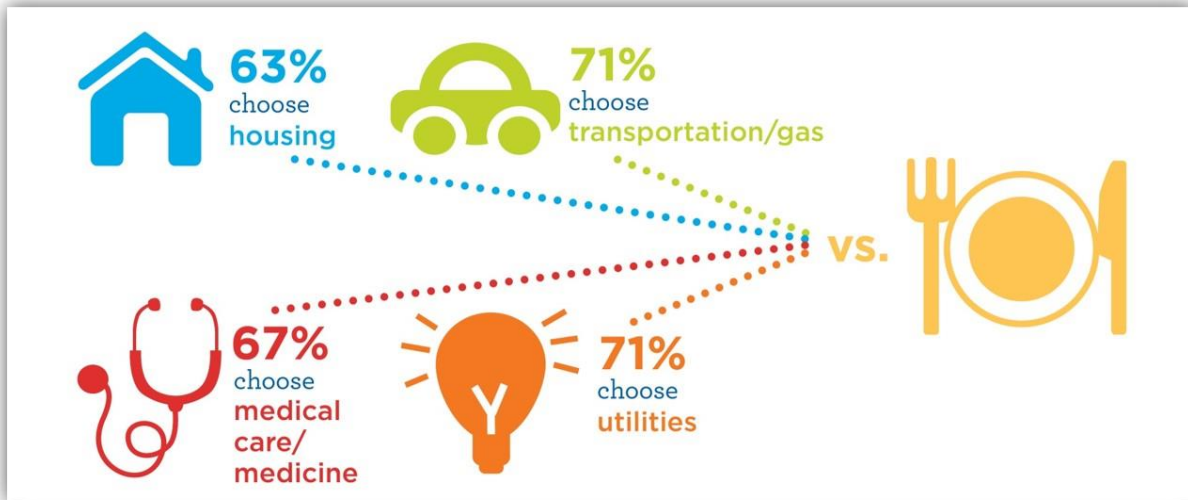
- 53% reported relying on the food shelf for **half or more of their total food** in the last 6 months
- 77% reported visiting the food shelf once or more in the last month and
- 74% have been using their food shelf for one year or more

Sixty percent of Second Harvest Heartland food shelf clients obtain more than half of their produce from a food shelf¹

The survey results indicate that Second Harvest Heartland's partner network provides more food support to clients for longer periods of time than they did in the past, when these food shelves and meal programs primarily provided short-term emergency food resources. Food shelves and meal programs report that more than 74% of the foods they distribute are sourced from Second Harvest Heartland. As the primary supplier to a network of agencies providing more than half of the food accessed by our food insecure neighbors, Second Harvest Heartland must deliver consistent supplies of fresh and healthy foods to support the nutrition needs of food shelf clients.

Food is Medicine

Many lower-income Minnesota residents live in “food deserts,” where there is limited access to fresh, healthy, and affordable food.² Distance to high quality food resources is a barrier for these individuals, with 75% of urban clients traveling a mile or more for food, and rural clients traveling five miles or more to access food². When food resources are scarce, people may implement coping strategies that decrease the nutritional value of foods consumed or reduce the amount of food eaten overall. Over time, these tradeoffs increase the likelihood of costly diet-related chronic diseases and poor health³. Additionally, clients often make tough choices between paying for food and paying for housing, transportation, utilities and medical care.



Chronic disease and hunger intersect. Research has shown that poor nutrition significantly contributes to chronic, diet-related diseases such as obesity, hypertension, and diabetes.³ Thirty-five percent of Second Harvest Heartland’s client households report a family member with diabetes and 44% report that someone in their household with high blood pressure.⁴ In Minnesota, 7.6% of Minnesota adults have been diagnosed with diabetes, according to 2015 Minnesota Department of Health Data, and “strong evidence suggest a well-balanced diet, low in processed meats, reduces the risk for cardiovascular disease.”⁵ Healthy food can help prevent – as well as manage – the chronic illnesses that are prevalent in our communities³.

In the United States, food insecurity is also linked to higher healthcare costs:

- Clients with food insecurity incurred \$1,863 more in annual healthcare costs as compared to those without food insecurity.⁷
- Diet-related chronic diseases associated with food insecurity are costly. Average medical expenditures for people diagnosed with diabetes are about 2.3 times higher than those without diabetes with an average medical cost of \$13,700 per year.⁸

Considering that many clients access food provided by Second Harvest Heartland once a month or more, the organization is in a unique position to improve the nutritional content of products available and improve the health of thousands of clients. While we work to end hunger through community partnerships, it is crucial that we offer consistent access to foods that will promote and protect health of the low-income families being served. Additionally, nutritious products are requested overwhelmingly by food shelf clients.

Meeting Demand

A nutrition-focused approach is also a client-centered approach. The top five foods desired by food shelf clients participating in the 2017 Minnesota Food Shelf Survey are items that support a well-rounded diet. The most requested products were meat, fish, and poultry followed by dairy, and fruits & vegetables. Eggs and cooking items (spices, cooking oil, etc.) were also among the most highly sought items. These survey results validate the anecdotal evidence about client food preferences supplied by agency partners and food bank field and distribution center staff.

Foods Included in the Policy

Second Harvest Heartland's goal is to provide clients the opportunity to maintain a diet that reflects the USDA MyPlate recommendations as much as possible while responding to client demands for more ingredients to cook balanced meals. Through our sourcing networks, we will seek to encourage access to produce low-fat dairy, and lean proteins while seeking to reduce soda and candy.

Fruits and Vegetables – 50% product mix year-round

Our organization is proud that fresh, frozen and canned fruits and vegetables account for nearly 50% of the food we distribute to agency and food bank partners, and 36% of the food we provide to agency partners within our service area. Meeting the USDA MyPlate recommendations to fill half the plate with fruits and vegetables, and aligned with client and partner requests, we will seek to maintain an overall product mix of 50% produce while investing in sourcing strategies to maintain consistent availability of produce staples for our agency partners throughout the year.

Protein – double the amount of lean protein available to partners

Protein is a key component of the USDA MyPlate, highly desired by clients, and often prohibitively expensive at grocery stores. Meat, fish, poultry and eggs are among the five most requested items at food shelves. Anecdotal feedback from agency partners overwhelmingly reinforce the need for additional healthy and culturally appropriate proteins year-round.

Second Harvest Heartland will double the amount of lean meat protein available to our partners at an affordable cost by developing new sourcing and distribution strategies to expand our inventory of these valued resources. We will continue to maintain adequate supplies of plant protein options to ensure access to a diversity of products. Lean proteins include both animal and plant sources that are low in saturated fat and sodium, two nutrients that are linked to high blood pressure and heart disease. Our policy defines lean protein to include lean ground beef, pork, chicken, seafood (non-breaded), turkey, nut butters, beans (canned and dried), eggs and nuts.

Milk - maintain a consistent supply of free milk for agency partners

Milk is an important resource for food shelf clients, particularly seniors and children, and it's difficult for our agency partners to secure consistent milk supplies to meet demand from clients. We will seek to increase the amount of dollars appropriated through state legislation to ensure all our partners are consistently supplied with milk. We will also seek to increase availability of non-dairy milk to meet the dietary needs of clients who prefer these products.

Candy and Soda – discontinue distributions from Second Harvest Heartland distribution center

Candy is defined as (but not limited to): hard candy (lollipops, individually wrapped items), gum, chocolate bars (not including meal replacement bars or dietary supplements), soft candy (caramels, wrapped chocolates, taffy, licorice, gum products, gummy bears).⁹ Candy has minimal to no nutritional value and can contribute to obesity and diabetes because it is very high in added sugar.

Sugar-sweetened beverages (SSBs), including soda, are the single largest source of added sugar in the US diet.¹⁰ Consumption of SSBs contributes to mortality from type 2 diabetes, heart disease, and some types of cancer.¹¹

Sourcing, storing, and transporting these products diverts valuable food bank resources from supplying nutritious foods. The organization will align its resources to do more than fill stomachs by providing the resources to help clients live healthy lives. Our philosophy is not to "police" client food choices, but to reliably provide the items that are more difficult to access efficiently through other outlets. By FY2023, Second Harvest Heartland will not distribute candy or soda from our distribution center (note: these items may still be distributed through Second Harvest Heartland programs that facilitate food flows from community retailers, restaurants, and other food service donors directly to agency partners, e.g. Retail Food Rescue and MealConnect donations).

Balanced Meals

Grains and Cooking Ingredients

A consistent meal plan and food security are the greatest nutritional contributors to positive health outcomes.³ Healthy ingredients are essential for creating nutritious meals and the benefits are delivered when the foods are consumed regularly. Meal program chefs and culinarians are skilled at creating balanced and enticing meals, and food shelf clients report that they know which foods to choose and how to prepare them³. Second Harvest Heartland will continue to source whole grains when possible and ensure items essential for cooking meals, like oil and spices, are consistently available through our distribution center.

Partnerships with Healthcare Systems

Second Harvest Heartland aims to improve health outcomes for food insecure neighbors by providing reliable access to nutritious foods. And yet, even when accessing supplemental foods available through the emergency food system, many of those served who are living with chronic diseases struggle to meet their specific dietary requirements.

In partnership with local healthcare systems, Second Harvest Heartland works to improve the health of neighbors in need by delivering prepacked food boxes tailored to clients impacted by diet related chronic diseases. Boxes are offered in three cultural variations with culturally appropriate foods and translated recipes and education materials.

Health outcomes data and financial impact of the FOODRx program are still being assessed but preliminary results are positive. By 2020, the organization aims to deliver two million meals to 10,000 patients. We expect that FOODRx will demonstrate its ability to improve food security, and patient quality health outcomes for diet-related disease states such as diabetes, cardiovascular disease and other conditions, making this program a pillar in our efforts to deliver better health outcomes.

Conclusion

Second Harvest Heartland believes that food changes everything, and we understand that not all foods offer equal nutritional value. We believe that clients deserve consistent access to the nutritious foods they want and require to live healthy lives free from hunger. Reflecting these beliefs, the organization has developed a Healthy Foods Policy with concrete milestones to achieve by FY2023. Incorporating sound nutrition policy into the organization's mission of ending hunger through community partnerships will have its challenges, and our approach will be open, transparent and collaborative. Working with our many well-meaning partners, we will respond to clients' needs and lead our network in promoting positive food security and health outcomes for our hungry neighbors.

Resources:

¹ Second Harvest Heartland, Agency Partner Network, and General Mills. Client Insights Research Initiative: Understanding Needs, Barriers, and Preferences Related to Produce Selection. 2017.

² Jerry Shannon (2016) Beyond the Supermarket Solution: Linking Food Deserts, Neighborhood Context, and Everyday Mobility, *Annals of the American Association of Geographers*, 106:1, 186-202, DOI: 10.1080/00045608.2015.1095059

³ Seligman, H., Laraia, B., and Kushel, M. 2010. Food insecurity is associated with chronic disease among low-income NHANES participants. *The Journal of Nutrition* 140.2: 304-310.⁴ Feeding America. Hunger in America 2014. 2014: Available at <https://www.feedingamerica.org/research/hunger-in-america>

⁵U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans. 8th Edition. December 2015. Available at <https://health.gov/dietaryguidelines/2015/guidelines/>.

⁶ 2017 Minnesota Food Shelf Client Survey. Available at www.supershelfmn.org

⁷ Berkowitz, Basu, Meigs, Seligman. Food Insecurity and Health Care Expenditures in the United States, 2011-2013. *Health Services Research* 2017. Available at: <https://doi.org/10.1111/1475-6773.12730>.

⁸Centers for Disease Control and Prevention. National Diabetes Statistics Report 2017. Available at: <https://www.cdc.gov/diabetes/data/statistics/statistics-report.html>

⁹U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans. 8th Edition. December 2015. Available at <https://health.gov/dietaryguidelines/2015/guidelines/>.

¹⁰ Definition of candy that was used by the Food Bank of Central New York and Second Harvest Food Bank of Santa Clara and San Mateo Counties as cited in Campbell, E., K. Webb, P. Crawford, "The Food Bank of Central New York Evaluation of the "No Candy No Soda" Donation Policy and Guest Preferences," UC Berkeley Center for Weight and Health, August 7, 2009. Available at: http://cwh.berkeley.edu/sites/default/files/primary_pdfs/FBCNY_Final_Report_2009.pdf

¹¹ Singh, G. et al. 2015 *Estimated Global, Regional, and National Disease Burdens Related to Sugar-Sweetened Beverage Consumption in 2010*. *Circulation* June 2015.

<<http://circ.ahajournals.org/content/early/2015/06/25/CIRCULATIONAHA.114.010636.abstract.>>