

Albert Schweitzer Fellowship Final Paper

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The USDA defines food insecurity as a lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability to nutritionally adequate foods. In Michigan alone, 1 in 7 people struggled with hunger, with 1 in 7 children struggling with hunger. This has increased during the COVID-19 pandemic. Gleaners Community Food Bank of Southeastern Michigan is a well-established organization that focuses on providing households with food access and related resources. Originally, my collaboration with Gleaners Community Food Bank would focus on food insecurity in pregnant women that were participating in a CenteringPregnancy program at a local community clinic, Covenant Community Care, that would not only impact the mom's but also their children and families. Due to the COVID-19 pandemic, many boulders were faced, these plans were repeatedly delayed, and eventually cancelled in October 2020, therefore requiring an adjustment to develop and focus on a different program.

Nationally, more than 42 million people, including 13 million children may face food insecurity in 2021, because of the COVID-19 pandemic (Feeding America, 2021). Since the start of the pandemic, it is projected that the 2020 food insecurity rate will increase to 20.4% (from 15.5% in 2019) in Wayne County alone (Feeding America, 2021). Gleaners Community Food Bank has expanded their usual food distribution efforts to include a drive-up model necessary for the safety of clients and staff. Walking guests are also welcome, while maintaining social distancing, of course. These food distribution efforts include the Gleaners service area (which includes Wayne, Oakland, Macomb, Livingston, and Monroe counties).

Since this drive-up model is a new model that only began in March 2020 in response to the pandemic, there has been much re-evaluation and feedback on what may be needed or

changed. I, myself, joined the efforts in March 2020, believing it would be a temporary effort during my “two-week extended spring break”. The program not only needed to meet the goals of reducing food insecurity but also needed to be able to provide clients with sustainable resources for their health. There was a need for inclusion of nutrition educational material but also a need for increased utilization of the products clients were receiving. Based on feedback from the distribution clients, not knowing how to use some of the produce or products provided in the time that the product was fresh/useable was a reoccurring issue. Providing educational material, such as recipes, is the first step but not the only necessary step that can be taken. Providing a one-on-one connection and the opportunity for communication and counseling was a more effective and beneficial approach for the population.

With this in mind, and a meeting with my community site contact, we developed three main goals/intended outcomes. First and foremost, we aimed to decrease food insecurity. We also aimed to increase knowledge of nutrition and finally, increase utilization of food products. Thus, the One on One for a Healthier You program came to life. We would be evaluating our goals/outcomes through numerous deliverables, including pre and post surveying, one-on-one counseling via phone/virtual calls, educational resources and recipes in individual packages, and food box support. This would be accomplished through biweekly phone/virtual calls for 3 months, for a total of 6 sessions. The content of what would be discussed on each call followed materials that would be sent out in a package for the participant to keep after their initial recruitment. The materials included three booklets. One booklet contained six common nutrition education topics (MyPlate, portion sizes, salt/sodium intake, beverage choices, dairy choices, and pros/cons and tips for fresh, frozen, and canned items). These would match items

participants may receive, for example, we included a session on comparing canned versus fresh items because there are a lot of canned items given out at distributions. The second booklet included six build you own recipes, where specific items weren't in recipes, but options, in case a participant did not have the specific item on a recipe. The third booklet included tips for how to prepare, store and use common items given at the distributions, such as apples and potatoes. Participants would also get a gift card to the grocery store of their choice (Kroger or Meijer) at the midpoint of the program and the end of the program.

The One on One for a Healthier You program was set to start recruitment in the first week of January 2021, but with other programming beginning, and to avoid confusion with the other program recruitment we decided to push recruitment for this program until January 25, 2021. Originally, recruitment was set for January 25 to February 10, but with low recruitment it was decided to extend recruitment until March 10. After meeting again with my site contact, we also decided to vary our recruitment methods as well. Recruitment was through in person efforts with flyers at distribution sites, so we began to send text messaging with a link to the flyer and a short message to those who were signed up with Gleaner's text messaging notification system.

Of the five participants who enrolled and completed the program, 100% were female, 60% were aged 50-59 years old (40% over 60 years old), and 100% had four-year degrees. 40% identified as White/Caucasian, 40% identified as Black or African America, and 20% identified as other race, with 80% identifying as Non-Hispanic or Latino. 40% of participants lived alone in their home, while 20% reported a household total of 2, 20% reported a household total of 3 and 20% reported a household total of 4 people. 100% of participants did not have children

between the ages of 0 and 5 years old. 80% also reported having 0 children between the ages of 6 and 17 years old, with 20% reported having children between 6 and 17 years old in their household. 100% of participants reported participating in some sort of social program such as SNAP, Medicaid, Medicare, etc.

In terms of evaluation, did we meet the goals and outcomes we set? Our first goal was to decrease food insecurity. Whether or not we accomplished this is hard to say considering the food distributions are still occurring, we are emerging from the pandemic, but it is still ongoing, so we don't know the full impact just yet. Our second and third goal/outcome was to increase nutrition knowledge and increase food product utilization. This was evaluated through pre and post surveying. Below in Table 1, the means and standard deviations can be found for the pre and post survey questions. Questions 11-12 and 15-19 included ordinal data with the options 0= strongly disagree, 1= somewhat disagree, 2= neither agree nor disagree, 3=somewhat agree, or 4=strongly agree. Question 13 included nominal data where 0=no and 1= yes, with an open-ended option if a participant responded yes. Questions 20-22 included ordinal data where 0=never, 1=rarely, 2=sometimes, 3=often and 4=always. Question 23 (post survey only) included ordinal data where 0=poor, 1=fair, 2=good, 3=very good, 4=excellent, 5=not applicable, and 6=don't know/not sure. Question 24 (post survey only) included nominal data where 0=no and 1=yes, with an open-ended follow-up if participants answered yes.

We would expect increased means in questions 11-12, 15, 17, 18 and 20-22 to indicate that we met our goals of increasing nutrition knowledge. We would expect means closer to 0 (to indicate a No response) to question 13 to indicate there were no barriers to utilizing the food products participants were receiving. We would also expect decreased means in questions

16 and 19, to indicate less barriers in cooking, preparing or time management when it came to cooking. From our reported means, the program met these expectations and was effective in increasing nutrition knowledge and product/produce utilization. Overall, participants had positive responses to their ability to maintain changes they have made (Question 23) and only 1 of the 5 participants indicated that they felt they needed further resources after this program.

Table 1. Pre and Post Survey Averages

Survey Question	Pre-Survey		Post-Survey	
	Mean	Standard Deviation	Mean	Standard Deviation
11. I enjoy trying NEW fruits and vegetables that I have not tried before from THIS FOOD PANTRY.	3.2	0.4472	4	0
12. The fruits and vegetables at THIS FOOD PANTRY are the ones I am used to eating.	3.6	0.5477	4	0
13. Was there something you received that you did not know how to use or something else preventing you from cooking or preparing fruits and vegetables? (Yes or No)	0.4	0.5477	0	0
15. I feel confident in my ability to eat fruits and vegetables every day	3.4	0.5477	4	0
16. I would eat more fruits and vegetables if I knew how to cook or prepare them.	3.8	0.8367	2	1.414
17. I have good cooking skills.	3.6	0.5477	4	0
18. I enjoy cooking.	3.2	0.8367	3.2	0.8367

19. I would eat more fruits and vegetables if they took less time to prepare.	4	0.7071	1.6	0.8944
20. How often do you make homemade meals “from scratch” using mainly basic whole ingredients like vegetables, raw meats, rice, etc.?	2.4	0.5477	3.6	0.5477
21. How often do you adjust meals to be more healthy, like adding vegetables to a recipe, using whole grain ingredients, or baking instead of frying?	2.4	0.8944	3.6	0.5477
22. How often do you change your foods to make them healthier?	1.8	0.4472	3.6	0.5477
POST SURVEY ONLY 23. How confident are you in your ability to maintain changes that you have made?			3.2	0.4472
POST SURVEY ONLY 24. Do you feel that you may need additional resources after this program? (Yes and No)			0.2	0.4472

I was able to gain some qualitative feedback during my calls and from the surveys. From the pre-surveys, 40% (2 participants) indicated having barriers in not knowing how to use or something preventing them from using the products. From the open-ended follow-up, there were issues with using dairy before expiration or meat products due to the quantity received. Throughout the program we discussed alternative recipes to using these products which resulted in 100% of participants reporting no barriers or issues in knowing how to use or anything preventing participants from utilizing the products (in this question). The post survey also included 3 open ended questions. Question 25 asked what parts of the program were most helpful to participants, question 26 asked which parts of the program were least helpful and

question 27 asked for any other feedback participants may have. From these, I was able to learn that the participants enjoyed the format of the build you own recipe booklet, found the calls beneficial, thought the information about the future education programming was helpful and appreciated the gift card incentives. However, I also learned that participants preferred the fresh fruits and vegetables over the meat and dairy products that were given and inquired about diabetic friendly options. Two of the participants were diabetic and we often discussed alternative recipes and nutrition tips specifically for diabetes on our calls. The one participant who did answer that they felt they needed more resources mentioned they felt they needed diabetic focused programming.

By the end of the fellowship year, I had over 500 hours of service, about 300 of those were with the direct population. Along with the quantitative data, there were qualitative notes taken during each call and from those I believe there was a positive impact, not only on the individuals but also on their family and friends. Participants would often give me feedback on the recipes they tried and mentioned multiple times how they shared the information from the booklets and information they learned on our calls with their family and friends. Of course, there is always room for improvement and adjustments and from those calls I was able to learn more about what some recommendations about serving this constituency. The discussion of inclusion of different diets came up often, specifically meatless, and diabetic diets. Since this is an emergency food distribution those types of diets were not taken into consideration but as we emerge from the pandemic, it may be something to consider for more permanent planning.

Even without COVID, food insecurity remains an issue in metro Detroit. What I felt empowered to change or have the capacity to change is the programming I choose to be a part

of to help change the conditions for the population. First and foremost, for sustainability, I think taking the feedback received into consideration to adapt our resources would be a good step. We also want to find other programming that is available to filter those who participated in this program into additional educational programming if they are interested. This is still being discussed considering some programming provided by Gleaners may still be virtual and some participants may face technology barriers. Programming was still discussed during each participant's final call and steps on how to find and register for those resources were discussed. Discussions of possibly using dietetic interns for some sort of continued one-on-one services was also discussed. Another sustainability plan was a frequently asked questions (FAQ) page to be included on Gleaner's website with common questions about a variety of topics, such as the distributions, nutrition and health and possibly adding a chat line or inquiry page feature. Here, clients can submit a question, comment, or interest where they will later be followed up with by an intern. Overall, continuing the one-on-one type of service/interaction, but possibly virtually is the main goal.

Reflecting on the past year, I have learned to be more adaptable in a way I never expected. COVID was a unique experience for all of us, it allowed me to learn to be more adaptable when facing hurdles and adjusting to situations even more. No matter how many times you may plan for something, there will be a boulder that arises, and that's okay, you just brainstorm and collectively come together with your group (or alone) to face the hurdle. I also learned to be more confident professionally. By this, I mean being okay with sending a follow up email, saying your ideas out loud with your group, being more vocal in your work. I've also learned to be more comfortable exploring other realms, one of the topics discussed that stood

out to me over the fellowship year was the topic of social entrepreneurship. It was a topic I never heard of, let alone would relate to humanitarian work initially, but when learning more about it, was more comfortable with the idea.

As students, we don't often refer to ourselves or feel like "experts", especially when working with such well-established organizations, it may be harder to be vocal about your work. Everyone may have experienced a little bit of imposter syndrome at some point in their lives, but along the year I had to remember that I study this area, I have a passion for this work. We, as students, must begin to think of ourselves as experts, with the openness to continued learning of course. I also had to reflect and realize, COVID happened to all of us, it was novel to everyone, so all these adjustments and hurdles may have happened in a different way nonetheless, but it was new to everyone, so we were all learning together. Lastly, between projects I was very discouraged, and after having a discussion with Dennis Archambault, he suggested I remember why I started participating in humanitarian work and in these programs. It wasn't the CenteringPregnancy program that sparked my interest in this work. I already had the passion for humanitarian work and food insecurity going into the fellowship year. It's one of the reasons I pursued a PhD, caring for those who face preventable illnesses and studying (and hopefully one day resolving) the social factors that play into that is why I started. I learned that just because it isn't the project you planned or had in your mind exactly, doesn't mean you forget the reason you started in the first place.

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