Rationale

Health conditions, chronic diseases and health behaviors commonly linked to food insecurity exacerbate the cycle of hunger and health decline, making it even more difficult to escape as health expenditures increase and employability decreases. Recent studies on food insecurity in the United States found a strong association between food insecurity and cardiometabolic health issues, including obesity, hypertension, coronary heart disease, stroke, congestive heart failure, diabetes and mortality (Te Vazquez et al., 2021; Banerjee et al., 2021). This cycle is further compounded by health compromising coping mechanisms often seen among households experiencing food insecurity including medication underuse or non-adherence, foregoing medical care and food needed for management of diet-related disease, purchasing inexpensive and nutrient poor foods, diluting meals and formula and making major tradeoffs between purchasing food and paying for important everyday needs such as utilities, housing or transportation (FRAC, 2017).

Lack of consistent access to healthy, affordable food puts Oklahomans in a precarious position, as those experiencing food insecurity “…can be especially vulnerable to poor nutrition and obesity, due to additional risk factors associated with inadequate household resources as well as under-resourced communities” (FRAC, 2017). Oklahoma ranks 4th in the nation for obesity at a rate of 36.8% of the population, with the highest rates of obesity among the most impoverished individuals at 42.4% (OSDH, 2019). Oklahoma is ranked 49th in the nation for fruit and vegetable consumption, with only 5.2% of Oklahoma adults reporting consumption of two or more fruits and three or more vegetables daily (America’s Health Rankings, 2021).

Furthermore, Oklahoma ranks among the worst states in food insecurity and multiple key health indicators, including cardiovascular deaths, physical inactivity, premature death and preventable hospitalizations.

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>National Ranking</th>
<th>Prevalence in OK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>13th</td>
<td>12.2%</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>10th</td>
<td>37.7%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>7th</td>
<td>37.0%</td>
</tr>
<tr>
<td>Obesity</td>
<td>4th</td>
<td>36.8%</td>
</tr>
</tbody>
</table>

All health statistics for adults in 2019; Source: Kaiser Family Foundation
Nutrition Policy Committee Commitment

The Regional Food Bank of Oklahoma recognizes and commits to the important role that food banks must play in providing healthier foods to individuals in need of food assistance. This role seeks to improve nutrition security for Oklahomans who are experiencing food insecurity by means of increasing access to affordable, healthy foods provided through a resilient network of community-based food assistance partners.

With a focus on nutrition quality, variety and affordability, the purpose of the Nutrition Policy Committee is to guide the Regional Food Bank’s decisions concerning foods to acquire and distribute that contribute to the healthful diets the fellow Oklahomans it serves.

The Nutrition Policy Committee meets quarterly to assess existing nutrition levels of food inventory as well as generate new initiatives for increasing access and affordability of healthy foods. The director of community health programs and health and nutrition programs manager will oversee the committee and consult with all relevant departments.

This policy applies to:

- Food and beverages purchased by the Regional Food Bank.
- Food that is actively procured through donations by Regional Food Bank staff

Policy Implementation and Review

Identified Regional Food Bank staff will work collaboratively across departments and with community partners to inform, develop and maintain our commitment and adjust recommendations as needed.

Food Sourcing Commitment

The Regional Food Bank will purchase and encourage the donation of:

- A wide variety of fresh fruits and vegetables
- Canned and frozen fruits (packed in water or its own juice)
- Canned and frozen vegetables (low-sodium or no salt added)
- 100% whole grains (that contain whole grain as the first ingredient)
- Low-fat (1%) or skim/non-fat milk or yogurt
- Reduced fat or low-fat cheese
- Unsweetened milk substitutes (e.g., soy milk or almond milk)
- Lean protein foods including meat, poultry, seafood, eggs, nuts, seeds, beans and lentils (low-sodium or no salt added)
- Water
- 100% juice
The Regional Food Bank will NOT purchase, nor actively pursue the donation of the following products*:

- Sweet snack foods and desserts, including, but not limited to snack bars, cakes, candy, cookies, donuts, ice cream, pies, pastries
- Savory snack foods, including, but not limited to chips, crackers or savory snack foods that are calorically dense with low nutrition value
- Sugar-sweetened beverages, including, but not limited to sodas, sports drinks

*This does not apply to food items purchased for disaster response or items included in programs such as the Backpack Program.

The Nutrition Policy Committee recommends the following for FY23:

- Based on baseline research focused on agencies, clients and staff, determine recommendations to address barriers, build capacity and increase readiness.
- Set an annual goal to increase the percentage of nutritious foods distributed.
- Set an annual goal to increase distribution of produce.
- Reassess purchased items that do not meet Feeding America’s Foods to Encourage minimum standards.
- Explore opportunities to subsidize healthy inventory for agency partners.

Strategic Plan alignment:

- Distribute at least 58 million pounds equitably with 70% of pounds distributed to be “healthy foods” or Foods to Encourage.
- Increase client access to healthy foods: expand partner distribution of Foods to Encourage.
- Foods to Encourage Committee established Regional Food Bank-specific nutritional standards that improve on Foods to Encourage for sourcing and inventory practices to be implemented by sourcing managers.

HER Guidelines

The Nutrition Policy Committee oversees the coding of all inventory items according to the Healthy Eating Research (HER) nutrition guidelines. The Feeding America network of food banks will be required to follow the HER nutrition guidelines by 2025, which will replace the previous Foods to Encourage guidelines. The HER nutrition guidelines categorize items as green (high nutritional value), yellow (medium nutrition value) and red (low nutritional value) as determined by each item’s nutrition fact label. Guidelines are defined by the amount of sodium, saturated fat and added sugar—which is based on evidence that suggests foods high in these categories are linked to chronic diseases such as obesity, hypertension and cardiovascular disease.

Items are currently coded in inventory on a weekly basis by Food for Health staff and made available for internal and partner agency review. In FY23, the Nutrition Policy Committee will focus on assessing red coded purchased items and consider possible replacements.
<table>
<thead>
<tr>
<th>Food Category*</th>
<th>Example Products</th>
<th>Choose Often</th>
<th>Choose Sometimes</th>
<th>Choose Rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits and Vegetables</td>
<td>Fresh, canned, frozen, and dried fruits and vegetables, frozen broccoli with cheese sauce, apple sauce, tomato sauce, 100% juice, 100% fruit popsicle</td>
<td>≤ 2 g</td>
<td>≤230 mg</td>
<td>0 g</td>
</tr>
<tr>
<td>Grains</td>
<td>Bread, rice, pasta, grains with seasoning mixes</td>
<td>First ingredient must be whole grain AND meet following thresholds:</td>
<td>≥2.5 g***</td>
<td>231-479 mg</td>
</tr>
<tr>
<td>Protein</td>
<td>Animal (beef, pork, poultry, sausage, deli meats, hot dogs, eggs) and plant proteins (nuts, seeds, veggie burgers, soy, beans, peanut butter)</td>
<td>≤ 2 g</td>
<td>≤ 230 mg</td>
<td>≤ 6 g</td>
</tr>
<tr>
<td>Dairy</td>
<td>Milk, cheese, yogurt</td>
<td>≤ 3 g</td>
<td>≤ 230 mg</td>
<td>0 g</td>
</tr>
<tr>
<td>Non-Dairy Alternatives</td>
<td>All plant-based milks, yogurts and cheeses</td>
<td>≤ 2 g</td>
<td>≤ 230 mg</td>
<td>≤ 6 g</td>
</tr>
<tr>
<td>Beverages</td>
<td>Water, soda, coffee, tea, sports drinks, non-100% juice products</td>
<td>0 g</td>
<td>0 mg</td>
<td>0 g</td>
</tr>
<tr>
<td>Mixed Dishes</td>
<td>Frozen meals, soups, stews, macaroni and cheese</td>
<td>≤ 3 g</td>
<td>≤ 480 mg</td>
<td>≤ 6 g</td>
</tr>
<tr>
<td>Processed and Packaged Snacks</td>
<td>Chips (including potato, corn, and other vegetable chips), crackers, granola and other bars, popcorn</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desserts</td>
<td>Ice cream, frozen yogurt, chocolate, cookies, cakes, pastries, snack cakes, baked goods, cake mixes</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condiments and Cooking Staples</td>
<td>Spices, oil, butter, plant-based spreads, flour, salad dressing, jarred sauces (except tomato sauce), seasoning, salt, sugar</td>
<td>Not ranked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Products</td>
<td>Nutritional supplements, baby food</td>
<td>Not ranked</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(HER, 2020)
References


