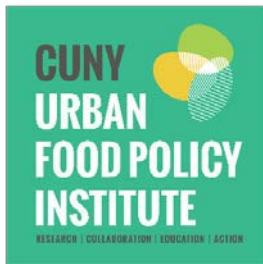


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BARRIERS AND FACILITATORS TO LOCAL AND REGIONAL FOOD PROCUREMENT AT INSTITUTIONS SERVING CHILDREN, SENIORS, AND FOOD INSECURE FAMILIES IN CENTRAL BROOKLYN

POLICY BRIEF

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Barriers and Facilitators to Local and Regional Food Procurement at Institutions Serving Children, Seniors, and Food Insecure Families in Central Brooklyn

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EXECUTIVE SUMMARY

Institutional food programs have long been an important source of daily nutrition for historically marginalized populations. Meals served at institutions play an essential role in providing healthy food and reducing food insecurity. These programs also supplement the household food budget for low-income families, leaving them more dollars to meet other essential needs. Additionally, institutional meals, for their consistency and scale, offer potential market growth for local and regional food growers, processors, and distributors.

As successful farm-to-school models strengthen and expand across the country, government agencies, community-based programs, and food producers have explored ways to create similar models for other types of institutions. Researchers have focused their attention on farm-to-school programs but have placed less emphasis on the role and promotion of farm-to-institution at other types of institutions. This policy brief seeks to fill this gap by focusing on the barriers and facilitators to institutional food procurement in Central Brooklyn by examining food programs at three types of institutions – early care centers (ECCs), senior centers, and emergency food programs.

To achieve these goals, researchers partnered with Bedford Stuyvesant Restoration Corporation (Restoration) – a community development corporation and the community partner for this project. Over the last six years, Restoration has been leading several initiatives to expand the local food system to both improve access to healthy and affordable food in Central Brooklyn, and to provide economic opportunities all along the food value chain. The research summarized in this policy brief employed various data collection and analysis techniques, including: 1) A policy audit summarizing the publicly available secondary data on policies and initiatives in New York City and State, as well as federal government, that could impact local food procurement; 2) Organizational surveys on local and regional food procurement; and 3) In-depth case studies with early care centers, senior centers, and food pantries. To supplement the policy audit, researchers also met and consulted with organizations and governmental agencies in New York City and State to inform and generate policy, institutional, and procurement recommendations for improving the procurement landscape in Central Brooklyn and New York City.

The research helped to uncover a set of barriers to and facilitators of expanding regional food supply at the three types of institutions examined. Based on these findings, researchers developed a set of recommendations for policymakers at the city, state, and federal levels.

New York City

- Require a percentage of food purchased using tax-levy dollars to be locally or regionally grown and incorporate this mandate into the next iteration of the New York City Food Standards.
- Invest in the creation and maintenance of local food hubs in each of the five boroughs supported by city and state governments.
- Increase outreach and provide more resources to minority and women owned businesses and enterprises (MWBs) and worker owned businesses to become certified local food suppliers and distributors.
- Allocate more funding to senior centers for staffing needs and senior meals.
- Track and consistently report on local and regional food purchases in all future New York City Food Metrics Reports.
- Convene regular, ongoing institutional food procurement training including menu planning, ordering, identifying and working with local and regional distributors, and highlighting examples of other institutions' practices and know-how.
- Provide institutions with the services of a nutritionist who can assist with menu planning and helping institutions develop healthier, more effective and more economical farm-to-institution strategies.
- Provide training on the benefits of local and regional food to New York City-employed nutritionists, including at the New York City Department for the Aging (DFTA) and those that consult for DFTA and the New York City Administration for Children's Services (ACS).

New York State

- Conduct an assessment of production and availability of local and regional food in New York State and determine steps needed to build capacity to serve cities and counties throughout the state.
- Require a percentage of food purchased by state agencies and/or with state dollars be locally or regionally grown, as already included in some of the State's Health Department hunger prevention programs, and require that those purchases be tracked.
- Work with suppliers – local, regional, and national – to identify and promote nutritious, locally grown foods.

Federal Government

- Increase federal funding for Child and Adult Care Food Program (CACFP) and senior meal programs.
- Provide additional funding to The Emergency Food Assistance Program (TEFAP) specifically for local and regional foods purchases.
- Develop incentives or requirements related to local food procurement for CACFP, strengthening the current memorandum that merely encourages local food procurement in CACFP.¹
- Increase funding for programs such as the Community Food Projects (CFP) Competitive Grants Program, which was significantly reduced in FY2019 compared to FY2018 levels (i.e., from \$8,640,000 to \$4,800,000), and the Local Food Promotion Program (LFPP).

Many of these recommendations for public agencies suggest spending more money on food procurement and establishing more effective oversight and support for agencies to establish or strengthen their farm to institution food procurement programs. We acknowledge that in the current political climate there are influential stakeholders who oppose any additional public spending, any efforts to strengthen the role of government in reducing poverty, or to better protect health and promoting more equitable allocation of the necessities of life. But the evidence suggests that local and regional food procurement can bring multiple and cross-cutting benefits to the individuals served by these agencies and the communities in which they live. Local and regional healthy food procurement programs can also contribute to lower health care costs, improved academic performance and stronger local economies. For these reasons, we believe that allocating more resources for these initiatives constitutes a wise social investment.

Acknowledgements

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About the CUNY Urban Food Policy Institute

The CUNY Urban Food Policy Institute is an academic research and action center at the CUNY Graduate School of Public Health and Health Policy located in Harlem, NYC. The Institute provides evidence to inform municipal policies that promote equitable access to healthy, affordable food.

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LIST OF ACRONYMS

ACF - Administration for Children and Families
 ACL - Administration for Community Living
 ACS - Administration for Children's Services
 AoA - Administration on Aging
 CACFP -Child and Adult Care Food Program
 DCAS - Department of Citywide Administrative Services
 DFTA - New York City Department for the Aging
 HHS - Health and Human Services
 HPNAP - Hunger Prevention and Nutrition Assistance Program
 HRA - Human Resources Administration
 MOCS - Mayors Office of Contract Services
 MOFP - Mayor's Office of Food Policy
 NPE - Nutrition Program for the Elderly
 NYC DOHMH - New York City Department of Health and Mental Hygiene
 NYS Ag & Markets - New York State Department of Agriculture and Markets
 NYSDOH - New York State Department of Health
 NYSOFA - New York State Department for the Aging
 OAA - Older Americans Act
 OGS - Office of General Services
 TEFAP -The Emergency Food Assistance Program
 USDA - United States Department of Agriculture
 WIN - The Wellness in Nutrition Program

INTRODUCTION

Background

Institutional food programs have long been an important source of daily nutrition for historically marginalized populations. These meals have played an essential role in promoting and serving healthy food, reducing food insecurity and supplementing the diets of those who may not be able to afford the recommended number of meals each day. By subsidizing the meals that children, seniors or others eat in the institutions they attend, these programs also reduce the household food budget for low-income families, leaving them more dollars to meet other essential needs. Additionally, institutional meals, by their consistency and scale, offer potential market growth for local food growers, processors, and distributors. As successful farm-to-school models strengthen and expand countrywide, government agencies, community-based programs, and food producers have explored ways to create similar models for other types of institutions. Expansion to other institutions – such as early care centers and senior centers – calls for an exploration of the barriers and facilitators to local food procurement. It also requires a deeper understanding of both the internal regulations and public policies at the city, state, and federal level that affect food sourcing and the practices and decisions that shape food procurement at those institutions.

Racial and economic equity lies at the center of why local food matters for producers, consumers, and the local government. According to Utah State University Extension Sustainability, 65% of a consumer's dollar stays in the local community when buying local as opposed to 40% of the dollar when purchasing from large retailers.² Funneling money into the local economy provides a boost that has the potential to lead to more jobs, higher wages, or investment in new technologies. For local small to midsize producers, especially food producers of color, the generated business means a path toward financial stability and mobility, investment in innovative tools and services, and compensation for arduous work. For consumers in marginalized communities, access to local food through institutions can mean consuming fresh, nutritious, and quality produce that otherwise may be unattainable on a consistent basis. By strengthening local food procurement policies and regulations that impact spending, governments can play a key role in advancing equity.

Central Research Questions

The purpose of our research is to assess the barriers and facilitators to local food procurement by examining institutional food purchasing practices and policies in small-to-mid-size early care centers, senior centers, and other types of public institutions in Central Brooklyn, New York. These organizations typically serve low-income residents of color. Children in early care centers often receive two of their daily meals plus a snack at early care. Thus, early care centers have the potential to influence their taste preferences and eating habits.³ Seniors often live on a smaller, adjusted income and therefore may rely on a senior center for a nutritious meal that may otherwise hurt their budget.⁴ Emergency food providers reach some of the most vulnerable populations experiencing food insecurity.⁵

Bedford Stuyvesant Restoration Corporation (Restoration) – a community development corporation and the community partner for this project, has over the last six years led initiatives to expand the local food system in Central Brooklyn to both improve access to healthy and affordable foods and to create economic opportunities for vulnerable residents all along the food supply chain. An integral part of their approach

has been to help partner organizations source local and regional food for their institutional meal program. As an anchor organization in Central Brooklyn, Restoration has worked with over 40 institutions serving some 6,000 children, seniors and food insecure families, to source local foods. Restoration has also helped to create food environments in Central Brooklyn that make it easier for residents to find and consume healthy, affordable food. Restoration addresses inequitable food system challenges through a portfolio of community-based initiatives, including institutional food procurement which makes fresh, locally-grown produce a priority.

PROFILE OF CENTRAL BROOKLYN

Central Brooklyn, which comprises the neighborhoods located at the heart of Brooklyn, continues to be an area where residents experience adverse health care outcomes at higher rates than the general New York City population. The 2018 Community Health Profiles released by the New York City Department of Health and Mental Hygiene (DOHMH) provide a snapshot of health and quality of life outcomes by community district. Using the 2018 reports which contain the most recent data, Table 1 provides an overview of Restoration’s four target neighborhoods in Central Brooklyn – Bedford Stuyvesant, Brownsville, Bushwick, and East New York – and compares their health status to the health of residents in all Brooklyn and all New York City.

Table 1. New York City 2018 Community Health Profiles. *Source: NYC DOHMH, 2018⁶*

Community Health Variable	Central Brooklyn				All Brooklyn	All NYC
	Bed-Stuy	Brownsville	Bushwick	East New York		
Total Population	152,403	84,525	112,388	181,300	2,648,771 ⁷	8,537,673
Black	64%	76%	20%	52%	30%	22%
Latino	20%	20%	65%	37%	19%	29%
Children 0-17	24%	28%	24%	27%	23%	21%
People over 65	11%	12%	9%	12%	13%	14%
Residents living in poverty*	23%	28%	25%	30%	21%	20%
Life Expectancy	76.8	75.1	80.4	78.6	82.9	81.2
Childhood Obesity (K-8)	22%	23%	28%	25%	19%	20%
Adults who are obese/overweight	29%	41%	26%	35%	27%	24%
Adults with Diabetes	13%	13%	13%	14%	12%	11%
Hypertension	34%	33%	29%	34%	29%	28%
At least 1 serving of fruits & veg. per day	84%	80%	82%	76%	86%	87%
1 or more 12 oz sugary drink per day	29%	35%	23%	31%	24%	23%
Supermarket to Bodega ratio	1:57	1:15	1:31	1:13	N/A	N/A
Number of Farmers Markets	5	8	4	5	45 ⁸	142 ⁸

* Percentage of residents living below 100% of New York City’s calculated poverty threshold based on income and necessary expenses.

RESEARCH METHODS

To gain insights into the barriers and facilitators to local and regional food procurement at institutions serving children, seniors, and food insecure families in Central Brooklyn, this research employed a combination of data collection and data analysis techniques, including: 1) A policy audit summarizing the publicly available secondary data on active farm-to-institution policies and initiatives in New York City and State; 2) 10 organizational surveys on local and regional food procurement; 3) And three in-depth case studies with early care centers, senior centers, and food pantries. To supplement the policy audit, researchers also met and consulted with 21 individuals from 15 organizations and governmental agencies in New York City and State to inform and generate policy, institutional, and procurement recommendations for improving the procurement landscape in Central Brooklyn and New York City.

KEY FINDINGS: BARRIERS AND FACILITATORS

In New York City, agencies across many levels of government have a role in regulating food procurement operations at institutions. Table 2 outlines the regulatory agencies and their respective policies and/or programs that affect the institutions under consideration in this brief. The table also shows the connections between funding at the federal level and oversight and compliance at the state and local levels. The subsequent sections connect these policy findings with the primary data findings from this study.

Early Care Centers

In New York City, ACS currently oversees all early care centers (ECC) that offer programs to children 4 years old or under from families that meet income eligibility requirements. ACS contracts with licensed home-based and center-based programs to create affordable programming for low-income children. In fiscal year 2020, early care programs are transitioning from ACS to the New York City DOE. At present, there are 2,729 active city-regulated, center-based child care programs, of which 1,045, or almost 40%, are in the Borough of Brooklyn.¹⁰ The nutrition programs at ECCs play a vital role in combating both child hunger and child obesity and have been a primary focus of dietary guidelines and recommendations at the federal, state, and local level. The regulations on meal services are intended to promote healthy eating and the development of good eating habits. Two key programs that regulate meals served to children are the federal CACFP and Head Start. CACFP is a federally funded entitlement reimbursement program operated by the USDA. Head Start, while not an entitlement, is funded through annual appropriations and is regulated through the federal Administration for Children and Families (ACF) under United States Department of Health and Human Services.

**Barriers and Facilitators to Local Food Procurement at Institutions
Serving Children, Seniors, and Food Insecure Families in Central Brooklyn**

Table 2: Governmental Agencies with Regulatory or Fiscal Role for Food Procurement at Early Care Centers, Senior Centers, and Emergency Food Providers in New York.

Type of Institution	Level of Gov't	Agency	Policy/ Program/ Rule	Influence on Food Procurement
Early Care Centers	<i>Federal</i>	USDA	CACFP	Administers funds for reimbursable reduced or free meals for low-income children in childcare centers. Sets Child Meal Pattern standards; Recommends best practices for including local food in child nutrition programs.
		USDA; US HHS: ACF	Head Start	Funds healthy meals for children in childcare centers. Recommends farm to early care best practices.
	<i>State</i>	NYSDOH	Administers CACFP funds	CACFP staff inspects centers for compliance with the CACFP Child Meal Pattern standards every 3 years or every 1 year if the organization operates more than 1 site. Inspectors also monitor number of meals served and program participation.
		<i>City</i>	DOE	Administers most Head Start funds
Senior Centers	<i>Federal</i>	US HHS: ACL	Older Americans Act, Title III	Provides funding to states for meal programs that follow USDA Dietary Guidelines for Americans.
	<i>State</i>	NYSOFA	Administers OAA grant money, and other funding to DFTA, the NPE, and the WIN Program	Funds congregate or in-home meals provided by community-based organizations in contract with local offices for the aging. The meals need to meet the Social Adult Day Services Nutrition Requirements by NYSOFA which include the federal requirements (OAA Title III-C Sub-Part 3, Section 339) as well as the NYSOFA Nutrition Program Standards (90-PI-26). ⁹
		<i>City</i>	DFTA	Senior Center Standards
	New York City Council		Schedule C Discretionary funds	Council Members allocate money to senior centers for congregate meals, nutrition programs, and services. The funding offers an alternative to competitive procurement funding options. After allocation, agencies process the discretionary funding contract with the organization. The contact duration is of one year.
Emergency Food Funders	<i>Federal</i>	USDA	TEFAP	Distributes emergency food funds to state governments.
	<i>State</i>	OGS	Administers TEFAP	Distributes emergency food funds to city food banks (e.g., Food Bank For NYC).
		NYSDOH	HPNAP	Contracts with pantries, non-profit distributors, and food banks. Requires that 10% of food budget be spent on fresh produce; requires that 45% of fresh produce budget be spent on NYS produce.
		<i>City</i>	New York City Council	Schedule C Discretionary funds
	HRA		EFAP	Provides monthly shelf-stable foods which are warehoused and delivered by Food Bank For NYC.
Government Institutional Oversight	<i>Federal</i>	USDA	Dietary Guidelines for Americans	Promotes increased fruit and vegetable consumption. Offers grants for farm-to-institution funding.
	<i>City</i>	DOHMH	New York City Food Standards	Set nutritional requirements and promotes local food procurement when possible.
		MOCS	Food Policy Standards	Creates guidelines and resources for the preferential purchasing of local foods.
		DOHMH	Health Codes	Through Article 81, all food service establishments must meet codes and complete annual inspections.

The nutrition programs at ECCs play a vital role in combating child hunger, food insecurity and child obesity; these programs have been a primary focus of dietary guidelines and recommendations at the federal, state, and local level. Nonetheless, our research revealed that early care centers food programs are often operating under stringent and highly monitored budget constraints and are burdened by disproportionate labor costs and strict daily record keeping requirements. They rely heavily on government funding, largely through CACFP and Head Start. ECCs, with their small-scale and decentralized budgets reliant on reimbursements, have difficulty navigating the real and perceived additional financial and administrative requirements associated with local and regional food procurement. High order minimums, fluctuating seasonal availability, and short product shelf life are all potential budgetary challenges when working with local and regional food producers to purchase fresh items. Few opportunities exist for additional funding for farm-to-ECC specifically, but various types of farm-to-school grants for early care centers can be found at the federal, state, and local level, as well as initiatives that bring farm fresh food directly to ECC for families to purchase at subsidized prices.¹¹ Due to the stand alone nature of ECCs, each center has its own particular needs and resources which indicates that more flexible funding opportunities may more effectively address the budgetary demands of local and regional food procurement.¹²

Based on our research, major barriers to sourcing local and regional food by ECCs were found to be high costs of food and delivery, CACFP nutrition requirements and limited funding, and item sizing. Other less pronounced barriers, but barriers nonetheless, were difficulty obtaining information on product availability, the availability of processed/pre-cut foods, onsite storage, seasonality of fresh fruits and vegetables, and delivery challenges, including inconvenient delivery times. The responses collected through the survey and case study reinforced that small ECCs face difficulty in understanding local purchasing and thus there is a real need for trainings to assist center staff with planning seasonal menus, price comparisons between local and regional vs. non-local, and developing a plan for purchasing local and regional foods over a prolonged period of time.

By far, the most common facilitator to purchasing local and regional foods reported by ECCs was attending or receiving training. Several sites reported attending Lenox Hill Teaching Kitchen trainings that focus on how to adopt farm-to-institution practices, general early care trainings, and utilizing online tools to help them develop the skills needed to understand incorporating local and regional foods into the menu. Through stakeholder meetings and a review of the literature, the significance of a dietitian on staff also emerged as an important facilitator. Dietitians are able to ensure that meals meet nutrition requirements, food is culturally and age appropriate, and that meals are generally appetizing and healthy. Dietitians can also collaborate with staff to bridge the gap between meeting nutrition requirements and serving children food they will actually consume.

Senior Centers

New York City senior centers are open to those over the age of 60 to socialize, participate in educational activities, and eat breakfast or lunch with others their age during daytime hours. In New York City, the Department for the Aging (DFTA) funds 249 senior centers and dozens of affiliated sites serving 166,882 seniors per year with state and city funding, including discretionary funds allocated by the New York City Council.¹⁰ The centers are affiliated with other organizations through community partnerships.¹³

The implementation of local and regional food procurement at senior centers is encouraged by much of the regulatory language presented in the nutritional requirements and recommendations at the federal, state, and city level. While it is encouraged in language, governmental agencies have yet to provide additional, regular, and sufficient monetary support and incentives that would allow the recommendations to be translated into practice. Thus, real, tangible support should be prioritized if local and regional purchasing is to be actualized at senior centers. More servings of fresh produce, fewer starchy vegetables, and even an emphasis on food texture all speak to a desire to provide seniors with healthy, fresh, nutritionally dense food. In the reality of daily operations, however, the regulatory environment, lack of support, and limited funding for local and regional food may create barriers for procurement for these institutional meals. Many of the barriers to local and regional food procurement that exist for early care centers exist for senior centers as well.

Similar to ECCs, senior centers do not operate on a scale that can easily meet order minimums required for working with smaller scale purveyors, a characteristic of many local and regional food producers.^{14,15} A purveyor with consistent product and prices may be more convenient and alleviate budgeting concerns. Some of the participants in this research also expressed concerns about restrictive purchasing policies through the USDA that only allow ECCs to purchase explicit brands even if healthy alternatives exist and are cheaper. USDA nutrition requirements further limit the centers' food procurement flexibility.

While a DFTA Dietitian is made available to senior centers who contract with DFTA, in practice, these dietitians were reported by senior center staff to serve more like auditors, checking menus to ensure they meet requirements once they have been submitted through *Simple Servings*, DFTA's online platform for menu planning – instead of assisting through each stage of menu planning. Menus are created far in advance and with a farm-to-institution model, this could mean multiple menu adjustments within a cycle based on availability or fluctuation of prices. Each time a major change is made, centers must seek DFTA approval before it can be added to the menu. While in theory there is flexibility in making substitutions for individual components of a menu, in practice, understanding the nutritional equivalencies of different types of produce or products season by season may prove difficult without specific training. Research revealed DFTA nutritionists do not specifically address the procurement and preparation of local foods.

The facilitators to local food purchasing at senior centers that emerged from the research were training, administrative support, client nutrition education, access to a dietitian to assist with menu planning, and positive vendor relationships. The need for training and administrative support reinforces what was learned through the policy and literature review and surveys. Without the budget and environment that allows for time and compensation to be trained and/or a nutrition expert to help navigate menu planning, senior centers may struggle with the capability and capacity to order local and regional foods consistently.

Emergency Food Providers

In New York City, emergency food providers, food banks, food pantries, and soup kitchens, play a vital role in combating hunger for low income households by providing free food items and at times, cooked meals (more typically found at soup kitchens) for residents facing food insecurity. Food pantries procure food from many sources including individual and group donations, corporate donations and funding, fundraising, and public dollars. Three programs act as the main sources of emergency food funding for

pantries in New York City: the Emergency Food Assistance Program (TEFAP), the NYC Emergency Food Assistance Program (EFAP), and the NYS Hunger Prevention and Nutrition Assistance Program (HPNAP). Other programs provide additional City Council and USDA funding.

Our interviews showed that the primary barrier to purchasing local food for food pantries was budgetary constraints. While a number of funding streams assist pantries with purchasing, more than 600 food pantries in New York compete for a limited pool of money that can fluctuate each year.¹⁰ According to the Food Bank for New York City, 27% of food pantries and soup kitchens in New York City operate on a budget between \$10,000 and \$24,000. More than one in five (22%) operate on a budget under \$10,000. Nearly 50% of all emergency food providers are operating with a budget less than \$25,000.¹⁶ More than half (57%) were found to have less than one month's cash on hand despite the best practice recommendation to have at least six months cash on hand.¹⁶

While food pantry budgets are not a policy per se, the implications of policy and funding allocations made at the federal, state, and local level have a direct impact on pantries' ability to operate efficiently, serve their clientele frequently, and procure the highest quality foods. For emergency feeding programs, being able to stretch their dollar is crucial to their mission of feeding as many needy families as possible. In practice, policies that limit the flexibility of pantries can have unintended harmful consequences.

Among the facilitators that aided emergency food programs with local and regional food purchasing are adequate funding, understanding market pricing and price comparisons, and having experienced, passionate, and creative staff. Additionally, collaborative leadership, or working with staff and directors at other food pantries, have proven key in overcoming limitations or challenges in current food procurement practices and achieving sustained success.

For those eligible and awarded, the state grant, Hunger Prevention and Nutrition Assistance Program (HPNAP), served as a facilitator as it requires local and regional food purchases in its grant agreements. As of 2018, every grantee with a direct service contract through HPNAP must spend 45% of their fresh produce budget (which is 10% of their entire food budget) on New York State produced fruits and vegetables. In New York City, it is usually the larger food banks, with larger budgets, that can easily meet this obligation. Of all the institutions covered in this report, those utilizing HPNAP are the only ones with local and regional food procurement obligations that are mandated by regulations.

A practice that may have implications for other institutions comes from the New York State Department of Agriculture and Markets with the Council on Hunger and Food Policy. The department offers tax credits to New York State farmers who supply their produce to food banks to aid in covering their expenses for production, processing and delivery.¹⁷ Farmers can supply their produce to food banks throughout the state and thus food can be distributed to many different pantries and communities throughout New York State. While this means that more local and regional produce can be funneled to food pantries, this does guarantee that a large amount will go to New York City food pantries.

RECOMMENDATIONS FOR POLICYMAKERS – CITY, STATE, FEDERAL

New York City

- Require a percentage of food purchased using tax-levy dollars to be locally or regionally grown and incorporate this mandate into the next iteration of the New York City Food Standards.
- Invest in the creation and maintenance of local food hubs in each of the five boroughs supported by city and state governments.
- Increase outreach and provide more resources to minority and women owned businesses and enterprises (MWBES) and worker owned businesses to become certified local food suppliers and distributors.
- Allocate more funding to senior centers for staffing needs and senior meals.
- Track and consistently report on local and regional food purchases in all future New York City Food Metrics Reports.
- Convene regular, ongoing institutional food procurement training including menu planning, ordering, identifying and working with local and regional distributors, and highlighting examples of other institutions' practices and know-how.
- Provide institutions with the services of a nutritionist who can assist with menu planning and helping institutions develop healthier, more effective and more economical farm-to-institution strategies.
- Provide training on the benefits of local and regional food to New York City-employed nutritionists, including at the New York City Department for the Aging (DFTA) and those that consult for DFTA and the New York City Administration for Children's Services (ACS).

New York State

- Conduct an assessment of production and availability of local and regional food in New York State and determine steps needed to build capacity to serve cities and counties throughout the state.
- Require a percentage of food purchased by state agencies and/or with state dollars be locally or regionally grown, as already included in some of the State's Health Department hunger prevention programs, and require that those purchases be tracked.
- Work with suppliers – local, regional, and national – to identify and promote nutritious, locally grown foods.

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- Increase federal funding for Child and Adult Care Food Program (CACFP) and senior meal programs.
- Provide additional funding to The Emergency Food Assistance Program (TEFAP) specifically for local and regional foods purchases.
- Develop incentives or requirements related to local food procurement for CACFP, strengthening the current memorandum that merely encourages local food procurement in CACFP.¹
- Increase funding for programs such as the Community Food Projects (CFP) Competitive Grants Program, which was significantly reduced in FY2019 compared to FY2018 levels (i.e., from \$8,640,000 to \$4,800,000), and the Local Food Promotion Program (LFPP).

Many of these recommendations for public agencies suggest spending more money on food procurement and establishing more effective oversight and support for agencies establishing or strengthening their farm to institution food procurement programs. We acknowledge that in the current political climate there are influential stakeholders who oppose any additional public spending, any efforts to strengthen the role of government in reducing poverty, or to better protecting health and promote more equitable allocation of the necessities of life. But we believe the evidence suggests that local and regional food procurement can bring multiple and cross-cutting benefits to the individuals served by these agencies and the communities in which they live. Local and regional healthy food procurement programs can also contribute to lower health care costs, improved academic performance and stronger local economies. For these reasons, we believe that allocating more resources for these initiatives constitutes a wise social investment.

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