

Hunger and Health: The Acceptability and Development of Health Coaching in the Food Pantry Environment

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Abstract : The intersection between hunger and health outcomes is beginning to gain traction among the research community. With new interventions focusing on collaborations between the medical and social service sectors, this study aimed to understand the acceptability and approach of a health coaching intervention within a county-wide Midwest food pantry. Through formative research, the study used mixed methods to review secondary data and conduct surveys and semi-structured interviews with food pantry clients (n=30), staff (n=7), and volunteers (n=10). Supplemental secondary data collected and provided by pantry staff were reviewed to understand the broader pantry context of clientele health and health behaviors, annual food donations, and current pantry programming. Results from secondary data showed that the broader pantry client population reported high rates of chronic disease, low consumption of fruits and vegetables, and poor self-reported health, while annual donation data showed increases in produce availability on pantry shelves. This disconnect between produce availability, client health status, and behaviors was supported in the current study, with pantry staff and volunteers reporting lack of knowledge in produce selection and preparation being amongst the most common client inquiries and barriers to healthy food selection. Additional supports to secondary data came from pantry clients in the current study through self-reported high rates of both individual (60%, n=18) and household (43%, n=13) disease diagnosis, low consumption of fruits and vegetables averaging zero to one servings of vegetables (67%, n=20) and fruits (47%, n=14) per day, and low levels of physical activity averaging zero to 120 minutes per week (67%, n=20). Further, pantry clients provided health coaching programmatic recommendations through interviews with feedback such as non-judgmental coaching, accountability measures, and providing participant incentives as considerations for future program design and approach. Volunteers and staff reported the need for client education in food preparation, basic nutrition and physical activity, and the need for additional health expertise to educate and respond to diet related nutrition recommendations. All three stakeholder groups supported hosting a health coach within the pantry to focused on nutrition, physical activity, and health programming, with one client stating, 'I am hoping it really works out [the health coaching program]. I think it would be great for something like this to be offered for someone that isn't knowledgeable like me.' In conclusion, high rates of chronic disease, partnered with low food, nutrition, and physical activity literacy among pantry clients, demonstrates the need to address health behaviors. With all three stakeholder groups showing acceptability of a health coaching program, partnered with existing literature showing health coaching success as a behavior change intervention, further research should be conducted to pilot the design and implementation of such a program in the pantry setting.

Keywords : food insecurity, formative research, food pantries, health coaching, hunger and health

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