



AT THE FOREFRONT

**UChicago  
Medicine**



# Feed1st

science in service by the Lindau Lab

# Pantry Program Toolkit

**How to launch an open access food pantry  
program in your organization**



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Alanoud Alsulaiman, LLM  
The University of Chicago Harris  
School of Public Policy  
Graduate Program in Health  
Administration and Policy

Desire Bernard-Forbes, AM\*  
The University of Chicago School of  
Social Service Administration  
Graduate Program in Health  
Administration and Policy  
Arthur Quern Fellow

Brandon Bordenkircher, MPA  
Lindau Laboratory at the University of  
Chicago  
Director of Operations

Megan DePumpo, AM\*  
Lindau Laboratory at the University of  
Chicago  
Director of Research Operations and  
Strategy

Ted Falkenhayn\*  
The University of Chicago  
Class of 2020  
Research Assistant in the Program on  
the Global Environment

Claire Fendrick, MPH  
Lindau Laboratory at the University of  
Chicago  
Feed1st Operations Lead

Ann Jackson, PT, DPT, MPH\*  
The University of Chicago  
MacLean Ethics Fellow

Karen Liao  
The University of Chicago  
Anticipated graduation 2024  
Lindau Laboratory

Stacy Lindau, MD, MAPP  
The University of Chicago  
Catherine Lindsay Dobson Professor of  
Obstetrics and Gynecology and  
Professor of Medicine-Geriatrics and  
Palliative Medicine

Carol E. Lorenz, PhD\*  
University of North Carolina-Chapel  
Hill  
Center for Women's Health Research  
Associate Director (Retired)

Jennifer Makelarski, PhD, MPH\*  
Lindau Laboratory at the University of  
Chicago  
Epidemiologist

Doriane Miller, MD\*  
The University of Chicago  
Associate Professor of Medicine  
Director, Center for Community Health  
and Vitality

Ally Muszynski\*  
The University of Chicago  
Class of 2020  
Research Assistant in the Program on  
the Global Environment

Kelsey Paradise\*  
Lindau Laboratory at the University of  
Chicago  
Researcher and Operations Manager

Jie Zhao, PhD, BM  
Lindau Laboratory at the University of  
Chicago  
Associate Director of Research  
Operations and Strategy, Feed1st  
Manager

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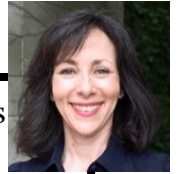
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## Letter from Our Founder

3/5/2024

“Our approach was ‘feed first, ask questions later.’ We set up a food distribution system and *then* we studied the problem.”

– Dr. Stacy Lindau



Welcome to the Feed1st toolkit.

If you work at a place that cares for people’s health, like a hospital, a pediatrics office, or a community health center, then you are caring for people who are hungry. You have patients who are worried about where they will get their next meal. Some of your patients are not taking their medicine or following your recommendations because they have to save their money to put food on the table for their children. Parents sleeping at their child’s hospital bedside are not disinterested in their child. They are hungry. They don’t want to eat in front of their child who is nauseated from their chemotherapy or who is restricted from eating due to their illness and they don’t trust that their child will be ok if they leave the bedside. These are facts we know from caring for hungry people and from studying hunger in the healthcare setting.

Feed1st was created in 2010 to address the problem of hunger in our children’s hospital – a problem raised by our chaplain. Our approach was “feed first, ask questions later.” We set up a food distribution system and *then* we studied the problem. Feed1st continues to grow. Today, Feed1st operates 11 clinically integrated sites across adult and pediatric, inpatient and outpatient areas of the medical campus, including nearly every floor of the children's hospital, as well as oncology, ob/gyn, primary care and trauma clinics, adult and pediatric emergency rooms and a hospital retail cafeteria. This toolkit is a product of our many years of learning by working together with the people we serve.

We have created this toolkit to help you address the big humanitarian problem that is hunger in the healthcare setting. This work is based on more than a decade of service to our own hospital community and science, including NIH-funded research, focused on alleviating unnecessary suffering among people seeking to preserve and recover their health. The priority of Feed1st is to feed hungry people, no questions asked. No barriers. Self-serve. 24/7/365. The Feed1st model is a receive and give model. Everyone who is hungry can take as much food as they need. Everyone who can give back has a way to contribute. Some beneficiaries of Feed1st give food. Some help stock shelves. Others give advice or leave notes of thanks. Feed1st alleviates hunger with dignity, without stigma, and with the belief that everyone has something to contribute.

Thanks for this toolkit goes to many, including the University of Chicago Medicine for using its community benefit dollars to provide space and other support to grow our pantries. Thanks to Reverend Karen Hutt, the hospital chaplain, who noticed the hunger problem and reached out for partnership. Thanks to Doriane Miller, MD who raised the issue to me and to the Pritzker School of Medicine students who responded to my call for help. Over a decade, we have had hundreds of volunteers and contributors, including especially medical students, nurses, plant and facilities employees, grateful patients, donors, and our own families who keep Feed1st going and growing. There should be no hunger in our rich and privileged society. When hunger is gone, Feed1st will then have achieved our mission.

Stacy Tessler Lindau, MD, MAPP

## Overview

Food insecurity is a well-documented and modifiable health-related social need. Feed1st, which has been operating at the University of Chicago Medicine since 2010, demonstrates that hospitals can contribute to alleviating food insecurity for patients and their families at the point of healthcare.

### Food Insecurity

“Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways” (Andersen, 1990).

Our research on food insecurity and our own experiences in implementing an open access, self-serve, hospital-based food pantry system are the foundation of our expertise. We have created this toolkit to provide hospitals and other healthcare organizations (“hospitals”) with a proven model to provide relief for food insecurity for the people they serve. Feed1st has maintained its mission of providing access to food support in a manner that minimizes stigma—using a no questions asked, self-serve, clinically-integrated, 24/7/365 approach. We hope this toolkit will allow others to replicate Feed1st, learn from it, and adapt it to meet their goals.

The Feed1st Approach: No Stigma. No questions. For everyone.

- Available 24/7/365
- No questions asked: no prescriptions, no proof of need, no screenings or assessments.
- Messaging invites everyone to take what is needed for themselves and others.
- Promotes community-building by giving people an opportunity to contribute through feedback, receiving newsletters, joining our community advisory board, and contributing via financial and other means.
- Fully integrated into public use areas of the hospital setting (family break rooms, elevator waiting area, public-access passageways).
- Integrated into clinical units so family members and other caregivers can take care of their nutritional needs without leaving their loved one.

### **Humble Beginnings**

In 2009, Reverend Karen Hutt, a chaplain at Comer Children’s Hospital, observed hungry parents of patients admitted to the hospital asking staff for food. Hutt became deeply worried about how caregiver hunger could impede a child’s recovery and shared her observations with physician leaders, hoping to ultimately alleviate suffering for parents and other caregivers and their children. In 2010, we started Feed1st in one closet in the children’s hospital chapel, with food supplied by the Greater Chicago Food Depository (GCFD). The first Feed1st food pantry site was a result of combined efforts of University of Chicago Pritzker School of Medicine students, Comer Children's Hospital staff, University of Chicago Medicine administrators and medical staff and University of Chicago faculty.

Once the pantry was up and running, the Lindau Lab then conducted a study of 200 parents and other caregivers in the children's hospital (2011). Nearly a third (32%) of parents or caregivers experienced hunger while their child was hospitalized and 44% were food-insecure in the 12 months leading up to the child's hospitalization (Makelarski et al., 2015). In 2012, the hospital administration extended its support for Feed1st by providing space for its first self-serve site on an inpatient unit at the Comer Children's Hospital. The program soon expanded to other inpatient units at Comer. A Community Advisory Board was established in 2015. The board included parents, patients, concerned community members, hospital administrators, faculty, students, and others. Since 2015, the Community Advisory Board has played a consistent role in ensuring the program meets the needs of the people we serve.

During the COVID-19 pandemic, Feed1st expanded to address increased demand. Five new pantry sites were added in 2021. Additionally, other hospitals reached out to learn more about the model. Two hospitals, including [Swedish Hospital](#) (formerly Swedish Covenant) in Chicago, IL and [Johns Hopkins Children's Hospital](#) in Baltimore, MD, successfully replicated the Feed1st model. In 2023, [Roseland Community Hospital](#) in Chicago was inspired by the Feed1st model and established its own program.

## Food Insecurity and Health in the Hospital

Food insecurity has been linked to poor physical, mental, and social health in both children and adults. Nationally, 1 in 8 US households with children experienced food insecurity (United States Department of Agriculture Economic Research Service, 2021). Prior to our research, the prevalence and patterns of food insecurity among individuals seeking hospital care were largely unknown. Our research in 2015 shed light on this critical issue and highlighted how social and structural inequities disproportionately impact food security in non-Hispanic Black people, single parents, people with low levels of education, and people living below the poverty line (Makelarski et al., 2015). We found that offering on-site food support within healthcare settings can directly address hunger, particularly in situations where crucial decisions need to be made by patients and families. Importantly, **inadequate food intake can negatively impact decision-making, concentration, and attention in both adults and children**, making on-site food support even more crucial within healthcare environments.

### Why Feed1st is Different: Open-access, 24/7/365, Self-serve, No Barriers

Feed1st has been inspired and informed by several other hospitals that have taken steps to address food insecurity in their organizations. The Health Research and Educational Trust published a thorough summary and analysis of these efforts in 2017 (Health Research & Educational Trust, 2017). Of note, the pioneering programs required screening, referral from a physician or other permission for food access. Other efforts limit the period of eligibility for free food or target selected patient populations. To our knowledge, Feed1st is the first hospital-based food pantry system founded on and sustained using a fully open-access, 24/7/365, self-serve, no barriers approach for everyone involved in receiving or giving care inside the medical center walls.

### Self-service Helps to Minimize Stigma

Our model aims to alleviate the stigma associated with food insecurity in a hospital setting by fully integrating the pantry into regular, public access spaces. While food prescriptions and pre-screening in other settings may yield valuable data for researchers and others, the benefits of self-service in our setting outweigh barriers that could limit use or cause embarrassment or shame.

### Removing Obstacles and Prioritizing Dignity

Our research found that one cause of food insecurity among caregivers with a hospitalized child was a fear that the child would not be ok if left unattended (Makelarski et al., 2015). For this reason, pantry sites are located in on-unit locations in the children's hospital. The pantry permits patrons to eat on site (a can opener, microwave and utensils are available in the break room locations) and provides bags that patrons can use to take or send food home to other family members.

The Feed1st model also maximizes dignity by permitting “food choice” for our patrons. Many pantry programs pre-assemble bags for patrons, rather than permitting people to choose the food they want to eat.

## **Tools for Success**

### Assessing for Need

Before any substantial efforts are made to bring a food pantry system to your organization, you should understand the nature and degree of food insecurity in your population. In our case, we trusted the children’s hospital chaplain who was distressed and detailed in her account of the problem. We quickly triangulated her concern with nursing, medical staff, and others – most of whom added stories of their own experience with and distress about the problem. Based on these conversations we decided to intervene as quickly as possible (“feed first, ask questions later”).

There is ample evidence that the problem of hunger is higher among hospitalized populations than the general population and it is higher among low-income individuals. If your leadership requires data in order to be convinced, find the best available data such as Supplemental Nutrition Assistance Rates for the populations you serve (publicly available from [American Community Survey](#) data) and if necessary, conduct a formal needs assessment study. Needs assessment studies take time and cost money. Alternatively, the same funding could be used to establish a “pilot” food pantry and track how many people use how much food. Because the pantry is located in a public-access space, a study can be done using direct observation but without interfering with pantry use.

### Recommended Needs Assessment Surveys



To assess food insecurity in your population, do not reinvent the wheel. We recommend you use the two-question [Hunger Vital Sign](#) (HVS) survey for its high sensitivity and ease of administration (Hager et al., 2010; Makelarski et al., 2017). The HVS was developed in collaboration with [Children’s HealthWatch](#). The HVS measures food insecurity using a three-option response format (“often true,” “sometimes true,” and “never true”). A study by our group finds that this format is more sensitive than an alternative two-item (“yes” or “no”) response option, which was found to miss nearly a quarter of food-insecure patients in our patient population (Makelarski et al., 2015, 2017).

**Measuring Success**

We recommend starting with a logic model illustrating the inputs, activities and outputs that lead to your aspired outcome.

Use a Simplified Logic Model

We present a simplified logic model as an example based on United Way of America’s “Measuring Program Outcomes: A Practical Approach” (United Way of America, 1996). Then, elaborate the outcomes you can achieve thinking in the short-term, intermediate term and longer term (Figure 1). The “Tools for Success” section above describes how to use the [Hunger Vital Sign](#) (HVS) tool to estimate and track food insecurity over time. Before you start screening for food insecurity, make sure you either have your pantry operating or you know where to send people for food support.

*Figure 1: Measuring Outcomes*



Use Informed Guesses and Track the Following

To maximize potential for the food pantry early on, you will need to make an informed guess on how your operation will run for each period. Consider and keep track of the following:

- Overall rates of food insecurity in the target population based on the best available data.
- Amount of food moving out of the pantry over time.
- Pantry stocking rates.
- Most and least popular food items.

Over time, we recommend tracking additional data points such as:

- Food waste due to aging on the shelf.
- Food stock demand over time and by location.
- Volunteer efficiency, satisfaction, and retention.
- Gaps in service due to funding or food delivery rates.

## **Framework for Food Pantry Setup, Sustainability and Growth**

1. [\*\*Institutional Support\*\*](#)
2. [\*\*Finding and Creating Food Pantry Space\*\*](#)
3. [\*\*Identifying Food Sources\*\*](#)
4. [\*\*Labor Force\*\*](#)
5. [\*\*Food Handling & Safety Training\*\*](#)
6. [\*\*Pantry Stocking Calendar\*\*](#)
7. [\*\*Financial Considerations\*\*](#)
8. [\*\*Program Governance – Community Advisory Board\*\*](#)
9. [\*\*Raising Awareness and Communication\*\*](#)
10. [\*\*Potential Challenges\*\*](#)
11. [\*\*Partnering with Feed1st\*\*](#)

### **1. Institutional Support**

Gaining support from your institution is key to ensuring the success of your food pantry system. First, it is important to engage your hospital administrators for support of your pantry plans - especially pantry sites, food storage space and food delivery coordination. For day-to-day operations, Feed1st recommends engaging front line clinicians and staff - they are the champions who can ensure that patients and their families feel welcome to use the pantry. Additionally, we suggest engaging partners who have primary responsibility for the spiritual well-being and care experience of families (e.g., Child Life Specialists, Patient Experience staff, volunteer coordinators, chaplains).

## 2. Finding and Creating Food Pantry Space

Obtaining a commitment to appropriate pantry space within your organization is critical to successful implementation. The Feed1st pantry system operates in several locations including family break areas in hospital units, in outpatient waiting room areas and in other public-access spaces (e.g. an elevator lobby and a hospital cafeteria).

### Pantry Space

We suggest implementing a food distribution network that strategically places nourishing options within areas frequently accessed by caregivers to minimize the burden of obtaining food. The list of areas below removes worries about leaving a loved one alone for an extended period or missing an important visit from the care team while getting food. Consider providing reusable bags to make it easy for people to take or send food home. Reusable bags can sometimes be obtained by partnering with professional conference planning organizations. A large medical conference, for example, might end with hundreds or even a thousand or more reusable bags that would otherwise be disposed of. A volunteer could be dispatched to obtain and distribute the bags for the pantry.

Accessible food pantry sites:

- Patient care areas (e.g. emergency department)
- Waiting rooms (e.g. phlebotomy waiting area, Figure 2)
- Family break rooms (these rooms often have a family kitchenette including refrigerator and microwave)
- Chapel and other quiet rooms

Feed1st pantry locations vary from one unit to another, according to local conditions and preferences. The inpatient unit locations make it possible for nurses and others to bring food to the families if they are unable to leave their child's bedside.

*Figure 2: the Feed1st pantry site in the phlebotomy waiting area, the Duchossois Center for Advanced Medicine*



## Food Storage Space

Storage space needs to be sufficient to store food between local site stocking shifts. The space should be accessible on a regular basis by anyone who needs to gain entrance to stock the pantry sites or distribute food items. These are some important things to note when choosing food storage space:

- Many food distributors have guidelines regulating how food can be stored. Make sure your storage space is well maintained to comply with these guidelines.
- Remote storage areas (e.g. basement storage) are also a good option to serve both as overflow space and a way to manage the amount of food that goes on the shelves daily.
- Managing overflow food is a logistical process that requires sufficient space and work force. We recommend that you have a set method to monitor the flow of food between your overflow sites and main storage.

Because Feed1st has high frequency and quantity of food deliveries, both local and remote storage are needed. Factors like the volume of food, number of people you are serving, the size of your hospital, and the location of your pantry sites in relation to your food storage area will inform your distribution plans. We work closely with our supply chain personnel on the initial steps in food storage and distribution.

### **3. Identifying Food Sources**

While there are a few options to choose from when looking for your pantry's source(s) of food, Feed1st recommends partnering with a well-established food depository or bank in your area.

#### Partnerships

Feed1st partners with the Greater Chicago Food Depository (GCFD). If no food depository serves your area, a large grocery store may be interested in partnering as part of its corporate responsibility mission. Reliable low-cost sources of nutritious, culturally appropriate food should be prioritized. Efforts should be made to offer a variety of healthy options for patrons with the goal of enabling well-rounded, nutritious meals. At Feed1st, we are typically able to procure low-sodium and low-sugar canned goods and we try to avoid highly processed foods as much as possible.

#### Food Drives:

Other food sourcing options, such as food drives or donations, are effective at engaging the community and allow people to give back to your food pantry sites. However, there are also some drawbacks.

##### Food Drive Benefits:

- Increase community awareness of your pantry.
- Greater variety of foods may be sourced.
- Enables grateful community members to contribute or give back.

#### Food Drive Drawbacks:

- Food may be expired and require quality control.
- Drive coordination is typically costly.
- Difficulty controlling the quality, quantity, and variety of food.

Overall, we caution against food drives as a primary source of food, but if you plan to organize or receive donations from a food drive, here are a few tips for best practice:

- Ask for specific types of food that fit with your population and program needs.
- Provide clear specifications about expiration dates.
- Use a memorandum of understanding to make sure the donation partner is committed to fulfilling their roles and responsibilities (e.g. disposing of food that does not meet safety criteria, coordinating the drive, delivering the food to the shelves, etc.)
- Involve drive partners to help you sort and evaluate the donated food.

When individuals or organizations offer to launch a food drive, we educate them about the benefits and drawbacks of a food drive and engage them in a dialogue about the relative value of other ways to contribute to Feed1st (e.g., contributing human capital to our volunteer work force, financial contributions or help with fundraising, or helping to institutionalize and sustain the operations of the pantry).

#### Personal Care Item Drives

Our experience suggests that, in addition to food, personal care items are also in high demand among pantry patrons. Your food provider may be able to provide regular supplies of personal care items as well, but if not, we recommend that you reach out to your supporters and encourage donations of those items (new, unused) when possible. Listed below are the most popular items among Feed1st patrons:

- Toothpaste (travel size or full size)
- Toothbrushes
- Mouthwash (travel size or full size)
- Floss
- Deodorant
- Razors
- Shaving cream
- Travel size Kleenex packages
- Travel size hand sanitizer (unscented)
- Laundry detergent
- Soap (unscented)
- Body wash
- Shampoo/conditioner
- Lotion (unscented)
- Diapers
- Diaper cream

- Diaper wipes (unscented)
- Menstrual products

## 4. Labor Force

Your people-power can come through several different avenues, including, but not limited to, clinic managers, nurses, research staff, medical and college students, and most importantly, volunteers. In our experience, the most successful pantry programs are integrated into a readily available volunteer workforce. It is important to think critically about where your volunteers might come from. For example, do you have a clinic manager who oversees volunteers, or does your organization have a volunteer auxiliary team already performing other services? Could stocking the food pantry be incorporated into the volunteers' schedules? Understanding and answering these questions is a good first step to establishing a viable volunteer force.

### Volunteers – Recruiting and Training

Most of Feed1st's volunteers are hospital, medical school, or university affiliates, including medical students and undergraduate students on the pre-medicine track. Feed1st attracts medical and undergraduate students seeking clinical exposure and service learning. Feed1st service gives them an opportunity to interact with physicians, nurses, and other medical staff in the clinical setting. All other volunteers come through the formal volunteer program at the medical center which provides credentialing, volunteer training and supervision.

Our medical students typically join medical student organizations early in their first year. These organizations all have a faculty supervisor. The Feed1st Medical Student Organization (MSO) is supervised by Dr. Lindau and Feed1st operations leaders in her lab. Each MSO elects a board of leaders, and these students take responsibility for recruiting and engaging other students, quality control and improvement, stocking pantry sites, marketing and communications materials and other activities.

### **Recruitment**

Medical student recruitment involves communications from current student leaders to the medical school listserv at the beginning of each new academic year. This approach lets new students know about an opportunity to join their peers in getting involved with the food pantry program. Interested students are invited to complete a Feed1st [volunteer interest form](#) that allows student leaders to gauge applicants' interests and commitment level. We also participate in campus "organization day" convenings to raise awareness among students. If your organization has ties to an educational institution (think also about nursing, public health, social work programs), we recommend seeking opportunities to participate in events where clubs and organizations are allowed to table and meet with students. We have found these events to be effective for raising awareness about our work, recruiting volunteers, and forming relationships with other organizations interested in partnering.

### **Training**

Once we have identified students who have shown genuine interest in joining the food pantry program, we begin training. View a copy of our [volunteer training manual](#). We host 2-3 online

orientation sessions for the new volunteers to learn the best practices. These sessions are focused on pantry stocking protocols. We clearly communicate our expectations of volunteers and recognize that they are students first. We ask them that if anything comes up, they communicate proactively to ensure their responsibilities can be covered. Once they have completed the orientation, they must do one shadow shift with an experienced volunteer so they can learn how to access each pantry site, gain exposure to the various units where the sites operate and understand the criteria for a well-stocked pantry. Figure 3 below outlines annual Feed1st volunteer responsibilities.

*Figure 3: Current Labor Hours for Feed1st*

Labor	Medical Student Board	Student Volunteers
Training	Orientation - 1 hour/year Shadow Shift - 1.5 hours/year Intro meeting - 1 hour/year	Orientation: - 1 hour/year Shadow Shift - 1.5 hours/year
Stocking*	144 hours/year (1.5 hours/shift)	504 hours/year (1.5 hours/shift)
Recruitment	Recruitment - 8 hours/year Program Promotion - 8 hours/year Communication - 24 hours/year	N/A

*These numbers are calculated from CY23  
\*These hours reflect the labor to stock all 11 Feed1st Pantry Sites*

Local Champions – Recruiting, Engaging and Training

Building strong relationships with local stakeholders is crucial for the success of any food pantry program. In our experience at Feed1st, these key individuals – nurses, practice managers, dietitians, patient service representatives, and advanced practice providers – have played a vital role as local champions. Their passion for our mission and influence within their units are invaluable assets. To ensure program sustainability, designate a local champion for each pantry site. These champions provide ongoing support and facilitate collaboration within the unit. We maintain regular communication with our champions through site visits, quarterly newsletters and emails, and biannual advisory board meetings. This ongoing engagement ensures that all pantry locations have the resources and support they need to thrive.

**Recruitment**

Local champions are recruited during conversations with teams requesting a pantry site. No champion, no site. The Feed1st program is also included in the new nurse orientation curriculum.

## Engagement

When choosing a local champion, it is important to engage someone who is passionate about the program. You want to know the following things before selecting a champion:

- Which aspects of the program inspire them to become a local champion?
- Can they dedicate time to monitor the pantry site weekly?
- Are they able to stock the pantry site from the overflow if empty?
- Can they communicate with Feed1st contact immediately if the overflow is running low?
- Are they willing to participate in ongoing communication, including joining Feed1st rounds and the Community Advisory Board?

## Training

Once you have selected a local champion, it is important to make sure they are equipped with the tools and knowledge to help keep the pantry site running smoothly. We recommend training the champions and ensuring that they know they are responsible for the following:

- Serving as the point of contact for the pantry site.
- Organizing staff members to stock the pantry space if needed (using local food overflow storage).
- Providing general oversight of the shelf space to ensure cleanliness and organization.
- Notifying Feed1st Operations Lead when food levels are low.

## 5. Food Handling & Safety Training

### Food Safety Certification

Many food suppliers have safety requirements. In our case, at least two members of the Feed1st team must obtain a food safety manager certification from [ServSafe](#) to be in line with our food supplier's requirements. This training is done to ensure compliance and maintain safe and proper practices at our food pantry sites. Getting the certification involves [taking an online or in-person course](#) and passing a proctored exam. If you are partnering with a large food distributor, it is important to check their specific certification requirements, as they may vary.

### Food Handling & Stocking

All volunteers should receive thorough training on how to properly inspect, select and handle food and stock the pantry. A general guideline includes checking expiration dates of food, discarding expired food or any opened items, selecting a mix of protein, produce and grains that can make a nutritious and filling meal, and stocking food using the food safety [“FIFO” method](#)—first in, first out (a.k.a. moving existing items to the front of the shelves when stocking so older items get used first). At Feed1st, we also ask our volunteers to stock food to meet a variety of dietary needs including, as available, gluten-free, vegetarian/vegan, nut-free, etc. While it is not guaranteed that the same food is available from the supplier every month, we strive to have food types available that meet a range of dietary restrictions. Summarized below are our practices involving primarily dry and canned goods.



## Feed1st Practices:

- Getting ready to start a shift: Volunteers go to the central storage to collect food items based on pantry site-specific instructions provided by Feed1st Operations Lead. They also check the expiration dates of the food they are stocking before heading to the pantry site. This saves them the step of having to throw away food at the pantry sites.
- Upon arrival: We make it a common practice to clean each pantry site before stocking. Volunteers are trained to keep antibacterial wipes on their stocking cart and clean up any trash or debris and wipe down the shelves to keep the space clean and inviting.
- Pre-stocking photos: Volunteers take a picture of each pantry shelf before stocking. This allows us to monitor how fast food is being taken, which foods are most popular, and that the pantry site is being kept in good condition in between shifts.
- Things to check: Volunteers check for a can opener, pen, and sign-in sheet (see below) at each pantry site and make sure to report to Feed1st Operations Lead if there are items missing.
- Sign-in sheets placement: [Sign-in sheets](#) are placed with pens on a clipboard at each pantry site. Individuals using the pantry are not required to sign in to take food, but we do give participants a way to self-report use. We collect those data on a regular schedule for reporting and analyzing purposes.
- Stocking food: Food must be six inches off the floor to reduce risks of pest infestation (per [ServSafe guidelines](#)). We do not put food on the bottom shelf unless it meets the above criterion. We also make sure that food labels are facing forward so pantry users can identify each food item.
- Stocking bags: We provide bags for all our pantry users. These bags for carrying food are stocked on hooks attached to the pantry shelf or a nearby wall (we aim to use reusable bags as much as possible). Volunteers keep a box of bags on stocking cart and replenish them if bag supplies are low.
- Showing respect: If a family is using the pantry site, volunteers say hello, show them new food options that are being stocked, and get the stocking job done while respecting the patron(s) use of the pantry.
- Post-stocking photos: When stocking is completed, volunteers take pictures of the filled pantry shelf and the sign-in sheets that have been filled and report back to the team.
- Maintenance tracker update: Volunteers fill out the maintenance tracker after finishing stocking each pantry site. This helps ensure that volunteers are following the pantry guidelines. Find a template of the [maintenance tracker here](#).
- Patron feedback: A comment box is placed in a visible location on each pantry shelf with language that encourages patrons to share their feedback using the provided [comment cards](#). The Feed1st Operations Lead collects the comment cards from all locations every week and scans them to create a digital repository of all comments (Figure 4).

Figure 4: A comment card from a Feed1st Pantry User.

**Comments**

Thank you so much for this.  
Such a huge blessing!

Card has been rewritten for anonymity.

## 6. Pantry Stocking Calendar

Running a food pantry following an open access, self-serve, 24/7/365 model means that keeping your pantry stocked should always be a top priority in your daily operations. A monthly calendar is a handy tool to track shifts, food deliveries and other events for your pantry. At Feed1st, Volunteers are prompted to sign up for shifts ten days prior to the beginning of each month. The Google Sheets [monthly calendar](#) sample includes information such as pantry sites, stocking schedule for individual sites, volunteer name, phone number, and date and time of volunteering. If you can, set up your calendar in a way that allows volunteers to choose any time within a set timeframe (e.g. a week) that works for their schedule. As your pantry program grows, you may need to adjust your time frame to more frequent shifts.

## 7. Financial Considerations

This section discusses several categories of costs:

- Start-up Costs
- Programmatic Costs
- Food Costs

### Startup Costs (2024)

Keep in mind that the costs to launch a pantry (start-up costs) are higher in the first year as compared to costs after the first year. Listed below are the main kinds of items necessary to set up a self-serve pantry and 2024 costs:

- Shelving for food distribution – \$180.
- Can openers – \$12 each (1 per shelving unit/site).
- Comment boxes – \$25 each (1 per shelving unit/site).
- Clipboard – \$7 for 3 (1 per shelving unit/site).
- Pens – \$6 per pack (1 per shelving unit/site).
- Cart (to transport food) – \$170 each (1-2 needed, depending on number of pantry sites).
- Lysol Wipes – \$40 for 6 (should always keep a pack on the cart).
- Broom for central storage – \$20 for set with dustpan.

- Bag hooks – \$10 for 24 hooks (1 per shelving unit/site).
- Tape for hanging signage – \$14 per pack (6 rolls).
- Printing costs – \$2 per sign. This may vary based on your own institution’s costs.

Programmatic Costs

Other costs include operation and administration of your pantry system. At Feed1st (which in 2023 delivered 45,080 pounds of food to 10 sites), the equivalent of 1.5 full-time employee salaries covers pantry operation, volunteer training and engagement, community outreach and engagement, coordination of a community advisory board, newsletter production and circulation, student mentorship, clinical rounds, fundraising and other operational tasks. While our program relies heavily on volunteer work force to accomplish most of the pantry operations, the ongoing stewardship by dedicated staff has been essential to our sustainability, growth, and long-term impact. Personnel effort to operate the program should be scaled to the size and reach of the program. Program expansion, replication and innovation also require experienced staff support.

Food Costs

Food costs will of course vary depending on the food supplier. Food purchases are by far the most variable cost for a food pantry. For example, food banks or depositories tend to be low-cost and highly reliable suppliers, but they may not be accessible in all geographic locations or to all partners in a given geography. Feeding America, a national organization that works to end food insecurity, has created a [database of 200 food banks across the country](#). Please browse the [database](#) to see whether a food bank would be a feasible partner for your organization. Due to their scale and ability to obtain large quantities of food at wholesale prices, food banks can stretch their dollars to support many pantry programs; [Feeding America](#) states they can purchase at least 10 meals for only one dollar.

If your pantry needs to rely on purchased food, consider using the following equation to get an estimate of your monthly food cost (Figure 5).

*Figure 5: Food Cost Equation*

<p><b>Monthly Cost = (Price/lb) x (1.2 lbs/meal) x (# of meals/person) x (number of people expected to be served/month)</b></p>
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**Sources of Support**

Institutional Support

Feed1st has been successful because of support provided by institutional and community partners, volunteers, researchers, and grateful families. Investment from your healthcare organization - including direct funding, fundraising, allocation of community benefit dollars,

support for space and personnel time - is likely essential to your operations. In 2010, philanthropic funds from the University of Chicago Comer Children's Hospital Board were used to start Feed1st. A successful health system-based food pantry starts with identifying leaders and champions at the highest level of your organization and alignment with the institution's core mission. Diverse funding streams are important to sustainability.

### Grants

Many national and local foundations provide grant funding for local food pantries, food security initiatives, efforts to address social drives of health and even more general calls for programs that alleviate suffering and promote healing among patients (sometime condition-specific). We have received grants from our children's hospital board, an insurance company foundation, a family foundation dedicated to the alleviation of suffering among people living with cancer, and other sources. Some [Community Development Block Grant \(CDBG\)](#) programs support local food pantries, but funding like this is typically directed to community-based organizations (rather than large healthcare systems). Keep in mind that grant applications require time, experience, and perseverance. Grant funding, especially for a new organization, often requires repeated application to get to success. We have worked closely with our development office when seeking grant funding.

### Individual Donations

Feed1st has benefited enormously from generous gifts by passionate individuals over the years. Our supporters include leaders, staff and clinicians who work at the medical center, university, and medical center alumni, Feed1st advisory board members, volunteers, and past pantry patrons. On occasion, we will find coins or small bills in our comment boxes (Figure 6). Giving patrons the opportunity to contribute back to Feed1st is one of several ways we promote dignity through our program.

*Figure 6: Dollar bills being left in the Feed1st Comment Box*



### Events and Campaigns

Getting actively involved in your institution's fundraising events is another effective way to raise awareness about your program, inspire donations, and encourage volunteer signups. In 2024, the University of Chicago men's basketball team dedicated a game to Feed1st and used

QR codes on the scoreboard to enable donations. At the medical center, a group held a [Penny Wars](#) competition and donated all the proceeds to Feed1st. Our nursing education program has raised money for Feed1st at its nursing conferences where Feed1st team leaders were invited as speakers to raise awareness about food insecurity. We have also worked with our development office to hold giving campaigns on World Food Day and Giving Tuesday.

#### Corporate Sponsorship

The food vendors at the University of Chicago Medicine have been strong partners of Feed1st, creating space for a Feed1st site in the main hospital cafeteria (the first food pantry, to our knowledge, in a retail food space) and implementing a [round-up program](#) that allows people to donate their change at the cash register to Feed1st. Vendors may support your program via their corporate philanthropy program, a staff fundraiser, food donations and other strategies.

## **8. Program Governance – Community Advisory Board**

Feed1st uses an [asset-based community engaged approach](#) to ongoing program development. The Community Advisory Board's function is, first and foremost, to ensure that the program serves to alleviate suffering due to hunger with dignity for the people we serve. Through this patron-centered lens, the CAB meets biannually to advise on operations and strategy, quality improvement and to help raise awareness about the program across stakeholders and communities. Board members complement the expertise of the program and operations teams.

#### Composition

- Pantry patrons
- Clinical site stakeholders and champions
- Student volunteers
- Food bank or other food service provider partners
- Food services vendor(s) at the medical center
- Other food insecurity experts

#### Meetings

- The CAB typically meets biannually via teleconference for 60-90 minutes.
- CAB members who are not employed by the medical center are compensated for their time as consideration for their involvement.

#### Expectations

- Attend at least one advisory board member meetings annually with active engagement during the meeting.
- Provide feedback and insight on the program including outreach, research efforts, and pantry operations.
- Assist in identifying other potential partners for model replication, donations, or program expansion.

## 9. Raising Awareness and Communication

Generating awareness in your community about your food pantry is key to its success.

### Newsletter

Our [digital newsletter](#) is the most effective way to keep stakeholders engaged. It is emailed to people individually, announcing program updates, success stories, media coverage, publications, and events. We also use the newsletter to highlight and appreciate volunteers and other contributors. The newsletter promotes inclusivity and engagement. Here are our tips for an effective newsletter:

- Use an attention-grabbing email subject line to make sure people open and engage with the newsletter.
- Include your organization's logo and the date.
- Start out with a little blurb about your organization to spread awareness of your mission.
- As much as possible, use photos and images to tell your story (careful not to include patients in photos).
- Provide a way for readers to donate to the program.
- Promote the newsletter through a variety of social media platforms in addition to email to access the widest audience.
- Our comment cards give patrons the opportunity to join our newsletter mailing list. Including pantry users in the mailing list allows them to be kept up to date about program operations and updates.

### Social Media

Social media can give stakeholders a peek into the day-to-day activities of your operation and highlight big updates as soon as they happen. Social media platforms are useful for highlighting donations, short-term projects, volunteer successes, ongoing events, and more. Use the platform with the broadest reach in your community. We have found the three social media platforms described below to be most helpful in getting our message out:

- [Instagram](#) is mainly visual and is a great place to share pictures of day-to-day operations, posters announcing events, and pictures from events.
- [Facebook](#) is very versatile. You can either post a picture, just words, or a combination. Unlike X, Facebook has no character limit.
- [LinkedIn](#) is a business and employment-focused social media platform. It is primarily used for professional networking and career development.

### Advertising and Signage in the Hospital

Feed1st works closely with its CAB and medical center health literacy experts to develop marketing and communications materials that are posted at pantry sites. Many health systems offer several other channels to raise awareness about the program, such as:

- Signs in frequently visited areas like waiting rooms and family lounges, including digital signage on monitors throughout the building.
- Admission brochures and other print materials that orient people to the medical center and its facilities.
- Employee newsletters.

## 10. Potential Challenges

Of course, barriers and challenges are a normal part of launching any new initiative. Don't get discouraged!

- **Finding a Space to Store Food** is a unique challenge as you may have hundreds of pounds of food coming your way on a regular basis (our deliveries are monthly). You need a place where you can store food items before they are stocked in the pantry. Getting a designated space where you store food before it gets to the pantry shelves requires finding people with knowledge of the building and some sway over its vacancies.
- **Getting Buy-in from the Right Champions.** The importance of having organizational leaders who can help you meet your goals cannot be over emphasized. Space to store food and resources to keep the pantry running require commitment of leaders in areas like plant and facilities and fundraising and development.
- **Ensuring Strong Communication with Partners** is essential for a well-functioning food pantry. Efficiency and effectiveness suffer when communication is poor. It is imperative to educate all team members on the importance of excellent communication, including communicating when pantry stocking is incomplete, shifts are uncovered, or other problems arise. In our case, keeping volunteer services and our food depository partners in the loop is essential to sustaining the pantry.
- **Ensuring a Sustainable Food Source** is vital. Our experience has shown that partnering with a well-established food depository is more reliable and more cost-efficient than food drives or alternative methods of donations, especially when providing food for a large pantry system. Food depositories generally allow you to choose a desired variety and quantity of food and often deliver food to your organization. If this option makes sense for your organization, we strongly recommend it.
- **Sustaining a Volunteer Work Force** is paramount to the operation of a hospital-based food pantry. Relying on both medical and undergraduate students as the main source of volunteers has its own challenges, especially as students' workloads and schedules change throughout the school year. We recommend training students on communication expectations and regular communications to ensure reliable participation. Student volunteers should be recognized for a job well-done.

## 11. Partnering with Feed1st

- Technical Assistance and Consultation to replicate the Feed1st model.
- Research: we bring expertise in clinical intervention studies, community-based survey research, biosocial survey methods, community resource referral platforms and a wide

range of other strategies for studying and intervening on food insecurity and related social conditions.

- Public speaking
- Sharing success stories or tips from your own pantry

Please feel free to reach out at [info@feed1st.com](mailto:info@feed1st.com) for more information.

## Conclusion

We hope this guide will help you better understand the problem of food insecurity and develop plans to address your community's needs. Using a no barriers/no questions/self-serve approach, the Feed1st model minimizes stigma and promotes dignity of all people in a community seeking to alleviate hunger. While we know Feed1st provides value to our community, the persistence of high rates of food insecurity requires all communities to take action. Please join us.



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