



SLO FOOD BANK

County Partnership for Hunger Relief

Notes for SLO County Public Health Commission
Based on comments at November 9, 2020 report by
Garret Olson, CEO

Pre-pandemic:

- Food Bank Coalition of San Luis Obispo County (SLO Food Bank) **provides hunger relief Countywide through our 81 partner agencies** (such as ECHO, 40 Prado, Cuesta College, Salvation Army, church pantries, Boys and Girls Clubs, Paso Robles Loaves & Fishes, and many more) **and through our 60 distribution sites** (from California Valley to the coast and from San Miguel to Nipomo).
- One-in-six SLO County residents was food insecure prior to the pandemic, and the SLO Food Bank was reaching approximately **30,000 of those in need each month**.

Post-pandemic:

- **Food insecurity soared by 154%** with over 70,000 SLO County residents facing food insecurity (according to a study conducted by California Association of Food Banks and Stanford Data Labs).
- In the first six weeks of the pandemic, the SLO Food Bank **warehouse inventory decreased by 73%**. We couldn't order food fast enough, but thankfully we never ran out or were forced to ration.
- During that time, the volume of food provided to the community by the SLO Food Bank **more than tripled**.
- **We are still providing food at historic levels**.
- According to an economist who studied the 2020 crisis, **food insecurity in America is unlikely to return to pre-pandemic levels for approximately 10 years** due to significant systemic changes in our economy and employment new realities.

What has changed...

For the good:

- **SLO County Board of Supervisors and County Administrative Officer Wade Horton** partnered with the SLO Food Bank early in the pandemic to ensure the long-term success of our mission to feed those in need and avoid civil unrest attributed to local food shortages.
 - This was one the most determinant factors in the success of our mission. **If you know a Supervisor or Mr. Horton, please share our honest praise with them.** Few counties had anything like our partnership, which is why the struggles of other counties were so tragically newsworthy. To be sure, the need of our clients was tragic; however, our response together was not tragic. It was best example of

Let's Feed SLO County. Together.

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responsible, compassionate governance I can think of in my 30 years of being in government prior to joining the SLO Food Bank team.

- The **State of California** is leaning in to assist local food banks with impressive resilience. The Governor put \$90 million into hunger relief, and while our portion will be a very small slice, this news is a welcome message for statewide hunger relief.
- The **Federal** government has provided boxes of food to food banks throughout the nation, and we appreciate that resource. We hope that as this program evolves, individual food banks will be able to assist with configuring these commodities, so we build food boxes with our operations and clients in mind.

What's worrisome:

- The expiration of enhanced **unemployment benefits** has a direct impact on food security.
- Continued increases in **coronavirus cases** delays continues to have a more significant financial impact on those who can least afford to be out of work or underemployed.
- Donor realities:
 - Many of our **donors are struggling now**, and not in a position to continue supporting our mission due to personal financial struggles
 - All **nonprofits are struggling**, so donor fatigue can be a significant factor.
 - When the national news headlines moved from long lines at food banks to election issues, **our donations dropped precipitously**.
- **Changes in our ability to accept donated food** resulted in a loss of \$697,000 worth of food in calendar year 2020. So why is that...
 - Due to public health reasons many of our personal-touch food donation events had to be cancelled. For example, having our trucks in the parking lots of grocery stores to collect turkeys for the holidays is unwise. If our drivers get sick, our distribution of food is significantly disrupted.
 - When we receive donated food (non-palletized food), each can must be inspected to ensure it is still safe and to make sure it meets our nutritional standards. We do not have the physical space in our warehouse to simultaneously build food orders to go out to the community and inspect and sort thousands of pounds of miscellaneous food. To maintain physical distancing in our warehouse operations, we've stripped the ground and have been forced to expand our food processing footprint. We are at capacity. We look forward to our ability to accept non-palletized food donations.

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Why is this a public health issue?

- Those experiencing food insecurity are forced to make very difficult decisions including:
 - Do I buy food, or do I buy my medicine?
 - Do I buy food, or do I pay rent?
 - Do I buy nutritious food, or do I buy cheaper processed food (unhealthy food)?
- There is a direct correlation between food insecurity and many chronic diseases, health conditions, and health behaviors, see last page for information from <https://frac.org/wp-content/uploads/hunger-health-impact-poverty-food-insecurity-health-well-being.pdf>

What can you do to help?

- Help us spread our threefold message:
 - **If you need help, we are here for you.** If you need help navigating our many options for hunger relief, call us at 805-238-4664 or email us at info@slofoodbank.org
 - **If you are struggling to get by, but making ends meet, we stand ready to be your nutritional safety net.**
 - **If you can give, at whatever level is comfortable and meaningful to you, we would be honored to turn every dollar donated into an astounding seven nutritious meals.**
- Share our message on social media by following/reposting our messages on Instagram @slofoodbank (<https://www.instagram.com/slofoodbank/>) and Facebook (<https://www.facebook.com/slofoodbank/>)
- If you know someone who is willing to donate, encourage them to become a **sustaining donor**.
 - We are going to be fighting this noble fight for many years.
 - Sustaining donors are the staying power of our mission.
 - My favorite message during the age of coronavirus binge-watching is the following: **“For the cost of a standard Netflix subscription, you can feed about 100 people every month! That is such a better investment than re-watching all 9 seasons of The Office.”**
- Finally, if you know a business that would like to form a meaningful relationship with us, we are elated to share with our over 2,000 social media followers the caring hearts (and names!) of our partner local businesses. We are also incredibly creative... **simply make an introduction for us**, and we will be thoughtful and trustworthy stewards of finding a meaningful opportunity.

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Thank you so much for giving us the opportunity to shine light on this vital human need. I look forward to providing updates in the future. Please do not hesitate to reach out to me directly at golson@slofoodbank.org or cell 805-286-0160.

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Chronic Diseases, Health Conditions, and Health Behaviors Associated With Food Insecurity

Children	Adults*	Older Adults
Asthma ⁷⁹	Arthritis ⁸⁰	Asthma ⁸¹
Behavioral and social-emotional problems (e.g., hyperactivity) ^{82,83,84}	Asthma ⁸⁵	Congestive heart failure ⁸⁶
Birth defects ⁸⁷	Cancer ⁸⁸	Depression ⁸⁹
Developmental risk ⁹⁰	Chronic kidney disease (especially among those with either diabetes or hypertension) ⁹¹	Diabetes ⁹²
Iron deficiency anemia ^{93,94}	Chronic obstructive pulmonary disease (COPD) ⁹⁵	Gum disease ⁹⁶
Less physical activity ⁹⁷	Cigarette smoking ⁹⁸	History of a heart attack ⁹⁹
Low birth weight ^{100,101}	Coronary heart disease ¹⁰²	Hypertension ¹⁰³
Lower bone density (among boys) ¹⁰⁴	Depression (including maternal depression) ^{105,106}	Limitations in activities of daily living ¹⁰⁷
Lower health status ^{108,109}	Diabetes ^{110,111}	Lower cognitive function ¹¹²
Lower health-related quality of life ¹¹³	Functional limitations ¹¹⁴	Lower intakes of calories and key nutrients (e.g., protein, iron, calcium, vitamins A and C) ¹¹⁵
Lower physical functioning ¹¹⁶	Hepatitis ¹¹⁷	Obesity (primarily among women) ¹¹⁸
Mental health problems (e.g., depression, anxiety, suicidal ideation) ^{119,120,121}	Higher levels of C-reactive protein (a marker of inflammation) ^{122,123}	Osteoporosis ¹²⁴
More frequent colds and stomachaches ¹²⁵	Hyperlipidemia ¹²⁶ and dyslipidemia ¹²⁷	Peripheral arterial disease ¹²⁸
Poor dietary quality ¹²⁹	Hypertension ¹³⁰	Poor or fair health status ¹³¹
Poor educational performance and academic outcomes ^{132,133,134,135}	Insufficient sleep or poor sleep outcomes ^{136,137}	
Untreated dental caries (i.e., tooth decay) ¹³⁸	Less physical activity ¹³⁹	
	Mental distress ¹⁴⁰	
	Obesity (primarily among women) ^{141,142,143}	
	Poor dietary intake ¹⁴⁴	
	Poor or fair health status ¹⁴⁵	
	Pregnancy complications (e.g., gestational diabetes, iron deficiency) ^{146,147}	
	Stroke ¹⁴⁸	
	Suicidal ideation ¹⁴⁹	

* Studies that examine food insecurity among adults have considerable variation in the ages of those included in the study. Many studies focus on adults under 65, while others include all adults over 18 or 20 years of age.



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