



**Ottawa County Food Policy Council**

**Food Insecurity Needs Assessment  
Report on Findings**

October 3, 2011

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## NEEDS ASSESSMENT BACKGROUND AND METHODOLOGY

Ottawa County residents who experience food insecurity are served by a network of non-profit and church-based pantries, commodity distribution services, congregate meal sites, a rescue mission, and mobile delivery programs. The Ottawa County Food Policy Council was established with the purpose of deepening the impact of food resources in reducing food insecurity in Ottawa County. In order to chart a long term direction for achieving this outcome, the Council conducted a Needs Assessment that sought the opinions of food resource clients and food resource representatives through client surveys and focus groups, and focus groups with food resource providers. This report describes findings from these various data collection activities.

Client surveys were administered at 17 sites throughout Ottawa County by food resource personnel to 105 individuals. The data was collected by the Council and submitted to Dave Medema, who tabulated the data by individual site and cumulatively.

Two client focus groups that engaged 34 participants were held – one in Holland at Western Seminary and one in Grand Haven at St. Patrick's Catholic Church. Client focus group participants were identified and invited by Council members. They were served dinner and given a gift certificate as incentives to participate. These focus groups were facilitated and reported by Dave Medema of Pondera Advisors.

The two food resources focus groups were facilitated by Patrick Moran, President of Greater Ottawa United Way. Data was submitted to Dave Medema who prepared one report for the two focus groups.

This project was partially funded by the Michigan Department of Community Health's Building Healthy Communities Grant Project, with additional financial support from the Grand Haven Area Community Foundation and the Community Foundation of the Holland/Zeeland Area. In-kind contributions were made by the Greater Ottawa United Way, the Ottawa County Health Department, Western Theological Seminary, Holland Rescue Mission, Community Action House, Catholic Charities West Michigan, St. Patrick's Church, and members of the Ottawa County Food Council.

## CLIENT SURVEY QUESTIONS AND FINDINGS

1. Do you currently receive food assistance from any of the following programs? *(Check all that apply)*

- 61** \_\_\_\_\_ a. Food Stamps / Bridge Card  
**13** \_\_\_\_\_ b. Soup Kitchens (such as Western Theological Seminary, Holland Rescue Mission, St. John's)  
**7** \_\_\_\_\_ c. WIC (Women, Infant and Children)  
**39** \_\_\_\_\_ d. Food Pantries (such as Salvation Army, Community Action House, Love, INC)  
**8** \_\_\_\_\_ e. School meal programs (Free or Reduced Lunch Program)  
**8** \_\_\_\_\_ f. Free prepared meals (such as congregate meals, community kitchen, church meals)  
**21** \_\_\_\_\_ g. Food Commodity distribution  
**11** \_\_\_\_\_ h. Home delivered meals (Meals on Wheels)  
**11** \_\_\_\_\_ i. Mobile Food Pantry/Truck  
**4** \_\_\_\_\_ j. Other
- **Hope Outlet (1)**
  - **Congregate hot meals (1)**
  - **Angel Food(1)**
  - **Evergreen Lunch Room (1)**

If yes, how many times a month?

- **Once a month (21)**
- **Twice a month (7)**
- **Three times per month (4)**
- **Four times per month (5)**
- **Five times per month (1)**
- **Six times per month (2)**
- **Seven times per month (1)**
- **Eight times per month (1)**
- **Thirteen times per month (1)**
- **Twenty times per month (4)**
- **Twenty-one times per month (1)**
- **30 times per month (2)**
- **It varies (1)**

Which food assistance source is the most important to you, if any?

- **Food stamps (22)**
- **Bridge card (11)**
- **Food pantry (6)**
- **Meals on Wheels (5)**
- **Love Inc (4)**
- **Holland Rescue Mission (2)**
- **Mobile Food Pantries (2)**
- **Community Action House (1)**
- **Food Commodity (1)**

- **Soup kitchens (1)**
  - **The noon meal (1)**
  - **FAP (1)**
  - **School meal programs (1)**
  - **Home Delivered Meals (1)**
  - **US (1)**
  - **The VFW (1)**
2. Which of these statements best describes the food situation of your household over the past 12 months?  
Check only one.
- 38** \_\_\_\_ a. We have enough of the kinds of food we want to eat.  
**45** \_\_\_\_ b. We have enough food, but not always the kinds of food we want.  
**22** \_\_\_\_ c. Sometimes there is not enough to eat **2** daily      **6** weekly      **14** monthly
3. *If you checked 2c above, (Check all that apply)*
- 25** \_\_\_\_ a. Not enough money for food  
**10** \_\_\_\_ b. Kinds of food I want are not available  
**6** \_\_\_\_ c. Too hard to get to the store  
**3** \_\_\_\_ d. No place to cook / prepare food  
**2** \_\_\_\_ e. Not able to cook or eat because of health problems  
**6** \_\_\_\_ f. Other
- **Homeless (1)**
  - **It takes two people (1)**
  - **Special foods have a high cost (1)**
  - **Celiac disease is expensive (1)**
  - **They are diabetic (1)**
4. What best describes why you need help with food? *(Check all that apply)*
- 45** \_\_\_\_ a. Ongoing need for food/Insufficient Income  
**11** \_\_\_\_ b. Temporary Health Problem  
**15** \_\_\_\_ c. Temporary job Loss  
**31** \_\_\_\_ d. Permanently Disabled  
**2** \_\_\_\_ e. Experienced Disaster  
**9** \_\_\_\_ f. Unexpected Household Expense  
**38** \_\_\_\_ g. Have to Pay other Bills  
**18** \_\_\_\_ h. Other
- **Diabetic limits (2)**
  - **Court costs and loans (1)**
  - **Bridge through DHS has us on hold due to paper loss issue on their part (1)**
  - **Unexpected garnishment of wages (1)**
  - **Health problems (1)**
  - **Food is expensive to buy (1)**
  - **They are a displaced homemaker (1)**
  - **Celiac disease is expensive (1)**

- **Too many other expenses (1)**
- **Long-term unemployment for three years (1)**
- **Medical bills (1)**
- **They can't cook (1)**
- **They are homeless (3)**

5. Does anyone in your household have a chronic health / medical condition? *(Check all that apply)*

- 32** \_\_\_ a. Diabetes  
**36** \_\_\_ b. Hypertension (high blood pressure)  
**27** \_\_\_ c. Respiratory problems (asthma, bronchitis, emphysema)  
**20** \_\_\_ d. Heart disease  
**11** \_\_\_ e. Food allergies  
**15** \_\_\_ f. Other dietary restrictions

Do you have difficulty providing food that is appropriate for the person with this medical condition?  
Please explain why there is a difficulty.

- **Specific foods are expensive to provide (4)**
- **Difficulty controlling carbohydrates (2)**
- **Not enough low sodium foods, especially vegetables (2)**
- **They need sugar-free, healthier foods (2)**
- **Gluten-free food is too expensive (2)**
- **They have food allergies**
- **They have thyroid disease**
- **They have surgery restrictions**
- **They need to have vegetables and lean protein**
- **They have specific dietary needs**
- **They don't know what different foods to get**
- **The family has a lot of trouble with coughing**

**How often have the following statements been true for you *in the past 12 months*?**

6. The food that I obtain (purchased or received) doesn't last through the month:

- 26** \_\_\_ a. Almost every month  
**22** \_\_\_ b. Some months, but not every month  
**4** \_\_\_ c. Only 1 or 2 months  
**28** \_\_\_ d. Never

Are there certain times of the month/year when this happens most often? If so, when?

- **During the holidays (8)**
- **During the summer (5)**
- **At the end of the month (4)**
- **Every month (2)**
- **During the colder winter months (2)**

- **During the middle of the month (2)**
- **When the kids are home from school on break (2)**
- **At the beginning of the month (1)**
- **At the end of the year (1)**
- **All the time (1)**

7. My household has the resources to eat balanced meals (meals that include meat, fruits & veggies, grains, and milk products):

- 50** \_\_\_ a. Almost every day  
**31** \_\_\_ b. Some days, but not every day  
**10** \_\_\_ c. Only 1 or 2 days a week  
**3** \_\_\_ d. Never

8. My household reduces the size of meals or skips meals.

- 11** \_\_\_ a. Almost every day  
**24** \_\_\_ b. Some days, but not every day  
**9** \_\_\_ c. Only 1 or 2 days a week  
**43** \_\_\_ d. Never

If this happens, which family members (i.e., adults or children) skip meals?

- **Adults (31)**
- **Children (3)**
- **Both (2)**

9. Where do you purchase food? (*Check all that apply*)

- 84** \_\_\_ a. Supermarkets (Meijer, Family Fare, D&W, Wal-Mart)  
**13** \_\_\_ b. Convenience store / gas station  
**30** \_\_\_ c. Dollar Store  
**47** \_\_\_ d. Discount Food Store (such as Aldi's or Save a lot)

10. Why do you purchase most of your food at these places? (*Check all that apply*)

- 55** \_\_\_ a. Convenient location / Easy to get to  
**42** \_\_\_ b. Large variety and selection of foods that is available  
**71** \_\_\_ c. Good prices  
**5** \_\_\_ d. Ethnic food selections  
**12** \_\_\_ e. Other
- **Because of the sales (3)**
  - **They have diabetic foods (2)**
  - **Used to work there (1)**
  - **Family purchases them (1)**
  - **They have gluten free foods (Asian stores) (1)**

11. Where do you most often get fresh fruits and vegetables?

- 73 \_\_\_ a. Supermarket (Meijer, Family Fare, D&W, Wal-Mart)  
23 \_\_\_ b. Farmers market  
6 \_\_\_ c. Community garden  
14 \_\_\_ d. Food pantry  
22 \_\_\_ e. Discount Food Store (such as Aldi's or Save a lot)  
0 \_\_\_ f. Convenience store / gas station  
0 \_\_\_ g. Ethnic Market  
9 \_\_\_ h. Other
- **Personal garden (5)**
  - **Holland Rescue Mission (1)**
  - **Homeless shelter (1)**
  - **Use mostly frozen fruit (1)**
  - **Feeding America (1)**
  - **Hope Outlet donations (1)**
- 5 \_\_\_ i. Don't buy

12. How many servings of fruits and /or vegetables are eaten per person on an average day in your household? (Note: a serving is about a ½ cup, a small apple, ½ banana, etc.). (Check only one)

- 11 \_\_\_ a. 0  
69 \_\_\_ b. 1-2  
20 \_\_\_ c. 3-4  
2 \_\_\_ d. 5-9  
1 \_\_\_ e. More

13. Which of the following prevent you from obtaining fruit/vegetables on a regular basis? (Check all that apply)

- 40 \_\_\_ a. Fruits and vegetables and other nutritious foods are too expensive in stores where I shop.  
12 \_\_\_ b. The fruits and vegetables are of poor quality where I shop.  
19 \_\_\_ c. Fruits and vegetables are not available at pantries, in an inadequate supply.  
5 \_\_\_ d. There are few stores in my neighborhood which sell fruit/vegetables.  
11 \_\_\_ e. I do not have transportation to stores with quality fruit/vegetables.  
9 \_\_\_ f. I do not have transportation to stores with affordable fruit/vegetables.  
0 \_\_\_ h. The stores do not carry fruit/vegetables we eat in my culture.  
19 \_\_\_ i. Other (explain)
- **The less expensive stores have poor quality fruits and vegetables that go bad very quickly (3)**
  - **Lack of transportation when unable to drive (2)**
  - **No place to keep them (2)**
  - **Poor appetite (1)**
  - **Kids don't eat fruits and vegetables (1)**
  - **They are short on money (1)**

- **When their garden is done the prices in stores are too high (1)**
- **They don't like vegetables (1)**
- **They can't cook or prepare them (1)**

14. Which of the following prevent you from eating fruits/vegetables on a regular basis? (Check all that apply)

- 9 \_\_\_ a. I do not have enough time to prepare meals at home.
- 9 \_\_\_ b. My family doesn't like vegetables.
- 3 \_\_\_ c. My family doesn't like fruit.
- 4 \_\_\_ d. I don't know how to cook vegetables
- 8 \_\_\_ e. I'm not sure what choices are healthy or unhealthy
- 34 \_\_\_ f. Other (explain)
- **Cost or availability (17)**
  - **It is hard for them to stand while cooking (1)**
  - **Poor appetite (1)**
  - **Nowhere to keep or store them (1)**
  - **Work schedule (1)**
  - **Hard to prepare for one person (1)**
  - **People in the family don't like them (1)**
  - **They can't have vegetables with their medications (1)**
  - **Pain stops them from cooking (1)**
  - **People are allergic to them (1)**
  - **Have to walk to get them (1)**
  - **No sugar-free fruit (1)**
  - **They can't cut or hold utensils (1)**
  - **Personal hygiene products (1)**

15. What is the single most important thing that would help you improve you or your family's diet and nutrition?

- **Having more money/higher income (7)**
- **Having transportation (3)**
- **Having more places that have cheaper prices on fruits and vegetables (3)**
- **Being provided with and eating more fruits and vegetables (2)**
- **Taking nutrition classes and being educated on nutrition (2)**
- **Eating right and preparing well-balanced meals (2)**
- **Having a job (2)**
- **Having more time to cook (2)**
- **Taking 'Ensure' often (2)**
- **Stop eating junk food (2)**
- **Spending time together (1)**
- **Having the will to cook (1)**
- **Learning how to budget food money (1)**
- **Eating more (1)**
- **Having a place to live (1)**
- **Figuring out new recipes and ways to cook food (1)**
- **Not being picky eaters (1)**
- **Eating fresh foods (1)**
- **Having good health (1)**
- **Looking at a diet pyramid (1)**
- **Having a store where they can shop for all of their needs (1)**
- **Making meal plans (1)**
- **Learning how to prepare healthy diabetic meals (1)**
- **Receiving more food stamps (1)**
- **Paying off medical bills (1)**
- **Having Meals on Wheels 5 days per week (1)**
- **Having a bigger appetite (1)**
- **Having cheaper organic food prices (1)**
- **Stop skipping meals (1)**
- **Buying fresh at the Farmer's Market (1)**

16. What is your PRIMARY method of getting to and from food resources? *(Check only one)*

- 18** \_\_\_ a. Bus/Access Van
- 31** \_\_\_ b. Own car
- 19** \_\_\_ c. Ride with friends
- 9** \_\_\_ d. Walk
- 8** \_\_\_ e. Bike
- 1** \_\_\_ f. Taxi
- 3** \_\_\_ g. Other: **Family members (3)**

17. How did you hear about this food resource?

- **Friends (15)**
- **Family (8)**
- **Senior Center (7)**
- **Love Inc (7)**
- **Newspaper and television (4)**
- **Church (4)**
- **Evergreen Commons Social Worker (3)**
- **Holland Rescue Mission (3)**
- **Sister Pat (2)**
- **Commodities (2)**
- **Word-of-mouth (2)**
- **Community Action (2)**
- **MIC (1)**
- **Allendale community (1)**
- **211 (1)**
- **DHS (1)**
- **Fliers (1)**
- **Used to work there (1)**
- **Advertising (1)**
- **Seminary (1)**
- **Case worker (1)**

18. What would you like to receive that is not available through this food resource? *(Check all that apply)*

- 9 \_\_\_ a. Beans
- 7 \_\_\_ b. Rice
- 18 \_\_\_ c. Milk/dairy
- 34 \_\_\_ d. Fruit
- 26 \_\_\_ e. Vegetables
- 41 \_\_\_ f. Lean meat
- 14 \_\_\_ g. Dietary needs
- 9 \_\_\_ h. Other
  - **Dessert (1)**
  - **Sugar-free products (1)**
  - **Oil and sugar (1)**
  - **Low sodium foods (1)**
  - **Beef stew (1)**
  - **Fruits and vegetables (1)**

19. In addition to money, what are your barriers to obtaining food from this resource? (Check all that apply)

- 11 \_\_\_ a. Availability / hours
- 25 \_\_\_ b. Transportation to a store or agency
- 12 \_\_\_ c. Limited visits/quantity
- 8 \_\_\_ d. Lack of personal choice
- 10 \_\_\_ e. Other
  - They would like to pick what they want/need (1)
  - Gas for their car (1)

20. How can this food resource serve you better?

- Providing more fresh items such as fruits and vegetables (5)
- Provide more food choices / a larger selection (4)
- Be available more often (2)
- Provide more organic food (1)
- Provide more meat (1)
- Provide lean meat such as chicken or fish (1)
- Provide for personal needs (1)
- Provide toilet paper and paper towels (1)
- Provide more vegetables (1)
- Run at a faster pace to help avoid waiting time (1)
- Cater to diet needs (1)
- Love's Budget class (1)
- Provide more dairy products (1)
- Provide frozen potatoes, fresh potatoes, onions, cotton balls, and Q-tips (1)
- Give them another choice to provide for their family or provide referrals (1)

### Profile

21. Male **33** Female **72**

22. Ethnicity: [ **2** ] African-American [ ] Asian [ **13** ] Hispanic / Latino  
[ **5** ] Native American [ **79** ] White [ ] Other: \_\_\_\_\_

23. How many people live in your household?

1	<b>39</b>	5	<b>7</b>
2	<b>28</b>	6	<b>2</b>
3	<b>10</b>	7	<b>1</b>
4	<b>10</b>	8 +	<b>0</b>

24. Do you have children younger than 18 years of age living in your household?

Yes **19** No **81**

**OTTAWA COUNTY FOOD POLICY COUNCIL  
CLIENT FOCUS GROUP REPORT  
Conducted at Western Seminary, Holland MI  
Facilitated and Reported by  
David Medema, Organizational Consultant  
August 17, 2011**

There were 17 participants, including four females and 13 males. It appeared as if many of the participants were “lower functioning” in terms of mental and physical capacity and who may face greater challenges in maintaining self-sufficiency and making important choices with limited resources at their disposal.

Pantries used by these participants included St. Frances, Holland Rescue Mission, City on a Hill, Fishers of Men, St. Vincent de Paul, and Christ Memorial Church.

**Cycles & Causes of Need**

Nearly one-half of participants indicated that they worry about running out of food. One-half of these participants stated that they worry about this almost every month, and half worrying some months, but not all. Those who ran out of food did so near the end of the month or near the end of their monthly public assistance allocation cycle. Reasons mentioned included shortages due to food spoiling and having to pay bills and rent. It was noted by several participants that they would run out near the middle of the monthly cycle due to losing track of which day their Bridge card was refilled.

**“Healthy” Food**

Participants define “healthy food” as fruit, vegetarian pizza, food containing fiber, low or fat free food, and any food with low sodium and high protein. Participants stated store-bought food was at least as healthy as food provided by food resources and that their purchasing decisions had a big influence on the health of their diet. Participants largely agreed that “healthy” food is more easily available at stores than from food resources.

Other comments included:

- While stores have a larger variety and volume of vegetables, the vast majority is canned. Holland Rescue Mission regularly overcooks food and does not take residents’ allergies into account. It does do a good job preparing food with chicken in it.
- 14 stated it was important to eat fruits and vegetables.
- Regarding Pantry food choices:
  - 13 participants stated they didn’t get enough meat.
  - 7 participants stated they didn’t get enough fruit from food resources.
  - 5 participants stated they didn’t get enough fresh vegetables from food resources.
  - Most participants agreed that they receive too much bread and starchy foods from food resources.

- When asked to identify the most important elements of a healthy diet:
  - 9 participants stated that eating from all four food groups was most important.
  - 2 participants stated having help determining what is healthy would be most important.
  - 2 participants stated having help with meal preparation would be most important.
  - 2 participants stated eating healthier for a chronic medical condition was most important.

### **Grocery Stores**

Meijer was seen by 13 participants as the best food store due to a combination of high quality and reasonable prices. It was also reported as having the best location.

Wal-Mart was reported as the second best option because it has good variety, and lower prices, but lower quality than Meijer and D&W.

D&W was seen as the middle option due to good quality but having expensive prices.

Family Fare was rated slightly more favorably than Save-A-Lot. Participants stated that some of their food was expired. 11 participants reported Family Fare as being the most expensive. Additionally, there was general agreement that Family Fare “went downhill” after Spartan acquired the company.

Save-A-Lot was rated the lowest in food quality. Meat is low grade, vegetables are often not fresh, and cheese bought is often near the expiration date. 11 participants described Save-A-Lot as dirty and run down.

### **Transportation**

6 participants reported transportation as being a problem when going shopping.

- 3 participants walked
- 5 participants took the bus
- 3 participants biked
- 6 participants had their own car for transport
- 1 participant used a scooter
- The time spent using public transportation ranged from 15-45 minutes each way to the store, with the majority spending about 30 minutes on public transportation each way

### **Alternative Food Sources**

5 participants reported regularly hunting or fishing for a portion of their food supply, and 3 participants reported growing their own food in a garden.

### **Farmer's Market**

2 participants stated that they regularly go to the Farmer's Market. Limitations on the advantages of the Farmer's Market include inability to use food stamps, the meat variety is minimal, the food doesn't look as good, the time it takes to look over vegetables is "a bother", and they're often working during market operating hours. While most participants appreciate the variety and freshness of vegetables, most see the Farmer's Market as more expensive than grocery stores.

### **Suggestions for Improving Food Quality and Service**

For meal sites, including Holland Rescue Mission, participants suggested using more spices in cooking, and less salt (some participants disagreed due to their dietary needs). Participants request that there be better monitoring of cooks at Holland Rescue Mission and having some sort of incentives for the cooks so that they would pay attention to the food to keep it from being overcooked. They also would like more pizza, fewer desserts, and fresher bread. Participants also requested more frozen meat at food drives. Participants specifically appreciated the choice they get at Fishers of Men, Community Action House, and Fourth Reformed Church. One man stated that of all the many places he's lived, this is the only area where you can get help with everything, and people seem to genuinely have your best interests at heart.

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**OTTAWA COUNTY FOOD POLICY COUNCIL  
CLIENT FOCUS GROUP REPORT  
Conducted at St. Patrick's Catholic Church, Grand Haven MI  
Facilitated and Reported by  
David Medema, Organizational Consultant  
August 25, 2011**

There were 17 participants, including six females and 11 males.

### **Cycles and Causes of Need**

Participants who ran out of food or food stamps did so at the end of the month or at the end of the food stamp cycle. Participants indicated that it is also harder to get food during the holidays as food resources often have less of a supply. Several participants expressed frustration that sales at the stores don't coincide with when they have bridge card credit.

### **Pantry Feedback**

Participants expressed general agreement that local food resources are excellent as far as overall regularity and availability, food options, and quality. Participants especially appreciated that every local pantry allowed patrons to choose which products they wanted. Two food resources were cited for praise. St. Mary's specifically has great food for people with diabetes, and Dorothy is especially helpful. Love Inc. is has coupons for clients to clip and take. However, participants rarely use coupons because they are usually for name-brand products, and off brands are usually still cheaper.

Participants were still able to identify possibilities for improvement.

- Many food resources don't provide enough milk and soy milk.
- Some pantry food is outdated. People's Center and Salvation Army were identified specifically. Several participants praised Salvation Army's new policy of giving away outdated food "with no strings".
- 9 participants reported having medical conditions that make it difficult to find the right food.
- Vegetables are often not fresh. Canned vegetables are too salty for diabetics, and frozen vegetables are not available during off-season.
- Pantries mostly have meats like bologna, hot dogs, hamburgers, and salami which are heavily processed and salty.
- Participants had a hard time finding sugar free, non processed items like chicken breasts or eggs.

- Participants expressed specific complaints about the Feeding America Truck
  - Food has had freezer burn.
  - Milk has been spoiled.
  - There are too many sweets like pies, donuts, cookies, and candy.
  - The truck is hard to access for some with disabilities especially in winter.
- 13 participants affirmed the value and importance of picking their own food items from the shelves.
- Participants were very appreciative that pantries carry non-food items, but toiletries run out very quickly from pantries.
- A dedicated website would be valuable as far as hours, inventory, where the trucks will be, and what assistance is available and where.

### **Comparison of Stores with Pantries**

Participants were very satisfied with the selection and variety of the stores around Grand Haven. They felt that the food they bought from the store was healthier than that which they received from the pantries because they had more options and fresh vegetables.

Participants appreciated that Walgreen's will clear off their shelves sometimes and donate their food to Hope Outlet.

The best option for getting the food you need is to get what you can from the pantry and then supplement from the store with fresh fruits and vegetables.

### **"Healthy" Food**

When asked to identify the most important elements of a healthy diet:

- 9 participants stated they should eat food from all four food groups.
- 4 participants need a diet that is responsive to their medical condition.
- 3 participants would like better access to farmer's markets and supermarkets.
- 2 participants expressed a need for help with meal preparation.

## **Grocery Stores**

Meijer was rated most favorably due to high quality products and for having the lowest prices.

D&W was rated runner-up because it had high quality products but somewhat higher prices. Participants also liked their fruits and vegetables the best. Several participants indicated that they had difficulty using their bridge cards there on occasion.

Wal-Mart was rated next lowest because it is cheap, but has very low quality products.

Lippy's was rated lowest because it has "outlandish" prices.

Access to stores is an issue for some participants.

- 8 participants have their own car.
- 6 participants have people drive them.
- 4 participants use public transportation.
- 2 participants use bikes or walk.

## **Farmer's Markets**

Participants strongly agreed that they could get very fresh food from farmer's markets. However, several barriers prevent their use of farmer's markets. This included difficulty arranging transportation. Another barrier is the inability to use bridge cards. It is important to note that nine participants said they would go if farmer's markets took bridge cards. The final barrier is a strong perception that the prices are significantly higher and outweigh the benefits of food quality, freshness, and health.

## **Alternate Food Sources**

One respondent grows her own food. Most participants live in apartments so they have no access to gardens. Several participants stated that the price of maintaining a garden is too much.

Four participants also said they would hunt or fish if licenses were cheaper.

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**OTTAWA COUNTY FOOD POLICY COUNCIL  
FOOD RESOURCE PROVIDERS FOCUS GROUPS REPORT  
Conducted in Grand Haven and Holland MI  
Facilitated by Patrick Moran, President, Greater Ottawa County United Way  
Reported by David Medema, Organizational Consultant, Pondera Advisors, LLC  
September 17, 2011**

In two separate focus groups held in Grand Haven and Holland Michigan, food resource providers represented a wide array of entities, including food banks, congregate meals sites, home delivered meals (older adults), food stamps, schools, USDA commodities, kitchens, mobile food pantry, and voucher programs.

**Frequency of Client Access**

Food resources representatives described client access policies that were more restrictive (only once per month (or less) to access whenever there is a need. Some food resources require appointments while others do not.

**Quantity and Variety of Available Food Resources**

All but two food resource representatives indicate that they maintain sufficient inventory to meet demand. Schools' availability is quite limited during weekends and summer. Most agreed that variety and quantity of available food depend heavily on donations. Fresh food is hard to acquire, and they acknowledge that much food is close to expiration dates.

Providers stated that Project Fresh and Double Up Bucks are valuable resources by providing vouchers to farmer's markets.

Most participants did not believe that they have sufficient variety of food choices. The greatest weakness that they identified is fresh food and perishables. Several participants agreed that maintaining inventories of culturally appropriate foods is also a big challenge.

Cost related to purchase and transport of food as well as logistics issues were bigger challenges for food banks.

**Client Data Collection and Service Coordination**

All providers reported keeping client data, but a minority reported sharing data with other providers.

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## Common Client Complaints

Among concerns that lessen client satisfaction are the following:

1. Participants indicated that they are not able to be open as many hours as needed by clients who work.
2. Clients have a greater need for fresh food than what is available.
3. Quantity limits often leave clients with insufficient resources and some participants believe that clients may go through too much work to get too little assistance.
4. Lack of food variety, including limited ability to meet special dietary needs.
5. Food is bland.

## Demand Trends

All participants except two predict rising demand for assistance. Food bank donations are expected to decrease as farmers sell product that was donated in the past, due to higher prices. There is general agreement that there are sufficient gross food resources to stop hunger, but a combination of access barriers to providers and a dearth of healthy and nutritious food remain problematic.

## Service Delivery Barriers

Participants expressed a general sense that there are both unknown and unmet needs. They offered the following examples and possible solutions:

1. Greater collaboration is needed with educators and others who work with families to better identify and serve those who are experiencing food insecurity. However, the schools are not always able to identify students and families in need or who are homeless.
2. Rural parts of Ottawa County are more difficult to penetrate with information and service.
3. It is not uncommon to identify seniors who suffer from malnutrition.
4. There was strong agreement that better marketing will improve access, with the potential consequence that demand will place increased pressure on already stretched resources.
5. There is a lack of mobile pantries that would help with the timely distribution of perishable products.
6. There is inadequate facility capacity (freezer and fridge space).
7. Staff lacks the time to spend with families and address underlying needs besides food.
8. Food transportation costs.

Participants did not express a strong need for increased communication among themselves.

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## Best Practices

Participants identified those aspects of their operations that contribute to their effectiveness.

1. Prepared meals
2. Collaboration
3. Map of locations
4. Use of Food list to choose items
5. Mobile pantries distribute food effectively and efficiently
6. Pantry uses a public 'most needed items list' to generate donations
7. Nutrition guidelines used to create food boxes
8. Satisfaction surveys
9. Inform donors of the needs

## What are the pieces to a perfect 'Food Security network' in our community?

1. Collaboration. Participants offered a wide range of elements that related to the need for increased collaboration across all aspects of their operations. Suggestions included:
  - a. A Map of the need and the need of food type
  - b. A shared resources exchange
  - c. Holiday and weekend assistance available to all
  - d. Service hours need to be based on client needs
  - e. A transportation/logistics component
  - f. Communication between services – database of the clients accessible to all in the network
  - g. Governance – coordinating council, reps from all members, regionalized (what defines this?), food bank depots, education for prevention (budget etc.), and food safety,
  - h. Sharing information regarding best practices
  - i. Knowing all pantries etc. for referral purposes and keeping it updated (could be 2-1-1 to do it)
  - j. Sharing of software and information to get better picture & programs to prevent overuse by client
  - k. What is the Big Picture? Does supply match local demand? A network would need to know this.
  - l. Food bank depots to reduce logistics expense
2. A map of services available
3. How to prepare - food education
4. Transportation to food, or food to client i.e., (volunteer drivers)
5. Locate pantries and kitchens on bus lines and provide vouchers for bus fare
6. The network can be an affiliation of parts of the food chain - Food stamps, schools, kitchen, backpack programs for weekends, senior congregate meals, WIC, stores, farmer's markets, community gardens etc.
7. Connect more effectively with food producers

## What can you contribute to that?

1. Service point system
2. Food bank has resource to all kinds of models

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## Summary of Findings

1. Food resources will be under fire. Most food resource representatives believe that the level of food insecurity is expected to increase and will place greater pressure on the local food network. Food resources need to prepare for a greater role as part of a stressed social safety net by strengthening their food donation base and developing greater capacity.
2. Increase the level of collaboration. This will lead to reduced cost of service delivery, increased efficiencies, sharing of best practices, enhanced service coordination, greater public awareness of resources, reduced misuse of services, greater access to food resources, stronger outreach to meet unmet and unidentified needs, and improved efforts to respond to deeper causes of clients' need.
3. Improve food quality. Clients have a strong desire for fresh fruits and vegetables, perishables, meats, foods that are lower in sodium, sugar, etc, and food that meets special dietary needs and health conditions. In addition, there were complaints about the quality of food that is prepared at some sites as well as distributed through mobile services as well as concern about the safety of food that is distributed after their expiration or sell by date. This suggests that quality and product care must be addressed.
4. Increase food resources to meet dietary restrictions and health/medical condition. Both clients and food resource representatives stated that it was a major challenge to find appropriate and sufficient food to meet dietary needs or that is suitable for persons who suffer with a health or medical condition. Foods that fit diets that require low sodium or are gluten free are of particular priority.
5. Increase the availability of culturally appropriate food. A diverse client base has significantly different food needs than others.
6. Increase client "food literacy". Clients expressed an interest in food preparation classes or in-home assistance on an individual basis.
7. Expand access to farmers markets. Cost barriers are a main issue, as is an inability to use Bridge Cards and food stamps.
8. Non-food items are an important resource to extend limited client resources. Food resources should communicate to donors the value of this form of support and make a concerted effort to increase inventory of this resource.
9. Promote use of gardens by individuals and groups. 10% of survey respondents reported using a garden, and this is evidence of the potential resource of gardens to meet many expressed needs, including access to fresh food, greater food literacy, and self-sufficiency.

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10. Address transportation barriers. Transportation barriers pose a significant problem for those without a car, nearby family members or friends, or who live in an unfavorable / very rural location.
  11. Seasonal food resource closures pose unique demands. When the schools are closed, families lose a vitally important resource. The Council should examine how to meet this seasonal challenge.

A discussion of the data collection findings also suggest two areas where need is likely to increase. First, Ottawa County will have a rapid increase in aging baby boomers who will struggle to meet their food needs. Second, as the large number of focus group participants with special needs suggests, their struggle to find food that is appropriate to fit their diet and health conditions indicate that the number of “special needs” cases will also increase in coming years. Food resources need to position themselves to offer a more effective response than what they have been capable of to date with these population groups.

Through this Needs Assessment, the Ottawa County Food Policy Council has acquired important perspectives on the nature and extent of food insecurity and how it can improve the lives and well being of those who depend upon them. It now has an opportunity to act collectively, collaboratively, and creatively to leverage abundant local resources and community generosity to deepen its impact in meeting this challenge.