

8-2023

A Competency Model for Food Access: COVID-19 and the Emergency Food System in Connecticut

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A COMPETENCY MODEL FOR FOOD ACCESS:

**COVID-19 AND THE
EMERGENCY FOOD SYSTEM
IN CONNECTICUT** | August 2023



Prepared and Presented by:

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and the Fairfield County Food Pantry Collaborative



Fairfield
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ACKNOWLEDGEMENTS

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Thank you to the leaders who contributed their knowledge and experiences to this study and for the countless hours you dedicated to addressing the food crisis during the Covid pandemic.



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INTRODUCTION

The Fairfield County Food Pantry Collaborative, an interdisciplinary team of Fairfield University faculty and community partners, worked together under the leadership of Fairfield University's Center for Social Impact on a two-part study to examine the impact of the Covid-19 pandemic on the need for and distribution of emergency food in Connecticut with a particular focus on Fairfield County. Part One of the study focused on the role and operations of food pantries in Greater Bridgeport and Norwalk, Conn. during the Covid-19 pandemic¹. Part Two of the study, the subject of this report, focuses on the emergency response system. As a whole, the study tells a story of numerous challenges and innovative responses, and yields key lessons plus a suggested competency model on how to build a more resilient emergency food response system, both in Connecticut and in similar communities across the United States.

METHODS

The research team assessed the systemic emergency food response and policy environment impacting Fairfield County, Conn. by interviewing 10 emergency response leaders

and decision-makers at the local, regional and state levels. Interviews were recorded for accuracy and coded using qualitative analysis software. An iterative process of inductive and deductive analysis led to the identification of several themes related to increased need, expanded services, communication, and service delivery networks. Further analysis informed the development of a set of recommendations for community training and preparedness in future crises.

KEY FINDINGS

- No plan existed to address a food crisis during a pandemic, like Covid, that caused extensive and extended closures, a sudden spike in job loss, and required social isolation and distancing.
- Emergency food agencies and stakeholders across Connecticut harnessed their resources, networks, and experiences to problem-solve on a build-as-we-go basis.
- Data that would have been helpful to inform response did not exist and/or systems were not in place to make it available to those who needed it.
- Stakeholders expressed a desire and need to debrief the experience

to a) determine which systems and processes worked and which did not; b) determine which processes and structures should be sustained and what still needs to be developed; and c) ensure a transparent and visible plan is in place for the future.

INCREASED NEED AND EXPANDED SERVICES

In our 2021 report, *Impact of the Covid-19 Pandemic on Food Pantry Operations*, we noted that all pantries faced a dramatic increase in demand for their services in 2020 and 2021 as new groups of people were forced to rely on the emergency food system, often for the first time. Thus, pantries were required to rapidly adapt to working with these new populations. People involved in making food policy decisions during the pandemic also reflected on how these changes affected their organizations and operations. They noted how their functions, in some cases, changed suddenly and completely. They had to facilitate the distribution of food from new sources while dealing with shortages of volunteers, money, PPE, food storage and delivery services. In brief, there was no template for responding to a food crisis in the context of a pandemic like Covid.

The increased need for emergency food placed intense demand on organizations that existed to distribute food to communities and spawned informal responses at varied scales. Perhaps the best example of an informal response on a large scale is found in the collaboration between a respected local businessperson and food pantry manager. They started by coordinating storage and distribution services for a single day in July 2020 and soon after found themselves running a weekly distribution program, serving hundreds and sometimes thousands of people per day.

Established organizations faced similar challenges and many had to dramatically change their operations. Prior to the pandemic, Foodshare and CT Food Bank, now merged into one organization, sourced 75-80 percent of their food from grocery stores and restaurants. During the pandemic, in a change that took place nearly overnight, they found themselves needing to purchase almost all of their food directly from wholesalers as grocery store shelves went bare and restaurants closed.

¹ See *Impact of the Covid-19 Pandemic on Food Pantry Operations*, October 2021: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.fairfield.edu/files/documents/undergraduate/academics/centers/center-for-social-impact/855846304_ug_aca_centers_csi_projects_food-pantry-manager-report_03102022.pdf

Before Covid about 75 percent of our food was donated from the Connecticut food industry and grocery stores... When Covid first hit in March of 2020 that number went from 75 percent to zero ... Our entire business literally changed overnight. Grocery stores didn't have enough food to put on their own shelves, let alone be able to donate to a food bank, so we had to purchase food. We are not in the business of purchasing food...Our budget wasn't built for that. Thankfully, we had a rainy-day fund.

- Agency Leader

The food banks adapted by fundraising, channeling grant money to make purchases, and creating relationships with suppliers to purchase foods directly. They were not the only ones in this position, as these disruptions were widespread across the emergency food system. The FEED Center, established by the Council of Churches of Greater Bridgeport, also had to shift to directly purchasing food and working with new suppliers. Even individual pantries had to resort to directly purchasing food, as noted in the 2021 *Impact of the Covid-19 Pandemic on Food Pantry Operations* report.

Institutions and leaders across the state found themselves expanding beyond their pre-pandemic roles. Some agencies took on public health responsibilities such as adding on-site Covid testing services. Others had to solve increasingly complicated logistical

problems as food supplies changed, distribution sites became unavailable, and reliable transportation remained elusive. Agency staff and community leaders were highly innovative and dedicated to solving these problems. They transported food in personal vehicles, distributed food through new sites, and mobilized community resources. One appointed regional emergency food coordinator described what this looked like on the ground:

With the way that everything changed, I ended up having to figure [storage and distribution] out three different times, no, four different times. The first time we got a refrigerated trailer that was delivered to a school that allowed for a delivery truck to just back right up. We used a hand truck to move the boxes on to the refrigerated trailer and, because it was refrigerated, we could distribute over multiple days. Then the school opened, and I had to find a parking lot, and I had to make sure the farmer had a truck with a lift gate... Then, when I had to find another parking lot and this time the truck ... didn't have a refrigerated trailer anymore. They had to sit and wait for us to distribute directly off the back of a truck because we didn't have the equipment to take it off the truck and put it down on the ground. So, we were breaking pallets apart and walking them out in individual boxes.

- Regional Emergency Food Coordinator

This account depicts the scale and persistence of the logistical challenges faced by providers in the emergency food system, particularly at the ground level. The fact that the system continued to operate, moving more food and serving more clients than before the pandemic, is a testament to the adaptability of the institutions and individuals within it. However, many of these problems were never "solved." Stakeholders were often reduced to reacting to the crisis of the day, instead of being able to make mid- or long-term plans and invest in solutions. This was partly due to the lack of certainty around when temporary programs (like the USDA Farmers to Families Food Box) would end. The narrow volunteer bases that many institutions had become reliant on also contributed to the issue. Perhaps the most important factor was a lack of readiness for an emergency like the Covid-19 pandemic:

The bulk of public health emergency preparedness is around mass vaccination or mass distribution of medication. That's usually the role of the public health department in these situations, and so, most of our planning was around that...In the event of a disaster in which the community requires emergency food in that situation, we hadn't done a lot of work...[We] hadn't really done anything in terms of preparing for, you know, supply chain disruption, or massively increased demand in the community.

- Health Department Employee

Agencies faced the challenge of a constantly changing environment resulting from the length of the pandemic. By spring 2021, many food pantries reported being able to meet food distribution demands; the need persisted, but had stabilized. At this point, emergency food organizations shifted their focus to addressing the more holistic needs of community members such as food variety and nutrition while anticipating a sustained and even growing need for food due to job loss, inflation, and long-term health impacts.

THE EMERGENCY FOOD SYSTEM IN CONNECTICUT

As a whole, interviewees felt that government – from the federal, to the state, to the local level – was largely unprepared for addressing the food emergency that coincided with Covid. Interviewees described a scene in which states were looking to the federal government for a plan that did not exist, and local municipalities were looking to the state government for a plan that did not exist. In Connecticut, this resulted in 169 cities and towns developing their own strategies to respond to the food crisis (or, in some cases, ignoring that it existed).

Prior to the pandemic, there was no singular agency (governmental or non-governmental) responsible for coordinating emergency food

distribution across the state. Connecticut's two food banks had split the state into their respective service areas. Foodshare serviced the northern part of the state and Connecticut Food Bank serviced the southern part. Both institutions responded differently to the pandemic, and the bifurcated response created some challenges with communication and coordination. For example, agencies and communities did not understand why larger scale distributions were happening in one area of the state and not the other. Interviewees reported that the merger of the two food banks under the name Connecticut Foodshare in 2021 simplified communications between the food bank and its partners and streamlined the way resources were allocated.

Connecticut's State Response Framework (SRF)², prepared by the Department of Emergency Services and Public Protection and Division of Emergency Management and Homeland Security (DEMHS) "describe[s] the interaction of State government with local, federal, and tribal governments, nongovernmental response organizations and other private sector partners, the media, and the public in implementing emergency response and recovery functions in times of crisis."

² chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://portal.ct.gov/-/media/DEMHS/_docs/Plans-and-Publications/EHSP0025-SRFV41pdf.pdf

The state is divided into five regions, each with a coordinator and office responsible for facilitating communication and coordinating resources between the private, public, and non-governmental sectors in times of crises. The SRF also outlines 15 Emergency Support Functions (ESFs). Food distribution falls within ESF-6: Mass Care. The Mass Care Working group was created by DEMHS in 2014 and charged with making recommendations on "adequate shelter, nourishment, and care throughout CT during emergency events that exceed local capacity." Key departments identified as important to ESF-6 include the Departments of Administration, Public Health, Social Services, Housing, and Corrections, among others. Interestingly, the Department of Agriculture is not listed among the key departments of ESF-6. The participants of this study operated primarily in region 1 or within state-level planning and response and were either directly or indirectly involved with ESF-6.

COMMUNICATION AND COORDINATION

All interviewees highlighted the critical role of communication and coordination in shaping their response to the emergencies created by the Covid-19 pandemic. Many described

communication in the early days of the pandemic as chaotic and confusing:

For a couple of weeks, we were just running around. We didn't know who was in charge, who was doing this, who was doing that, and it was kind of like, 'Well I don't know, is it the Department of Agriculture? Is it DSS?... Finally, the governor came in and appointed... our food Czar and he kind of took control over that function, and you know brought some logic and some structure to what was otherwise chaotic.
- Food Agency Leader

As noted, the Department of Agriculture is not listed as a key department in EFS-6. However, to help coordinate the emergency food response during Covid, Governor Lamont appointed the Commissioner of Agriculture to the newly created position of Food Czar. In this capacity, the Commissioner of Agriculture convened EFS-6 stakeholders via a regular conference call, referred to by interviewees as the "EFS-6 Call," to coordinate services. These calls, which started out daily and eventually became weekly, did prove helpful in collecting and sharing information on local resources and needs. Interviewees said that information shared on the calls helped ensure that federal resources, such as the USDA Farmers to Families Box program, were distributed to local communities and that there was some level of coordination across areas of

care. For example, food distribution was coupled with testing at select sites to ensure that people going into quarantine had enough food to last the length of isolation, minimizing the need to visit other food distributors and risking transmission of infection.

While the EFS-6 calls were an important forum for information sharing and problem solving, many interviewees noticed that the calls lacked a focus on response strategy and planning. The EFS-6 calls were a reaction to a crisis, not necessarily a step in a crisis response plan.

At the local level, each town and city approached the need for facilitating communication within their emergency food system differently. Some formed working groups and tasked people with coordinating services. Others simply posted information on social media and left communication and coordination to other stakeholders. In general, study participants expressed appreciation for both the formal and informal coordination that happened at the local level.

Local stakeholders, even those that regularly participated in the EFS-6 calls, experienced a gap between coordination at the state level and what was happening on the ground. In some instances, it was rooted in the flow of communication:

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There was a meeting at the state level that none of us in [City/Town] had been invited to. Perhaps, no one thought to check in with [City/Town] because sometimes we're seen as being very affluent because we're in Fairfield County but also because our state is very decentralized and you can't possibly remember to invite everyone. We got fortunate when someone from [City/Town] or [City/Town] reached out and said 'Hey, we're working on this project' or 'Did you hear about this?' and sometimes we had and sometimes we hadn't... So, I think a better system for getting messages from the federal and state level down to us as a municipality would be helpful.

- Health Department Employee

In other cases, there was a gap in the efficiency and fit of the proposed response. The deployment of the Farmers to Families Food Box Program was an example raised by several interviewees. While all interviewees expressed appreciation for the food boxes and how they helped meet mass, acute need, there were varied perspectives on the success of the program. State-level leaders described Connecticut's deployment of the program as exemplary - "We worked with nearly four dozen community partners to facilitate the delivery of 1.2 million food boxes through the [Farmers to Families] Food Box program so it was a tremendous success" - whereas local stakeholders felt it could have been implemented in more impactful ways:

With the [Farmers to Families Food] Box Program, that was a little bit more of a challenge because a lot of us at the local level had ideas or strong suggestions of, you know, if you make a few small changes, you can really have a better impact and I think they were trying to make it fit for the entire state.

- Town Emergency Response Manager

A theme across the interviews was the tension between a need for centralization and an appreciation for the fact that local knowledge is essential in creating impactful responses.

The state, you know they did try to reach out, you know they would have calls weekly so that they can tell us any updates, but to be honest, when there are people standing right here, you know, at your front door, you kind of have to make those decisions locally.

- Health Department Employee

LIMITED DATA AND TRAINING

Several respondents shared how their background and training did not necessarily prepare them to respond to an emergency like Covid. Health department professionals were trained to respond to a health crisis but not necessarily one as prolonged as Covid, that required social distancing, and coincided with a food insecurity crisis. Similarly, others who had been trained

to address food access in the context of emergencies were not prepared for a crisis that caused agencies to shut down, major disruptions in food chain supplies, and in which the actual act of distributing food could put one in danger of disease transmission.

But [the Health Department] hadn't really done anything in terms of preparing for, you know, supply chain disruption, or massively increased demand [for food] in the community. That was unexpected.

- Health Department Employee

Prior to the pandemic, I didn't have any emergency response [training] in a formal role...But, you know, this is my first pandemic, so we're going to do whatever we can do. And, some of our ideas may be wrong, but we know that doing nothing is also wrong. So, let's try to do something. We can always work to improve it.

- State Official

Many interviewees also describe a dearth of data to inform decision-making and allocation of resources as a significant challenge. One official reflected on how they used 211 call data as an indicator of need. An increase in call volume was an indicator of need in a particular city or town that could otherwise have gone unnoticed. Other interviewees expressed frustration over the perception that data existed but was not being shared with those working on

the ground to enable them to be more precise with their services, particularly food distribution. Others reported that there was no infrastructure or culture of data sharing that could have proved helpful in the emergency response.

[A]s a health department, and not just for [City] but for all of the health departments in Connecticut, we really did not have an advanced surveillance system. The state may have those things but local governments do not. We had data sharing agreements in place, but nobody was utilizing them. There were no centralized data portals, you know, for the city to actually dump data, or someone responsible for compiling all that information together and then spitting out a report so that people could use that for future programming. There really was none of that setup. So now, you have the state really kind of functioning over here... and then you just have people on the ground... there was a lot of stuff going on that people just kind of did to survive.

- Health Department Employee

The limited availability and sharing of data contributed to what some experienced as a gap in the understanding of needs between those working at the local level and those at the state level.

I think the knowledge exists in the independent organizations that work in food insecurity. I think they have a really excellent granular level understanding of what things are like in their neighborhoods, with their people. The problem is... the macro people did not have an understanding of any of it. And why? Because they never asked.
- Agency Leader

Connecticut Food Share's Institute for Hunger Research and Solutions collected data from several of the large food drives held during the pandemic, and this generated important insights about the populations that experienced the largest impacts. The Map the Meal Gap data, generated by Feeding America, a national organization with the mission to fight hunger, was also mentioned as a data source that could have been more helpful to allocating food resources across Connecticut had it become available sooner.³

THE IMPORTANCE OF TRUSTING RELATIONSHIPS AND NETWORKS

Amidst the challenges were also stories of success stemming from communities coming together and individuals leading with a flexible "let's just get it done" attitude at the local, regional and state levels of response. Interviewees shared examples of strong local networks

that facilitated communication and coordination, some of which predated the pandemic. These networks were essential to facilitating communication among different stakeholders, funneling resources, and shaping strategies to meet local needs.

Relationships and partnerships were critical to the local-, regional- and state-level responses to Covid. Interviewees across the board noted that Covid catalyzed the development of new relationships and collaborations within and among organizations. For example, at the state level, the Commissioners of Agriculture, Social Services and Public Health recognized the need to break down silos to coordinate response. At the local level, organizations within and across sectors arranged grassroots convenings to support one another in responding to Covid. Although interviewees recognized that it would have been more ideal if these coalitions existed prior to Covid, many interviewees viewed the new relationships and coalitions as positive developments that were helpful and efficient and that should be continued.

I was astounded at how much the community was able to accomplish by coming together, but it definitely was not a system that had been in place before. So, when I say fragmented, I mean each day, each week there was a new challenge that came up that we had to find a solution for. So, it was not like a well-oiled machine; it was more like people just coming together and making it happen and making it work.
- Health Department Employee

New partnerships, coupled with the investment of Covid Relief Funding (CRF), led to the development of innovative responses to the food crisis. For example, the state partnered with End Hunger Connecticut to create the Full Shelves Pantry project to help smaller, unaffiliated pantries by creating a "buyers club," using CRF funds to purchase bulk food.

RECOMMENDATION: A COMPETENCY MODEL FOR FOOD ACCESS

The Covid-19 pandemic underscored weaknesses in the emergency food response system that hinder it from operating fully to meet the needs of communities during prolonged public health emergencies. Our findings support the need for revisions in the structure of the systems designed to work together to ensure access to food

for those experiencing food insecurity in Connecticut, and in the training offered to the people that operate them. Pantry managers interviewed for our previous work and leaders and decision-makers interviewed for this report emphasized similar concerns about the emergency food system and voiced the need to improve preparation at all levels to meet needs during an emergency.

In 2000, the National Public Health Leadership Development Network published their work on a proposed leadership competency framework with particular focus on the competencies needed for training public health professionals able to respond to a changing public health crisis. This approach to competency-based education allows for ongoing short- and long-term evaluation of the expertise in the field (Wright et al., 2000). More recently, the American Medical Association specifically examined competencies needed by professionals responding to a disaster, identifying learning domains and competencies across personnel categories (Subbarao, 2008).

Building off of this competency approach, we identified the capabilities, knowledge, strength, skills and resources needed to respond to the unique challenges the Covid-19 pandemic presented to the emergency food system. We are proposing a core competency model to ensure food

³ <https://www.ctfoodbank.org/about-us/hunger-in-connecticut/map-the-meal-gap/#:~:text=According%20to%20the%20study%2C%2011.9,population%20that%20is%20food%20insecure.>

access in a community under the duress of a disaster. Below, we present elements that communities can use as starting points for discussion, training, assessment and restructuring to ensure food access for all.

DETERMINANTS OF SUCCESS

Our research on the emergency food system during the Covid pandemic showed that there was significant variation in how organizations responded to the extraordinary stresses the crisis placed on them. We believe that three key factors – leadership, a commitment to the ground truth, and resources – distinguished organizations that successfully navigated these stresses from those that did not. These three elements must be assessed at the community level and recognized as key determinants of success in meeting emergency needs.

Leadership

The pandemic offered significant organizational challenges up and down the emergency food system in Connecticut. Pantries lost access to established supply chains, suppliers found themselves with new distribution challenges, and the policy terrain became significantly more complex at all levels. In such an environment, organizations whose leadership were willing to innovate were significantly

more successful than those that did not embrace new ways of operating. We also saw that having leadership that was strongly connected to both local and state-wide networks offered significant benefits for organizational resilience.

Therefore, we recommend that organizations in the emergency food system pay special attention to inculcating an openness to innovation in their leadership, invest time and resources to build strategic relationships, and integrate into relevant professional networks.

Ground Truth

During the initial months of the pandemic, when the crisis in the emergency food system reached its peak, many organizations suffered from an inability to collect actionable information. Further, there was little existing data accessible to help organizations make strategic decisions, such as how to align the location of emergency food distributions with areas most in need. Local stakeholders often noted how hard it was to communicate the problems they faced and the resources they needed to higher levels in the response system where decisions were being made about how to deploy resources. This led to a gap, largely from the perspective of local responders, in the understanding of community needs.

We therefore believe that one of the best ways to build resilience into the emergency food system is to enable “ground truth” to be communicated up to larger organizations and create better and more efficient sharing of data throughout the system. Frontline organizations are better able to assess the real-time, nuanced needs and challenges of communities than larger ones, and building institutional structures to collect and synthesize those assessments will allow the whole system to be much nimbler in moments of crisis.

Resources

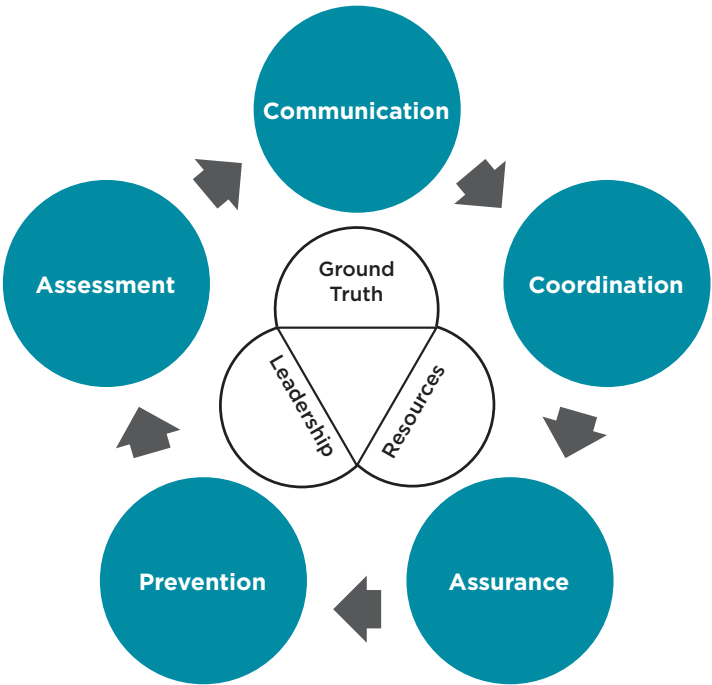
Perhaps the most common issue that our research participants voiced was that of being resource-constrained in their pandemic responses. Organizations struggled to meet demand due to lack of adequate infrastructure, such as space for storage and distribution, refrigeration, and food preparation. Others had to rapidly try to raise funds to cover food purchases in the face of reduced donations. Almost all had issues staffing their services, especially in cases where they had relied on volunteers for core functions.

The emergency food system needs significant investment in all three areas – leadership, ground truth, and resources – to build the resiliency necessary to face any future crises. Most importantly, these investments should be long-term

and predictable to allow organizations to assess their specific needs and develop their capacities.

Following the recent trend in public health preparedness training to use competency-based models, we propose the following model. It integrates the determinants of success identified in this study with five key public health competency areas to be closely examined to improve system success for everyday food access, and to ensure reliable food access during an emergency of any type, such as a prolonged pandemic [Figure 1].

Figure 1: Food System Emergency Competency Model



CORE COMPETENCIES

Communication

The emergency food system needs to develop processes to communicate vital information on demand, supplies and institutional capacity. These processes should facilitate communication horizontally, interfacing institutions that offer food services with community groups and local governments, as well as vertically, allowing information to be exchanged effectively with state and federal agencies and institutions.

Above, we outlined how such communication played a critical role during the pandemic response; however most of this communication was ad hoc, without formal structure, and has been deprioritized since. We believe establishing clear communication channels that can become a formal part of the emergency food response will allow the system to retain significantly more competency in response to future developments.

Coordination

In line with clear and permanent communication channels, we believe that the emergency food system would benefit significantly from a renewed effort at coordinating networks and services among local, state, regional and federal agencies. Lack of coordination

hampered the response to the food crisis during the pandemic, as institutions across different levels were unaware of each other’s efforts. In some cases, this led to replication; in others it led to operating without adequate local know-how and ultimately without the necessary resources to meet the dramatic increase in need.

Proper coordination between all participants would reduce the demands on their limited resources and allow the system as a whole to deploy emergency measures and scale much more competently in moments of crisis. Efforts at coordination should focus on both inter- and intra- agency levels and involve all stakeholders of the emergency food system.

Assurance

The emergency food system needs to focus on assurance as a part of its competency model to ensure that people in need can have reliable access to food both during regular operations and in times of crisis. Stakeholders in the system should regularly assess and mitigate food access limitations, including disseminating and adapting best practices at all levels of the system, such as the food delivery practices that were quickly developed to address the most vulnerable households.

Assurance should also focus on long-term preparedness protocols,

establishing system-wide priorities and deploying resources to achieve them. Stakeholders in the emergency food system should study the resource limitations exposed by the pandemic and work to mitigate them by investing in capital, personnel and other resources. This should include training and safety modules for on-the-ground providers distributing food to clients.

Prevention

The emergency food system needs to be oriented towards preventing food insecurity in the first place, rather than its current focus on alleviating it after the fact. This should be a system-wide effort that includes institutional design and personnel training in critical food access issues, the needs of diverse populations that experience food insecurity, and the best practices to meet them. Perhaps the most important part of this new focus should be ensuring that policymakers and practitioners are aligned on the goal of prevention, making effective use of the communication and coordination channels. Public health models are based on the concept of preventing illness or problems by identifying risk factors. This model posits that enhanced competency in each of the identified areas will prevent food insecurity during a crisis. As with any prevention model, we are assuming that there are levels of prevention possible; this means that while the overall goal is to end food

insecurity, we realize that enhanced communication, coordination and assurance may only lead to increased access to food but may not end the situations that led to food insecurity in the first place.

Assessment

The final component of the competency model for the emergency food system should be an ongoing commitment to assess and improve the system itself, with a clear focus on food access. Each organization should develop internal procedures to assess its own success, especially given the wide range in size and operations. However, state- or region-wide assessment that can also evaluate the quality of communication and coordination between organizations to ensure readiness in the face of acute crises is also important.

Each of these five competency areas must be part of local, state, regional and federal emergency planning when addressing food access in communities.

CONCLUSION

Over the last three years, we have studied how the emergency food system in Connecticut responded to the Covid-19 pandemic. Previously we showed how pantries responded to the pandemic, remaking their operations on the fly. In this report, based on 10

interviews with stakeholders in the emergency food system, we explore the system-wide response to the pandemic in detail and specify a set of recommendations that we believe can be used to improve how the system operates in future crises. We show that under the stress placed on the system by increased food need, many stakeholders, such as pantries, had to reinvent and expand their operations. However, this process suffered from inadequate communication and coordination, both horizontally in local settings and vertically across organizations operating at different levels. All stakeholders also reported that their training had been inadequate to meet the challenges of the pandemic and that their organizations (or often their partners operating in larger scales) lacked adequate data to inform their decision making. Successful responses to these challenges relied heavily on local networks and relationships of trust. Based on these findings, we are proposing a new competency model for the emergency food system that identifies leadership, resources and capabilities for establishing ground truth as key determinants of success. Our proposal also calls for developing an iterative process to constantly improve the emergency food system by focusing on the core competencies of communication, coordination, assurance, prevention and assessment.

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