

# IMPACT OF THE COVID-19 PANDEMIC

## ON FOOD PANTRY OPERATIONS

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Prepared and Presented by:

Center for Social Impact



Fairfield  
UNIVERSITY

and the Fairfield County Food Pantry Collaborative

## ACKNOWLEDGEMENTS

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## INTRODUCTION

An interdisciplinary team of faculty and community partners known as the Fairfield County Food Pantry Collaborative has been working together under the leadership of the Center for Social Impact at Fairfield University to examine the holistic needs of food pantries in Connecticut during the COVID-19 pandemic. Findings suggest that the emergency food response in the Greater Bridgeport and Norwalk areas during the COVID-19 pandemic was marked by a lack of holistic planning, coordination of services, and clarity about decision-making. Increased need and disruptions in the food procurement pipeline, particularly early in the pandemic, led to reductions in the quality of available foods, especially with regard to protein, dairy and in the variety of produce. One of the most significant outcomes for pantries was the change in the distribution model resulting in the loss of patron choice. Despite these challenges, pantry managers innovated and successfully adapted to pandemic conditions. Pantries with access to space, refrigeration, and discretionary money proved to be largely resilient. Community connections and partnerships enhanced resource mobilization, and information sharing among the emergency food response institutions proved critical in addressing the unprecedented levels of need.

## METHODS

The research team assessed the emergency food response in Greater Bridgeport and Norwalk by interviewing 15 food pantry managers, all of whom kept their pantries open during the pandemic. Interviews were recorded for accuracy and coded

using a qualitative analysis software. Inductive analysis led to emergent themes and common experiences among pantry managers.

## KEY FINDINGS

Managers adapted processes and protocols to keep their pantries open and operating safely despite facing many challenges. In many cases, keeping pantries open fell on the shoulders of a few individuals; in some cases, it fell on a single staff member. These individuals took on significant risk and responsibility because they recognized the essential role of food pantries in their communities and cared deeply about their patrons.

Understanding the impact of the COVID-19 pandemic on food insecurity is difficult because of the lack of an established and consistent means of tracking patrons and quantities of food distributed across pantries. The loss of patron choice, a best practice held in high regard by pantry managers, was a significant consequence of the pandemic reported by nearly all managers interviewed. The alternative model – the distribution of pre-packaged bags and boxes of food – became the norm during COVID but was not something operators were happy about, despite the fact that it was both more efficient and necessitated by social distancing requirements. The availability of fresh foods (meat, dairy, and produce) was inconsistent and pantries with limited discretionary funds to purchase fresh foods often went without. Managers also reported the value of and need for more centralized communication and coordination.

## FOOD NEEDS AND DISTRIBUTION

There was little consistency in how pantries collected and maintained data on the number of individuals or households served or the amount of food distributed, which limits what is known about changes in need and patron demographics. Most records maintained by pantries focused on food intake (e.g. Food Bank orders) with the assumption that it was all distributed. Pantry managers knew the number of individuals or households they served prior to the pandemic and tended to estimate increases during the pandemic based on their observations. During the pandemic, food bank requirements to collect or check patron criteria (such as income or residence) were suspended. Pantry managers viewed this favorably as it increased efficiency and was appropriate for the unique and acute situations new patrons faced such as sudden job loss or illness.

Generally, pantry managers reported an increase in the number of patrons coming to their pantries and the amount of food being distributed per household. The makeup of new patrons was fluid. Some managers reported that their regular patrons continued to come, whereas others said their regular patrons stopped coming, possibly due to fear of the virus or the increased support provided through food stamps and federal stimulus. Pantry managers also observed significant demographic shifts in their clientele. For example, some observed an increase in young people; others noted diverse nutritional needs (diabetics, people with celiac disease, etc.); and many noticed people from outside of their pantries'

service area (sometimes from other states). The increase in patrons was attributed primarily to the rise in unemployment as well as the closing of other pantries, particularly mobile pantries. Pantry managers surmised that people came from out of town because they were too embarrassed to be seen accessing a pantry in their home communities.

**I watched the news every day and saw the mass distributions going on in state and elsewhere, and people were coming with luxury vehicles. It's not that they don't have food. It's that there's a gap that needs to be filled in their particular situation, so they're making a choice of, you know, paying their mortgage or their rent or whatever else they need to survive in their particular household. And, we never saw that before. We never saw someone show up in a Cadillac Escalade. We just never did. And worse, we saw that over and over and over again... In mid-COVID, probably around May or June, there was a man who came in and he literally had tears in his eyes... He was 61 years old and he had worked all his life and because of COVID his job closed and he was literally crying because he said, at 61 where's he going to find a job, and he found himself in a food line.**

- Pantry Manager

Pantries with larger physical spaces – indoor or outdoor – had an easier time distributing food because they were able to accommodate volunteers, keep people safely distanced, or conduct drive-through distribution. Several managers described

challenges managing crowds. Early in the pandemic, lines were long and stress was high. The labor involved with crowd management was one more thing on the to-do list for pantry managers. Several pantries reported an increase in delivery services to elderly patrons or those in quarantine.

Beyond the increase in patrons, the largest impact of the pandemic on the daily operations of the pantries was on their modality of food distribution. All of the pantries included in the study had previously employed a patron choice model of distribution, allowing patrons to choose the food they wanted. This model is believed to reduce food waste, allow patrons to choose foods that best serve their household needs, and preserve human dignity. However, due to public health protocols (restrictions on occupancy, sanitation, social distancing, etc.) many switched to distributing pre-bagged or boxed food. Others tried to develop a hybrid model, allowing patrons to request specific foods, or pre-packaging some food and allowing clients to pick others. Among the pantries that switched to pre-packaged foods, most reported, at the time of the interviews, that they were experimenting with ways to re-introduce patron choice during the pandemic and that they intended to return to patron choice once the pandemic was over.

**We used to be patron choice, but because we were trying to limit the amount of people inside the building, we pre-packed bags. So, we pre-packed bags with the canned vegetables, canned fruit, breakfast foods, things like that, and then we would have meats or perishables available and we would pack that in the moment. So, they come in and get a bag and then have an option to pick a couple extra items.**

- Pantry Manager

The shift to pre-bagged food was labor-intensive for pantry managers during a time when volunteer engagement was severely limited. Most managers viewed the shift negatively. Some worried that it led to food waste, because people received items they did not want or did not meet their dietary needs. Others said the bags and boxes were too heavy for patrons to transport. Several pantry managers commented on the loss of a sense of community resulting from the need to limit contact and interaction. They missed the conversations and relationships they had with patrons and lamented the inability to comfort people they considered friends or family during times of significant pain and loss.

## FOOD SOURCING AND QUALITY

Interviewees acknowledge food quality as a critical concern for their pantries, some focusing more on the nutritional value and health impacts of the food they provide, others highlighting the social (status) implications of offering high quality food to their clients. Pantry managers take

seriously the links between the food they distribute and the health and well-being of their patrons. Challenges emerge when there is an influx of new patrons and little information on their health needs, and/or when there are fluctuations in food availability and quality, making it more difficult to consistently meet the dietary needs of patrons.

**So, from the very beginning, not only did we want to be providing food to those who need it, but we wanted to make sure it was healthy food, obviously being in community health improvement, we felt very strongly that we didn't want to give things that weren't supporting people's health.**  
- Pantry Manager

During the pandemic, the challenges of obtaining and distributing high quality food were exacerbated by several factors: 1) disruptions in supply chains and overall operations of critical food sources, including the Connecticut Food Bank, grocery stores, small businesses, and food rescue organizations, which led to decreased availability of fresh, high quality food (especially dairy and meat); 2) the closing of facilities and restrictions placed on occupancy which caused pantries to lose access to storage, preparation, and distribution spaces; and 3) the decline of volunteer labor at a time when the distribution of pre-packaged food required more labor.

Food sources during COVID were diverse and funded through a combination of donations and purchases by the pantries

themselves. Pantries reported receiving donations from farms, restaurants, other pantries, and food drives organized by schools and churches. For example, Stew Leonard's donated day-old pastries and breads and Stop & Shop was a primary source of meat. Other retailers that donated to pantries through a partnership with the Connecticut Food Bank included Costco, Trader Joe's and ShopRite. Some of these relationships developed during COVID. Most of the pantries included in this study had accounts with the CT Food Bank, some involving payment. Increased food costs led some pantries to reduce or discontinue their relationship with the Food Bank.

**I loved distributing the initial boxes that we got from Farm to Family, which were half bushels of produce during the summer and into the fall and they were like farmers' market level produce, which was just amazing, and it was local produce, so it was you know literally picked the day before, or the morning of, so the quality of the food was just spectacular.**  
- Pantry Manager

Although food sources were plentiful, pantry managers reported challenges with the consistency and quality of fresh food. During the height of the COVID shutdown, fresh products (meat, produce, and dairy) were in short supply across all sources (food banks and retailers). Restaurants and supermarkets sometimes donated spoiled food or food packaged in ways that made distribution difficult. Seasonal sources, such as community gardens in summer and holiday food drives were high points.

**Sometimes [donors] would go to someplace like Trader Joe's, for example, and bring a huge load here, and it would take us hours to go through and throw away, you know strawberries, because Trader Joe's, rather than throwing it away was just taking credit for the weight. I think, in general, people feel it's a sin to throw away food, so they give it to us and have us throw it away. So that's their solution to feeling good about it.**  
- Pantry Manager

Reports of the quality of food coming from the Connecticut Food Bank were varied. For example, managers reported receiving unhealthy foods such as jelly beans and experiencing long periods of time without vegetables. When produce was available, it was often on the verge of spoiling, so some pantry managers said they avoided ordering it, relying on other sources such as purchasing from restaurant depots. The Council of Churches facilitated the USDA Farm to Family Program and Hands of Hope, which provided quality, local and fresh produce, but required larger deliveries, which was difficult for pantries with limited transportation and/or storage capacity.

**Our resources of food drives were eliminated and Connecticut Food Bank resources were narrower. They had food, but they didn't have as much to offer us. I didn't have peanut butter for two months because they couldn't get it. Green beans were another item they didn't have for maybe three or four months. I wanted to give them [patrons] a green vegetable, an orange vegetable, you know, each color but there were no green vegetables. So, there was a little bit of a challenge with getting food.**  
- Pantry Manager

Smaller pantries faced a unique set of challenges accessing food resources during the pandemic. For example, many smaller pantries did not have the physical space and refrigeration to store food or the human power to transport it.

**It's always a challenge to get produce and fresh stuff over here because we only have a small space with limited refrigeration. We try our best to give them produce and fresh stuff but most of the things we give are non-perishable food all the time.**  
- Pantry Manager

As mentioned, government programs such as the USDA food box program required pantries to take a full pallet (70 boxes) which was too much for smaller pantries to handle. Some pantries rented trucks and hired drivers to pick up food from various sources. On the other hand, pantries with more physical space and refrigeration were able to stock up and store food, enabling

them to be more resilient to fluctuations in food availability. Furthermore, pantries with access to discretionary funds were able to purchase fresh foods and control inventory.

## **INSTITUTIONAL RELATIONSHIPS AND NETWORKING**

Food pantries were innovative and flexible in food sourcing, communication, and coordination during the pandemic. However, there were problems with consistency and a need for more centralized communication and coordination. The Council of Churches of Greater Bridgeport's FEED Center, which convened managers weekly to trouble-shoot, collaborate and share practices, stood out as a potential model to build on. Pantries also developed informal systems of communication to serve patrons and move food to where it was needed. For example, several pantries reported that when they had excess donations, they moved them to other pantries that had fewer; and managers shared information with patrons about pantries that remained open during Covid in case they needed to access multiple pantries to meet their household needs.

During COVID various local and state agencies stepped up to coordinate emergency food distribution. These included the Norwalk Health Department, FEMA, Supplemental Commodities Food Program, Department of Public Works, Rescue USA, and a local Board of Education which offered trucks and other resources. Pantry managers appreciated agencies that stepped in to help coordinate communication and processes:

**They were trying to connect all the food pantries and social services organizations, and they posted our information in schools... many came from the school district. And that's part of the increase that we saw because of that connection with the City and, you know, sharing.**  
- Pantry Manager

On the other hand, managers also said there is a need for more permanent coordination.

**It sometimes was a challenge to figure out what was going on with USDA. Sometimes it was the Department of Emergency Management, sometimes it was the pastor... it wasn't one stop shopping, if you will, there wasn't one individual who is aware of the availability and the needs.**  
- Pantry Manager

The Council of Churches of Greater Bridgeport's (CCGB) FEED Center and Hunger Outreach Network was cited as a model. Prior to and during COVID, CCGB convened pantry managers, procured quality foods that pantries needed, coordinated relationships with government programs, and centralized information. During COVID, CCGB expanded their reach beyond their normal service area to assist pantries.

## **LESSONS LEARNED AND RECOMMENDATIONS FOR FUTURE EMERGENCY RESPONSE**

Pantry managers were proud of their ability to stay open and meet the increased needs of their communities and beyond. This was no simple task given the need to learn and implement ever-changing public health protocols. Managers had to figure a lot out on their own - how to source, package, and distribute food safely to a growing population - with little guidance or support. One manager stated:

**We just kept implementing protocols until we figured out what was the right mix for us.**  
- Pantry Manager

Pantry managers had to keep themselves, their volunteers, and their patrons safe. In many cases, managers found themselves in the position of needing to educate patrons on public health safety practices as well as provide them with PPE. This was all added labor and expense to an already labor-intensive, under-resourced job. More than one pantry was being run by a single person or pair of people.

**The biggest thing was me not getting sick. The pantry is run by me. I had a lot of volunteers, but they didn't want to interact with people. So, when the community center shut down, I was the only person interacting with community and, if I got sick, the pantry would shut down. So that was my biggest concern... I cannot get sick, I can't be the one that causes people not to get their food.**  
- Pantry Manager

Managers came up with creative solutions such as creating donation wish lists on Amazon, partnering with the housing authority to create a drive-through pantry, renting pods to increase storage space, and partnering with local Mutual Aids to source volunteers. Managers described working carefully, nimbly, and strategically to find solutions.

**So, based within our budget, we did a lot of work finding produce to give out, we worked with the local dairy to get milk and eggs, and then we also got bread donated from a local bakery. We really wanted to make sure that the food we were giving supported people's health, because we felt like if we were giving junk food, then you know it was sort of counteracting our whole mission of being in community health improvement.**  
- Pantry Manager

Key recommendations from pantry managers included changes in emergency food distribution and improved support

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systems. Distribution changes included having more locations for food pantries and food pick up, adding mobile units, and maintaining patron choice. Increase in overall need led to the recommendation that pantries increase operating hours to meet patron need.

**O**ur challenge is now we're seeing that we need more food, you know, and that we need to do this more than once a week. The biggest challenge is knowing that there are other people in need, and knowing that we only have the ability, the capability, and the manpower to do this once a week.

- Pantry Manager

Additionally, some noted that stocking up and planning ahead for distribution helped. Support system recommendations included the need to coordinate with other agencies/resources, increased access to fresh foods, and recommendations to create a clearinghouse of information on food access resources for the community as well as health information and supplies (e.g. masks) for the pantry to distribute along with food. Findings from the study also point to importance of adequate physical space to store and distribute food, resources to transport food, refrigeration, and discretionary funding to purchase healthy foods.

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