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3 Title: Food Bank and Pantry Distribution of Nutrient-Dense Foods  
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5 Introduced by: John Winterholler for the Medical Student Section  
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7 Original Author: Miriam Janelle-Rienstra Bareman, Linh-An Cao, Anne Drolet, Guneet Kaleka,  
8 Thomas LaRouere, David Lee, and Brent Oldham  
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10 Referred to: Reference Committee D  
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12 House Action: **AMEND**  
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15 Whereas, in 2004, food banks and pantries served over 960 million pounds of food to over 19  
16 million food-insecure Americans, and

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18 Whereas, by 2011, the total amount of food distributed skyrocketed to an excess of 2 billion  
19 pounds serving over 25 million food-insecure Americans<sup>1,2</sup>, and

20  
21 Whereas, the US Department of Agriculture reported the percentage of food-insecure  
22 American households at 14.5 percent in 2012, 14.3 percent in 2013, and 14.0 percent in 2014<sup>3,4,5</sup>, and

23  
24 Whereas, food banks and pantries are increasingly shifting their focus from addressing  
25 emergent cases of food shortage towards serving chronic food insecurity as an increasing number of  
26 clients are coming to rely on food banks and pantries as their sole source of food<sup>6,7,8,9</sup>, and

27  
28 Whereas, food-insecure households tend to experience outstanding unmet health needs and  
29 inequities in access to healthcare services<sup>10,11,12,13</sup>, and

30  
31 Whereas, 47.4 percent of food bank clients are uninsured in contrast to a national average  
32 uninsured rate of 13 percent, and

33  
34 Whereas, 62.8 percent of clients had between one to eight unmet referral needs and 34.4  
35 percent of clients had not seen a healthcare provider within the past 12 months<sup>14,15</sup>, and

36  
37 Whereas, 37.9 percent of food bank clients either have prehypertension in contrast to an  
38 estimated national prevalence of 28 percent and 31.9 percent of food bank clients have hypertension  
39 in contrast to an estimated national prevalence of approximately 30 percent<sup>14,15,16</sup>, and

40  
41 Whereas, the increasing number of Americans consistently utilizing food banks, pantries, and  
42 other emergency food distributors as their major food source highlights a need for transitioning from  
43 a system that emphasizes sufficient caloric intake to one that promotes satisfying daily nutritional  
44 needs<sup>1,7,17</sup>, and

45  
46 Whereas, food bank and pantry inventories are significantly impacted by cost-effectiveness  
47 considerations and consequentially, are pressed economically to stock food items that last longer and  
48 provide more meals which often also happen to be calorically rich and nutritionally poor<sup>2,18</sup>, and

49  
50 Whereas, food-insecure individuals often face great difficulty in meeting the Recommended  
51 Daily Allowances of certain vital nutrients and as a result, they are at significantly higher risk for  
52 nutritional deficits that are subsequently linked with immunosuppression, increased rates of infection,  
53 and altered cognition and mental performance<sup>2,9,13,17,19,20,21,22,23</sup>, and

54 Whereas, prior studies identified several barriers to healthy eating pervasive across  
55 underserved communities which include lack of knowledge on what to cook, absence of suitable  
56 ingredients, limited time, and exhaustion after work<sup>24</sup>, and  
57

58 Whereas, food banks often lack sufficient staff trained in nutrition to advise and educate  
59 volunteers and clients alike on food selections that optimize both nutritional value and shopper  
60 satisfaction. In instances where proper nutritional guidance was provided, either through passive or  
61 active means, it yielded demonstrable value in helping clients better identify healthier food options<sup>9,25</sup>,  
62 and  
63

64 Whereas, studies demonstrated food banks that proactively instituted interventions for  
65 chronic disease clients such as distributing diabetes-suitable foods, providing blood sugar monitoring,  
66 primary care referrals, and self-management resources saw improved glycemic control, increased  
67 nutrient-rich food intake, as well as enhanced self-efficacy<sup>18,26</sup>, and  
68

69 Whereas, food banks are ideally positioned to positively impact the health of local community  
70 members through initiatives such as opting to reduce or cease distribution of nutrient-poor products,  
71 yet they are often stymied by obstacles including fear of reporting reduced total food distribution  
72 numbers, lack of existing structure to determine what foods to keep offering, and the potential for  
73 endangering their relationships with donors, community partners, and corporate entities<sup>27</sup>, and  
74

75 Whereas, the country's food bank network, which has a significant presence in underserved  
76 communities, tends to serve the same clients repeatedly. As an entity that has privileged access to the  
77 procurement and distribution of food, it is poised to serve as society's new health sentry for the  
78 underserved<sup>18</sup>; therefore be it  
79

80 RESOLVED: That MSMS advocate for programs that incentivize and provide resources for food  
81 banks and pantries to design and institute translatable nutrient-driven food distribution  
82 methodologies, initiatives that promote sustainable sourcing of healthier food options, and  
83 dissemination of user-friendly resources and education on healthier eating; and be it further  
84

85 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our  
86 AMA to advocate for programs that incentivize and provide resources for food banks and pantries to  
87 design and institute translatable nutrient-driven food distribution methodologies, initiatives that  
88 promote sustainable sourcing of healthier food options, and dissemination of user-friendly resources  
89 and education on healthier eating.  
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91 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

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