

# Food Security, Nutrition, and Access: An Analysis of Need in Orange County

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PREPARED BY



ON BEHALF OF THE OC HUNGER ALLIANCE



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# FOREWORD



Addressing the root causes of food insecurity requires a multifaceted approach, one that acknowledges the interconnectedness of economic, social, and systemic factors. The formation of the Orange County Hunger Alliance (OCHA or OC Hunger Alliance), a collaborative effort between About Food Care, Community Action Partnership of Orange County, and Second Harvest Food Bank of Orange County, is proof of this principle in action. In 2019, our three non-profit organizations recognized the urgent need to optimize the emergency food system for a more impactful approach to solving food insecurity and poverty in Orange County. Through thoughtful collaboration, a shared commitment, and an increase in engaged stakeholders, the OC Hunger Alliance has emerged as a leading force in providing equitable access to nutrition.

In the face of unprecedented challenges, including the pandemic and its aftereffect, our alliance has persevered, deepening our efforts, and refining our strategies geared toward having a maximum impact through food. Thanks to the generous support of the Samueli Foundation and the Orange County Office of Population Health Equity, we have been able to assess and evaluate Orange County's supplemental food system from the perspectives of both those with lived experiences and the agencies serving our most vulnerable communities.

The result of this collective effort is a comprehensive food system assessment and a roadmap for expanding access. Our pilot programs and previous collaborations demonstrate the impact we can collectively have in increasing efficiencies and improving equitable access to nutritious food for all residents of Orange County.

As we look to the future, we are committed to broadening our impact and ensuring that every voice is heard at the table. The OC Hunger Alliance welcomes participation from all stakeholders dedicated to addressing the root causes of food insecurity and poverty. Together, we will continue to challenge each other, push the boundaries of what is possible, and build an equitable, stronger, more resilient Orange County for all.

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# EXECUTIVE SUMMARY



Launched in 2019, the Orange County Hunger Alliance is currently a collaborative of Orange County's largest food banks and food redistribution stakeholders: Abound Food Care, Second Harvest Food Bank, and Community Action Partnership of Orange County (OC Food Bank), working to address hunger in Orange County. In support of this collective mission, Equity in OC has provided funding to the OC Hunger Alliance to evaluate the current landscape of food security, nutrition, and access within Orange County.

In collaboration with the nonprofit Charitable Ventures, this needs assessment was implemented to assess the current state of the region's response to food insecurity, and to help OC Hunger Alliance identify ways to collectively drive longer-term solutions that address root causes of poverty and hunger. The assessment employed various data collection methods, including literature review, analysis of publicly available data, surveys and focus groups with providers and consumers.

High level report findings are organized by the following categories:

## **Demographics: There is no single "kind" of person that seeks food security.**

- Providers serve predominantly Hispanic/Latino (95%), White/Caucasian (81%), and Asian (65%) populations. Almost half (48%) of providers indicated that their organization focuses on serving the needs of older adults, 30% on the disabled community, 28% on college-aged population, 23% on foster youth, and 19% on the LGBTQIA+ population.
- Consumers were primarily Hispanic/Latino (61%), Asian (17%), and White/Caucasian (16%). About one quarter (24%) were aged 36-45 years and another 23% were older than 65 years. Only a small portion (5%) were 18-25 years or under 18 years (0.5%).

## **Utilization: More than half of consumers struggle to access benefits and services.**

- A significant portion of providers (70%) directly distribute food, with the main food sources being Second Harvest Food Bank and OC Food Bank.
- Consumers use food pantries (49%) and CalFresh (28%) as food resources, with over half of consumers (56%) indicating that they have challenges accessing food benefits or services either "always" or "sometimes".
- Almost 60% of consumers received food in the past year that was expired and could not be used "always" or "sometimes".



## **Capacity: Less than half of food distribution providers allow for food choice.**

- Seventy percent of providers distribute food directly, with almost half having a food choice model (45%) and 26% of providers serving 1,000 or more individuals each month. A plurality of providers (43%) indicated that their clientele could receive food weekly.

## **Referrals: Providers who do not provide direct food support still need to address hunger.**

- Thirty percent of the providers who responded to the survey do not distribute food directly, but rather refer out to other food providers, with local food pantries being the top referral source.

## **Unmet Needs: Affordable food and affordable housing and employment are critical to food security.**

- Providers emphasized the need for culturally appropriate food and logistical support.
- Consumers who responded to the survey identified a need for housing and income assistance, job training, and counseling services. The consumer focus groups highlighted the need for affordable, nutritious food and affordable housing as critical to food security.

## **Barriers: Both providers and consumers face challenges in accessing and distributing nutritious food.**

- Key barriers providers face in meeting the food needs of the community include lack of protein in their pantry supply, lack of client transportation to/from pantry, difficulty storing food, insufficient supply of food, and lack of nutritious food options.
- Stigma, immigration status concerns, and transportation were major obstacles for consumers. While all immigrants can access food banks and pantries, access to benefits for immigrants is more difficult; undocumented immigrants do not qualify for CalFresh, and immigrants seeking citizenship tend to not use benefits to avoid the perception of being a “public charge”.

## **Addressing Needs: Improvements in funding, storage, transportation and distribution will be critical to addressing the barriers.**

- Providers suggested flexible funding, improved food storage resources, and enhanced transportation for consumers as ways to address barriers to food access.
- Consumers expressed a desire for closer food pantries, home delivery options, fresher and more nutritious food, and more varied food choices.



## **Recommendations**

To enhance food security for all in Orange County, the report offers several recommendations.

### ***Promote Food Choice:***

- Increase access to culturally appropriate foods and allow consumers to select their foods to reduce waste and meet health and cultural needs.

### ***Champion Food Benefit Awareness and Access:***

- Simplify public benefit program applications and increase advocacy and education around these programs.
- Improve access for non-English speakers by providing translators and materials in multiple languages.

### ***Strengthen Systems of Care:***

- Strengthen the OCHA Steering Committee by building a broader collaborative group to address hunger, equity, and access in Orange County and develop a strategic plan for implementing the OC Food Security Needs Assessment recommendations.
- Enhance collaboration between providers to improve efficiency and reduce food waste.

## **Conclusion and Vision for Collective Action**

Despite some data collection limitations, this assessment provides a comprehensive and current view of food insecurity in Orange County, highlighting gaps and opportunities for improvement and investment. The vision of the OC Hunger Alliance is to expand the coalition of stakeholders addressing food insecurity as a social determinant of health, and to work together to create an equitable and comprehensive food security system in Orange County.





## 1. Background

### OC Hunger Alliance and Equity in OC

Launched in 2019, the Orange County Hunger Alliance (OCHA) is a collaborative of Orange County's largest food banks and food redistribution stakeholders: Abound Food Care, Second Harvest Food Bank, and Community Action Partnership of Orange County (OC Food Bank). These three stakeholders have served as the OCHA Steering Committee.

In 2023, the OC Hunger Alliance was awarded the "Equity in OC Food Security, Nutrition, and Access Collective Grant" (EiOC FSNAC) by the Equity in OC (EiOC) Initiative, a strategic endeavor funded by the Centers for Disease Control and Prevention (CDC) to foster health equity, improve access to essential services, and enhance overall wellness across diverse populations. The EiOC initiative, fiscally administered by the Orange County United Way and directed by the Orange County Health Care Agency, orchestrates a concerted response to health disparities through collaborative and unified approaches, rallying the support of various stakeholders, including public health institutions, community organizations, and private partners, to drive meaningful change.

In support of this extensive effort, the EiOC FSNAC provided the OC Hunger Alliance with the opportunity to evaluate the current landscape of food security, nutrition, and access within Orange County. The OC Hunger Alliance has a shared commitment to advancing the EiOC FSNAC objectives. Their collective mission is to optimize the emergency food system to address the root causes of food insecurity.

### Conducting a Needs Assessment

To achieve the EiOC FSNAC and OC Hunger Alliance's objectives, the OCHA Steering Committee determined that, in collaboration with the nonprofit Charitable Ventures<sup>1</sup>, a comprehensive Needs Assessment would be conducted to identify gaps in services, barriers to access, and opportunities for systemic improvements. This timely effort is propelled by the urgent need to respond to increased food insecurity triggered by the COVID-19 pandemic, historic inflation, rising housing costs, and the April 2023 expiration of enhanced CalFresh benefits in the State, which significantly impacted the food assistance available to Orange County households.<sup>2</sup>

The purpose of this report is to present the findings of the community needs assessment, providing summary and analysis to support the region's response to food insecurity, and to help OC Hunger Alliance collectively consider immediate responses to hunger and drive longer-term solutions that address root causes of poverty and food insecurity.

<sup>1</sup> Charitable Ventures is a nonprofit incubator in Orange County that engages with social sector partners to understand community needs and develop solutions.

<sup>2</sup> The rise in use of food banks following the pandemic has remained well above pre-pandemic levels, with an average 390,000 people served each month in 2022 (up from 250,000 people in 2019). <https://philanthropynewsdigest.org/news/other-sources/article/?id=14293626&title=Many-Orange-County-Residents-Still-Struggle-Putting-Food-on-Table>



## 2. Research Framework

To tackle the issue of food insecurity in Orange County from multiple angles, a variety of data collection methods were used, including:

- **Literature review** to understand the problem and solutions around food insecurity and access across the nation, state, and county.
- **Publicly available data**, analyzed to present a snapshot of demographics and the food insecurity landscape in Orange County.
- **Surveys** used to gather input from Orange County community service Providers and Consumers to assess the current food insecurity landscape.
- **Community Focus Groups** were conducted to better understand the unique perspectives, opinions, experiences, and knowledge of community members and people facing hunger.
- **EiOC Provider Convenings** brought together Orange County community partners who serve food insecure individuals and sought to capture perspectives that were difficult to sufficiently sample in the Provider and Consumer surveys.

For a more detailed description of the methods used, including the complete list of survey and Focus Group questions, refer to **Appendix A: Research Framework**.

### a. Limitations

Using a mixed-methods approach—combining and triangulating quantitative and qualitative data—helps support findings as well as discover new findings that one method could not on its own identify. However, there remain inherent limitations of the approaches used in this needs assessment, which are laid out below. Refer to **Appendix A: Research Framework** for additional details.

- **Accessibility to Public Data**
  - Some measures that would have been ideal to include when discussing food insecurity (e.g., childhood obesity) are not collected at the population level.
  - While the latest data are presented, there is typically a lag time between collection and availability, so much of the data are at least a couple of years old.
- **Survey Implementation**
  - The outreach strategy used for collecting survey responses was to collaborate closely with community partners. Thus, survey results typically represent the population already accessing county and community food services and benefits.
  - Most service providers are located in Central and North Orange County. Thus, there was a lower number of survey responses from South Orange County.
  - There were relatively few responses from Black or African American individuals and those of Middle Eastern / North African (MENA) descent (10 and 11 responses, respectively). While the proportion of responses are representative when compared with Orange County's populations, the data for these two groups should be interpreted with caution.



- o While the Provider survey included a question to assess unique populations served (i.e., individuals with disabilities, LBGTQIA+, veterans, unhoused individuals, college-aged, and foster youth), a similar question could not be included in the Consumer survey. Thus, some of the unique populations served cannot be disaggregated in the Consumer survey.

- **Consumer Community Focus Groups**

- o To support inclusion of voices from underserved demographics and compensate for the small sample size of MENA and Black or African American groups in the survey, a focus group with MENA representation was conducted. An attempt to conduct a focus group with Black or African American groups was unsuccessful due to external time constraints.
- o Time constraints hindered the ability to conduct extensive outreach to enlist more Providers who may have been interested in hosting the focus groups.

### 3. Food Insecurity in Orange County

This section defines the issue of food insecurity by drawing from a review of national, state and local findings (see **Appendix B: Literature Review** for full analysis). In addition, data local to Orange County are provided to set the context through which to view the needs assessment findings (see **Appendix C: Landscape Analysis** for detailed charts and maps).

#### a. Defining the Problem

A person is food insecure when they lack regular access to enough safe and nutritious food for normal growth and development and an active and healthy life. This may be due to unavailability of food and/or lack of resources to obtain food.<sup>3</sup> Food insecurity is a pervasive issue in the United States, where over 44 million individuals, including 13 million children, experience food insecurity annually.<sup>4</sup>

Across the United States, 13.5% of households were food insecure in 2022. This rate is significantly higher than the 10.4% of households recorded in 2021.<sup>5</sup> At 12.6%, California’s food insecurity rate is below the national average.<sup>6</sup> Locally, the Orange County food insecurity rate is 10.4% overall, and 12.5% for children younger than 18 years.<sup>7</sup>

Research indicates that the primary cause of food insecurity is low income, as a lack of adequate income forces households to make purchasing decisions that can result in a non-optimal food supply.<sup>8</sup> Food insecurity is also a systemic issue, a by-product of unaffordable housing, unemployment, or low-wage jobs.

Marginalized communities, including people of color, LGBTQ individuals, and those with disabilities, are at higher risk of food insecurity. Across the United States, rates of food insecurity in 2022 were significantly higher than the national average for the following groups:<sup>9</sup>

<sup>3</sup> Food and Agriculture Organization of the United Nations

<sup>4</sup> [feedingamerica.org](https://www.feedingamerica.org)

<sup>5</sup> Hake, M., Dewey, A., Engelhard, E., & Dawes, S. (2024). Map the Meal Gap 2024: An Analysis of County and Congressional District Food Insecurity and County Food Costs in the United States in 2022, Feeding America.

<sup>6</sup> *Ibid.*

<sup>7</sup> *Ibid.*

<sup>8</sup> Wight, V., Kaushal, N., Waldfogel, J., Garfinkel, I. Understanding the Link between Poverty and Food Insecurity among Children: Does the Definition of Poverty Matter? J Child Poverty. 2014 Jan 2;20(1):1-20.

<sup>9</sup> USDA, "Household Food Insecurity in the United States in 2022" err-325.pdf (usda.gov)



- All households with children under age 18 (17.3%);
- Households with children under age 6 (16.7%);
- Households with children headed by a single female (33.1%) or a single male (21.2%);
- Women living alone (15.1%);
- Black or African American households (22.4%) and Hispanic households (20.8%);
- Households with incomes below 100% of the poverty threshold (36.7%), 130% of the poverty threshold (35.2%), and 185% of the poverty threshold (32.0%).

Food insecurity can have serious consequences for people's physical health and well-being. People who experience food insecurity are more likely to experience malnutrition and chronic conditions like heart disease and diabetes. Food insecurity can also affect people's mental health and result in depression, anxiety, and stress. Not having basic needs like food can lead to social isolation, stigma, and shame. Not having an adequate diet can hinder children's ability to learn in school and adults' capacity to work and be effective parents.<sup>10</sup>

Complicating the issue of food insecurity, housing costs in Orange County are extremely high, leading to 43% of residents being cost burdened, compared to 32% nationally.<sup>11</sup> Orange County is ranked as one of the 10 most expensive counties in California according to the Insight Center. The California Family Needs Calculator, published by the Insight Center, reports that a family of four with two school-aged children needs to earn an hourly wage of \$23.99 per adult in the household or \$101,336 as a household to pay for basic living expenses in Orange County. This forces residents to utilize their resources on housing over food, making food security a real issue in the county.<sup>12</sup>

The federal government funds several nutrition assistance programs with counties implementing these programs. While many families and individuals qualify for SNAP (also referred to as CalFresh in California) or food stamps, there remains a gap between people living over the federal poverty line, who do not qualify for federal food assistance based on their meager earnings, and families with enough income to meet their food needs. People who fall in between these two categories remain heavily dependent on charitable food systems<sup>13</sup> According to Feeding America, 40% of the people in Orange County who face hunger may not qualify for SNAP benefits due to income thresholds.<sup>14</sup>

Compounding the high cost of living, the expiration of pandemic era emergency food allotments in CalFresh benefits resulted in significant benefit reductions starting mid-year 2023, affecting an estimated five million low-income families across California and 300,000 individuals in Orange County. There is an ever-increasing demand on Orange County food banks as pandemic-related benefits end, and the people experiencing food insecurity look to food banks for long-term aid instead of sources of emergency aid.<sup>15</sup> Food banks and food pantries are not meant to be long-term

<sup>10</sup> feedingamerica.org

<sup>11</sup> Cost burdened is defined as those households spending more than 30% of income on rent and utilities.

<sup>12</sup> Hoag Hospital Community Health Needs Assessment 2022

<sup>13</sup> feedingamerica.org

<sup>14</sup> Hake, M., Dewey, A., Engelhard, E., & Dawes, S. (2024). Map the Meal Gap 2024: An Analysis of County and Congressional District Food Insecurity and County Food Costs in the United States in 2022, Feeding America.

<sup>15</sup> Voice of OC, Food Assistance Programs in OC, CA Are on the Chopping Block, March 2023



solutions and while they play a crucial role during emergencies and crises, addressing the root causes of hunger requires more comprehensive approaches.<sup>16</sup>

Research on social protection interventions suggests both cash transfers and food subsidies (e.g. the US SNAP and WIC program) reduce household food insecurity. In contrast, research on community-level interventions, such as food banks and other local food programs, suggests limited impacts.<sup>17</sup>

Research also suggests that a major shift in social welfare policies, which include a range of interventions covering housing, child care, healthcare, income security and job security, are needed to shift the prevalence of food insecurity. Long term, there needs to be reduced reliance on food assistance programs by increasing incomes and lowering the cost of living.<sup>18</sup>

Although there are systems in place to divert food waste or surplus, there is an overemphasis on distributing staple grains at the expense of more nutrient-rich foods that are high-quality. Poor nutrition is related to poor health, with a disproportionate impact on indigenous people, people of color, and low-income people in both urban and rural communities. Many diet-related conditions, including diabetes, hypertension, heart disease, and obesity, have been linked to food insecurity.<sup>19</sup>

Even though food insecurity affects every age group and demographic, the most important window for human nutrition is the earliest—from a woman’s pregnancy to a child’s second birthday. Focus on nutrition for this demographic is important for a lifetime of health. There is a growing movement toward “food as medicine” within the healthcare / managed care space, with interventions that emphasize nourishing people and strengthening against disease.<sup>20</sup>

The World Economic Forum has advised countries post-COVID to support local food systems with shorter, fairer, and cleaner supply chains that address local priorities. Locally sourced food provides social benefits to communities, is good for local economies, is healthier and safer, is more resilient to supply chain disruptions, and is better for the environment. Sourcing food locally reduces the threat of supply chain shocks while offering a plethora of social, economic, nutritional and environmental benefits to consumers, producers and their communities.<sup>21</sup>

## **b. Landscape Analysis**

Existing data provide a snapshot of the current state of food insecurity in Orange County. Below, available data are compiled and summarized to identify what is known for related topics, including: food insecurity and access, poverty, benefits, disability status, and cost of living in Orange County. Refer to **Appendix C: Landscape Analysis** for additional data and visualizations.

### **Food Insecurity**

According to the Map the Meal Gap, an analysis conducted by Feeding America, while there are pockets of food insecurity throughout the county, Central Orange County has the highest rates of the population who are food insecure.<sup>22</sup>

<sup>16</sup> *Ibid.*

<sup>17</sup> Cambridge University Press, Interventions to Address Household Food Insecurities in High-Income Countries

<sup>18</sup> *Ibid.*

<sup>19</sup> The Rockefeller Foundation, Reset the Table – Meeting the Moment to Transform the US Food System

<sup>20</sup> Bread for the World Institute, The Hunger Report

<sup>21</sup> Forbes, Covid-19 Has Given Consumers Five New Reasons to Eat Local, July 2020

<sup>22</sup> Hake, M., Dewey, A., Engelhard, E., & Dawes, S. (2024). Map the Meal Gap 2024: An Analysis of County and Congressional District Food Insecurity and County Food Costs in the United States in 2022, Feeding America.



These findings are corroborated by the Food Insecurity Index, which measures economic and household hardship correlated with poor food access. The Food Insecurity Index also found that areas in Central Orange County have the highest proportion of people in the greatest need.<sup>23</sup>

## Food Access

In 2019, there were 74 low-income census tracts in Orange County where a significant share of residents lived more than one-half mile from the nearest supermarket. This represents 13% of the census tracts in Orange County.<sup>24</sup>

## Poverty

In 2022, 6.8% of families in Orange County lived below the Federal Poverty Level. This is a decline of more than one percentage point from 2015, when 7.9% of Orange County families were living in poverty. At 18.3%, the unincorporated area of Silverado had the highest level of poverty in 2022 (but only had 218 residents, which may account for the high percentage); the city of Westminster had the next highest level of poverty (13.5%).<sup>25</sup>

When looking at poverty, by race/ethnicity, families with a householder of “some other race” are most likely to be living in poverty (11.8%), followed by families with a householder who is American Indian/Alaskan Native (8.9%). In addition, families with a householder who is Hispanic/Latino are more likely to be living in poverty than White household families (10.8% and 3.8%, respectively).<sup>26</sup>

Families with a householder with less than a high school education are most likely to be living in poverty (15.9%), whereas families with a householder who has a bachelor’s degree or higher are least likely to be living in poverty (3.6%).<sup>27</sup>

In terms of ages of individuals living in poverty, individuals ages 18 to 34 years are most likely to be living in poverty (11.3%), while individuals ages 35 to 64 years are least likely (7.8%). Overall, in Orange County, 9.7% of individuals are living in poverty.<sup>28</sup>

Individuals who speak Spanish at home are more likely to be living in poverty (11.4% compared to 9.7% of overall population).<sup>29</sup>

## Benefits

The CalFresh program, also referred to as SNAP or food stamps, provides low-income individuals and families with funds to purchase nutritious food. The percentage of Orange County households receiving CalFresh benefits has increased slightly over the past five years. The area of Midway City has the highest proportion of households receiving SNAP benefits (28.9%) followed by Stanton (15.3%).<sup>30</sup> As of November 2023, at least 95,430 children ages 0-17 years in Orange County were receiving CalFresh assistance.<sup>31</sup>

Furthermore, as of November 2023, there were at least 22,675 children ages 0-17 years in Orange County receiving CalWORKS assistance; a program designed to help low-income families

<sup>23</sup> The Food Insecurity Index is calculated by Conduent Healthy Communities Institute using data from Claritas, 2023.

<sup>24</sup> 2010 Census Tract boundaries used in order to align with FARA boundaries. Source: 2019 Food Access Research Atlas (FARA)

<sup>25</sup> U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table S1702

<sup>26</sup> Note the Census’s American Community Survey separates out ethnicity (Hispanic/Latino and White alone) and race (Asian, Black, American Indian, more than one, Other).

<sup>27</sup> U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table S1702

<sup>28</sup> This measure looks at individuals not families living in poverty; data on families by age are not available. U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table S1701

<sup>29</sup> This measure includes the total population ages 5 years and older, hence the Orange County average differs. U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table 1603

<sup>30</sup> U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table S2201

<sup>31</sup> Social Services Agency of Orange County



achieve self-sufficiency through employment opportunities and support services, including cash aid. Areas in Central Orange County have the highest number of CalWORKS recipients.<sup>32</sup>

In School Year 2022/23, 52.9% of children in Orange County were eligible for Free or Reduced Price Lunch (FRPL) benefits. At 81.1%, Savanna School District has the highest percentage of students eligible for FRPL, while Los Alamitos Unified School District has the lowest percentage (15.5%).<sup>33</sup>

## Disability Status

Overall, 9.1% of the population in Orange County has some type of disability. Children under age five have the lowest rate of disability (0.8%), while adults aged 75 years and older have the highest rate of disability (45.6%).

When looking at disability by type and age, almost one-third (31.1%) of seniors ages 75 years and older have an ambulatory difficulty, compared to less than one percent of the population under age 18. Similarly, more than one-quarter of adults 75 years and older (26%) have an independent living difficulty, compared with 2.4% of the population ages 18–34 years.<sup>34</sup> With the aging population expected in Orange County and elsewhere in the coming years, increased rates of disability can also be expected.

## Understanding Orange County's High Cost of Living

While Orange County income is higher than other areas, so is the cost of living. In order to better understand the struggles that many families face, United Way's Real Cost Measure (RCM) and Family Financial Stability Index (FFSI) provide a snapshot of families, which takes into account the higher costs associated with living in Orange County.

The RCM is an estimate of the amount of income required to meet basic needs—including housing, child care, food, transportation, health care, and taxes.<sup>35</sup> RCM accounts for the geographical differences in the cost of living throughout California. In 2021, the RCM in Orange County was \$109,833, higher than the median income of \$102,993. Overall, in Orange County, approximately one-third of households (33%) are living below the RCM, with disparities within demographics. For instance, 71% of households without a high school diploma are living below the RCM, as are 52% of Latino households and 69% of single mother-led households.

Another way to assess where families are struggling is the FFSI, which is a composite of three domains for populations with children under 18 years of age: Income (percent of population with income below 185% of federal poverty level); Employment (percent of families with one or more unemployed adults seeking employment); and Housing (percent of families paying 50% or more of income on rent). The FFSI is ranked from a scale of 1 (least stable) to 10 (most stable). In 2021, 3% percent of Orange County neighborhoods received an FFSI score of 1 or 2, indicating the lowest levels of family financial stability, while 21% of census tracts received a score of 9 or 10 on the FFSI, the highest levels of family financial stability. Overall, 20% of census tracts in Orange County had FFSI scores of 4 or lower in 2021.<sup>36</sup>

<sup>32</sup> *Ibid.*

<sup>33</sup> California Department of Education, Free or Reduced-Price Lunch, 2022/23

<sup>34</sup> See Appendix C for disability definitions. Data not collected on populations younger than 18 years. Source: U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table S1810

<sup>35</sup> The Real Cost Measure in California 2023 by United Ways of California. Data calculated for this geographic profile is from 2021. <https://unitedwaysca.org/realcost/>

<sup>36</sup> Parsons, K.R., Coe, M.T., Zimskind, L., & Lodewick, K.B. (2023). Family Financial Stability Index: Summary Report and 2021 Neighborhood-Level Index Results for Orange County, California. Eugene, OR: Parsons Consulting, Inc.



## 4. Current Food Bank Capacity

### Regional Distribution Overview

An operational assessment of the Second Harvest Food Bank and Community Action Partnership of Orange County (OC Food Bank) was conducted in early 2024 by a consulting team led by Clear Hospitality Network. The team assessed the combined capacity of these two food banks to provide food to the supplemental feeding network. The consultants describe the locations of each of the county's two food banks, their sources of food, services provided and national affiliations as being 'complimentary'. This conclusion is reinforced by the fact that over one-third of the county's non-profit food pantries work with both food banks.

While the two food banks in Orange County are currently meeting the logistical demands of the county, there are two primary concerns in the coming years:

1. Orange County is experiencing an unprecedented increase in food insecurity. The concern is that the logistical requirements that accompany the anticipated demand could outstrip capacity.
2. OC Food Bank has been working on a series of short-term leases, which restricts the ability to make capital improvements that lead to reduced costs and increased production. Short-term leases also come with the frequent risk of termination.

The willingness of both food banks to collaborate is a benefit to the county's network of non-profit food pantries. The operational assessment report suggests that a long-term solution for the OC Food Bank facility location would allow for improved and/or expanded operational efficiencies that will be needed to service the county in the future.

### Capacity Assessment

The assessment identified the following areas of opportunity to potentially improve capacity and throughput:

- OC Food Bank requires additional cooler and freezer space in order to meet current and future demand.
- Increased productivity in warehouse operations could be achieved by utilizing updated warehouse equipment (e.g., electric triple jacks for selection of products (units) from the warehouse).
- Strategic planning should include future use of automated storage/retrieval systems (AR/RS) to improve efficiency and reduce spoilage.
- While there appears to be a sufficient number of trucks to meet current demand levels, there is an opportunity through expanded collaboration to increase vehicle utilization, whereby reducing costs. Cost savings could then be deployed to other areas of operations.



In addition, the operational assessment identified improvements in procurement, software, and systematic control, specifically:

- Additional **procurement** resources along with utilization of data, technology, and national buying opportunities could improve per/unit costs.
- The current **software** in place for warehouse operations is sufficient. While there are currently no major software needs, additional software training and maintenance could lead to greater productivity. In addition, there is a potential for improved logistics through the use of shared or linked services routing software to coordinate transportation when possible.
- For **systemic control**, there is an opportunity to review and potentially adopt national best-in-class warehouse and facility Key Performance Indicators (KPIs) across the entire region, which could improve production and throughput.

## 5. Community Needs Assessment Findings

The EiOC FSNAC Community Needs Assessment was conducted by Charitable Ventures on behalf of the OC Hunger Alliance and utilized Provider and Consumer surveys, community focus groups, and EiOC provider sessions to thoroughly assess the landscape of food needs in Orange County.

This section highlights the Needs Assessment findings around the following themes: Demographics, Utilization, Capacity, Referrals, Unmet Needs, Barriers, and Addressing Needs. Each theme is presented as it relates to 1) Providers – through both the Provider Survey and the EiOC Provider Convenings where applicable, and 2) Consumers – through both the Consumer Survey and the Community Focus Groups where applicable.

For full results, including detailed discussion and charts, refer to **Appendix D: Needs Assessment Findings** and **Appendix E: Survey Responses by Demographics**.

### Theme 1: Demographics

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#### **PROVIDER FINDINGS**

##### **Provider Survey**

- There were 229 Provider surveys submitted, with 189 surveys from unique organizations used for the analysis.
- The top three cities that Providers served and were located in were Santa Ana, Anaheim, and Garden Grove.
- As for the top ethnicities served, 95% of Providers said they served the Hispanic/Latino population, 81% said they served the White/Caucasian population, and 65% served the Asian population.
- Almost half (48%) of Providers indicated that their organization focuses on serving the needs of older adults, 30% on the disabled community, 28% on college-aged population, 23% on



foster youth, and 19% on the LGBTQIA+ population. Of the 37% of respondents who indicated 'Other', their responses included Unhoused individuals (7%) and Veterans (3%).

- Half (50%) of the Providers responding to the survey were a community-based organization (CBO) and 42% were a Food Bank or Pantry.

### **EiOC Provider Convenings**

- EiOC Provider convenings included voices from CBOs, nonprofits, and government organizations. They provide meal delivery, rescue, and distribution; education, health and mental health services; education; and other community services.

## **CONSUMER FINDINGS**

### **Consumer Survey**

- There were 811 responses gathered from both online and paper versions of the Consumer survey.
- Consumers resided across 43 cities in Orange County and Los Angeles County.
- 61% listed their race/ethnicity as Hispanic/Latino, followed by Asian (17%) and White/Caucasian (16%).
- About one quarter (24%) of survey respondents were aged 36-45 years and another 23% were older than age 65 years. Only a small portion (5%) were 18-25 years or under 18 years (0.5%).
- There were an estimated 3,282 people living in the households of the 811 survey respondents. A plurality (1,329) of those household members were ages 25 to 64 years.

### **Community Focus Groups**

- For the community Focus Groups, college students, refugee, and MENA population voices were gathered to provide experiences with food insecurity in Orange County. All of the Focus Groups had significantly more female than male attendees.

## **Theme 2: Utilization**

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### **PROVIDER FINDINGS**

#### **Provider Survey**

- Over two-thirds (70%) of Providers said they directly distribute food to their clients.
- Almost one in three Providers indicated that there are supply issues, either with a lack of nutritious food options (29%) and/or a lack of ethnically/culturally responsive food options (28%).
- The largest sources of food were from the Second Harvest Food Bank (49%) followed by OC Food Bank (17%).
  - Some of the Providers that distribute food (12%), however, also need to purchase food and non-food items themselves to meet the needs of the families they serve.



- Providers were asked for the top five most frequent food or non-food items that their organization purchases. More than half of respondents indicated that they purchased vegetables (58%) and fruits (55%) for their clients. The next most frequent purchases from other organizations were eggs (44%) and dairy (37%).
- Almost three-quarters (72%) of Providers indicated that they have some food waste, with 28% having 1% to 2% food waste, 24% having 3% to 5% food waste, 2% having 6% to 9% food waste, and 17% having 10% to 30% food waste.

## **CONSUMER FINDINGS**

### **Consumer Survey**

- Almost half (49%) of the Consumer respondents indicated that they use food pantries as a food resource and 28% indicated using CalFresh.
  - Respondents who identified as Black or African American were more likely to report using food pantries (60%) and CalFresh (80%) compared to other racial/ethnic groups (49% and 28%, respectively).
  - Asian and Native Hawaiian / Pacific Islander (NHPI) respondents were least likely to use food pantries (40%) compared to the average (49%).
  - English speakers (31%) were more likely to report using CalFresh compared to those who responded to the survey in a language other than English (21%).
- More than half (56%) of Consumer respondents had challenges accessing food benefits or services either “always” or “sometimes”.
- While 45% of Consumers indicated that they are “sometimes” able to access culturally acceptable food through food benefits or services, almost one-fifth (17%) indicated that they are “never” able to access culturally appropriate food.
- Almost 60% of Consumer respondents received food that was expired and could not be used “always” or “sometimes” in the past year.
- Black or African American respondents were most likely to report using food benefits to meet their household’s needs compared with other racial/ethnic groups. English speakers were more likely to report using food benefits and having challenges to accessing food benefits compared with those responding in a different language. Older adults were most likely to report receiving food they could not eat because it was expired compared with youth and adults.

### **Community Focus Groups**

- All participants in the MENA, College-age, and Refugee Focus Groups agreed that access to affordable food, access to nutritious food, and access to affordable housing are necessities that would help create a healthy, food secure community.



## Theme 3: Capacity

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### PROVIDER FINDINGS

#### Provider Survey

- Of the 118 Providers who indicated that their organization distributes food directly, 82 of them (70%) were able to safely receive, store, and distribute food, 20% were unable to, and 10% did not know.
- Of the Providers that distribute food directly:
  - Almost half of the Providers (45%) indicated that they have a food choice model, 33% have a food box model, and 22% have some “other” model.
  - Almost one-quarter (24%) of Providers indicated that they distribute 3,401–7,300 pounds of food per month and 20% estimated that they distributed more than 13,401 pounds of food per month. Seventeen percent distribute 1,400 pounds of food or less per month.
  - Eighteen percent of Providers indicated that they serve less than 50 people per month, 23% serve 100 to 249 people per month and 20% serve 250 to 499 individuals per month. Another 15% indicated that they serve 2,000 or more people per month.
  - When looking at the days of the week pantries are open, most are open Mondays through Fridays, with fewer Providers open on Saturdays and Sundays (24% and 7%, respectively).
  - The peak hours of operation are 10:00 am to 3:00 pm across most days, with very few distributing food before 8:00 am or after 6:00 pm.
  - Compared to the facility operation hours, refrigerated vehicles operate earlier in the day, before 9:00 am. However, these vehicles do not operate after 5:00 pm.
  - Of the 18 Providers that have refrigerated vehicles, 39% have 75% or greater vehicle utilization, defined as 36 or more operating hours per week.
- For frequency of the Providers distributing food, 43% indicated that their clientele could receive food weekly, 25% indicated monthly, and another 33% indicated other. Those who said “other” indicated either daily (5%), twice a week (6%), twice a month (14%), or that it varies (7%).

## Theme 4: Referrals

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### PROVIDER FINDINGS

#### Provider Survey

- About one-third (30%) of Providers responding to the survey indicated that their organization does not distribute food, but rather refers out to other food providers.



- Of those Providers who do not distribute food, 38% indicated that 0%-10% of their organization's referrals are for food needs, 16% said that 26%-50% of referrals are for food needs, and 16% said that more than half of referrals were for food needs. About 30% said that they don't know the percentage of referrals their organization provides for food needs.
- The top referrals were to the local food pantries (45%), followed by 27% of referrals to nonprofit organizations and 9% to social services.

## **Theme 5: Unmet Needs**

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### **PROVIDER FINDINGS**

#### **EiOC Provider Convenings**

- Providers expressed that offering culturally appropriate food would reduce food waste.
- Logistics — including sourcing, transporting, and storing food — came up frequently among Providers as an unmet need.

### **CONSUMER FINDINGS**

#### **Consumer Survey**

- Thirty-eight percent of Consumers affirmed that there are services they need but do not know how to find.
  - Respondents identified housing and income assistance (19% and 18%, respectively) as priority services they were unable to find. Almost one-tenth (9%) indicated job training and/or 8% counseling.
  - MENA and Black or African American respondents were most likely to report needing income assistance (64% and 40%, respectively) or housing assistance (27% and 50%, respectively). More than any other group, MENA respondents indicated needing assistance with job training (36%).
  - Both English and non-English speakers were most interested in income assistance (21% and 12%, respectively) and housing services (19% and 14%, respectively).
  - Youth were most interested in housing services (32%) and income assistance (18%), compared with adults (18% and 17%, respectively). In contrast, older adults were more likely to need income assistance (20%) than housing services (15%).

#### **Community Focus Groups**

- Unmet needs in the community focus groups were expressed through three main themes: accessibility to affordable food, affordable housing, and nutritious food options.
- Due to the high cost of desired food items, focus group participants must find cheaper food alternatives to balance their expenses.



## Theme 6: Barriers

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### **PROVIDER FINDINGS**

#### **Provider survey**

- Providers were asked to list their top five barriers to meeting the food needs in their communities. The top five overall responses were having a lack of protein (41%) in their pantry supply, lack of client transportation to/from pantry (34%), difficulty storing food (30%), insufficient supply of food (30%), and lack of nutritious food options (29%).

#### **EiOC Provider Convenings**

- Two main barriers came up at the EiOC Provider Convenings: consumers' fear of risking immigration status and difficulty signing up for benefits. Providers noted that shifting demographics, including an aging population, are surfacing new challenges.

### **CONSUMER FINDINGS**

#### **Consumer survey**

- Almost two-thirds (63%) of Consumer respondents indicated that they are not afraid or embarrassed to get food assistance.
  - This high proportion is likely due to the survey population, which is mostly Consumers who are already accessing the County's food services and benefits.
- Asian and NHPI, MENA, and multi-ethnic respondents were most likely to report fear of being penalized compared with other racial/ethnic groups.

#### **Community Focus Group**

- The three main barriers to accessing healthy foods mentioned at the focus groups were transportation, immigration status and benefits, and stigma.

## Theme 7: Addressing Needs

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### **PROVIDER FINDINGS**

#### **Provider Survey**

- Providers were asked about the top three ways that barriers to food access could be addressed. The top three ways that Providers identified include the need for flexible funding to purchase food that meets needs of community and market (56%); resources related to food storage (38%); and transportation for consumers to and from pantry (34%). In addition, 14% of Providers indicated the need for more language capacity. Other responses included needing more space and additional refrigeration options, and more variety of food.
- A little more than half of Providers (51%) indicated that having food delivery apps for paid or volunteer drivers would help in eliminating barriers from pantry to clients' homes, while 10%



indicated that it would not help and 40% indicated that they did not know if it would help eliminate transportation barriers.

## **EiOC Provider Convenings**

- In discussions with EiOC Providers, they shared a need for collaboration with sharing of best practices, resources, and knowledge about where to source additional food when needed. Sourcing ethnic food was widely agreed upon as a challenge. Some Providers have addressed this challenge by partnering with small ethnic grocers.

## **CONSUMER FINDINGS**

### **Consumer Survey**

- More than three-quarters of Consumer respondents would like to see more fruits, eggs and vegetables available at the pantries.
- In response to a question asking what would make it easier to get the food that respondents need, 39% would like a food pantry closer to home and 32% would like food delivery to their home. In addition, 28% would like the ability to choose the food they want and 25% wanted different food options. Sixteen percent wanted different operating hours.
- Black or African American (60%) and MENA (82%) respondents were more likely to want food delivered to their home compared to the average (32%) and have different operating hours (40% and 46%, respectively, versus 16%).
- In addition to food, respondents requested hygiene items like toilet paper, wipes and household items like soap and detergent. A few of the respondents also requested diapers.

### **Community Focus Groups**

- The College-Aged Focus Group thought the best way to address their needs is to implement incentives or discounts for students.
- The MENA Focus Group mentioned transportation, an increase in CalFresh payments, and having government programs be tailored to each individual's needs.
- The Refugee Focus Group also mentioned transportation assistance, increasing minimum wage to help pay for food, having a community garden, and having someone to translate for seniors and refugees.
- Focus Group participants were also asked about community strengths. While the MENA Focus Group did not provide any information on what is currently working, both the College-Aged and Refugee Focus Groups mentioned how community plays a large role in what is working.

## **6. Recommendations**

Having access to nutritious food positively impacts the health of individuals, communities, and the environment. In moving forward to solve key challenges associated with food insecurity in Orange County, there are tangible improvements as well as systemic opportunities that could increase food security. Below are recommendations based on key findings from themes explored in Section 5, Need Assessment Findings. Included are emerging opportunities that lend themselves to a focus on inclusion and equity.



## Promote Food Choice

Allowing consumers to select their foods will reduce waste while providing access to options based on their health and cultural needs.

- Provide more protein, fruits, vegetables, and dairy, along with healthy choices to increase nutritious food options.
  - Create awareness of culturally specific foods through education, such as recipe cards.
  - Explore flexible funding for providers to increase the options available, including culturally appropriate, healthy, and varied choices.
- **Inclusion/equity opportunities:** Increase access to culturally familiar foods by engaging ethnic markets and suppliers.

## Champion Food Benefit Awareness and Access

Recommendations around food benefit awareness and access center around improving access to public benefit programs and removing barriers to food access and services.

### Improve access to public benefit programs

- Connect with colleges, universities, foodbanks, healthcare providers, and others who serve college students to provide information about federal and local nutrition programs, including CalFRESH and WIC. Support could include benefits application assistance on campus, outreach for services related to food, housing, health and income.
- **Inclusion/equity opportunities:** Develop a coordinated solution for client education and assistance in applying for food programs, including education around obtaining CalFresh or WIC benefits. Suggestions include to:
- o Simplify the application process and limit the number of times people are required to apply.
  - o Increase advocacy and education around how, where, and when to apply.

### Remove barriers to food access and services

- Increase access for non-English speakers by having translators for service applications, supporting clients in navigating the system, providing materials in multiple languages, and offering translators on site when needed.
  - Explore use of food delivery apps and alternative methods for food distribution to ease burden, including assistance carrying food when lacking transportation.
- **Inclusion/equity opportunities:** Address transportation challenges with vulnerable populations, including seniors and people with disabilities.

## Strengthen Systems of Care

Recommendations around system changes improve collaboration between providers and pantries, improving the efficiency with which food is procured and distributed, increasing food choice while reducing food waste.



- Strengthen the OCHA Steering Committee by building a larger collaborative group to address hunger, equity, and access in Orange County. Continuing to formalize the OCHA structure will allow for greater involvement and collaboration between stakeholders in the region. See **Appendix F: OCHA Expansion** for more details.
  - Develop a strategic plan, using current OCHA objectives in addition to the findings and recommendations in this Needs Assessment as the starting point, which considers:
    - o Steps for implementing recommendations laid out in this Needs Assessment.
    - o Mechanisms to improve coordination to maximize efficiency of consumer food choice, food waste, distribution, and availability.
  - Consider community collaborations:
    - o Work with nonprofits and CBOs to provide improved referrals for clients.
    - o Increase communication and collaboration and minimize food waste.
    - o Engage with ethnic markets to increase access to culturally available food items.
  - Consider how current provider operating hours limit access and investigate solutions.
  - In future work, surveying populations that are not already accessing services will give a fuller picture of consumer behaviors.
  - Consider mechanisms for improving cold storage and distribution of perishables.
  - Support food banks and pantries in leveraging economies of scale to create cost-efficient options.
    - o Explore options to further mine, aggregate and analyze data relative to food insecurity, food procurement and food waste including, software, to collect real time information from operators and clients.
    - o Expand an existing pilot program that allows non-profit providers to participate in a national Group Purchasing Program (GPP), which provides access to pricing levels reserved for national, multi-unit chain foodservice operations. Access to a national GPP does not limit vendor pricing to the size and volume of the agency. The pilot program has demonstrated procurement savings ranging from 8% to 24%, with a potential for average savings exceeding 40%.
- **Inclusion/equity opportunities:** Recognize and address structural support to increase access to healthy food choices such as mobile pantries, increase choice pantries, food delivery system, and engage urban farmers.

## 7. Conclusion and Vision for Collective Action

The Orange County Healthcare Agency has identified in their 2024 Health Improvement Plan the impact social determinants have on the health of individuals –with equitable access to nutritious, wholesome food leading to greater health outcomes. These outcomes are enhanced when access to food is combined with resources that address other social determinants of health.



Food insecurity in Orange County, in addition to poverty, is a result of adverse local conditions such as limited income, lack of affordable housing, limited access to healthy foods and rising food prices as well as other underlying challenges. Food Insecurity is the common thread that touches all other social determinants of health. The Orange County Hunger Alliance has identified a collaborative 'Enhanced Service' model that identifies and connects access to resources where nutritious food is available.

Despite some limitations in data collection, the results of this community assessment on the state of food insecurity in Orange County provides engaged stakeholders an opportunity to understand how underserved communities are accessing food and food benefits. The needs assessment highlighted gaps to be addressed as well as opportunities to continue to expand the work of the OC Hunger Alliance and engage government, philanthropy, community-based organizations, health management providers, and others in collective action to address food insecurity as a social determinant of health.

The vision of the OC Hunger Alliance – and of all engaged stakeholders working to address hunger – is to have a “healthy Orange County community with equitable access to nutritious food.” The findings summarized in this assessment can support data-driven decision-making to inform the development of a new model that centers access to healthy and nutritious food, and contributes to the broader vision of health equity for all Orange County residents.





## Research Framework

### Methodology

In developing this assessment, a mixed-methods approach was used, consisting of:

- 1. Literature review** of 15 articles and four existing Community Health Needs Assessments. This is to understand the problems and solutions around food insecurity and access across the nation, state, and county. Articles and research span government agencies, non-government organizations, research institutions, and press releases from the media.
- 2. Publicly available data**, analyzed to present a snapshot of demographics and the food landscape in Orange County. Population level data, including from the U.S. Census, California Department of Education, and Orange County Social Services Agency were used to highlight measures such as poverty (by demographics); children's participation in public-benefit programs; cost of living; food access and insecurity; population with disabilities; and other areas.
- 3. Surveys** used to gather input from Orange County Community Service Providers and Consumers to assess the current food insecurity landscape. Data collection for the surveys occurred during a one-month period (January 16 to February 16, 2024).
  - a. **Provider surveys** asked over 700 Providers, including nonprofits, faith-based organizations, food pantries, food banks, educational institutions, government and healthcare agencies, and other community-based organizations, about their organization, food sourcing, food distribution, services provided, barriers and proposed solutions. There were 229 survey responses, however, some survey responses were submitted from the same organization, either due to the same individual submitting the survey a few times or various representatives of the organization completing the survey. To ensure data quality, only one survey per organization was included in the analysis. Organizations with several submissions either had the duplicate record deleted or the record(s) merged if submissions had different answers. As such, 189 surveys were used for analysis of the Provider survey. Of these surveys, 98% were completed in English and 2% in Spanish. In addition to taking the survey, Providers were asked to help spread word of the Consumer survey to their clients. Some ways of outreach by these Providers were to post flyers provided by Charitable Ventures at their sites, through emails, in-person communication, and newsletters.
  - b. **Consumer surveys** asked Consumers about their demographics, current food benefits use, access to services, knowledge of resources, and preference of food from pantries. There were 811 Consumer surveys submitted, in English (68% of respondents), Spanish (26%), Korean (3%), Vietnamese (1%), Chinese (1%), and Arabic (0.1%). Consumer respondents were provided an opportunity to enter a drawing for a chance to win one of eight \$25 Walmart gift cards.



**4. Community Focus Groups** were conducted to better understand the unique perspectives, opinions, experiences, and knowledge of community members. Representatives from various community partners, in partnership with Charitable Ventures, conducted three Community Focus Groups with: 1) College Students (ages 21-26), 2) Middle Eastern or North African (MENA) community members, and 3) Refugee community members. Focus Groups were conducted for one hour each and occurred between March 18 and May 3, 2024. The MENA Focus Group was held in Farsi, while the Refugee and College groups were held in English. At these focus groups, community members discussed current issues they are experiencing, what is currently working well to support their food security, and how they envision a food secure community.

**5. EiOC Provider Convenings** brought together Orange County community partners who serve food insecure individuals in Orange County and sought to capture perspectives that were difficult to sufficiently sample in the Provider and Consumer surveys. There were three listening sessions held between January 29 and February 27, 2024, to hear from representatives from nonprofits, faith-based organizations, food pantries and food banks, educational institutions, government and healthcare agencies, and other community-based organizations that directly or indirectly serve food-insecure individuals in Orange County. Each forum was guided by three central topics: barriers to food security among the community, ways Providers are currently rising to the challenge, and potential solutions to barriers.

## **Limitations**

Using a mixed-methods approach—combining and triangulating quantitative and qualitative data—helps support findings as well as discover new findings that one method could not on its own identify. However, there remain inherent limitations of the approaches used in this needs assessment, which are laid out below.

## ***Accessibility to Public Data***

This needs assessment drew upon publicly accessible data to gain insights into the current landscape of food insecurity in Orange County. Unfortunately, certain measures that would be ideal to include when discussing food insecurity (e.g., childhood obesity) are not collected at the population level and thus not available. In addition, while the latest data are presented, there is typically a lag time between collection and availability, so much of the data are a couple of years old.

## ***Survey Implementation***

Collaborating closely with community partners, including community-based organizations, faith-based groups, nonprofits, and other service providers, formed the cornerstone of the survey outreach strategy. Nonetheless, this method presented challenges in reaching “hidden populations” who neither utilize food pantries nor access existing services, representing some of the most vulnerable segments of our community. Thus, the survey results typically represent the population that is already accessing the County’s food services and benefits.

There were also geographical disparities in service provider distribution across North, Central, and South Orange County, which led to a lower number of survey responses from South County. To address this imbalance, the survey deadline was extended by an additional week and there were targeted outreach efforts aimed at soliciting responses from service providers in South County.



Additionally, there were not a lot of responses from Black or African American individuals and those of Middle Eastern North African (MENA) descent (10 and 11 responses, respectively). While the proportion of responses are representative when compared with Orange County’s populations, the data for these two groups are considered unstable and should be interpreted with caution.

The Provider survey included a question to assess the unique populations served, including individuals with disabilities, members of the LGBTQIA+ community, veterans, unhoused individuals, college-aged, and foster youth. However, a similar question could not be included in the Consumer survey, and thus some of the unique populations served cannot be disaggregated in the Consumer survey.

## Survey and Focus Group Protocols

### OC Hunger Alliance Provider Survey

The Orange County Hunger Alliance (OCHA), a collaborative of Orange County’s food banks and organizations concerned with food insecurity, in partnership with Charitable Ventures, is conducting an assessment of the food insecurity landscape to develop recommendations for regional improvements to build a more sustainable, impactful, and equitable Orange County food system. As part of this assessment, providers from the social sector who work with food insecure populations are being invited to participate in a survey. The survey should take approximately 10 minutes to complete. You have the option to share your name and organization or respond anonymously. Your honest and insightful responses are appreciated as they will help with the development of strategies to improve our food system for our county. Thank you for your time! If you have any questions, please contact Meme Trinh at [Meme.Trinh@charitableventuresoc.org](mailto:Meme.Trinh@charitableventuresoc.org) at Charitable Ventures.

### SECTION 1: ABOUT YOUR ORGANIZATION

1. Name of organization: \_\_\_\_\_
2. City in which your organization is located: \_\_\_\_\_
3. What are the **Top 5** cities and/or unincorporated places that your organization serves?
 

<input type="checkbox"/> Aliso Viejo	<input type="checkbox"/> Irvine	<input type="checkbox"/> Orange
<input type="checkbox"/> Anaheim	<input type="checkbox"/> La Habra	<input type="checkbox"/> Placentia
<input type="checkbox"/> Brea	<input type="checkbox"/> La Palma	<input type="checkbox"/> Rancho Santa Margarita
<input type="checkbox"/> Buena Park	<input type="checkbox"/> Ladera Ranch	<input type="checkbox"/> San Clemente
<input type="checkbox"/> Costa Mesa	<input type="checkbox"/> Laguna Beach	<input type="checkbox"/> San Juan Capistrano
<input type="checkbox"/> Coto de Caza	<input type="checkbox"/> Laguna Hills	<input type="checkbox"/> Santa Ana
<input type="checkbox"/> Cypress	<input type="checkbox"/> Laguna Niguel	<input type="checkbox"/> Seal Beach
<input type="checkbox"/> Dana Point	<input type="checkbox"/> Laguna Woods	<input type="checkbox"/> Stanton
<input type="checkbox"/> Fountain Valley	<input type="checkbox"/> Lake Forest	<input type="checkbox"/> Tustin
<input type="checkbox"/> Fullerton	<input type="checkbox"/> Los Alamitos	<input type="checkbox"/> Villa Park
<input type="checkbox"/> Garden Grove	<input type="checkbox"/> Mission Viejo	<input type="checkbox"/> Westminster
<input type="checkbox"/> Huntington Beach	<input type="checkbox"/> Newport Beach	<input type="checkbox"/> Yorba Linda
<input type="checkbox"/> I don’t know		



4. Please select the **top 3** race/ethnic groups your organization serves:
- American Indian/Native Alaskan
  - Asian American
  - Black/African American
  - Hispanic/Latino
  - Native Hawaiian/Pacific Islander
  - White/Caucasian
  - Middle Eastern/North African
  - I don't know
  - Other (please specify): \_\_\_\_\_
5. Does your organization **FOCUS ON** serving the needs of any of the below groups? (Select all that apply)
- LGBTQIA+
  - Foster Youth
  - College-aged
  - Older Adults (65 and over)
  - Disabled
  - Other (please specify): \_\_\_\_\_
  - None of the above
6. Type of organization: (Select all that apply)
- Food bank or pantry
  - Federally Qualified Health Center (FQHC)
  - Other community-based organization
  - Faith-based
  - Other (please specify): \_\_\_\_\_
7. Does your organization distribute food directly? (If you refer out because you do not distribute food, select No.)
- Yes
  - No (Please skip to Section 4: Services Provided)

## SECTION 2: ABOUT YOUR FOOD SOURCING

8. Approximately what percentage of the food you purchase comes from the following sources? (Total must add up to 100)
- |                       |   |
|-----------------------|---|
| OC Food Bank:         | % |
| Second Harvest:       | % |
| Food Rescue:          | % |
| Individual donations: | % |
| Purchased:            | % |
| Other:                | % |
9. Approximately what percent of the food you receive to distribute ultimately is not distributed for any reason (e.g. spoilage, food doesn't meet community needs/preferences, etc.)? \_\_\_\_\_%



10. What are the **top 5** most frequent food or non-food items that your organization purchases?

- |                                     |                               |  |
|-------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Fruits     | <input type="checkbox"/> Eggs | <input type="checkbox"/> Specific brands |
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Rice | <input type="checkbox"/> Spices          |

11. Do you have the ability to safely receive, store, and distribute more food?

- Yes
- No
- I don't know

12. If yes, what kind?

- |   |   |
|---|---|
| <input type="checkbox"/> Fruits                           | <input type="checkbox"/> Pasta                |
| <input type="checkbox"/> Vegetables                       | <input type="checkbox"/> Bread                |
| <input type="checkbox"/> Legumes (beans)                  | <input type="checkbox"/> Cereal               |
| <input type="checkbox"/> Meat                             | <input type="checkbox"/> Specific Brands      |
| <input type="checkbox"/> Dairy                            | <input type="checkbox"/> Spices               |
| <input type="checkbox"/> Eggs                             | <input type="checkbox"/> I don't know         |
| <input type="checkbox"/> Rice                             | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Other (please specify):<br>_____ |   |

### SECTION 3: ABOUT YOUR FOOD DISTRIBUTION

13. What is your food distribution style?

- Food boxes
- Choice model
- Other (please specify): \_\_\_\_\_

14. Approximately how many pounds of food does your organization distribute **each month**?

- None
- 1- 1,400 pounds/month
- 1,401 – 3,400 pounds/month
- 3,401 – 7,300 pounds/month
- 7,301 – 13,400 pounds/month
- 13,401 pounds/month or more
- I don't know

15. Approximately how many **unduplicated** individuals does your organization serve in an **average month**?  
\_\_\_\_\_

16. How frequently are individuals able to receive food at your facility?

- Weekly
- Monthly
- I don't know
- Other (please specify): \_\_\_\_\_



17. In general, what are your days and hours of operation? Select days below and list hours. If your days/hours are more unique, please feel free to describe in "other" field.

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Other (please specify):

18. Do you have a refrigerated vehicle or vehicles?

Yes

No

19. If yes, what days and hours do(es) the vehicle(s) operate?

Monday:

\_\_\_\_\_

Tuesday:

\_\_\_\_\_

Wednesday:

\_\_\_\_\_

Thursday:

\_\_\_\_\_

Friday:

\_\_\_\_\_

Saturday:

\_\_\_\_\_

Sunday:

\_\_\_\_\_

## SECTION 4: SERVICES PROVIDED

20. Approximately what percentage of the referrals your organization provides are for food needs?

0%-10% of referrals

11%-25% of referrals

26% to 50% of referrals

More than half of referrals

I don't know

N/A

21. Who are your **top 3** referral partners for food need? (Not applicable for food pantries and food banks)

Referral Partner

1:

\_\_\_\_\_



Referral Partner

2:

Referral Partner

3:

## SECTION 5: BARRIERS AND SOLUTIONS

22. Which of the following are the **top 5** barriers to meeting the food needs of your community?

- Insufficient supply of food
- Insufficient supply of food
- Lack of nutritious food options
- Lack of options for specific dietary needs (e.g. vegetarian, diabetes, etc.)
- Lack of fruits and vegetables
- Lack of protein (e.g. eggs, meat)
- Lack of dairy
- Lack of ethnically/culturally responsive food options
- Lack of transportation to and from pantry (for consumer/client)
- Lack of transportation from food source to pantry (for provider)
- Lack of community awareness about food banks/pantries
- Lack of consistent funding
- Lack of staff capacity
- Lack of volunteers
- Difficulty transporting food
- Difficulty storing food
- Limited hours of operations at food bank/pantry
- Inaccessible location of food bank/pantry
- Community reluctance to access food due to stigma/discomfort
- Community members' immigration status
- Other (please specify): \_\_\_\_\_

23. From your perspective, what are the **top 3** ways that barriers to food access can be addressed?

- Flexible funding to purchase food that meets needs of community and market
- Transportation of food from source to pantry (for provider)
- Transportation for consumers/client to and from pantry
- Resources related to food storage (freezer space, etc.)
- Additional staff
- Additional volunteer
- Additional facilities



- More language capacity
- More outreach and education
- Other (please specify): \_\_\_\_\_

24. Due to the rising trend of food delivery, would food delivery apps for paid or volunteer drivers help in eliminating transportation barriers from pantry to clients' homes?

- Yes
- No
- I don't know

25. Are there any other challenges that you face while trying to address clients' food insecurity? Or do you have other ideas about addressing food insecurity? Please share here.

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**Thank you for your time and insight! We look forward to sharing our learnings soon!**





## OC Hunger Alliance Consumer Survey

The Orange County Hunger Alliance is doing a survey about food needs with the goal of achieving equitable access to nutrition for our community. You are invited to participate in this 14-question survey. Your opinion is so important to this process! Thank you for your time and insight!

Also - as a thank you for your time and participation, you'll be eligible for one of 8 \$25 Walmart gift cards. To be included in the opportunity drawing, please include your email and/or phone number. Your survey responses will be anonymous and not associated with your personal information.

If you have any questions, please contact Meme Trinh at [Meme.Trinh@charitableventuresoc.org](mailto:Meme.Trinh@charitableventuresoc.org).

1. What is your age range?:

- Under 18
- 18-25 years
- 26-35 years
- 36-45 years
- 46-55 years
- 56-65 years
- Over 65 years
- Prefer not to answer

2. Including yourself, how many people in each age range live in your household? Please enter the number of people in each age range in the space provided. Include anyone in your household, even if they are not related to you.

0-5 years: \_\_\_\_\_

6-17 years: \_\_\_\_\_

18-24 years: \_\_\_\_\_

25-64 years: \_\_\_\_\_

65+ years: \_\_\_\_\_

Prefer not to answer: \_\_\_\_\_

3. What is your race/ethnicity? (select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Native Alaskan   | <input type="checkbox"/> White/Caucasian               |
| <input type="checkbox"/> Asian American                   | <input type="checkbox"/> Middle Eastern/North African  |
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> Two or more                   |
| <input type="checkbox"/> Hispanic/Latino                  | <input type="checkbox"/> Prefer not to answer          |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other (please specify): _____ |

4. In what city do you live? \_\_\_\_\_



5. What food benefits or resources do you/your household currently use? (Select all that apply)

- Food pantries
- CalFresh
- WIC
- School provided lunch
- Older adult food programs
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

6. Please indicate how often the following statements apply. ***In the past year, I have...***

	Always	Sometimes	Never
Used food benefits or services to meet my household's food / nutritional needs.			
Had challenges accessing the food benefits or services for access to food/nutrition.			
Been able to access culturally acceptable food through food benefits or services.			
Received food I could not eat because it was expired.			

7. How did you learn about the agency you go to for food?

- Internet
- Social worker
- Word of mouth
- Another nonprofit
- My church
- I don't know
- Other (please specify): \_\_\_\_\_

8. Are there other services you need, but do not know where to find them?

- Yes
- No

9. If yes, what types of services? (Select all that apply)

- Counseling
- Job training
- Housing
- Income assistance
- Childcare
- Other (please specify): \_\_\_\_\_



10. Please rate your level of agreement with the following statements.

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree
I do not know how to receive food assistance.					
I am embarrassed to receive food assistance.					
I am afraid I could be penalized for receiving food assistance.					

11. What would make it easier to get the food you need? **(Select Top 3)**

- A food pantry closer to my work
- A food pantry closer to my home
- Food delivery to my home
- Transportation to and from pantry
- Assistance to transport/carry food boxes
- Other (please specify): \_\_\_\_\_
- Different food options
- Ability to choose what food I want
- Services in the language I speak
- Different operating hours (e.g. weekends,
- Prefer not to answer

12. What types of foods would you like to see more of in your food pantry? (select all that apply)

- Fruits
- Vegetables
- Legumes (beans)
- Meat
- Dairy
- Eggs
- Other (please specify): \_\_\_\_\_
- Rice
- Pasta
- Bread
- Cereal
- Specific Brands
- Spices
- Prefer not to answer

13. Is there anything else you would like to add?

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14. If you would like to be included in the opportunity drawing to have a chance at receiving one of 8 \$25 Walmart gift cards, please provide a method of contact here. This is optional! If you choose to participate, we will keep your survey responses anonymous.

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Thank you for taking the time to share your insight and experience. With this, the food providers in our communities will be better equipped to meet food needs.**



## **Community Focus Groups – Orange County Hunger Alliance (OCHA)**

### *Facilitation Guide*

[10 minutes to welcome and settle in]

Hello and welcome, my name is [INSERT NAME] and I am with [INSERT ORGANIZATION]. We are working in partnership with Charitable Ventures and Orange County Hunger Alliance. We are doing an assessment of food needs with the goal of achieving equitable access to nutrition for our community. Charitable Ventures and the Orange County Hunger Alliance are holding a number of focus groups, like this, to hear from you and other community members about what is important to you and what you would like to see from our community related to food needs and nutrition.

We are interested in hearing from the diverse communities we have not heard as much from. One of the diverse communities we are looking at is – [EIOC GROUP]. So, thank you for coming today as part of that community to share your experience and insight from your unique perspective.

The information from this session will become part of a report, which the Orange County Hunger Alliance will use to improve the landscape of food in Orange County. Your name will remain anonymous. We may use some quotes from the session, but we will not include your name. We will not be recording the session, but my colleague will be taking notes during these conversations.

I will facilitate the conversation, but I will not be participating. I will ask some questions of the group and may need to move the conversation to the next question to ensure we have time to cover all the questions.

I hope that all of you can share your experiences and opinions with us during this hour together. Please feel free to get water or use the restroom. Participation today is optional, and you may leave when needed. We will finish no later than [TIME].

During this conversation I want everyone to have a chance to talk and share your thoughts. Feel free to respond to one another and give your opinion even if it is different from someone else's. Before we start, I want to set some expectations for the group. First, everyone should participate, but it helps us if only one person speaks at a time. Second, there are no right or wrong answers; we must all be respectful of one another. Third, please keep what you hear from other participants confidential. Please be open to sharing as that helps get your voices heard.

Before we begin, are there any questions?

Great, does everyone consent to participation?



## BACKGROUND

Before we get started, I wanted to provide some background specific to Orange County.

- According to the U.S Department of Agriculture, food insecurity is the limited or uncertain availability to acquire acceptable foods in socially acceptable ways.
- An estimated 8.3% of Orange County residents are considered food insecure.
- 13.8% are living  $\leq 100\%$  poverty and 32% are living  $\leq 200\%$  poverty.
- Over half of renters (56.6%) in Orange County spend  $\geq 30\%$  of household income on housing.
- While 81.5% of adults are always able to find fresh fruits and vegetables in their neighborhood, only 55.7% considered them affordable.

## VISION

**QUESTION 1.** Now take a minute to think about your community [INSERT EIOC GROUP] What does a healthy, food secure community look like to you? What would individuals have access to?

*Probes if needed:*

- Is nutrition, affordability, culturally appropriate food part of this food secure community?
- Having a balanced diet?
- Not having to choose between paying for food or other basic needs?
- Full government assistance?
- Language assistance?
- Transportation to get food?

## NEEDS

**QUESTION 2.** So, we've talked about what an ideal food secure community looks like. Now let's talk about what the current situation is and your experience. Tell me about your current food situation. Do you have access to nutritious food as needed? Do you struggle to have enough food?

*Probes if needed:*

- How do you feel about your food situation?
- Do you think your experience is different or similar to others in your community?

**QUESTION 3.** Are there things that make it difficult or impossible to fulfill your food needs?

*Probes if needed:*

- What barriers do you face?



**QUESTION 4.** What could be done to better help you have consistent access to healthy food?

*Probes if needed:*

- How would this impact you or others?
- What barriers might there be to helping you have adequate food available?

**QUESTION 5.** Do you use any food assistance programs such as CalFresh, CalWorks, WIC, etc.? Why or why not?

*Probes if needed:*

- *If you have used CalFresh or any other food assistance programs, what was your experience with it? Was it easy or difficult to enroll in the program?*
- *If you have not applied for any food assistance program, what is the reason why?*

## STRENGTHS

**QUESTION 6.** So, you've told us what a healthy, food secure community looks like and what the needs are in your community. Let's explore this idea a little more. Communities have certain resources that can help them be food secure. It might be programs. It could be government assistance. Maybe a community garden growing food. It could be a local business or local organizations that help people be food secure.

My question for you is: What's working? What are the resources that CURRENTLY help your community to be food secure?

*Probes if needed:*

- Are there people that help your community be food secure?
- Are there places people can go that help them be food secure?
- Are there programs that help your community be food secure?

## WRAPPING-UP

**QUESTION 7.** Thank you all for sharing your thoughts and opinions with the group today. All of this information is really helpful. Before we finish, is there anything else related to the topics we discussed today that you think I should know that I haven't asked or that you haven't shared?



# APPENDIX B:



## OCHA Literature Review

### **Household Food Security in the US Report** – geo focus US/ CA ([bit.ly/HHFoodSecurity2022](https://bit.ly/HHFoodSecurity2022))

Across the US, in 2022, 12.8 percent (17.0 million households) were food insecure. This is significantly higher than the 10.2 percent recorded in 2021 (13.5 million households) and the 10.5 percent in 2020 (13.8 million households).

Recorded at 10.3%, California food insecurity is below the national average of 11.2% from 2020-2022.

About 55 percent of food-insecure households in the survey reported that in the previous month, they participated in one or more of the three largest Federal nutrition assistance programs: SNAP; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the National School Lunch Program.

Rates of food insecurity in 2022 were statistically significantly higher than the national average (12.8 percent) for the following groups:

- All households with children (17.3 percent);
- Households with children under age 6 (16.7 percent);
- Households with children headed by a single female or a single male
- Women living alone (15.1 percent);
- Households with Black, non-Hispanic (22.4 percent) and Hispanic (20.8 percent) household reference persons;
- Households with incomes below 100 percent of the poverty threshold (36.7 percent), 130 percent of the poverty threshold (35.2 percent), and 185 percent of the poverty threshold (32.0 percent); and
- Households in principal cities (15.3 percent) and non-metropolitan areas (rural; 14.7 percent).

### **Map the Meal Gap 2023** – geo focus US ([bit.ly/MTMG2023](https://bit.ly/MTMG2023))

Food insecurity is experienced at higher rates among households with children, and households in which there are members who have a disability, are veterans of a recent war, and/or have ever been incarcerated.

#### **10 Key Findings 2023**

- 1) 100% of counties and congressional districts are home to people facing hunger.
- 2) Food insecurity among Black/ Latino is higher than white individuals in 9 out of 10 counties.
- 3) County food insecurity varies by as much as 58 percentage points for some racial/ethnic groups.
- 4) Child food insecurity rates are higher than 40% in some counties.
- 5) 1 in 3 people facing hunger are unlikely to qualify for SNAP.
- 6) People facing hunger report needing more than \$20 more per week to meet their food needs.



- 7) 8 out of 10 high food insecurity counties are in the South.
- 8) 9 out of 10 high food insecurity counties are rural.
- 9) The national average cost per meal was \$3.59.
- 10) County meal costs range from \$2.73 to \$7.89.

### **Solutions to combat food insecurity:**

Strengthen and modernize the Supplemental Nutrition Assistance Program (SNAP), including simplify and streamline eligibility and enrollment processes. Ensure parity in food assistance for US Territories and Native communities.

## **50th Anniversary of the White House Conference on Food Nutrition and Health: Honoring the Past, Taking Actions for our Future March 2020 – geo focus US** ([bit.ly/WHReport2020](https://bit.ly/WHReport2020))

The report identifies several priority recommendations that have the potential to deliver population-scale benefits:

- 1) Leverage the power of U.S. Department of Agriculture (USDA) programs.
- 2) Utilize economic incentives. Taxes and subsidies are powerful levers for driving consumer behavior and demand toward healthier and more sustainable food and beverage choices.
- 3) Protect children from harmful advertising and marketing.
- 4) Equip health professionals with effective nutrition interventions and better nutrition knowledge.
- 5) Align agriculture, health, and sustainability.

Social, economic, and environmental injustice, including racism, poverty, and geographic isolation are major underlying causes of food insecurity and poor diet. The increased expenditure toward healthcare and how this relates to diet-related diseases is also discussed. Growing environmental challenges and threats to sustainability in agriculture due to agricultural practices as well as climate change are discussed.

## **Baylor University: Toolkit for Hunger Free Community Coalitions 2018 – geo focus US** ([bit.ly/HFCCToolkit2018](https://bit.ly/HFCCToolkit2018))

This toolkit provides a step-by-step guide for building coalitions, plus it gives best practice examples from the field, ideas for implementation, and practical tools including templates for future use.

Hunger Free Community Coalitions strategically assess the structure and procedures of local food delivery systems, identify resources and gaps, make decisions for change, and implement action plans to ensure that more people have access to healthy and nutritious food.

Some of the types of organizations and sectors that are often included in Hunger Free Community Coalitions are: People experiencing food insecurity, food banks, pantries, and other food relief organizations, non-profit service agencies; congregations, schools and school districts, universities, local government, elected officials, corporations and local businesses, hospitals and clinics, diverse community volunteers.



## **Bread for the World Institute's 2020 Hunger Report, Better Nutrition, Better Tomorrow**

– geo focus US ([hungerreport.org/2020](https://hungerreport.org/2020))

There are 822 million people undernourished because of hunger and 2 billion overweight or obese. Food systems should place less emphasis on quantity of calories produced, and more on improving dietary quality. Most important window for human nutrition is the earliest—from a woman's pregnancy to child's second birthday.

Recommendation for the US government is to improve income security of lowest paid workers, most of whom are employed in food system jobs. Global recommendation is to end hunger and all forms of malnutrition with a focus on maternal and child nutrition. Recommit to the Paris Climate Agreement goal to limit global warming from rising to 1.5° Celsius above pre-industrial levels.

## **Food Insecurity and Hunger in Rich Countries—It Is Time for Action against Inequality**

– geo focus US/global ([bit.ly/ActionAgainstInequality2019](https://bit.ly/ActionAgainstInequality2019))

While providing food assistance to those who are hungry is an important strategy, this approach distracts from the ineffectiveness of government policies in addressing the social determinants of food insecurity. Broader focus should be on providing employment, education, and safe living conditions. Nutrition specific focus should be on subsidizing healthy food and nutrition focused food banking. Targeted focus to food insecure individuals by delivering affordable food at supermarkets, restaurants, and co-ops.

## **The Rockefeller Foundation: Reset the Table Meeting the Moment to Transform the US Food System, July 2020**

– geo focus US/global ([bit.ly/ResetTheTable2020](https://bit.ly/ResetTheTable2020))

The Green Revolution was helpful for calorie-based hunger, but now has left a legacy of overemphasis on staple grains at the expense of more nutrient-rich foods, reliance on chemical fertilizers that deplete the soil, and overuse of water. Poor nutrition is related to poor health, noting a disproportionate impact on indigenous people, people of color, and low-income people in both urban and rural communities. Environmental and global change considerations are discussed. A movement toward "food is medicine" interventions is emphasized to nourish people and strengthen against disease.

## **Interventions to address household food insecurity in high-income countries**

– geo focus global ([bit.ly/FoodInsecurityInterventions2018](https://bit.ly/FoodInsecurityInterventions2018))

Research on social protection interventions suggests both cash transfers and food subsidies (e.g. the US SNAP program) reduce household food insecurity. In contrast, research on community-level interventions, such as food banks and other food programs, suggests limited impacts. Differences in prevalence rates between countries and differences in trends over time point to population drivers of the problem that may not be evident when examining variation between households within countries. Some research suggests that while small changes in the prevalence can be made at the margins, a major shift in social welfare policies, which include a range of interventions covering housing, child care, healthcare, income security and job security, are needed to shift the prevalence of food insecurity.



**A systematic literature review of indicators measuring food security** – Global focus  
([bit.ly/FoodSecurityIndicators2023](https://bit.ly/FoodSecurityIndicators2023))

This review analyzed and compared 78 articles and found that the household-level calorie adequacy indicator is the most frequently used (22%) as a sole measure of food security and that the dietary diversity-based (44%) and experience-based (40%) indicators were also frequently used. Food utilization (13%) and stability (18%) dimensions were seldom captured when measuring food security, and only three studies measured food security by considering all the four food security dimensions. The authors suggest that practitioners integrate food consumption and anthropometry data in regular household living standard surveys for more comprehensive food security analysis.

**COVID-19 Has Given Consumers Five New Reasons To Eat Local** – Local focus  
([bit.ly/COVIDConsumerEffects2020](https://bit.ly/COVIDConsumerEffects2020))

The World Economic Forum has advised countries and consumers post-COVID to support local food systems with shorter, fairer and cleaner supply chains that address local priorities.

The author shares five reasons why local food initiatives such as urban farming, shared community gardens, victory gardens, local commercial production, farmers markets, farm to fork dining and community supported farms are the way of the future:

Locally sourced food provides social benefits to communities, locally sourced food is good for local economies, locally sourced food is healthier and safer, locally sourced food is more resilient to supply chain disruptions, locally sourced food is better for the environment.

They conclude that sourcing food locally reduces the threat of supply chain shocks while offering a plethora of social, economic, nutritional and environmental benefits to consumers, producers and their communities.

**How to Crisis-Proof Our Food System** – US focus ([bit.ly/CrisisProofingFoodSystems2020](https://bit.ly/CrisisProofingFoodSystems2020))

Repairing the inadequate and inequitable food system we had before Covid-19 struck is the wrong approach. With a few policy adjustments, federal and state governments can help build a vastly improved system that provides nutritious, sustainably grown, equitably produced food for all as it compensates and protects food workers and better supports local farms, restaurants and other small businesses.

Primary points: Long term, we need to reduce reliance on food assistance programs by increasing incomes. We need to improve nutrition by ensuring that every neighborhood has access to grocery stores that stock healthy options at affordable prices. Congress should boost food assistance and make permanent the recent waivers that have been granted to make both SNAP and school meals programs even more effective. At the heart of the current food system's vulnerabilities is a misguided federal agriculture policy that incentivizes one national supply chain for most of what we eat. Regional supply chains with smaller growers and producers have myriad benefits.



## **FOOD SECURITY EVIDENCE REVIEW: Key Drivers and What Works to Improve Food Security** – US focus ([bit.ly/FoodSecurityEvidenceReview2021](https://bit.ly/FoodSecurityEvidenceReview2021))

Households are more likely to be food insecure if:

- A child or parent is disabled.
- The household is headed by a single parent, especially if the parent is female.
- The household has children.
- There are members of a minority race/ethnicity, specifically African American, Latino, and American Indian, and certain Asian nationalities in certain geographies.
- A member is the veteran of a recent war.
- A member was ever incarcerated.

Associations between household characteristics and increased risk of food insecurity often reflect underlying inequalities, such as longstanding economic and social disadvantage resulting from structural racism. These barriers result in reduced resources, a key driver of food insecurity. SNAP, WIC, and school breakfast and lunch programs have been proven to combat food insecurity.

### **Disrupting Food Insecurity** – geo focus OC ([bit.ly/DisruptingFoodInsecurity2019](https://bit.ly/DisruptingFoodInsecurity2019))

Orange County, CA is in the **low food insecurity, with high housing costs (mostly urban) peer group** with 9.6% people and 16.3% children food insecure, with 53% residents are housing-cost burdened.

Examples of strategies to disrupt food insecurity in this peer group are offered. They include:

- Develop strategies to address the unique needs and concerns of households with immigrant family members.
- Increase access to affordable, healthy food in urban neighborhood stores.
- Expand strategies that create and preserve affordable housing and that support families' ability to afford housing (i.e. housing trusts, discrimination laws, preservation compacts, density bonuses, inclusionary zoning, etc).
- Encourage collaborations between housing and food organizations for program delivery and policy innovation that can improve both housing and food insecurity outcomes.
- Assess local government policies and practices to ensure they promote, and do not hinder, families' financial health.

### **Catastrophic hunger crisis? California food banks flooded by families seeking help**

– OC focus June 12, 2023 ([bit.ly/CAHungerCrisis2023](https://bit.ly/CAHungerCrisis2023))

The article highlights the increasing demand on California food banks as pandemic-related benefits come to an end, and the food insecure look to food banks for long-term aid instead of sources of emergency aid.

The expiration of emergency allotments for CalFresh benefits has resulted in significant reductions, affecting individuals and families across the state. Food banks are worried about the federal debt ceiling agreement imposing more work requirements on food aid recipients. 20% of Californians faced food insecurity in 2021 and this number is expected to rapidly rise with the end of the pandemic-era food programs.



Efforts are underway in the legislature to address these challenges, including SB600 to increase the minimum CalFresh benefit and AB311 which would provide state-funded nutrition benefits to all Californians regardless of immigration status. However, state budget considerations pose challenges to the implementation of these bills.

Gov. Newsom's May budget plan includes \$60M for CalFood, which enables food banks to distribute California-grown produce; over \$300M for School Meals for All; and \$2.7B in state and federal funding for anti-hunger programs.

### **Food Assistance Programs in OC, Across California Are On The Chopping Block**

– OC focus March 13, 2023 ([bit.ly/FoodAssistanceCut2023](https://bit.ly/FoodAssistanceCut2023))

The article discusses the challenges of food insecurity in Orange County and California as a whole with the sunset of increased allocation of CalFresh food stamp benefits to 5 million low-income families statewide and the Pandemic-EBT program which provided food benefits for school aged children. These 2 programs are estimated to provide 9.2 billion meals in 2021. The cuts are estimated to affect 300,000 people in Orange County.

Local food bank leaders express concern about the potential "food cliff" and increased pressure on food banks, especially as funding levels decrease. Food Bank leaders are looking to private philanthropy, and County, state, and federal government for support. Even with these two programs, 20% of Californians faced food insecurity in 2021, according to a study by Northwestern University, and will now continue to rise.

The article highlights proposed legislative measures to address the crisis and calls for action from Governor Gavin Newsom and state legislators, such as SB600 that would increase the \$23 minimum CalFresh recipients receive to \$50. OC Health Care Agency is working to get eligible residents on CalFresh, 211OC, and other assistance programs for rental and gas assistance.

### **Second Harvest Food Bank 2023 Policy Agenda** – OC focus

June 12, 2023

Second Harvest Food Bank (SHFB) has an advocacy arm to promote policy changes that furthers their mission to provide dignified, equitable and consistent access to nutritious food for those facing food insecurity in Orange County.

Below are SHBF's objectives for 2023 to guide policy work:

- 1) Strengthen Food Assistance Programs
  - Protect, strengthen, and expand access to the federal and state food assistance programs such as SNAP and CalFresh
- 2) Childhood Nutrition & School Meals
  - Advocacy work supporting legislative Child Nutrition Reauthorization and support the existing school meal programs
- 3) Food Systems & Food Bank Resilience
  - Advocate for funding that will strengthen the food bank including storage capacity, emergency and disaster preparedness, and food rescue



#### 4) Poverty Alleviation & Prevention

- Support policies that address root causes of poverty and hunger, such as Child Tax Credit, Living Wage, CalAIM

#### 5) Support of Partner Organization Advocacy Work

- Support legislative and budget requests that aid partner organizations. State funding requests for diaper bank and personal hygiene programs in 2023.

### **Hoag Hospital CHNA Summary 2022** – OC focus

The Orange County community earns one of the highest annual median incomes in the U.S (\$94,441 in 2020), but also bears some of the highest costs of living. Orange County is ranked as one of the 10 most expensive counties in California in 2021 according to the Insight Center. The California Family Needs Calculator published by the Insight Center reports that a family of 4 with 2 school aged children needs to earn an hourly wage of \$23.99 per adult in the household or \$101,336 as a household to pay for basic living expenses in Orange County. This is approximately \$7,000 short of what is needed to make ends meet. Economic insecurity is to blame for food insecurity as well as paying housing and energy bills.

In 2022, 1 in 3 California households are not being paid enough to feed their families, a number that has increased by 31,000 households since 2018. Cost of living has seen huge increase of 26% in OC from 2018 to 2022.

Overall, 3.9% of respondents said they did not have enough to eat often or sometimes, the main reason being they could not afford to buy food, but fear of going out during the pandemic was also a major reason.

Among those who reported not having enough to eat, lower income residents as well as LGBTQ+ and Latino/Chicano/Hispanic residents expressed the greatest need. Black and Latinx families who are not citizens face the greatest economic insecurity. 64% of Black households and 75% of Latinx households struggle to put food on the table.

Older adults (65+ years of age) reported the greatest increase in difficulty paying for basic necessities (a 12-fold increase) between March 2020 and June 2021.

Some ways that alleviated food insecurity in the community from 2000-2022: 20,145 individuals received fresh produce and food boxes through Hoag's partnership with Second Harvest Food Bank. Also, Hoag Medical Center provided meals for 2,654 individuals through Delivering with Dignity, a hot meal program to alleviate food insecurity during the COVID-19 Pandemic.

Data Source: Insight Center, Cost of Being Californian in 2021

### **Kaiser Permanente Orange County CHNA 2022** - OC focus

Food insecurity is a reality for some Orange County residents as is proven through proportion of students eligible for free and reduced lunch compared to the California average of 59%. In Santa Ana, 90% of students are eligible for free/reduced lunch, and more than 70% of students in Anaheim, Costa Mesa, and Garden Grove are eligible for free/reduced lunch.

The proportion of Orange County teens that consume five or more servings of fruit and



vegetables a day is less than 4 percent, compared to the California average of 24 percent (CHIS, 2020).

Black and Hispanic households have higher than average rates of food insecurity in Orange County; disabled adults are also at higher risk because of limited employment opportunities and high health care expenses.

Many diet-related conditions, including diabetes, hypertension, heart disease, and obesity, have been linked to food insecurity.

Streamlining the administrative process for CalFresh enrollment, as well as tailoring food programs to individuals' nutritional profiles, especially for older individuals, were recommended as local improvements.

Having both SNAP benefits and convenient access to a supermarket were recommended to improve diet quality as well as food security.

### **Providence Orange County CHNA 2021** – OC focus

Even though Orange County is an affluent area, there are households at 200% federal poverty level with an annual household income of \$51,500 or less for a family of 4. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

There are neighborhoods with concentrated poverty in San Juan Capistrano, San Clemente, and Laguna Niguel in south Orange County. Similarly, in north Orange County, concentrated poverty is a challenge for neighborhoods in much of Anaheim, Santa Ana and Garden Grove, as well as parts of Irvine.

### **UCI CHNA 2022** – OC focus

The percentage of people experiencing food insecurity in Orange County is 8.3%, which is lower than the state rate (10.2%).

Among county residents, 13.8% are living at or below the 100% poverty level, and 32% are living at or below the 200% poverty level. In the county, 14.2% of children, 9.2% of seniors, and 27.9% of female-headed households with children live in poverty (ACS 2020). Over half of Orange County renters (56.6%) spend 30% or more of their household income on housing compared to 54.8% in California. Those who lack basic necessities may be worried about having a safe place to sleep at night or how long it will be until their next meal. As a result, nutrition may not be a priority.

55.1% of children and teens in Orange County consumed two or more servings of fruit in a day compared to the state rate of 64.5%. While 81.5% of adults responded they are always able to find fresh fruits and vegetables in their neighborhood, only 55.7% considered them affordable.

Undocumented immigrants are the hardest hit with food insecurity due to lack of access to resources and fear of deportation as a result of accessing resources.

Food insecurity particularly affects individuals who are unhoused and low-income families with children who have to feed more people. Many times, the parents sacrifice meals so that their children can eat.

Providing transportation to food banks and community events where there are food resources was a recommended strategy to combat food insecurity.



# APPENDIX C:

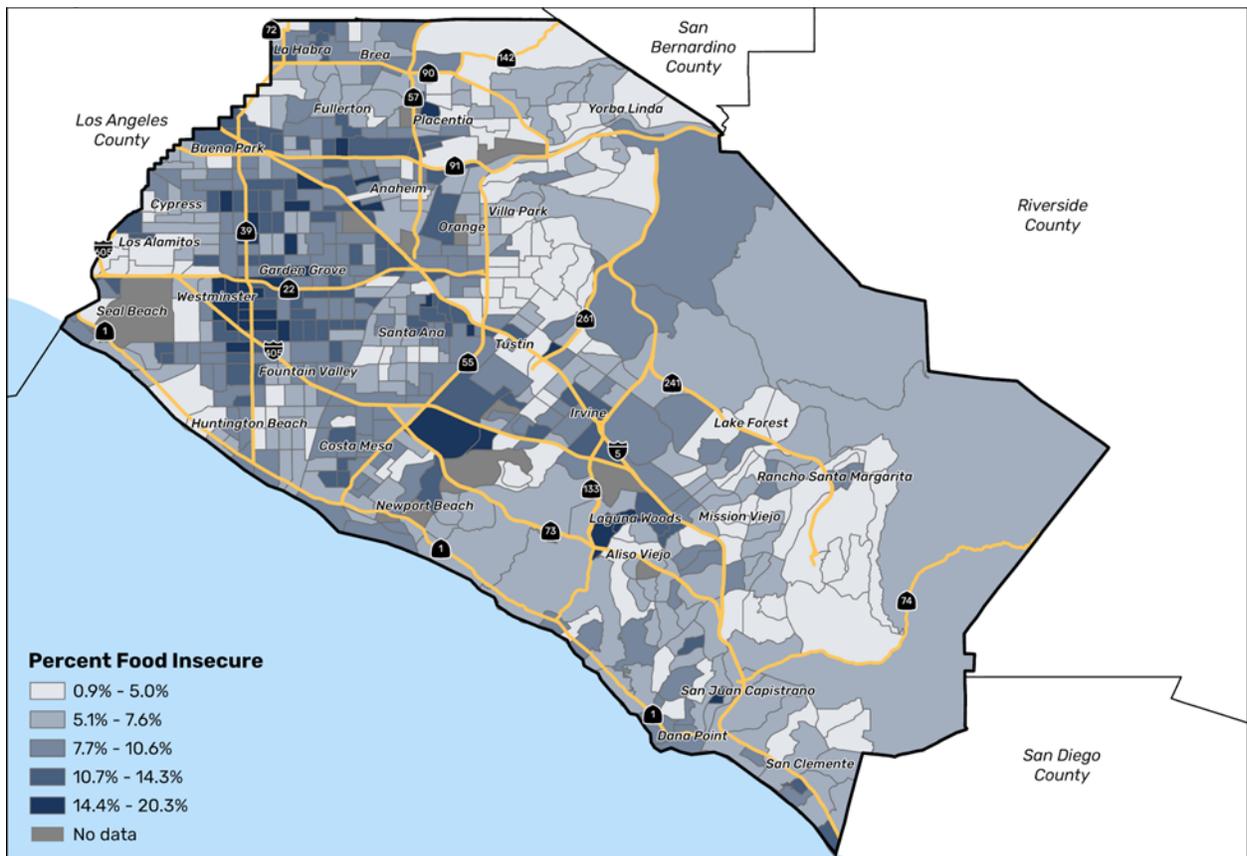


## Landscape Analysis

### Food Insecurity

Map the Meal Gap, an analysis conducted by Feeding America, provides information about the proportion of the population who are considered food insecure. In 2021, areas in Central Orange County had the highest rates of the population who were food insecure.

APX C Figure 1: Percent Food Insecure, Orange County, 2021



Source: Gunderson, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2023). Map the Meal Gap 2023: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2021. Feeding America.

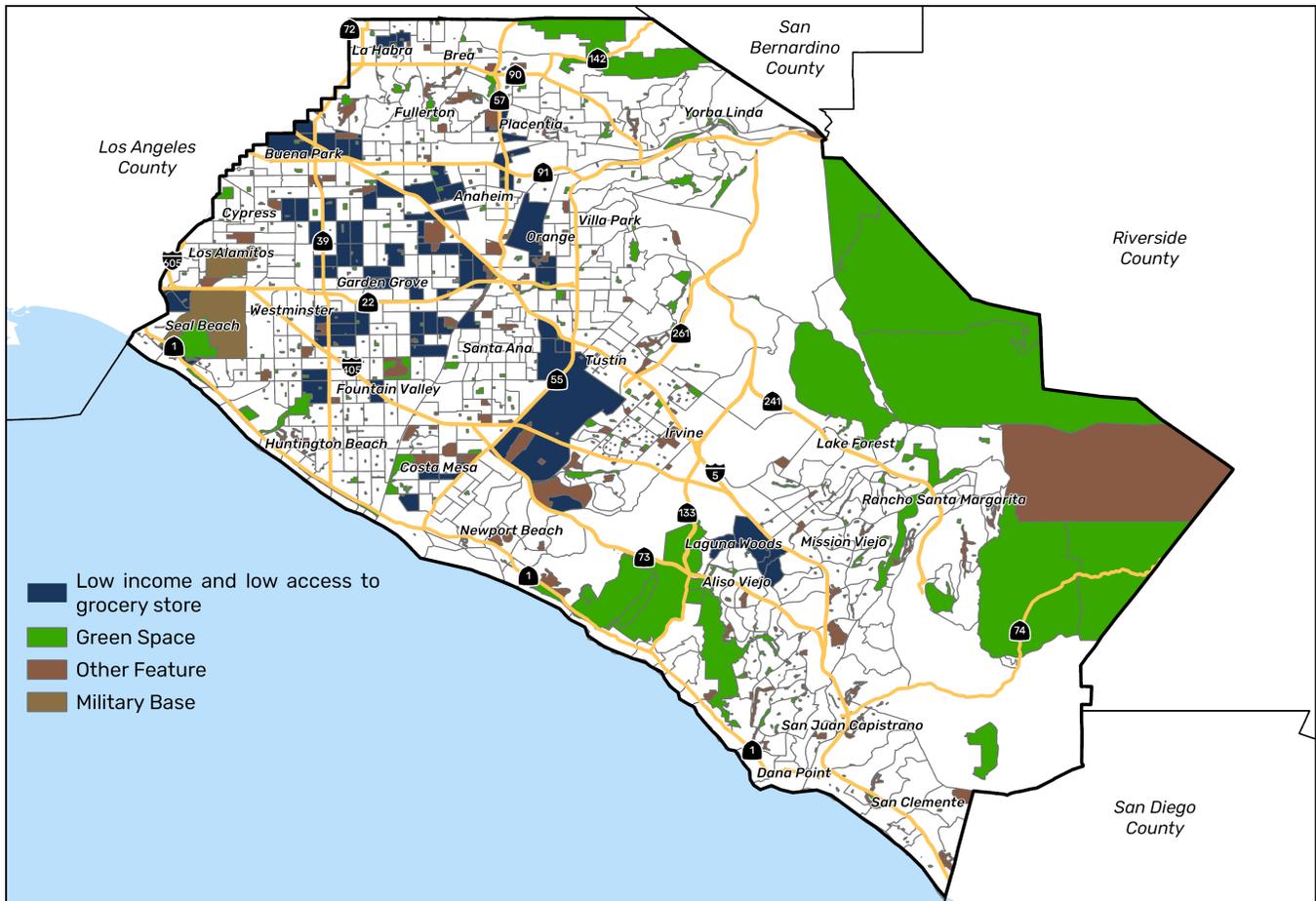




## Food Access

- In 2019, there were 74 low-income census tracts in Orange County where a significant share of residents lived more than one-half mile from the nearest supermarket.
- This represents 13% of the 582 census tracts in Orange County.
- Note: 2010 Census Tract boundaries used in order to align with FARA boundaries.

APX C Figure 3: Low Income and Food Access, Orange County, 2019



Source: 2019 Food Access Research File (FARA)



## Poverty Level

- In 2022, 6.8% of families in Orange County lived below the Federal Poverty Level.
- This is a decline of more than one percentage point from 2015, when 7.9% of Orange County families were living in poverty.
- At 18.3%, the unincorporated area of Silverado had the highest level of poverty in 2022 (but only had 218 residents, which may account for this jump between 2021 and 2022).
- The city of Westminster had the next highest level of poverty (13.5%).

**APX C Table 1: Families Living in poverty, 2018-2022**

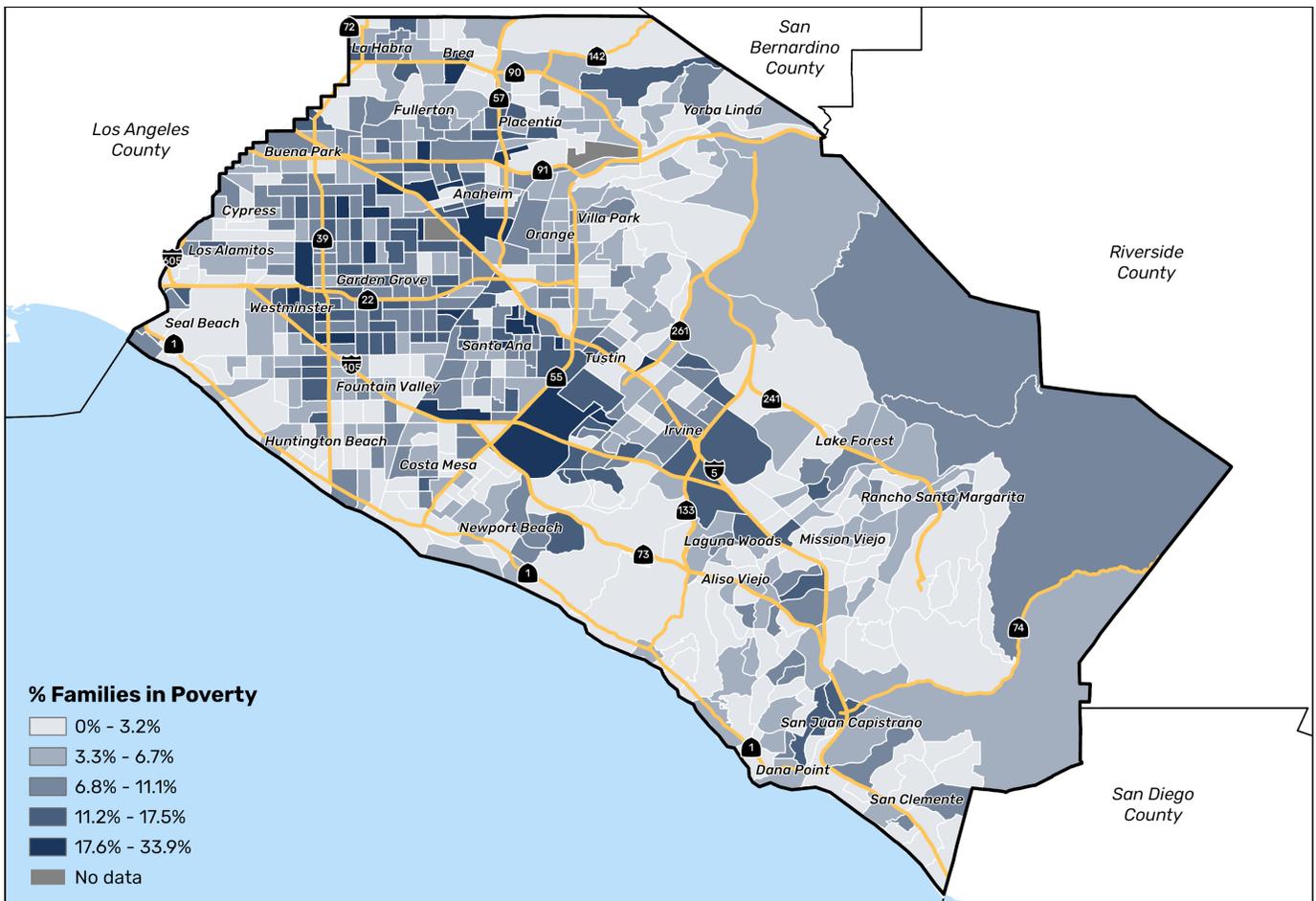
City	2018	2019	2020	2021	2022
Aliso Viejo	2.7%	2.8%	3.2%	2.7%	3.2%
Anaheim	11.8%	11.2%	10.5%	10.0%	9.4%
Brea	4.9%	4.6%	4.2%	4.4%	4.9%
Buena Park	9.6%	8.1%	6.9%	7.2%	6.2%
Costa Mesa	9.1%	8.2%	6.5%	6.6%	5.9%
Coto de Caza	4.1%	3.0%	2.9%	2.5%	1.9%
Cypress	4.0%	4.5%	4.3%	4.4%	4.4%
Dana Point	4.7%	2.9%	2.9%	3.5%	4.8%
Fountain Valley	5.5%	4.9%	5.4%	5.0%	4.1%
Fullerton	7.8%	7.1%	8.0%	8.0%	7.8%
Garden Grove	12.3%	11.5%	10.0%	10.7%	10.0%
Huntington Beach	5.5%	4.9%	4.9%	5.0%	4.6%
Irvine	7.5%	7.6%	7.6%	8.1%	8.5%
La Habra	9.6%	9.4%	8.1%	8.1%	7.7%
La Palma	3.5%	2.9%	4.0%	3.5%	3.7%
Ladera Ranch	2.3%	2.9%	3.9%	2.0%	2.1%
Laguna Beach	3.1%	2.7%	2.8%	2.4%	2.7%
Laguna Hills	5.0%	4.7%	6.1%	7.0%	6.1%
Laguna Niguel	5.2%	4.8%	4.3%	4.2%	4.2%
Laguna Woods	6.8%	6.1%	6.1%	7.5%	7.3%
Lake Forest	4.3%	4.6%	4.2%	4.8%	5.2%
Los Alamitos	7.5%	7.8%	6.5%	8.0%	7.7%
Midway City	22.7%	26.0%	21.1%	17.7%	12.4%
Mission Viejo	3.1%	3.3%	3.1%	3.3%	3.1%
Modjeska				2.7%	2.0%
Newport Beach	4.2%	4.8%	4.1%	4.5%	4.7%
North Tustin	2.8%	2.8%	2.7%	2.6%	3.3%
Orange	7.9%	6.8%	5.6%	5.9%	5.0%
Placentia	6.1%	5.6%	5.0%	5.3%	6.0%
Rancho Mission Viejo			0.5%	1.9%	1.8%
Rancho Santa Margarita	3.5%	3.1%	4.0%	4.2%	3.4%



City	2018	2019	2020	2021	2022
Rossmore	3.1%	2.4%	2.8%	3.4%	3.3%
San Clemente	2.8%	2.7%	2.6%	2.9%	2.8%
San Juan Capistrano	5.9%	4.9%	5.3%	4.2%	6.8%
Santa Ana	15.3%	13.2%	11.0%	10.3%	9.4%
Seal Beach	3.9%	3.9%	3.8%	5.0%	5.2%
Silverado			11.0%	12.4%	18.3%
Stanton	14.4%	13.1%	11.6%	11.5%	10.7%
Trabuco Canyon			2.7%	2.6%	4.6%
Tustin	8.3%	7.8%	8.9%	8.3%	8.1%
Villa Park	3.4%	4.0%	5.0%	5.3%	5.3%
Westminster	13.6%	13.4%	13.1%	13.8%	13.5%
Yorba Linda	3.3%	3.6%	3.6%	4.3%	5.1%
<b>Orange County</b>	<b>7.9%</b>	<b>7.4%</b>	<b>6.9%</b>	<b>7.0%</b>	<b>6.8%</b>

**Source:** U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table S1702

**APX C Figure 4: Percentage of Families Living in Poverty, Orange County, 2022**



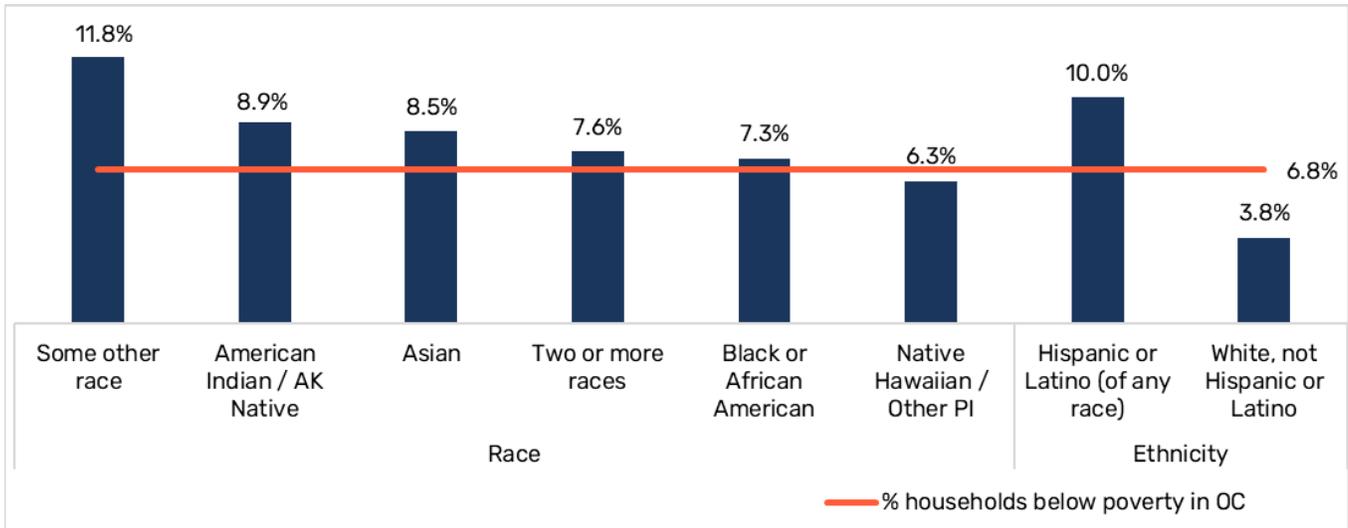
**Source:** U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table S1702



## Poverty Level by Race/Ethnicity

- Families with a householder of “some other race” were most likely to be living in poverty (11.8%), followed by families with a householder who is American Indian / Alaskan Native (8.9%).
- Families with a householder who is Hispanic/Latino were more likely to be living in poverty than White household families (10.8% and 3.8%, respectively).
- Note: ACS separates out ethnicity (Hispanic/Latino and White alone) and race (Asian, Black, American Indian, more than one, Other).

APX C Figure 5: Households below Poverty, Orange County, 2022

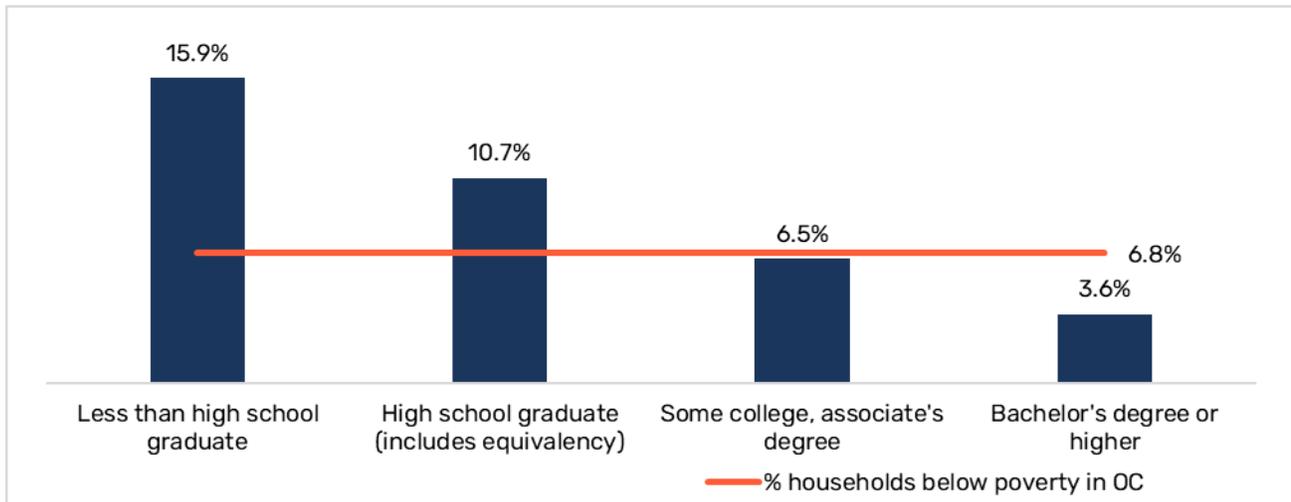


Source: U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table S1702

## Poverty Level by Education Level

- Families with a householder with less than a high school education are most likely to be living in poverty (15.9%).
- Families with a householder with a bachelor’s degree or higher are least likely to be living in poverty (3.6%).

APX C Figure 6: Poverty Level by Education Level, Orange County, 2022



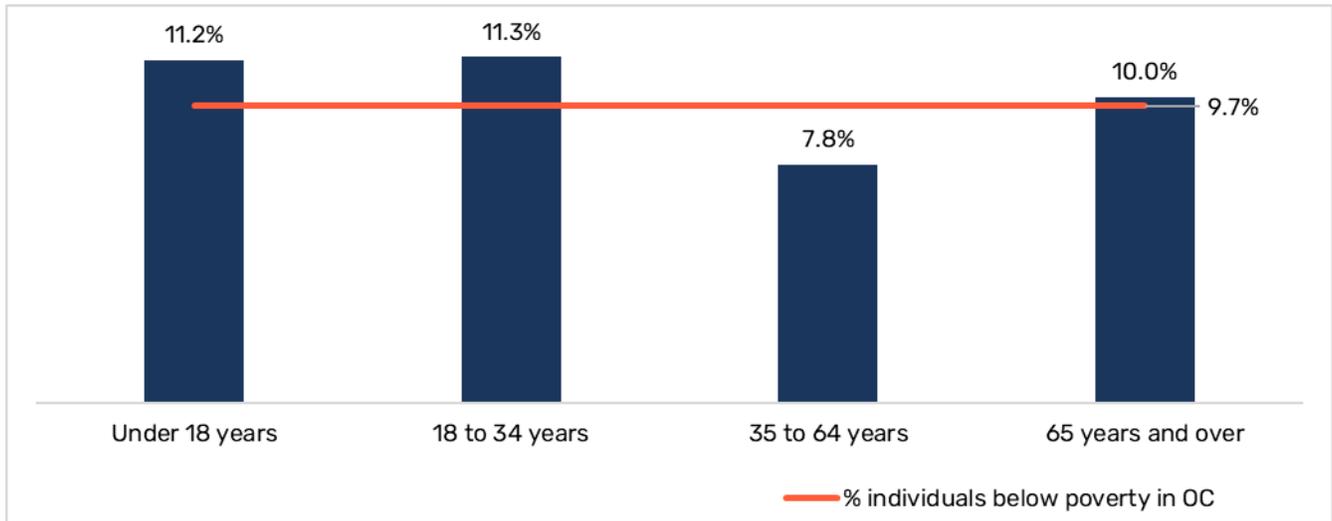
Source: U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table S1702



## Poverty Level by Age

- Individuals ages 18 to 34 years are most likely to be living in poverty (11.3%), while individuals ages 35 to 64 years are least likely (7.8%).
- In Orange County, 9.7% of individuals are living in poverty.
- Note: This measure is looking at individuals not families in poverty. Data on families by age are not available.

APX C Figure 7: Poverty Level by Age, Orange County, 2022

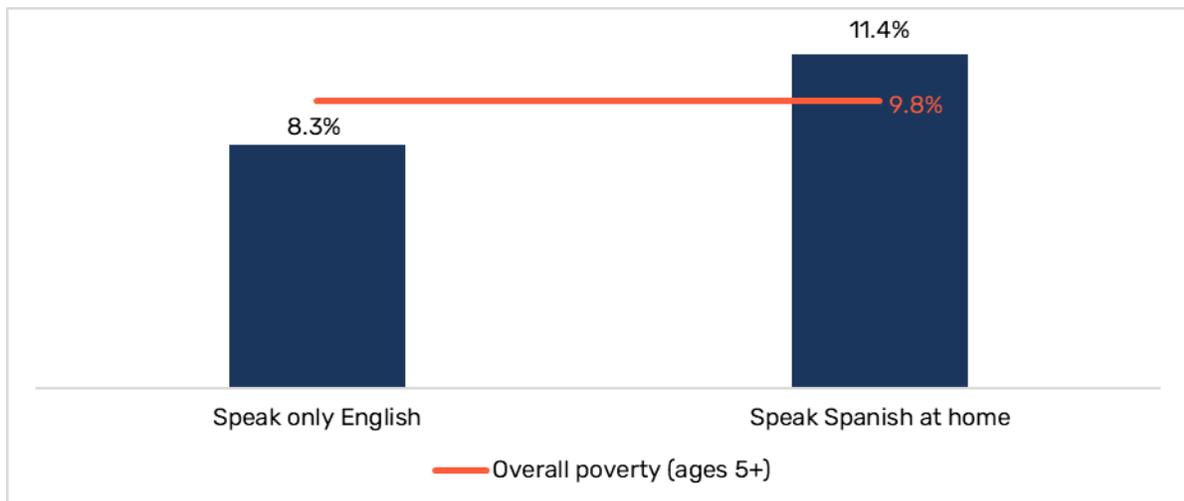


**Source:** U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table S1701

## Poverty Level by Language Spoken at Home

- Individuals who speak Spanish at home are more likely to be living in poverty (11.4% compared to 9.8% of overall population).
- Note: This measure includes the total population 5 years and older. Hence, OC average is not the same as charts above.

APX C Figure 8: Poverty Level by Language Spoken at Home, Orange County, 2022



**Source:** U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table 1603



## Benefits

### Households receiving food stamps/SNAP

- The percentage of Orange County households receiving Food Stamps/Supplemental Nutrition Assistance Program (SNAP) benefits has increased slightly over the past five years.
- Midway City has the highest proportion of households receiving SNAP benefits (28.9%) followed by Stanton (15.3%).

**APX C Table 2: Households Receiving Food Stamps/Supplemental Nutrition Assistance Program (SNAP), 2018-2022**

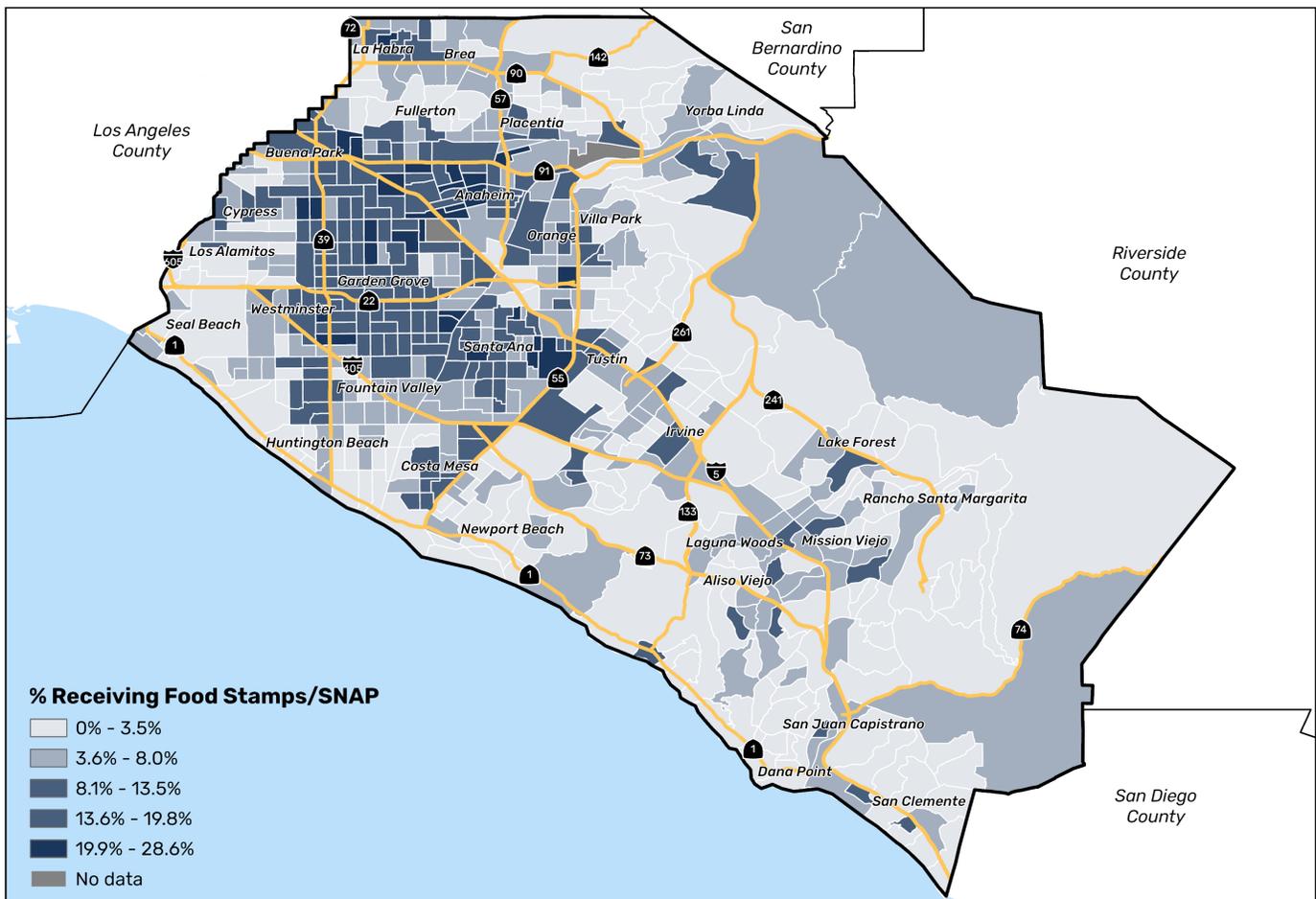
	2018	2019	2020	2021	2022
Aliso Viejo	2.7%	2.5%	3.7%	4.0%	3.9%
Anaheim	11.3%	10.7%	11.6%	12.3%	13.4%
Brea	3.3%	3.6%	3.1%	3.5%	4.0%
Buena Park	9.4%	8.7%	8.2%	9.2%	9.7%
Costa Mesa	5.8%	5.5%	5.7%	6.2%	6.9%
Coto de Caza	0.5%	0.4%	0.7%	1.1%	1.0%
Cypress	4.5%	5.2%	4.9%	5.2%	6.6%
Dana Point	3.9%	3.8%	3.4%	3.4%	3.3%
Fountain Valley	3.8%	4.0%	4.4%	5.4%	6.2%
Fullerton	7.9%	7.8%	7.1%	7.3%	8.2%
Garden Grove	12.1%	11.2%	10.6%	11.2%	12.4%
Huntington Beach	4.6%	4.5%	4.5%	5.0%	5.1%
Irvine	2.6%	2.5%	2.7%	3.2%	4.2%
La Habra	8.4%	8.4%	8.5%	9.4%	9.2%
La Palma	3.8%	3.8%	2.6%	3.3%	3.5%
Ladera Ranch	1.4%	1.3%	1.8%	0.9%	0.5%
Laguna Beach	1.0%	1.6%	2.0%	2.1%	2.9%
Laguna Hills	2.9%	2.3%	2.1%	2.9%	4.5%
Laguna Niguel	2.6%	2.6%	2.6%	3.0%	3.6%
Laguna Woods	1.8%	1.9%	1.9%	2.2%	3.4%
Lake Forest	3.7%	3.1%	3.3%	3.6%	4.8%
Los Alamitos	4.2%	3.6%	4.3%	6.2%	7.1%
Midway City	19.6%	28.8%	29.5%	26.9%	28.9%
Mission Viejo	1.7%	1.9%	2.6%	3.0%	4.2%
Newport Beach	1.8%	1.4%	1.3%	1.6%	2.2%
North Tustin	0.6%	0.7%	0.8%	1.0%	1.2%
Orange	5.5%	5.6%	5.6%	6.3%	6.7%
Placentia	5.2%	4.8%	5.6%	5.9%	6.1%
Rancho Santa Margarita	3.0%	2.6%	1.5%	1.3%	1.2%
Rossmoor	1.0%	1.5%	2.1%	2.1%	1.9%
San Clemente	3.5%	3.6%	4.0%	3.7%	3.4%



	2018	2019	2020	2021	2022
San Juan Capistrano	3.0%	2.9%	2.8%	3.3%	3.1%
Santa Ana	16.0%	14.1%	12.2%	11.4%	11.2%
Seal Beach	1.7%	1.7%	1.9%	2.9%	3.7%
Stanton	14.9%	13.8%	12.3%	13.2%	15.3%
Tustin	7.3%	6.5%	5.6%	5.7%	6.3%
Villa Park	2.1%	1.5%	3.4%	2.9%	2.6%
Westminster	11.7%	11.6%	11.8%	11.2%	12.5%
Yorba Linda	2.3%	2.0%	2.1%	2.6%	2.7%
<b>Orange County</b>	<b>6.4%</b>	<b>6.0%</b>	<b>6.0%</b>	<b>6.3%</b>	<b>6.9%</b>

**Source:** U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table S2201

**APX C Figure 9: Percentage of Households Receiving Food Stamps/Supplemental Nutrition Assistance Program (SNAP) Orange County, 2022**



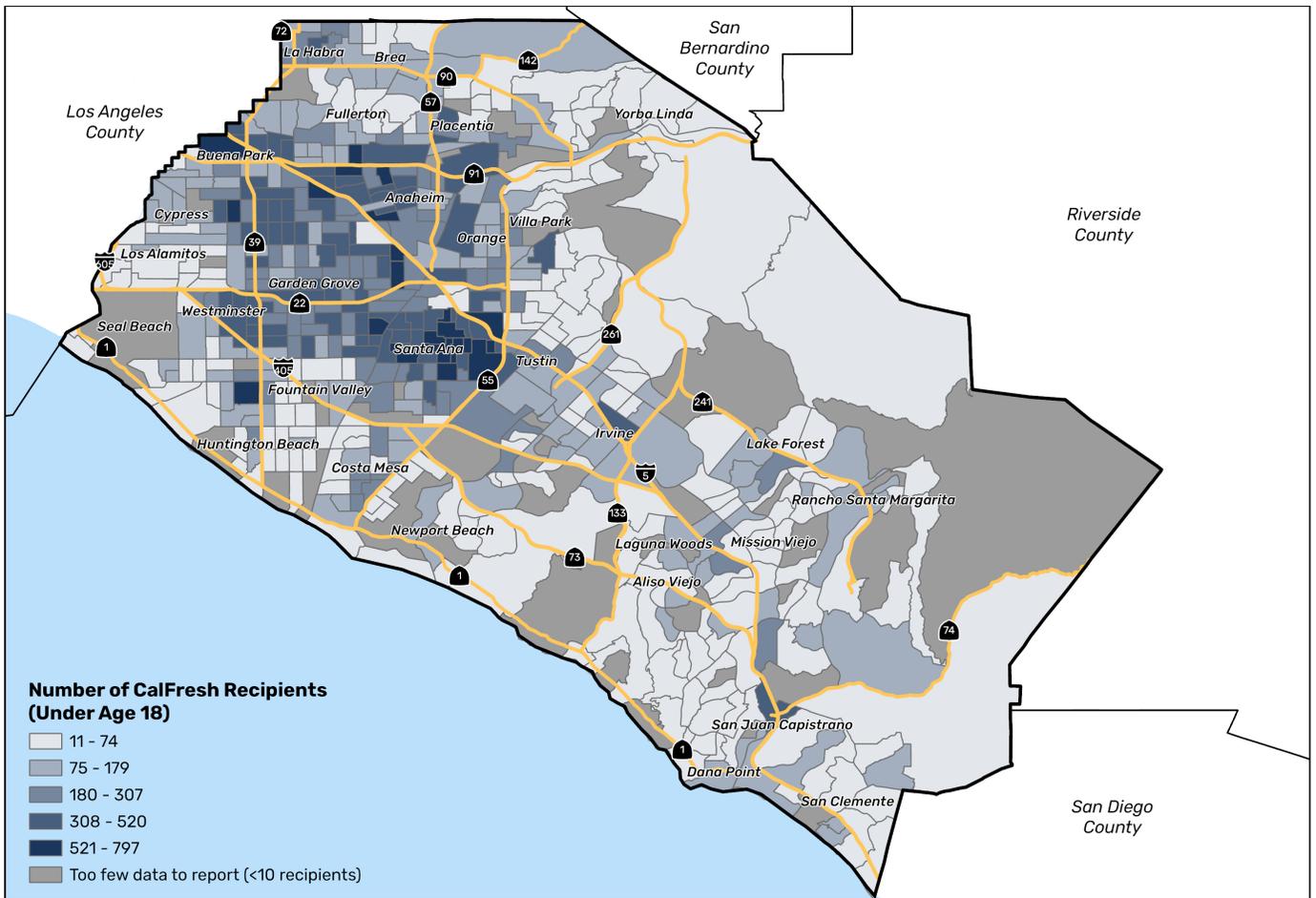
**Source:** U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table S2201



## CalFresh Recipients

- As of November 2023, there was at least 95,430 children ages 0-17 years in Orange County receiving CalFresh assistance.
- Areas in central Orange County have the highest number of CalFresh recipients.
- Note: only includes census tracts with 10 or more recipients.

APX C Figure 10: Number of CalFresh Recipients (Under Age 18 Years), Orange County, November 2023



Note: data presented using 2010 Census Tract boundaries

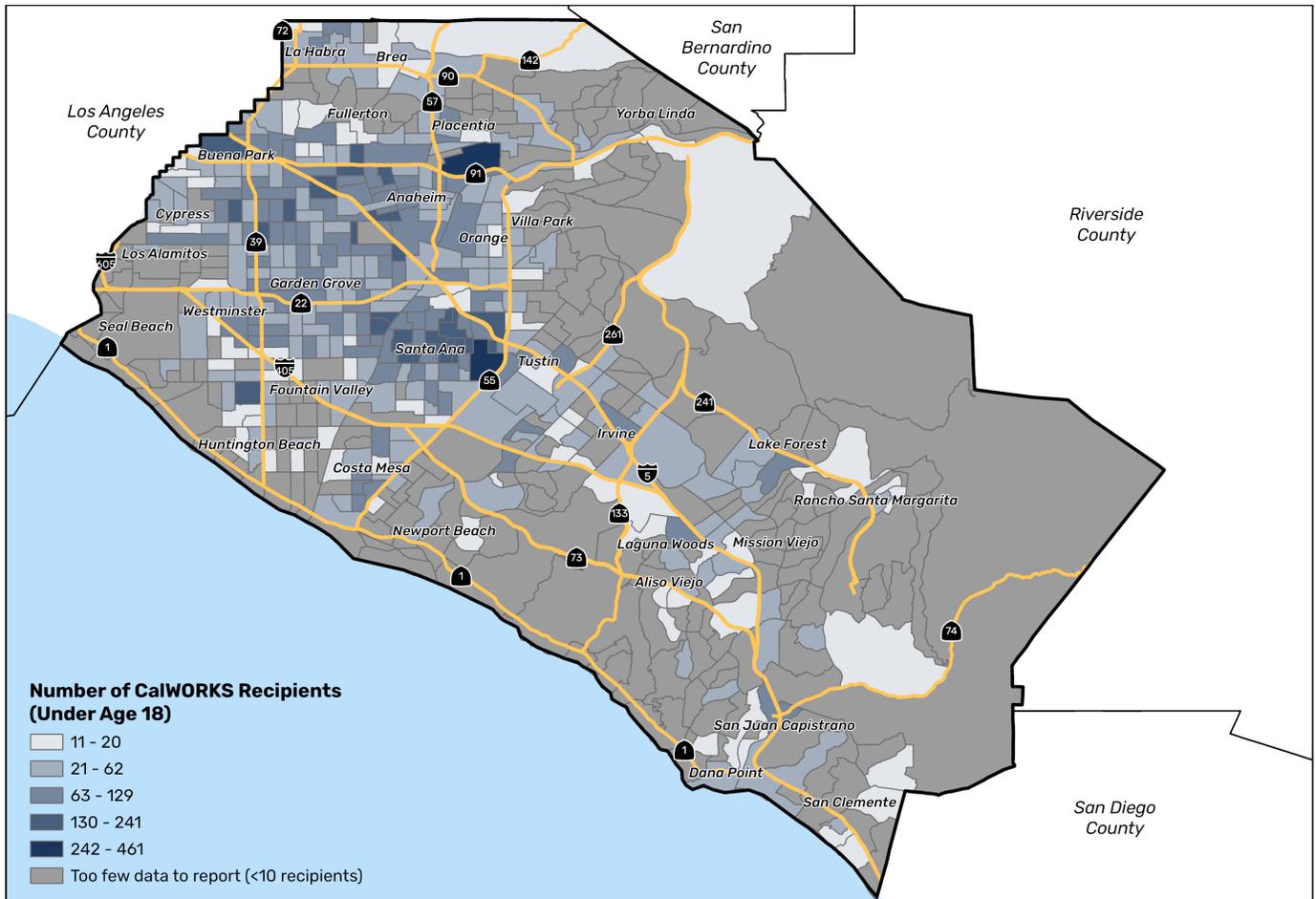
Source: Social Services Agency of Orange County



## CalWORKS Recipients

- As of November 2023, there was at least 22,675 children ages 0-17 years in Orange County receiving CalWORKS assistance.
- Areas in central Orange County have the highest number of CalWORKS recipients.
- Note: only includes census tracts with 10 or more recipients.

APX C Figure 11: Number of CalWORKS Recipients (Under Age 18 Years), Orange County, November 2023



Note: data presented using 2010 Census Tract boundaries

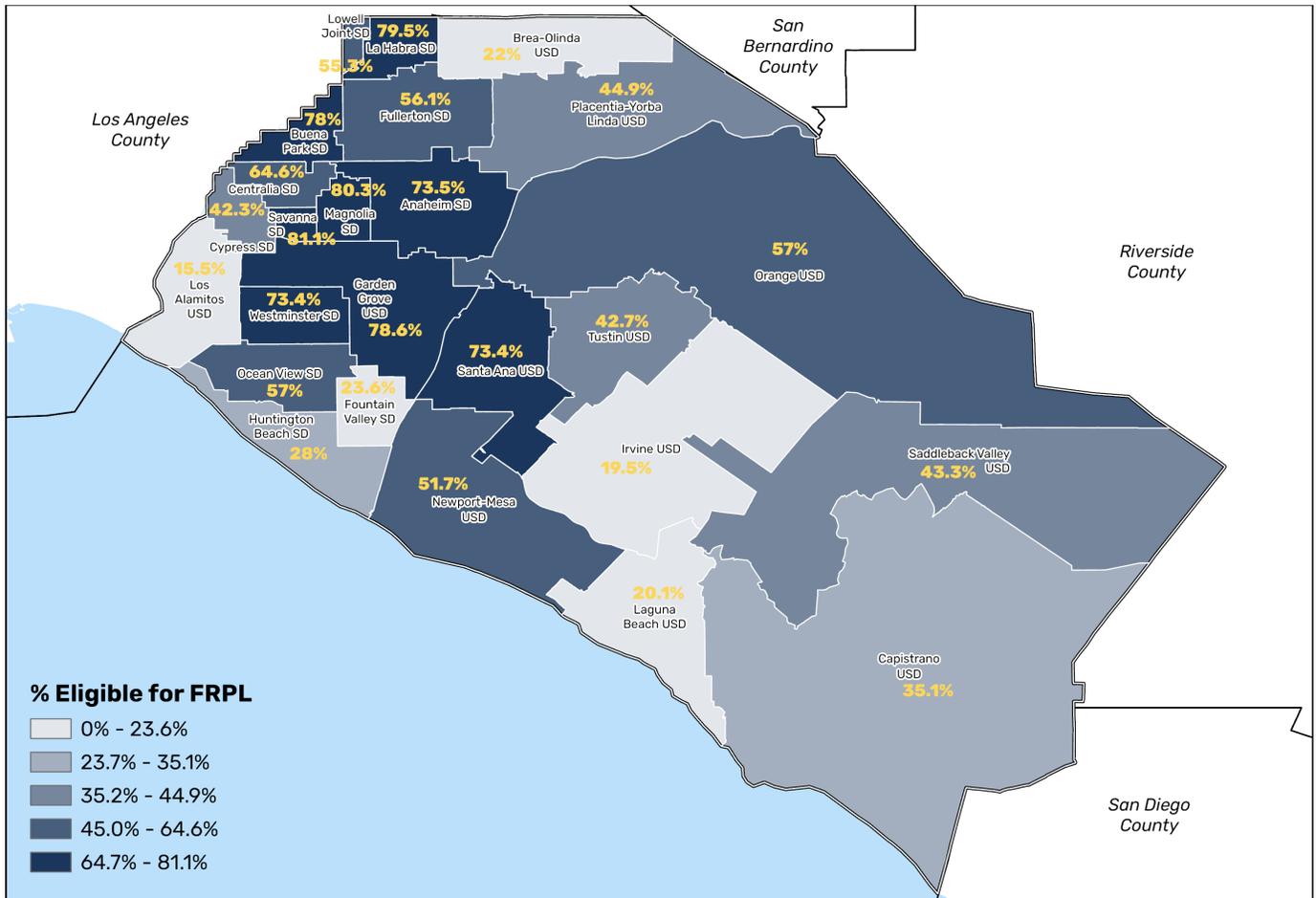
Source: Social Services Agency of Orange County



## Eligible for Free or Reduced-Price Lunch (K-12th grade)

- In 2022/23, 52.9% of children in Orange County were eligible for free or reduced price lunch (FRPL).
- At 81.1%, Savanna School District had the highest percentage of students eligible for FRPL, while Los Alamitos Unified School District had the lowest percentage (15.5%).

**APX C Figure 12: Percentage of K-12 Students Eligible for Free or Reduced Price Lunch, Orange County, 2022/23**



**Source:** California Department of Education, Free or Reduced Price Lunch, 2022/23



## Disability Status

- Overall, 9.1% of the population in Orange County has some type of disability (not on chart)
- Overall, children under age five years have the lowest rate of disability (0.8%) while adults ages 75 years and older have the highest rate of disability (45.6%). (no chart)
- When looking at disability by type and age, almost one-third of seniors ages 75 years and older have an ambulatory difficulty, compared to less than one percent of the population under age 18.
- Similarly, more than one-quarter of adults 75 years and older have an independent living difficulty, compared with 2.4% of the population ages 18-34 years. Note: data not collected on populations younger than 18 years.

### Definitions

*Ambulatory difficulty*—serious difficulty walking or climbing stairs.

*Independent living difficulty*—having difficulty doing errands alone, such as visiting a doctor’s office or shopping.

*Cognitive difficulty*—serious difficulty concentrating, remembering, or making decisions.

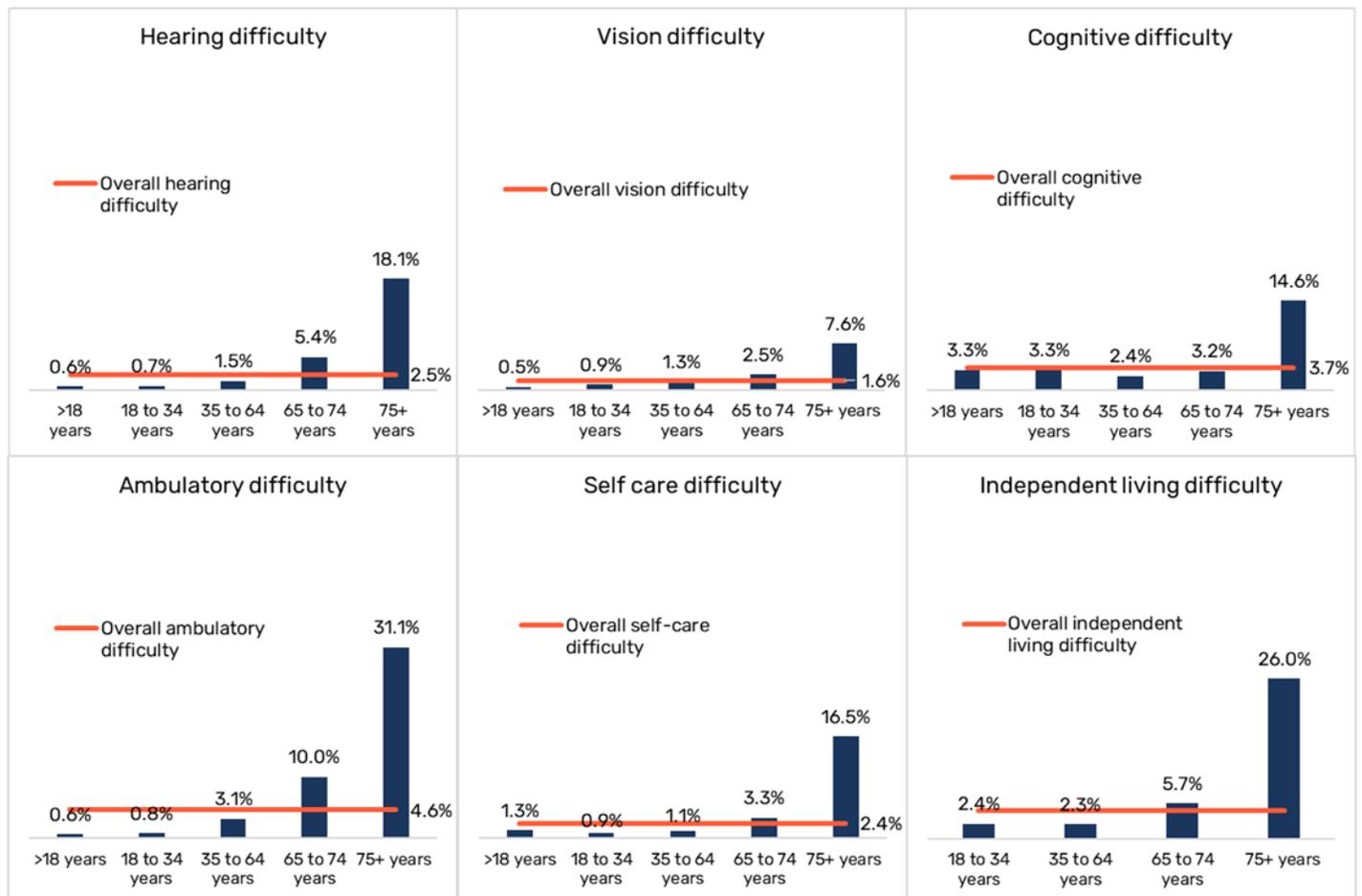
*Hearing difficulty*—deafness or serious difficulty hearing.

*Self-care difficulty*—difficulty bathing or dressing.

*Vision difficulty*—blindness or serious difficulty seeing even when wearing glasses.

Source: U.S. Census Bureau, <https://www.census.gov/topics/health/disability/guidance/data-collection-ac.html>

APX C Figure 15: Disability by Type and Age, 2022



Source: U.S. Census Bureau, 2022 American Community Survey, 5-Year Estimates, Table S1810

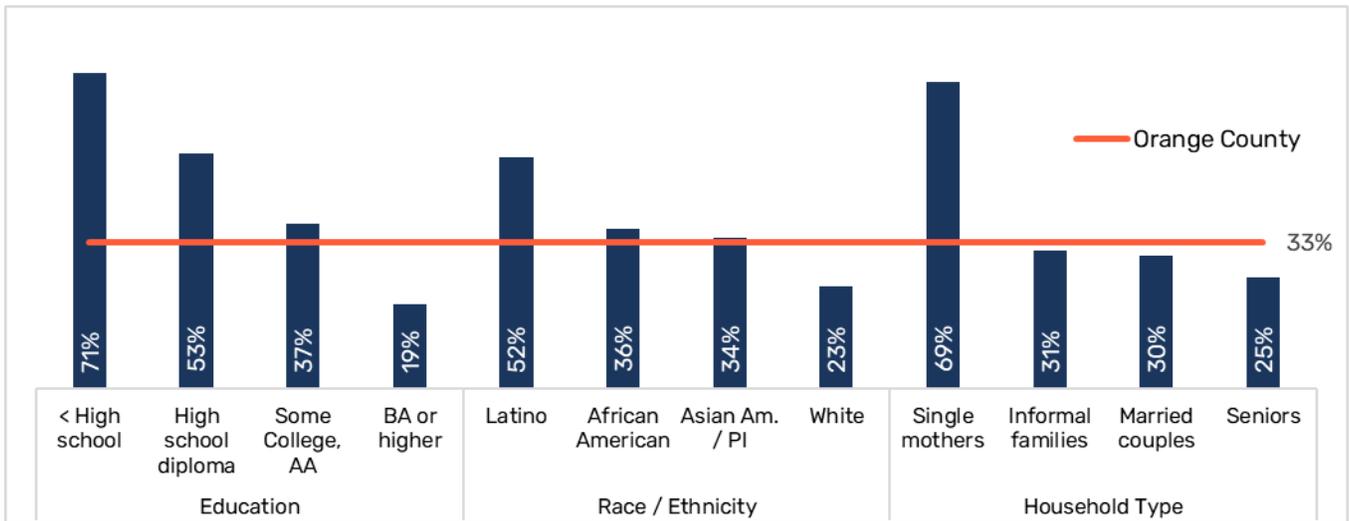


# Understanding Orange County's High Cost of Living

## Households below Real Cost Measure

- The Real Cost Measure (RCM) is an estimate of the amount of income required to meet basic needs—including housing, child care, food, transportation, health care, and taxes. RCM accounts for the geographical differences in the cost of living throughout California.
- In 2021, the Real Cost Measure in Orange County was \$109,833, higher than the median income of \$102,993.
- 71% of households without a high school diploma are below the RCM, compared with 19% of households with a Bachelor's or higher.
- Latino households have a disproportionate percentage of households with incomes below the RCM standard.
- Single mothers are most likely to be below the RCM compared with other household types.

APX C Figure 13: Percentage of Orange County Households below Real Cost Measure



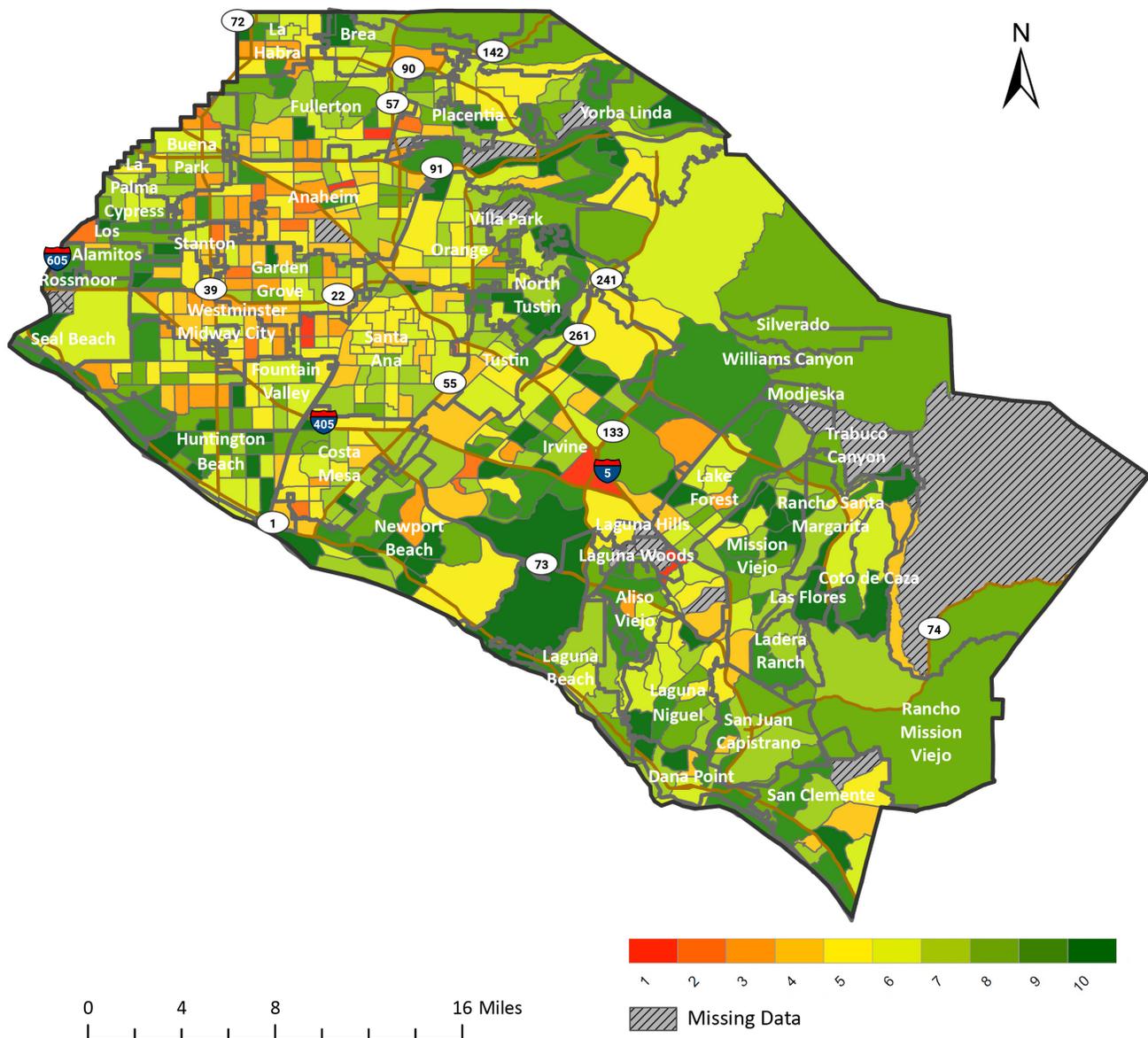
**Source:** The Real Cost Measure in California 2023 by United Ways of California. Data calculated for this geographic profile is from 2021.



## Family Financial Stability Index

- Orange County United Way’s Family Financial Stability Index (FFSI) includes three general domains for populations with children under 18 years of age:
  - Income: % of population with income <185% of FPL
  - Employment: % of families with one or more unemployed adults seeking employment)
  - Housing: % of families that are paying 50% or more of income on rent
- The FFSI is ranked from a scale of 1 (Least stable) to 10 (most stable).
- In 2021, 3% percent of neighborhoods received an FFSI score of 1 or 2, indicating the lowest levels of family financial stability, while 21% of census tracts received a score of 9 or 10 on the FFSI, the highest levels of family financial stability.
- Overall, 20% of census tracts in Orange County had FFSI scores of 4 or lower in 2021.

APX C Figure 14: Family Financial Stability Index, 2021



Source: Parsons Consulting, Inc. for Orange County United Way



## Unemployment Rate

- The unemployment rate in Orange County was 3.8% in November 2023.
- At 5.3%, Los Alamitos had the highest unemployment rate while Villa Park had the lowest (0.9%).

APX C Table 3: Unemployment Rate, Orange County, 2023

City / CDP	Unemployment Rate	City / CDP	Unemployment Rate	City / CDP	Unemployment Rate
Los Alamitos	5.3%	Brea	3.7%	Coto de Caza	3.3%
Laguna Woods	4.8%	Costa Mesa	3.7%	Rossmoor	3.3%
Westminster	4.3%	Fountain Valley	3.7%	San Juan Capistrano	3.3%
Seal Beach	4.2%	Huntington Beach	3.7%	Yorba Linda	3.2%
Buena Park	4.0%	Mission Viejo	3.7%	Las Flores	2.8%
Irvine	4.0%	San Clemente	3.7%	La Palma	2.6%
Garden Grove	3.9%	Tustin	3.7%	Villa Park	0.9%
La Habra	3.9%	Aliso Viejo	3.6%		
Orange	3.9%	Dana Point	3.6%		
Anaheim	3.8%	Laguna Beach	3.6%		
Cypress	3.8%	Laguna Niguel	3.6%		
Fullerton	3.8%	Laguna Hills	3.5%		
Placentia	3.8%	Lake Forest	3.5%		
Santa Ana	3.8%	Newport Beach	3.4%		
Stanton	3.8%	Rancho Santa Margarita	3.4%		
<b>Orange County</b>	<b>3.8%</b>				

**Source:** Employment Development Department, Labor Market Information Division, Monthly Labor Force Data for Cities and Census Designated Places (CDP), November 2023 (Preliminary)



# APPENDIX D:



## Needs Assessment Findings

### Theme 1: Demographics

Demographic information was gathered for both Providers and Consumers. Provider data relates to areas of the county where they are located, as well as where they serve, and what populations they serve. Consumer demographics identify where Consumers live, their race/ethnicity, and their age. Where unique populations are discussed, these are based on EiOC determinants of unique population identifiers.

#### PROVIDER FINDINGS

##### Provider Survey

There were 229 Provider surveys submitted, with 189 surveys from unique organizations used for the analysis. Providers responded from various cities in Orange County, with most responses coming from Santa Ana, Anaheim, Garden Grove, Irvine, Orange, and Fullerton.

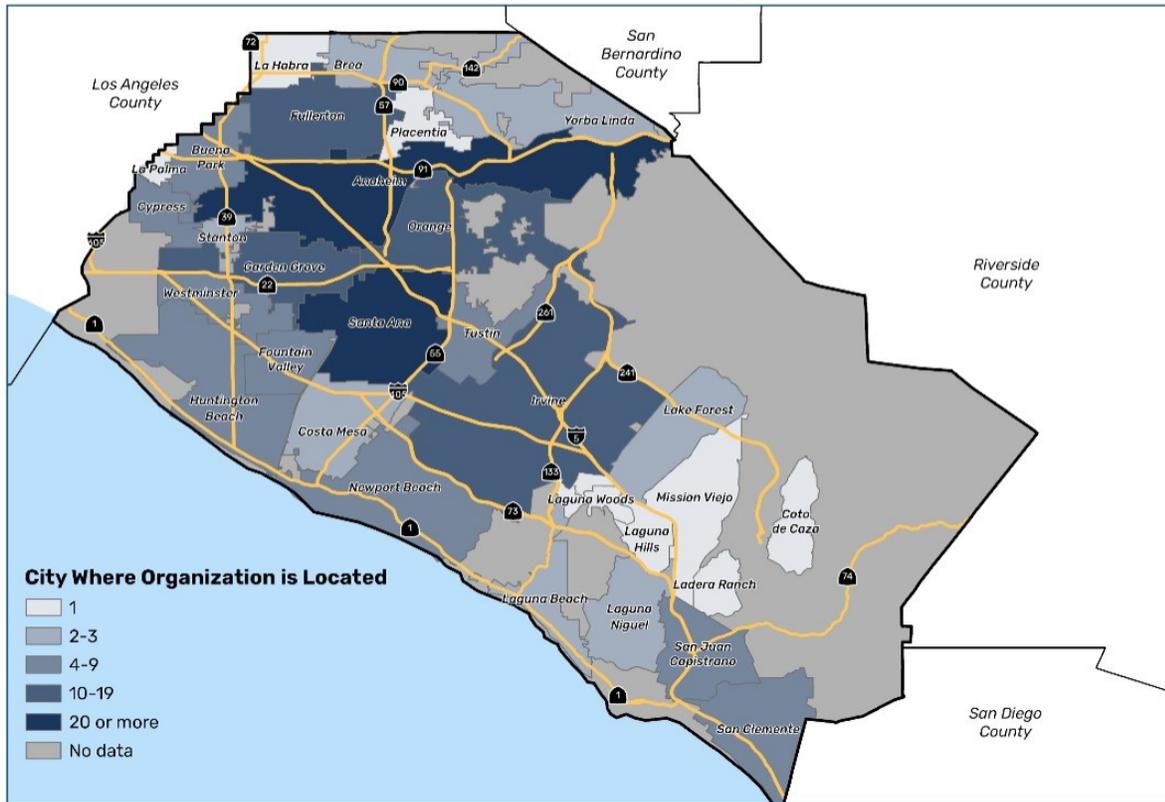
The top cities these organizations serve are Anaheim, Santa Ana, Garden Grove, Fullerton, and Buena Park. Therefore, responding organizations not only serve the city they are located in, but also cities across Orange County.

**APX D Table 1: Top Cities Where Organizations Are Located and Where They Serve**

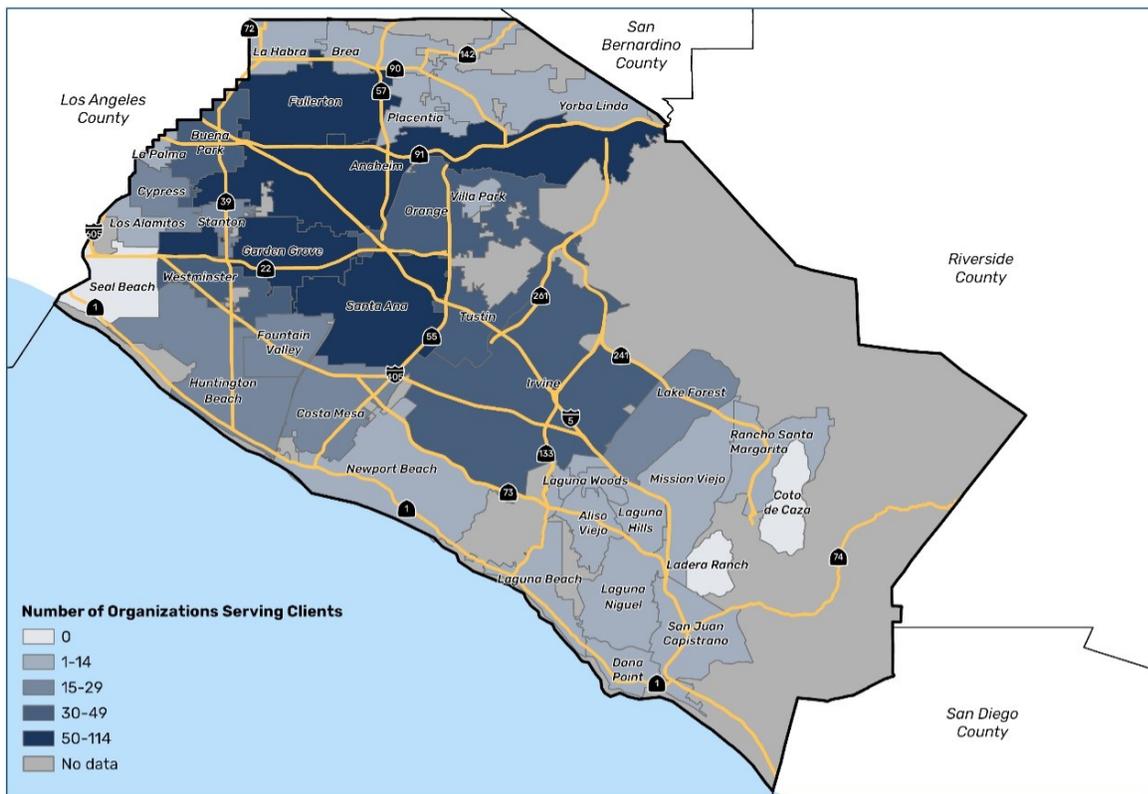
Top 10 Cities Organizations are Located		Top 10 Cities Organizations Serve	
Santa Ana	21%	Anaheim	14%
Anaheim	14%	Santa Ana	13%
Garden Grove	8%	Garden Grove	10%
Irvine	7%	Fullerton	7%
Orange	6%	Buena Park	6%
Fullerton	5%	Orange	6%
Huntington Beach	4%	Tustin	5%
Buena Park	3%	Irvine	4%
Newport Beach	3%	Westminster	4%
Westminster	3%	Costa Mesa	3%
Others	27%	Others	27%



APX D Figure 1: Cities Where Organizations are Located



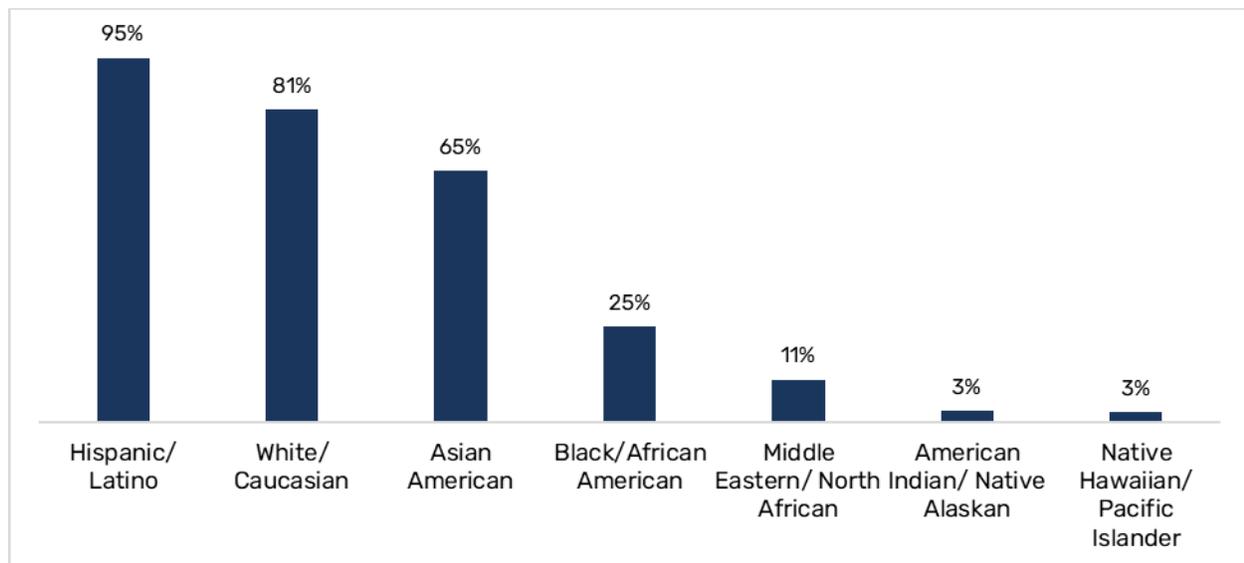
APX D Figure 2: Cities Organizations Serve



## Race/Ethnicity

Respondents were asked to select the top three racial/ethnic groups their organization serves. Almost all of the Providers that responded said that they serve the Hispanic/Latino population (95%). The next largest racial/ethnic group served by respondents was the White/Caucasian population (81%), and 65% serve the Asian population. Other responses include Black or African American (25%), MENA (11%), American Indian/Native Alaskan (3%), and Native Hawaiian/Pacific Islander (NHPI) (3%).

APX D Figure 3: Top Racial/Ethnic Populations Served by Providers (n=187)



Note: respondents could select all that apply, hence the total adds up to more than 100%.

## Unique Populations Served

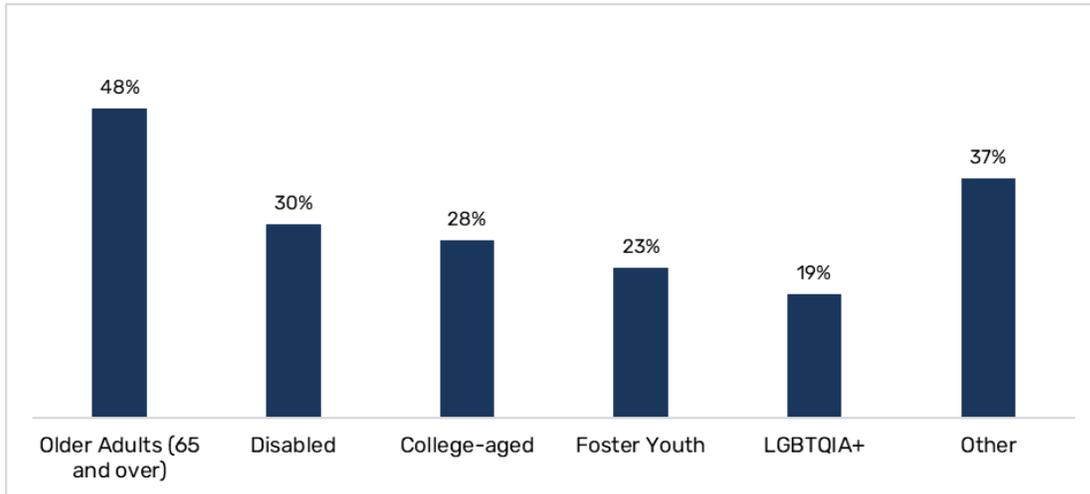
Almost half (48%) of respondents indicated that their organization focuses on serving the needs of older adults and another 30% focuses on the needs of the disabled community. Of the 37% of respondents who indicated 'Other', their responses include:

- Youth (13%)
- Families (8%)
- Unhoused individuals (7%)
- Veterans (3%)

'Other' responses that were not able to be categorized also included cancer patients, individuals with HIV+, marginalized women, refugees and immigrants, individuals with Tourette and tic disorders, and individuals at risk for psychosis. Twenty-one percent of respondents indicated that their organization does not focus on serving the needs of any of these groups.



APX D Figure 4: Unique Populations Served by Providers (n=167)



Note: respondents could select all that apply, hence the total adds up to more than 100%.

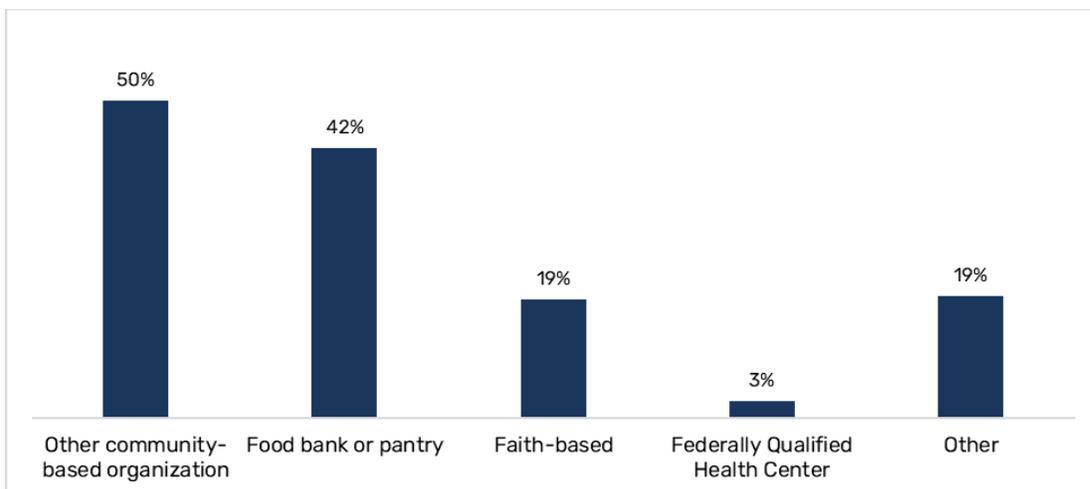
### Type of Providers that Responded

Half (50%) of the Providers who responded identified themselves as working at a community-based organization (CBO) and 42% were with a Food Bank or Pantry. Of the 19% of respondents who indicated “Other”, their responses include:

- Educational institutions (5%)
- Affordable housing organizations (3%)
- Government/City (2%)
- After school programs (2%)

‘Other’ responses that were not able to be categorized include individual food distributors, foundations, mental health groups, a pediatric hospital, an urban farm, lunch programs, a crisis response organization, a cultural art center, and an in-patient drug/alcohol rehabilitation residence.

APX D Figure 5: Type of Provider Responding to Provider Survey (n=189)



Note: respondents could select all that apply, hence the total adds up to more than 100%.



## EiOC Provider Convenings

Efforts were made, when possible, to invite Provider voices from those demographics that would be difficult to sufficiently sample through surveys. There were three listening sessions held between January 29, 2024 and February 27, 2024, and they included working with nonprofit organizations such as AccessCal (Arab and Muslim Americans); Radiant Health and the LGBTQ+ Center (LGBTQ+); Dayle McIntosh Center (individuals with disabilities); Boat People SOS (refugees); Irvine Valley College, Scholarship Prep, Orange County Asian and Pacific Islander Community Alliance, and Feeding My Kid (youth).

Representatives from South Orange County, a region anticipated to be underrepresented in the survey, included South County Outreach, CREER, AgeWell, Saddleback Church and Community Health Initiative of Orange County (CHIOC),

Government representatives and vendors included CalFresh, Orange County Department of Education Access Program, and Project Food Box.

**APX D Table 2: Micro Communities Served by EiOC Providers**

CBOs and Non-profits	Asian/ NHPI	Latino	MENA	LGBTQIA+	Older Adults	Individuals with Disabilities
AccessCal			x			
AgeWell					x	
Boat People SOS	x					
CREER		x				
Dayle McIntosh Center						x
Delhi Center		x				
Korean Community Services	x					
Latino Health Access		x				
LGBTQ+ Center				x		
Radiant Health				x		
Santa Ana Unidos		x				
The Cambodian Family	x					
Meals on Wheels					x	
Shanti OC				x		
Project Independence						x
OCAPICA	x					

## Consumer Findings

### Consumer Survey

There were 811 responses gathered from both online and paper versions of the Consumer survey. Here, the most notable findings for Consumer responses and EiOC population designations are presented. All additional results are available in **Appendix E: Survey Responses by Demographics**.



## Location of Consumer Respondents

Consumer respondents resided in 43 unique cities across Orange County and neighboring Los Angeles County. Most of the respondents are from central and north Orange County. Santa Ana was the only city with the majority of responses (53%) coming from a survey in a language other than English. The next largest proportion was Garden Grove with 37%.

Almost all of the respondents from Huntington Beach and Seal Beach (91% and 92%, respectively) were individuals aged 55 years or older.

**APX D Table 3: Top 10 Cities Represented by Consumers**

City	Respondents	
	#	%
Santa Ana	234	30%
Anaheim	159	20%
Buena Park	81	10%
Garden Grove	46	6%
Orange	38	5%
Huntington Beach	35	4%
Stanton	25	3%
Westminster	24	3%
Fullerton	20	3%
Seal Beach	13	2%
Other	117	15%

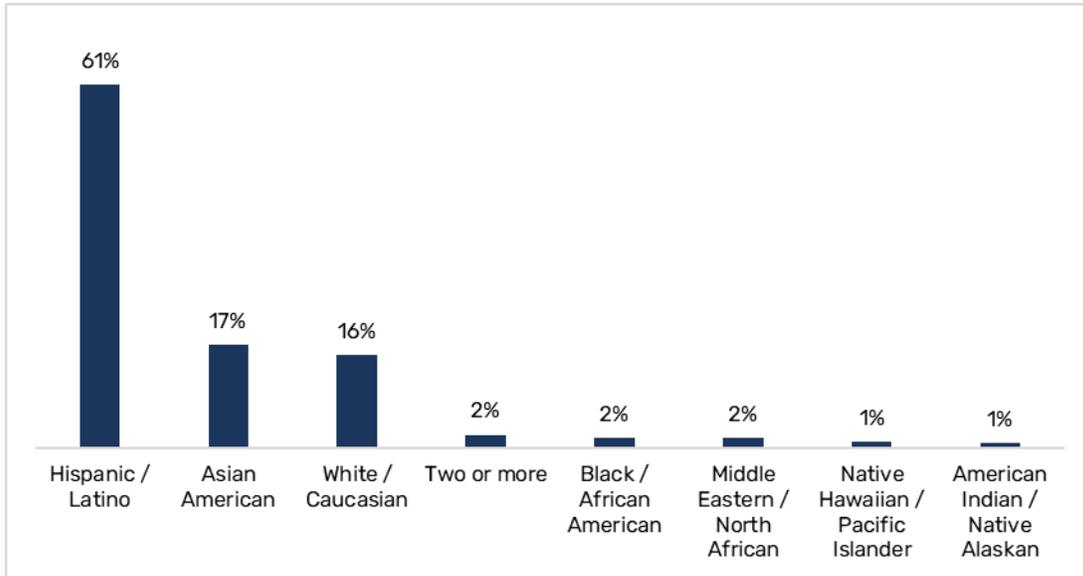
## Race/Ethnicity

Of Consumers who responded to the survey, 61% listed their race/ethnicity as Hispanic/Latino, followed by Asian (17%) and White/Caucasian (16%). Although the proportion of responses are representative when compared with Orange County's populations, there were only 10 Black or African American responses and 11 MENA responses from each group, limiting the capacity for generalized conclusions. Despite the small numbers, their responses are included in this report to ensure these voices are represented.

All racial/ethnic groups had similar proportions of youth (aged 18–25 years) respondents while Asian and NHPI, MENA, and White respondents were more likely to be 55 years or older and Hispanic/Latino, Black or African American, and multi-ethnic respondents were more likely to be between 26 and 55 years old.



APX D Figure 6: Race/Ethnicity of Consumers (n=811)

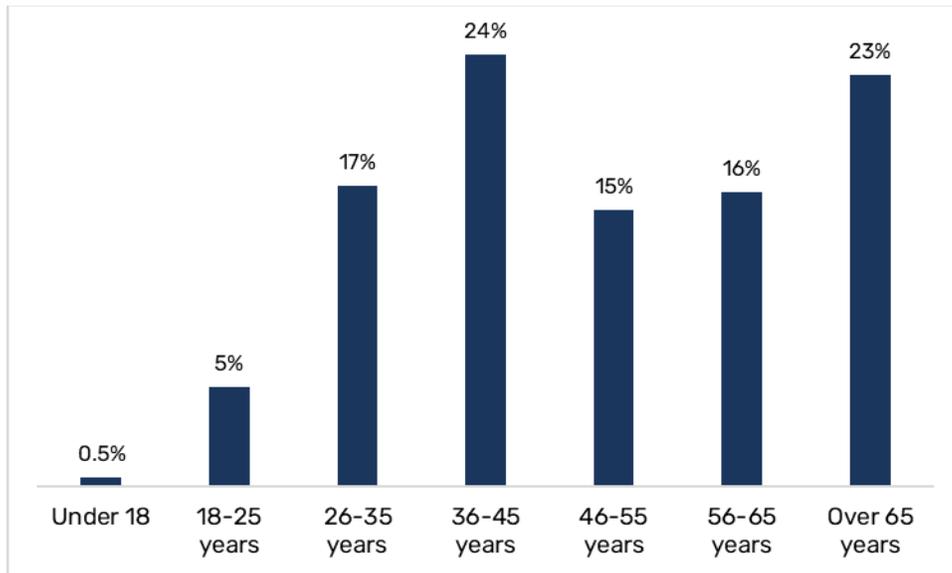


Note: respondents could select all that apply, hence the total adds up to more than 100%.

### Age

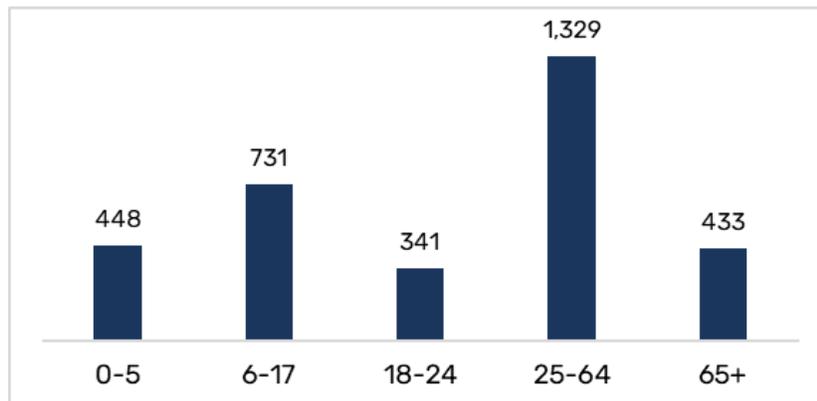
About one quarter (24%) of survey respondents were aged 36-45 years and another 23% were over 65 years. Only a small portion (5%) were 18-25 years or under 18 years (0.5%).

APX D Figure 7: Age Range of Consumers (n=806)



There were an estimated 3,282 people living in the households of the 811 survey respondents. A plurality (1,329) of those household members were ages 25 to 64 years.

**APX D Figure 8: Number of Members in Consumers' Household by Age Range**



### Community Focus Groups

Three Focus Groups were completed between March 18 and May 3, 2024, with college students, MENA, and refugee community groups. All the Focus Groups consisted of more female than male attendees. The MENA Focus Group had an overall older adult attendance than the other Focus Groups. The College Focus Group consisted of young adults who were currently attending college and the Refugee Focus Group had a mix of young adults and slightly older adults.

**APX D Table 4: Demographics of Focus Group Participants**

Focus Group	Partner Organization	Zoom/ In-Person	Total Attendees	Female	Male	Age Group
MENA	OMID Institute	In-Person	10	9	1	55-75
College-Age	AccessCal	Zoom	10	9	1	21-26
Refugee	AccessCal	Zoom	8	6	2	18-45

## Theme 2: Utilization

The Food Utilization theme uses Provider and Consumer surveys and Community Focus Group feedback to describe the capture and distribution of food (Providers) and access to food (Consumers). This section presents information from Providers in terms of their food distribution, sources of food, food waste, and purchase of food and non-food items. For Consumers, current food resources, food access, and resource utilization were assessed.



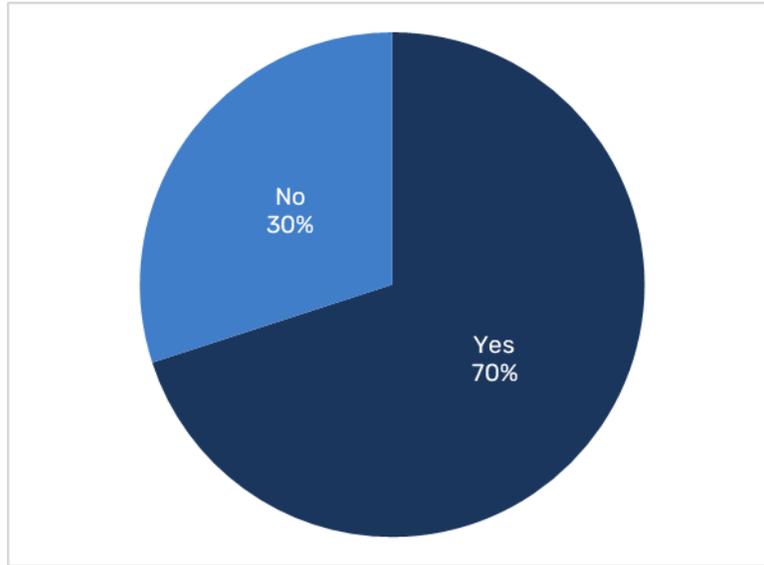
## PROVIDER FINDINGS

### Provider Survey

#### Food Distribution

Over two-thirds of respondents said they directly distribute food to their Consumers.

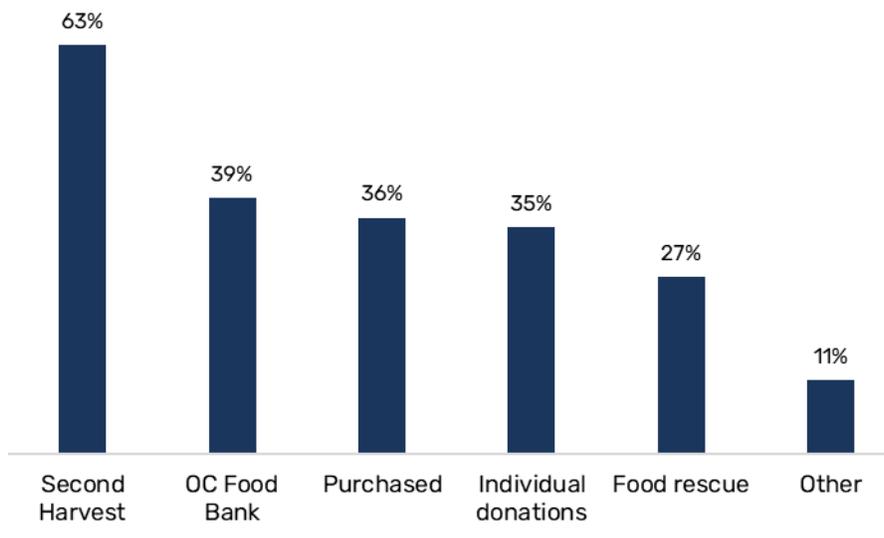
APX D Figure 9: Providers Distribute Food Directly (n=189)



#### Sources of Food

Those respondents who indicated that they distribute food directly (70%) were then asked to provide estimates for the sources from where they receive their food. Second Harvest was mentioned the most (63%) as the source of the organizations' food supply, followed by OC Food Bank (39%).

APX D Figure 10: Providers' Food Purchases by Food Source (n=132)

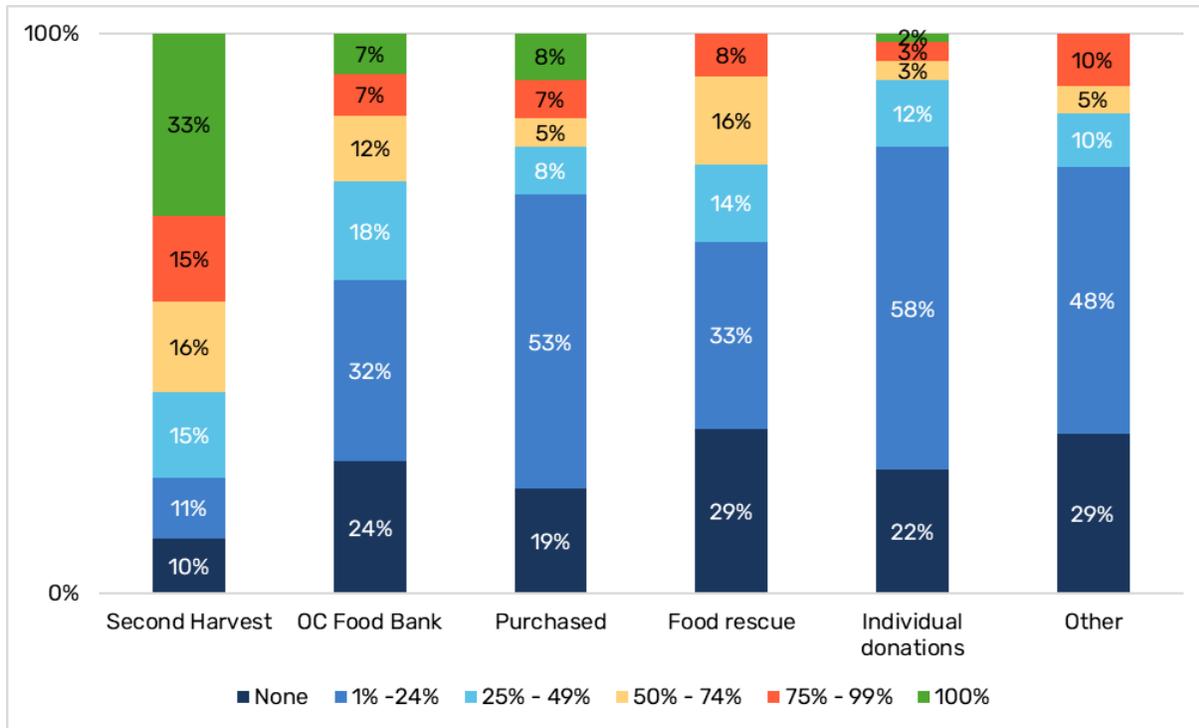


Note: respondents could select all that apply, hence the total adds up to more than 100%.



Broken down further, Figure 11 below presents the approximate percentage range from where Providers get their source of food distributions. For example, 33% of Providers indicated that 100% of their source for food distributions comes from Second Harvest Food Bank. In addition, more than half of the Providers indicated that about 1% to 24% of their source of food comes from either individual donations or are purchased.

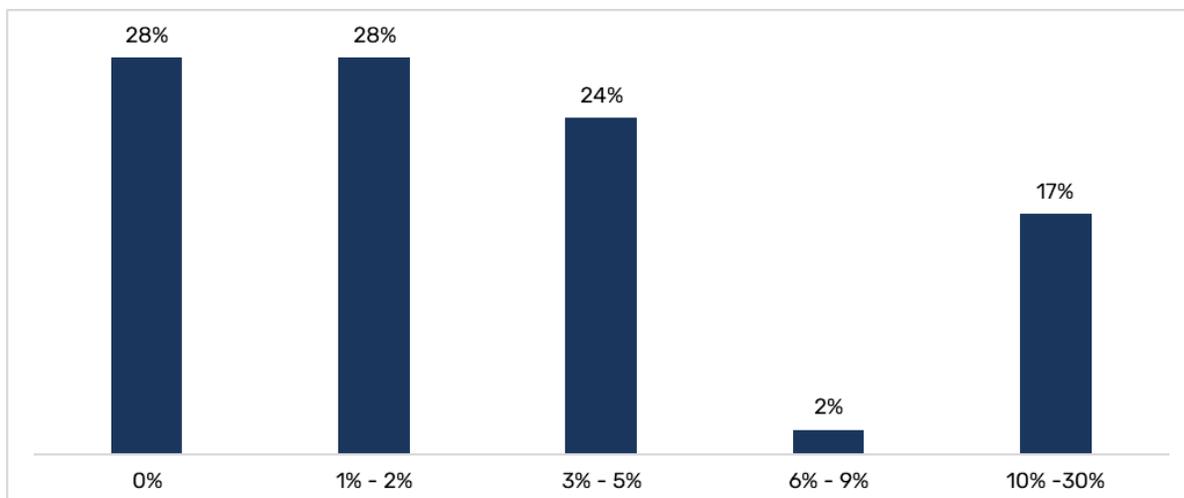
**APX D Figure 11: Percentage of Providers' Food Purchases by Food Source (n=132)**



## Food Waste

Those Providers that distribute food directly (70%) were also asked to estimate the percentage of food that goes to waste or is ultimately not able to be distributed for any reason. Twenty-eight percent of Providers indicated that none (0%) of their food goes to waste and another 28% said that only 1% to 2% of food goes undistributed. There were no Providers that had food waste higher than 30% of food obtained to distribute.

**APX D Figure 12: Percentage of Providers' Food that is Wasted (n=116)**

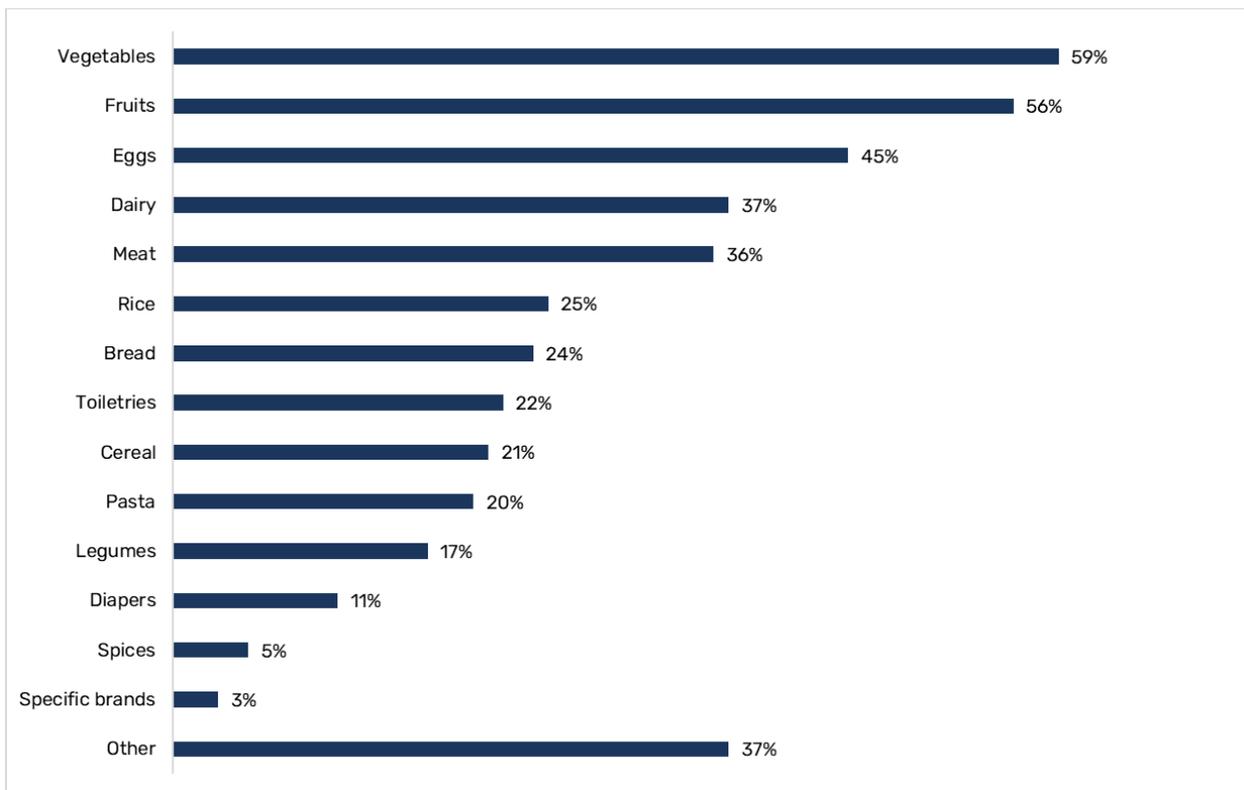


## Food and Non-Food Purchases

Providers were asked for the top five most frequent food or non-food items that their organization purchases. More than half of respondents indicated that they purchased vegetables (59%) and fruits (56%) for their Consumers. The next most frequent purchases from other organizations were eggs (45%) and dairy (37%). Other responses include purchases of:

- Non-perishable foods (17%)
- Packaging supplies (2%)
- Pet food (1%)
- Plates, utensils, food containers (1%)
- Baby wipes (1%)
- Ready-to-eat deli (1%)
- Backpacks with school supplies (1%)

**APX D Figure 13: Most Frequent Food / Non-Food Items that Providers Purchase (n=100)**



Note: respondents could select all that apply, hence the total adds up to more than 100%.



## CONSUMER FINDINGS

### Consumer Survey

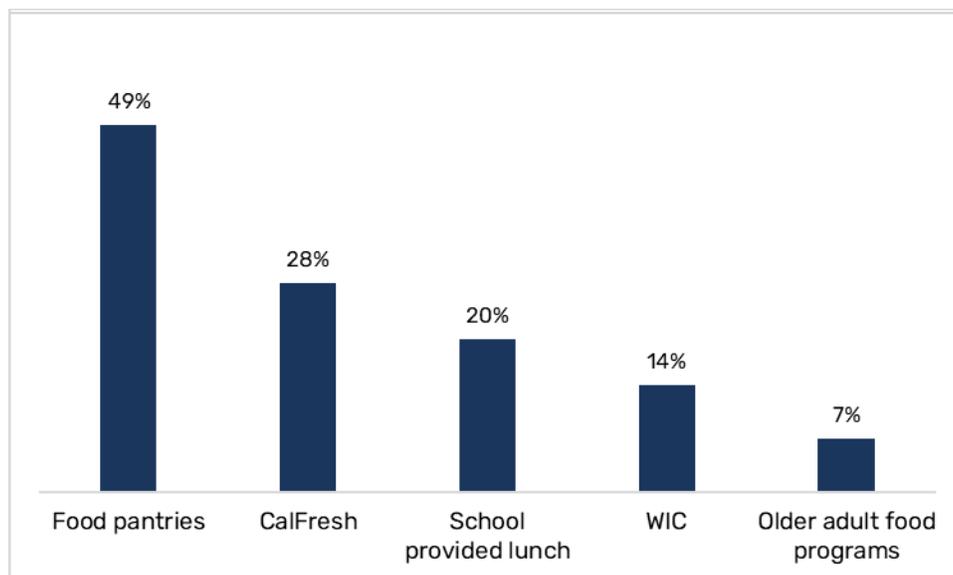
#### Food Resources

Almost half (49%) of the Consumer respondents indicated that they use food pantries as a food resource.

Respondents who identified as Black or African American were more likely to report using food pantries (60%) and CalFresh (80%) compared to most other racial/ethnic groups (49% and 28%, respectively). Asian and NHPI respondents were least likely to use food pantries (40%) compared to the average (49%). English speakers (31%) were more likely to report using CalFresh compared to those that responded to the survey in a language other than English (21%).

Older adults were more likely than younger adults to report using older adult food programs (16%) and least likely to report use of WIC (3%) and school provided lunch (4%).

APX D Figure 14: Food Resources Currently Used by Consumers (n=811)



Note: respondents could select all that apply, hence the total adds up to more than 100%.

#### Food Access

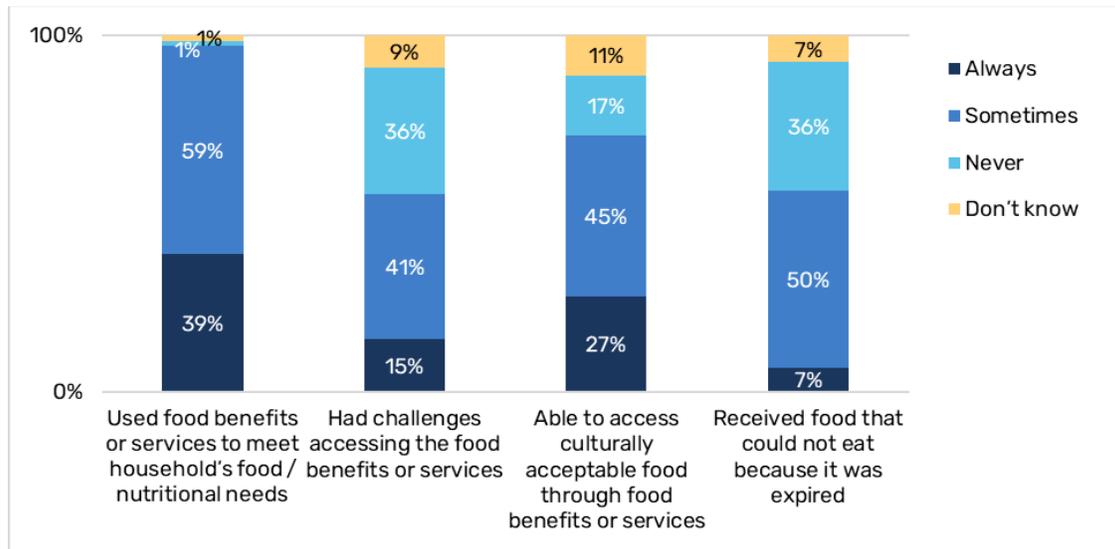
Thirty-nine percent of Consumer respondents indicated that in the past year, they “always” used food benefits or services for their household’s food needs and 59% “sometimes” did. Over half of respondents had challenges accessing food benefits or services either always or sometimes, and 17% and 45% of respondents felt that the food was never or only sometimes culturally acceptable, respectively. Almost 60% of respondents received food that was expired and could not be used always or some of the time in the past year.

Black or African American respondents were most likely to report using food benefits to meet their household’s needs compared with other racial/ethnic groups. English speakers were more likely to report using food benefits and having challenges to accessing food benefits compared with those responding in a different language. Older adults were most likely to report receiving food they could not eat because it was expired compared with youth and adults.



Respondents who indicated the need for housing services or job training services were more likely to have challenges accessing food benefits and services compared to those with no need for housing or job training services.

**APX D Figure 15: Consumer Responses to Statements that, “In the past year...” (n=707)**

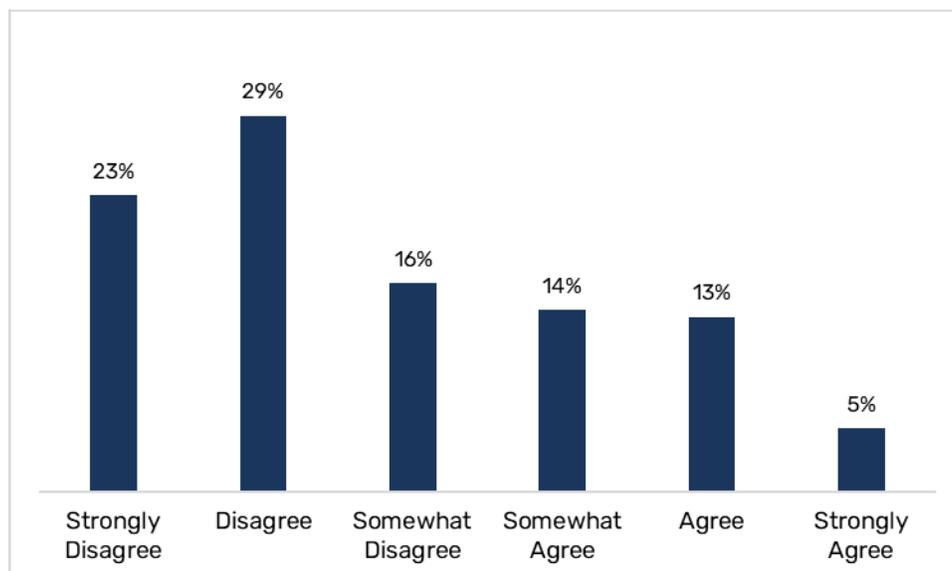


## Resource Utilization

In terms of utilizing resources, 18% of respondents strongly agreed or agreed that they do not know how to receive food assistance and another 14% somewhat agreed with this statement.

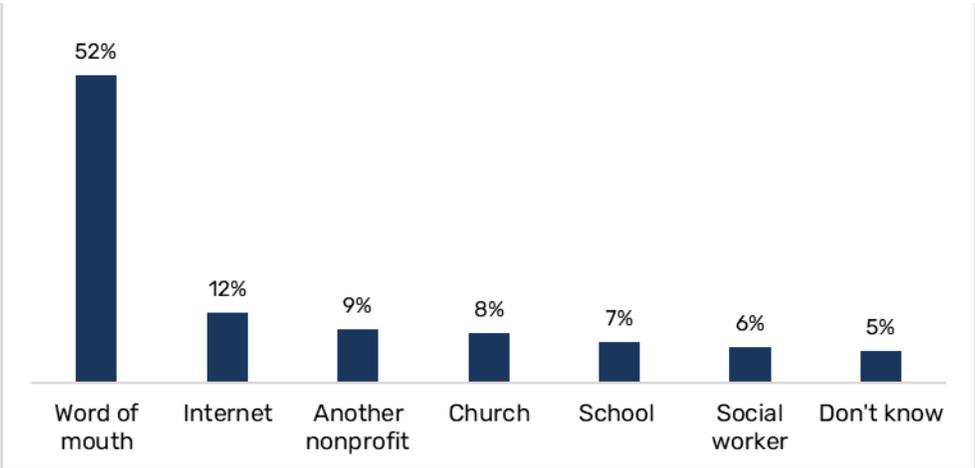
Asian and NHPI and MENA respondents were most likely to report not knowing how to receive food assistance compared with all other racial/ethnic groups. English speakers were less likely to not know how to receive food assistance. Youth were slightly less likely to report not knowing how to receive food assistance. Respondents who indicated needing housing or job training services were more likely to not know how to receive food assistance.

**APX D Figure 16: Consumers' Agreement with Statement that They “Do Not Know How to Receive Food Assistance” (n=737)**



More than half (52%) of respondents found out about the agency where they go for food resources through word of mouth, including friends and family or posters at their housing complex. This trend was true of all age groups and did not change depending on language of choice. Black or African American respondents were slightly more likely to hear about the agency they go to from another nonprofit rather than by word of mouth.

**APX D Figure 17: Ways Consumers Find Out About Agencies They Go to for Food (n=788)**



### Community Focus Groups

Participants of the Community Focus Groups were asked what a healthy, food secure community looks like and what kinds of things people would have access to in this food secure community. All participants in the MENA, College-age, and Refugee Focus Groups agreed that access to affordable food, access to nutritious food, and affordable housing are necessities that would help create a healthy, food secure community. These three factors all have a commonality with each other: high cost of goods. All three Focus Groups mentioned that people should not have to choose between eating and paying their rent. High food prices cause individuals to often sacrifice their nutrition in order to afford something to eat. For example, what \$100 could buy in terms of groceries today is much lower than what that same amount of money could get someone just a few years ago. Due to high food prices, some individuals choose getting fast food over groceries because this alternative is cheaper. It is also pricier when individuals want organic foods. The participants reiterated that the key to a food secure community is affordable food, housing, and access to nutritious food.

## Theme 3: Capacity

The Capacity theme centers around Providers' capacity to keep and distribute food; their distribution style; the amount of food distributed; number of individuals served; and Provider distribution schedules.

### PROVIDER FINDINGS

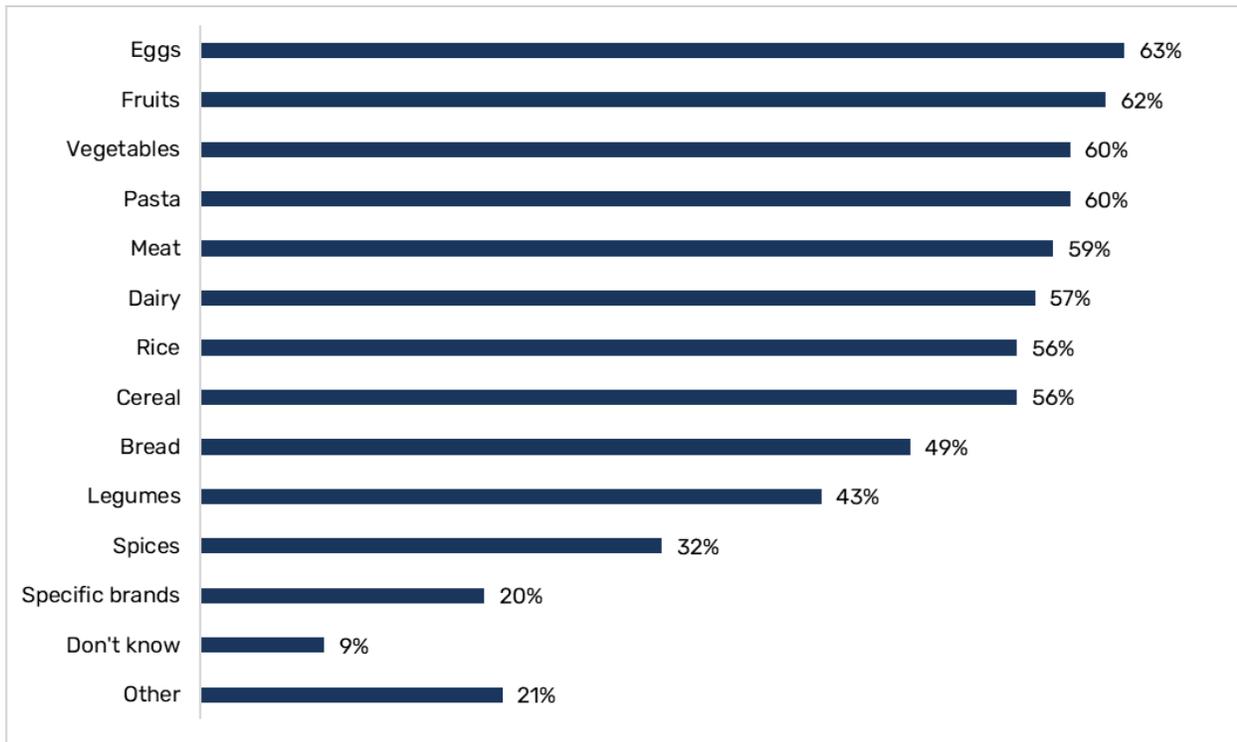
#### Provider Survey

Of the 118 Providers who indicated that their organization distributes food directly, 82 of them (70%) were able to safely receive, store, and distribute food, 20% were unable to, and 10% did not



know. These Providers indicated that the top five food items they were able to store were eggs (63%), fruits (62%), vegetables and pasta (60% each), and meat (59%). Other responses included canned goods, drinks, non-perishable food items, protein drinks, water, and meals.

**APX D Figure 18: Foods Providers are able to Safely Receive, Store, and Distribute (n=82)**



Note: respondents could select all that apply, hence the total adds up to more than 100%.

## Distribution Style

Providers were also asked about their distribution style, with the choices of food boxes, choice model, and others. Almost half of the Providers (45%) indicated that they have a food choice model, 33% have the food box model, and 22% have some “other” model, including:

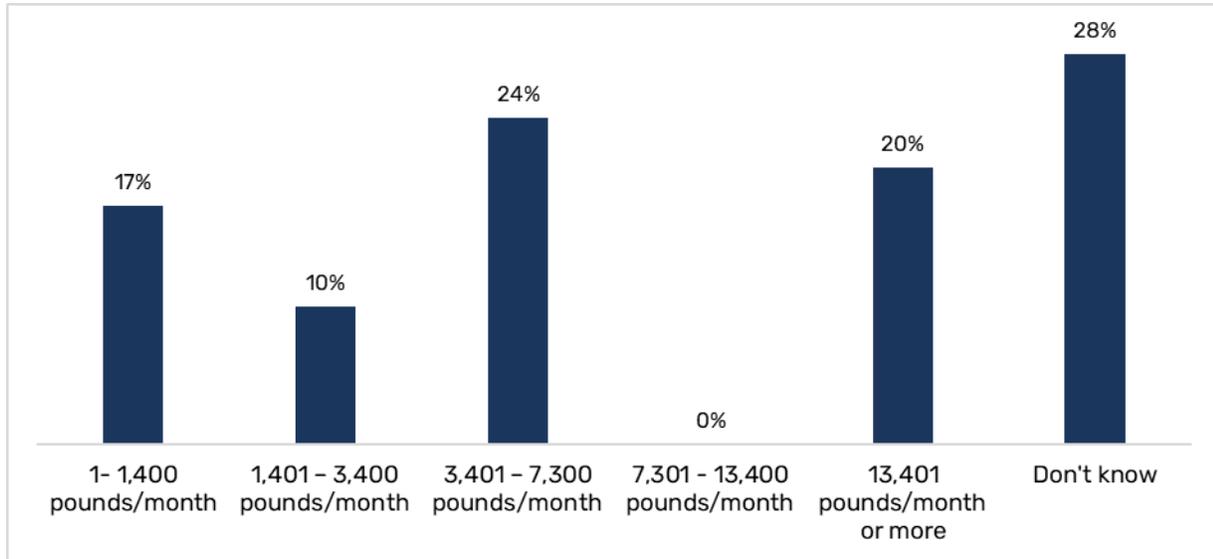
- Food bags (7%)
- Hybrid (Both Choice and Food Box model) (6%)
- Packaged foods (hot meals, frozen meals, lunches) (6%)
- Meal Delivery (1%)
- Free snacks (1%)

## Pounds of Food Distributed

While 28% of respondents indicated that they do not know how much food they distributed each month, 24% of Providers distributed 3,401–7,300 pounds per month and 20% estimated that they distributed more than 13,401 pounds per month to their Consumers.



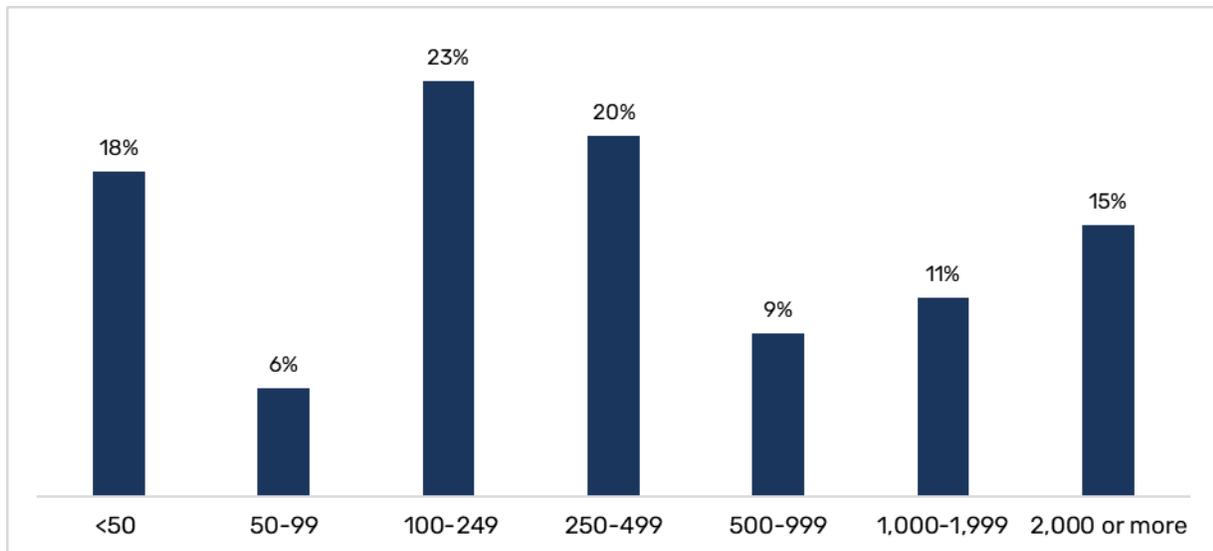
APX D Figure 19: Pounds of Food Providers Distribute Each Month (n=109)



### Individuals Served

Along with the pounds of food distributed, Providers were also asked about the number of individuals they estimate their organization serves each month. Twenty-three percent of respondents say they serve 100 to 249 people per month, and 20% serve 250 to 499 individuals per month.

APX D Figure 20: Number of Individuals that Providers Serve per Month (n=102)



### Food Distribution Schedule

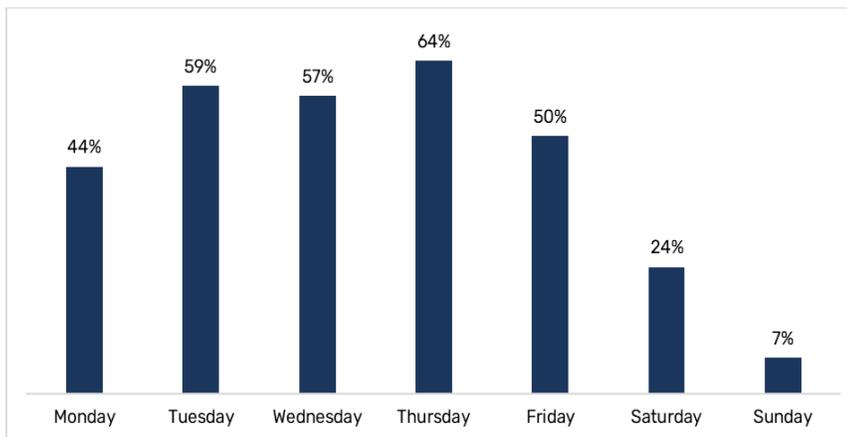
To increase understanding about the individuals served, Providers were asked about how often their Consumers were able to receive food from their facilities and in general, their days and hours of operation.



Forty-three percent of respondents indicated that their Consumers could receive food weekly, 25% indicated monthly, and another 33% indicated other. Those who said “other” indicated either daily (5%), twice a week (6%), twice a month (14%), or that it varies (7%).

As for pantry days and hours, the availability varied widely with Providers opened on various days of the week. For example, some Providers indicated that they open on each 3rd Saturday, 1st and 3rd Mondays of the month, or as indicated above, Providers are open daily, weekly, twice a week, or twice a month. Responses in Figure 21 below are based on responses provided regardless of how often the pantries are open or how many times a day or month. Most responses are also based on food distribution hours and days. Based on responses, most of the Providers are open on the weekdays, with slightly more popularity toward Tuesday, Wednesday, and Thursday, rather than the weekends.

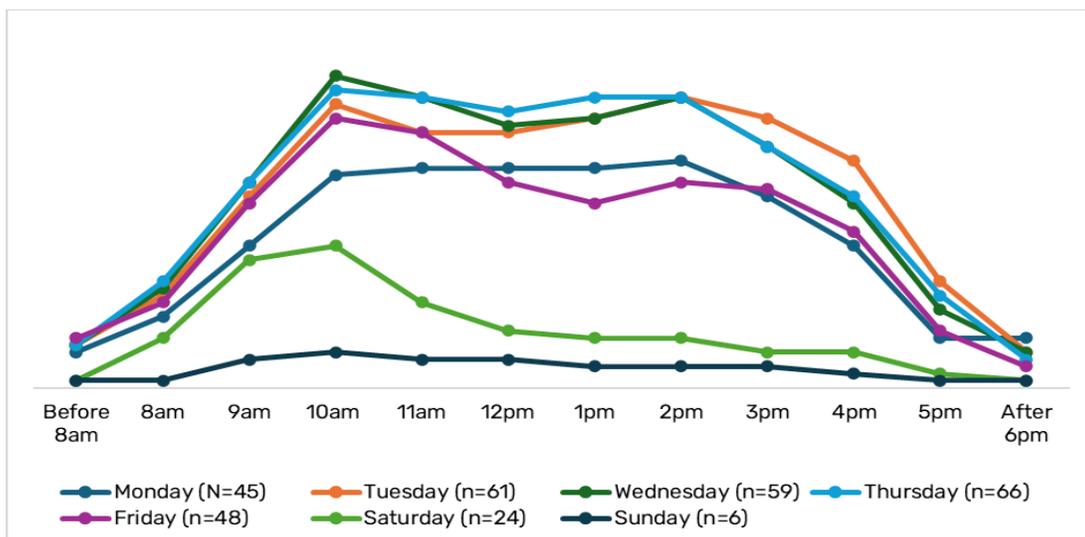
**APX D Figure 21: Days of the Week Providers are Open (n=103)**



Note: respondents could select all that apply, hence the total adds up to more than 100%.

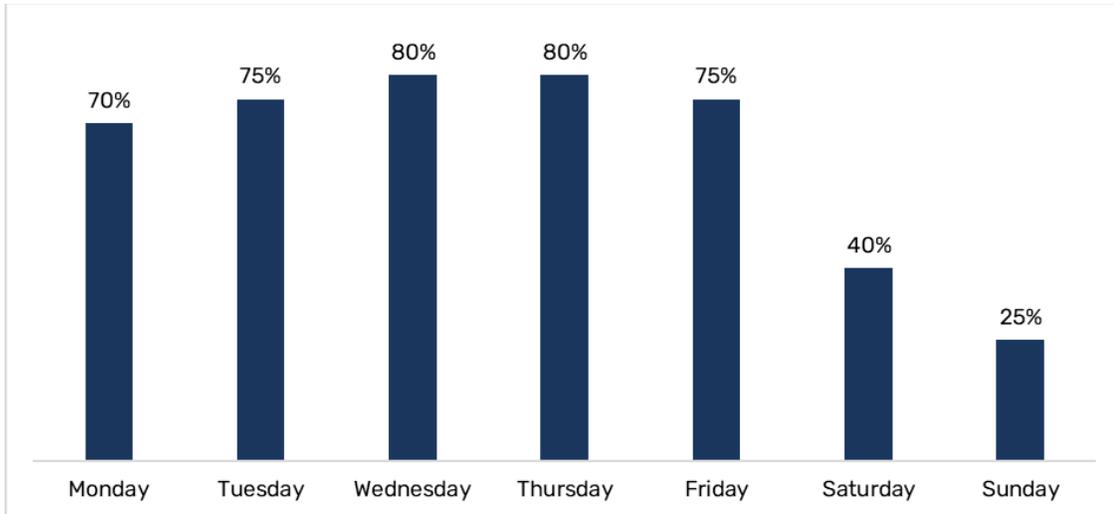
When looking at the hours of operations, the peak hours are 10:00 am across most days. In contrast, the least popular hours of operations are before 8:00 am, at 8:00 am, 5:00 pm, and after 6:00 pm.

**APX D Figure 22: Providers' Hours of Operations by Day (n=103)**



Outside of having the pantries at the organization’s facilities, these Providers were also asked whether they had refrigerated vehicle(s) and, if so, what were the days and hours of operations of these vehicles. A total of 110 Providers responded to this question. Of those responses, only 20 (18%) indicated that they do have a refrigerated vehicle. Similar to the responses in the Food Distribution Schedule above, more vehicles are in operation on weekdays than weekends.

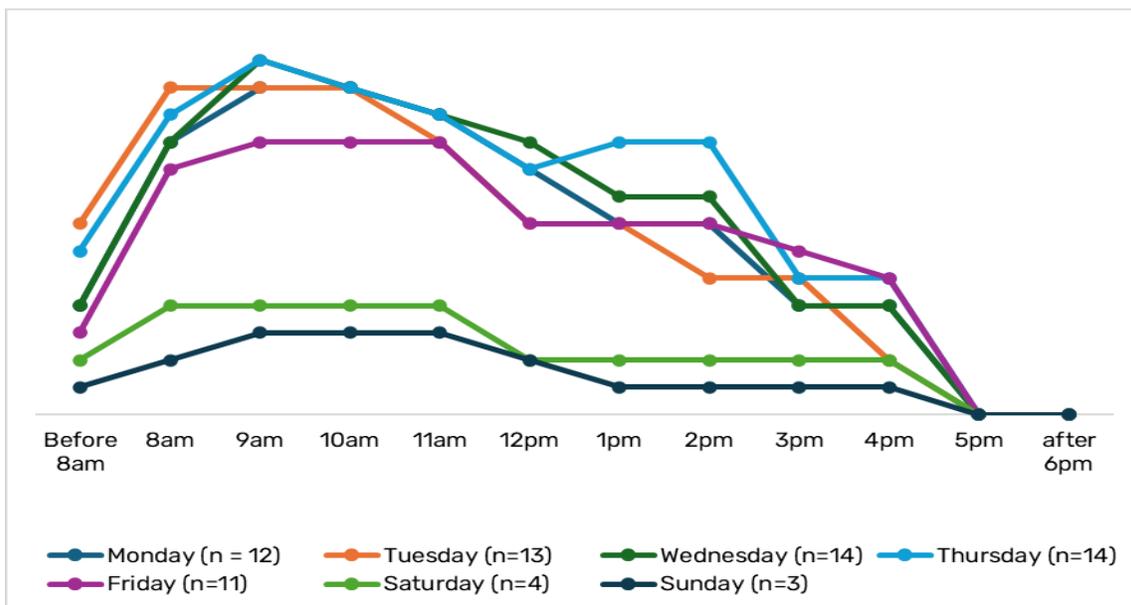
**APX D Figure 23: Days of the Week Refrigerated Vehicles Operate (n=20)**



Note: respondents could select all that apply, hence the total adds up to more than 100%.

Compared to the facility operation hours, refrigerated vehicles operate earlier in the day, before 9 am. However, these vehicles do not work after 5:00 pm.

**APX D Figure 24: Refrigerated Vehicles’ Hours of Operations by Day (n=20)**



## Theme 4: Referrals

The Provider Survey gathered information from organizations that do not distribute food, in an effort to better understand the types of referrals they provide, as well as their preferred referral sources. Provider responses are presented and discussed below.

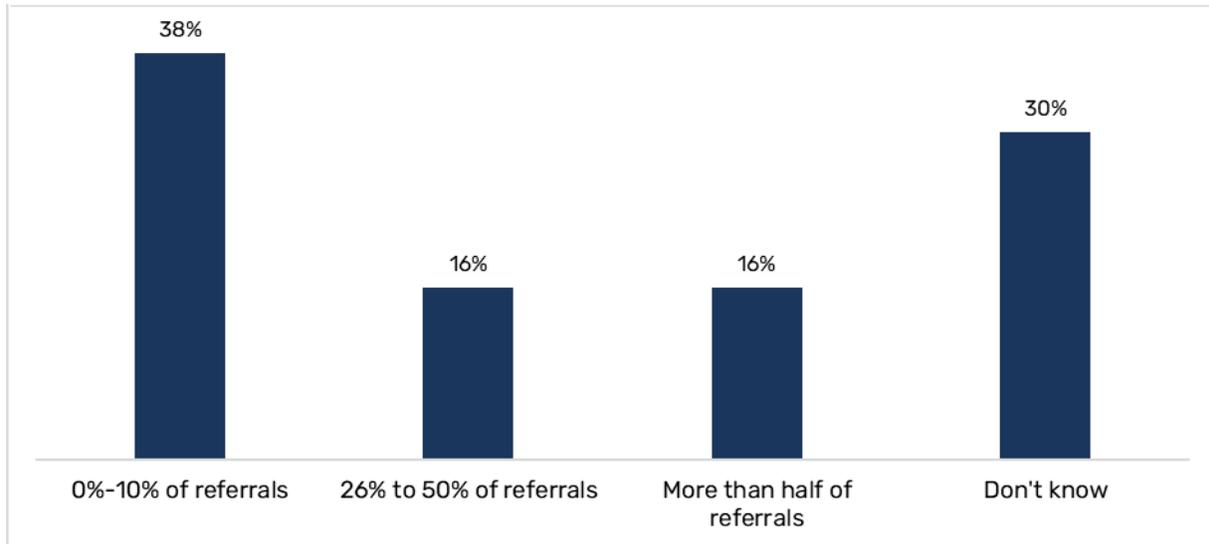
### PROVIDER FINDINGS

#### Provider Survey

#### Referrals Provided

At the beginning of the survey, Providers were asked whether they distributed food directly. Seventy percent indicated that they distribute food directly and 30% indicated they do not distribute food. Those who indicated they did not distribute food were then asked about the percentage of referrals their organization provides that are for food needs and their top three referral partners. A plurality (38%) of respondents indicated that 0% to 10% of their referrals are for food needs and about 30% indicated that they do not know the percentage of referrals their organization provides.

APX D Figure 25: Percentage of Providers' Referrals that Are for Food Needs (n=69)

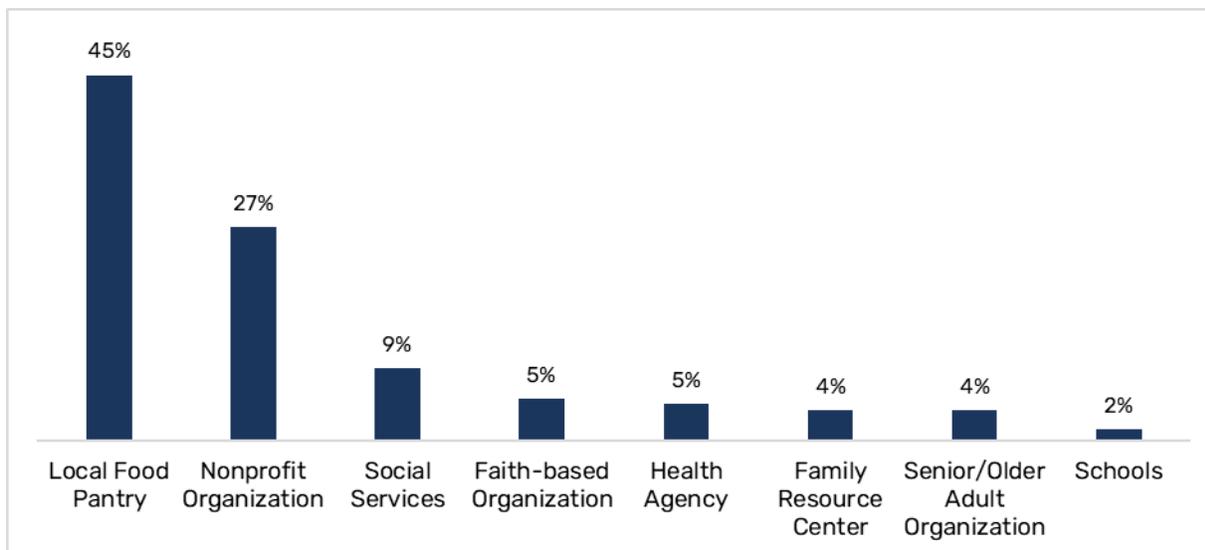


Note: respondents could select all that apply, hence the total adds up to more than 100%.

Respondents were asked to list their top three referral partners. As this was an open-ended question, there were multiple unique answers submitted. Responses were thus grouped based on the type of organization. The top referrals were to the local food pantries (45%), followed by 27% of referrals to nonprofit organizations. The top organizations listed were Second Harvest Food Bank, with 21 providers submitting this response, while six providers indicated 2-1-1 OC as a referral source, and five providers indicated Project Foodbox and OC Food Bank.



APX D Figure 26: Providers' Top Referral Sources (n=132)



Note: respondents could select all that apply, hence the total adds up to more than 100%.

## Theme 5: Unmet Needs

This section discusses unmet needs from both the Provider and Consumer perspectives. Provider unmet needs are centered around community needs and logistics. Consumer unmet needs focus on the types of services that Consumers find challenging to access or are unable to access. There is also discussion of access to affordable, nutritious, and culturally appropriate foods.

### PROVIDER FINDINGS

#### EiOC Provider Convenings

Among Provider groups, themes emerged around community needs and logistics.

#### Community Needs

Overwhelmingly, the need for culturally appropriate food was identified across the racial/ethnic groups represented, which included Arab & Muslim Americans, Latinos, and Asian and NHPI. Participants reported culturally inappropriate food as a source of food waste due to Consumers not knowing how to prepare the food or turning it down due to lack of appeal.

#### Logistics

Logistics, including sourcing, transporting, and storing food came up as an unmet need. Consumers who lack transportation are unable to reach food sources, carry food home, or keep items at the correct temperature during long commutes. Moreover, storage becomes an issue for the unhoused, and individuals receiving referrals may have trouble traveling to pantries. On the Provider side, participants said inefficiencies create waste when fresh produce cannot be picked up from farms. Those that cater to seniors, like Meals on Wheels, report increasing requests for delivery services, further adding to logistical challenges.



## CONSUMER FINDINGS

### Consumer Survey

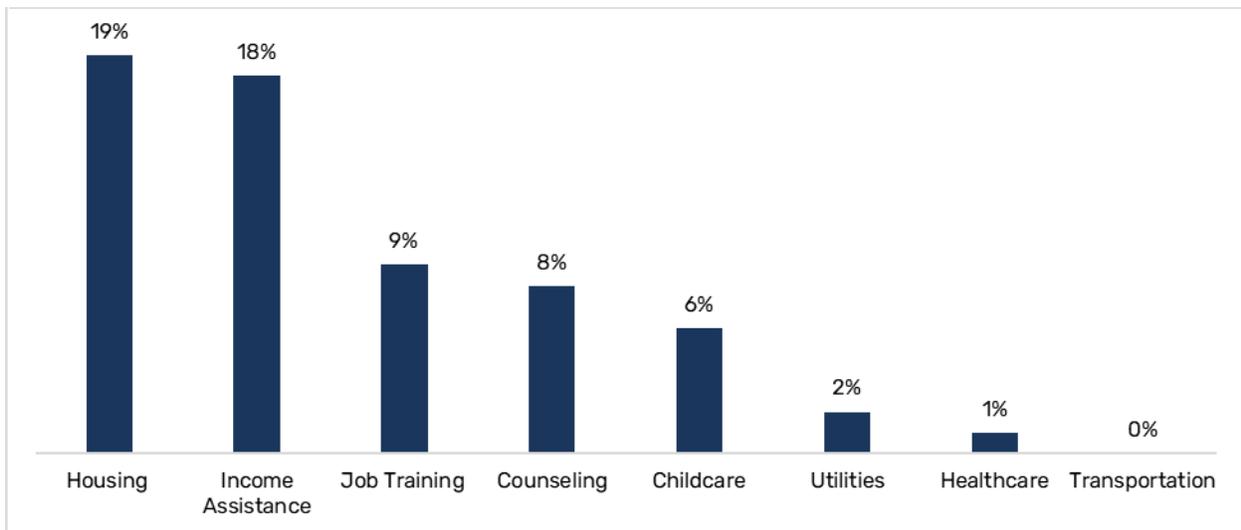
Consumers were asked whether there are other services they need, but do not know where to find. Thirty-eight percent of Consumers affirmed that there are services that they need, but do not know how to locate. Respondents identified housing and income assistance (19% and 18%, respectively) as priority services they were unable to find.

Respondents were equally likely to require services and also have trouble finding them, across age group and language spoken categories. Hispanic or Latino, multi-ethnic, and White respondents were more likely to say they did not need other services or know where to find them, whereas Asian and NHPI, Black or African American, and MENA respondents did need services or have trouble finding them.

MENA and NHPI and Black or African American respondents were most likely to report needing income (64% and 40%, respectively) and housing assistance (27% and 50%, respectively). More than any other group, MENA respondents indicated needing assistance with job training (36%). Both English and non-English speakers were most interested in income assistance (21% and 12%, respectively) and housing services (19% and 14%, respectively).

Youth were most interested in housing services (32%) and income assistance (18%), compared with adults (18% and 17%, respectively). In contrast, older adults were more likely to need income assistance (20%) than housing services (15%).

**APX D Figure 27: Services Consumers Need (n=811)**



Note: respondents could select all that apply, hence the total adds up to more than 100%.

### Community Focus Groups

Across the three Focus Groups, four themes emerged around food needs: access to affordable food, access to nutritious/quality food, culturally appropriate foods, and housing as an issue.



## Access to Affordable Food

All three Focus Groups indicated that having access to affordable food would contribute to an ideal food secure community and that access to affordable food is a current issue for them. The high cost of living impacts their ability to have options for the foods they choose. Participants commented that they have to find cheaper food alternatives in order to balance their expenses and that the high cost of food makes them more inclined to choose fast food.

However, when looking for cheaper alternatives, these individuals have to make sacrifices, including forgoing nutritious/quality foods (including organic foods) and various cultural food items. They are also having a hard time accommodating special diets due to medical conditions. While grocery shopping is a cheaper alternative to eating out, one of the individuals commented that, "If people want to grocery shop and make food themselves, prices are also spiked to doing that". While all three community Focus Groups agreed that access to affordable food is a current issue, the college students had unique experiences that they shared, including:

- *"On college campuses, meal plans are only 5 days a week. So, we are put in a tough position on weekends since meal plans are getting really expensive. So, we have to resort to local food banks or find treats/free food offered on campus. I know someone who would eat a trail mix and use that for their entire day instead of getting meals. Meal plans should be all inclusive and more affordable."*
- *"The fact that a lot of college campuses have a lot more expensive food within universities, than outside the campus is really concerning. Students are struggling to make ends meet and seeing your own campus charge you more than elsewhere is frustrating. This shows the system is flawed and is in need of change."*

These comments from college students are concerning and align with research. According to a study on food insecurity in California's public university system, four in ten students experienced food insecurity, exceeding the 13% prevalence in the general U.S population.<sup>34</sup>

## Access to Nutritious/Quality Food

Access to affordable food plays a crucial role in getting access to nutritious and quality food. All participants from each Focus Group agreed that nutritious foods are expensive. For example, in the MENA Focus Group, a participant commented that, "Nutritious foods are expensive and with the increase in prices in the last two years, it is more and more difficult to buy quality products. Post-COVID, a lot of our food allowance has been cut and so we struggle to pay for quality food." Nutritious food in general is more expensive, and many of the participants also struggle with deciding what foods they can buy based on the worth of the food item and whether it is something they can afford. One participant noticed, "Healthier food also comes in smaller portions, which can rack up the bill."

In accessing nutritious food, one of the participants for the College-Aged Focus Group indicated that they find it difficult to access affordable organic supermarkets. They commented, "I focus on holistic health, so I try to avoid pesticides, so I go for organic foods. The problem is that in this part of Orange County (North/Central Orange County), there aren't many "organic supermarkets". These are located more in South Orange County, which caters to wealthier communities. It is a problem trying to access organic food without having to do a far drive to get there". When it comes to nutritious food, the inability to access it impacts those participants who have medical



conditions, as well as their needs for special diets. Some of the participants try to access food banks to accommodate their specific needs but they find that the products at food banks have been sitting on the shelves past their expiration dates and are mostly canned, packaged foods.

### **Culturally Accessible Food**

Transportation plays a key role in having access to culturally appropriate food as local grocery stores often do not have the cultural food that individuals want. A participant from the college-aged Focus Group commented that in a perfect world, they would have more accessible whole foods targeted to an international community. Others in this group also comment that, "growing up, we would have to go to different grocery stores that cater for Arabs, despite Anaheim having such a large Arab community". Another participant agreed with this sentiment and commented that Ralphs grocery stores, for example, have Asian or Mexican food, but not Arab foods. Participants from the Refugee Focus Group also mentioned the issue around access to cultural foods. One participant from this group said they can walk to their closest grocery store, but it is more expensive, and they do not have cultural foods. There was no mention of difficulty accessing cultural foods at the MENA Focus Group.

### **Housing as an Issue**

Housing is intertwined with access to affordable and nutritious food. Overwhelmingly, aspects of access to affordable food, access to nutritious/quality food, and housing as an issue were identified across all groups when it came to this vision of an ideal food secure and healthy community. Across all groups, they mentioned how people should not have to choose between paying for food or for housing. The high prices of rent and food create a situation where individuals must decide whether they need to sacrifice nutritious foods to afford other aspects of their lives. One member from the Refugee Focus Groups commented that, "people should not be choosing between food or housing payments. Both are equally important, and one should not sacrifice one for the other". Individuals from the MENA Focus Group agreed that it is important that they should not have to choose between quality food or having the buying power in exchange of having to pay rent. While the individuals from the college-aged Focus Group contemplated whether people would want to put their checks into housing or into food.

## **Theme 6: Barriers**

This section assesses the top barriers from both the Provider and Consumer perspectives.

### **PROVIDER FINDINGS**

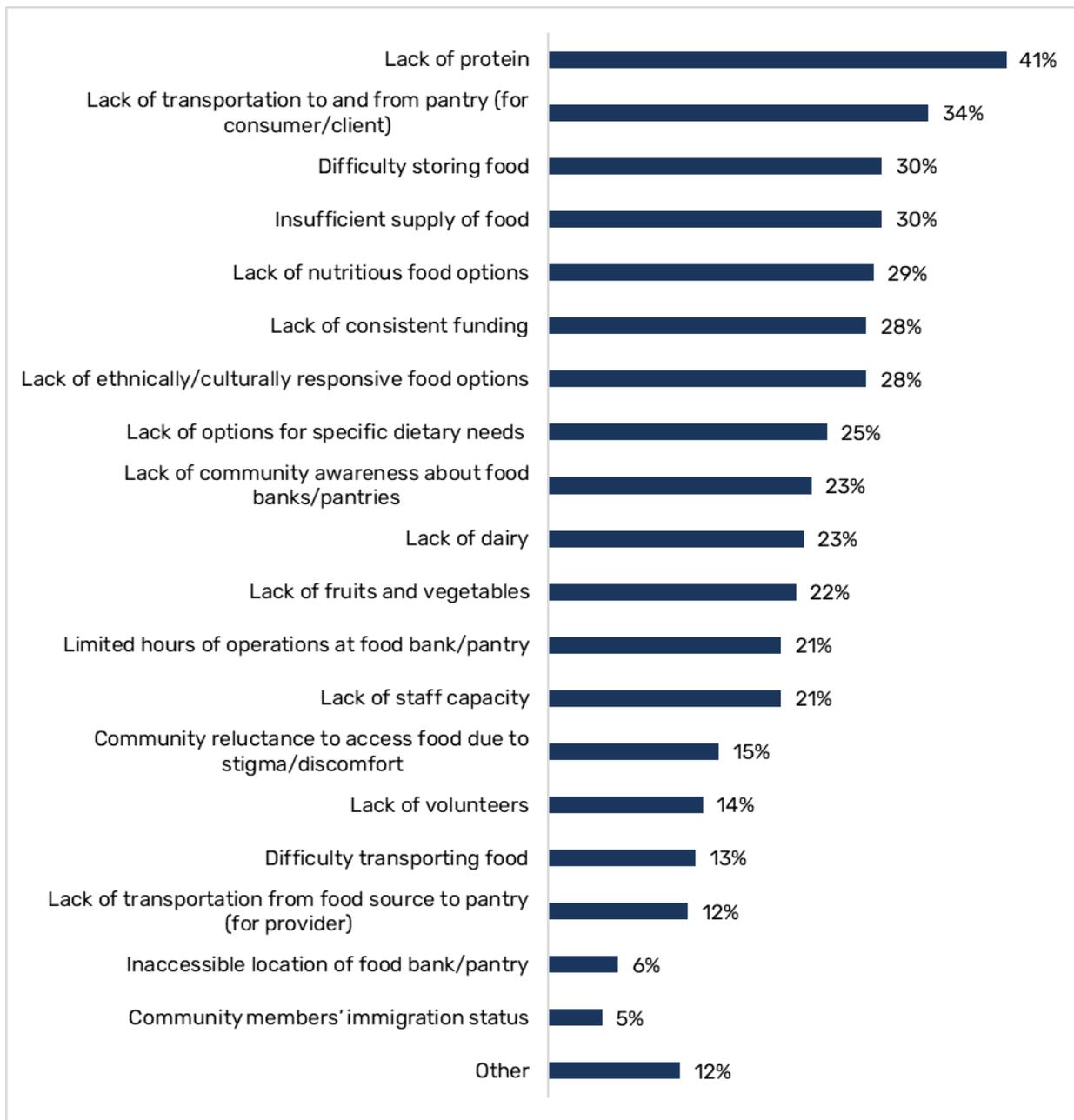
#### **Provider Survey**

##### **Barriers**

Providers were asked to list their top five barriers to meeting the food needs in their communities. The top five overall responses were having a lack of protein (41%) in their pantry supply, lack of transportation (34%), difficulty storing food (30%), insufficient supply of food (30%), and lack of nutritious food options (29%). Other responses included insufficient parking, lack of community outreach, lack of staff and keeping up with demand.



APX D Figure 28: Providers' Top Barriers to Addressing Food Needs (n=145)



Note: respondents could select all that apply, hence the total adds up to more than 100%.

Providers were asked to document any other challenges that they were facing in trying to address their Consumers' food insecurity. The top challenges were:

- Funding around transportation, program or infrastructure upkeep, staffing, and food purchasing
- Lack of variety of food choice
- Keeping up with demand and supply
- Food waste



- Staffing issues, including lack of volunteers and staff working at off-hours
- Eligibility criteria
- Challenges around the potential of using a food delivery app

## **EiOC Provider Convenings**

Two main barriers came up at the EiOC Provider Convenings: fear of risking immigration status and difficulty signing up for benefits. They noted that shifting demographics are surfacing new challenges.

### **Fear of Risking Immigration Status**

Among both documented and undocumented immigrant populations and refugees, fear of being tracked, reported, and risking unfavorable immigration status is considered a barrier to applying for government benefits like CalFresh. One Provider who serves the Latino community indicated that the fear is greater in South County because they “stick out” more.

### **Difficulty Signing Up for Benefits**

Multiple participants shared difficulty communicating eligibility for different services effectively. It was noted that maintaining eligibility, particularly with medically tailored food boxes through CalOptima that must be renewed every 6-months, is widely regarded as an insufficient timeframe to attain food security and a burdensome requirement for Consumers to maintain. They identified gaps in benefit services like CalFresh: youth with disabilities and seniors between age 50 and 60 years who do not yet have chronic health issues or social security that may qualify them for benefits. For the two centers that represented the Orange County LGBTQ+ community, the largest problem they shared is the lack of data regarding that community. Efforts are thus currently focused on root cause analysis and identifying unique needs—likely connected to behavioral and mental health—that will provide channels for grants and other funding.

### **Changing Demographics**

Underlying these mentioned barriers and challenges, EiOC participants agreed that there is an increasing need amongst shifting populations. An aging population, especially in South County, is expanding a set of complex problems that contribute to food insecurity: the expense of caretakers, lack of mobility, and chronic illnesses that necessitate better nutrition and specialized meal plans; seniors reportedly are less likely to cook, resulting in a greater reliance on prepared meals. Students and the working class were among those reported as contributing to greater demand and larger caseloads for Providers and government services. International students who overstay visas (and thus become ineligible for benefits) were cited as a contributing factor for increased need among students.

## **CONSUMER FINDINGS**

### **Consumer Survey**

Sixty-three percent of Consumers strongly disagreed or disagreed with the statements that they are embarrassed to receive food assistance or that they are afraid that they could be penalized for receiving food assistance.

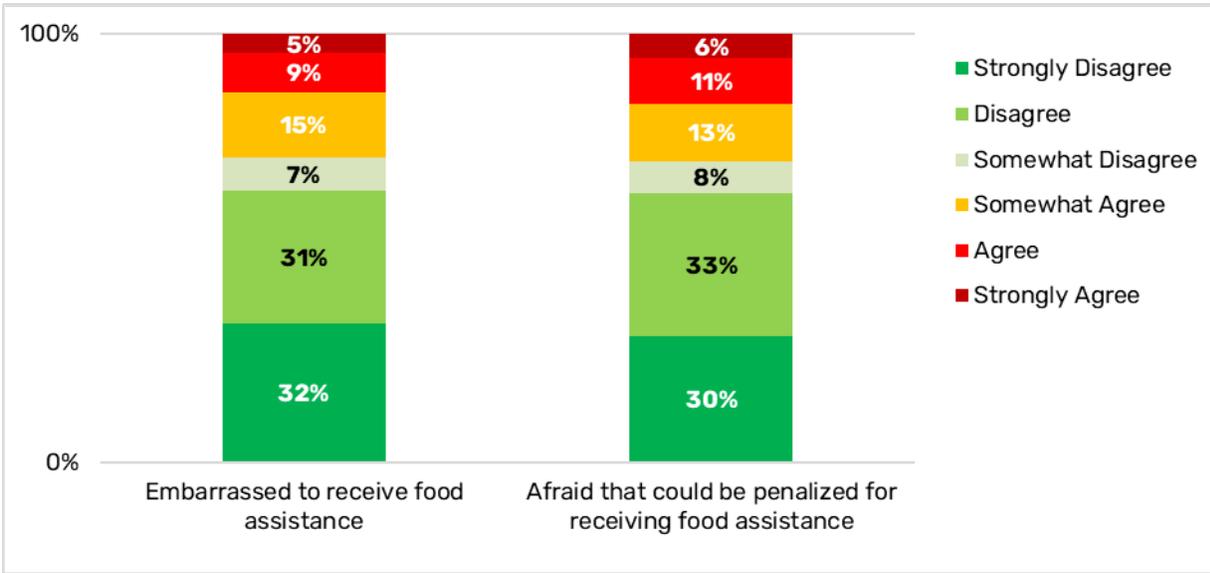


Black or African Americans and Hispanic or Latino respondents were least likely to be embarrassed about receiving food assistance compared with MENA, multi-ethnic, Asian and NHPI, and White respondents. Asian and NHPI, MENA, and multi-ethnic respondents were most likely to report fear of being penalized compared with other racial/ethnic groups. English speakers were more likely to be embarrassed or afraid of being penalized when compared to those who took the survey in a language other than English.

Youth were slightly less likely to report being embarrassed about receiving food assistance or afraid of being penalized when compared with older adults and adults.

Respondents who indicated needing housing or job training services were more likely to be embarrassed about receiving food assistance and be afraid of being penalized for receiving food assistance.

**APX D Figure 29: Percentage of Consumers Who Agree They are Embarrassed to Receive Food Assistance or Afraid of Being Penalized (n=707)**



**Community Focus Groups**

At the Focus Groups, there were three main barriers mentioned: transportation, immigration status and benefits, and stigma in getting access to healthy food.

**Transportation**

Transportation was a theme that all three Focus Groups agreed on as a community need and a vision for a food secure community. Transportation is a barrier as it decreases accessibility to grocery stores, ethnic markets, organic supermarkets, and the cost of gas in addition to housing and food costs.

The need for transportation was a key discussion in the Refugee Focus Group. The Focus Group participants were asked what could be done better to help them access healthy food and they mentioned transportation because at times, they would have to choose between paying for gas, paying for food, or paying rent. A participant of the Refugee Focus Group mentioned that they eat halal food and sometimes the locations to get halal food are so far away, that they choose to not



go at all because it is too much of a drive. They mentioned, “the further the drive, the more gas I have to get, which gives me more payments to worry about”. Many participants of the Refugee group agreed with this individual’s sentiment. As for the college-aged students, they mentioned that the cost of gas is an added challenge, especially for those who commute back and forth from their home to their colleges. This group also mentioned that the grocery stores around them do not have the cultural foods they need, so they have to “burn through their gas because that means multiple grocery store trips”.

## **Immigration Status and Benefits**

Immigration status and benefits were mentioned in the college-age and MENA Focus Groups. Half of the participants in the MENA Focus Group were on government assistance programs. They noted that the issue with these programs is the issue of immigration status as a determining factor for these programs. This group also believes that the immigration status of a person should not be a barrier to them accessing food. A participant from the college-age Focus Group is from the Latino community and stated, “In the Latino community, it’s heavily stigmatized because of the fear of being a burden to the government or facing potential deportation. A lot of people would rather ask for money or go to food banks than reach out to CalFresh because they are scared to ask for assistance from the government. It’s a big no in the Latino community to ask for anything from the government.” While the Refugee Focus Group did not make any direct comments about the issue between immigration status and benefits, the facilitator of this group noted that many participants were hesitant to answer the question on whether they use any food assistance programs such as CalFresh, CalWorks, and WIC. Those who did answer this question said they could not get assistance due to strict income limits.

While immigration status and government benefits were noted as an issue, individuals who do have access to these benefits are appreciative that they have such assistance as they would not know how they would be able to meet some of their nutrition needs.

## **Stigma in Getting Access to Healthy Food**

Stigma in getting access to healthy food was a unique mention only found in the college-age discussion. One student who is from the Latino community mentioned that, “In the Latino community, we are considered underserved/impoverished area but in reality, not really impoverished. There’s a stigma against seeking resources or utilizing food banks. This then discourages people from going to wealthier grocery stores like Trader Joe’s, Vons, and Sprouts because they’re being told ‘no you can’t afford it.’” The same individual also commented that, “There’s this stigma surrounding accessing healthier options. People say things like, “You’re shopping at fancy stores, you must be loaded.” It’s disheartening because it makes you second-guess going to places like Gelsons. You start doubting your own affordability. It’s tough dealing with this stigma, especially when these foods offer the nutrition we all need. It’s a judgment we face from peers, the community, and even family.” While only one person discussed the stigma related to their community and peers, it is included here for consideration.



## Theme 7: Addressing Needs

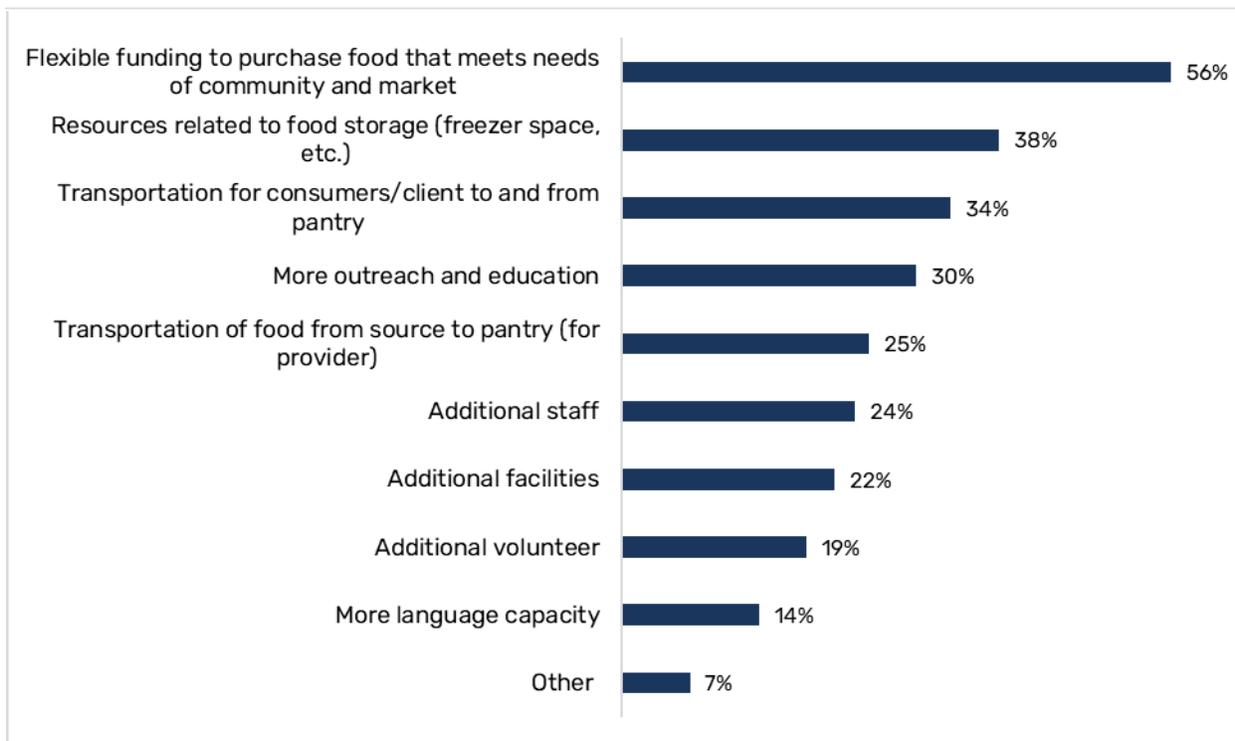
This section discusses Provider and Consumer suggestions for ways their food needs could be addressed, including making food easier to access, diversifying and distributing foods.

### PROVIDER FINDINGS

#### Provider Survey

Providers were asked about the top three ways that barriers to food access could be addressed. The top three ways that Providers identified include the need for flexible funding to purchase food that meets needs of community and market (56%), resources related to food storage (freezer space, etc.) (38%), and transportation for Consumers to and from pantry (34%). Other responses included needing more space and additional refrigeration options, and more variety of food.

APX D Figure 30: Providers' Top Barriers to Food Access that Can be Addressed (n=143)

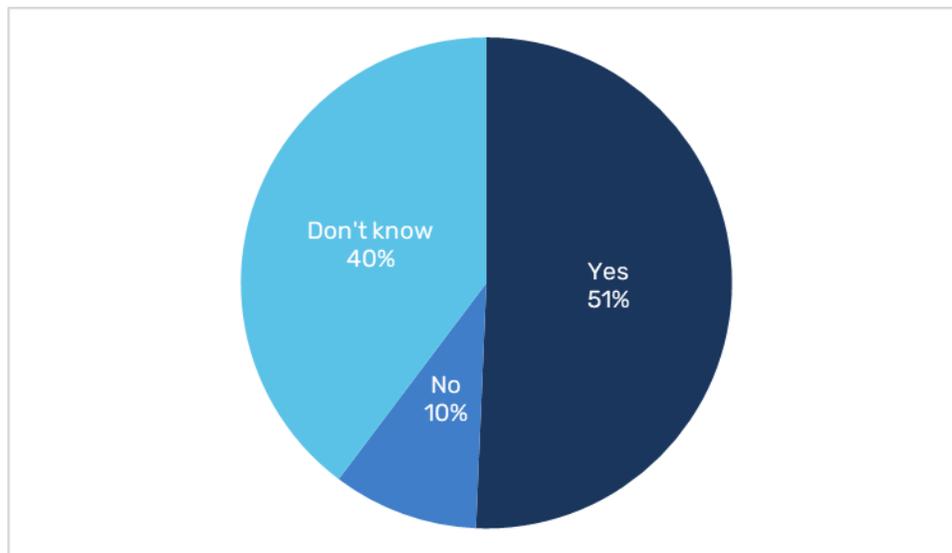


Note: respondents could select all that apply, hence the total adds up to more than 100%.



As transportation is an issue for both the Providers and Consumers, the Providers were asked if food delivery apps for paid, or volunteer drivers would help in eliminating barriers from pantry to Consumers' homes. A little more than half of respondents (51%) said that yes, it would help in eliminating barriers.

**APX D Figure 31: Percentage of Providers that Indicated that Food Delivery Apps for Paid or Volunteer Drivers would Help Eliminate Transportation Barriers from Pantry to Clients' Homes (n=146)**



Providers were asked to document their ideas around addressing food insecurity. Their responses included:

- *"Being where the families are rather than at other organizations. Families are at the school, they are at the medical clinics, etc."*
- *"Create a list of businesses that prepare food (fast food/restaurants) in order to obtain hot meals and/or donated foods."*
- *"Face serving unhoused population by being able to provide pre-prepared meals."*
- *"Being open more often would be helpful. At this time, we are not able to change the situation."*
- *"Need a refrigerated box truck, high ceiling van, and cardboard compactor desperately needed."*
- *"One challenge we face is having a truck to bring in food. Consumer choice really helps to reduce food waste by the guests by giving them what they want vs just giving them food."*
- *"We have Family Engagement Advocates pick up food during the distribution, and delivery to their centers. Families will pick up the food when they pick up their children. This has led to have zero food leftover."*

### **EiOC Provider Convenings**

In conversations with Providers, there was broad agreement on how organizations could better support one another, but they disagreed on whether and why food waste occurs.



## **Strength in Numbers**

They welcomed opportunities for improved efficiencies through sharing of best practices; resources, including excess food and centralized distribution centers; and coordination during high traffic times like holidays. There was enthusiastic support for a centralized “master” resource list amongst the currently disjointed communication channels like email chains and word-of-mouth that Providers currently rely upon.

## **Food Waste and Sourcing Ethnic Foods**

Perhaps because of communication silos, there was not broad agreement about whether food waste is or is not a problem in Orange County. Some Providers in discussions were consistently worried about where to source additional food, and thus see zero waste. Those that source food reportedly see crops spoil before they can be harvested and distributed. They cited the difficulty of getting the right food—whether medically necessary, or prepared and delivered—to the right people.

Across the board, nonprofits and CBOs who work with immigrant populations agreed that partnerships with Korean and Mexican markets; Middle Eastern stores; small, family run Asian grocery stores, or perhaps the ability to purchase from them with the aid of vouchers, would be a rational solution to the lack of culturally appropriate food available through mainstream channels. One suggestion was to allow input from CBOs to vendors who distribute packaged or prepared boxes or meals to ensure that the food is both appealing and doesn’t go to waste.

## **Government Services**

From government services, Providers asked for longer eligibility windows—as in the case of Project Food Box—and coordination among various public programs, or even dedicated “connectors” who can ensure the flow of services to individuals who need it.

As one participant said, “You could lose them any week. One piece missing and they are so vulnerable. With continuity, they could make it.”

## **CONSUMER FINDINGS**

### **Consumer Survey**

In response to a question asking what would make it easier to get the food that respondents need, 39% would like a food pantry closer to home as opposed to only 9% who would like a food pantry closer to work.

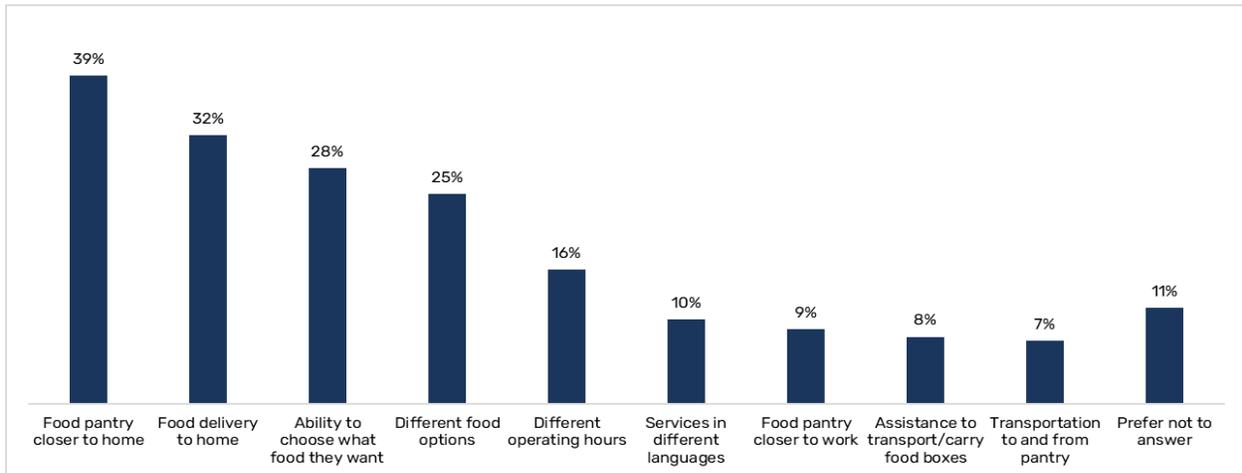
Asian and NHPI respondents (50%) were more likely than others to wish their food services were closer to home than other groups on average (39%) and to wish they could find services in their own language (21% vs. 10%). Black or African American (60%) and MENA (82%) respondents were more likely to wish they could get food delivered to their home compared to the average (32%) and have different operating hours (40% and 46% vs. 16%). Black or African American respondents were also more likely to wish they could have different food options (70%) and the ability to choose the food they want (50%).

Respondents completing the survey in a language other than English (16%) were more likely to wish they had services in their language compared with English respondents (7%). Youth (45%) were most likely to wish they had the ability to choose the foods they want compared to adults (27%) and older adults (28%).



Respondents indicating that they would like to receive job training (30%) were more likely to wish their food services had different operating hours compared with those who did not need job training services (15%).

**APX D Figure 32: Consumers' Input on Ways to Make Needed Food Easier to Access (n=811)**



Note: respondents could select all that apply, hence the total adds up to more than 100%.

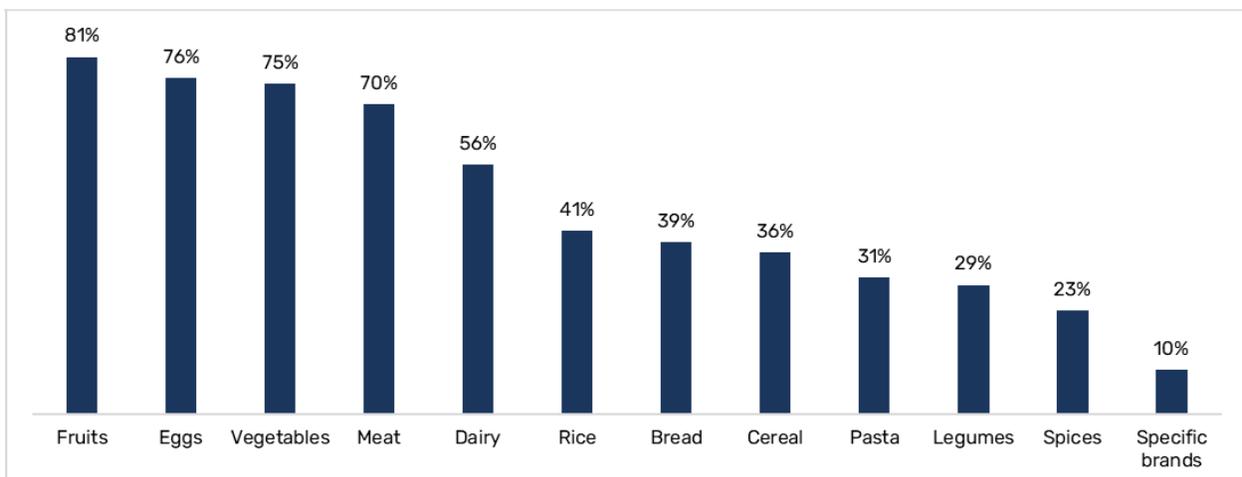
## Foods Requested

More than three-quarters of respondents would like to see more fruits, eggs and vegetables available at the pantry. In addition to food items, respondents requested hygiene items such as toilet paper, wipes and household items such as soap and detergent. A few of the respondents also requested diapers.

The top three requests from all age groups included fruits, vegetables, eggs, and meat. Youth were much more likely than adults and older adults to request cereal (57% and 33%, respectively), spices (48% and 21%, respectively), rice (59% and 38%, respectively), and pasta (45% and 28%, respectively).

Following overall trends, the top three requests for each racial/ethnic group included fruits, vegetables, eggs, and meat. Black or African American respondents (70%) were much more likely to request spices compared with the other groups (23%).

**APX D Figure 33: Foods Consumers Would Like to See More of at Their Food Pantry (n=811)**



Note: respondents could select all that apply, hence the total adds up to more than 100%.



Consumers were given the opportunity to provide overall feedback on their needs. Their responses included:

- *“Need significantly shorter wait times when standing/sitting in line to get into the food bank distribution locations.”*
- *“Receive information about children’s activities”*
- *“I would like not to have to take items I can’t or don’t use regularly.”*
- *“The cost of living is so high it causes anxiety. It would help to have a stable food program.”*
- *“It would be wonderful if we could have more options that are ready to eat (packed food / cold or hot/microwavable)”*
- *“In the many years living in the USA, I have never had to ask for any assistance with food. I am distressed that now we have to depend on these programs to survive. The American dream is fading into an American nightmare. Cost of goods, rents, and other necessities continue to rise, while salaries and benefits continue the same as before the COVID-19 Pandemic, even before the pandemic it was a problem, now is no longer sustainable.”*

In addition, there was an overwhelming outpour of gratitude from the respondents, including seniors and low-income respondents.

## **Community Focus Groups**

Focus Group participants were asked what could be done to better help them have consistent access to healthy food. The responses at the different Focus Groups varied:

### **College-Aged**

- Implement incentives or larger discounts within the student community
- Students could receive a 40% discount on grocery stores by presenting their I.D.
- For international students, to get a larger discount

### **MENA**

- Transportation services to food markets
- Increase in CalFresh payments
- Government funded programs should be tailored to each individual needs such as catering to medical conditions, be aware of limitations, etc.

### **Refugee**

- Saving money and making smarter choices (e.g., refusing to get coffee with friends)
- Transportation for access to healthy food and cultural stores
- Increasing minimum wage to help pay for food and other payments
- Having a community garden
- Having someone to help translate for seniors and refugees



Focus Group participants were also asked about community strengths. While the MENA Focus Group did not provide any information on what is currently working, both the college-aged and refugee Focus Groups mentioned how community plays a large role in what is working.

In the College-Aged Focus Group, community was a common mention. One individual commented that there is a community garden in Anaheim where volunteer groups maintain the garden and distribute food. Two other individuals mentioned the benefit of having a cultural community:

- *"I'd say community involvement was crucial in my previous neighborhood. Even though it was a cul-de-sac, everyone there was Latino. We had a program that organized events like toy and food drives, as well as turkey distributions for Thanksgiving. These initiatives made it easier for people to accept help they couldn't afford otherwise. This community organization made a big difference."*
- *"I agree with but for a different community. During Ramadan, they host events and Iftar dinners for the whole community and even for single individuals who can't break their fast with anyone. There's also AccessCal that's helped a lot of people navigate the American system. It makes getting healthcare and applying for services much more accessible and straightforward."*

For the Refugee Focus Group, they mentioned having a community garden, mosques and churches delivering food to communities, the community coming together to walk to stores as a focus on health and getting food together. The Refugee Focus Group also mentioned what works in various programs, such as having a senior food program that delivers, having someone at these programs translate for seniors or refugees, colleges having food pantries, and CalFresh being beneficial to those who are able to obtain it.

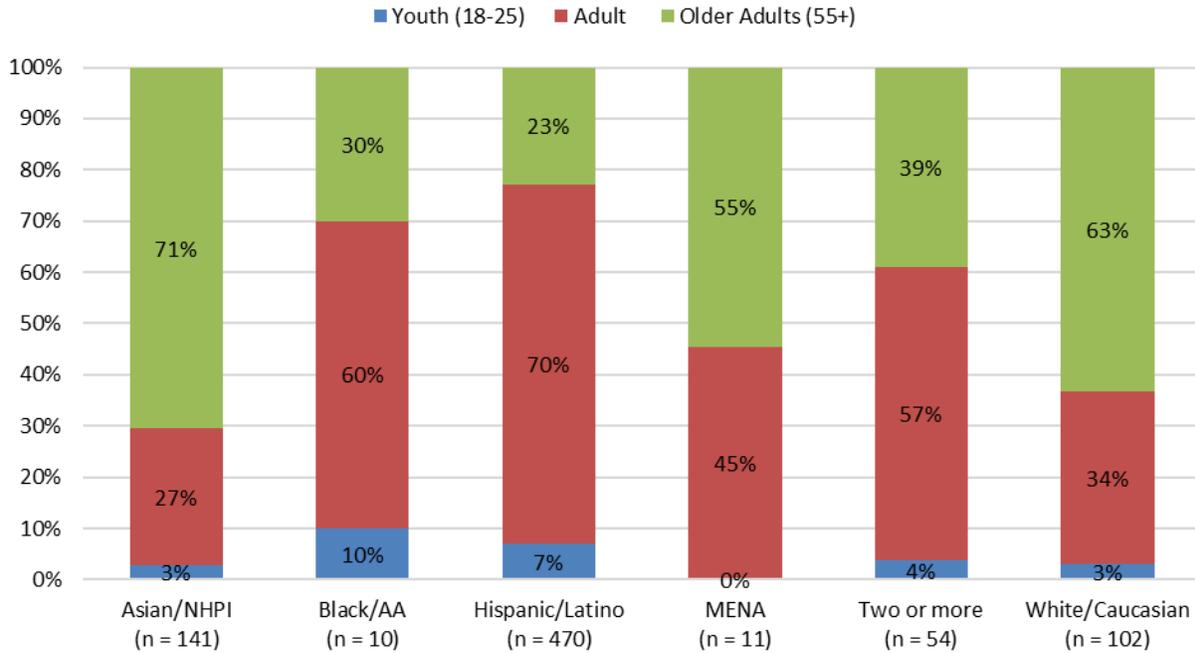


# APPENDIX E:



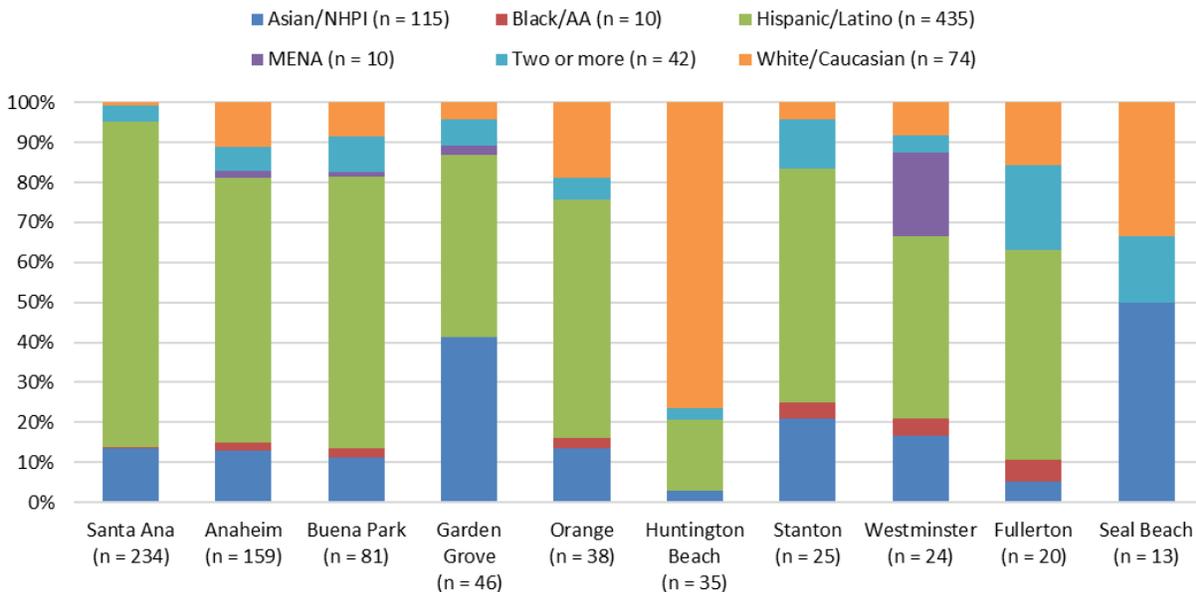
## Survey Responses by Demographics

APX E Figure 1: Respondents by Race/Ethnicity by Age



\*Note: breakdowns of survey questions include low numbers of responses from Black or African American and Middle Eastern/North African (MENA) populations, which are representative of Orange County’s population but limit the generalizability of results.

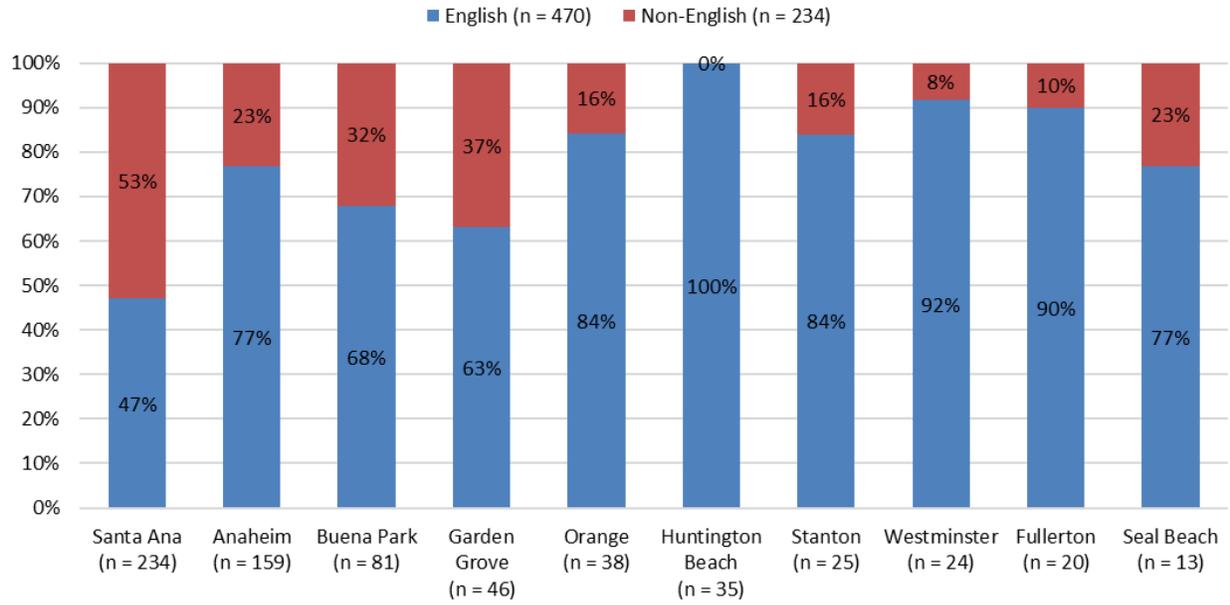
APX E Figure 2: Respondents by City by Race/Ethnicity



Cities with over 10 respondents shown.

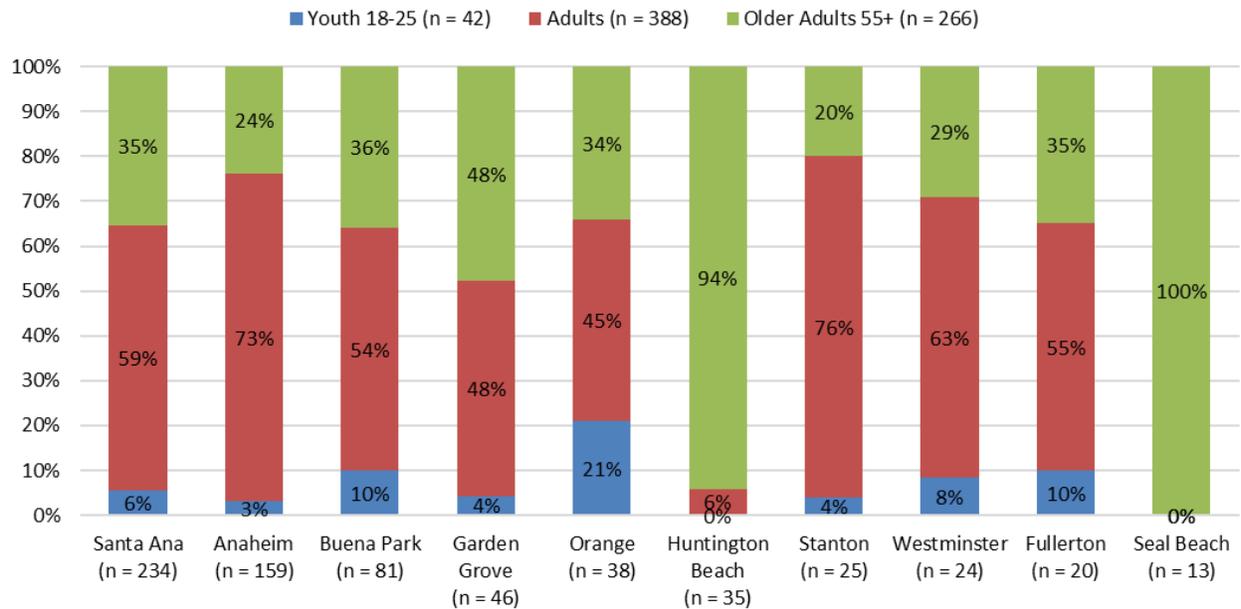


APX E Figure 3: Respondents by City by Language



Cities with over 10 respondents shown.

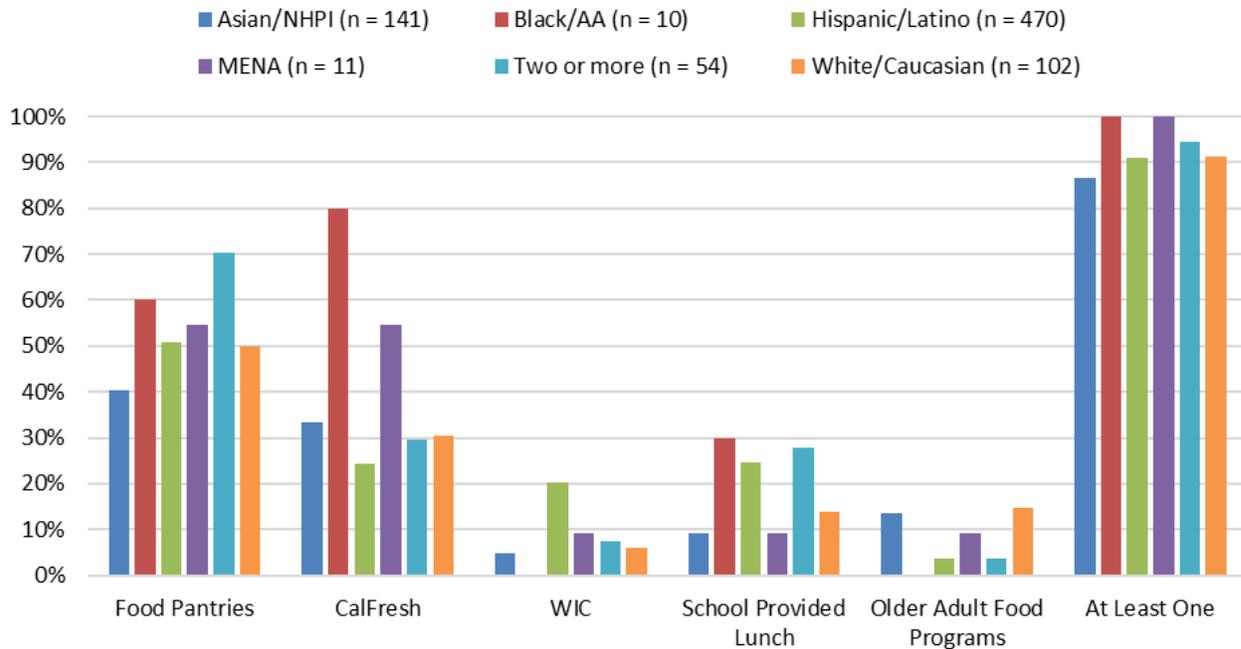
APX E Figure 4: Respondents by City by Age Group



Cities with over 10 respondents shown.

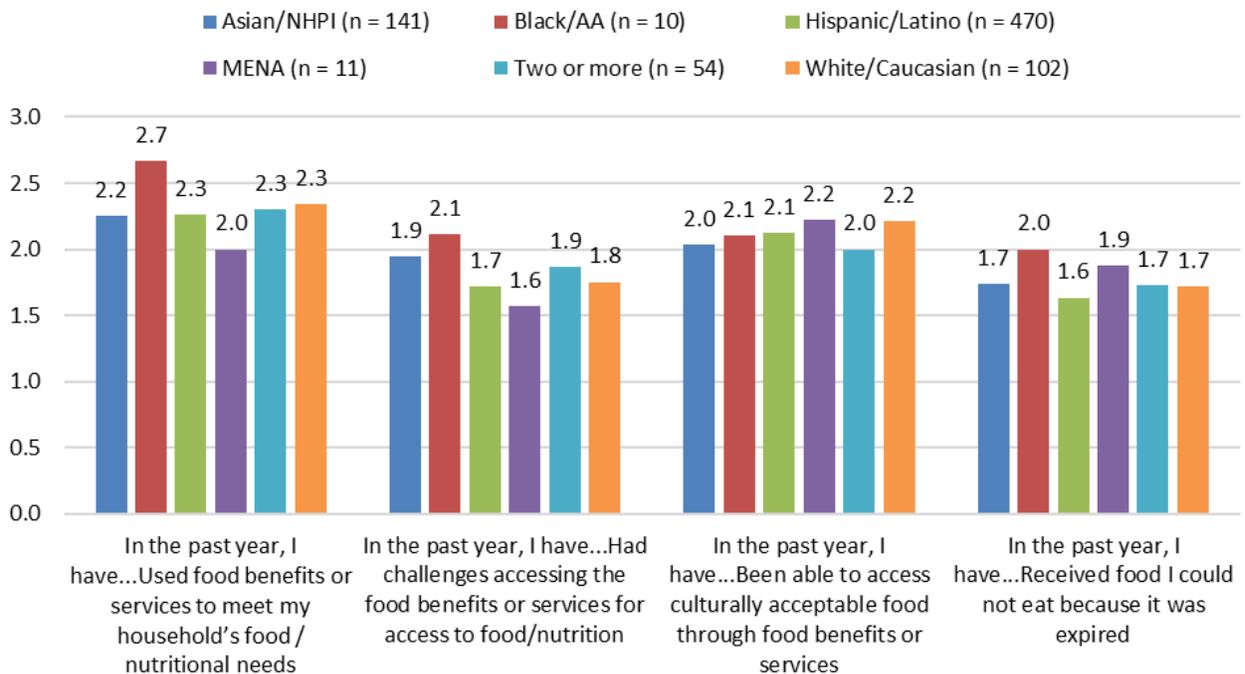


**APX E Figure 5: Food Resources by Race/Ethnicity**



\*Note: breakdowns of survey questions include low numbers of responses from Black or African American (AA) and Middle Eastern/North African (MENA) populations, which are representative of Orange County’s population but limit the generalizability of results.

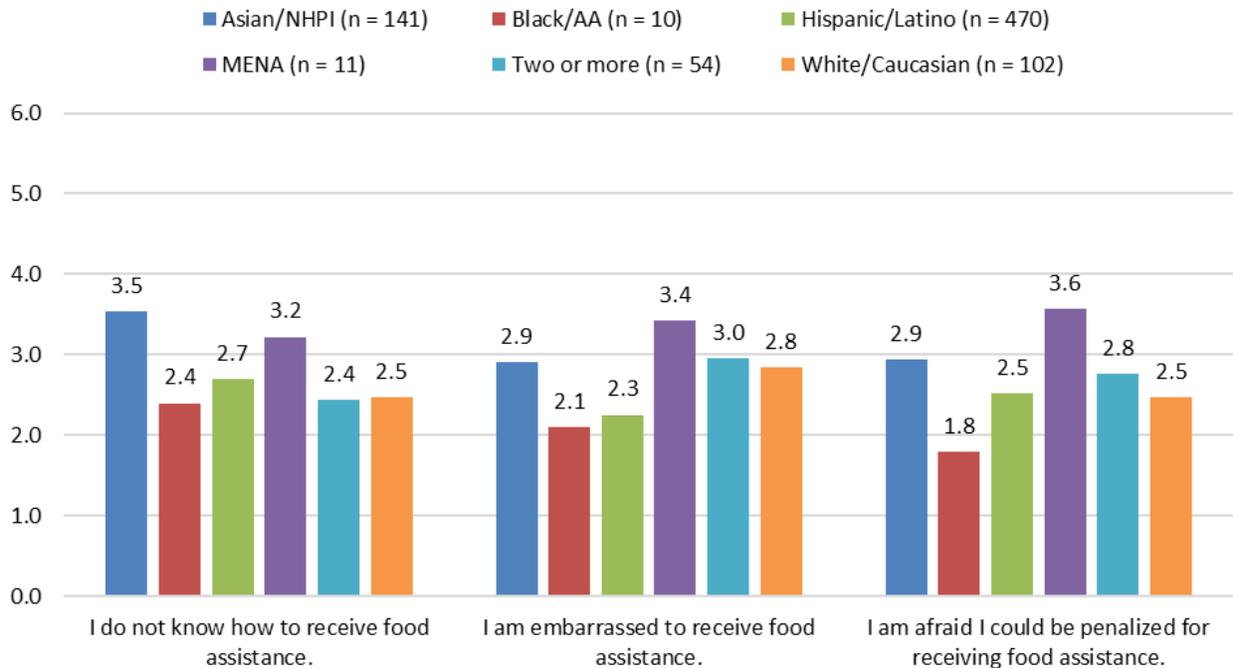
**APX E Figure 6: Food Service Access by Race/Ethnicity**



\*Note: breakdowns of survey questions include low numbers of responses from Black or African American (AA) and Middle Eastern/North African (MENA) populations, which are representative of Orange County’s population but limit the generalizability of results.

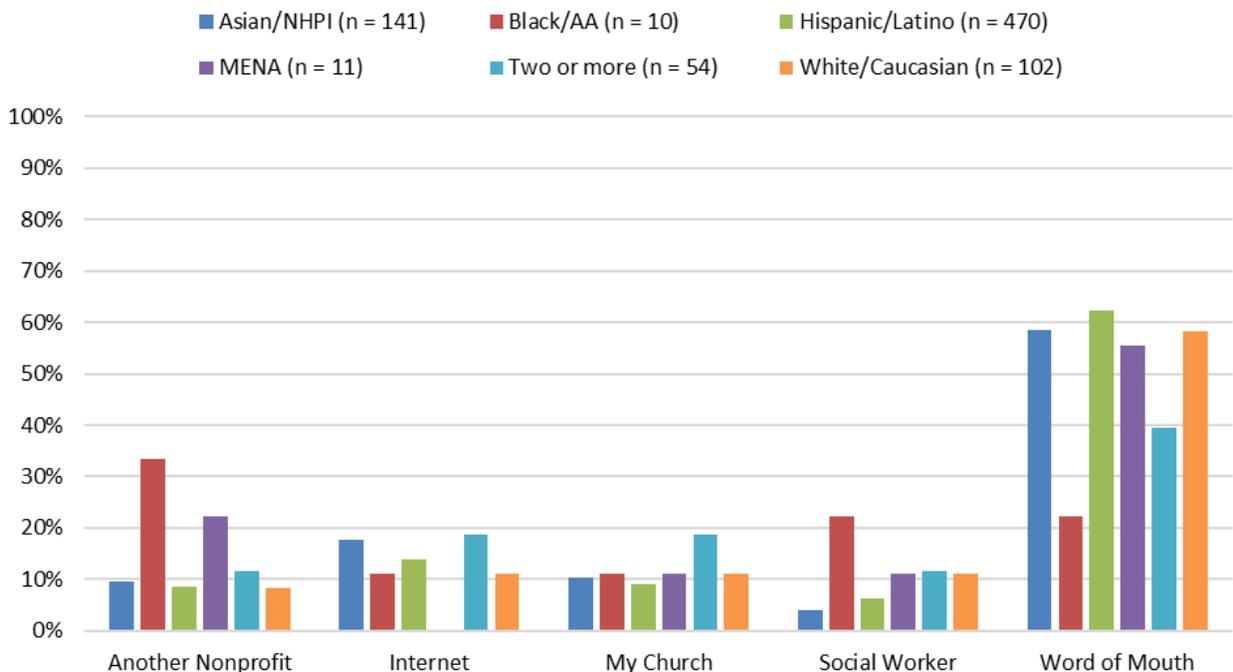


**APX E Figure 7: Food Service Barriers by Race/Ethnicity**



\*Note: breakdowns of survey questions include low numbers of responses from Black or African American (AA) and Middle Eastern/North African (MENA) populations, which are representative of Orange County’s population but limit the generalizability of results.

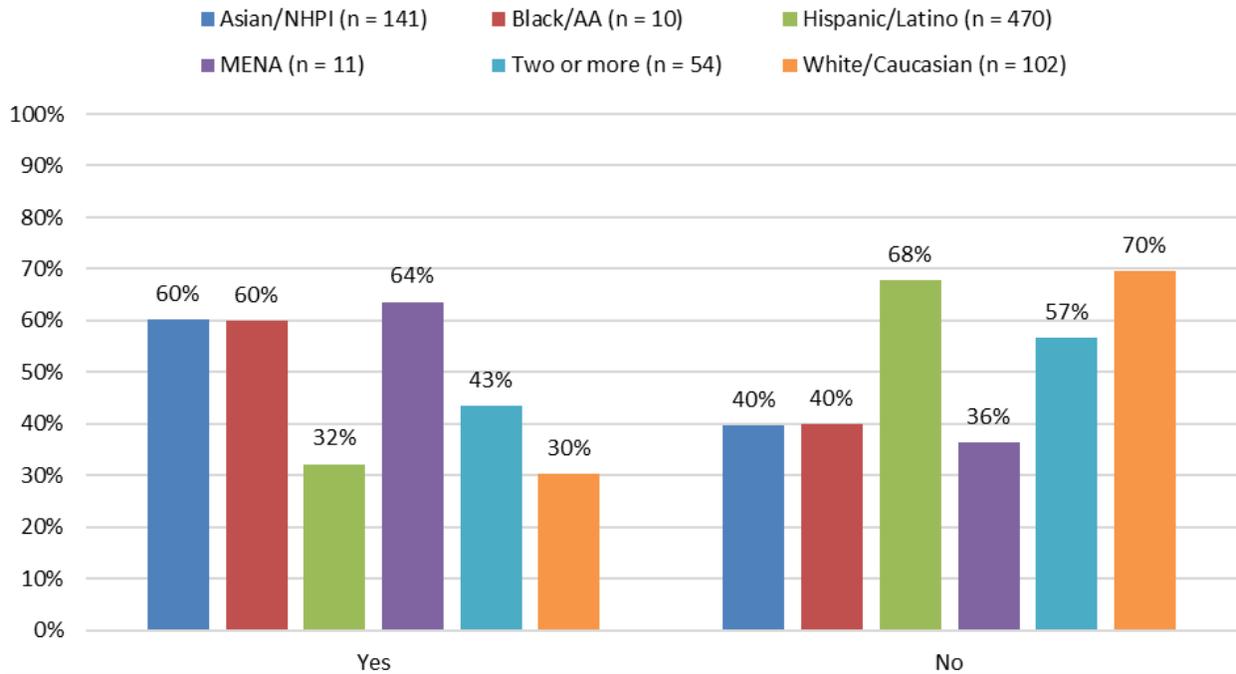
**APX E Figure 8: Food Service Learning by Race/Ethnicity**



\*Note: breakdowns of survey questions include low numbers of responses from Black or African American (AA) and Middle Eastern/North African (MENA) populations, which are representative of Orange County’s population but limit the generalizability of results.

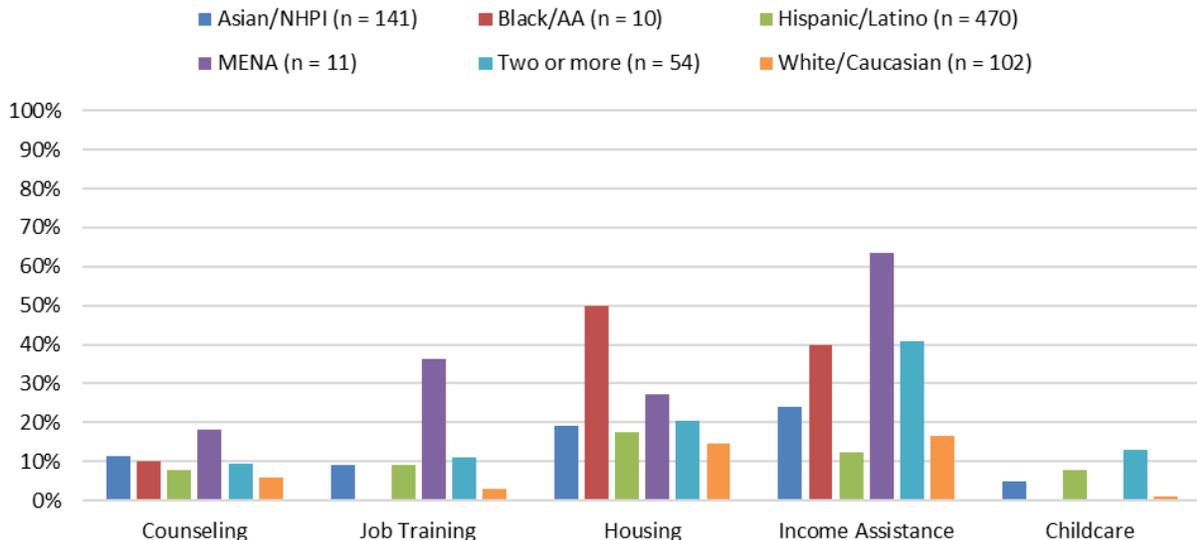


**APX E Figure 9: Service Needs by Race/Ethnicity**



\*Note: breakdowns of survey questions include low numbers of responses from Black or African American (AA) and Middle Eastern/North African (MENA) populations, which are representative of Orange County’s population but limit the generalizability of results.

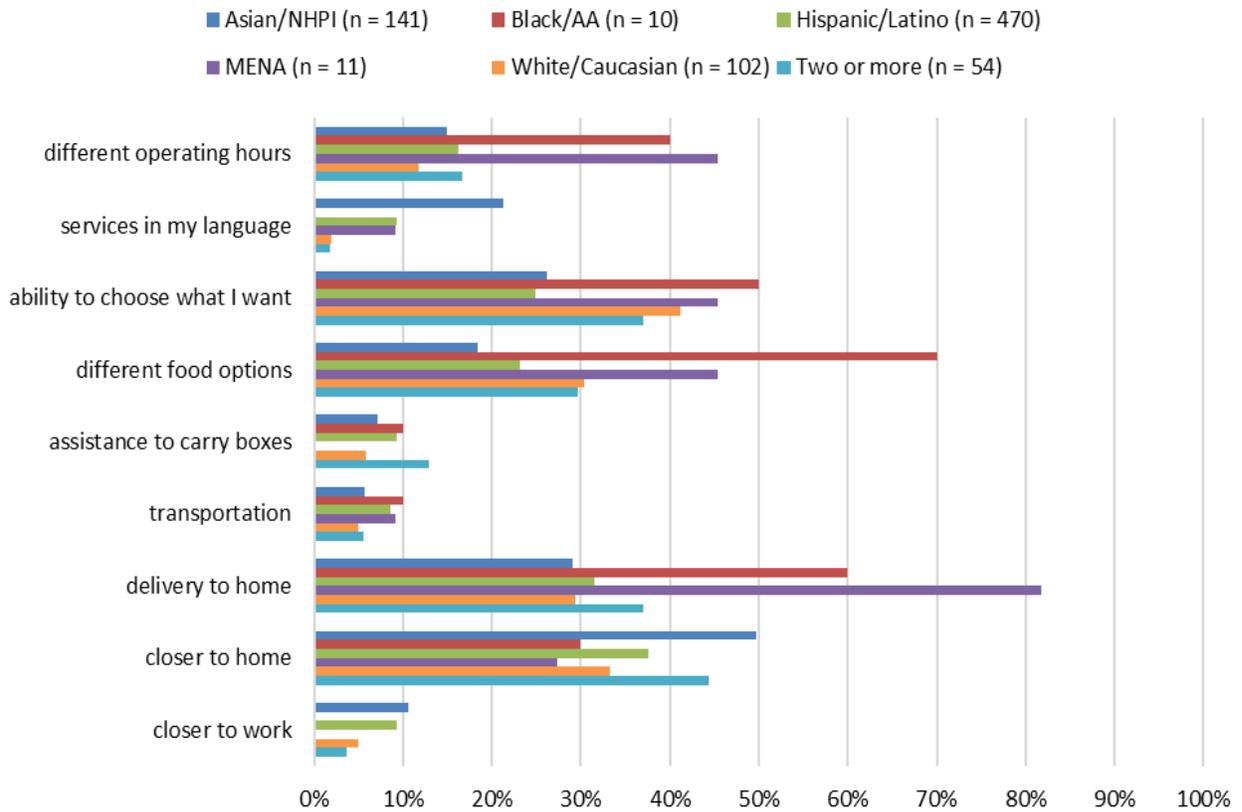
**APX E Figure 10: Specific Service Needs by Race/Ethnicity**



\*Note: breakdowns of survey questions include low numbers of responses from Black or African American (AA) and Middle Eastern/North African (MENA) populations, which are representative of Orange County’s population but limit the generalizability of results.

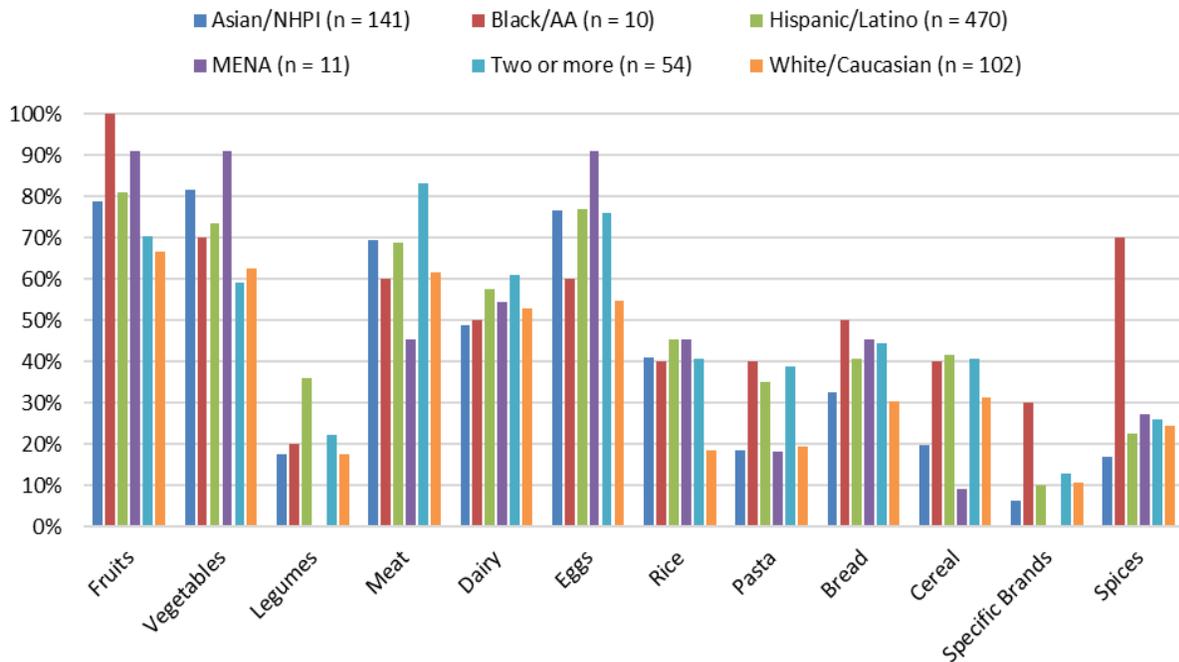


**APX E Figure 11: Service Wishes by Race/Ethnicity**



\*Note: breakdowns of survey questions include low numbers of responses from Black or African American (AA) and Middle Eastern/North African (MENA) populations, which are representative of Orange County’s population but limit the generalizability of results.

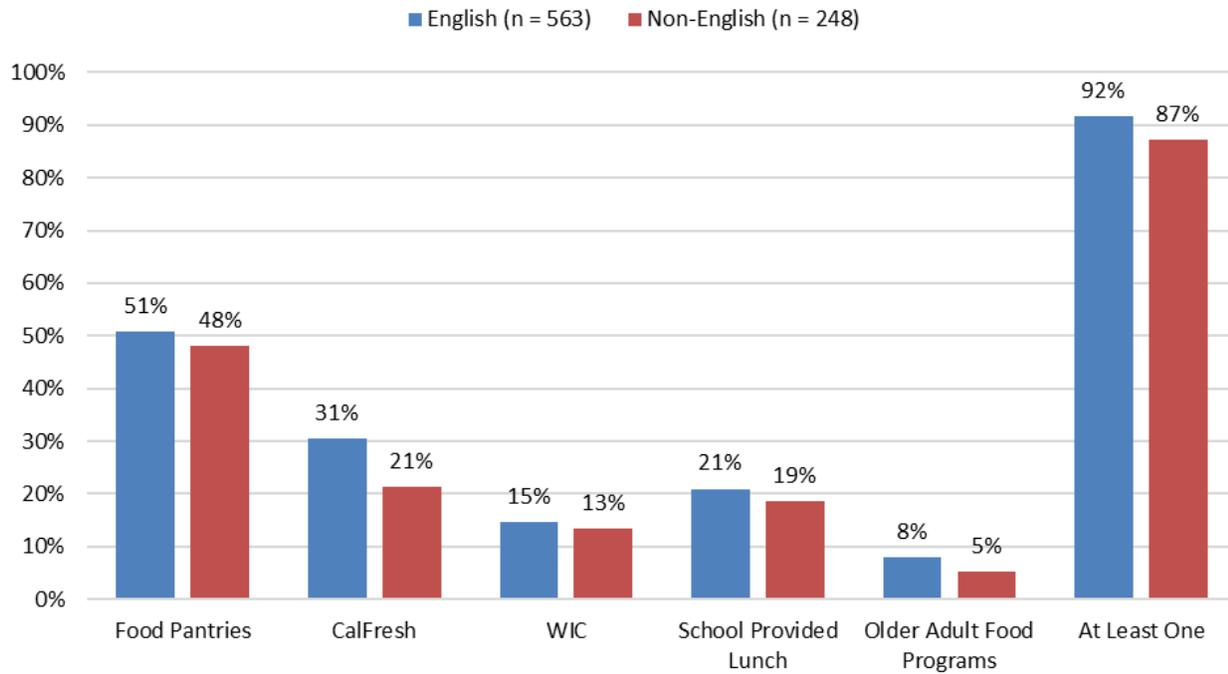
**APX E Figure 12: Food Types by Race/Ethnicity**



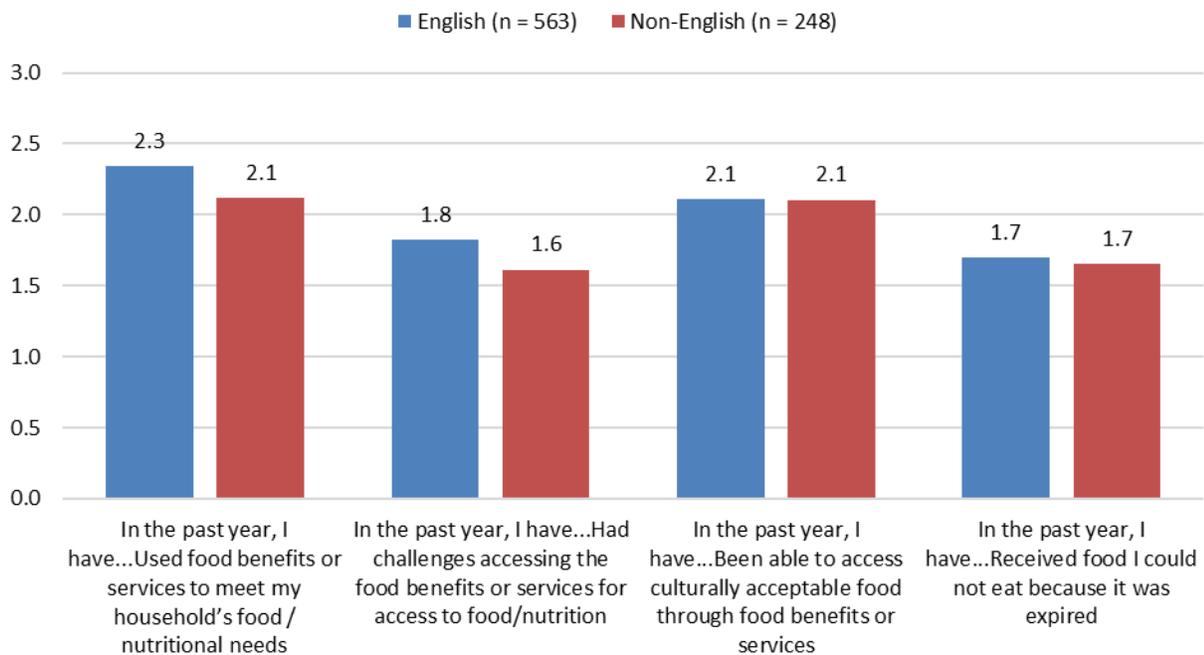
\*Note: breakdowns of survey questions include low numbers of responses from Black or African American (AA) and Middle Eastern/North African (MENA) populations, which are representative of Orange County’s population but limit the generalizability of results.



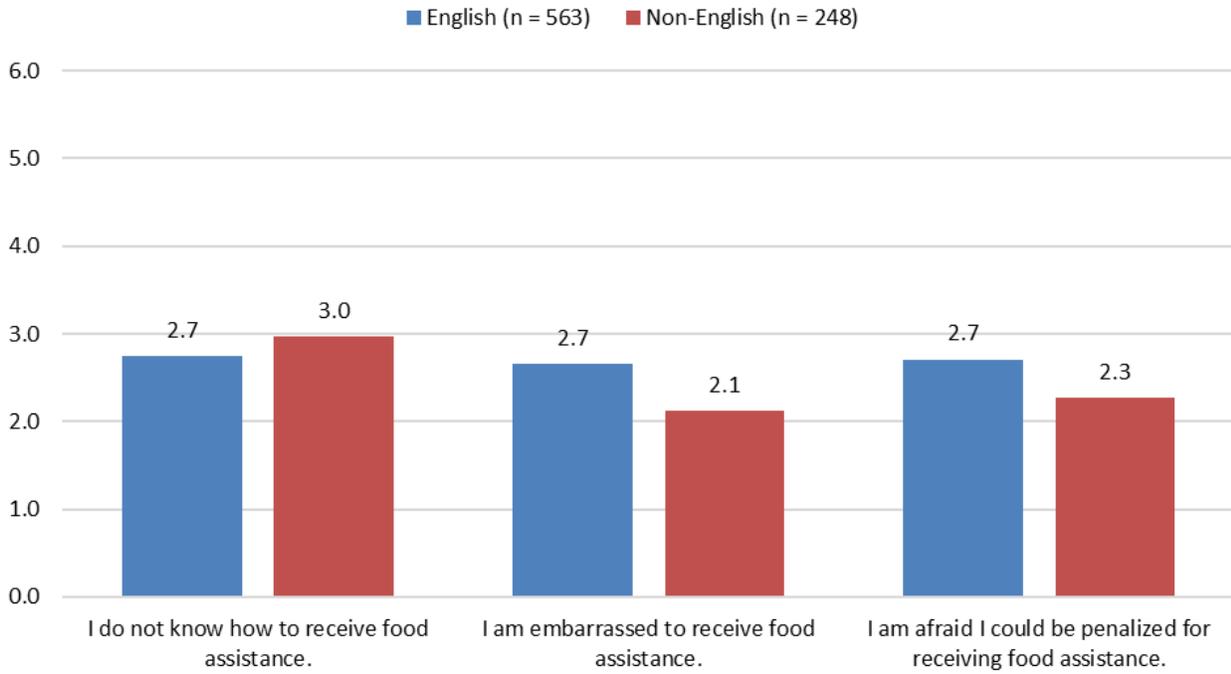
APX E Figure 13: Food Resources by Language



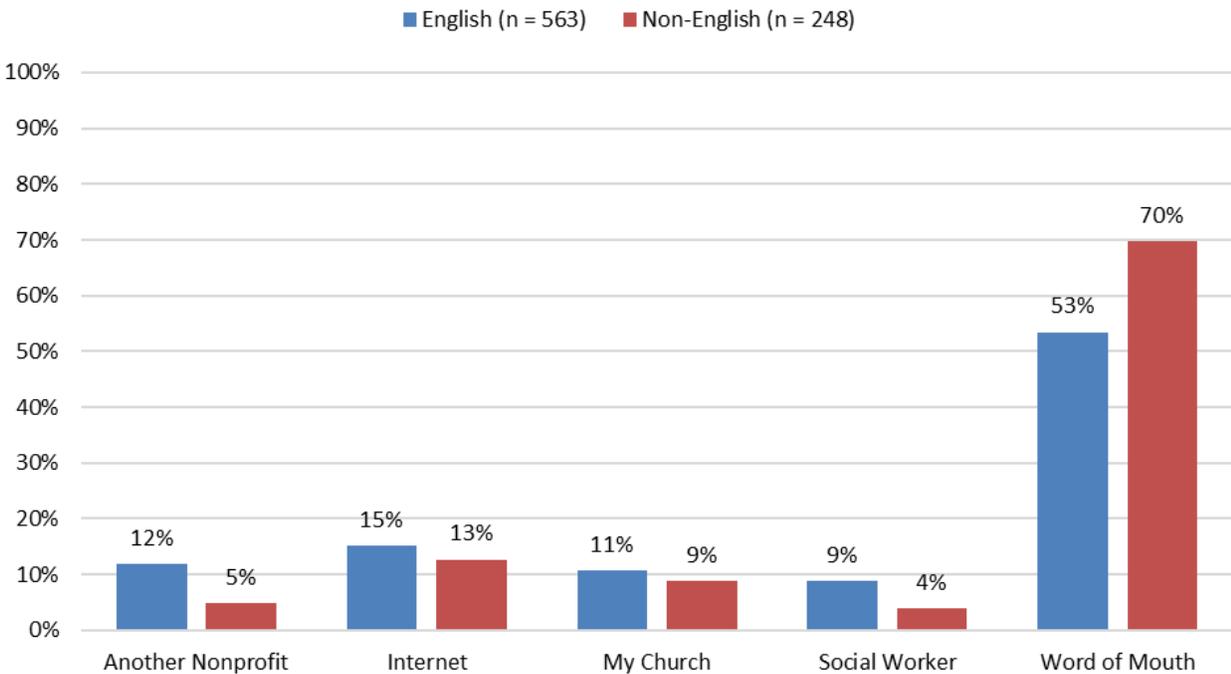
APX E Figure 14: Food Service Access by Language



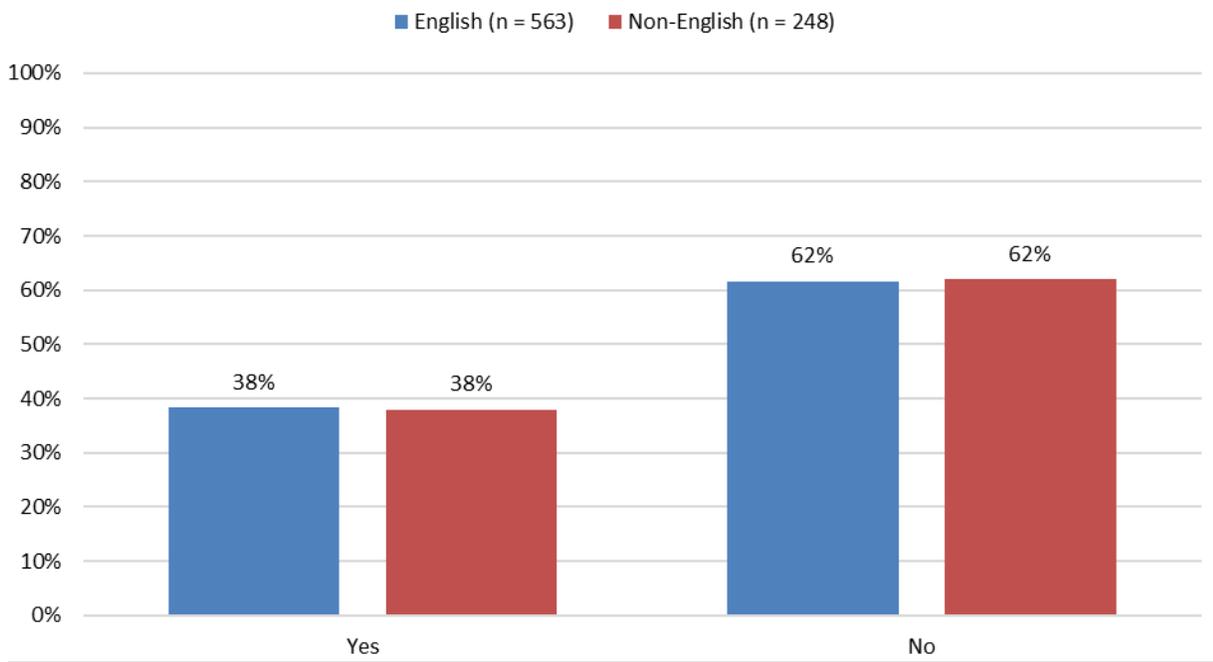
APX E Figure 15: Food Service Barriers by Language



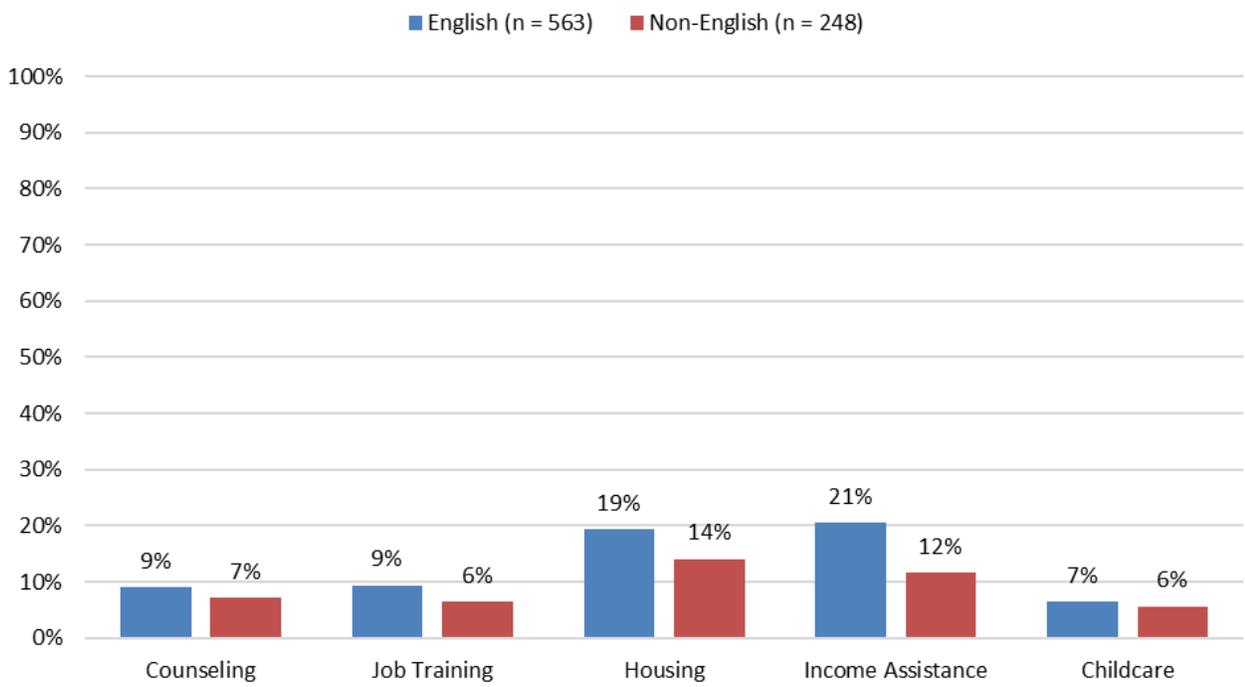
APX E Figure 16: Food Service Learning by Language



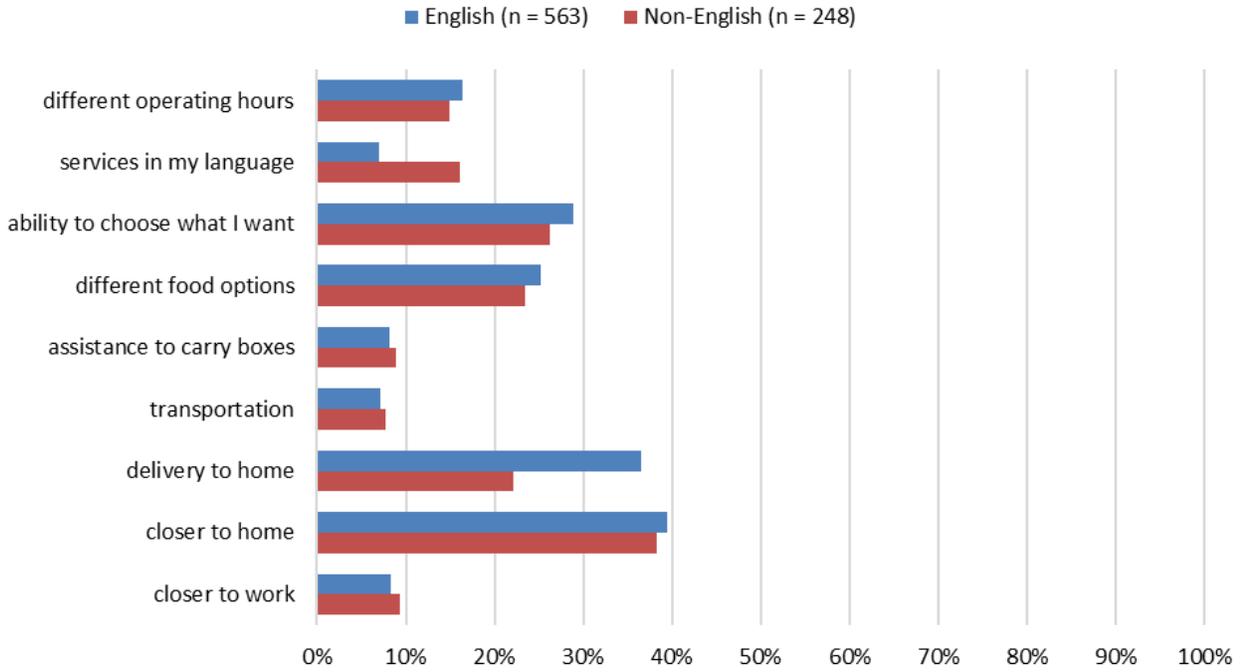
APX E Figure 17: Service Needs by Language



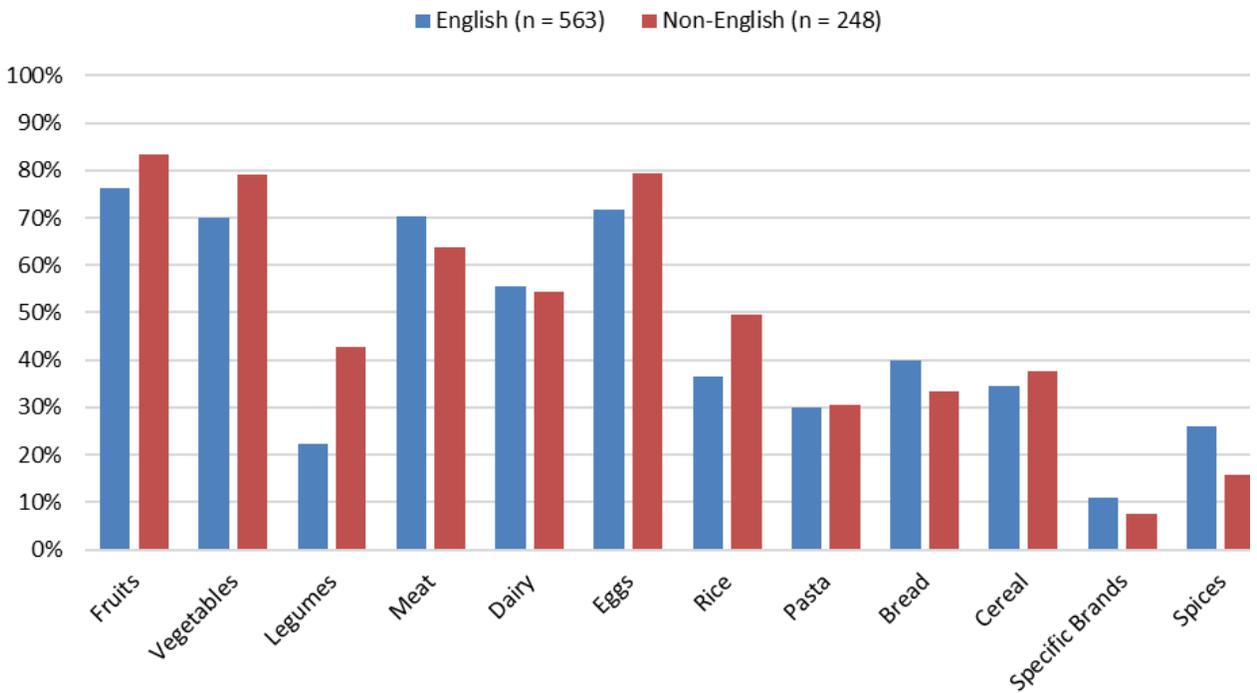
APX E Figure 18: Specific Service Needs by Language



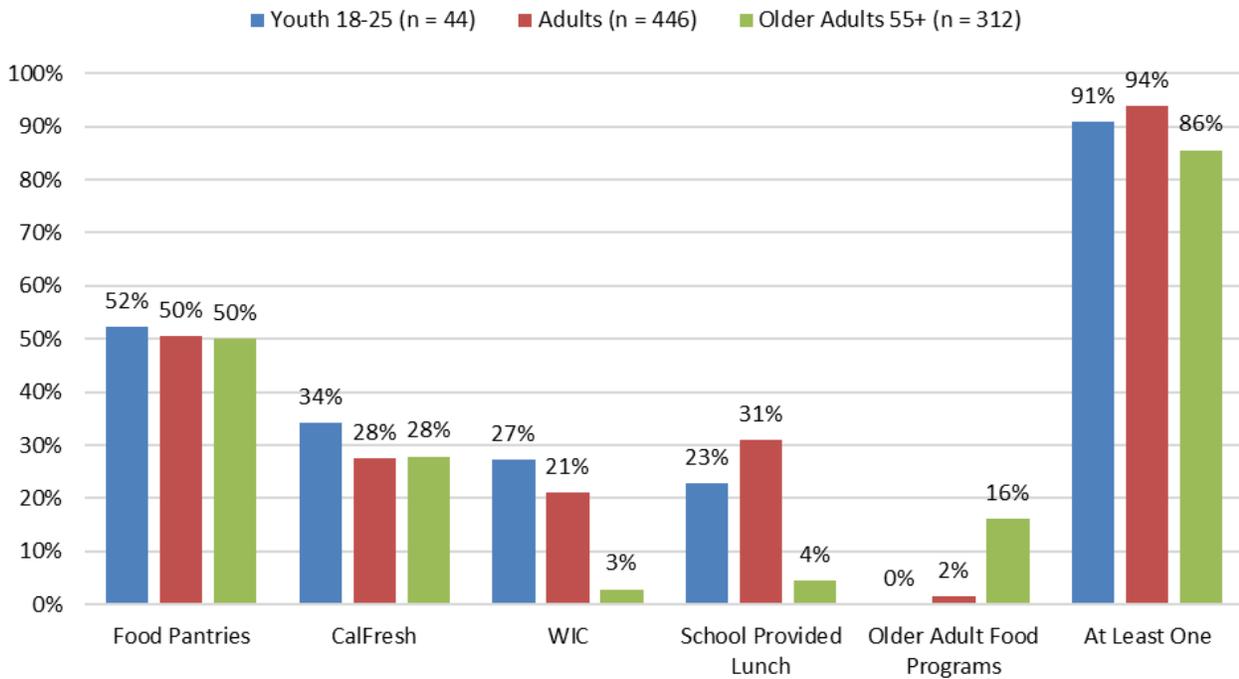
APX E Figure 19: Service Wishes by Language



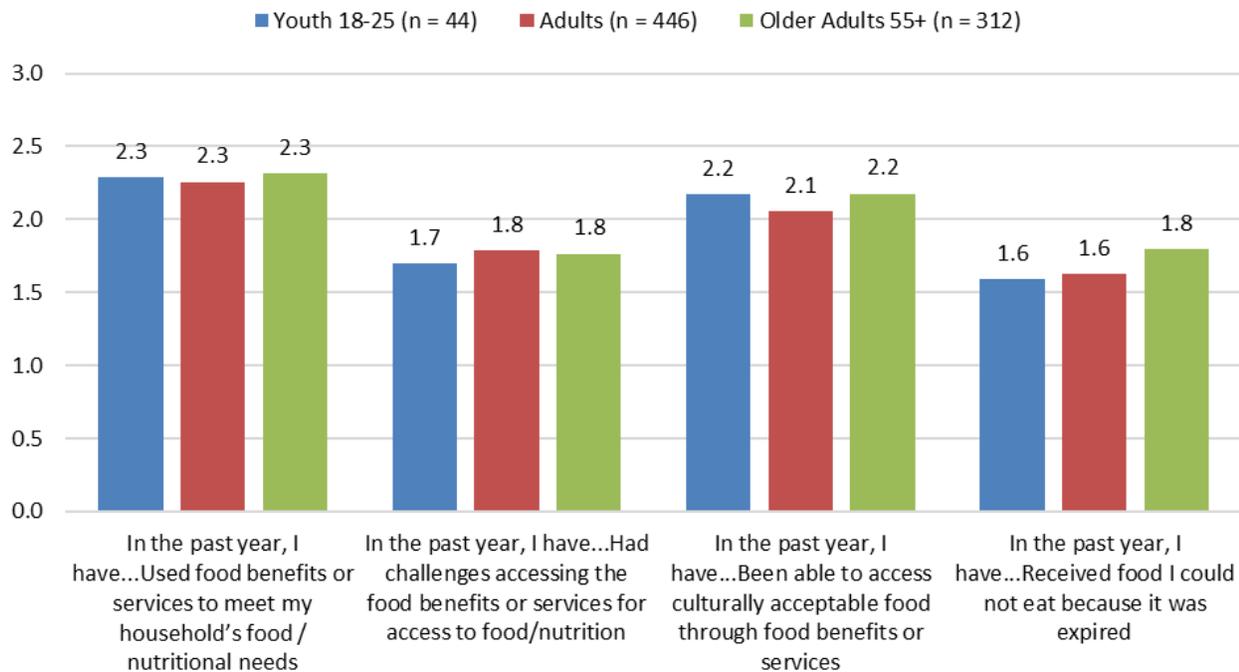
APX E Figure 20: Food Types by Language



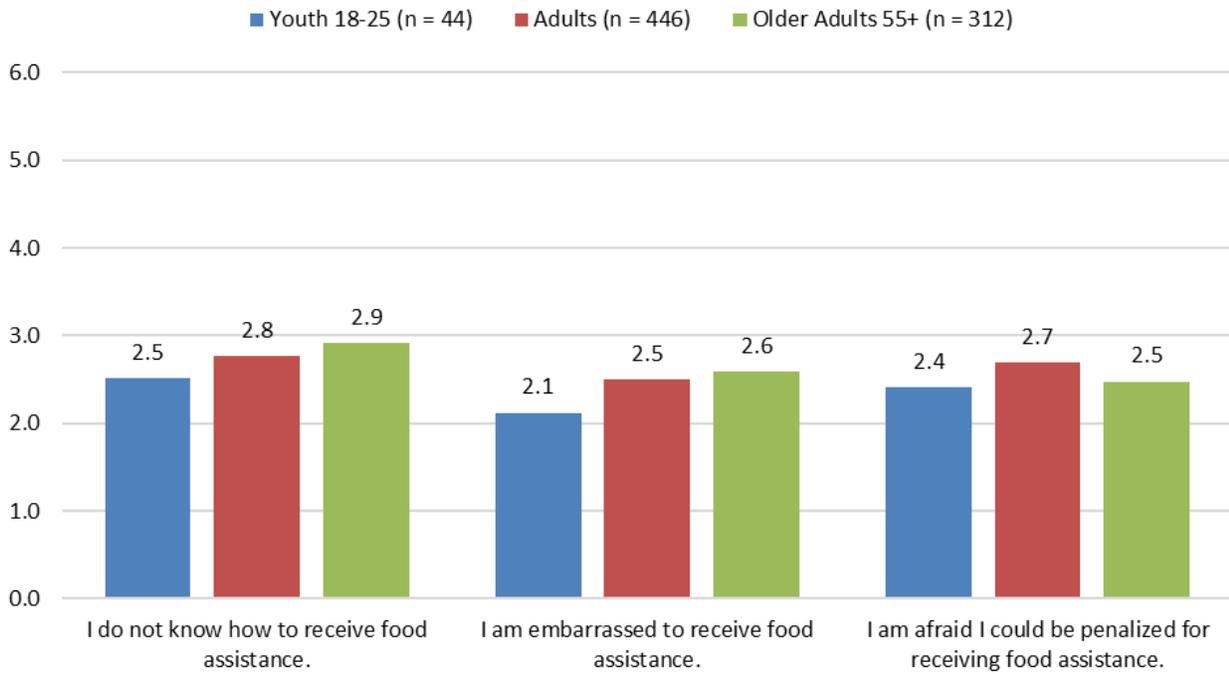
APX E Figure 21: Food Resources by Age Group



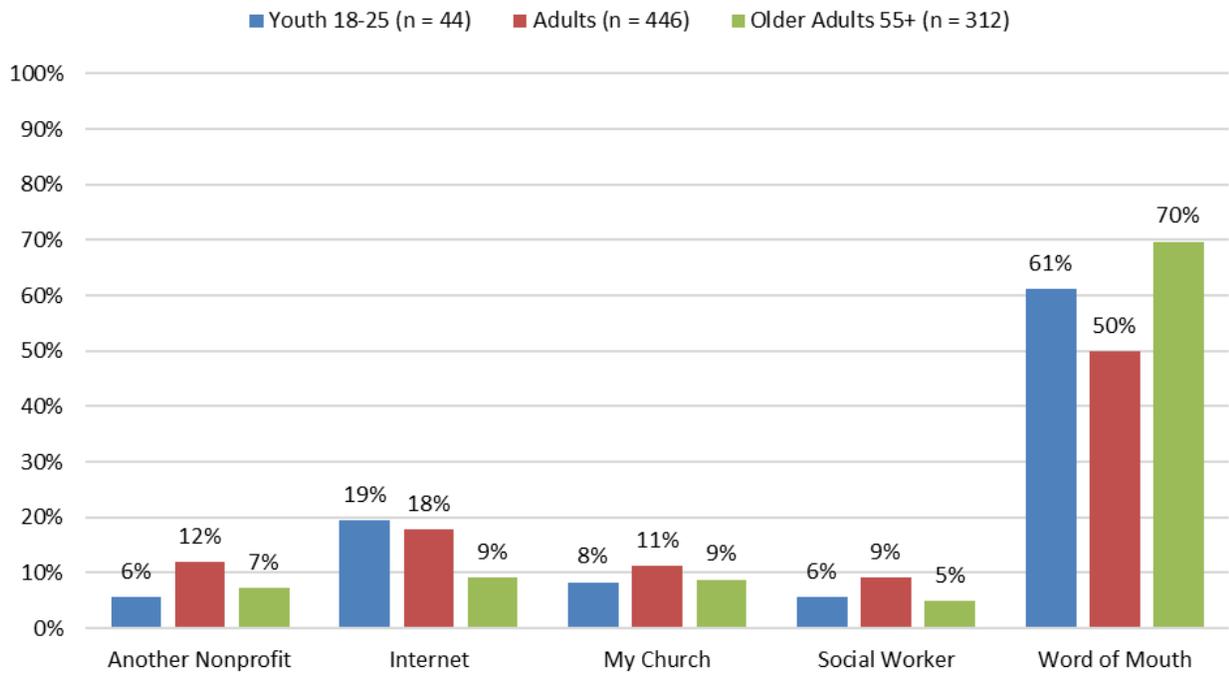
APX E Figure 22: Food Service Access by Age Group



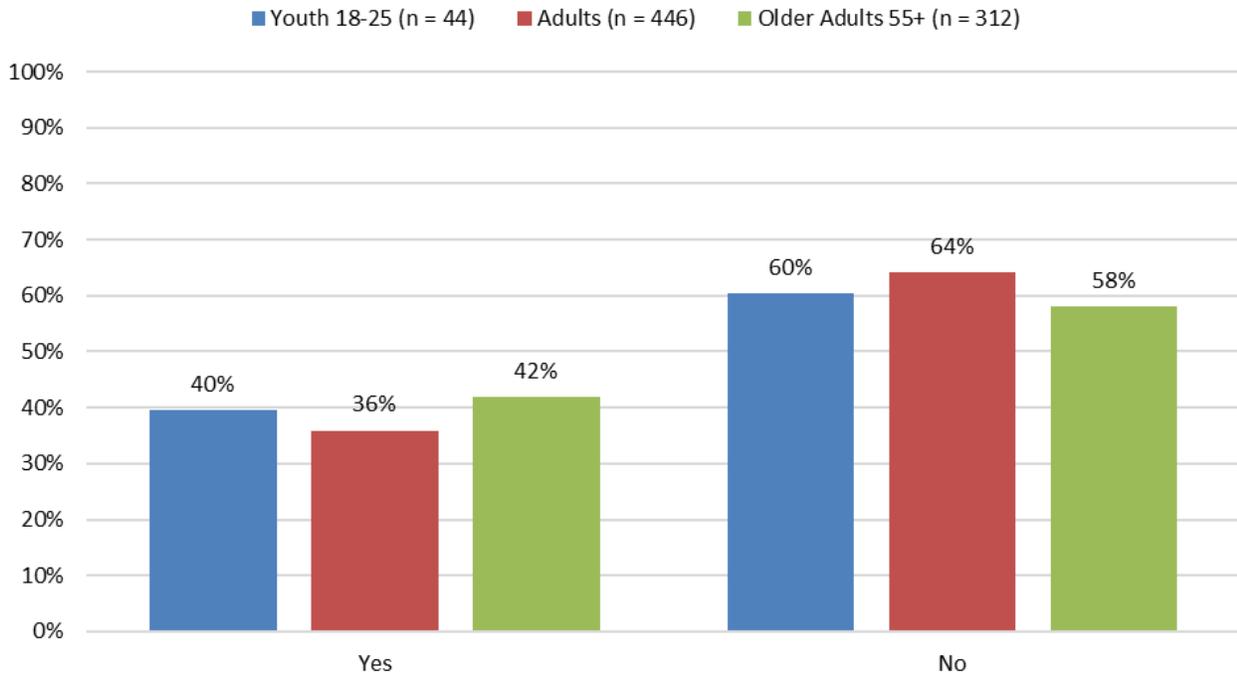
APX E Figure 23: Food Service Barriers by Age Group



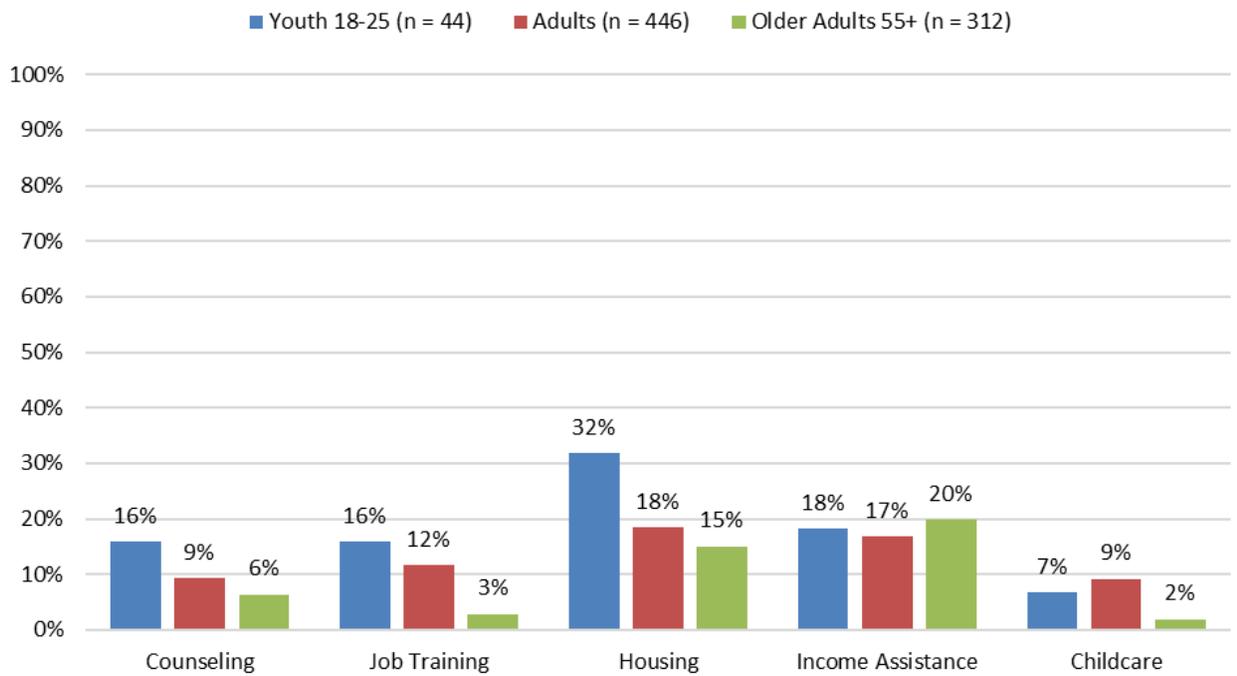
APX E Figure 24: Food Service Learning by Age Group



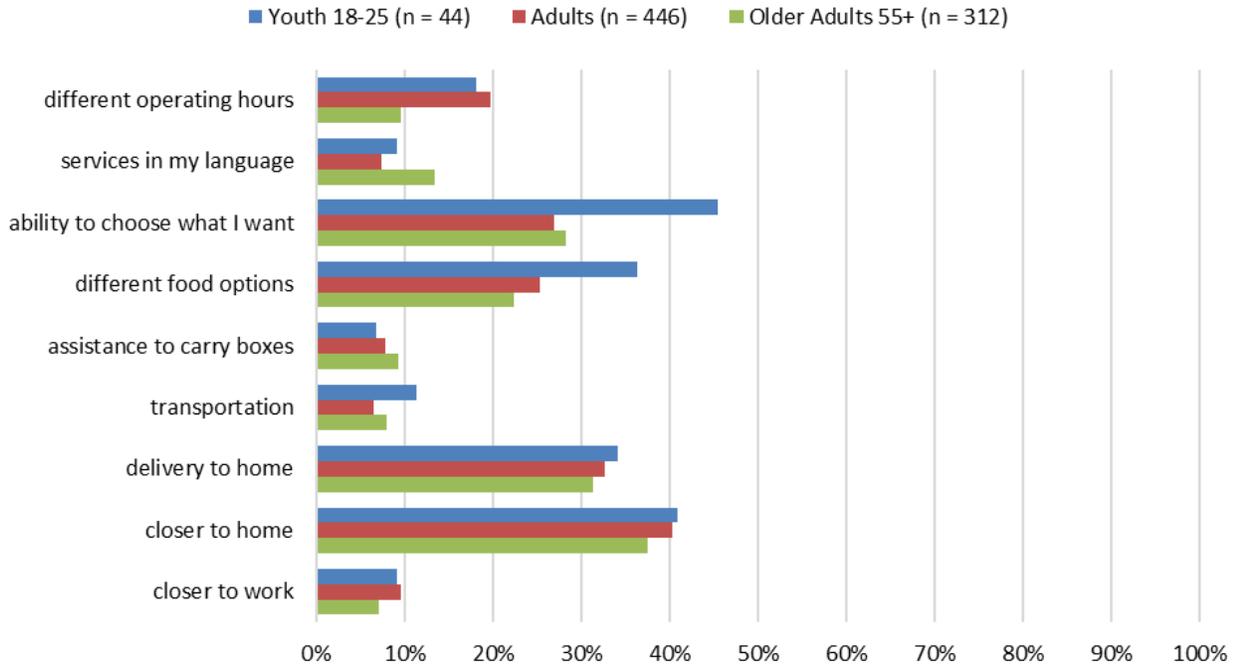
**APX E Figure 25: Service Needs by Age Group**



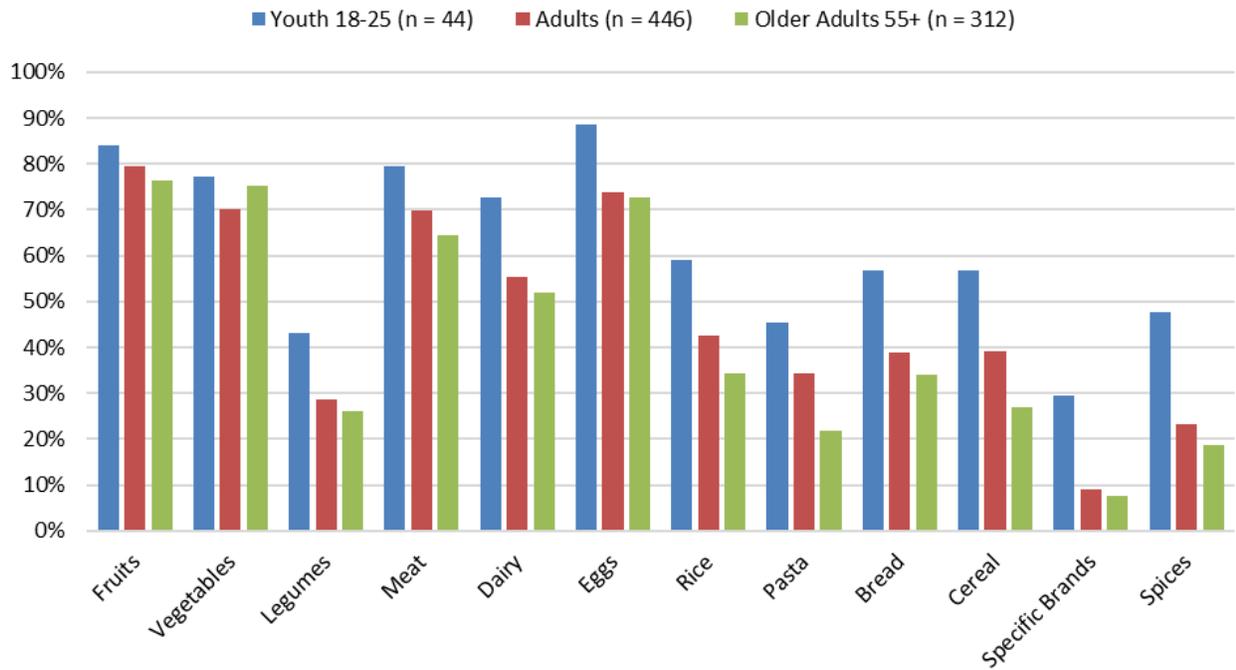
**APX E Figure 26: Specific Service Needs by Age Group**



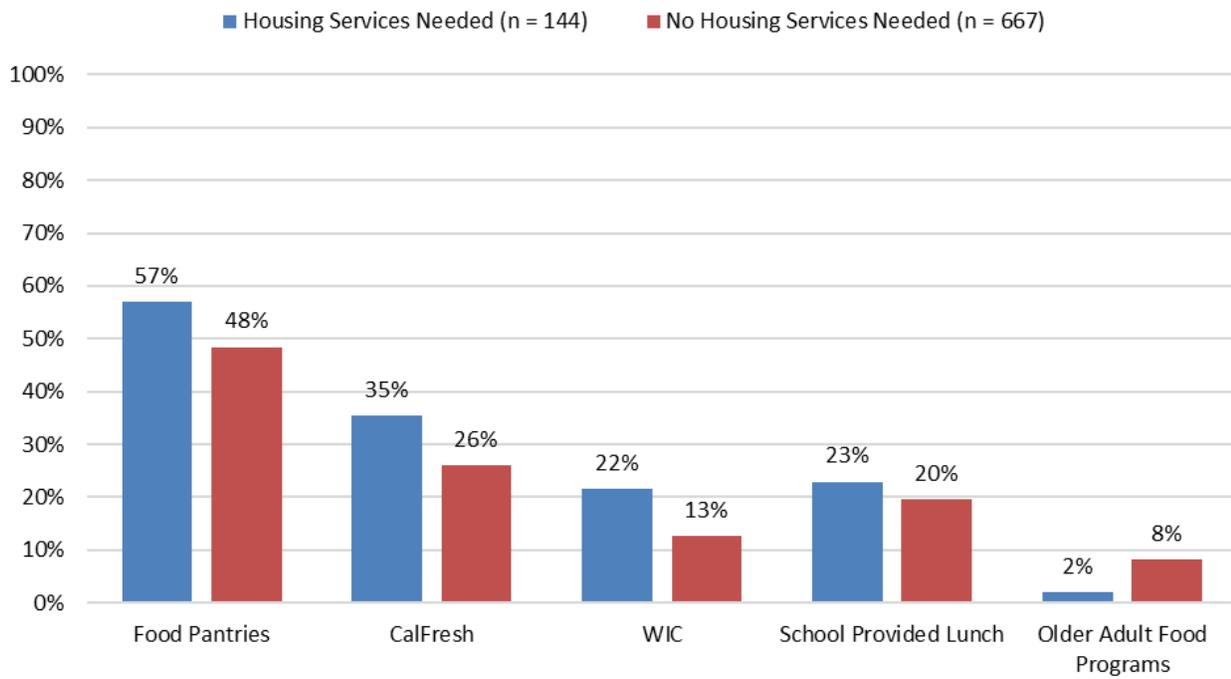
APX E Figure 27: Services Wishes by Age Group



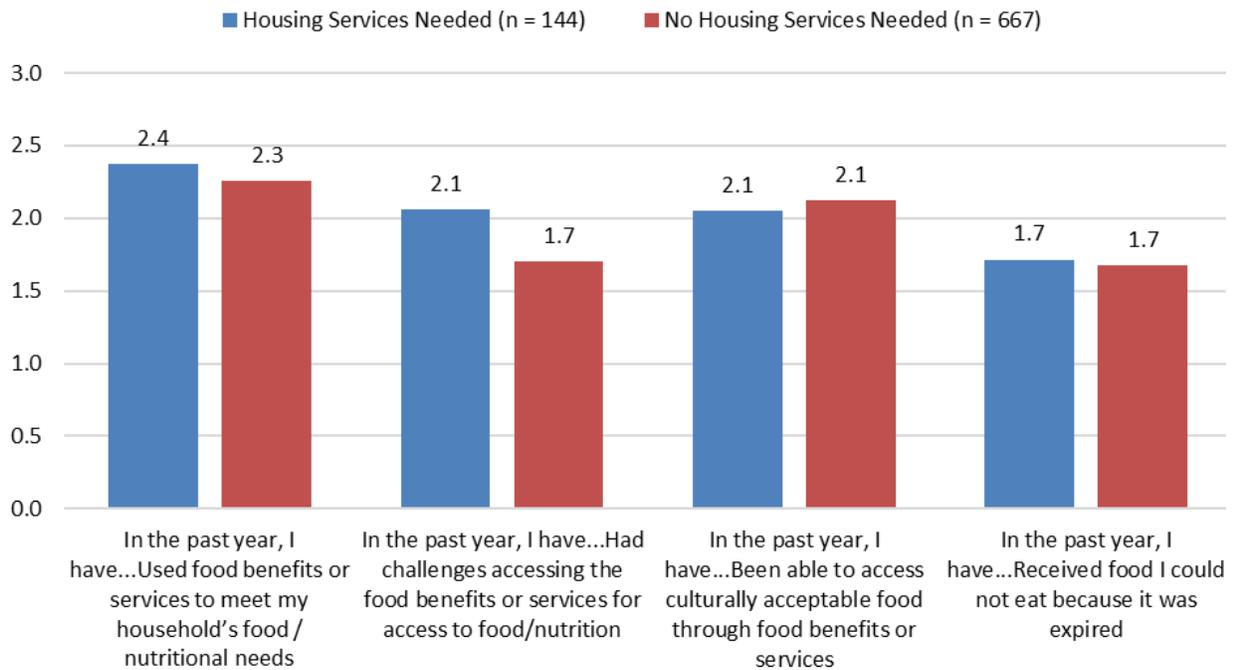
APX E Figure 28: Food Types by Age Group



APX E Figure 29: Food Resources by Housing Needs



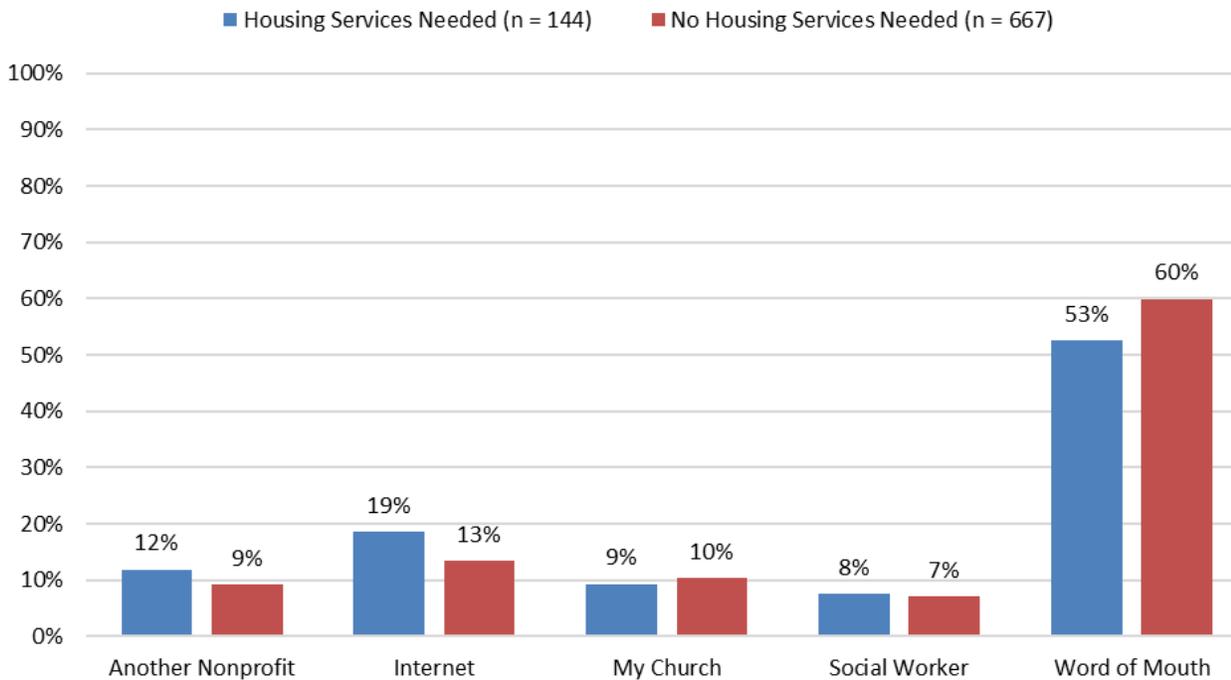
APX E Figure 30: Food Service Access by Housing Needs



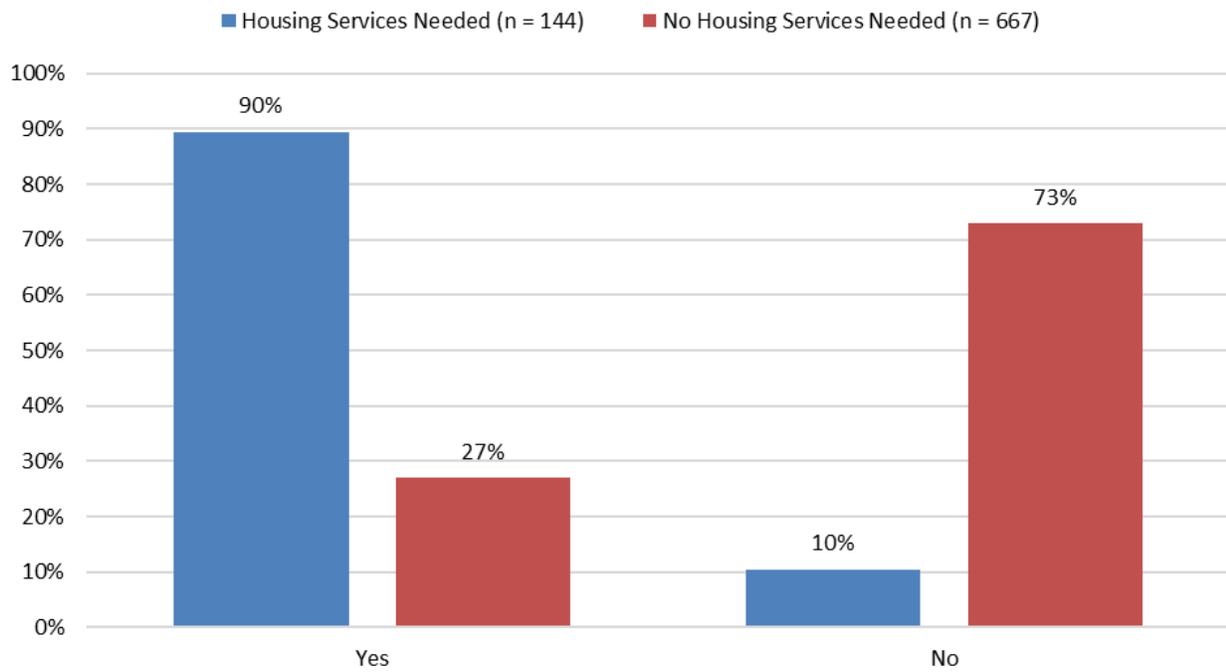
**APX E Figure 31: Food Service Barriers by Housing Needs**



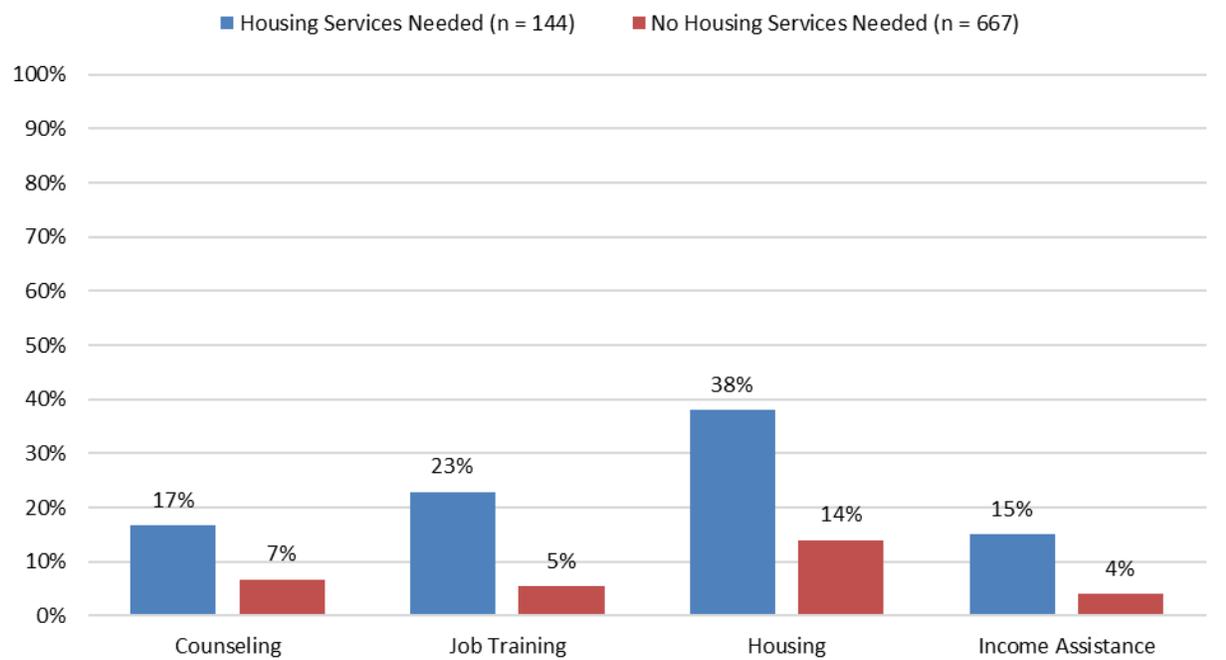
**APX E Figure 32: Food Service Learning by Housing Needs**



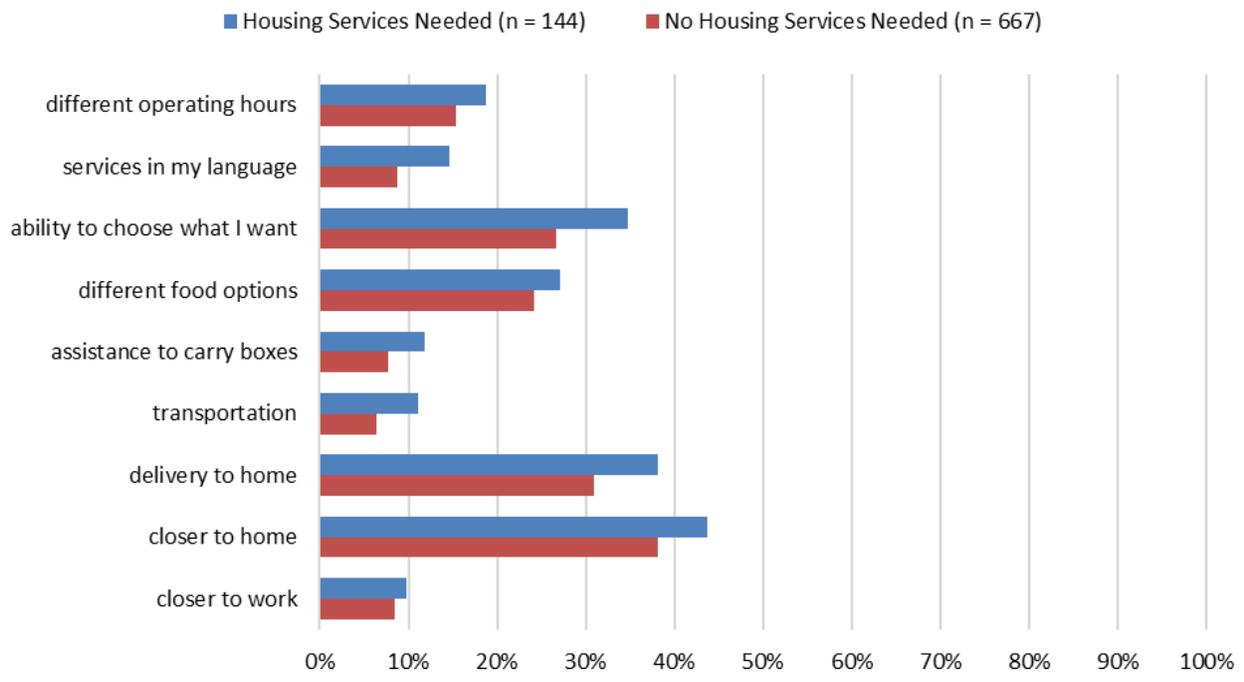
**APX E Figure 33: Service Needs by Housing Needs**



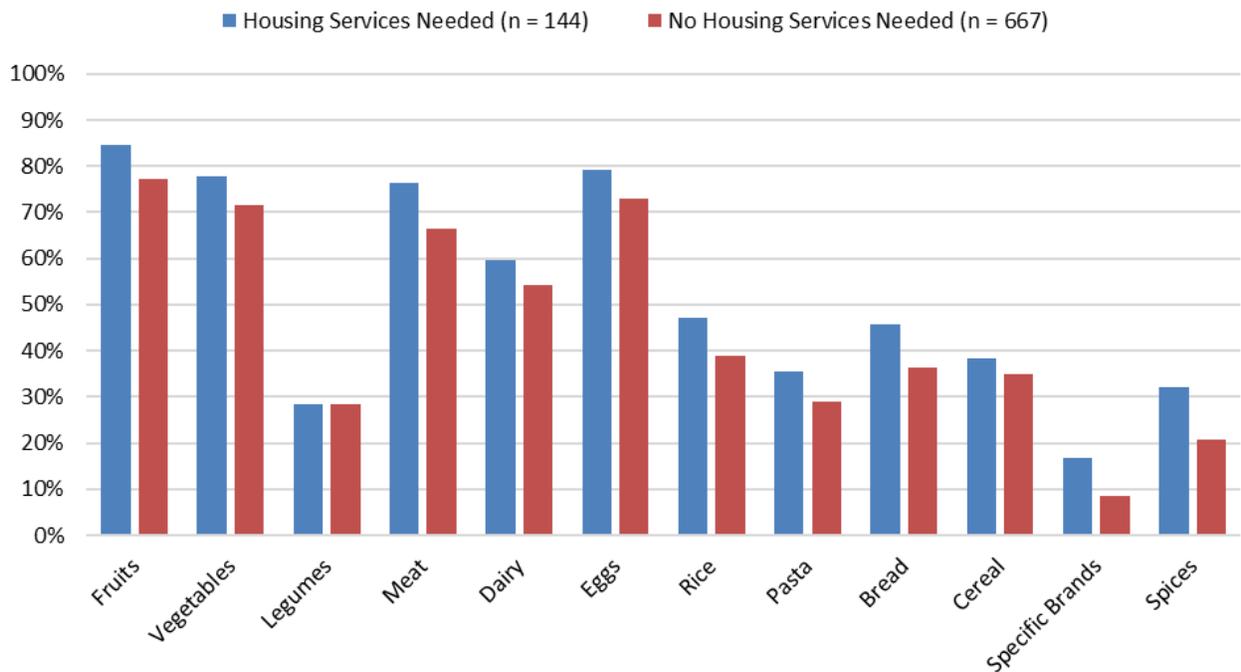
**APX E Figure 34: Specific Service Needs by Housing Needs**



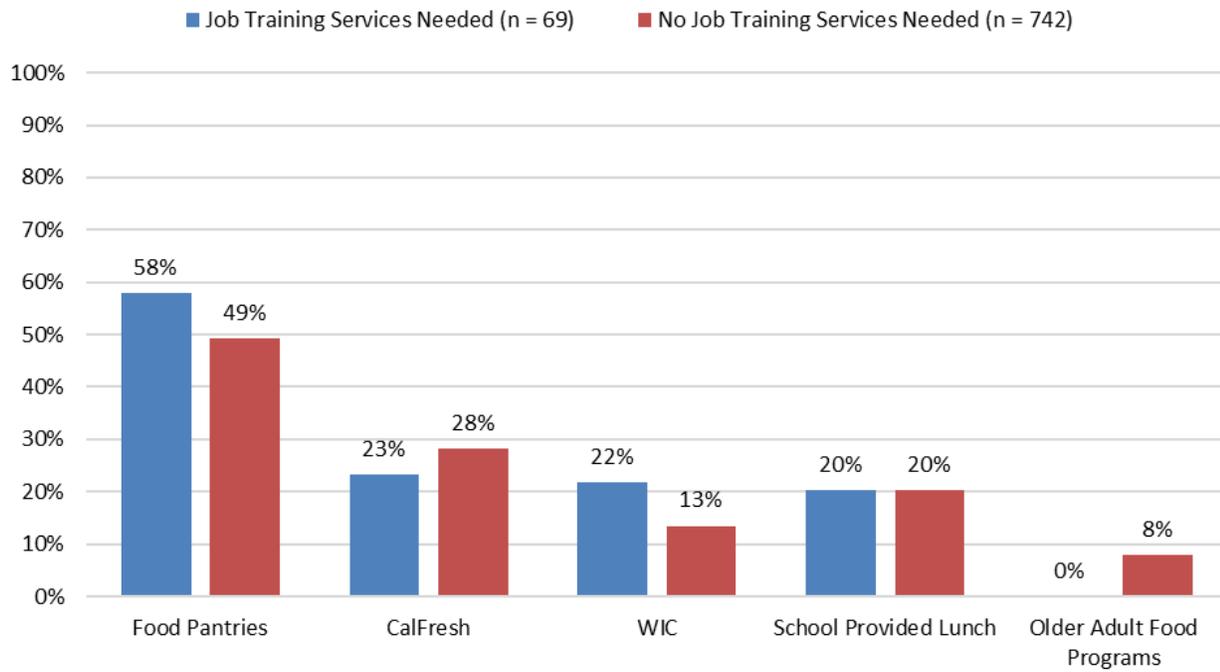
APX E Figure 35: Service Wishes by Housing Needs



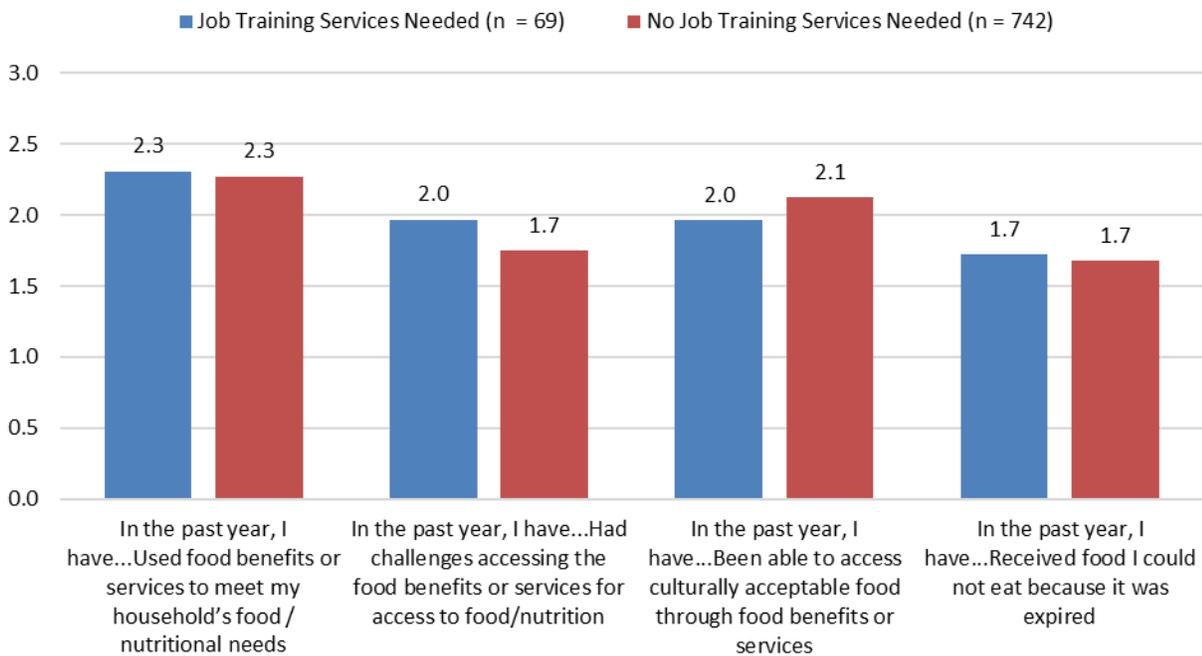
APX E Figure 36: Food Types by Housing Needs



**APX E Figure 37: Food Resources by Job Training Needs**



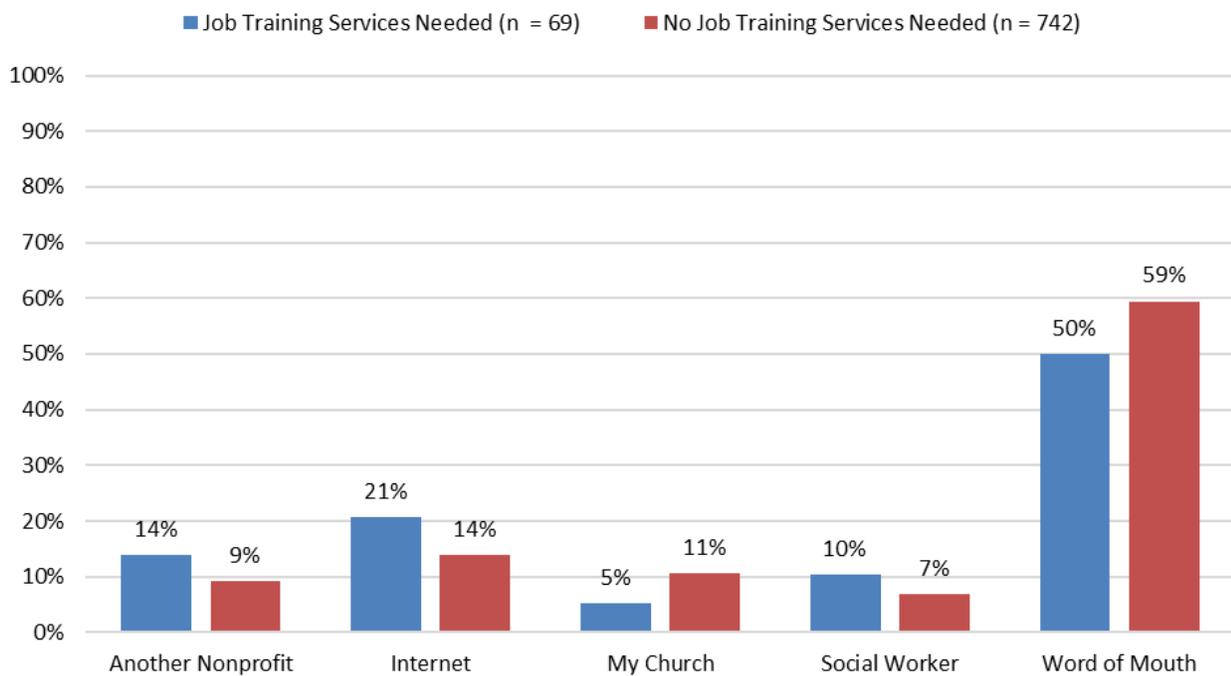
**APX E Figure 38: Food Service Access by Job Training Needs**



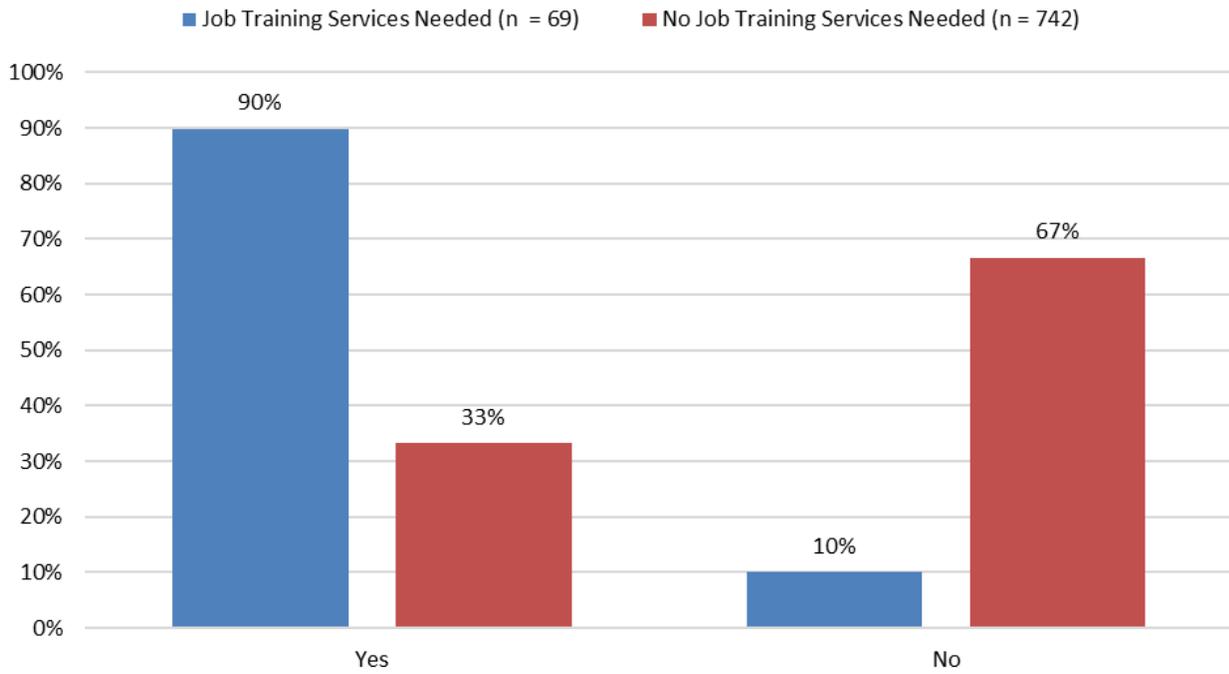
**APX E Figure 39: Food Service Barriers by Job Training Needs**



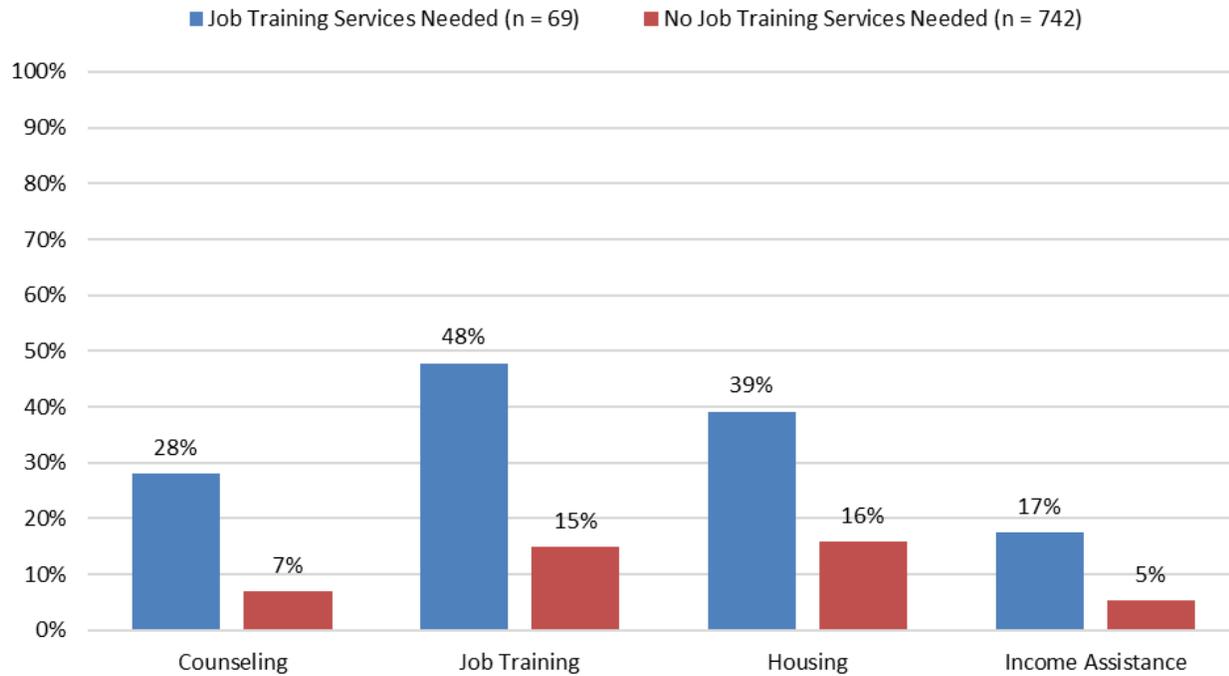
**APX E Figure 40: Food Service Learning by Job Training Needs**



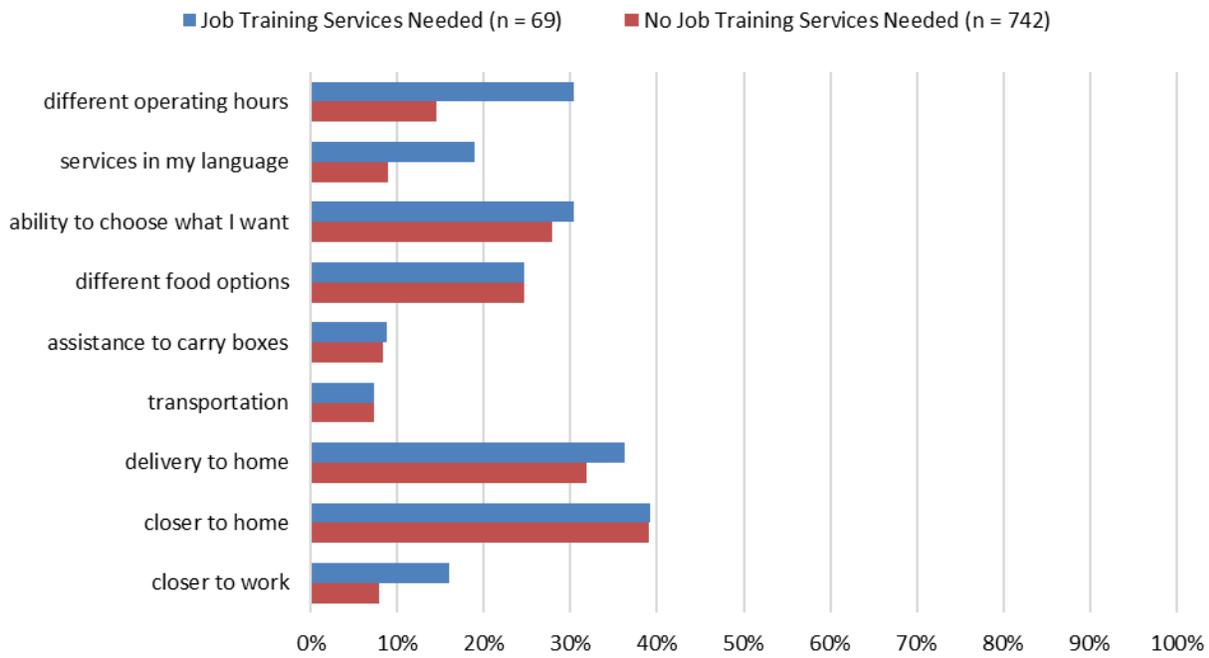
APX E Figure 41: Service Needs by Job Training



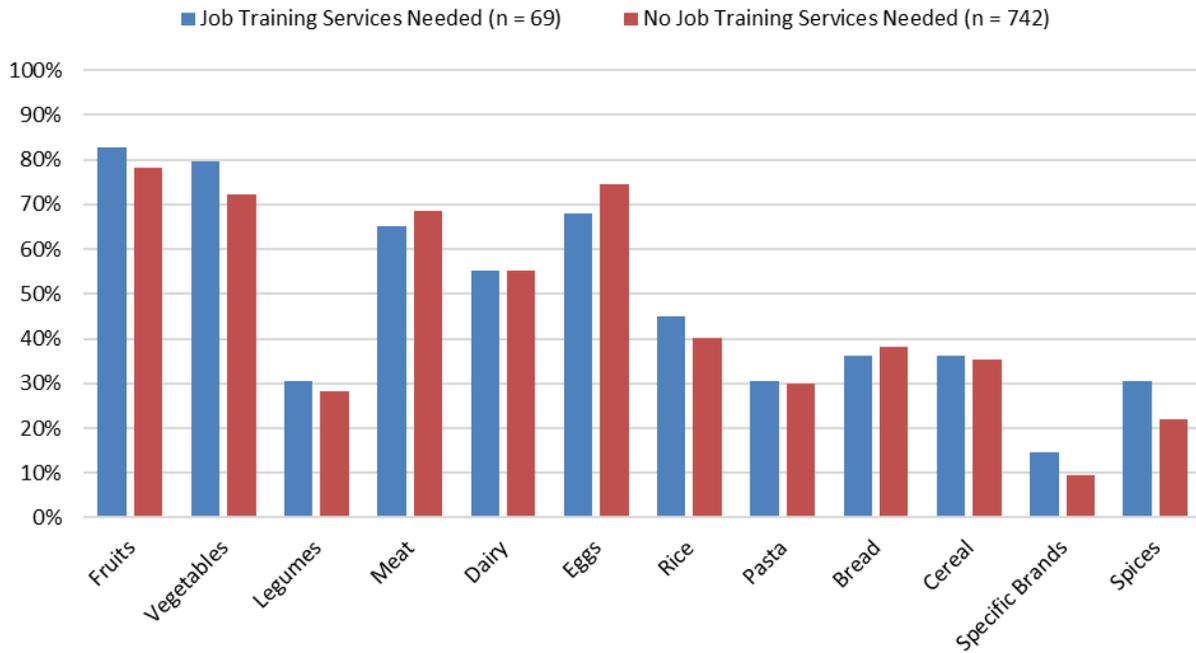
APX E Figure 42: Specific Service Needs by Job Training Needs



APX E Figure 43: Service Wishes by Job Training Needs



APX E Figure 44: Food Types by Job Training Needs



# APPENDIX F:



## OCHA Expansion

As outlined in the Orange County Hunger Alliance's (OCHA) Memorandum of Understanding (MOU), one of the Fiscal Year 2023-2024 goals is to develop OCHA membership criteria. This activity includes prioritizing a combination of public, nonprofit, and private organizations for Alliance expansion, as well as providing broader opportunities for stakeholders to participate in OCHA.

### Key Priorities:

- Expand the Steering Committee beyond its three founding members;
- Form Advisory Committee to engage broad network of stakeholders; and
- Build a structure and pathway for community involvement and input.

### Steering Committee

*The purpose of the Steering Committee is to help guide strategic direction, provide oversight and decision-making support for the OC Hunger Alliance; support cross-sector collaboration and resource coordination; and ensure alignment with the Alliance's mission, values, and goals.*

With the expansion, the Steering Committee members now include:

- Abound Food Care\*
- Second Harvest Food Bank\*
- Community Action Partnership of Orange County (OC Food Banks)\*
- CalOptima
- 211 Orange County
- Orange County Social Services Agency
- Meals on Wheels
- Orange County Grantmakers

\* Founding member of Steering Committee

### Advisory Committee

*The purpose of the Advisory Committee is to help increase regional engagement in the collective vision by assisting OCHA in:*

- Expanding effective participation of broad network of stakeholders
- Including representation from underserved demographics
- Providing expert advice and community feedback
- Encouraging collaboration
- Informing OCHA on strategy and planning
- Forming working groups and ad hoc taskforces to address specific strategic goals

