

5-2023

## A Qualitative Survey Research Study: The United States Department of Agriculture Commodity Supplemental Food Program: An Examination of Operational Challenges and Recommendations

Brianna Cochran  
*University of Nebraska Medical Center*

Tell us how you used this information in this [short survey](#).

Follow this and additional works at: [https://digitalcommons.unmc.edu/coph\\_slce](https://digitalcommons.unmc.edu/coph_slce)



Part of the [Public Health Commons](#), and the [Quality Improvement Commons](#)

---

### Recommended Citation

Cochran, Brianna, "A Qualitative Survey Research Study: The United States Department of Agriculture Commodity Supplemental Food Program: An Examination of Operational Challenges and Recommendations" (2023). *Capstone Experience*. 246.  
[https://digitalcommons.unmc.edu/coph\\_slce/246](https://digitalcommons.unmc.edu/coph_slce/246)

This Capstone Experience is brought to you for free and open access by the Master of Public Health at DigitalCommons@UNMC. It has been accepted for inclusion in Capstone Experience by an authorized administrator of DigitalCommons@UNMC. For more information, please contact [digitalcommons@unmc.edu](mailto:digitalcommons@unmc.edu).

A Qualitative Survey Research Study: The United States Department of Agriculture Commodity  
Supplemental Food Program: An Examination of Operational Challenges and Recommendations

Brianna M Cochran

University of Nebraska Medical Center, College of Public Health, Department of Health

Services Research and Administration

CPH 566 Capstone Experience

Chair: UNMC CoPH Assistant Professor Jungyoon Kim, Ph.D.

Committee Member: UNMC CoPH Senior Associate Dean & Associate Professor Brandon

Grimm, PhD, MPH

Committee Member: UNMC CoPH Professor Michelle Strong, PhD, MFA, CHES

## **ABSTRACT**

### **Background**

The United States Department of Agriculture (USDA)'s Commodity Supplemental Food Program (CSFP) has been nationally adopted in 60 states or Indian Tribal Organizations (ITOs) to improve the health of low-income persons at least 60 years of age by supplementing their diets with nutritious USDA Foods. Despite the potential effectiveness of the program, less is known about the operational challenges in the program implementation at the state and local health department. The goal of the study is to identify factors related to program operations including facilitators and barriers of implementation of the USDA CSFP under a national lens.

### **Methods**

An open-ended, self-reported survey was sent out to the forty-six participating CSFP managers across the US that I was able to locate emails for. Twelve surveys were returned, providing crucial information about facilitators and barriers to implementation of the CSFP. Open-ended text data were coded by the researcher and grouped into similar themes.

### **Results**

The responses in the surveys were representable for state organizations as they came from five of the six regions across the US. However, no ITOs responded to the survey, thus their barriers are unknown and not represented in this study. These regions include the Pacific, Mid-West, Southwest, Southeast and Northeast regions. Three common and specific barriers and two unique facilitators were identified. Barriers included lack of federal funding to operate the

program, inflexible federal regulations, and insufficient workload or staff availability.

Facilitators included partnership and collaboration and resourceful thinking to navigate the barriers felt by many CSFP managers across the US.

### **Conclusion**

It is notable that CSFP managers across the US are struggling with common barriers, such as lack of funding, insufficient staff capacity, or inflexibility of regulations of the USDA. Program managers at the state level that provide the CSFP brainstormed unique facilitators, such as partnership and resourceful thinking, which many of these barriers can be resolved through these strategies. To successfully carry out the CSFP and support its program managers I recommend the USDA consider seeking recommendations from their program managers, amend funding limits and allowable spending, and update regulations over the program.

## **INTRODUCTION / BACKGROUND**

### **Commodity Supplemental Food Program**

The United States Department of Agriculture (USDA), in partnership with state-level Department of Health and Human Services (DHHS) and eight Indian Tribal Organizations (ITOs) across the United States (US), has facilitated multiple nutrition assistance programs. Many of these nutrition assistance programs help ensure low-income individuals can access foods with nutrients necessary to support a healthy lifestyle (USDA, 2022). One program is the Commodity Supplemental Food Program (CSFP), an important and necessary program attempting to improve health outcomes in older populations. The CSFP was created in Congress in 1969 to address malnutrition in certain populations. In 1999 there were a total of 17 states and two ITOs enrolled in the program, and over time between the year 2000 and 2020, a few states and ITOs were added to the program for a total of 52 states and 8 ITOs (National Commodity Supplemental Food Program Association, 2022).

According to the USDA, to be eligible for the CSFP, participants must be at least 60 years of age and reside in one of the states or on one of the Indian reservations that participate in CSFP. States may establish local residency requirements based on designated service areas, set income limits for the elderly at or below 130% of the Federal Poverty Income Guidelines, or require that participants be at nutritional risk, as determined by a physician or by local agency staff. The CSFP ships food to “distribution hubs,” where eligible individuals can quickly pick up their food and leave. In contrast, other programs like the Women, Infants, and Children (WIC) or

Supplemental Nutrition Assistance Program (SNAP) assist recipients by providing the financial ability via coupons to purchase items directly from stores or farms or through reimbursement (USDA, 2022).

The USDA releases funds to each eligible separate DHHS and ITO to run the CSFP.

Each state's DHHS program manager will then work with volunteer community organizations acting as "satellite hubs" where the USDA delivers food packages, and the hubs put requested boxes together. An example of a volunteer hub would be a non-profit organization that develops community programs and activities to overcome poverty improving lives. Each food box must have a set number of dairy, fruit, grains, protein, and vegetables, which the CSFP manager submits to the USDA (See appendix B for more details). Once the products are delivered to the volunteer hubs, The volunteers begin filling the boxes as requested, and the enrollees will pick up their boxes each month. Some states are equipped with enough volunteers to deliver these boxes instead of the participants picking them up. The volunteer hubs also track who has picked up their boxes each month, and report back to the CSFP manager. The process is on a monthly basis – ordering the food, delivering the foods to the volunteer hubs, disseminating the boxes to the recipients, and reporting back to the program manager.

### **Issues with Operation of the CSFP**

A report published in The Urban Institute described operational issues of the program including insufficient staffing and volunteers, managing caseloads, challenges in outreach, and inadequate number and location of volunteer distribution hubs (Finegold, et al., 2008). The CSFP is known to be a very heavy lift for program managers including the duties of managing inventory, directing transportation, and unloading, ensuring safe storage, and smooth distribution

of the boxes. Louisiana's CSFP used prisoners from local prisons to help pack boxes and lower civilian volunteer hours, but this option was too cumbersome to set up to continue with that option. The CSFP lives or dies by its availability of volunteers to receive, pack, and distribute boxes. As previously stated, caseload allocations from the USDA depend on previous year's performance which is gauged by the programs ability to manage inventory and caseload allocations precisely, meeting food handling standards and distributing boxes according to plan. These rigid caseload management requirements add additional strain on the successfulness of the program. In managing caseloads, outreach is pertinent to keeping those numbers on track. Outreach helps meet the allocation of caseloads from the USDA but can be very difficult for program managers as it requires funding that is not provided, and it is yet another large task on the program manager's list (Finegold, et al., 2008). While the WIC is a three-part system that includes supplemental food access, nutrition education, and medical referrals, the CSFP is a single-part program working with the public – providing the food boxes.

Historical research implies that one of the common barriers to the CSFP is that the food is not reaching the individual in the amount intended. For example, the food is often shared with household members or there is substitution of the supplemental nutritious food for other normally consumed foods. Unintended supplemental food use has been noted in the CSFP before by administrators. While most of this information is anecdotal, it is a constantly repeating phenomena, which is enough to assume that not all recipients of CSFP are using or consuming their food products as intended (Keys, 1994). It is important to know how recipients utilize their food boxes in comparison with the decline or improvement in health status over time.

Funding is another operational challenge. The USDA allocates resources to each participating state and ITO based on historical enrollment and participation. In the Contractor

and Cooperator Report No. 48 titled The Role of the CSFP in Nutritional Assistance to . . . Seniors, it was stated that the “CSFP is not well-funded, caseload allocations are far below estimated need, it is not well connected at the state level to services for the elderly, and it generally does not have a strong voice in state policy” (Finegold, et al., 2008, p. 41). This statement supports the hypothesis that CSFP programs are struggling at a national level.

### **The Volunteers of CSFP**

Important facilitators are strong partnerships with supporting organizations assisting the CSFP to provide food services for the community, such as non-profit community organizations that serve as volunteer distribution hubs (Veazie, et al., 2001). However, as previously mentioned, barriers exist. Due to limited geographic location or lack of volunteer organizations, a single volunteer organization may serve multiple counties. Furthermore, rural areas have harder times to obtain resources such as volunteers, dedicated dissemination office space, and staff time in general. Metro area volunteer organizations may have more access to volunteers based on the sheer population size, and access to dedicated dissemination space as cities tend to have more resources than rural areas. Clearly, the limited number of volunteer dissemination hubs, particularly in rural areas, may be part of the barriers to increase participation and, in turn, improve the health outcomes of the population.

### **Research goal and Significance**

The CSFP is a necessary program, and it is critical to collect information on how other states and ITOs have operated the CSFP, what facilitators and barriers they encountered, and how each program has overcome those operating challenges nationally. The goal of this capstone study is to identify factors related to program operations including facilitators and barriers of



implementation of the USDA CSFP under a national lens using qualitative survey data analysis.

With the findings of this survey study the Public Health field will be able to use these findings to inform program managers and policy makers about important factors of barriers and facilitators for successful and sustainable implementation of the CSFP.

## **DATA AND METHODS**

### **Study Design**

This study is a cross-sectional survey study using an open-ended questionnaire to collect information regarding facilitators and barriers to the operation of the CSFP. The survey was sent to Forty-six CSFP program managers, either in ITOs or State Health Departments. Twelve program managers were able to respond (response rate: 26.1%).

### **Setting and Study Population**

Study population is CSFP program managers (n=46) across the US identified by a public record from the USDA's website that listed all of the current CSFP program managers with their emails, department names, and position title. The responding participants had varying years of experience, some were brand new to managing the program (under a year) and some had been running their CSFP for several years.

### **Survey Method and Measures**

Surveys were administered via email with an attachment of a word document that participants could save to their desktop, fill out, and return an emailed copy directly to the investigator. There was only one survey sent out, and one follow up reminder sent out twelve days after the original email went out. The survey was comprised of two questions:

1. Please list at least two (2) barriers to the facilitation of the CSFP that you run into (regularly or occasionally) at your department?

2. Please list at least two (2) facilitators that you see in your CSFP that you believe are unique/innovative and have been beneficial to resolving some of the above listed barriers?

### **Analysis**

I used qualitative thematic coding to analyze the survey responses. I read each survey response and placed them into a chart with numerical identifiers to keep their identity private. The organizations were kept anonymous during the analysis by giving them numbers instead of using their names. Next, I highlighted each theme by color (see in Appendix A). These color coded categories helped me create generalized themes and names for the themes, which led to a framework of thematic ideas about the CSFP and its barriers and facilitators.

## **RESULTS**

### **Sample Characteristics**

Of 46 surveys sent, 12 surveys were completed by employees of a state organization (26.1% response rate). No ITOs responded. The responding participants had varying years of experience, between less than a year to 5 years in managing the program, and all of them were permanent full time employees based on responses in the returned surveys. This information was not included in the survey, so the data is not complete, however it should be noted that a few respondents provided years of experience and certification information. There was a broad variety of certifications behind each CSFP manager, including a registered dietitian and food specialist. More than half of respondents were female (58.3%).

Table 1. Respondents Characteristics

	N	%
Gender	12	
Female		58.3%
Male		41.7%
State Location		
Pacific	1	8.3
Rocky Mountain	1	8.3
Midwest	5	41.6
Southwest	2	16.7
Southeast	2	16.7
Northeast	1	8.3

### **Barriers to Operate CSFP**

Based on the results of the survey, three common and widespread barriers that emerged include: issues related to federal funding, rigid and inconsistent federal regulations, and lack of staff capacities and workload (Table 1). One of these barriers include issues with federal funding including how the caseloads are determined, how much funding is allocated to administrative work, and the lack of funding for additional support. It is clear that CSFP managers are struggling to do the necessary work the program demands with little to no help. Respondents mentioned that there is a need for additional funding to pay for more local support

or even an additional staff person to help manage the program. There is also a common concern with the current federal regulations governing the program. Many concerns target the out-of-date nature of the regulations, as well as being too structured in one area (e.g. the regulations deciding caseload or contents of a box) and not structured enough in another area (e.g. policies for determining eligibility). It was noted that too much structure and unwillingness to change in an area harms the program and its recipients, such as not updating the foods that can be provided in boxes, while not enough structure in another area can lead to error due to the lack of standardization, such as determining eligibility. Finally, a glaring common barrier of the CSFP is the workload and staff availability. This category works hand-in-hand with funding, but money won't fix all of these problems. Workload issues affect the CSFP system entirely, slowing processing, human error occurs, and staff turnover is possible. Table 1 illustrates the three common barriers and selected quotes from the respondents.

Table 1. Barriers Regarding CSFP Implementation: Themes and Selected Quotes

<b>Theme</b>	<b>Description</b>	<b>Selected Quotes</b>
Federal Funding	Federal funding affects both administration of the program as well as participation numbers.	“USDA funding determination (Allocating case load funding based on number of people the program has the potential to serve). The number of staff at this specific state organization cost more in funds than the number of people this state is allotted to serve.”

		<p>“Regulations only allow for \$30K in funding for SDA activities. Additional funding must be requested by SDAs with justifications for increasing funding levels and USDA must approve additional funds. Large states cannot administer CSFP for \$30K and must do additional paperwork every year to get additional funds approved for state use.”</p> <p>“The funding levels do not cover the costs of implementing the program at the both the state and local level. Specifically, the ability to retain up to \$30,000 at the state level is an extreme barrier (see 7 CFR 247.23)”</p>
Federal Regulations	The federal regulations might need updating to better support the needs of participants and organizations doing the work.	<p>“Inflexibility of federal regulations, strict food packages and federal vision of distributing food first, and caring about the needs of the population served, second.”</p> <p>“Only allowing potential participants in at 130% of the federal poverty guidelines when other supplemental nutrition programs allow at least 185%.”</p>

		<p>“States are advised to interpret regulations at the state level in many areas, creating differences in program operations. Some items should be consistent across the program– like the application.”</p>
<p>Workload/ Staff Availability</p>	<p>Staff availability and workload imbalance negatively affects the program outcomes and its participants.</p>	<p>“...our local agencies struggle to find staff and volunteers to pack all of the boxes, distribute them and manage inventory and case files.”</p> <p>“There is not a large candidate pool for staff the already know and understand CSFP before being hired. This requires the SDA to hire staff with skillsets and train on program requirements.”</p>

### **Facilitators to Operate CSFP**

The survey results also collected some notable examples of facilitators to the CSFP that, despite the many barriers, keep the program running smoothly. First, respondents noted that partnership and collaboration with other organizations was the most highly recommended resource for CSFP facilitation. There are great examples of collaboration in the Table 2 that highlight how much more successful this program would be if funds came available for additional support staff. Additionally, when working as a program manager, especially for the

CSFP, one must be resourceful, thus the category resourceful thinking came about. This category is a collection of differing processes and ideas, yet they are alike in that they improve facilitation of the CSFP in a unique way. Table 2 illustrates themes and a few examples of such facilitating factors including finding elsewhere to support needs, changing the structure of the CSFP to cut down on expenses and volunteer times, among other things.

Table 2. Facilitators Regarding CSFP Implementation: Themes and Selected Quotes

Theme	Description	Selected Quotes
Partnership and Collaboration	Partnerships with local organizations is a terrific way to take the burden off of the CSFP and provide ownership to local organizations.  Partnering can help spread the word about other programs of the local organization.	<p>“Support from local agencies (hubs) who send out and compile education surveys which has been notably increasing each year. Community partners adding desirable foods – fresh fruit/vegetables and locally grown foods to the CSFP monthly food box.”</p> <p>“Local Health Department Nutrition Services are contracted to provide statewide nutrition education materials for CSFP, thus ensuring consistent messaging instead of each local agency “doing their own thing” or the bare minimum.”</p> <p>“Medical partners are excellent collaborators and advocates for household programs.”</p>

		<p>“The addition of nutrition education staff at the regional level has been a great improvement. They host regular regional education and sharing sessions for state agencies.”</p> <p>“Some of our contractors are adding fresh items to the CSFP box in response to feed back that CSFP has too much shelf stable items.”</p> <p>“We are working with SNAP ED to support our nutrition messaging for seniors.”</p>
Resourceful Thinking	A variety of solution to the barriers of running the CSFP.	<p>“State General Revenue is being used to cover administrative costs for the CSFProgram.”</p> <p>“To help with workload, our state local agencies distribute bi-monthly. This cuts down on the work in making monthly boxes and prevents the clients from having to come into town every month to pick up.”</p> <p>“We used to store all of our CSFP foods at our state contracted warehouse. This was a big expense for CSFP to then ship the product to our eight local distributing agencies. We shifted to direct ships from the multi food</p>



		warehouse about 5 years ago and this has saved the program money.”
--	--	--

### **DISCUSSION**

Although the CSFP is successful in improving health outcomes of enrollees through ensuring access to nutritious foods, this study discovered some common barriers to operate the program through our survey data. It is apparent that the federal funding level provided is not enough to run the program at state and ITO levels. As I learned from survey responses in my study, money for administrative duties is lacking. Volunteers are also often hard to come by as noted from the survey responses. Funding also affects the number and quality of staff that can be hired, so we have seen a common barrier of workload for the CSFP. There was a consensus that rules and regulations around the CSFP are outdated and too strict, or not cohesive enough. Two facilitators were apparent from the study including the need to be a critical and resourceful thinker to run this program successfully and the need to have several partnerships within communities served.

A main facilitator to the CSFP is partnership and collaboration that are essential to run the CSFP to its highest capacity. Notably, support from local agencies (hubs) can help in several ways. Supportive partners can assist in sending out and compiling educational surveys which can improve both your constituent’s health outcomes as well as caseload allocation. Several states

had community partners adding desirable foods – fresh fruit/vegetables and locally grown foods to the CSFP monthly food box. States are even contracting with organizations to provide statewide nutrition education materials for CSFP which ensures consistent messaging instead of each local agency “doing their own thing” or the bare minimum. It is vital to help communities see their needs and know how to express them, implement an intervention, and evaluate outcomes, such as the success or failure of the CSFP in their areas (Veazie, et al., 2001).

Collaborating with outside organizations can improve the presence of promotion for household programs and might even provide each state organization or ITO with additional staff and resources, even staff to complete home deliveries. Our findings imply that maintaining and strengthening partnerships will allow the CSFP to thrive and improve health outcomes of the populations served.

The final highly occurring facilitator is the need for innovative, cutting-edge thinkers to run these programs. Many respondents listed uncommon yet successful practices to keep this program afloat even with notable funding improvement needs. A few examples of this thinking include utilizing State General Revenue to cover administrative costs for the CSFP or distributing bi-monthly instead of monthly to cut down on the work in making monthly boxes and prevents the clients from having to come into town every month to pick up. Because of the rigid regulations and need for updating of the CSFP, program managers are working diligently to keep their programs afloat. This kind of left-field thinking can move the CSFP needle further to

support more enrollees.

The most prevalent barrier noted in this study was that the federal funding doesn't seem to fulfill the needs of the programs. Both the amount allocated for administrative work and how the USDA determined caseloads was in question for most respondents. This isn't as simple as the USDA flipping a switch and finding more money. It goes hand-in-hand with the next main finding. A reevaluation how funds are allocated is needed (Blancato et al., 2021). During the pandemic there were one-hundred millions of dollars reallocated to older adult nutrition support (Bipartisan Policy Center, 2021). A consideration should be given to a reassessment of this funding to allocate more effectively across the USDA programs. Reassessing the funding tiers and allocation of caseloads can prevent programs from failing, states pulling out of the program, and improve staff morale for those working or volunteering for the CSFP. This can improve health outcomes of enrollees and promotion of this program.

Another barrier found in the study was the federal regulations inflexibility, strict food packages among other concerns. A respondent mentioned in their survey that there seems to be a federal vision of the CSFP is distributing food first and caring about the specific needs of the population served second. The nutritional needs of older adults have changed since the 70's yet the program has minimally adjusted. A specific recommendation of mine would be for federal legislators to consider updating the nutrition requirements of the boxes based on today's standards with cultural needs in mind. Additionally, only allowing potential participants in at

130% of the federal poverty guidelines when other supplemental nutrition programs allow at least 185% is a barrier of this program (Thottunkal et al., 2013). Updating standards of how foods are selected for the program can help improve the definition of the idea of a “healthy food”. These standards, if implemented across all CSFPs can bring organization and standardization to the program (Levi et al., 2022). Amending these regulations and laws can improve satisfaction of the staff, the public interested in enrolling that were previously not able to, and current enrollees who will be receiving better packages.

The final barrier was staff availability and workload. It should be noted that the workload for some departments was manageable, while for others it was less manageable. However, it is a common issue that local agencies are struggling to find staff and volunteers to pack all the boxes, distribute them and manage inventory and case files. Due to insufficient funding, minimum number of staff handle large workloads to meet regulatory requirements. Another specific recommendation I’d make to federal legislators is to consider revising the budget for the 60 programs to increase funding to allow for either sub-awarding money to volunteer distribution hubs, or to hire another state or ITO program manager level of staff. Additionally, there is not a large candidate pool for staff that already know and understand CSFP before being hired. This requires the state organization or ITO to hire staff with skillsets and train in program requirements. CSFP has frequent (monthly) large reporting requirements to USDA that must all be manually entered into their reporting system. This is both time

consuming and creates a large risk for human error. Should the USDA not seek recommendations from their program managers they might see a continuous decrease in organizations enrolled in the program, which may potentially lead to more communities losing these resources.

These findings can inform policy makers to recommend regulation and policy changes to the USDA, but also fill the gap in sharing barriers and facilitators across state and ITO lines. A common theme resulting from my individual contacts to each state or ITO was that this might be an opportunity to share innovative ideas across agencies to better serve our populations across the US. It would be a recommendation of mine to regularly survey CSFP providers at the state and ITO levels to ensure the federal agents are on the same page as the providers. This open line of communication can create opportunity for change in the previously listed barriers.

### **Strengths and limitations**

Strengths of this research includes being the first survey completed by current CSFP facilitators. This gives us a real look into the program's operational challenges. The limitation of this research small sample (12 surveys back out of 46) and thus limited generalizability. The qualitative study may have also been limited by non-response bias, as only 26.1% of CSFP managers responded to the survey. As the survey responses were coded by only myself, we can also consider single coder bias. Additionally, there was little to no existing research regarding the

facilitator and barriers of the CSFP at a state and ITO level. For future studies, I'd recommend comprehensive analysis of business plans of each CSFP state or ITO organization to compare different facilitators and assist in the growth of understanding of needs to improve the outcomes of this program.

### **Conclusion**

In conclusion, there are several notable barriers to the implementation of the CSFP that can be improved upon over time should the USDA take recommendations. The first step is for the CSFP to create a CSFP improvement board consisting of federal, state and ITO program managers who will assist in the improvement of regulatory requirements, funding accessibility, uniformity of the program, and other recommendations.

## References

- Abdellah, F. G., & Moore, S. R. (1987). Surgeon General's Workshop on Health Promotion and Aging: Background Papers. Rockville: Department of Health and Human Services.
- Beaton, G., & Ghassemi, H. (1981). Supplementary feeding and nutrition of the young child. The United Nations University.
- Bipartisan Policy Center. (2021). Improving food and nutrition security during COVID-19, the economic recovery, and beyond. Washington, DC: Bipartisan Policy Center.
- Blancato, R., & Whitmire, M. (2021). The Crucial Role of Federal Nutrition Programs in Promoting Health Among Low-Income Older Adults. American Society on Aging.
- Feest, A. (2011). Impact of commodity supplemental food program (CSFP) participation on nutrient intake of elderly persons in Milwaukee County. School of Family, Consumer, and Nutrition Sciences Northern Illinois University.
- Finegold, K., Kramer, F. D., Saloner, B., & Parnes, J. (2008). The Role of the Commodity Supplemental Food Program (CSFP) in Nutritional Assistance to Mothers, Infants, Children, and Seniors. The Urban Institute , 50-54.
- Keys, M. C. (1994). The use of supplemental foods by participants in the Special Supplemental Food Program for Women, Infants and Children (WIC) and the Commodity Supplemental Food Program (CSFP). Ann Arbor: UMI.
- Levi, J., Vinter, S., St. Laurent, R., & Segal, L. M. (2008). F as in Fat: How obesity policies are failing america. Washington, DC: Trust for America's Health.

Levi, R., Schwartz, M., Campbell, E., Martin, K., & Seligman, H. (2022). Nutrition standards for the charitable food system: challenges and opportunities. San Francisco: BMP Public Health.

Lloyd, J. L. (2019). From Farms to Food Deserts: Food Insecurity and Older Rural Americans. American Society on Aging.

National Commodity Supplemental Food Program Association. (2022, November 18). National Commodity Supplemental Food Program Association. Retrieved from National Commodity Supplemental Food Program Association Nourishing the Golden Years:

<http://www.ncsfpa.org/history-of-csfp-expansion/>

Thottunkal, A. M., Perry, G., & Richey, K. (2013). Policy Basics: Oklahoma's Food Security Safety Net. Tulsa: Oklahoma Policy Institute.

USDA. (2022, April 18). CSFP: Caseload Assignments for the 2022 Caseload Cycle and Administrative Grants. Retrieved from U.S. Department of Agriculture: Food and Nutrition Service: Commodity Supplemental Food Program: <https://www.fns.usda.gov/csfp/caseload-assignments-2022-caseload-cycle-and-administrative-grants>

USDA. (2022, May 5). USDA Promotes Program Access, Combats Discrimination Against LGBTQI+ Community. Retrieved from U.S. Department of Agriculture: Food and Nutrition Service: <https://www.fns.usda.gov/news-item/usda-0100.22>

Veazie, M. A., Teufel-Shone, N. I., Silverman, G. S., Connolly, A. M., Warne, S., King, B. F., . . . Meister, J. S. (2001). Building Community Capacity in Public Health: The Role of Action-Oriented Partnerships. Aspen Publishers, Inc.



Welman, N. S., & Kamp, B. (2004). Federal Food and Nutrition Assistance Programs for Older People. American Society on Aging.

## Appendix A

## Survey Questions

1. Please list at least two (2) barriers to the facilitation of the CSFP that you run into (regularly or occasionally) at your department?
  - a. Additional details?
2. Please list at least two (2) facilitators that you see in your CSFP that you believe are unique/innovative and have been beneficial to resolving some of the above listed barriers?
  - a. Additional details?

## Survey result themes

	Notable Barriers
1	Federal State Admin <b>Funds</b> – The max allocation of state retained funds is not enough for administer the CSFProgram
2	USDA <b>funding</b> determination (Allocating case load funding based on number of people the program has the potential to serve). The number of staff at this specific state organization cost more in funds than the number of people this state is allotted to serve. Recommendation: Create a ceiling in the number of caseloads/funding a state can request. (The funding amount can still be tied to a per caseload amount.)
2	Requirement that a potential participant can only <b>make 130% of the federal poverty guidelines</b> when other supplemental nutrition programs allow at least 185% of the FPG. States are expected to serve 99-120% of caseload assigned. If it was possible to provide CSFP food boxes to individuals making up to 185% of the Federal Poverty Income Guideline, it would greatly assist states/local agencies in achieving this lofty goal.
2	<b>Nutrition education</b> requirement: There is an expectation to ‘survey’ participants regarding nutrition education to ascertain how beneficial the program and the food provided is. The menu is the menu – neither participants, local agencies, or state agencies can change the food provided. It is very difficult to provide nutritional information on a piece of paper in a box. I know other states have resources they have utilized to provide nutrition information, but not every state has the resources other states do.
3	<b>Funding</b> to support our local agencies in administering the program would be beneficial. Salaries, <b>storage</b> , etc.
3	<b>Outreach</b> is difficult as we only have one staff person assigned to CSFP administration and a part time person in charge of food distribution. We are a very rural state and our local agencies also struggle to reach those in remote areas so their outreach is sometimes limited to a 20 mile area close to the distributing agency.
3	<b>Workload</b> for our department is manageable, however our local agencies struggle to find staff and volunteers to pack all of the boxes, distribute them and manage inventory and case files.
3	<b>USDA food shortages and a strict food package</b> : USDA should develop more flexibilities in the food pack to allow for modified food packs when there are shortages. Regulations do not allow agencies to distribute a food

	pack if any item is short. For those that keep a limited inventory due to space issues, this can be an issue if USDA shorts products coming from the multi-food warehouse.
4	<b>Inadequate funding:</b> In kind funding is necessary to administer this program. Without it the program wouldn't be operational.
4	<b>Inflexibility of federal regs</b>
4	<b>One size fits all approach</b> with lack of appreciation of State strengths and needs: CSFP needs to be redesigned in order to support and strengthen local food systems and take advantage of work within states to address food and nutrition security efforts.
4	Federal vision of program is <b>food distribution first and the food and nutrition security needs of older adults second:</b> The trends in food and nutrition and what's known about the wants and needs of older adults aren't reflected in CSFP. For example, the use of prepared foods or partially processed fruits and vegetables.
5	<b>Funding:</b> Regulations only allow for \$30K in funding for SDA activities. Additional funding must be requested by SDAs with justifications for increasing funding levels and USDA must approve additional funds. Large states cannot administer CSFP for \$30K and must do additional paperwork every year to get additional funds approved for state use.
5	<b>Workload:</b> Due to insufficient funding, SDAs handle large workloads with minimal staff to meet regulatory requirements
5	<b>Staffing availability:</b> There is not a large candidate pool for staff the already know and understand CSFP before being hired. This requires the SDA to hire staff with skillsets and train on program requirements.
5	<b>Technology:</b> CSFP has frequent (monthly) large reporting requirements to USDA that must all be manually entered into their reporting system. This is both <b>time consuming</b> and creates a large risk for human error.
6	<b>Local agencies willing to participate:</b> The program, especially inventory management, is cumbersome and time consuming.
6	<b>Outreach:</b> State and local agency staff are already stretched managing the programs they delivery, causing outreach capability to suffer. From a state agency perspective, the process of gaining approval of materials is cumbersome and time consuming. For example, during the early days of COVID lockdown, I requested a press release in an attempt to keep participation from falling drastically for the fiscal year. It took four months to have it approved, at which time it was too late to turn the year around.
6	<b>Population challenges:</b> Transportation and mobility issues of the target population make it difficult to access the program. Many seniors have no one who can act as proxy.
6	<b>Funding:</b> Population challenges could be addressed with sufficient funding to provide home delivery; more administrative funding to local agencies could support paying staff to build food packages instead of or in addition to relying on volunteer resources, as well as funding more staff time at the state level to devote to CSFP.
7	<b>Orders getting canceled:</b> The <b>cancellations</b> are due to market restraints and availability of food products.
7	<b>Lack of flexibility in regs:</b> The food package is limited by required items. The regulations could be updated to better reflect current state of the Program
7	<b>Lack of consistency across states.</b> States are advised to <b>interpret regulations</b> at the state level in many areas, creating differences in program operations. Some items should be consistent across the program— like the application.
8	The <b>Intake process</b> for CSFP is cumbersome requiring a lot of documentation and notification steps. This is a barrier for local implementing agencies and clients.
8	The <b>funding</b> levels do not cover the costs of implementing the program at the both the state and local level. Specifically, the ability to retain up to \$30,000 at the state level is an extreme barrier (see 7 CFR 247.23)
9	Packages missing food items upon arrival to distribution hubs. Training is lacking, we need to train all over again and engage new a person to get excited about the job

12	<b>Workload</b> – one person managing all 35,259 Caseload Slots
12	<b>Staff</b> – we only have one person running the entire program statewide
11	<b>Funding</b> : increase funding to allow for technology movement to support nationwide efforts for a database for online enrollment (captures proofs, signatures) and electronic storage of files. As well as technology movement for nutrition education, to allow for a national nutrition education effort for seniors that provide written/printed materials in addition to interactive nutrition education with videos and cooking demonstrations. Increased funding to allow for funding the delivery of CSFP food boxes to homebound seniors which would also increase participation. Funding for innovative technology would allow for the capture of electronic signature also. <b>Increase funding</b> for agencies to maintain staff with adequate pay and stipend for volunteers, agencies rely heavily on volunteers.
11	<b>Regulations</b> - change of poverty level for seniors to mirror WIC of 185% poverty level to increase eligibility. - change age requirement to allow seniors under age 60 or consider age 55 with disability to be served by CSFP.
12	Local sites have <b>difficulty keeping up</b> with the paperwork required for the program (intake forms, recertification cycles, etc.). Local sites regularly comment that they do not have funds for the paper, printer ink, and postage needed to administer CSFP. Paperwork and additional supply cost – many local sites report that they do not have the funding to purchase the printer paper and ink necessary to print all of the required forms to administer CSFP, specifically the Written Notices (certification, waitlist placement, denial, and discontinuation) and the Written Notice of Beneficiary Rights form. Additionally, they report they do not have funding for postage to mail these required notices to applicants/participants. Also, many sites report that keeping up with the CSFP intake forms and the recertification cycle is very challenging. The paperwork for the program is regularly described as “confusing” and “time-consuming” by site coordinators.
12	<b>Transportation</b> – many of the sites report that they could serve more seniors and the seniors would pick up their food packages more consistently if transportation was available. Most local sites do not have the funds and/or the volunteer-power to conduct home deliveries, yet many of the eligible seniors in their communities do not have reliable transportation. Proxies are used as much as possible, but additional reliable transportation and/or delivery services would be very helpful in many communities. Transportation, or lack thereof – many seniors do not have reliable transportation and/or have mobility limitations, thus traveling to a site to pick up their monthly food package can be a deterrent to participating in the program. Sites encourage the participants to identify proxies, but even proxies can be unreliable. Local sites are operated mainly by volunteer groups or non-profit agencies that do not have funding for home deliveries or to provide transportation to the seniors. A few communities provide low-cost or free bus/van transportation in town, but most do not reach into the rural areas outside of the main town.
12	The local site are supposed to use the new year’s Income Eligibility Guidelines (IEG) starting in January each year, but the <b>new IEG Chart is typically not provided to the states/local sites until mid-February</b> . This leads to confusion, particularly in years when the Social Security/SSI cost of living adjustment is higher than average. Delay in releasing the IEG each year – 2023 is a good example, as the cost of living adjustment for Social Security and SSI payments was higher than average, and many local sites contacted the Food Banks and our State Agency asking for guidance on how to handle participants who are due for recertification in January, but their cost of living adjustment causes them to be over-income for CSFP based on the 2022 IEG Chart, but since the 2023 IEG Chart is not available until mid-February (most years), the local sites have to use the 2022 IEG Chart and some participants may be wrongly discontinued from the program.

	Notable Unique Facilitators
1	<b>State General Revenue</b> is being used to cover administrative costs for the CSFProgram
2	<b>Support from local agencies</b> (hubs) who send out and compile education surveys which has been notably increasing each year.
3	To help with <b>workload</b> , our state local agencies distribute bi-monthly. This makes the food boxes quite heavy however it cuts down on the work in making monthly boxes and prevents the clients from having to come into town every month to pick up.
3	We used to <b>store</b> all of our CSFP foods at our state contracted warehouse. This was a <b>big expense</b> for CSFP to then ship the product to our eight local distributing agencies. We shifted to direct ships from the multi food warehouse about 5 years ago and this has saved the program money.
4	<b>Community partners</b> adding desirable foods – fresh fruit/vegetables and locally grown foods to the CSFP monthly food box. These partners are part of the charitable food system and that’s the source of the additional foods.
6	<b>Local Public Health Dept Nutrition Services</b> is <b>contracted</b> to provide statewide nutrition education materials for CSFP, thus ensuring consistent messaging instead of each local agency “doing their own thing” or the bare minimum.
6	The <b>Medical service</b> staff are excellent <b>collaborators</b> and advocates for household programs. The addition of nutrition education staff at the regional level has been a great improvement. They host regular regional education and sharing sessions for state agencies.
7	<b>Our partner</b> is large enough that they can manage order cancellations without disruption to distributions.
7	<b>Local Public Health Dept</b> provides home deliveries to 90% of its caseload
8	We are seeking <b>state funding</b> to offset the lack of funding for CSFP
8	We are working with <b>SNAP ED</b> to support our nutrition messaging for seniors.
8	Some of our <b>contractors</b> are adding fresh items to the CSFP box in response to feed back that CSFP has too much shelf stable items.
9	Train new staff at the sub recipient’s side. Include CSFP contractors to talk once a year at an Area Agency on Aging Nutrition Meeting about CSFP which is cheap outreach as the CSFP sub recipient can talk to meal providers at those meetings.
9	Provide several times during the year, different aging, and educational material all about aging.
12	<b>Resourceful thinking Door Dash</b> helping to increase distribution
12	<b>Good Partner agency</b> that can do some of the nutritional Education
11	<b>Partnership</b> with local ADRC or Extension offices for nutrition materials and recipes. Striving to build community and statewide collaboration for nutrition education resources and sharing. Not working siloed but working together with programs serving seniors for the greater good.
11	<b>Project Door Dash</b> We would like to strive to build community and statewide collaboration and effort to brainstorm innovative ways for delivery of CSFP as Project Door Dash turns to a fee for service program.
12	We have asked our <b>Food Bank CSFP Teams</b> to add two questions when they update their CSFP Intake forms – one question will ask for the applicant’s email address, and the second question will ask the senior if they would prefer to receive correspondence via postal mail or email. If the applicant responds that they prefer email, all required Written Notices will be sent to the senior by the local agency via email – this will reduce some supply cost (postage, printer paper, etc.), but not all applicants have email addresses or check their emails, so supply costs to the local sites will remain an issue.
12	A few communities have <b>local low-cost/free transportation</b> provided by charitable agencies, and a small portion of these bus/van drivers will deliver CSFP food packages to nearby senior living apartment complexes as the participants’ proxy.

## Appendix B

The dairy options include a reduced-fat American cheese loaf, American cheese slices, instant non-fat dry milk or 1% shelf-stable UHT milk. Each box must include one 2-pound package of cheese, and either 2 UHT milk or 1 UHT milk and 1 non-fat dry milk. Fruit options include unsweetened apple juice, unsweetened applesauce, canned apricots, unsweetened cranberry apple juice, unsweetened grape juice, mixed canned fruit, unsweetened orange juice, canned peaches, pears, or plums, and raisins. Each box must include 1 juice and 3 cans of fruit or 2 juices and 2 cans of fruit or 1 package raisins, 1 juice, and 2 cans of fruit or 1 package raisins, 2 juices and 1 can of fruit. Grain options include bran flake cereal, corn and rice biscuit cereal, corn flake cereal, corn square cereal, oat circle cereal, shredded wheat cereal, white corn grits, farina, elbow macaroni, quick oats, brown or white long grain rice, white medium grain rice, whole grain rotini, and spaghetti. Each box must include 2 units of any combination of cereal, farina, (18 oz) rolled oats, and (2 lb.) grits or 1 (42\* to 48\* oz) unit of rolled oats or 1 (5\* lb.) unit of grits (every other month), and 2 units of any combination of pasta and (1 lb.) rice or 1 (2\* lb.) unit of rice. Protein options include dry baby lima beans, canned black beans, dry great northern beans, canned or dry kidney beans, dry lentils, canned or dry pinto beans, canned vegetarian beans, canned beef, beef stew, canned chicken, canned chili with or without beans, smooth peanut

butter, canned pink salmon, and tuna canned in water. Each box must include 1 (24 oz) shelf-stable packaged meat and 1 (12 to 15 oz) shelf-stable package beef, poultry or fish or 3 (12 to 15 oz) shelf-stable packages beef, poultry and/or fish of any combination and 3 units of any combination of canned beans, (1 lb.) dry beans or lentils, and peanut butter or 1 (2\* lb.) unit dry beans or lentils, and 1 unit of canned beans, peanut butter, or (1 lb.) dry beans or lentils. Finally, the vegetable options include low sodium canned carrots, green beans, mixed vegetables, spinach and peas, canned whole-kernel corn, dehydrated potatoes, canned sliced potatoes, canned sweet potatoes, vegetable soup, canned low sodium spaghetti sauce, diced canned tomatoes, and low sodium tomato juice. In each box there must be 8 cans vegetables or soup or 6 cans vegetables or soup, and 1 package dehydrated potatoes. The availability of these items is subject to change with the market availability.

## Appendix C

1. Blue Valley Community Action Partnership serving Butler, Fillmore, Gage, Jefferson, Polk, Saline, Seward, Thayer, and York counties
2. Central Nebraska Community Action Partnership serving Blaine, Boone, Boyd, Brown, Cherry (East), Colfax, Custer, Garfield, Greeley, Hall, Hamilton, Holt, Howard, Keya Paha, Loup, Merrick, Nance, Platte, Rock, Sherman, Valley, and Wheeler counties
3. Northeast Nebraska Community Action Partnership serving Antelope, Burt, Cedar, Cuming, Dakota, Dixon, Knox, Madison, Pierce, Stanton, Thurston, Wayne, Dodge and Washington counties
4. Eastern Nebraska Community Action Partnership serving Cass, Douglas, and Sarpy counties
5. Food Bank of Lincoln serving Lancaster, Otoe, and Saunders counties
6. Community Action Partnership of Mid-NE serving Adams, Arthur, Buffalo, Chase, Clay, Dawson, Dundy, Franklin, Furnas, Frontier, Gosper, Grant, Harlan, Hayes, Hitchcock, Hooker, Kearney, Keith, Lincoln, Logan, McPherson, Nuckolls, Perkins, Phelps, Red Willow, Thomas, and Webster counties
7. Community Action Partnership of Western Nebraska serving Banner, Cheyenne, Deuel, Garden, Kimball, Morrill, and Scotts Bluff counties



8. Western Community Health Resources serving Box Butte, Cherry (West), Dawes, Sheridan, and Sioux counties and

9. Southeast Nebraska Community Action Partnership serving Richardson, Pawnee, Johnson, and Nemaha counties

## Biography

Brianna Cochran has a Bachelor of Science degree in Foods and Nutrition and Public and Global Health from Wayne State College and is currently a student at the University of Nebraska Medical Center in the final stages of her Master of Public Health, Public Health Policy and Administration program. She works at the Nebraska Department of Health and Human Services, Division of Public Health as a Program Manager mostly overseeing relationships and subawards with Local Health Departments and Tribal Organizations.

## Education

---

- Acceptance into the Master of Public Health, Policy and Administration program March 2020. Pending completion: May 2023
- Graduation from Wayne State College with a B.S. in Foods and Nutrition and Public and Global Health, GPA of 3.5 – May 2018
- Member of the Association of Family Consumer Science Professionals—2015-2018
- Business owner/entrepreneur, 2013- 2014 and 2018-Present
- Graduation from Twin River High School with a GPA of 3.6 while heavily involved in the community, athletics, the church, FBLA and Student Council – 2015

## Professional Experience

---

- Department of Health and Human Services; Public Health Program Manager- 2022-Present
- Department of Health and Human Services; Legal Services, Administrative Assistant II – 2020-2022
- Department of Health and Human Services; Public Health Administrative assistant to the three Public Health Deputy Directors and one Public Health Finance officer – 2019-2020
- Kepler Family Chiropractic, Lincoln, NE, Chiropractic Assistant/Marketing and Development - 2018-2019
- Northeast Nebraska Community Action Partnership, Pender, NE, Intern -2017
- Providence Wellness Center, Wayne, NE, Facility Attendant and Personal Trainer - 2016-2018

## Awards

---

- DHHS Constant Commitment to Excellence Award – 2022
- Wayne State College – Student Achievement of the Year – 2018
- Wayne State College Dean’s list—2015-2018