



Food Services

Service Definition

Food Services involve the plan to receive actual food or meals using food pantries or vouchers. It may also include the plan to receive essential household supplies (such as hygiene items and household-cleaning supplies) and some nutritional supplements.¹

Note: Nutrition counseling provided by a non-registered dietitian is *not* considered to be part of food services. It is classified as a psychosocial support service.

Subrecipients providing food services are expected to comply with the Universal Standards of Care, as well as these additional standards:

Standard 1: Food services must be delivered in accordance with the Wisconsin Ryan White Part B Eligibility and Recertification Policy and Procedures.

Providers are responsible to determine eligibility at enrollment and to confirm eligibility annually.

Documentation

Client records must document that the client is living with HIV, resides in Wisconsin, and has household income under 500 percent FPL at initial enrollment in accordance with the Wisconsin Ryan White Part B Eligibility Policy, linked above.

Standard 2: Ryan White Part B funds are used to provide only allowable items under the Food Services category.

In addition to food items, prepared meals, and some nutritional supplements, the provider may include essential non-food items including:

- Personal hygiene products.
- Household cleaning supplies.
- Point of use or pitcher-style water filtration or purification systems.

Food Services must not include purchase of items that are not allowed under federal guidelines including:

- Household appliances.
- Pet foods.
- Point of entry water filtration systems for water entering the house.
- Other non-essential products.

¹ Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02. If nutritional supplements are provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian, such supplements should be classified as Medical Nutrition.

Documentation

Subrecipients must maintain an inventory of all items purchased with Ryan White food services funds.

Standard 3: Food services are delivered through a food pantry system or through voucher or gift cards that may be exchanged for food at cooperating supermarkets or other venues.

A Food Pantry system involves two components:

1. A central distribution center within a specific catchment area or home delivery service providing groceries for eligible clients.
2. A distribution process using cartons or bags consisting of assorted products needed by Ryan White clients.

A voucher or gift card system provides clients with vouchers or gift cards that may be exchanged for food at cooperating supermarkets or other venues, and includes the following restrictions:

- Gift cards must have an expiration date and may not be in the form of a pre-paid credit card.
- Gift cards cannot be used to purchase tobacco, alcohol, or firearms.
- Gift cards cannot be redeemable for cash.

Documentation

For food pantry systems, the subrecipient must have a policy on file regarding food distribution and packaging, and any additional activities such as home delivery services.

For vouchers or gift cards, the subrecipient must have processes in place to assure proper use of food vouchers or gift cards, including for informing clients about allowable uses for gift cards.

Standard 4: The subrecipient must ensure that the food it provides is safe for consumption.

The food program meets legal and regulatory requirements and industry best practices for food safety, particularly for people living with HIV (PLWH) and other populations that are highly susceptible to food-borne illness.

Documentation

Records of local health department food handling and food safety inspections must be maintained on file.

Standard 5: Food services must be safeguarded against theft and adulteration.

The subrecipient must ensure that access to the food storage area is limited, and that it is locked outside of food handling or distribution hours.

Documentation

The subrecipient must have a policy on file that limits access to the food storage area and addresses security of the storage area.

Standard 6: Food services must be accessible for clients.

Food bank hours must be accessible to participants with variable schedules.

The food is either delivered to clients, is made available in a location that is convenient for clients, or providers provides medical transportation assistance to access the food bank.

Documentation

The subrecipient must show that the food bank location or delivery system meets the needs of clients who have transportation challenges and documents when clients receive medical transportation services for food bank access.

Standard 7: Records must be complete, accurate, confidential, and secure.

For food pantry systems, the subrecipient must track food distribution and keep a regular inventory of food purchases and donations.

For voucher or gift cards systems, the subrecipient must track disbursements of vouchers or gift cards.

Documentation

Each client record must include the date client received food disbursements, the number of food disbursements given, and associated value. Documentation must include the number of clients served via the food pantry system.

For vouchers or gift cards systems, each client record must include the date client received vouchers or gift cards, the number of vouchers or gift cards given, and associated value of each.

Did you know?

The food bank served over 1,700 Ryan White Part B clients in Wisconsin in 2020.

Source: 2020 RSR

Food insecurity is a health equity issue in Wisconsin overall, and particularly for communities who are disproportionately affected by HIV.

According to the Survey of the Health of Wisconsin (SHOW), food insecurity is significantly more likely among communities of color (24.2 percent vs 10.0 percent) as well as those that are working class and self-report health problems. Food insecurity is equally prevalent in both urban and rural areas.

Source: Natalie Guerrero, Matthew C Walsh, Kristen C Malecki, and F Javier Nieto, Urban-Rural and Regional Variability in the Prevalence of Food Insecurity: The Survey of the Health of Wisconsin, Wisc Med Jrl. 2014 August; 113(4): 133–138

Easy access to clean water is a critical need for everyone. Old pipes containing lead, human-made chemicals like PFAS, and nitrates from farm runoff all can affect drinking water and cause serious health issues.

Environmental justice advocates have shown that people with lower incomes and Black, Brown, Indigenous, and People of Color (BBIPOC) have less access to clean drinking water.

This unequal access is related to a history of segregation, discrimination, and government failure to invest in communities of color.

Sources: NRDC, "Watered Down Justice". <https://www.nrdc.org/resources/watered-down-justice>; Wisconsin Department of Natural Resources, "2019 Year of Clean Drinking Water." www.dnr.wi.gov/files/pdf/pubs/Drinking%20Water/Clean%20Water.pdf.

Black or African American and Latinx or Hispanic people living with HIV face food insecurity at a higher rate than White people living with HIV due to overall food disparities in the U.S.

According to the U.S. Department of Agriculture (USDA), such households experience much higher rates of food insecurity than the national average. The national average rate is 11.1 percent; for Black households, it is 21.2 percent and for Latinx or Hispanic households it is 16.2 percent.

The disparity in food insecurity in Wisconsin between Black or African American and White households is among the largest in the country.

Sources: USDA, www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#householdtype; Food Security Project, <https://foodsecurity.wisc.edu/background>

Food is an integral part of culture. In addition to meeting basic biological needs, food meets **social and cultural** needs. People bond with each other and their cultural heritage, through food. This is particularly true for recent immigrants, who can be unaccustomed to or put off by foods that are common in the United States.

People who operate food banks are advised to know the predominant cultures of the people who access their services and strive to provide culturally appropriate food whenever possible.

Furthermore, some households decline to participate in federal programs because of stigma, low benefits, bureaucracy, or other reasons. Since not all food insecure households can or do access government resources, emergency food providers are central to ensuring that communities have a nutritional safety net.

Source: Anderson, E.N. Everyone Eats: Understanding Food and Culture. New York University Press, 2005; www.publichealthmdc.com/documents/foodSecurityWhitePaper.pdf