FOOD PANTRY SURVEY SUMMARY: Los Angeles County

About the Nutrition Pantry Program

Food pantries are a common and well-utilized part of the food landscape in many communities. As part of their CalFresh Healthy Living Program, the Los Angeles County Department of Health (Public Health) partnered with community based organizations and food banks in Los Angeles County to implement the Nutrition Pantry Program (NPP) with food pantries. Strategies included trainings on trauma-informed practices, developing institutional capacity to implement NPP, implementing written policies for healthy food procurement, conducting nutrition education with clients, and promotion of SNAP benefits (known in California as CalFresh).

A study was conducted with clientele at food pantry sites across Los Angeles County to understand the impact of NPP and their potential contribution to healthy food consumption (e.g., fruits and vegetables) and decreases in unhealthy food consumption (e.g., excess soda or sugar-sweetened beverage [SSB] intake). Data were collected from 15 food pantries in 2024, including food pantries who were implementing NPP and comparison food pantries not implementing the Program.

Overall, 591 participants from across Los Angeles County were surveyed in July 2024. Below is a summary of key findings among food pantries who implemented NPP (n=280).

Frequency of Visits to the Pantry Site

19.8% of respondents were first time visitors to the pantry site

80.2% of respondents were repeat visitors to the pantry site



DEMOGRAPHICS

Most survey participants attending food pantries participating in the Nutrition Pantry Program reported living in households of 3-4 members.

1-2 people 3-4 people 5-6 people 7+ people 25.8% 25.4% 9.4%

Language

Survey completion by language:

• English: **56.4**%

Spanish: 42.1%Russian: 1.4%

Gender

• Female: **73**%

• Male: 23.4%

Prefer not to say: 4.6%

Age

• 18-29: **6.7**%

• 30-39: **16.2**%

• 40-49: **26.2**%

• 50-59: **21.0%**

• 60+: 30.0%

Race

• Al/AN*: **0.7**%

• Asian: **6.1%**

• Black/African American: 4.3%

• Hispanic, Latino/a/x: 51.4%

• White: 10.7%

• Other Race: **1.1%**

• Multi-race: 1.4%

Don't know/Prefer not to say:24.3%

*AI/AN: American Indian/Alaska Native

Education Level

- Less than high school diploma:21.1%
- High school diploma or GED: 28.3%
- Some college or technical school:
 16.6%
- Associate degree or technical certificate: 8.5%
- Bachelor's degree: 7.6%
- Some graduate school or graduate school: **3.6%**
- Don't know/Prefer not to say:14.4%

Chronic Health Conditions

• High cholesterol: 26.1%

Diabetes: 22.1%

• High blood pressure: 21.4%

• Heart disease: 5.7%

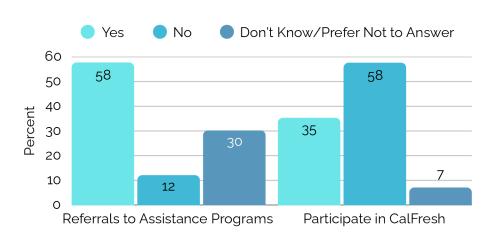








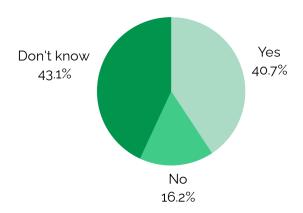
REFERRALS TO ASSISTANCE PROGRAMS AND CALFRESH PARTICIPATION



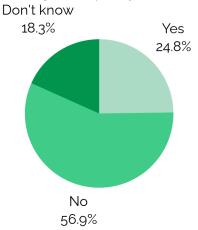


AWARENESS AND ACCESSIBILITY OF NUTRITION EDUCATION RESOURCES

Does this pantry offer nutrition, cooking, or physical activity classes?



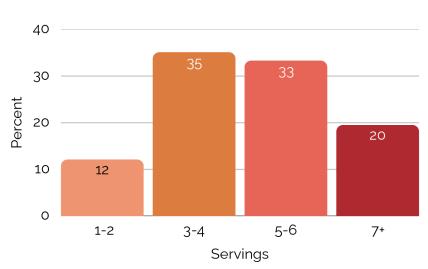
Has this pantry provided a cookbook or recipe card about healthy eating in the past year?



FRUIT AND VEGETABLE CONSUMPTION

Most participants who visit food pantries participating in the Nutrition Pantry Program reported consuming **3-4 servings of fruit and vegetables** daily (35.1%). According to data from the 2023 Los Angeles County Health Survey, only 10.8% of county residents reported eating 5 or more servings of vegetables per day.¹





1. Los Angeles County Health Survey. Los Angeles County Department of Public Health Office of health Assessment and Epidemiology. 2023

OTHER DAILY FOOD AND BEVERAGE CONSUMPTION

Sugar-Sweetened Beverages



None **38.2**% <1 servings **31.5**% 1-2 servings **23.2**%

3-4 servings **7.1**%

Daily Water Intake



None **1.7**% <1-2 servings **20.1**% 3-4 servings **33.5**% 5+ servings **44.8**%

Sweet Snacks



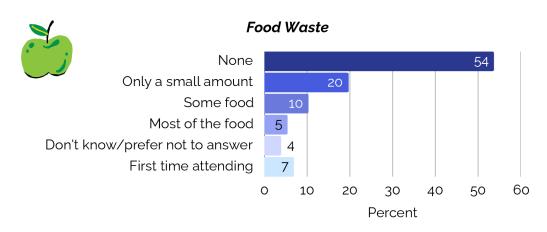
None **12.6%**<1-2 servings **70.6%**3-4 servings **10.4%**5+ servings **6.5%**

Salty Snacks



None **19.5**%
<1-2 servings **75.9**%
3-4 servings **3.3**%
5+ servings **1.2**%

FOOD CONSUMPTION AND FOOD WASTE



Food Consumption

Overall, **35.0**% of participants reported that all of their food eaten came from the pantry, while **43.7**% reported that most of their food came from the pantry,

PERCEPTION OF FOOD AVAILABILITY AND HEALTH NEEDS, OVERALL SATISFACTION

Participants who attend food pantries participating in the Nutrition Pantry Program were asked to rate whether the pantry had familiar food and whether the food met their health needs.



89.1% of participants agreed that the pantry had familiar food.



82.9% of participants agreed that the food met their health needs.



Participants rated healthy food availability **8.68/10** on average.



KEY FINDINGS AND RECOMMENDATIONS FOR PUBLIC HEALTH, FUNDED PARTNERS, AND FOOD PANTRIES

Food pantries are successfully fulfilling their mission, with the majority of participants reporting that they feel welcomed, respected, and treated with dignity. Participants also noted the availability of familiar, healthy foods that meet their cultural and dietary needs. For the two-thirds of participants living in households that experienced low and very low food security, food pantries served as a vital lifeline. The Nutrition Pantry Program (NPP) supports this work by providing staff training, ongoing technical assistance, and culturally relevant, client-centered resource materials.

On average, food pantry clientele were older and faced a higher prevalence of diet-related chronic conditions. Approximately 29% of the survey population were 60 years of age or older, with many reporting co-morbidities such as high cholesterol (25%), diabetes or prediabetes (23%), and high blood pressure (22%). Given the increased levels of chronic conditions among older adults, it is important to ensure the availability of appropriate foods such as heart-healthy and low-sodium options to support disease management. While food sourcing varies by food pantry site, the NPP provides materials and resources to help identify foods suitable for specific dietary needs. For example, tailored handouts are available for clients with diabetes and heart disease. Pantries serving older adults should be mindful that nutrition education materials and signage are accessible (e.g. using larger font sizes and minimizing reliance on digital formats) to accommodate varying levels of comfort with technology and vision needs.

Participants who visited the food pantry more frequently reported higher consumption of fruits and vegetables; at the NPP sites, increased water intake was reported. Nearly half of the participants visited the food pantry once a week or more, while about one-third visited once a month. More frequent visits were associated with greater intake of fruits and vegetables. Notably, at NPP sites, participants who visited more than once a week consumed, on average, one additional serving of water per day compared to first time visitors. To promote water consumption, staff at the NPP participating pantries implemented "Rethink your Drink" strategies, including conducting fruit infused water demonstrations, distributing recipe cards and informational flyers. These findings suggest that increased pantry access is positively associated with healthier dietary habits. To support this trend, pantries should continue prioritizing the availability of nutritious foods and beverages, and, where feasible, explore opportunities to expand access to clients by extending operating days and hours.

More than half of participants did not participate in the SNAP/CalFresh program despite awareness of referrals and promotion of these programs; many participants were unaware of whether nutrition education was offered at the food pantry sites. Approximately 58% of participants reported that they do not participate in the CalFresh program. To address this, some NPP sites have implemented strategies such as on-site CalFresh application assistance to support enrollment and increase participation. Given that participants arrive and wait in line for an hour or more before the food distribution begins, this presents an opportunity for engagement, whether through sharing educational materials such as cookbooks and recipes, offering referrals, and/or promoting CalFresh enrollment. Food pantries could also explore partnerships with local colleges and universities to engage student volunteers in outreach and promotion efforts. Strengthening collaborations with organizations that provide CalFresh application assistance can further support efforts to connect clients with important nutrition resources and benefits.

At the NPP sites, 25% of participants reported receiving cookbooks and/or recipe cards, compared to 19% at comparison sites. In Los Angeles County, NPP sites offer nutrition education by distributing cookbooks and recipe cards, providing food demonstrations, and conducting nutrition education classes. However, a significant number of participants reported not receiving these materials or were unaware of the availability of nutrition, cooking, or physical activity classes at their pantry. To increase awareness, food pantries should implement multilingual outreach and visible signage to ensure all pantry participants are informed about available resources and nutrition education opportunities.

For many clients, food pantries are the primary source of food, with minimal food waste reported.

Nearly 80% of participants reported that most or all of their food comes from the pantry where they were surveyed. Given this reliance, ensuring access to healthy foods is critical. Participants in this study reported high intake of fruits and vegetables and low intake of sweet and salty foods, suggesting improved dietary patterns due to pantry offerings. In addition, food waste appears to be minimal, as clients reported using most of what they received. Nutrition education classes offered through NPP, such as Food Smarts, include lessons on food safety and reducing food waste. Continual nutrition education around proper food storage, understanding use-by and best-by dates, as well as creative food preparation can help ensure clients make full use of the foods distributed. Some pantries have also implemented systems to redistribute surplus food, either by transporting extra foods to nearby pantries for next-day distribution or by partnering with local farms for recycling and composting efforts.

Food pantry clientele represent a culturally diverse population, highlighting the need for ongoing trauma-informed training of pantry staff. Nearly half of survey respondents completed the survey in Spanish, with a smaller portion responding in Russian. To effectively serve this diverse community, it is essential that outreach materials and nutrition education are available in multiple languages and written at accessible reading levels to accommodate varying levels of literacy. Most NPP materials are available in English and Spanish, with select resources translated into Russian and several Asian languages. Recognizing this cultural diversity, both new and existing food pantries seeking to improve their outreach and client experience should consider the NPP training for all staff and, where possible, for volunteers. The trauma-informed, culturally responsive principles embedded in the training are vital to fostering respectful, inclusive, and supportive environments for all clients.

Suggested Citation: Los Angeles County Department of Public Health, Food Pantry Survey Summary: Los Angeles County, June 2025.