

## **The Daily Bread Soup Kitchen: A Look into Homelessness in the Community**

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The Daily Bread Soup Kitchen in Champaign, Illinois, was founded in 2009. It began when a Catholic Worker House ended its lunch program (Daily Bread Soup Kitchen, 2021). From there, a staple in the community began. The Soup Kitchen rented space from New Covenant Fellowship on White Street. At Covenant, the initial lunch service was 30 sack lunches out the front door and grew exponentially to 200 hot lunches five days per week and soup and sandwiches on the weekend from the Daily bread vans (Daily Bread Soup Kitchen, 2021).

In 2014 Daily Bread acquired a newer, more significant, and better facility off of First Street, where they currently reside. In 2016, the community raised \$300,000 to renovate the new building and make it so that guests could get lunch seven days a week (Daily Bread Soup Kitchen, 2021).

The Daily Bread Soup Kitchen is unique because it runs entirely off of volunteer labor. There are no salaries, no paid fund-raiser, no paid bookkeeper, and no paid secretary. All volunteers make it possible to serve 153,000 meals a year on a \$13,000 a month budget possible (Daily Bread Soup Kitchen, 2021). At the new facility, Daily bread can serve more than 200 guest's hot meals as well as a sack lunch to take home. That is more than 400 meals a day, with only \$100 for food costs each day (Daily Bread Soup Kitchen, 2021). Local donations make the lunches possible. The Daily Bread Soup Kitchen relates to community health nursing by providing a service to promote individuals' health and well-being in a community. Many men, women, and children are hungry and in need every day, and The Daily Bread Soup Kitchen is serving those in need seven days a week just as a nurse would provide for clients.

## **Literature Review**

### **Emergency Shelters, Warming Centers, Soup Kitchens (Hannah)**

Champaign County has a variety of homelessness assistance programs that offer assistance to those in need. Required documents to obtain assistance from Coordinated Entry-Centralized Intake for Homeless (CIH) include verification of homelessness, a photo I.D., a birth certificate (if a minor), a social security card, and verification of disability if applicable (City of Champaign, 2021). Once entered into the homelessness assistance program, the person will be referred to a more specific program to meet an individual's needs (City of Champaign, 2021). Champaign county's homelessness programs offer men and women services, services for families and children, food, and warming/cooling shelters (City of Champaign, 2021). Some assistance programs available in Champaign County include St. Andrews church, the emergency shelter for families with children, crisis nursery, daily bread soup kitchen, the phoenix daytime drop-in center, and the salvation army steppingstone program (City of Champaign, 2021).

### **Nutrition for homeless populations: shelters and soup kitchens as opportunities for intervention (Teah)**

Nutrition in soup kitchens and shelters has always been an issue that staff, chefs, and the homeless face. Soup kitchens and shelters rely on donations for their day-to-day operations. Many of these donations are from local restaurants and businesses and often less nutritious. It is much cheaper to get processed foods that do not need to be refrigerated. It saves money for the shelter and the soup kitchen. While this is great, it is typically less nutritious and less of a balanced meal. We also know that homeless

people often have health issues such as hypertension, diabetes, and hypercholesterolemia (Koh et al., 2016). This article looked at multiple shelters and soup kitchens, how they educate on nutrition, how they make their shelter, and how soup kitchens work daily. The article interestingly showed that budgeting for meals was one of the number one constraints on having a healthier balanced meal. Only one out of nine shelters provided education on nutrition (Koh et al., 2016). The lack of education opens up the opportunity for soup kitchens and shelters to educate the staff to reach out and get more businesses and restaurants to donate healthier foods. Serving healthier food is a subtle change that enhances the nutrition of guests at the soup kitchen. In fact, in the study, when six of the nine soup kitchens made nutritional changes to their meals, they noticed that guests tend to pick the healthier foods more often than not (Koh et al., 2016). In previous studies, shelters and soup kitchens that provided nutrition education were useful, but those who were homeless wanted to have more education given to them about food choices. They also noted that displaying healthier options in a way makes it beneficial to get those healthy options out to the homeless and eaten more often (Koh et al., 2016). Lastly, getting support from local, state, and federal agencies will tremendously help these shelters and soup kitchens. The research shows that improving nutrition through the shelter and soup kitchens for the homeless population is not only valuable, but it is conceivable (Koh et al., 2016). By getting local, state, and federal agencies and educating, we can better our homeless population's health and let them regain control of their health (Koh et al., 2016).

### **Donation management for menu planning at soup kitchens (Abbie)**

Restaurants and supermarkets everywhere tend to waste much food every day. The pressure to reduce waste within the food industry increases donations to charitable organizations such as food banks and soup kitchens. Soup kitchens use donations to stock their inventory and plan meals for their customers and guests. Menu planning considerations have a substantial impact on donation management decisions (Buisman et al., 2019). Not all parts of donations are accepted. Therefore, some of the donations go to waste. Researchers developed a model that determines the donations to accept and work best for the soup kitchen menus (Buisman et al., 2019). The model shows that the use of donations reduces overall costs for a soup kitchen. When the donations increase, the soup kitchen is less likely to buy items with the facilities money. At the Daily Bread Soup Kitchen in Champaign-Urbana, they use only \$100 a day to make over 400 meals. The \$100 a day equates to 25 cents a meal, all thanks to donated food. Although some items may have a short shelf life, most items get used efficiently (Buisman et al., 2019). Through effective meal planning using donations, the facility can ensure meal variety.

### **The Use of Charitable Food Assistance Among Low-Income Households in the United States (Abbie)**

About 11% of United States households are food insecure, and many of those households must seek charitable food assistance (Fan et al., 2021). 11% may not seem like a huge number, but with how many people live in the United States, it equals around 36,100,000 people. The concern with charitable food assistance is whether these people will be receiving nutritional food. The study by Fan et al. (2021) aimed to

compare the nutritional quality of foods obtained by charitable food assistance clients to people who did not receive food aid. Data collected from 4,826 households during a seven-day survey about food acquisitions (Fan et al., 2021). Sixty-seven households reported using charitable food assistance (Fan et al., 2021). Charitable food assistance such as soup kitchens is critical to those who receive it, as they are more likely to be food insecure and less likely to own a vehicle (Fan et al., 2021). Soup kitchens provide a substantial portion of proper healthy diets to their clients.

### **Point-in-Time Count Looks at How Champaign County is Addressing Homelessness in 2020 (Hannah)**

Every year Champaign County conducts a Point-in-Time survey, which measures the number of homeless individuals in the county. The number of homeless individuals in Champaign County decreased from 151 in 2019 to 140 in 2020 (Williamson, 2020). The Point-in-Time survey uses 26 community volunteers spread out through the community (Williamson, 2020). The United States Department of Housing and Urban Development (HUD) uses The Point-in-Time survey to calculate the percentage of homelessness in the country as a whole (Williamson, 2020). The different uses for the Point-in-Time count are identifying local needs in the community, measuring the progressiveness of homelessness, and identifying gaps in the homeless service system (Williamson, 2020). Out of the 140 homeless individuals in 2020, only 12 individuals were unsheltered in the community (Williamson, 2020), indicating that homeless shelters in Champaign County are well-known and accessible to the community.

### **Homeless health care: meeting the challenges of providing primary care (Teah)**

Homelessness is ever-growing health and social issue happening throughout the world. Life expectancy for homeless people is more than 30 years less than the average American (Davies & Wood, 2018). Those who are homeless face mortality rates that are ten times higher than the overall population, and the morbidity, physical, and mental health conditions are almost at the same rate (Davies & Wood, 2018). Due to many factors, the homeless are less likely to see a primary care provider due to lack of healthcare. Decreased healthcare access can be due to decreased established primary care, no transportation to and from appointments, and no healthcare insurance. Not having established primary care puts a strain on emergency departments since the homeless population uses it as their primary care source. The homeless population is prone to have extended hospital stays due to previously existing conditions that have gone untreated. These conditions typically would be treated by a primary care physician. This article talks about three main subgroups personal, practical, and relationship barriers that cause a gap in access to primary health care for the homeless.

Personal needs are typically the number one thing the homeless think about when it comes to daily priorities. Those priorities typically include needs such as food, shelter, and water. The only thing left is health needs, usually only to be considered when an emergency happens. Access to health care services continues to be an essential factor in one's health. Unfortunately, those who are homeless rely on public transportation, which costs money. They often do not have access to a phone to be in contact with their healthcare team. Another significant issue is the lack of security for the homeless. They are often seen in the emergency room and sent off with antibiotics or pain medication that easily gets stolen while living on the streets. Money to pay for

medications and out-of-pocket expenses creates barriers for the homeless population as well. Lastly, relationships play a role in the barrier for the homeless. The negative stigma associated with addiction and mental health problems causes the homeless population to feel insufficient, and they do not seek help.

Some solutions to helping the homeless population with their healthcare are looking at stable housing as a preventative measure to help the homeless in their healthcare needs (Davies & Wood, 2018). Providing stable housing for those in need has shown that those who get psychiatric care or mental health care and supportive housing see a reduction in E.D. presentations and the length of stay when admitted for inpatient care (Davies & Wood, 2018). By building a care team that specializes in homeless services and trains staff to go out into the communities to help facilitate that primary prevention care will help with healthcare (Davies & Wood, 2018). Having healthcare that specializes in homeless healthcare brings an increase in client engagement. The homeless face a significant healthcare gap, and recognizing this gap in community and healthcare facilities is essential. We need to pay greater attention to prevention, earlier intervention, continuity of care, and the social determinants of health. How we tackle the needs of our most disregarded populations is not only our duty of care as health professionals but an important marker of our humanity (Davies & Wood, 2018).

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