Academy of Nutrition and Dietetics Foundation

FEEDING AMERICA

Healthy Cities Phase II Project Evaluation

Year 1 Report

An evaluation report prepared for Feeding America by the Academy of Nutrition and Dietetics Foundation

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The Healthy Cities (HC) program is an integrated nutrition and health program initially piloted in three Feeding America food banks in 2014-2015 (Oakland, CA; Chicago, IL; and Newark, NJ) through support from Morgan Stanley. The pilot HC program (phase I) was found to be successful in three diverse regions of the country. Following the success of phase I, the HC program was implemented in Cleveland, OH and Houston, TX (phase II) in the fall of 2015 and was planned as a two-year program. Similar to phase I, each HC program involved four components: food distribution, nutrition education, health screenings, and safe places to play (opportunities for physical activity). An assessment of the first year of phase II plus a one-year follow-up to phase I HC programs was completed by the Academy of Nutrition and Dietetics Foundation for Feeding America. The goal of the assessment was to 1) understand how health and nutrition knowledge, attitudes, and reported behaviors change among food bank clients participating in the HC program; 2) understand perceived client benefit of the HC program; 3) understand the attitudes and empowerment of the model of the food bank as a hub for community health among HC food bank project managers.

While each food bank offered the same program components, the types of services, partners, and locations for implementation differed, based on the needs of their clients as well as the resources available in the community and staffing of each food bank. All food distributions occurred at schools via a school pantry/market model. Nutrition education targeted both parents and children and utilized a variety of formal and informal delivery strategies. Health screenings also varied by site and included height and weight, vision screening, hearing, immunizations, asthma screening, and blood pressure assessment. The safe places to play component targeted children through in-school and after-school programs as well as by providing physical activity equipment to sites. To accomplish project goals, food banks worked with a variety of partners, including medical centers, community centers, universities, and local businesses. Qualitative and quantitative data from parents, teachers, and program managers was triangulated in order to identify perceived client benefit and program impact.

The phase II HC program provided an opportunity for food banks to expand services by developing effective partnerships that positively impacted clients. Upon completion of the first year of phase II, data triangulation of parents, teachers, and program managers indicated several benefits for program participants, including improved food and financial security, improved nutrition knowledge and awareness, improved eating habits, and an overall improved sense of community. HC phase II program managers had overall high levels of satisfaction with partners and with the four program components. Improving the safe places to play component of the program was a goal identified by both HC program managers for the second year of phase II.

The end of the first year of phase II occurred approximately one year after the completion of phase I. Phase I managers were interviewed in order to determine components of phase I that were sustained beyond the funding cycle. HC phase I program managers remained enthusiastic about HC, with some sites

Cleveland Nutrition Education

Houston Food Distibution

reporting they had secured new grants for food distribution and that they were able to continue to provide some nutrition education. Health screenings and safe places to play were not sustained due to lack of funding and the perception that these services were out of the scope of food bank managers. While phase I managers weren't able to sustain the full integrative nutrition and health model, they did report that they had developed new collaborations for other community projects with their former HC partners.

The HC program was successfully replicated in two new cities, resulting in successful food bank-led integrated nutrition and health programs. Phase II demonstrated the benefits of implementing integrated nutrition and health programs in school communities, and serves as a model for implementation in other geographical locations. The HC program also demonstrates important roles of food banks as both leaders and facilitators of collaborations with a variety of community organizations serving families in need.

Healthy Cities Phase II Project Evaluation Year 1 Report

Introduction

The Feeding America network of over 200 food banks serves 46.5 million people facing food insecurity annually.[1] Individuals and families facing food insecurity lack access to sufficient amounts of nutrient-rich foods, and food banks serve as valuable community resources to fill that gap. Food-insecure individuals and families also often lack access to other services that promote health.[2,3] Nearly half (47%) of food bank clients report that they are in "fair" or "poor" health, and 31% report having to choose to pay for food instead of medical care every month.[1] Bringing together diverse partners is a recommended approach to address health conditions in a community and empowers stakeholders with a feeling of connectedness.[4-6]

The Healthy Cities (HC) program is an integrated health and nutrition program initially piloted in three Feeding America food banks in 2014-2015 (Chicago, IL; Newark, NJ; and Oakland, CA) through funding support for Feeding America from Morgan Stanley. The one-year pilot program demonstrated feasibility of food banks serving as primary facilitators of partnership development in order to offer four HC program components: food distribution, nutrition education, health screenings, and safe places to play (opportunities for physical activity). Drawing upon lessons learned from the pilot project[7], two new Feeding America food banks (Cleveland, OH and Houston, TX) were selected to implement phase II of the HC program. Phase II consists of the same four components as the pilot program over a two-year time period (2015-2017).

A year one progress evaluation of the HC phase II program was completed by the Academy of Nutrition and Dietetics Foundation for Feeding America. The objective of the evaluation was to: 1) assess HC program implementation at two new sites; 2) analyze year one data collected through surveys of parents, teachers, food bank clients, food bank staff, and HC program partners in order to measure client impact; 3) provide a one-year post report for phase I.

A description of how each HC food bank implemented the project is provided in the report, followed by a description of the data-collection methodology and analyses, and then overall results and conclusions and recommendations are presented. Data-collection forms (blank) are provided in Appendix A.

Intervention Descriptions

Based on results of the feasibility study,[7] the Healthy Cities Programs implemented in Cleveland and Houston included food distribution, nutrition education, health screening, and safe places to play. Both intervention cities utilized schools as their main intervention site for HC services. To accomplish project goals, food banks worked with a variety of partners, including schools, medical centers and hospital systems, and local community organizations.

Greater Cleveland Food Bank (OH)

The Greater Cleveland Food Bank is the largest hunger relief organization in Northeast Ohio, providing food to over 800 food pantries.[8] Cleveland HC program partners for intervention sites included five schools that are part of the Cleveland Metropolitan School District. Four of the school sites were elementary schools (grades K-8) and one site was a high school.

The Greater Cleveland Food Bank provided the food for food distributions held at all five school sites, and Trinity Cathedral also partnered with the food bank to provide food for one of the five school sites (Marion Sterling K-8). School sites distributed food through after-school market days, a model that had previously been piloted with Marion Sterling and was added to the other schools as part of the HC intervention. Two schools held market days twice per month, while the remaining schools held their market days one time per month. After-school markets were open to families of the schools as well as neighborhood community members.

In addition to food distribution, the Greater Cleveland Food Bank also provided nutrition education at the school sites for most of year one. Nutrition education included a smoothie curriculum developed by the food bank as well as Cleveland Clinic's "Food is Knowledge" curriculum. The smoothie curriculum included a demonstration and tasting for children and parents as well as recipe distribution on each HC market day. Towards the end of year one, a partnership was formed with Ohio State University (OSU) Extension. OSU Extension provided nutrition education materials to adults and children.

Health screenings were provided for children and parents by three different partner organizations. MetroHealth Hospital provided screenings at all five of the school sites. Additional health screenings were provided by University Hospitals Rainbow at Wilson Elementary and by Cleveland at Case Elementary. Specific screening services offered were those requested by the communities served and based on identified health disparities. These screenings included asthma, height/weight for body mass index, and vision. Referrals to community programs were made as appropriate.

The HC program partners for safe places to play included the NuLife Fitness Camp, Cleveland Clinic, YMCA, and Children's Hunger Alliance. Activities varied by school site, with the school playground equipment and additional activity kits serving as the primary form of activity for the four elementary schools. Because

after-school markets were held outdoors near or on the playground, children were encouraged to use this time to play while their parents went through the line to collect food items. Activity kits were provided at the schools and included balls and hula-hoops to encourage active play. In addition to unstructured playground activities, Nu Life Fitness Camp, the YMCA, and Children's Hunger Alliance provided structured activities led by fitness and yoga instructors at two different elementary schools and a high school one to two times per month. These activities were not held in conjunction with after-school market days.

Healthy Cities Program Components and Partners
Greater Cleveland Food Bank

Food Distribution	Nutrition Education	Health Screening	Safe Places to Play*
• After-school market days • Produce and shelf-stable foods distributed **Partners**: • Cleveland Metropolitan School District • Trinity Cathedral	• Schools • Smoothie curriculum • Tip cards and recipe sheets distributed **Partners:** • Ohio State University Extension	• Schools • Asthma • Height/weight (body mass index) • Vision screening **Partner:** • MetroHealth Hospital • University Hospitals Rainbow • Cleveland Clinic	• Playgrounds at school food distribution sites • Volunteers encouraged and supervised active play • Hula hoops and balls were provided at food distribution sites • Fitness Camps • Yoga • Zumba **Partner:** • Cleveland Metropolitan School District • NuLife Fitness • YMCA • Cleveland Clinic • Children's Hunger Alliance

* The terms ***safe places to play*** and ***opportunities for physical activity*** are used interchangeably in this report.

Partner	Role in Project
Cleveland Metropolitan School District	Served as a site for food distributions, nutrition education, health screenings, and safe places to play program components.
Trinity Cathedral	Provided food for food market days at one of the school sites.
University of Ohio Cooperative Extension Service	Provided nutrition education.
MetroHealth Hospial Systems	Provided health screenings (asthma, height/weight (BMI), vision, blood pressure) to all school sites.
University Hospitals Rainbow	Provided health screenings (asthma, height/weight (BMI), vision, blood pressure) to one school site.
Cleveland Clinic	Provided health screenings (asthma, height/weight (BMI), vision, blood pressure) to one school site; held fitness challenge at one school site.
NuLife Fitness	Held fitness camps at some school sites.
YMCA	Led fitness activities/classes at some school sites.
Children's Hunger Alliance	Provided support for yoga classes at community center for two school sites.

Houston (TX)

The Houston Food Bank serves 800,000 meals per year and won the Feeding America "Food Bank of the Year" award in 2015.[9] Houston HC intervention sites included a total of nine schools from two school districts (Houston Independent School District and Pasadena Independent School) and a charter school (Southwest). The nine schools included seven elementary schools, one middle/high school, and one high school.

Seven of the nine school sites utilized mobile pantries to distribute food for their once-monthly market days, while one site utilized a community center across the street from the school for school market days. The high school opened a new on-site school pantry prior to the HC implementation with capacity for adding an on-site after-school market four days plus one Saturday per month.

A partnership with Brighter Bites provided nutrition education through the Coordinated Approach to Child Health (CATCH) curriculum at elementary schools. Volunteer teachers and students were trained to disseminate nutrition information at the high school and middle school on market days. Food demonstrations and recipe cards with nutritional tips were also distributed at all nine school sites.

Program partners for health screening services included Good Neighbor Health Center, Legacy Community Health Services, Memorial Hermann Community Benefits, and Harris County Public Health Department. Health screenings varied by school location, but included blood pressure screening, immunizations, physicals, referrals, dental screening, vision screening, blood sugar, and lice checks. Community referrals for medical treatment were made as appropriate.

The Brighter Bites CATCH curriculum was also used to provide safe places to play for elementary schools. Formal partnerships for opportunities for physical activity at the middle school and high school were not formed in year one, but the food bank has been working with the schools to identify community partners as they explore a variety of ideas such as intramurals, yoga, and fitness classes for students.

Houston Health Screenings

Houston Nutrition Education

Healthy Cities Program Components and Partners
Houston Food Bank

Food Distribution	Nutrition Education	Health Screening	Safe Places to Play
• After-school market (mobile and school-based food pantries) • Produce and shelf-stable foods distributed monthly • Seven elementary schools, one middle/high school, one high school • **Partners:** • Houston Independent School District • Pasadena Independent School District • Southwest Charter School • Hispanic Health Coalition	• CATCH curriculum in elementary schools • Food demonstration, recipes and nutrition tips **Partner:** • Brighter Bites	• Services: blood pressure, immunizations, physicals, dental, vision, blood sugar, lice **Partners:** • Good Neighbor Health Center • Legacy Community Health Services • Memorial Hermann Community Benefits • Harris County Public Health Department	• CATCH curriculum **Partner:** • Brighter Bites

Partner	Role in Project
Houston Independent School District	Served as a site for food distributions, nutrition education, health screenings, and safe places to play program components.
Pasadena Independent School District	Served as a site for food distributions, nutrition education, health screenings, and safe places to play program components.
Southwest Charter School	Served as a site for food distributions, nutrition education, health screenings, and safe places to play program components.
Hispanic Health Coalition	Provided support in launching the school-based pantry at the high school.
Brighter Bites	Provided nutrition education and opportunities for physical activity through CATCH curriculum in elementary schools.
Good Neighbor Health Center	Provided health screenings at schools.
Legacy Community Health Services	Provided health screenings at schools.
Memorial Hermann Community Benefits	Provided health screenings at schools.
Harris County Public Health Department	Provided health screenings at schools.

Data Collection and Analysis

Both quantitative and qualitative data-collection methods were used in order to assess phase II implementation and year one outcomes. Qualitative methods were used for the one-year follow up of phase I. The evaluation tools described below were developed to help answer the following research questions: 1) How do health and nutrition knowledge, attitudes and reported behaviors change over time among HC program participants? 2) What is the perceived client benefit of the integrated health services provided by the HC project? 3) What are the perceptions of food bank program managers (grantees) and their partners? All data-collection forms are located in Appendix A. Detailed results for each tool are presented in Appendix B.

Monthly Logs and Monthly Update Forms were completed by project managers at the beginning of each month (September 2015 through May 2016) to document client reach for each of the program components, provide intervention updates, barriers, and successes, rate satisfaction with HC project components, and to identify recommended practices. Program managers at each site use the monthly log to record information about food distribution (number of households served, number of sites, hours of operation, and pounds of food distributed), nutrition education materials provided, health services offered, and numbers reached with safe places to play. A monthly group webinar call was held with Feeding America, the food bank HC program managers, and Academy Foundation evaluation team. The group webinar call was a forum to share program updates as reported on the Monthly Log and Monthly Update Form from each project manager, discuss project progress, and ask clarifying questions about the information reported.

Intervention observations and interviews were conducted with program managers at site visits in October 2015 (Houston) and November 2015 (Cleveland) as a form of process evaluation.

A Program Manager Survey was completed at the beginning (October 2015) and end (May 2016) of year one to provide information about partnership formation, communication, challenges and successes. In May 2016, this survey was also administered to the three pilot sites (2014-2015) as a one year post survey in order to assess program sustainability.

Partner Surveys were used to gain the perspective of program partners at the beginning (October 2015) of year one. The surveys were designed to understand how and why the partnership was formed, expected and actual benefits of the partnership, services contributed to the program, perceived client impact, satisfaction with the partnership, and factors that made the food bank a good partner. A second partner survey will be completed at the end of year 2 (May 2017).

Teacher Surveys sought to determine perceived benefits and impact of the HC program. Surveys were administered at the beginning (October 2015), midpoint (January 2016) and end (May 2016) of year one.

Cleveland Health Screening

Guided Parent Surveys were administered by trained school liaisons to assess nutrition and health services knowledge and attitudes and perceived client benefits of HC. A total of five parents were randomly selected at three schools for each intervention site. Surveys were administered at the beginning (October 2015), midpoint (January 2016) and end (May 2016) of year one.

A face-to-face meeting in January 2016 with project managers provided an opportunity for in-depth discussions about the progress of the interventions, and to identify planned and unexpected changes. Interviews were completed at the in-person meeting to gather information about the interventions that were occurring as of the project midpoint. A barriers activity was also completed, which involved ranking previously identified barriers by relevance. This activity was used to prompt a discussion about effective ways to lessen or avoid the most relevant barriers experienced.

Data analysis included descriptive statistics to report frequencies and means of responses to quantitative questions and content analysis for open-ended answers. Qualitative analyses included focused coding and open coding of surveys and interviews. Analyzing findings across data sources facilitated the identification of common themes across sites. A summary of the results follows.

Results

Client reach and client outcomes are summarized first. This is followed by project manager satisfaction for each of the four program components (food distribution, nutrition education, health screenings, and safe places to play) and barriers and successes to implementing the HC project.

Overall Project Reach. Client reach data was reported on the monthly logs by project managers at each site. The information from the monthly logs combined from all sites is presented in Table 1.

Table 1. Combined Monthly Log Reports (May 2015 to May 2016)[a]

Factor	May-Aug* 2015	Sept.	Oct.	Nov.	Dec.	Jan. 2016	Feb.w	Mar.	Apr.	May	Total
Food Distribution											
Hours of operation	34	37	66.5	63.5	48	69	85	62.5	58	55.5	579
Number of sites distributing food	9	9	14	14	14	13	12	14	12	13	124
Produce (pounds)	80,277	67,550	156,861	129,955	89,453	103,283	111,383	90,281	100,497	77,225	1,006,765
Shelf-stable food (pounds)	30,951	21,576	39,425	31,493	46,874	39,448	22,706	15,317	32,652	36,851	317,293
Total distributed	111,228	89,126	196,286	161,448	136,327	142,731	134,089	105,598	133,149	114,076	1,324,058
Households served:	1,299	1,944	2,001	2,970	2,564	2,923	1,692	2,770	2,749	2,494	23,406
Adults	2,013	2,862	1,829	4,574	4,702	4,016	2,284	3,985	3,186	3,095	32,546
Children	1,530	2,373	1,896	4,073	3,420	3,448	2,468	3,165	2,833	2,726	27,932
Adults + children	4,313**	5,235	4,720***	8,647	8,122	7,464	4,752	7,150	6,019	5,821	62,243
Educational materials distributed *(number)*	399	1,392	3,670	11,597	6,015	7,658	7,809	9,868	7,441	6,375	62,224
Screenings *(ht/wt, dental, hearing, vision, BP, immunizations, asthma screen)*	0	40	136	2,581	222	240	471	125	145	134	4,094
Safe Places to play, children reached	0	168	160	1,138	968	1,356	1,489	1,403	113	1,525	8,320

[a]numbers may be duplicate
* May-August data is combined.
**One site provided adults and children numbers and added additional 770 to the total for participants not identified as adults vs. children.
*** One site provided the total number of adults and children (995) in October, but did not provide the number of adults vs. children.

Over a period of 13 months (May 2015 to May 2016), 2,133,830 pounds of food were distributed to 23,406 households, including 27,932 children (46% of the population served). Of the food distributed, 76% was produce and 24% was shelf-stable food. Most of the food distribution and other program components occurred during the school year, with October the month of the highest amount of food distributed. Over 60,000 nutrition education resources (tips sheets, recipe cards, etc.) were distributed, which averages 4,786 pieces of nutrition information per month. Over 4,000 health screenings/treatments were provided, including height, weight, and body mass index; blood pressure assessment; dental exams, vision and hearing screens, physical exams; asthma screening; and immunizations. Table 2 presents the monthly log of data for each HC location.

Table 2. Monthly Log Report by Food Bank (May 2014 – May 2015)

	Cleveland	Houston	13-month total
Food Distribution:			
Hours of operation	151.50	427.50	579.00
Shelf-stable food + produce distributed (pounds)	535,758	788,300	1,324,058
Produce (pounds)	451,577	555,188	1,006,765
Shelf-stable food (pounds)	84,181	233,112	317,293
Number of sites distributing food	50	74	124
Households served*:	8,106	15,300	23,406
Adults*	16,201	16,345	32,546
Children*	13,342	14,590	27,932
Adults + children*	29,543	32,700	62,243
Number of educational materials distributed	4,136	58,088	62,224
Number of screenings	905	3,189	4,094
Safe Places to Play-number reached	2,269	6,051	8,320

The client reach numbers for each site vary but are consistent with their program plan and implementation strategies. Houston had the most sites for food distribution and highest number of hours of operation. Cleveland distributed slightly more pounds of food per household (66 pounds) compared to Houston (51.5 pounds). The majority of screenings done in Houston were vision (41%) and hearing (39%). Cleveland provided more height/weight/BMI screenings (32%) and less vision screenings (21%).

Client outcomes. Data from parent and teacher surveys was used to assess perceived client benefit as well as changes in nutrition knowledge, attitudes, and behaviors among food bank clients who participated in services and programs offered through the Healthy Cities Program. Table 3 shows number of responses from parents and teachers at each of the data collection time points. Table 4 summarizes qualitative data from parent and teacher surveys related to perceived benefits of the Healthy Cities Program.

Table 3. Parent* and Teacher** Surveys at Beginning, Mid-Year, and End-of Year One

	October 2015	January 2016	May 2016
Parent Survey (English)	21	19	17
Parent Survey (Spanish)	10	13	9
Total Parent Surveys	31	32	26
Teacher Survey (Cleveland)	25	26	36
Teacher Survey (Houston)	24	26	78
Total Teacher Surveys	49	52	121***

*Parent surveys were collected from three food banks in Cleveland and three food banks in Houston in October and January and from two food banks in Cleveland and three food banks in Houston in May.
**Teacher surveys were collected from three schools in Cleveland and two schools in Houston in October and January and from three schools in Cleveland and three schools in Houston in May. All teacher surveys were completed in English.
***Seven teachers did not identify which school they were from.

Table 4. Perceived Client Benefits and Impact of Healthy Cities, Phase II, Year One: Qualitative Results from Parent and Teacher Surveys.

Healthy Cities Program Component	Emerging Themes and supporting quotes
Food Distribution	**Helps us eat healthier** It's making everything better…we are eating healthier food. (Parent, January 2016) It helps me make sure my kids eat more fruits and veggies. (Parent, January 2016) We eat healthier. (Parent, January 2016) We eat a variety of healthy foods. (Parent, May 2016) **Helps us financially** We get stuff that we can't buy because it's too expensive. (Parent, January 2016) It helps make it to the next month. (Parent, January 2016) It helps financially because I save money on groceries. (Parent, January 2016) It has relieved me economically. (Parent, May 2016) We can spend some of our food budget on other things. (Parent, May 2016) **Improved food security** Now I have something to eat. (Parent, January 2016) Now I have more food for my family. (Parent, January 2016) There are times of the month when we may run low on some food items…the food give away always has something me and my kids can eat until I can get us more food. (Parent, May 2016) It has allowed us to have extra food when we may run out. (Parent, May 2016)

Healthy Cities Program Component	Emerging Themes and supporting quotes
Food Distribution (cont.)	**Improved food security (cont).** Kids are not going hungry because they have produce available to them. (Teacher, January 2016) Students are more engaged…they have snacks and food throughout the day…they have more energy. (Teacher, May 2016) Students are not as sluggish in the afternoon. (Teacher, May 2016) Sense of community It's showing them schools care about them. (Teacher, January 2016) Parents are willing to come to the school to speak to the teachers when they know that we are here to help them. (Teacher, January 2016) It provides a sense of community when we have the food distributions once per month. (Teacher, January 2016) Families associate the school as a positive, caring institution instead of just the place parents drop their kids off in the morning. That caring aspect does marvels on motivation. (Teacher, January 2016) A parent showed up at a parent meeting, and when I thanked her she said that's the least I can do for the school when the school does so much for me. (Teacher, May 2016) They (kids) are happy and excited on foodbank days. They feel a family and community atmosphere that is new and fun for them to enjoy. (Teacher, May 2016) They (students) have a sense of responsibility of helping others and it makes them really happy. (Teacher, May 2016) Students who struggled with finding something meaningful had a place with the Apollo Market. (Teacher, May 2016) They (students) have a feeling of belonging and care rather than just being a number in a public school. (Teacher, May 2016)
Nutrition Education	**Healthy food preparation** Many families now come to learn how certain foods can be prepared. (Teacher, January 2016) They also inquire about how to prepare healthy foods. (Teacher, January 2016) Students are talking about parents cooking dinner at home. (Teacher, May 2016) They learned about food preparation. (Teacher, May 2016) **Improved nutrition awareness/knowledge** The project is helping families have an awareness about nutrition and healthy living. (Teacher, January 2016) It's helped parents make wiser choices in their child's food consumption. (Teacher, January 2016) Students are now able to distinguish nutrition from junk food. (Teacher, May 2016) They have an increased knowledge of healthy snacks from the Cooking Club. (Teacher, May 2016) They know more about vegetables and are eating them. (Teacher, May 2016) They became more aware of healthy eating. They became educated in the importance of vegetables and fruits. (Teacher, May 2016)

Perceived client benefits. At the onset of the program, parents were asked what types of services they thought would be offered through the HC program. More than half of parents stated they expected food distribution to be offered. In particular, parents expected *healthy food and free food*. Parents also mentioned that the services they looked most forward to receiving were food. When asked what specific foods they looked most forward to receiving, fruits (55%) and vegetables (48%) topped the list, followed by protein foods such as meat and eggs (29%), grains (26%) such as cereals and breads, and dairy (19%) such as milk and yogurt.

Following food distribution, **medical services** were also highly anticipated by parents, with *blood pressure checks, doctors, and health services* common terms mentioned when asked what they expected and what they looked forward to receiving. Less commonly mentioned expectations from parents at the beginning of the program were related to nutrition education and physical activity. Teachers also perceived food distribution to be the most important component of the HC program for students as well as families. This was followed by medical services/health screenings for parents and nutrition education for students. Safe places to play was ranked as least important HC component by teachers.

Although health screenings were a service anticipated by parent participants and perceived with high importance by teachers at the start of the program, all emerging themes related to perceived benefits and impact on families at both mid-point and end-point of year one were related to the food distribution and nutrition education components of HC. As displayed in Table 4, specific themes related to food distribution *were helps us eat healthier, helps us financially, improved food security and sense of community*, while emerging themes related to nutrition education were *healthy food preparation* and *improved nutrition awareness/knowledge*. These themes are further discussed later in this report under the client changes section.

Quantitative measures were also used to assess HC impact on food security. Table 5 summarizes food security-related responses.

Table 5. Food Security Status Reported by Parents at three different time points.

Survey question: Which of the following statements best describes the food eaten in your household in the last 12 months?	October 2015 (n=31)	January 2016 (n=32)	May 2016 (n=26)
There is enough of the kind of food we want to eat.	5 (16%)	9 (28%)	9 (35%)
There is enough food but not always the kinds of food we want.	20 (65%)	17 (53%)	12 (46%)
Sometimes there is not enough to eat.	6 (19%)	6 (19%)	4 (15%)

Often there is not enough to eat.	0	0	1 (4%)
Mean ± SD food groups missing (range 0-6)	2.3± 1.8	1.5±1.6	1.6±1.3[a]
Survey question: Have you ever in the past year, gone without food to pay for (mark all that apply):	**October 2015 (n=31)**	**January 2016 (n=32)**	**May 2016 (n=26)**
In the last 12 months, I have gone without food to pay for medicine.	5 (29%)	2 (6%)	2 (8%)
In the last 12 months, I have gone without food to pay for utilities.	13 (76%)	8 (25%)	4 (15%)
In the last 12 months, I have gone without food to pay for transportation.	3 (18%)	4 (13%)	3 (12%)
In the last 12 months, I have gone without food to pay for housing.	6 (35%)	7 (22%)	5 (19%)
Mean ± SD tradeoffs (medicine, utilities, transportation, or housing instead of food). (range 0-4)	0.87±1.1	0.66±0.74	0.53±0.86[b]

[a]not significant; p=.16; [b]not significant; p=.36

As shown in Table 5, quantitative data aligns with qualitative themes related to food security status, with 65% of parents stating at the beginning of the HC program that there is enough food to eat but not always the kinds of food they want to eat and 19% indicating that sometimes there is not enough to eat. Participants who reported they were not obtaining enough to eat or the types of foods they wanted to eat were asked which of 6 food groups were missing. At the start of the program a mean of 2.3 food groups were missing; this decreased to 1.5 after food distribution began. Additionally, at the onset of the program, more than half of parents (n=17) indicated that in the past year, they had made a tradeoff and had gone without food in order to pay for utilities (79%), housing (35%), medicine (29%), or transportation (18%). By the end of the program, 46% of parents stated there is enough food to eat but not always the kinds of food they want to eat and 15% indicated that sometimes there is not enough to eat. As shown in the table, a decrease in the mean number of tradeoffs parents reported they had to make decreased by the end of year one. Although these results show a trend towards improved food security over time, changes over time were not significant. These results should be interpreted with caution as it is likely that different households were represented at each of the data collection points.

HC client utilization. As shown below in Table 6, at mid-point of year one, the majority of parents (88%) responding to guided surveys stated they had previously participated in the food distribution component of HC. Twenty-five percent of parents also stated they had participated in nutrition education, while 6% participated in health screenings 3% had participated in safe places to play. At mid-point, 38% of parents stated the food distributions were what they most looked forward to in the HC program, and 66% stated the food distributed impacted their family. Food distribution remained the component attracting the most participants at the end-point of year one, with 69% of parents reported having previously participated in food distribution, 23% had participated in nutrition education, 35% participated in health screenings, and none of the parents reported participating in safe places to play. Teacher surveys also indicated that the

food distribution was making the largest impact on students and their families at both mid-point and end-point of year one.

Table 6. Utilization of Healthy City Program Components Reported by Parents.

Healthy Cities Program Component	Reports having previously participated (January, 2016, n=32)	Reports having previously participated (May,2016, n=26)
Food Distribution	28 (88%)	18 (69%)
Nutrition Education	8 (25%)	6 (23%)
Health Screenings	2 (6%)	9 (35%)
Safe Places to Play	1 (3%)	0

Client changes and impact. At mid-point and end-point of year one, parents were asked if they had made healthy changes at home, and if so, what kinds of changes. At mid-point, 91% of parents stated they had made healthy changes, while 81% stated they made healthy changes at the end-point. A few parents stated they were exercising more, but the majority of parents stated changes were related to cooking and eating behaviors. The majority of improved eating behavior comments were ***eating more fruits and vegetables***. This was followed by ***eating less sugary foods***. Others reported they ***added or switched to whole grain foods***, specifically whole wheat spaghetti and brown rice. A few participants stated they were ***cooking healthier,*** and one parent gave specific cooking changes of using less oil and fat in cooking. Many participants stated they had made recipes at home that had been given at food distributions (January, 31%; May, 38%). However, some of the participants mentioned they had not received any recipes at food distributions.

Teachers were asked how they thought the HC project was impacting students and families at mid-point and end-point. They were also asked about student changes they attributed to the HC project at the end-point survey. Teacher surveys indicate the HC program has had a powerful, positive impact on students and families, and also perceived several positive changes to be attributed to the HC Program. Emerging themes from surveys were ***sense of community, improved energy (related to improved food security), healthy food preparation,*** and ***improved nutrition awareness and knowledge.*** As shown by supporting quotes in Table 4, the food distribution component of HC was thought to contribute to the sense of community and improved energy. Teachers reported that both students and families felt more cared for by the school, and in turn, students started caring more about each other and about serving their community. Teachers observed that some students who participated in assisting with the food distribution had a sense of doing something meaningful. Teachers also reported that students looked forward to food distribution days in part because of the sense of community that came along with the food distribution.

Improved nutrition awareness and knowledge and ***healthy food preparation*** can be attributed to the nutrition education component of HC. Teachers reported that students were able to make better food choices and that students talked excitedly about foods their families prepared for dinner. "***One child came and said his mother had added broccoli to a soup for the first time and that he loved it. I asked him why it was the first time, and the child said because broccoli was too expensive***." Teachers also reported interest and awareness among parents, with parents asking questions about healthy food preparation. Supporting quotes for improved nutrition awareness and knowledge are displayed in Table 4.

Overall satisfaction with project components. Project managers reported their level of satisfaction with each of the four project components and their level of satisfaction with partnerships on the group call form each month. The rating scale was 0 (no satisfaction) to 10 (complete satisfaction). Table 7 presents the average monthly satisfaction level for each program component for both sites combined starting in September 2015, when all program components were in place at both food banks.

Table 7. Program Manager Satisfaction Ratings for the Healthy Cities Program Components

Component	Sept.	Oct.	Nov.	Dec.	Jan. 2016	Feb.w	Mar.	Apr.	May	Mean	Difference (Sept 2015-May 2016)
Food distribution	8.5	9.0	9.0	8.0	8.0	9.5	8.5	9.0	8.5	8.7	+0.2
Nutrition education	7.0	7.5	9.0	10.0	9.0	9.5	9.0	8.5	8.0	8.6	+1.6
Health screening	6.5	6.0	6.0	4.5	5.0	6.0	6.5	6.5	7.0	6.0	-0.5
Safe places to play	5.0	4.5	5.5	6.5	6.0	7.5	6.0	6.0	7.5	6.0	+1.5

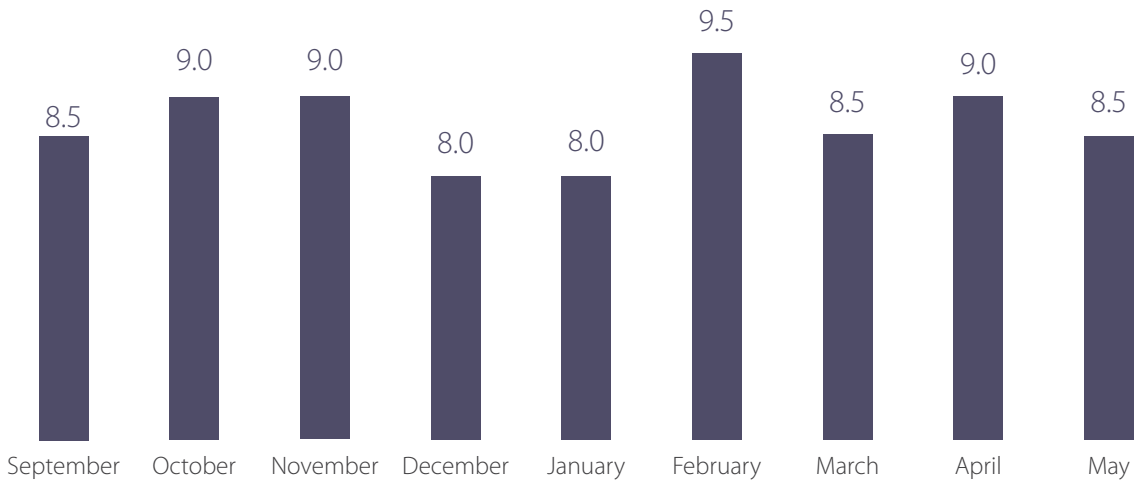
As shown in Table 7, satisfaction of individual HC components varied, with greatest satisfaction from the food distribution and nutrition education components.

Food Distribution

The average monthly satisfaction ratings for food distribution are provided in Figure 1. Mean satisfaction with this component was 8.5 at the beginning of the program, and increased slightly to 8.7 by the end of the program. Program managers were overall very comfortable with the food distribution component of HC and reported few glitches throughout the year, with one site having prior food distribution experience with one of the school sites. Slight changes in satisfaction with regards to food

distribution were attributed to months with holidays, breaks, or mandatory testing that interfered with the amount of food that could be distributed. Other challenges were related to problem-solving when weather required outdoor food distribution to be moved indoors. One site reported success with "right sizing" in order to avoid extra produce left at the end of food distribution.

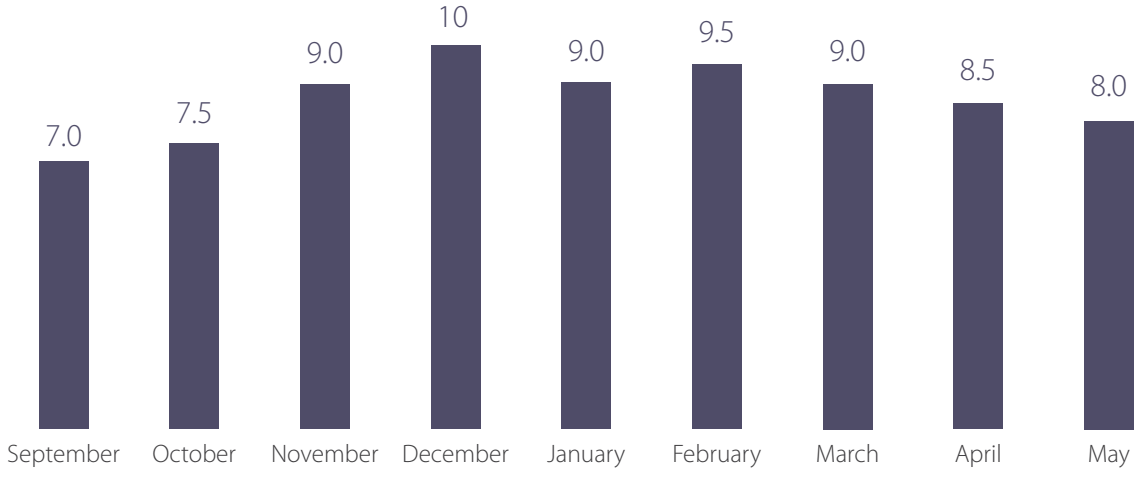
Figure 1. Project Manager Satisfaction with Food Distribution



Nutrition Education

The average monthly project manager satisfaction ratings for nutrition education are provided in Figure 2. Mean satisfaction with this component was 7.0 at the beginning of the program, and increased by 19% to a mean satisfaction score of 8.6 by the end of the program. Program managers reported having a strong nutrition education component in place, whether through partnerships or from their own staff. Program managers reported that families really enjoyed receiving recipes and having the opportunity to taste healthy foods and were often engaged in the education.

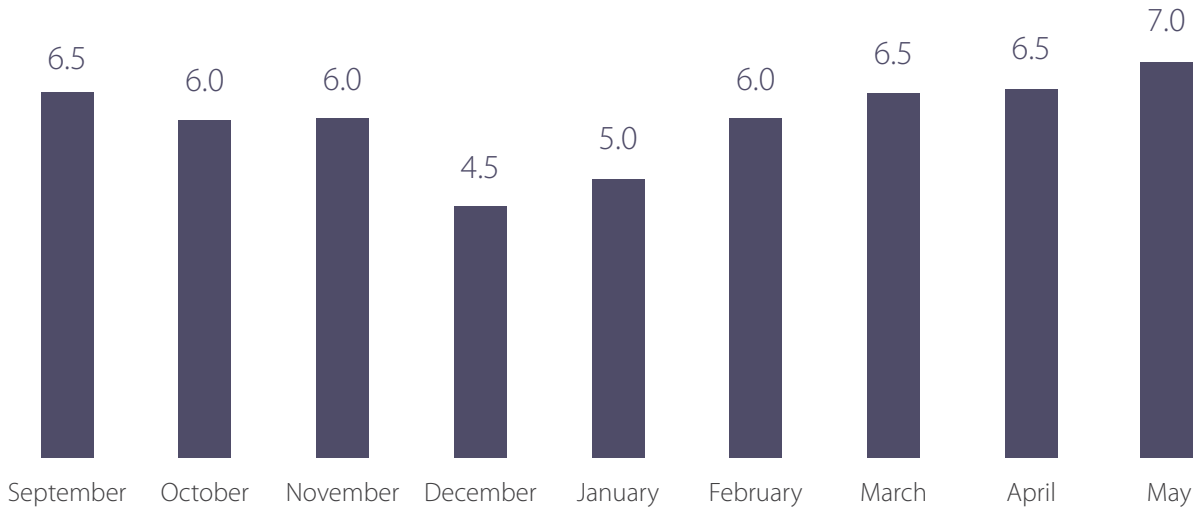
Figure 2. Project Manager Satisfaction with Nutrition Education



Health Screenings

The average monthly project manager satisfaction ratings for health services are provided in Figure 3. Satisfaction with this component started at a mean average of 6.5 and was approximately 8% lower at the end of the year (mean 6.0) compared to the beginning of the program. Difficulty in receiving monthly tracking numbers from health screening partners and delayed commitment of health screenings from partners may be contributing factors to the lower satisfaction scores, and are attributed to partners' limited capacity for growth. Program managers also reported that health screening partners had difficulty reaching clients regularly and were limited in their ability to offer a variety of screenings. Satisfaction ratings reached their peak at the end of year one, indicating an improvement in some of these issues.

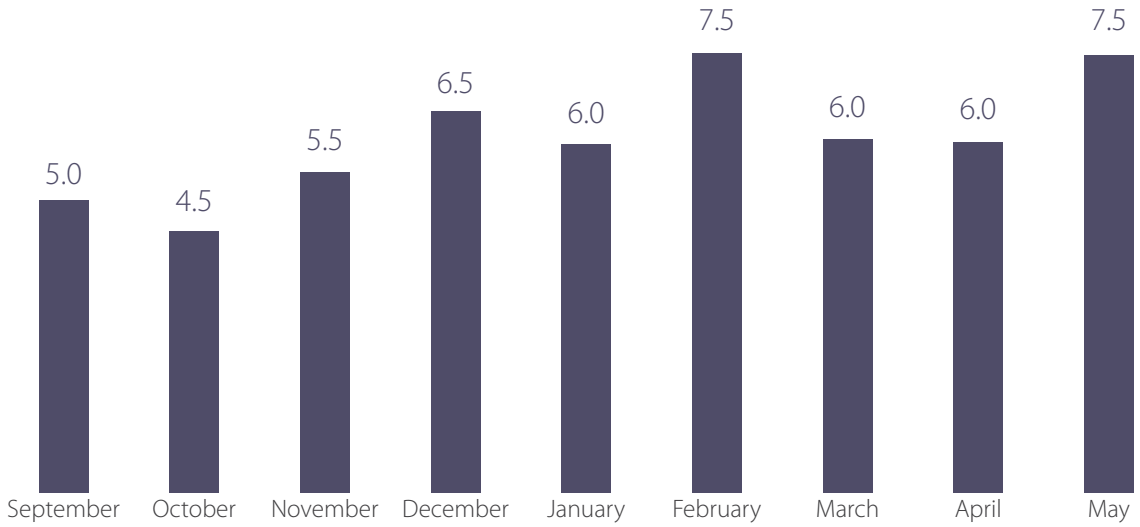
Figure 3. Project Manager Satisfaction with Health Screenings and Services



Safe Places to Play

The monthly average project manager satisfaction ratings for the physical activity component are provided in Figure 4. Mean satisfaction with this component was 4.5 at the beginning of the program, and increased slightly to 6.0 by the end of the program. While this HC component had the largest increase in satisfaction from beginning to end of year one (25%), this component was consistently reported as the most difficult of the four components to implement and sustain. Lack of structure and consistency at many of the sites contributed to lower satisfaction scores. Another reported challenge was finding appropriate physical activities for adolescents in middle and high school as opposed to children in elementary school. Program managers also reported this component was difficult to track. Program managers from both HC sites reported that the safe places to play component was something they were hoping to strengthen during the second year of the program.

Figure 4. Project Manager Satisfaction with Physical Activity Opportunities



Satisfaction with Partnerships

The average monthly satisfaction ratings for organizational partnerships are provided in Figure 5. Satisfaction rates started high at 8.5 and remained this way throughout the program. Program managers were pleased with services provided by partners, and indicated that good communication was vital to a successful partnership. Other characteristics identified by program managers as important for a successful partnership included dedication to the mission of the food bank and willingness to embrace diverse families and needs.

At the onset of the program, program managers reported communicating with each of their partnering organizations a minimum of twice per month. As the number of partners increased, communication became more challenging, but satisfaction remained high. Communication methods varied to include email, phone and in-person meetings. By the end of year one, program managers reported communicating with partnering organizations one to two times per month, and most communication was via email. Program managers indicated that all of the partnering organizations were valuable to the HC program as they provided additional needed services such as health screenings, nutrition education and opportunities for physical activity. At both the beginning and end of year one, program managers agreed that food distribution and nutrition education were the two easiest components of the HC program to implement, while safe places to play was the most difficult component of the HC program to implement at both time points.

During the January 2016 in-person meeting, food bank project managers participated in a barrier activity to help identify the barriers to implementing Healthy Cities currently encountered by their food bank. Fourteen barriers previously identified in reporting through November 2015 were identified on

note cards and managers were asked to rank each barrier, with 1 being the biggest. Barriers not currently faced by their food bank were crossed out and given a ranking of 14, to signify their low importance.

Table 8. Implementation Barriers Reported by HC Program Managers in January 2016

Barrier	Rank[1]
Getting all sites onboard with all four program components	2.5
Securing health screening partners	2.5
Tracking safe places to play component when it's different at each school	2.5
Partners tracking numbers/providing info	7.5
Planning due to schedules	14.0
Coordinating distributions with school and food bank schedules	14.0
Communicating with partners every month	14.0
Delivery method for food sampling supplies at food distributions	14.0
Engaging principals and schools	14.0
Making sure schools have necessary resources for successful food distributions	14.0
Promoting to community	14.0
Providing recipes and nutrition education at each distribution	14.0
Recruiting enough volunteers	14.0
Reporting nutrition education	7.5

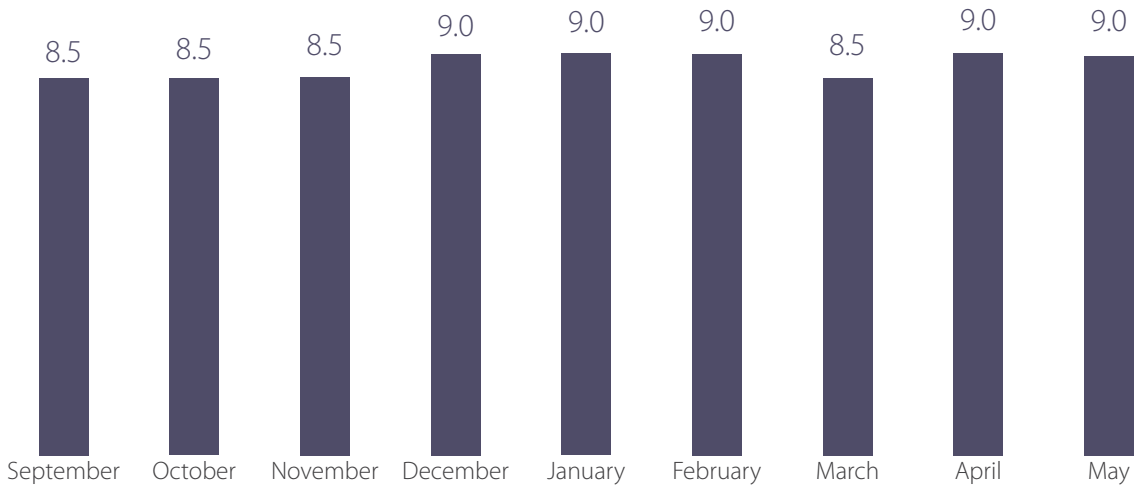
[1]Rank was calculated as an average score across the two sites.

Twenty-seven partner organizations were identified at the onset of the program (October 2015) and were invited to take a brief survey assessing current partnership contributions, anticipated benefits, challenges, and overall satisfaction. Partner organizations were also asked to rate their satisfaction with food banks as partners on a scale of 0 (no satisfaction) to 10 (complete satisfaction). Surveys were completed by 18 partner organizations (9 from Cleveland and 9 from Houston). Initial satisfaction rates averaged 8.9.

Healthy Cities program partners were highly satisfied at the onset of the program, with an overall satisfaction rating of 8.8 on a ten-point scale. Anticipated benefits from partnering organizations mirror many of the anticipated benefits reported by parents and teachers, with access to fresh healthy foods, sense of community, and provision of nutrition education as primary emerging themes from surveys. Reported contributions from partnering organizations were time (61%), services (56%), education material (17%), and space (17%). Although more than half (54%) of partners indicated there were no challenges at the onset of the program, 15% indicated logistics and scope of services were challenging, while 8% indicated communication was a challenge. Characteristics that make food banks good partners for the partner organizations included willingness and commitment to serve others, friendly and

enthusiastic staff, effective and timely communication, organization, and efficiency. A final survey will be administered to partner organizations at the end of year two (May, 2017).

Figure 5. Project Manager Satisfaction with Organizational Partnerships



Houston Food Distribution

Cleveland Safe Places to Play

Program Sustainability: Phase I Follow-Up

In order to assess program sustainability as well as to determine further recommendations for year two for Cleveland and Houston, program managers from the three sites piloted from 2014-2015 (California, Illinois, and New Jersey) were surveyed and interviewed one year after the end of the pilot project (May 2016).

All three food banks were able to continue with food distribution through a mobile pantry model. Two of the food banks acknowledged that the Healthy Cities Program provided them with experience and ideas for expansion and were able to apply for and receive other grant funding in order to sustain the mobile pantry model. All sites continued partnerships with the schools they had worked with during the pilot program; one site was even able to add three new school locations. Nutrition education continued to be facilitated by two of the food banks, however it was noted that they did not have as many resources to dedicate to nutrition education as they did during the HC pilot program.

None of the sites were able to sustain partnerships to continue to facilitate health screenings and safe places to play, with one program manager stating these components were "out of the scope" of the food bank. One site reported that state budget issues greatly interfered with the time and dedication schools could provide the HC program, and for this reason they were only able to continue the food distribution component but leave the remaining components up to the schools to coordinate if they were able. Although the three food banks were unable to keep formal partnerships with organizations that had provided the pilot HC program health screenings and safe places to play, all food banks continued to make community referrals to these organizations. Additionally, some of the program managers indicated they were collaborating with former HC partners on new community projects. Good communication, dedication, and shared goals were mentioned as important characteristics of sustaining partnerships.

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Conclusions and Recommendations

Phase II of the HC program was successfully implemented in two new cities during the 2015-2016 school year. The HC program has helped empower low resource communities to better engage with partnering community organizations to help families take charge of their health. HC program managers and HC program partners thought the program was rewarding and empowering to clients.

Phase II has demonstrated the HC program can be successfully replicated in other cities. Because phase II is funded for another year, program managers have opportunities to build upon their successes, strengthen existing partnerships, develop new partnerships, and address identified challenges. Challenges

and successes will also be shared with food banks in New Orleans, LA and Baltimore, MD as these sites get ready to implement the HC phase III program in the Fall of 2016. Recommendations from program managers from phases I and II of the HC program are as follows:

- Communicate with program partners early and often. Discuss bad weather back-up plans in advance and help prepare partners for weather related transitions.
- Remind community partners about data tracking; assist with volunteers for tracking if resources are available. This may be something that can be assigned to an intern.
- Have a "kick-off" event at the beginning of the program so all partners and stakeholders could meet one another and have a better understanding of the HC program.
- Build rapport with school principals and other key stakeholders early; confirm school schedules that affect food distribution well in advance. These include mandatory testing and school holidays/breaks.
- For improved coordination with program partners, get food distribution days on the calendar early in the school year.
- Utilize volunteer groups at schools, especially leader groups and student organizations at middle and high schools. You can never have too many volunteers.
- Be patient with partners. Let partners figure out how they can best partner with the food bank. An integrated health model is new to them.
- Safe places to play is challenging. Brainstorm with community partners about how to best implement this component.

As the HC program prepares to expand to other regions and communities in the country, findings from the HC pilot and phase II will allow Feeding America food banks to serve as leaders in the development of meaningful partnerships leading to stronger communities. The HC program serves as a model for improving community engagement while making communities healthier through improved food security, improved access to healthy food choices and medical services, and improved nutrition and health knowledge and awareness. The safe places to play component of the HC program is an important component that has not yet reached its full potential. In addition to implementation related challenges described by program managers, one reason for low utilization of safe places to play may be less perceived

need by communities, especially families who have faced chronic food insecurity. As HC program managers work with partner organizations in order to strengthen this component, future HC interventions may also consider ways of increasing perceived importance of having increased opportunities for physical activity. Furthermore, as communities become stronger and healthier, recognition of the benefits related to this additional component may be realized.

Thank you, Feeding America, for your generous support and commitment to program evaluation!

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Academy of Nutrition and Dietetics **Foundation**

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Appendix A

Evaluation Instruments

A1-Healthy Cities Monthly Update Form

Academy of Nutrition and Dietetics Foundation

Food Bank: _____ Date: _____

Monthly webinar calls are scheduled with ANDF staff, the evaluation consultant, Feeding America staff and food bank project managers (and other staff they include as appropriate). Please fill out this form, including input from your staff, and email it at least one day before the call to: lbaker@feedingamerica.org, jumontalvo@feedingamerica.org, and lmedrow@eatright.org.

1. On a scale of 0 (no satisfaction) to 10 (complete satisfaction), how satisfied are you at this time with the:	**Explanation/Notes for sharing**
a. Food distribution component of your HC project? Satisfaction Rating: _____	
b. Nutrition education component of your HC project? Satisfaction Rating: _____	
c. Health screening component of your Healthy Cities (HC) project? Satisfaction Rating: _____	
d. Safe places to play component of your HC project? Satisfaction Rating: _____	
e. Relationship with your HC partners? Satisfaction Rating: _____	
f. Feedback from clients? Satisfaction Rating: _____	
2. Answer these questions based on the past month:	
a. What was the biggest challenge you faced this month?	
b. Can you think of a piece of advice you could offer to another food bank, based on what you've learned this month?	
c. From the point of view of your clients, what has improved for them in the last month? Please share any client stories/quotes.	
d. Can you identify something you're proud of that occurred this month?	
e. Do you have any questions for Feeding America and/or Academy of Nutrition and Dietetics Foundation staff?	

B-Healthy Cities Program Manager Survey

Please complete this form by October 15, 2015; June 1, 2016; and June 1, 2017. Limit information to your Healthy Cities (HC) sites/project only, do not include information relating to your whole organization. *Informed consent: This survey is for the Healthy Cities Evaluation, participating in this survey is part of research. If you prefer not to voluntarily participate please email us so we can identify someone else at your site to provide the information. If you have questions about your participation, ask them at any time. The goal of this survey is to help us find out how partnerships are going. We will store information on what site you work at but not the name of the person who filled out the form.*

1. Please answer the questions below relating to each of your partners.

Partner: _____
About how many times *per month* do you communicate with them? How (phone, email, meeting)?

Are benefits of involving this partner worth the effort?

Give an example of how this partner positively impacts your clients:

How crucial is their role to the success of your project?

How could you strengthen your relationship with this partner? What resources would be needed?

Partner: _____
About how many times *per month* do you communicate with them? How (phone, email, meeting)?

Are benefits of involving this partner worth the effort?

Give an example of how this partner positively impacts your clients:

How crucial is their role to the success of your project?

How could you strengthen your relationship with this partner? What resources would be needed?

Partner: _____
About how many times *per month* do you communicate with them? How (phone, email, meeting)?

Are benefits of involving this partner worth the effort?

Give an example of how this partner positively impacts your clients:

How crucial is their role to the success of your project?

How could you strengthen your relationship with this partner? What resources would be needed?

Partner: _____
About how many times *per month* do you communicate with them? How (phone, email, meeting)?

Are benefits of involving this partner worth the effort?

Give an example of how this partner positively impacts your clients:

How crucial is their role to the success of your project?

How could you strengthen your relationship with this partner? What resources would be needed?

Partner: _____
About how many times *per month* do you communicate with them? How (phone, email, meeting)?

Are benefits of involving this partner worth the effort?

Give an example of how this partner positively impacts your clients:

How crucial is their role to the success of your project?

How could you strengthen your relationship with this partner? What resources would be needed?

2. What issues have you faced related to the partnerships you have formed as part of HC? How could they have been prevented (if possible)?

3. What characteristics make an organization a good partner for a food bank to work with?

4. About how many hours <u>per week</u> do you and your staff contribute to the Healthy Cities project? _____

5. Which component (food distribution, nutrition education, safe places to play, health screening) is the easiest for you to implement? Hardest?

6. Have improvements in any of those four components been a direct result of the Healthy Cities (support, funding, etc.)?

7. What contributes to the success you have experienced?

C1-HC Site Visit Interview and Observation Form

Food Bank: _____ Date: _____

There was evidence that:	Definitely	Somewhat	No	What evidence or document is your response based on?	What follow-up is needed to support this site?
HC partnerships are in place					
HC partnerships are working well					
The HC food distribution component is in place					
The HC food distribution component is working well					
The HC nutrition education component is in place					
The HC nutrition education component is appropriate for clients					
The HC health screening component is in place					
The HC health screening component is working well					
The HC safe places to play component is in place					
The HC safe places to play component is working well					
The HC intervention is implemented as indicated in the proposal					

Progress is being made to achieve the HC objectives					
Health screening, nutrition education and food are available at one site					
Challenges are being identified and dealt with.					
Clients seem to be _____ (note observations)					
Describe the observation setting.					
Describe level of client engagement observed. Describe perceived client value.					
What is this site doing really well?					
What factors are contributing to their success?					
What is interfering with their success?					
Notes:					

D1-Healthy Cities Partner Survey (October, 2015)

Academy of Nutrition and Dietetics Foundation

Welcome to the "Healthy Cities Project Partner Organization" survey. It will take approximately 15 minutes to complete and may be completed in more than one sitting. Before proceeding please read the consent statement below.

You are being asked to participate in a research study about successes and barriers in implementing partnerships for the Healthy Cities project. Please read this information and ask us any questions that you might have before you agree to participate.

Staff at Feeding America and the Academy of Nutrition and Dietetics Foundation are conducting this evaluation.

Background Information:
The purpose of this evaluation is to describe the successes and challenges of partnering with food banks to implement the Healthy Cities program so that recommendations can be developed and share with other organizations.

Procedures:
Participants include the representative from each organization that is most involved in the partnership with the Healthy Cities Foodbanks.
If you agree to be participate, we would ask you to complete a short survey with about 10 questions. The questionnaire will be completed anonymously using an electronic survey tool--Survey Monkey.

Risks and Benefits to Participants
Your participation in the study does not involve any physical or psychological risks to you.
If you do not wish to answer any question, you may skip it and go to the next question. At any time, you have the option to withdraw from your participation. There will be no direct benefit to you by your participation in this research study. However, your participation will further our understanding of how food banks can most successfully work with partners and implement the Healthy Cities project.

Confidentiality:
Your responses will be anonymous; when you submit your survey it travels to a website where the information can be accessed by the evaluators. We do not know which responses came from you (or any other respondent). All data will be stored in a password protected electronic format and kept private. We will not have access to any information that will make it possible to identify you as a participant. We will know which food bank you partnered with but not what organization you work for or your name. Access to the data will be limited to the researchers, the Institutional Review Board responsible for protecting human participants, and agencies that ensure the safety of research.

Voluntary Nature of the Study:
Your participation is voluntary. Choosing not to participate will not affect your current or future relationships with your employer or with the food bank you are working with at this time There is no penalty or loss of benefits for not participating or for discontinuing your participation.

Contacts and Questions:
The researchers conducting this study are Katie Brown, EdD, RDN, Rosa Hand, MS, RDN, LD, and Lisa Medrow, RDN. If you have any questions, concerns or complaints about the evaluation, contact us at kbrown@eatright.org or 312-899-4847.
If she cannot be reached, or if you would like to talk to someone other than the evaluators about: (1) questions, concerns or complaints regarding this study, (2) research participant rights, or (3) other human subjects issues, please contact the American Academy of Family Physicians' Institutional Review Board at (800) 2742337 or write: American Academy of Family Physicians, Mindy Cleary, IRB Assistant, 11400 Tomahawk Creek Parkway, Leawood, KS, 66211.
You may print a copy of this form for your records.

Statement of Consent:
I have read the above information. I have received answers to the questions I have asked. I am at least 18 years of age. By completing the questionnaire I consent to participate in this research.

1. Did you **partner** with: ___ Greater Cleveland Food Bank ___ Houston Food Bank

2. When did your partnership with the food bank begin? _____

3. **What** does your organization contribute (time, funding, services, educational materials, referrals, etc.) to the food bank?

4. What specific **benefits** did/do you anticipate from your collaboration with the food bank? Have any benefits occurred at this point?

5. How many **hours per week** do you/your staff contribute to this project? _____ Does that include: ____paid time ____volunteer time

6. What **challenges** or issues have you faced related to this partnership? Do they still exist or have they been dealt with?

7. Identify one or more examples of how your organization's collaboration with the food bank **positively impacts clients**:

8. On a scale of 0 (no satisfaction) to 10 (completely satisfied), how **satisfied** are you with the food bank as a partner? _____

Comments:

9. What **characteristics** make a (any) food bank a good partner to work with?

F1-Healthy Cities Guided Surveys-Parents

(September 2015 and September 2016)

Site: _____ Date: _____

School liaisons, please read the following script when approaching a parent about participating in the survey. *Hello, my name is_____ and I am helping assess how this food distribution helps our clients. Would you be willing to answer a few questions for me?*

If individual says no: *OK no problem. Have a good day!*

If individual says yes: *Great; thank you so much. It is important that you understand this is part of a research evaluation. I'm going to read you a couple sentences about your rights as a research participant before we get started with the questions. You are being asked to participate in research about how the Healthy Cities program helps the people in the community. We will ask you some questions about your experiences with this program. We would ask you to answer these questions right now, while you are in line. You were asked because you attended this food distribution. Your participation in this research is voluntary. If you decide you do not want to participate, you can stop at any time, and still receive all of the Healthy Cities services. If any questions make you uncomfortable, you can choose not to answer them. The information you provide will be sent back to the Academy of Nutrition and Dietetics Foundation. They will only see your answers, not any information about who you are, like your name. If you have questions you can ask me now. I'm going to give you this information sheet (hand sheet) that reviews the same information and tells you who you can contact if you have questions later. Does the survey sound like something you are willing to do?*

If participant says yes, School liaisons, please read the questions in this survey to parents and write down their verbal answers on this form or on the electronic survey.

1. How did you hear of the Healthy Cities project (or insert local name of project)?

2. What types of services do you think will be offered through the project?

3. What services are you most looking forward to?

4. What types of food are you looking forward to receiving through the project?

5. Which of the following statements best describes the food eaten in your household in the last 12 months?
   a. There is enough of the kind of food we want to eat.
   b. There is enough food but not always the kinds of food we want.
   c. Sometimes there is not enough to eat.
   d. Often there is not enough to eat.

6. If you indicated that you do not always get the kinds of food that you want to eat, please indicate what kinds of food are missing:
   a. Grains (bread, rice, cereal, pasta, etc.)
   b. Vegetables
   c. Fruits
   d. Protein (beef, chicken, pork, eggs, seafood)
   e. Protein (beans and peas, nuts and seeds, soy)
   f. Dairy (milk, yogurt, cheese)

7. Have you ever in the past year, gone without food to pay for (mark all that apply):
    a. Medicine
    b. Utilities
    c. Transportation
    d. Housing

F1-Encuestas Guiadas de *Ciudades Sanas* -para los padres

(Septiembre 2015 y septiembre 2016)

Lugar: _____ Fecha: _____

A los Intermediarios Escolares, por favor leer el siguiente guion cuando se aproxime a un padre de familia acerca de la participación en esta encuesta.
Hola, mi nombre es _____ y estoy ayudando a evaluar como esta distribución de alimentos ayuda a nuestros clientes. ¿Le importaría responder a unas cuantas preguntas?

Si el individuo dice no: *Ok, no hay problema. ¡Que tenga un buen día!*

Si el individuo dice si: ¡*Qué bien; gracias! Es importante informarle que esto será parte de una evaluación de investigación. Le voy a leer un par de oraciones acerca de sus derechos como participante del estudio antes de comenzar con las preguntas. Se le pide participar en un estudio acerca de cómo el programa Ciudades Sanas ayuda a las personas de la comunidad. Le haremos preguntas sobre su experiencia con este programa mientras espera en línea ahora. Se le ha pedido participar porque usted ha venido a la distribución de alimentos. Su participación en este estudio es voluntaria. Si usted decide no participar, puede parar en cualquier momento, y continuara a recibir los servicios de Ciudades Sanas. Si cualquier pregunta lo hace sentirse incomodo, usted puede decidir no responder a esa pregunta. La información que nos provea será enviada a la Academia de Fundación de Nutrición y Dietética. Solo verán sus respuestas, pero no se compartirá ninguna información sobre su identidad, tal como su nombre. Si tiene preguntas me puede preguntar a mí ahora. Le voy a entregar esta información (hoja informativa) que revisa la misma información y dice a quien puede contactar si tiene preguntas más tarde. ¿ ¿Le parece que la encuesta es algo en lo que está dispuesto a participar?*

Si el participante dice si, Intermediaros Escolares, por favor leer las preguntas de la encuesta a los padres y escribir sus respuestas verbales en este formulario o en la encuesta electrónica.

1. Como se enteró del proyecto *Ciudades Sanas* (o provea el nombre local del proyecto)?

2. ¿Qué tipos de servicios cree que se ofrecerán por medio de este proyecto?

3. ¿Qué servicios está esperando usted especialmente?

4. ¿Qué tipos de alimentos espera usted poder recibir por medio del proyecto?

5. ¿Cuál de las siguientes oraciones describe de mejor forma los alimentos comidos en su casa en los últimos 12 meses?
   a. Ha habido suficiente del tipo de alimentos que queremos comer.
   b. Ha habido suficiente comida pero no siempre del tipo de alimentos que queremos comer.
   c. Hay veces cuando no tenemos suficiente que comer.
   d. A menudo no tenemos suficiente que comer.

Si usted ha indicado que no siempre tienen los alimentos que quieren comer, por favor indicar que tipos de alimentos les hacen falta:

   a. Granos (pan, arroz, cereal, pasta, etc.)
   b. Vegetales
   c. Frutas
   d. Proteína (carne de res, pollo, cerdo, huevos, mariscos)

e. Proteína (frijoles, guisantes, frutos secos y semillas, soja (soya))
f. Lácteos (leche, quesos, yogur)

6. ¿Ha tenido alguna vez durante este año días sin comer para poder pagar (marque las que apliquen):
    a. Medicina?
    b. Servicios de utilidades (luz, gas, agua)?
    c. Transporte?
    d. Vivienda?

F2-Healthy Cities Guided Surveys-Parents

(January 2016 and January 2017)

Site: _____ Date: _____

School liaisons, please read the following script when approaching a parent about participating in the survey. *Hello, my name is_____ and I am helping assess how this food distribution helps our clients. Would you be willing to answer a few questions for me?*

If individual says no: *OK no problem. Have a good day!*

If individual says yes: *Great; thank you so much. It is important that you understand this is part of a research evaluation. I'm going to read you a couple sentences about your rights as a research participant before we get started with the questions. You are being asked to participate in research about how the Healthy Cities program helps the people in the community. We will ask you some questions about your experiences with this program. We would ask you to answer these questions right now, while you are in line. You were asked because you attended this food distribution. Your participation in this research is voluntary. If you decide you do not want to participate, you can stop at any time, and still receive all of the Healthy Cities services. If any questions make you uncomfortable, you can choose not to answer them. The information you provide will be sent back to the Academy of Nutrition and Dietetics Foundation. They will only see your answers, not any information about who you are, like your name. If you have questions you can ask me now. I'm going to give you this information sheet (hand sheet) that reviews the same information and tells you who you can contact if you have questions later. Does the survey sound like something you are willing to do?*

If participant says yes, School liaisons, please read the questions in this survey to parents and write down their verbal answers on this form or on the electronic survey.

1. Have you or your family participated in any of the healthy cities programs?
   ___ food distributions ___ nutrition education ___ health screenings ___ safe places to play
   If yes, which ones have you enjoyed the most? Please explain:

2. Have you made healthy changes at home? If so, what changes?

3. Approximately how many of the food distributions have you attended?
   Every week Every two weeks Every month Every other month
   When you can't attend a food distribution, what keeps you from attending?

4. Has the food distributed impacted your family? If so, how?

5. Have you made any of the recipes provided at the food distributions?

6. Which of the following statements best describes the food eaten in your household in the last 12 months?
   a. There is enough of the kind of food we want to eat.
   b. There is enough food but not always the kinds of food we want.
   c. Sometimes there is not enough to eat.
   d. Often there is not enough to eat.

7. If you indicated that you do not always get the kinds of food that you want to eat, please indicate what kinds of food are missing:
   a. Grains (bread, rice, cereal, pasta, etc.)
   b. Vegetables
   c. Fruits

    d. Protein (beef, chicken, pork, eggs, seafood)
    e. Protein (beans and peas, nuts and seeds, soy)
    f. Dairy (milk, yogurt, cheese)

8. Have you ever in the past year, gone without food to pay for (mark all that apply):
    a. Medicine
    b. Utilities
    c. Transportation
    d. Housing

F2- Encuestas Guiadas de *Ciudades Sanas* –para los Padres

(Enero 2016 y enero 2017) Fecha: _____

A los Intermediarios Escolares, por favor leer el siguiente guion cuando se aproxime a un padre de familia acerca de la participación en esta encuesta.
Hola, mi nombre es _____ y estoy ayudando a evaluar como esta distribución de alimentos ayuda a nuestros clientes. ¿Le importaría responder a unas cuantas preguntas?

Si el individuo dice no: *Ok, no hay problema. ¡Que tenga un buen día!*

Si el individuo dice si: *¡Qué bien; gracias! Es importante informarle que esto será parte de una evaluación de investigación. Le voy a leer un par de oraciones acerca de sus derechos como participante del estudio antes de comenzar con las preguntas. Se le pide participar en un estudio acerca de cómo el programa Ciudades Sanas ayuda a las personas de la comunidad. Le haremos preguntas sobre su experiencia con este programa mientras espera en línea ahora. Se le ha pedido participar porque usted ha venido a la distribución de alimentos. Su participación en este estudio es voluntaria. Si usted decide no participar, puede parar en cualquier momento, y continuara a recibir los servicios de Ciudades Sanas. Si cualquier pregunta lo hace sentirse incomodo, usted puede decidir no responder a esa pregunta. La información que nos provea será enviada a la Academia de Fundación de Nutrición y Dietética. Solo verán sus respuestas, pero no se compartirá ninguna información sobre su identidad, tal como su nombre. Si tiene preguntas me puede preguntar a mí ahora. Le voy a entregar esta información (hoja informativa) que revisa la misma información y dice a quien puede contactar si tiene preguntas más tarde. ¿Le parece que la encuesta es algo en lo que está dispuesto a participar?*

Si el participante dice si, Intermediaros Escolares, por favor leer las preguntas de la encuesta a los padres y escribir sus respuestas verbales en este formulario o en la encuesta electrónica.

1. ¿Ha participado usted o su familia en cualquiera de los demás programas de Ciudades Sanas?
____ Distribuciones de alimentos ____ educación sobre la nutrición ____ evaluaciones de salud
____ Lugares seguros para jugar
Si contestó si, ¿de cuales ha disfrutado más? Por favor explique:

2. ¿Ha hecho cambios saludables de salud en casa? Si lo ha hecho, ¿qué cambios he hecho?

3. Aproximadamente, ¿a cuántas de las distribuciones de alimentos ha asistido?
Cada semana Cada dos semanas Cada mes Cada dos meses
Cuando usted no puede venir a la distribución de alimentos, ¿cuál es la razón por la que no puede venir?

4. ¿Ha tenido algún impacto en su familia la distribución de alimentos? Si lo ha tenido, ¿como lo ha tenido?

5. ¿Ha probado hacer cualquiera de las recetas de cocina provistas en las distribuciones de alimentos?

6. ¿Cuál de las siguientes oraciones describe de mejor forma los alimentos comidos en su casa en los últimos 12 meses?
   a. Ha habido suficiente del tipo de alimentos que queremos comer.
   b. Ha habido suficiente comida pero no siempre del tipo de alimentos que queremos comer.
   c. Hay veces cuando no tenemos suficiente que comer.
   d. A menudo no tenemos suficiente que comer.

7. Si usted ha indicado que no siempre tienen los alimentos que quieren comer, por favor indicar que tipos de alimentos les hacen falta:
   a. Granos (pan, arroz, cereal, pasta, etc.)
   b. Vegetales

c. Frutas
d. Proteína (carne de res, pollo, cerdo, huevos, mariscos)
e. Proteína (frijoles, guisantes, frutos secos y semillas, soja (soya))
f. Lácteos (leche, quesos, yogur)

8. ¿Ha tenido alguna vez durante este año días sin comer para poder pagar (marque las que apliquen):
   a. Medicina?
   b. Servicios de utilidades (luz, gas, agua)?
   c. Transporte?
   d. Vivienda?

F3-Healthy Cities Guided Surveys-Parents

(May 2016 and May 2017)

Site: _____ Date: _____

School liaisons, please read the following script when approaching a parent about participating in the survey. *Hello, my name is_____ and I am helping assess how this food distribution helps our clients. Would you be willing to answer a few questions for me?*

If individual says no: *OK no problem. Have a good day!*

If individual says yes: *Great; thank you so much. It is important that you understand this is part of a research evaluation. I'm going to read you a couple sentences about your rights as a research participant before we get started with the questions. You are being asked to participate in research about how the Healthy Cities program helps the people in the community. We will ask you some questions about your experiences with this program. We would ask you to answer these questions right now, while you are in line. You were asked because you attended this food distribution. Your participation in this research is voluntary. If you decide you do not want to participate, you can stop at any time, and still receive all of the Healthy Cities services. If any questions make you uncomfortable, you can choose not to answer them. The information you provide will be sent back to the Academy of Nutrition and Dietetics Foundation. They will only see your answers, not any information about who you are, like your name. If you have questions you can ask me now. I'm going to give you this information sheet (hand sheet) that reviews the same information and tells you who you can contact if you have questions later. Does the survey sound like something you are willing to do?*

If participant says yes, School liaisons, please read the questions in this survey to parents and write down their verbal answers on this form or on the electronic survey.

1. Have you or your family participated in any of the healthy cities programs?
   ____ food distributions ____ nutrition education ____ health screenings ____ safe places to play
   If yes, which ones have you enjoyed the most:

2. Have you made healthy changes at home? If so, what changes?

3. Approximately how many of the food distributions have you attended?
   Every week Every two weeks Every month Every other month
   When you can't attend a food distribution, what keeps you from attending?

4. Has the food distributed impacted your family? If so, how?

5. Have you made any of the recipes provided at the food distributions?

6. Which of the following statements best describes the food eaten in your household in the last 12 months?
   a. There is enough of the kind of food we want to eat.
   b. There is enough food but not always the kinds of food we want.
   c. Sometimes there is not enough to eat.
   d. Often there is not enough to eat.

7. If you indicated that you do not always get the kinds of food that you want to eat, please indicate what kinds of food are missing:
   a. Grains (bread, rice, cereal, pasta, etc.)
   b. Vegetables
   c. Fruits

    d. Protein (beef, chicken, pork, eggs, seafood)
    e. Protein (beans and peas, nuts and seeds, soy)
    f. Dairy (milk, yogurt, cheese)

8. Have you ever in the past year, gone without food to pay for (mark all that apply):
    a. Medicine
    b. Utilities
    c. Transportation
    d. Housing

F3- Encuestas Guiadas de *Ciudades Sanas* –para los padres

(Mayo 2016 y mayo 2017)

Lugar: _____ Fecha: _____

A los Intermediarios Escolares, por favor leer el siguiente guion cuando se aproxime a un padre de familia acerca de la participación en esta encuesta. *Hola, mi nombre es _____ y estoy ayudando a evaluar como esta distribución de alimentos ayuda a nuestros clientes. ¿Le importaría responder a unas cuantas preguntas?*

Si el individuo dice no: *Ok, no hay problema. ¡Que tenga un buen día!*

Si el individuo dice si: ¡*Qué bien; gracias! Es importante informarle que esto será parte de una evaluación de investigación. Le voy a leer un par de oraciones acerca de sus derechos como participante del estudio antes de comenzar con las preguntas. Se le pide participar en un estudio acerca de cómo el programa Ciudades Sanas ayuda a las personas de la comunidad. Le haremos preguntas sobre su experiencia con este programa mientras espera en línea ahora. Se le ha pedido participar porque usted ha venido a la distribución de alimentos. Su participación en este estudio es voluntaria. Si usted decide no participar, puede parar en cualquier momento, y continuara a recibir los servicios de Ciudades Sanas. Si cualquier pregunta lo hace sentirse incomodo, usted puede decidir no responder a esa pregunta. La información que nos provea será enviada a la Academia de Fundación de Nutrición y Dietética. Solo verán sus respuestas, pero no se compartirá ninguna información sobre su identidad, tal como su nombre. Si tiene preguntas me puede preguntar a mí ahora. Le voy a entregar esta información (hoja informativa) que revisa la misma información y dice a quien puede contactar si tiene preguntas más tarde. ¿Le parece que la encuesta es algo en lo que está dispuesto a participar?*

Si el participante dice si, Intermediaros Escolares, por favor leer las preguntas de la encuesta a los padres y escribir sus respuestas verbales en este formulario o en la encuesta electrónica.

1. ¿Ha participado usted o su familia en cualquiera de los demás programas de Ciudades Sanas?
____ Distribuciones de alimentos ____ educación sobre la nutrición ____ evaluaciones de salud
____ Lugares seguros para jugar
Si contestó si, ¿de cuales ha disfrutado más?

2. ¿Ha hecho cambios saludables de salud en casa? Si lo ha hecho, ¿qué cambios he hecho?

3. Aproximadamente, ¿a cuántas de las distribuciones de alimentos ha asistido?
Cada semana Cada dos semanas Cada mes Cada dos meses
Cuando usted no puede venir a la distribución de alimentos, ¿cuál es la razón por la que no puede venir?

4. ¿Ha tenido algún impacto en su familia la distribución de alimentos? Si lo ha tenido, ¿como lo ha tenido?

5. ¿Ha probado hacer cualquiera de las recetas de cocina provistas en las distribuciones de alimentos?

6. ¿Cuál de las siguientes oraciones describe de mejor forma los alimentos comidos en su casa en los últimos 12 meses?
   a. Ha habido suficiente del tipo de alimentos que queremos comer.
   b. Ha habido suficiente comida pero no siempre del tipo de alimentos que queremos comer.
   c. Hay veces cuando no tenemos suficiente que comer.
   d. A menudo no tenemos suficiente que comer.

7. Si usted ha indicado que no siempre tienen los alimentos que quieren comer, por favor indicar que tipos de alimentos les hacen falta:
   a. Granos (pan, arroz, cereal, pasta, etc.)
   b. Vegetales

c. Frutas
d. Proteína (carne de res, pollo, cerdo, huevos, mariscos)
e. Proteína (frijoles, guisantes, frutos secos y semillas, soja (soya))
f. Lácteos (leche, quesos, yogur)

8. ¿Ha tenido alguna vez durante este año días sin comer para poder pagar (marque las que apliquen):
    a. Medicina?
    b. Servicios de utilidades (luz, gas, agua)?
    c. Transporte?
    d. Vivienda?

G1-Healthy Cities Surveys-Teachers

(September 2015 and September 2016)

Site: _____ Date: _____

Welcome to the "Healthy Cities Project Teacher" survey. It will take approximately 5 minutes to complete and may be completed in more than one sitting. Before proceeding please read the consent statement below.

You are being asked to participate in a research study about how you think the Healthy Cities project has helped the students you teach. Please read this information and ask us any questions that you might have before you agree to participate.

Staff at Feeding America and the Academy of Nutrition and Dietetics Foundation are conducting this evaluation.

Background Information:
The purpose of this evaluation is to describe the classroom impact of the Healthy Cities program so that recommendations can be developed and share with other organizations.

Procedures:
Participants include the teachers at the Healthy Cities schools.
If you agree to be participate, we would ask you to complete a short survey with about 10 questions. The questionnaire will be completed anonymously using an electronic survey tool--Survey Monkey.

Risks and Benefits to Participants
Your participation in the study does not involve any physical or psychological risks to you.
If you do not wish to answer any question, you may skip it and go to the next question. At any time, you have the option to withdraw from your participation. There will be no direct benefit to you by your participation in this research study. However, your participation will further our understanding of how food banks can most successfully work with partners and implement the Healthy Cities project.

Confidentiality:
Your responses will be anonymous; when you submit your survey it travels to a website where the information can be accessed by the evaluators. We do not know which responses came from you (or any other respondent). All data will be stored in a password protected electronic format and kept private. We will not have access to any information that will make it possible to identify you as a participant. We will know which food bank you partnered with but not what organization you work for or your name. Access to the data will be limited to the researchers, the Institutional Review Board responsible for protecting human participants, and agencies that ensure the safety of research.

Voluntary Nature of the Study:
Your participation is voluntary. Choosing not to participate will not affect your current or future relationships with your employer or with the food bank you are working with at this time There is no penalty or loss of benefits for not participating or for discontinuing your participation.

Contacts and Questions:
The researchers conducting this study are Katie Brown, EdD, RDN, Rosa Hand, MS, RDN, LD, and Lisa Medrow, RDN. If you have any questions, concerns or complaints about the evaluation, contact us at kbrown@eatright.org or 312-899-4847.
If she cannot be reached, or if you would like to talk to someone other than the evaluators about: (1) questions, concerns or complaints regarding this study, (2) research participant rights, or (3) other human subjects issues, please contact the American Academy of Family Physicians' Institutional Review Board at (800) 2742337 or write: American Academy of Family Physicians, Mindy Cleary, IRB Assistant, 11400 Tomahawk Creek Parkway, Leawood, KS, 66211.
You may print a copy of this form for your records.

Statement of Consent:
I have read the above information. I have received answers to the questions I have asked. I am at least 18 years of age. By completing the questionnaire I consent to participate in this research.

1. How did you hear of the Healthy Cities project (or insert local name of project)?

2. What types of services do you think will be offered through the project?

3. Will you be directly involved in any of the services?
   Yes No Not sure
   If yes, please describe:

4. Please rank the following services provided by Healthy Cities in the order you think your students will benefit? (1=most benefit, 4=least benefit)
   Food distributions Nutrition education Health screenings Safe places to play

5. Please rank the following services provided by Healthy Cities in the order you think families will benefit? (1=most benefit, 4=least benefit)
   Food distributions Nutrition education Health screenings Safe places to play

6. How often do your students meet expectations for school attendance?
   Never Rarely Sometimes Usually Always

7. How often are your students tardy to school?
   Never Rarely Sometimes Usually Always

8. How often do your students meet expectations for classroom behavior?
   Never Rarely Sometimes Usually Always

9. How often are your students ready to learn?
   Never Rarely Sometimes Usually Always

10. How often do your students meet expectations for time on-task?
    Never Rarely Sometimes Usually Always

11. What do you hope the Healthy Cities project (or insert local name of project) will achieve with your students and their families this year?

G2-Healthy Cities Guided Surveys-Teachers

(January 2016 and January 2017)

Site: _____ Date: _____

Welcome to the "Healthy Cities Project Teacher" survey. It will take approximately 5 minutes to complete and may be completed in more than one sitting. Before proceeding please read the consent statement below.

You are being asked to participate in a research study about how you think the Healthy Cities project has helped the students you teach. Please read this information and ask us any questions that you might have before you agree to participate.

Staff at Feeding America and the Academy of Nutrition and Dietetics Foundation are conducting this evaluation.

Background Information:
The purpose of this evaluation is to describe the classroom impact of the Healthy Cities program so that recommendations can be developed and share with other organizations.

Procedures:
Participants include the teachers at the Healthy Cities schools.
If you agree to be participate, we would ask you to complete a short survey with about 10 questions. The questionnaire will be completed anonymously using an electronic survey tool--Survey Monkey.

Risks and Benefits to Participants
Your participation in the study does not involve any physical or psychological risks to you.
If you do not wish to answer any question, you may skip it and go to the next question. At any time, you have the option to withdraw from your participation. There will be no direct benefit to you by your participation in this research study. However, your participation will further our understanding of how food banks can most successfully work with partners and implement the Healthy Cities project.

Confidentiality:
Your responses will be anonymous; when you submit your survey it travels to a website where the information can be accessed by the evaluators. We do not know which responses came from you (or any other respondent). All data will be stored in a password protected electronic format and kept private. We will not have access to any information that will make it possible to identify you as a participant. We will know which food bank you partnered with but not what organization you work for or your name. Access to the data will be limited to the researchers, the Institutional Review Board responsible for protecting human participants, and agencies that ensure the safety of research.

Voluntary Nature of the Study:
Your participation is voluntary. Choosing not to participate will not affect your current or future relationships with your employer or with the food bank you are working with at this time There is no penalty or loss of benefits for not participating or for discontinuing your participation.

Contacts and Questions:
The researchers conducting this study are Katie Brown, EdD, RDN, Rosa Hand, MS, RDN, LD, and Lisa Medrow, RDN. If you have any questions, concerns or complaints about the evaluation, contact us at kbrown@eatright.org or 312-899-4847.
If she cannot be reached, or if you would like to talk to someone other than the evaluators about: (1) questions, concerns or complaints regarding this study, (2) research participant rights, or (3) other human subjects issues, please contact the American Academy of Family Physicians' Institutional Review Board at (800) 2742337 or write: American Academy of Family Physicians, Mindy Cleary, IRB Assistant, 11400 Tomahawk Creek Parkway, Leawood, KS, 66211.
You may print a copy of this form for your records.

Statement of Consent:
I have read the above information. I have received answers to the questions I have asked. I am at least 18 years of age. By completing the questionnaire I consent to participate in this research.

1. Are you directly involved in any of the Healthy Cities project (or insert local name of project) services?
   Yes No Not sure
   If yes, please describe:

2. What services do you think your students are benefitting from the most? Check all that apply.
   Food distributions Nutrition education Health screenings Safe places to play

3. What services do you think families are benefitting from the most? Check all that apply.
   Food distributions Nutrition education Health screenings Safe places to play

4. How often do your students meet expectations for school attendance?
   Never Rarely Sometimes Usually Always

5. How often are your students tardy to school?
   Never Rarely Sometimes Usually Always

6. How often do your students meet expectations for classroom behavior?
   Never Rarely Sometimes Usually Always

7. How often are your students ready to learn?
   Never Rarely Sometimes Usually Always

8. How often do your students meet expectations for time on-task?
   Never Rarely Sometimes Usually Always

9. How do you think the Healthy Cities project (or insert local name of project) is impacting your students and their families? Please share examples.

10. Are there any elements of the Healthy Cities project that you wish would be changed and why?

G3-Healthy Cities Guided Surveys-Teachers

(May 2016 and May 2017)

Site: _____ Date: _____

Welcome to the "Healthy Cities Project Teacher" survey. It will take approximately 5 minutes to complete and may be completed in more than one sitting. Before proceeding please read the consent statement below.

You are being asked to participate in a research study about how you think the Healthy Cities project has helped the students you teach. Please read this information and ask us any questions that you might have before you agree to participate.

Staff at Feeding America and the Academy of Nutrition and Dietetics Foundation are conducting this evaluation.

Background Information:
The purpose of this evaluation is to describe the classroom impact of the Healthy Cities program so that recommendations can be developed and share with other organizations.

Procedures:
Participants include the teachers at the Healthy Cities schools.
If you agree to be participate, we would ask you to complete a short survey with about 10 questions. The questionnaire will be completed anonymously using an electronic survey tool--Survey Monkey.

Risks and Benefits to Participants
Your participation in the study does not involve any physical or psychological risks to you.
If you do not wish to answer any question, you may skip it and go to the next question. At any time, you have the option to withdraw from your participation. There will be no direct benefit to you by your participation in this research study. However, your participation will further our understanding of how food banks can most successfully work with partners and implement the Healthy Cities project.

Confidentiality:
Your responses will be anonymous; when you submit your survey it travels to a website where the information can be accessed by the evaluators. We do not know which responses came from you (or any other respondent). All data will be stored in a password protected electronic format and kept private. We will not have access to any information that will make it possible to identify you as a participant. We will know which food bank you partnered with but not what organization you work for or your name. Access to the data will be limited to the researchers, the Institutional Review Board responsible for protecting human participants, and agencies that ensure the safety of research.

Voluntary Nature of the Study:
Your participation is voluntary. Choosing not to participate will not affect your current or future relationships with your employer or with the food bank you are working with at this time There is no penalty or loss of benefits for not participating or for discontinuing your participation.

Contacts and Questions:
The researchers conducting this study are Katie Brown, EdD, RDN, Rosa Hand, MS, RDN, LD, and Lisa Medrow, RDN. If you have any questions, concerns or complaints about the evaluation, contact us at kbrown@eatright.org or 312-899-4847.
If she cannot be reached, or if you would like to talk to someone other than the evaluators about: (1) questions, concerns or complaints regarding this study, (2) research participant rights, or (3) other human subjects issues, please contact the American Academy of Family Physicians' Institutional Review Board at (800) 2742337 or write: American Academy of Family Physicians, Mindy Cleary, IRB Assistant, 11400 Tomahawk Creek Parkway, Leawood, KS, 66211.
You may print a copy of this form for your records.

Statement of Consent:
I have read the above information. I have received answers to the questions I have asked. I am at least 18 years of age. By completing the questionnaire I consent to participate in this research.

1. Are you directly involved in any of the Healthy Cities project (or insert local name of project) services?
   Yes No Not sure
   If yes, please describe:

2. What services do you think your students are benefitting from the most? Check all that apply.
   Food distributions Nutrition education Health screenings Safe places to play

3. What services do you think families are benefitting from the most? Check all that apply.
   Food distributions Nutrition education Health screenings Safe places to play

4. On a scale of 0-10, with 0 being the least valuable, and 10 being the most valuable, how would you rate the value of the food distributed to families?
   0 1 2 3 4 5 6 7 8 9 10

5. On a scale of 0-10, with 0 being the least valuable, and 10 being the most valuable, how would you rate the value of the nutrition education provided to families?
   0 1 2 3 4 5 6 7 8 9 10

6. On a scale of 0-10, with 0 being the least valuable, and 10 being the most valuable, how would you rate the value of the health screenings provided to students?
   0 1 2 3 4 5 6 7 8 9 10

7. On a scale of 0-10, with 0 being the least valuable, and 10 being the most valuable, how would you rate the value of the physical activity (or insert local name of 'safe places to play' component) to students?
   0 1 2 3 4 5 6 7 8 9 10

8. How often do your students meet expectations for school attendance?
   Never Rarely Sometimes Usually Always

9. How often are your students tardy to school?
   Never Rarely Sometimes Usually Always

10. How often do your students meet expectations for classroom behavior?
    Never Rarely Sometimes Usually Always

11. How often are your students ready to learn?
    Never Rarely Sometimes Usually Always

12. How often do your students meet expectations for time on-task?

Never Rarely Sometimes Usually Always

13. Please describe any changes you have noticed in your students since the beginning of the year.

14. Do you think any of those changes were a result of the Healthy Cities project (or insert local name of project)? Please describe.

15. How do you think the Healthy Cities project (or insert local name of project) impacted your students and their families? Please share examples.

16. How has having multiple program components (food distributions, nutrition education, health screenings, and physical activity) impacted your students and their families?

E-Monthly Log

Factor	May 2015	June 2015	July 2015	Aug. 2015	Sept. 2015	Oct. 2015	Nov. 2015	Dec. 2015	Jan. 2016	Feb. 2016	Mar. 2016	Apr. 2016	May 2016	May '15 - May '16 (13 months)	June 2016
Food distribution:															
Hours of operation														0	
Number of sites distributing food														0	
Produce (lbs.)														0	
Shelf-stable /other food (lbs)														0	
Total distributed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Households served:															
# Households														0	
Adults														0	
Children														0	
Total Adults + children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of nutr. ed. materials distributed:															
For parents														0	
For children														0	
Total # nutr. ed. materials distributed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of screenings:															
ht/wt														0	
blood pressure														0	
dental														0	
hearing														0	
visual														0	
immunization														0	
other														0	
Total number of screenings	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number reached with safe places to play activities:															
# children reached														0	

July 2016	Aug. 2016	Sept. 2016	Oct. 2016	Nov. 2016	Dec. 2016	Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017	May 2017	Factor	May '15 - May '17 (25 mos)
											Food distribution:	
											Hours of operation	0
											Number of sites distributing food	0
											Produce (lbs.)	0
											Shelf-stable /other food (lbs)	0
0	0	0	0	0	0	0	0	0	0	0	***Total distributed***	0
											Households served:	
											# Households	0
											Adults	0
											Children	0
0	0	0	0	0	0	0	0	0	0	0	***Total Adults + children***	0
											Number of nutr. ed. materials distributed:	
											For parents	0
											For children	0
0	0	0	0	0	0	0	0	0	0	0	***Total # nutr. ed. materials distributed***	0
											Number of screenings:	
											ht/wt	0
											blood pressure	0
											dental	0
											hearing	0
											visual	0
											immunization	0
											other	0
0	0	0	0	0	0	0	0	0	0	0	***Total number of screenings***	0
											Number reached with safe places to play activities:	
											# children reached	0