



Academy of Nutrition  
and Dietetics  
**Foundation**



# Healthy Cities Phase III Project Evaluation

## Year 1 Report



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

---

**August 17, 2017**

This report was produced by the Academy of Nutrition and Dietetics Foundation (Academy Foundation) as part of the Healthy Cities Phase III Project Evaluation funded through a grant from Morgan Stanley to Feeding America. Information in this report was provided by Feeding America network food bank staff, partners, and clients. This report summarizes information from one Healthy Cities 2016-2017 food bank.

# Executive Summary

## Evaluation of the Feeding America Healthy Cities Program

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 recently completed in May, 2017. Findings from phase II demonstrated that food banks had the capacity to serve as leaders in the community by broadening the types of services typically offered by food banks. This was accomplished through the development of multiple community partnerships over two years. In September, 2016, a fifth program site (New Orleans) was launched as phase III of HC, which will be a two-year project. For all phases, the 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 III was completed by the Academy of Nutrition and Dietetics Foundation for Feeding America. Separate assessments have already been completed for phases I and II. The goal of the current phase III 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.

As with previous HC programming, 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 included blood pressure, blood cholesterol, blood glucose, mental health screenings, and lead testing. The safe places to play component targeted children through after-school programs. 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 to determine perceived client benefit and program impact.

The first year of the phase III HC program demonstrated the HC integrative nutrition and health model could again be replicated in a large urban setting. Data triangulation of parents, teachers, and the program manager indicated several benefits for program participants, including improvements in food security, nutrition knowledge and awareness, and eating behaviors. Despite some initial challenges related to community buy-in, the program manager had an overall high level of satisfaction with partners and with the four program components. Additionally, a unique partnership outside of the traditional components of the HC program model was shown to add value and community buy-in in New Orleans.



Houston food box



Cleveland smoothie ingredients

# Healthy Cities Phase III Project Evaluation Year 1 Report

## Introduction

The Feeding America network of over 200 food banks serves 46.5 million people facing food insecurity annually.<sup>1</sup> 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.<sup>2,3</sup> 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.<sup>1</sup> Bringing together diverse partners is a recommended approach to address health conditions in a community and empowers stakeholders with a feeling of connectedness.<sup>4-6</sup>

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 for the provision of 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,<sup>7</sup> two new Feeding America food banks (Cleveland, OH and Houston, TX) were selected to implement phase II of the HC program, which has recently been completed. The third phase of HC was implemented in New Orleans, LA in September 2016, and is funded through May, 2018.

A year one progress evaluation of the HC phase III 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 one new site and 2) analyze year one data collected through surveys of parents, teachers, food bank clients, food bank staff, and HC program partners to measure client impact.

A description of how the 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,<sup>7</sup> the Healthy Cities (HC) program is an integrated nutrition and health program consisting of food distribution, nutrition education, health screening, and safe places to play (opportunities for physical activity). As with previous HC programs, the HC program in New Orleans (NOLA) relied on a food bank to serve as the main facilitator of an integrative nutrition and health program utilizing school communities as the main site of the HC intervention. To accomplish project goals, the Second Harvest Food Bank of Greater New Orleans and Acadiana (Second Harvest Food Bank) worked with a variety of partners, including schools, medical centers and hospital systems, and local community organizations.

### Second Harvest Food Bank (LA)

The Second Harvest Food Bank is the largest hunger relief organization network in Louisiana, providing food to 582 partners and programs across 23 parishes.<sup>8</sup> Program partners for intervention sites included three charter schools. Two of the sites were high schools, and one of the sites was an elementary school (grades K-8). One of the high schools is unique in that it is comprised mostly of teens living on their own and/or with children of their own.

The Second Harvest Food Bank provided the food for food distributions held at all school sites. Food was distributed through after-school market days one day per month at each school. After-school markets were open to families of the schools as well as neighborhood community members.

In addition to food distribution, the Second Harvest Food Bank also utilized the Cooking Matters program and curriculum to provide nutrition education. Cooking Matters is an evidence-based approach to nutrition education and includes interactive activities led by HC volunteers. Additional nutrition education was provided by Sankofa. Sankofa is a community organization providing cooking demonstrations and food tastings.

Health screenings were provided for children and parents by four different partner organizations. Screenings included mental health screenings from the Louisiana Health Sciences Center Department of Psychiatry, blood pressure screenings by Priority Health Care, and glucose, cholesterol, and blood pressure screenings by Daughters of Charity. Additionally, Lead Safe Louisiana distributed lead testing kits for families to test lead in their homes. Referrals to community programs were made as appropriate.

Project Peaceful Warrior was the primary partner for the safe places to play component of HC. This partner provides yoga for children and adults. One of the schools also offered hip-hop dancing in conjunction with the school market days.

In addition to program partners for each of the components of HC, several other program partners offered health related resources and information for community members. For example, Urban League Workforce Development provided resources related to economic gain and growth. Other unique program partners included the Office of Emergency Preparedness and Journey Creative Arts.

## Healthy Cities Program Components and Partners—Second Harvest Food Bank

Food Distribution	Nutrition Education	Health Screening	Safe Places to Play*
<ul style="list-style-type: none"> <li>• After-school market days</li> <li>• Produce and shelf-stable foods distributed</li> </ul> <p><b>Partners:</b></p> <ul style="list-style-type: none"> <li>• ReNew Schools(ReNew Accelerated High School and Dolores T. Aaron Elementary School)</li> <li>• Warren Easton Charter Foundation (Warren Easton High School)</li> </ul>	<ul style="list-style-type: none"> <li>• Cooking Matters</li> <li>• Tip cards and recipe sheets distributed</li> </ul> <p><b>Partner:</b></p> <ul style="list-style-type: none"> <li>• Sankofa</li> <li>• Tulane Dietetic Internship Program</li> </ul>	<ul style="list-style-type: none"> <li>• Schools</li> <li>• Mental Health</li> <li>• Blood Glucose</li> <li>• Blood Pressure</li> <li>• Cholesterol</li> <li>• Lead</li> </ul> <p><b>Partners:</b></p> <ul style="list-style-type: none"> <li>• Daughters of Charity</li> <li>• Louisiana Health Sciences Center</li> <li>• Lead Safe Louisiana</li> <li>• Priority Health Care</li> <li>• Tulane Pediatrics</li> <li>• Xavier National Student Pharmaceutical Program</li> <li>• Amerigroup</li> <li>• Louisiana Healthcare Connections</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteers encouraged and supervised active play (i.e. Hopscotch)</li> <li>• Yoga</li> <li>• Hip Hop</li> </ul> <p><b>Partner:</b></p> <ul style="list-style-type: none"> <li>• Project Peaceful Warrior</li> <li>• Youth Run NOLA</li> </ul>

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

Partner	Role in Project
Charter Schools (ReNew Accelerate High School, Dolores T. Aaron Elementary School, and Warren Easton High School)	Served as a site for food distributions, nutrition education, health screenings, and safe places to play program components.
Louisiana Health Sciences Center	Conducted mental health screenings and provided parenting resources to families.
Priority Health Care	Provided health screenings to school sites.
Daughters of Charity	Provided health screenings to school sites.
Healthy Louisiana Plans	Assist clients in understanding health care plans, including Medicaid plans.
Tulane University, Hispanic Consulate, Fernando Sosa	Federally Qualified Health Clinic. Provides health information in Spanish for Spanish speaking clients.
Sankofa Community Development	Conduct cooking demonstrations in support of nutrition education.
Cooking Matters	Nutrition education curriculum used by volunteers.
Project Peaceful Warrior	Conducts yoga classes at school sites.
Urban League Workforce Development	Provided economic information resources, including information on job fairs, GED completion, and adult education courses.
Office of Emergency Preparedness, Region 1	Provides education and information on emergency preparedness (i.e. Zika kits, how to prepare for a hurricane)
Journey Allen, Creative Art Projects	Provides onsite creative art project for families; families can learn how to do at home for leisurely activities.

## Data Collection and Analysis

Both quantitative and qualitative data-collection methods were used to evaluate phase III implementation and year one outcomes. 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 available in Appendix A.

*Monthly Logs and Monthly Update Forms* were completed by the NOLA food bank program manager at the beginning of each month (September 2016 through May 2017) 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. The monthly log was used 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 webinar call was held with Feeding America, the food bank HC program manager, 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.

***Implementation intervention observations and an interview*** was conducted with the program manager at a site visit in October 2016.

***A Program Manager Survey*** was completed at the beginning (October 2016) and end (May 2017) of year one to provide information about partnership formation, communication, challenges and successes.

***Partner Surveys*** were used to gain the perspective of program partners at the beginning (October 2016) 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.

***Teacher Surveys*** sought to determine perceived benefits and impact of the HC program. Surveys were administered at the beginning (October 2016), midpoint (January 2017) and end (May 2017) of year one.

***Guided Parent Surveys*** were administered to assess nutrition and health services knowledge and attitudes and perceived client benefits of HC. Surveys were administered at the beginning (October 2016), midpoint (January 2017) and end (May 2017) of year one.

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 the food bank project manager. The information from the monthly logs is presented in Table 1.

**Table 1.** Monthly Log Reports (June 2016 to May 2017)

Factor	June 2016	July 2016	Aug. 2016	Sept. 2016	Oct. 2016	Nov. 2016	Dec. 2016	Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017	May 2017	Total Year 1 June '16- May '17 (12 mos)
<b>Food distribution:</b>													
Hours of operation	4	4	4	4	8	8	6	8	4	8	6	6	70
Number of sites distributing food	1	2	2	2	4	4	3	4	2	4	3	3	34
Produce (lbs.)	8,910	3,370	4,861	8,290	24,472	11,435	7,983	22,703	8,244	14,398	7,486	4,752	126,904
Shelf-stable/other food (lbs)	1,026	5,646	3,000	3,544	11,383	8,555	5,732	3,986	7,870	5,851	7,329	11,546	75,468
Total distributed	9,936	9,016	7,861	11,834	35,855	19,990	13,715	26,689	16,114	20,249	14,815	16,298	202,372
<b>Households served:</b>													
# Households	208	1,134	(not captured)	362	710	477	470	486	300	349	467	319	5,282
Adults	383	1,235	757	766	1,121	1,109	962	1,077	650	684	772	559	10,075
Children	316	1,192	738	533	683	806	879	1,089	573	674	649	594	8,726
Total Adults + children*	699	2,427	1,495	1,299	1,804	1,915	1,841	2,166	1,223	1,358	1,421	1,153	18,801
<b>Number of nutr. ed. materials distributed:</b>													
For parents	182	301	339	62	390	303	268	219	111	160	180	231	2,746
For children	73	199	9	313	205	207	189	116	71	233	194	78	1,887
Total # nutr. ed. materials distributed	255	500	348	375	595	510	457	335	182	393	374	309	4,633
<b>Number of screenings:</b>													
blood pressure		99	6			36	24	28				74	267
Dental			11										11
Hearing			11										11
Visual			11									15	26
other **							72	64	122	38	205	51	552
Total number of screenings		99	39	0	0	36	96	92	122	38	205	140	867
<b>Number reached with safe places to play activities:</b>													
# children reached*	60	0	22	138	564	21	71	41	20	47	54	0	1,038

\* Duplicate numbers

\*\* "Other" screenings included cholesterol (8), lead in-home swabs and soil kits (128), and mental health screenings (416)

Over a period of 12 months (June 2016 to May 2017), 202,372 pounds of food were distributed to 5,282 households, including 8,726 children (46% of the population served). Of the food distributed, 63% was produce and 37% was shelf-stable food. Most of the food distribution and other program components occurred during the school year. Over 4,000 nutrition education resources (tips sheets, recipe cards, etc.) were distributed. Over 1,000 health screenings/treatments were provided, including blood pressure assessment; dental exams, vision and hearing screens, cholesterol screening, mental health assessments, and lead in-home swabs and soil kits were distributed to families.

**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 2 shows number of responses from parents and teachers at each of the data collection time points. Table 3 summarizes qualitative data from parent and teacher surveys related to perceived benefits of the Healthy Cities Program.

**Table 2.** Parent and Teacher Surveys\* at Beginning, Mid-Year, and End-of Year One

	October 2016	January 2017	May 2017
<b>Parent Survey</b>	15	15	15
<b>Teacher Survey</b>	9	24	19

\*Guided parent surveys were collected from trained school liaisons at three school/food banks sites in New Orleans. Teacher surveys were collected electronically from three schools.

**Table 3:** Perceived Benefits and Impact at Middle (M) and End (E) of Program from Parents (P) and Teachers (T)

Emerging Theme	Year 1	Supporting Quote
<b>Improved food security</b>	M (P, T) E (P, T)	<p>"We get to eat and not starve." –Parent, January 2017</p> <p>"It gives us something to eat at dinner." –Parent, January 2017</p> <p>"It helps lower the risk that some families may feel when it comes to trying new healthy foods." –Teacher, January 2017</p> <p>"We have more to eat." – Parent, May 2017</p>
<b>Access to healthy foods</b>	M (T) E (PT)	<p>"Students have more access to vegetables. I've seen families come and take bags of veggies home with them." –Teacher, January 2017</p> <p>"Healthy food is usually expensive, this helps us a lot." –Parent, May 2017</p>
<b>Improved eating behaviors</b>	M (P) E (P)	<p>"We eat more vegetables." –Parent, January 2017</p> <p>"We eat a higher portion of veggies." –Parent, May 2017</p>
<b>Increased awareness of health habits</b>	M (P) E (T)	<p>"We now realize that veggies are not just rabbit food." –Parent, January 2017</p> <p>"My students have increased awareness towards eating healthy and maintaining their fitness." –Teacher, May 2017</p>

Quantitative measures were also used to assess HC impact on food security. Tables 4 and 5 summarize food security-related responses.

**Table 4:** 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? <sup>a</sup>	October 2016 (n=15)	January 2017 (n=15)	May 2017 (n=15)
There is enough of the kind of food we want to eat.	5 (33.3%)	4 (26.7%)	4 (30.8%)
There is enough food but not always the kinds of food we want.	4 (26.7%)	5 (33.3%)	6 (40.0%)
Sometimes there is not enough to eat.	3 (20%)	4 (26.7%)	3 (23.1%)
Often there is not enough to eat.	3 (20%)	2 (13.3%)	0
Mean ± SD missing food groups	2.73±0.26	2.73±0.26	3.08±0.28
Survey question: Have you ever in the past year, gone without food to pay for (mark all that apply): <sup>b</sup>			
In the last 12 months, I have gone without food to pay for medicine.	3 (20%)	3 (20%)	3 (20%)
In the last 12 months, I have gone without food to pay for utilities.	4 (26.7%)	5 (33.3%)	6 (40%)
In the last 12 months, I have gone without food to pay for transportation.	2 (13.3%)	1 (20.0%)	2 (40%)
In the last 12 months, I have gone without food to pay for housing.	5 (38.5%)	4 (30.8%)	4 (30.8%)

<sup>a</sup> a Pearson's chi square p=0.7462. There were no significant differences in the proportion of parents who reported each level of food security status across the time points.

<sup>b</sup> There were no trends in the frequency with which each tradeoff was made at each time point.

**Table 5:** Food Security Status of Parents, Year 1

	October 2016	Jan 2017	May 2017	p-value for ANOVA
Food security status (closer to 4 is better)	2.73±0.26	2.73±0.26	3.08±0.28	0.596
Count of missing food groups (lower number is better)	3.0±2.42	2.0±1.33	1.53±1.64	0.0887
Count of tradeoffs (lower number is better)	0.933±1.27	0.87±0.92	1.0±1.41	0.9563

Although not statistically significant, there were trends towards improved food security status based on the food security rating and the number of food groups that were mentioned as missing, which decreased by half over the year (3 to 1.5).

**HC client utilization.** As shown below in Table 6, many parents completing guided surveys at mid-point and end-points of year one of HC had previously participated in the HC program. Food distribution was the most highly utilized component of HC, while nutrition education and health screenings reached approximately two-thirds of parents by the end of year one. Safe places to play was the least utilized, but was reported at 20% utilization by the end of the first year of HC.

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

Healthy Cities Program Component	Reports having previously participated (January, 2017, n=15)	Reports having previously participated (May, 2017, n=15)
Food Distribution	12 (80%)	15 (100%)
Nutrition Education	5 (33%)	10 (67%)
Health Screenings	5 (33%)	9 (60%)
Safe Places to Play	0	3 (20%)

**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 both mid-point and end-point of year one, 93% of parents stated they had made healthy changes at home. Most parents stated changes were related to cooking and eating behaviors, specifically, *eating more fruits and vegetables* and *cooking more*. Many participants stated they had made recipes at home that had been given at food distributions (January, 40%; May, 40%).

Specific healthy food changes made by clients were quantified with parent questions about changes in frequency of intake of fruits, vegetables, and legumes at each time point of year one. Tables 7-9 summarize these findings.

**Table 7.** Self-reported measurement of fruit intake at beginning, middle, and end of HC year 1

In the past month, how often did you eat fruit?	September 2016	January 2017	May 2017	Chi square
Never	1 (6.7%)	0	0	0.4370
A few days per month	4 (26.7%)	2 (13.3%)	2 (14.3%)	
A few days per week	5 (33.3%)	10 (6.7%)	6 (42.9%)	
Every day	4 (26.7%)	3 (20%)	6 (42.9%)	
Don't know/Not Sure	1 (6.7%)	0	0	
<b>Total</b>	<b>15</b>	<b>15</b>	<b>14</b>	
<b>The amount of fruit I ate was . . .</b>				
About the same as I was eating three months ago	4 (26.7%)	4 (26.7%)	6 (42.9%)	0.1089
More than I was eating three months ago	5 (33.3%)	8 (53.3%)	8 (57.1%)	
Less than I was eating 3 months ago	1 (6.7%)	2 (13.3%)	0	
Don't know/Not sure	5 (33.3%)	1 (6.7%)	0	
<b>Total</b>	<b>15</b>	<b>15</b>	<b>14</b>	

**Table 8.** Self-reported measurement of vegetable intake at beginning, middle, and end of HC year 1

In the past month, how often did you eat vegetables?	September 2016	January 2017	May 2017	Chi square
Never	2 (13.3%)	1 (6.7%)	0	0.0372
A few days per month	5 (33.3%)	5 (33.3%)	3 (21.4%)	
A few days per week	6 (40%)	6 (40%)	5 (35.7%)	
Every day	0	1 (6.7%)	6 (42.9%)	
Don't know/Not Sure	2 (13.3%)	2 (13.3%)	0	
<b>Total</b>	<b>15</b>	<b>15</b>	<b>14</b>	
<b>The amount of vegetables I ate was . . .</b>				
About the same as I was eating three months ago	7 (46.7%)	2 (14.3%)	5 (35.7%)	0.0238
More than I was eating three months ago	2 (13.3%)	9 (64.3%)	9 (64.3%)	
Less than I was eating 3 months ago	2 (13.3%)	2 (14.3%)	0	
Don't know/Not sure	4 (26.7%)	1 (7.1%)	0	
<b>Total</b>	<b>15</b>	<b>15</b>	<b>14</b>	

**Table 9.** Self-reported measurement of legume intake at beginning, middle, and end of HC year 1

In the past month, how often did you eat legumes?	September 2016	January 2017	May 2017	Chi square
Never	3 (20%)	4 (36.7%)	3 (21.4%)	0.0217
A few days per month	7 (46.7%)	5 (41.7%)	0	
A few days per week	2 (13.3%)	1 (6.7%)	10 (71.4%)	
Every day	0	1 (6.7%)	1 (7.1%)	
Don't know/Not Sure	3 (20%)		0	
<b>Total</b>	<b>15</b>	<b>15</b>	<b>14</b>	
The amount of legumes I ate was...				
About the same as I was eating three months ago	7 (46.7%)	7 (46.7%)	7 (50%)	0.8991
More than I was eating three months ago	1 (6.7%)	3 (20%)	3 (31.4%)	
Less than I was eating 3 months ago	2 (13.3%)	2 (13.3%)	1 (7.1%)	
Don't know/Not sure	5 (33.3%)	3 (20%)	3 (21.4%)	
<b>Total</b>	<b>15</b>	<b>15</b>	<b>14</b>	

No significant changes in frequency or perception of increase in frequency of fruit consumption over time was detected. However, as shown in Table 8, there was a significant increase in self-reported vegetable intake, as shown by the decrease in number of clients reporting eating vegetables a few days per month and an increase in the number of clients reporting eating vegetables every day. This is confirmed by the significant increase in number of parents who report they are eating more vegetables than they were three months prior. Table 9 also shows a significant increase in consumption of legumes over time, although perceptions of how much they are eating compared to three months prior have not changed.

Teacher surveys also included questions about perceptions of impact of HC on student attendance and expectations. Although not significant, student performance showed trends in improvement based on HC. Results are displayed in Table 10 below.

**Table 10.** Teacher perceptions of student attendance and performance.

0=never 1=rarely 2=sometimes 3= usually 4=always	September 2016 N=10	Jan 2017 N=25	May 2017 N=19	P value by ANOVA
Meet expectations for school attendance (higher better)	2.3±1.2	2.8±0.6	3.0±0.6	0.0551
Tardy (lower better)	2.2±0.2	2.0±0.1	1.8±0.1	0.2549
Meet behavior expectations (higher better)	2.4±0.84	2.6±0.6	2.6±0.8	0.7305
Ready to learn (higher better)	2.8±1.0	2.8±0.7	2.9±0.9	0.8689
Meet expectations for time on task (higher better)	2.4±1.1	2.8±0.6	2.8±0.7	0.3625

**Overall satisfaction with project components.** The project manager reported a high level of satisfaction with each of the four project components as well as a high level of satisfaction with partnerships and client feedback on the group call form each month. The rating scale was 0 (no satisfaction) to 10 (complete satisfaction). Table 11 presents the average monthly satisfaction level for each program component starting in September 2016, when all program components were in place.

**Table 11.** Program Manager Satisfaction Ratings for the Healthy Cities Program Components

Component	Sept	Oct	Nov	Dec	Jan 2016	Feb	Mar	Apr	May	Mean	Difference (Sept 2016-May 2017)
Food distribution	7	7	8	8	9	8	8	8	8	7.9	+0.7
Nutrition education	7	7	8	9	9	9	9	9	9	8.4	+1.4
Health screening	2	3	6	7	7	8	8	9	9	6.6	+4.6
Safe places to play	4	5	7	8	8	9	8	9	3	6.8	+2.8
Relationship with partners	8	8	9	8	9	9	9	9	8	8.6	+0.6
Feedback from clients	7	8	8	7	8	8	8	8	8	7.8	+0.8

As shown in Table 11, program manager satisfaction increased steadily for each of the program components over time. Nutrition education and food distribution were the two components with the highest mean satisfaction levels (8.4 and 7.9 respectively). This is



not surprising as these components were the most familiar to the HC program manager. Although mean satisfaction of health screening was lower than the other components (mean=6.6), this is the component with greatest gains in satisfaction from beginning to end of year one (+4.6). Relationships with partners were strong throughout the program.

## **Partner Satisfaction with Healthy Cities**

Partner organizations were identified at the onset of the program (October 2016) 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 2 partner organizations.

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. Improved food security for students was the primary anticipated benefit from partnering organizations. Reported contributions from partnering organizations were time (100%), and volunteers (50%). No challenges were identified by partner organizations. Characteristics that make food banks good partners for the partner organizations included good communication, willingness and ability to form strong, positive relationships with the community and strong infrastructure with support of community leaders, churches, and volunteers. A final survey will be administered to partner organizations at the end of year two (May, 2018).

## **Summary and Conclusions**

Phase III of the HC program was successfully implemented in New Orleans during the 2016-2017 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.

Phase III has offered unique lessons not seen in previous HC interventions. First, by partnering with a high school that included many students who were parents themselves, the NOLA program manager had initial challenges related to community buy-in. Despite low food security of students attending this high school, several HC interventions took place before the school partner finally felt comfortable and accepting of HC program. Additionally, although partnerships with organizations aimed at addressing social determinants of health (i.e. Urban League) doesn't fit within the four defined program

components, organizations addressing social determinants of health such as income and education may offer additional benefits to the HC program. A partnership with a creative arts organization (Journey Allen) has been well received by the community and is perceived by the HC program manager to be a drawing force for attendance to the HC market days. *“It’s like therapy, a mental health treatment. . .art therapy, I think it’s what attracts people to the market.”* Because phase III is funded for another year, the program manager has an opportunity to build upon recent successes, strengthen existing partnerships, develop new partnerships, and address identified challenges.

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. By offering a unique component not previously incorporated in previous HC interventions, phase III of the HC program clearly underscores what many public health workers often recognize to be true, *“if the problem is in the community, the solution is in the community.”*<sup>9</sup>

## References:

1. Hunger in America 2014 National Report. Feeding America. <http://help.feedingamerica.org/HungerInAmerica/hunger-in-america-2014-full-report.pdf>. Accessed 6-29-15.
2. Kushel M, Rupta R, Gee L, et al. Housing Instability and Food Insecurity as Barriers to Health Care Among Low-Income Americans. *J Gen Intern Med*. 2006; Jan; 21 (1): 71-77. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1484604/>. Accessed 6-29-15.
3. Why Low-Income and Food Insecure People are Vulnerable to Overweight and Obesity. Food Research & Action Center website. <http://frac.org/initiatives/hunger-and-obesity/why-are-low-income-and-food-insecure-people-vulnerable-to-obesity/>. Accessed 6-29-15.
4. Kania, J, Kramer M. Collective Impact. Stanford Social Innovation Review. Winter 2011. [http://www.ssireview.org/articles/entry/collective\\_impact](http://www.ssireview.org/articles/entry/collective_impact). Accessed 6-29-15.
5. Institute of Medicine. Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. Committee on Accelerating Progress in Obesity Prevention; Food and Nutrition Board; Institute of Medicine. The National Academies Press. Washington, DC. 2011.
6. Bloch P, Toft U, Reinbach H, et al. Revitalizing the setting approach-Supersettings for sustainable impact in community health promotion. *International Journal of Behavior Nutrition and Physical Activity*. 11:118. 2014. Accessed 6-29-15.
7. Knoblock-Hahn A, Murphy A, Brown K, Medrow L. Integrative nutrition and health models targeting low-income populations: A pilot intervention in three food banks. *J Acad Nutr Diet*. *J Acad Nutr Diet*. 2017;117(1):128-131.
8. Second Harvest Food Bank. <http://no-hunger.org/about-us/>. Accessed July 20, 2017.
9. Lamberth CD, Scutchfield FD, (2017). Community health assessment, planning, and implementation. In Scutchfield and Keck (Eds.), *Principles of Public Health Practice* (p 223). Boston, MA: Cengage Learning.

# Appendix A

## Evaluation Instruments

# A1-Healthy Cities Monthly Update Form

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](mailto:lbaker@feedingamerica.org), [jumontalvo@feedingamerica.org](mailto:jumontalvo@feedingamerica.org), and [lmedrow@eatright.org](mailto:lmedrow@eatright.org).

1. <i>On a scale of 0 (no satisfaction) to 10 (complete satisfaction), how satisfied are you at this time with the:</i>	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: _____	
<b>2. Answer these questions based on the past month:</b>	
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?	

## **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, Intermediarios 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, Intermediarios 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, Intermediarios 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?

## 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?

## 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 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](mailto: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](mailto: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](mailto: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
<b>Food distribution:</b>															
Hours of operation														0	
Number of sites distributing food														0	
Produce (lbs.)														0	
Shelf-stable /other food (lbs)														0	
<b>Total distributed</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Households served:</b>															
# Households														0	
Adults														0	
Children														0	
<b>Total Adults + children</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Number of nutr. ed. materials distributed:</b>															
For parents														0	
For children														0	
<b>Total # nutr. ed. materials distributed</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Number of screenings:</b>															
ht/wt														0	
blood pressure														0	
dental														0	
hearing														0	
visual														0	
immunization														0	
other														0	
<b>Total number of screenings</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Number reached with safe places to play activities:</b>															
# 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)
<b>Food distribution:</b>												
											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	<b>Total distributed</b>	0
<b>Households served:</b>												
											# Households	0
											Adults	0
											Children	0
0	0	0	0	0	0	0	0	0	0	0	<b>Total Adults + children</b>	0
<b>Number of nutr. ed. materials distributed:</b>												
											For parents	0
											For children	0
0	0	0	0	0	0	0	0	0	0	0	<b>Total # nutr. ed. materials distributed</b>	0
<b>Number of screenings:</b>												
											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	<b>Total number of screenings</b>	0
<b>Number reached with safe places to play activities:</b>												
											# children reached	0



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 per week 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)

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](mailto: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