

Healthy Cities Pilot Project Evaluation

Final Report

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

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Executive Summary

Evaluation of the Feeding America Healthy Cities Program

The Healthy Cities (HC) program is an integrated nutrition and health pilot project implemented in three Feeding America network food banks in 2014-2015 (Oakland, CA; Chicago, IL; and Newark, NJ) through support from Morgan Stanley. 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 HC program was completed by the Academy of Nutrition and Dietetics Foundation for Feeding America. The overall goal of the assessment was to understand the effectiveness of the HC programs so that successful aspects could be replicated by other food banks. Specifically, the assessment was designed to: 1) understand the intervention strategies used by participating food banks to create hubs for community health, and; 2) identify characteristics of effective organizational partnerships for the benefit of offering integrated nutrition and health services to clients.

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 and staffing of each food bank. Food distribution occurred at schools, after-school programs, and libraries. 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 dental education, screening and treatment; vision screening and distribution of eyeglasses; physical exams; height, weight, and body mass index (BMI) assessment; immunizations; 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, after-school programs, public schools, school health clinics, universities, foundations, and local businesses.

Information was collected to understand how each program component was actualized and to identify characteristics of effective partnerships. Both quantitative and qualitative data-collection methods were used to learn about the interventions, barriers, and successes, that were the basis for recommendations for replicating the HC program by other food banks.

The HC program provided an opportunity for food banks to expand services by developing effective partnerships that provided additional services to clients. Satisfaction level with partnerships was high for both the project managers and their partners. Over 700,000 pounds of food was distributed to families in the HC program, including over 500,000 pounds of produce. Over 10,000 nutrition education materials



Students in an afterschool program in the NJ Healthy Cities program participate in nutrition lessons with hands-on snack making and tasting activities.



Vision screenings in the NJ Healthy Cities program allow children to select their own frames.

were distributed and over 1,200 total health screenings were completed. Project managers agreed that developing partnerships was time-consuming, but was worth the effort and that the partnerships were key to successfully adding or expanding services. Project managers also indicated that forming effective partnerships was the most rewarding part of the program and resulted in their becoming more empowered to make changes that benefit clients. Selecting partners with similar organizational goals, making expectations and timelines clear, identifying one or two reliable contacts, and establishing planned project communications are some top recommendations from project managers for successful partnerships. Program partners identified good communication, reliability, and flexibility as the top characteristics that make a food bank a good partner to work with.

The HC program resulted in successful food bank-led integrated nutrition and health programs in three diverse communities. Food banks moved beyond their traditional role of providing critical access to foods for families facing food insecurity to successfully increasing the number of food-distribution sites and the amount and types of food offered; adding or expanding nutrition education offerings; providing health screenings; and adding opportunities for physical activity at schools, distribution sites, and other locations in the community.

Recommendations for food banks interested in replicating the HC program include having existing community relationships and experience in forming partnerships, strong organizational administrative support, and securing adequate staffing to manage the program. Developing HC training and resources that highlight recommended practices and successful aspects of this intervention are also recommended. Providing coaching and mentoring from current HC program managers to interested food banks might also be beneficial. The Healthy Cities project demonstrated that three food banks were able to successfully extend offerings beyond food distribution to establish integrated health services for their clients. Feeding America is well-positioned to scale this model with other food banks in the network.

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Introduction

The Feeding America network of over 200 food banks serves 46.5 million people facing food insecurity annually¹. 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 between paying for food or medical care¹. Bringing together diverse partners is a recommended approach to address health conditions in a community and empowers stakeholders with a feeling of connectedness^{4,5,6}.

The Healthy Cities (HC) program is an integrated health and nutrition program implemented in three Feeding America network food banks in 2014-2015 (Chicago, IL; Newark, NJ; and Oakland, CA) through support from Morgan Stanley. Each HC program involved four components: food distribution, nutrition education, health screenings, and safe places to play (opportunities for physical activity). While each site offered the same project components, the types of services, partners, and locations where the program was implemented differed, based on the needs of their clients.

An assessment of the HC program was completed by the Academy of Nutrition and Dietetics Foundation for Feeding America. The overall goal of the assessment was to understand the effectiveness of the HC programs so that successful aspects could be replicated by other food banks. Specifically, the assessment was designed to: 1) understand the intervention strategies used by participating food banks to create hubs for community health, and; 2) identify characteristics of effective organizational partnerships for the benefit of offering integrated nutrition and health services to clients. Information from each site was collected to understand how each program component was actualized and also aimed to understand characteristics of effective partnerships and organizations across sites, in order to make recommendations to guide replication by other food banks.

Organizational empowerment theory was used to construct the framework for the evaluation questions and data-collection strategies. Empowered organizations promote valuable experiences for members, while developing quality relationships with other organizations and positively impacting the community⁷. An empowerment orientation is the belief that people should be provided with the skills,

resources, and opportunities to better their quality of life, instead of relying on others to do it for them⁸. Programs that incorporate an empowering belief provide opportunities to individuals or community organizations to critically assess and then change their environment in ways that are beneficial to both the organizations and the clients they serve.⁸

A description of how each HC site implemented the project is provided next, followed by a description of the data-collection methodology and analyses, and then overall recommendations and conclusions and recommendations are presented. Original data-collection forms are provided in Appendix A.

Intervention Descriptions

Although the three Healthy Cities (HC) sites implemented the same project components (food distribution, nutrition education, health screening, and safe places to play), the types of partners, interventions implemented, and target audiences varied. Among the sites, food distribution occurred at schools, after-school programs, and libraries. Nutrition education primarily targeted parents in two sites and primarily targeted children in the other site. Strategies to deliver nutrition education also varied. Two sites provided nutrition information to adults while they waited in line during food distributions, and one of those sites also trained clients to provide nutrition education to their peers. Another site offered a series of five-week nutrition education programs to parents with their children. All sites provided recipes, tip cards, and periodic food demonstrations to help clients prepare the food they received in healthy ways for their families. Health screenings also varied by site and included dental education, screening, and treatment; vision screening and distribution of eyeglasses; physical exams; height, weight, and body mass index (BMI) assessments; immunizations; and blood pressure assessment. The safe places to play component included offering an in-school running program with periodic organized family fun runs/walks; training after-school staff to facilitate active play for children as part of their regular programming; promoting play with children on school play yards during food distributions; and providing play and exercise equipment to sites. To accomplish project goals, sites worked with a variety of partners, including medical centers, school health clinics, universities, foundations, and local businesses. The time to manage the HC project varied across sites as well. Program managers' reported mean hours spent per week on the HC project early in the intervention, at midpoint, and at endpoint was 19, 27, and 16 hours, respectively. Program partners reported spending five to six hours per week on the HC project.

Alameda County Community Food Bank (CA)

Located in Oakland, California, the Alameda County Community Food Bank provides enough food for 380,000 meals weekly⁹, distributed through 240 local nonprofit agencies¹⁰. With a commitment to increase

fruit and vegetable distribution, the food bank provided 24 million meals to families in 2014, and half of the food was fruits and vegetables¹⁰. In an effort to alleviate hunger, the food bank operates hunger and nutrition education programs, advocacy programs, a multilingual CalFresh (SNAP-Ed, formally food stamp education) outreach program, and an emergency food helpline, assisting 8,000 adults and children each month¹⁰. The food bank serves one in five Alameda County residents, with children and seniors accounting for two thirds of 116,000 unduplicated individuals served by the food bank's programs and services monthly¹¹.

HC program partners for food distributions included the Oakland Unified School District (three elementary schools, one school serving students in kindergarten through 8th grade, and one high school); Oakland Public Libraries (two locations); the Salvation Army; and a community center called Youth UpRising. Prior to the HC project, the food bank offered monthly mobile pantry services to three elementary schools to distribute fresh fruit and vegetables. In the HC project, the food bank doubled the number of days per month that they distributed food at the schools, added mobile food distributions at a high school, a community site (Youth UpRising), and with two libraries to add produce distribution to the existing summer feeding program for children. Morgan Stanley employees served as volunteers at the food distributions—some helped to distribute food while others were physically active on the play yard during food distributions. The Salvation Army transformed one of their social service vehicles into a mobile food pantry for the food bank to use in delivering produce to families at a smaller participating school. Youth UpRising served as a mobile food distribution site and as a backpack food program site.

HC program partners for nutrition education included La Clinica de La Raza (La Clinica), a health service organization that provides medical, dental, vision, and other care services, and the University of California Cooperative Extension Service (UC Extension). UC Extension staff trained client peer educators to provide nutrition information to food bank clients. La Clinica staff created a nutrition curriculum in English and Spanish and recruited 12 families to participate in a multi-series nutrition education program focused on helping clients to prepare the foods they received at the distributions in healthy ways.

La Clinica was also the HC partner for health screenings. They conducted dental screenings at several locations during the summer and school year. Additionally, La Clinica referred families from participating schools to the HC food bank distributions.

The HC program partners for safe places to play included the Oakland Unified School District, East Bay Agency for Children, and Youth UpRising. The school play yard served as a convenient place to set up the mobile food distributions and doubled as an opportunity to promote physical activity for the children. In addition, the food bank and East Bay Agency for Children organized two school field days, where children had the opportunity to be physically active while the parents were at the food distributions. Small play equipment, such as hula hoops and balls, were provided to the schools to promote physical activity during food distributions. Weightlifting equipment was also provided to Youth UpRising, to encourage physical activity among the older youth who attend this community site.

Healthy Cities Program Components and Partners

Alameda County Community Food Bank

Food Distribution	Nutrition Education	Health Screening	Safe Places to Play*
<ul style="list-style-type: none"> School and library sites Produce and shelf-stable foods distributed <p>Partners:</p> <ul style="list-style-type: none"> Youth UpRising Oakland Public Libraries Salvation Army Oakland Unified School District 	<ul style="list-style-type: none"> School and library sites Walk-the-line approach Trained parent volunteers Tip cards and recipe sheets distributed Food demonstrations <p>Partners:</p> <ul style="list-style-type: none"> University of California Cooperative Extension Service La Clinica de La Raza 	<ul style="list-style-type: none"> School and library sites Dental screenings <p>Partner:</p> <ul style="list-style-type: none"> La Clinica de La Raza 	<ul style="list-style-type: none"> Playgrounds at school food distribution sites Volunteers encouraged and supervised active play Hula hoops and balls were provided at food distribution sites Two field days <p>Partner:</p> <ul style="list-style-type: none"> Oakland Unified School District East Bay Agency for Children Youth UpRising

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

Partner	Role in Project
La Clinica de La Raza	Provided dental and height/weight (BMI) screenings to libraries and schools.
Oakland Public Libraries	Served as a site for food distributions and health screenings.
Oakland Unified School District	Served as a site for food distributions, nutrition education, health screenings, and safe places to play program components.
Salvation Army	Provided vehicle for mobile pantry
University of California Cooperative Extension Service	Trained peer educators to deliver nutrition education.
Youth UpRising	Served as a site for food bag distributions to 100 youth. Weightlifting equipment was provided to encourage physical activity. Morgan Stanley employees also held a financial literacy workshop for youth at this partner site.
East Bay Agency for Children	Cohosted school field days.

Greater Chicago Food Depository in Chicago, Illinois (IL)

The Greater Chicago Food Depository distributes food through a network of 650 pantries, soup kitchens, shelters, mobile programs, children's programs, older adult programs, and provide innovative responses that address the root causes of hunger to more than 812,100 adults and children every year. In 2014, the Food Depository distributed 67 million pounds of food—including 22 million pounds of fresh produce¹².

The HC program partners for food distributions included two elementary schools in the Chicago Public Schools. Prior to the HC grant, the food bank distributed shelf-stable food and produce monthly at two elementary schools through Healthy Kids Markets. The HC program allowed weekly food distribution at the schools. Morgan Stanley volunteers assisted in the weekly school food distributions. The distribution sites also provided an opportunity for parents to sign up for medical screenings for their children.

Nutrition education program partners included the University of Illinois at Chicago's (UIC) Chicago Partnership for Health Promotion (CPHP). CPHP staff implemented two nutrition education opportunities for parents. One was the Cooking Matters program, a series of five two-hour nutrition education classes. This series was offered four times during the school year, reaching approximately 70 parents. CPHP staff also organized informal nutrition education during food distributions by sharing quick tips and recipe cards and conducting food demonstrations while parents were waiting in line during food distributions. Staff interacted with each participant, providing the tip sheets and having quick educational conversations about the information on the cards.

Health screening services were provided by nurse practitioners and nursing students in a mobile health unit from the Ronald McDonald Children's Hospital of Loyola University Medical Center. Services included immunizations, physicals, blood pressure checks, and vision screenings. Parents were able to sign their children up for the medical screenings at the food distributions.

Chicago Run, a local nonprofit organization, served as the physical activity partner. Chicago Run staff trained classroom teachers to facilitate the program and help children set and meet goals, provided ideas for indoor recess, and offered two annual family fun runs during out-of-school time.

Healthy Cities Program Components and Partners—Greater Chicago Food Depository

Food Distribution	Nutrition Education	Health Screening	Safe Places to Play
<ul style="list-style-type: none"> • Healthy Kids Market , school-based food pantry • Produce and shelf-stable foods distributed weekly • Two elementary schools • Parents sign children up for health screening <p>Partners:</p> <ul style="list-style-type: none"> • Chicago Public Schools (two elementary schools) 	<ul style="list-style-type: none"> • Share Our Strength Cooking Matters for parents and their children • “Teachable Moments” education for parents in line at the Healthy Kids Market <p>Partner:</p> <ul style="list-style-type: none"> • University of Illinois at Chicago Partnership for Health Promotion 	<ul style="list-style-type: none"> • Pediatric medical visits • Services: immunizations, physicals, height and weight <p>Partner:</p> <ul style="list-style-type: none"> • Ronald McDonald Children’s Hospital of Loyola University Medical Center 	<ul style="list-style-type: none"> • Chicago Run mileage program • Ideas for indoor recess • Family fun runs <p>Partner:</p> <ul style="list-style-type: none"> • Chicago Run

Partner	Role in Project
Chicago Public Schools	Served as a site for food distributions, nutrition education, health screenings, and safe places to play program components.
University of Illinois at Chicago Partnership for Health Promotion	Provided nutrition education to parents through Cooking Matters classes and nutrition education during food distributions.
Ronald McDonald Children’s Hospital of Loyola University Medical Center	Provided pediatric medical visits, including immunizations, physicals, height/weight (BMI).
Chicago Run	Provided children with mileage program and provided teachers with ideas for indoor recess to increase physical activity opportunities for children.

Community Food Bank of New Jersey in Newark, New Jersey (NJ)

The Community Food Bank of New Jersey serves 900,000 people every year. In addition to distributing food, the food bank provides education and training and engages in advocacy efforts. The Community Food Bank of NJ serves approximately 1,050 partner agencies. In addition to partner agencies, the food bank has a mobile pantry program servicing the surrounding communities of Elizabeth, Newark, and Paterson. The food bank also offers child nutrition programs including a Kids Cafe after-school program and in-school Backpack programs¹³. They also offer a Food Service Training Academy, a 16-week program with intensive education in culinary arts, baking, and food service for qualified applicants who are looking for a career in the food service field. Academy students receive hands-on experience preparing cold and hot meals for Kids Cafe Programs¹⁴. The Food Service Training Academy is part of the food bank's existing Community Kitchens program, a program many food banks operate to prepare students for a career in food service.

HC program partners for food distributions included eight after-school Kids Cafe programs held at partnering sites: Boys & Girls Club of Newark, St. James A.M.E. Church, New Community Corporation, Salvation Army Westside, Salvation Army Boys & Girls Club, Academy St. Firehouse, Happy Hands, and Unified Vailsburg Services Organization.

Prior to the HC program, the food bank coordinated a Kids Cafe program that provided a supper meal and nutrition education to children at nine after-school program sites throughout the community. With the HC funding, the food bank added a weekly produce distribution at eight sites. Produce was distributed on Thursdays or Fridays during child pick-up time so families would have access to fruits and vegetables over the weekend. After-school site staff packaged the produce for families to take home. Through the HC program, produce and nutrition education handouts were also provided for the pediatric mobile pantry at Beth Israel Medical Center.

America's Grow-a-Row (AGAR) served as the HC program nutrition education partner. Children attending the HC after-school sites participated in a summer field trip to an AGAR farm, learned about farming and where food comes from, and had the opportunity to plant seeds. During the school year, AGAR staff visited the after-school programs twice to deliver nutrition education lessons to the children. With HC funds, the food bank was also able to hire a dedicated nutrition educator who developed and delivered monthly nutrition education lessons to approximately 106 children at the eight after-school sites. The food bank also provided parents with fact sheets and recipe cards at the produce distributions.

The HC program partners for the health screenings included KinderSmile Foundation, ChildSight (a program of the Commission for the Blind), Rutgers University, and the University of Delaware. Dietetic interns from Rutgers University and the University of Delaware conducted height and weight assessments to calculate BMI measures and recorded that information as part of the healthy lifestyle handouts for parents. Dentists and staff from KinderSmile provided dental screenings, treatment, and education to 189 unduplicated children. Staff from ChildSight conducted vision screenings to 67 unduplicated children and provided eye glasses to 22 children.

Playworks served as the HC program physical activity partner. Playworks staff provided a two-day training to approximately 13 Kids Cafe program staff. The training was designed to help the after-school program staff integrate physical activity into their current programming with fun and engaging activities. The Community Food Bank of NJ also purchased physical activity equipment kits (balls, cones, jump ropes, etc.) to encourage physical activity at the after-school sites.

Healthy Cities Program Components and Partners

Community Food Bank of New Jersey

Food Distribution	Nutrition Education	Health Screening	Safe Places to Play
<ul style="list-style-type: none"> After-school program sites Pediatric Mobile Pantry at Beth Israel Medical Center Weekly produce distributions <p>Partners:</p> <ul style="list-style-type: none"> Beth Israel Medical Center After-school program sites: Boys & Girls Club of Newark St. James A.M.E. Church New Community Corporation Salvation Army Westside Salvation Army Boys & Girls Club Academy St. Firehouse Happy Hands Unified Vailsburg Services Organization 	<ul style="list-style-type: none"> After-school program sites Monthly lessons Farm field trips <p>Partners:</p> <ul style="list-style-type: none"> America's Grow-A-Row After-school program sites: Boys & Girls Club of Newark St. James A.M.E. Church New Community Corporation Salvation Army Westside Salvation Army Boys & Girls Club Academy St. Firehouse Happy Hands Unified Vailsburg Services Organization 	<ul style="list-style-type: none"> After-school program sites Screenings: vision, dental, height, weight <p>Partners:</p> <ul style="list-style-type: none"> KinderSmile Foundation ChildSight (Commission of the Blind) Rutgers University University of Delaware After-school program sites: Boys & Girls Club of Newark St. James A.M.E. Church New Community Corporation Salvation Army Westside Salvation Army Boys & Girls Club Academy St. Firehouse Happy Hands Unified Vailsburg Services Organization 	<ul style="list-style-type: none"> After-school program sites Staff training Physical activity equipment kits <p>Partner:</p> <ul style="list-style-type: none"> Playworks After-school program sites: Boys & Girls Club of Newark St. James A.M.E. Church New Community Corporation Salvation Army Westside Salvation Army Boys & Girls Club Academy St. Firehouse Happy Hands Unified Vailsburg Services Organization

Partner	Role in Project
<p>After-school program sites:</p> <ul style="list-style-type: none"> Boys & Girls Club of Newark St. James A.M.E. Church New Community Corporation Salvation Army Westside Salvation Army Boys & Girls Club Academy St. Firehouse Happy Hands Unified Vailsburg Services Organization 	Served as sites for food distribution, nutrition education, health screening, and safe places to play program components
Beth Israel Medical Center	Served as a site for the pediatric mobile pantry.
America's Grow-A-Row	Served as a site for farm field trips.
Rutgers University	Provided dietetic interns to perform BMI screening.
University of Delaware	Provided dietetic interns to perform BMI screening.
KinderSmile Foundation	Provided dental screening and treatment services at schools.
Child Sight (Commission of the Blind)	Provided vision screening and treatment (including new prescription eyeglasses).



Teens receive healthy foods from a mobile food pantry at their high school provided by the Alameda County Community Food Bank.

Data Collection and Analysis

Both quantitative and qualitative data collection methods were used in order to understand the interventions, any project-related barriers, and ways to reduce or eliminate them; successful strategies; and promising practices to share for replication and scale. The HC project managers in the three sites provided the majority of the information through multiple data collection methods. Primary program partners also provided valuable information through surveys and interviews. The evaluation tools are described briefly below. All data-collection forms are located in Appendix A.

A ***Project Manager Survey*** was completed at the beginning (November 2014), midpoint (March 2015) and endpoint (May 2015). The beginning and midpoint surveys focused on implementation strategies, barriers and successes. The endpoint survey focused qualitative outcomes, including rewarding aspects of HC, benefits of project components, satisfaction with partner relationships and project components, and feedback about sustaining the interventions after the end of the HC funding.

Monthly Logs and Group Call Forms were completed by project managers at the beginning of each month (September 2014 through May 2015) to document client reach for each of the program

components, provide intervention updates, to identify barriers and successes, and to collect advice and recommendations. Program managers at each site used 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, and health services offered. A group webinar call was held on the second Thursday of each month (September 2015 through June 2015) with the program managers and evaluation team. The group webinar call was a forum to share program updates from each project manager, discuss project progress, and ask clarifying questions about the information reported on the log and call forms.

Intervention observations and interviews were conducted with program managers at site visits in November 2014 and with project managers and one or more primary program partners at site visits in May 2015. Questions were developed to better understand program implementation, perceived client impact, and satisfaction with the partnerships.

Partner surveys were used to gain the perspective of program partners early in the intervention (October 2014) and at endpoint (May 2015). 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. The endpoint survey also asked about interest in sustaining the partnership and recommendations for successful organizational partnerships.

A ***face-to-face meeting*** in January 2015 with project managers provided an opportunity for in-depth discussions about the progress of the interventions and to identify planned and unexpected changes. Interviews and a short survey were completed at the in-person meeting to gather information about the interventions that were occurring as of the project midpoint. A barrier identification 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 important barriers experienced. This activity was also completed again at the endpoint site visit (May 2015) to find out which midpoint barriers were still an issue and to learn about new ones that emerged.

Data analysis included descriptive statistics to report means and frequency 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

Results about client reach, project manager satisfaction for each of the four program components (food distribution, nutrition education, health screenings, and safe places to play) and related recommendations are summarized first. Barriers and successes to implementing the HC project are presented next, followed by results related to forming and sustaining successful organizational partnerships.

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 2014 to May 2015)

Factor	May-Aug* 2014	Sept.	Oct.	Nov.	Dec.	Jan. 2015	Feb.	Mar.	Apr.	May
Food Distribution										
Hours of operation	67	15	27.5	23.5	21.5	25	26	27	26	26
Shelf-stable food and produce (pounds)	175,312	51,576	72,951	45,234	31,174	49,338	60,910	65,614	76,750	75,052
Produce (pounds)	143,264	40,114	58,168	32,818	23,186	35,627	42,250	47,313	45,491	49,462
Shelf-stable food (pounds)	32,048	11,462	14,783	12,416	7,988	13,711	18,660	18,301	31,259	25,590
Sites distributing food (17 unique sites)***	19	12	14	15	14	15	17	17	17	16
Households served through food distributions***	6,382	2,494	3,137	2,534	1,844	2,412	2,807	3,321	3,152	3,122
Adults***	11,132	4,120	3,445	4,670	3,437	4,715	5,334	5,887	5,369	5,428
Children***	11,590	4,646	6,478	6,066	3,785	5,526	6,196	7,253	6,597	6,358
Adults + children***	22,722	8,766	9,923	10,736	7,222	10,241	11,530	13,130	11,966	11,786
Educational materials distributed (number)	1,937	352	920	1,287	384	880	1,302	1,403	1,012	961
Screenings (dental, physicals, vision, BP, immunizations)	311	0	120	25	367**	0	55	212	50	88

* May-August data is combined.

** One site reported combined September-December health screenings in December.

***Duplicated numbers

Over a period of 13 months (May 2014 to May 2015), 703,911 pounds of food were distributed to 31,205 households, including 64,495 children (55% of the population served). The number of households served and children reached are duplicated numbers. Of the food distributed, 74% was produce and 26% was shelf-stable food. There were sharp increases in the amount of food distributed and the households served over the course of thirteen months. Most of the food distribution and other program components occurred during the school year. Fluctuations in monthly food distribution occurred due to scheduled school holiday breaks (November and December) and occasional severe weather that canceled distribution on some days. Over 10,000 nutrition education resources (tips sheets, recipe cards, etc.) were distributed, which averages 803 pieces of nutrition information per month. Over 1,200 health screenings/treatments were provided, including height, weight, and BMI; blood pressure assessment; dental exams and treatment; vision screening and glasses distribution; physical exams; 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)

	CA	IL	NJ	13-month total
Food Distribution:				
Hours of operation	59	80	146	285
Shelf-stable food + produce distributed (pounds)	196,629	396,019	111,263	703,911
Produce (pounds)	114,190	292,240	111,263	517,693
Shelf-stable food (pounds)	82,439	103,779	0	186,218
Number of sites distributing food	50	20	86	156
Households served through food distributions***	6,655	18,475	6,075	31,205
Adults***	16,020	33,785	3,722	53,527
Children****	16,897	35,905	11,693	64,495
Adults + children***	32,917	69,690	15,415	118,022
Number of educational materials distributed	4,103	3,477	2,858	10,438
Number of screenings	361	203	664	1,228

***Duplicated numbers

The client reach numbers for each program component differ across the three sites and are consistent with their program plan and implementation strategies. The households reached and children served in Table 2 are duplicated numbers. Each site had its own unique strengths. Alameda County Community Food Bank distributed the greatest number of pounds of food per household and distributed the greatest number of nutrition education materials. The Greater Chicago Food Depository served the greatest number of families with the greatest number of pounds of shelf-stable food and produce. The Community Food Bank of New Jersey served the greatest number of sites, distributed the greatest number of pounds of produce per person, and provided the most health screenings.

Overall satisfaction with project components. Each month, 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. The rating scale was 0 (no satisfaction) to 10 (complete satisfaction). Table 3 presents the average monthly satisfaction level for each program component for the three sites combined.

Table 3. Program Manager Satisfaction Ratings for the Healthy Cities Program Components

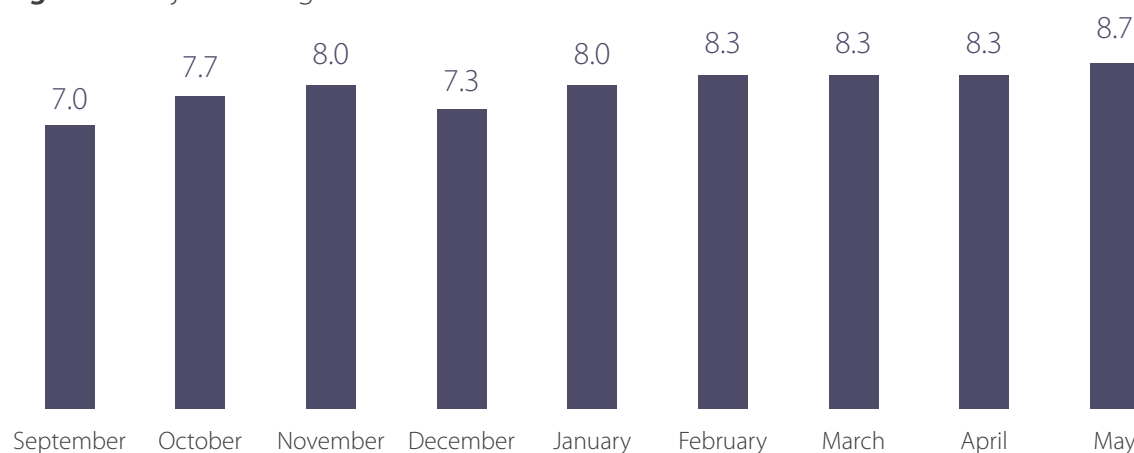
Component	Sept 2014	Oct	Nov	Dec	Jan 2015	Feb	Mar	Apr	May	Mean	Difference (Sept 2014-May 2015)
Food distribution	7.0	7.7	8.0	7.3	8.0	8.3	8.3	8.3	8.7	8.0	+1.7
Nutrition education	6.7	7.7	8.0	7.3	7.7	8.8	8.8	8.3	8.8	8.0	+2.1
Health screening	6.7	7.0	8.0	8.0	8.0	8.3	8.3	8.3	8.7	7.9	+2.0
Safe places to play	7.3	7.7	8.0	8.0	8.3	8.7	8.3	8.7	8.7	8.2	+1.4

Overall, program managers were fairly satisfied with project components with ratings 6.7-7.3 in September 2014 and increased steadily over the course of the project, with satisfaction ratings 8.7-8.8 in May 2015. Satisfaction and recommendations for each project component are provided in the next section.

Food Distribution

The average monthly satisfaction ratings for food distribution are provided in Figure 1. Satisfaction ratings started high at 7.0 in September 2014 to and rose 24% to 8.7 in May 2015. With the exception of December, the satisfaction scores for each month were either the same or higher than the month before. The lower satisfaction in December was likely due to severe weather, school closures for holiday breaks, as well as the heavy work load and stretched capacity of food bank staff during the busy holiday season.

Figure 1. Project Manager Satisfaction with Food Distribution



Not surprisingly, project managers identified food distribution (and nutrition education) as the easiest component of the HC project to implement. Food banks were able to collaborate with existing partners to increase the frequency of food distributions per month and developed relationships with new sites to initiate additional food distributions locations. Food banks also adjusted food distribution times, to better meet clients' needs. One food bank created a more client-friendly environment by adding tablecloths and placing produce in attractive baskets to provide a farmers' market-type experience.

Project managers identified several recommendations to expand or enhance food distributions. They are:

- Screen sites to make sure there is adequate space for food distributions, reliable volunteers, and staff to set up and manage the food distribution and offer hours of operation that are convenient for clients.
- Increase the staff or volunteers on site when food available for distribution increases.
- Identify the most convenient times and dates for food distribution by clients and try to accommodate accordingly. This may be evenings or weekends. Coordination with several food bank departments may be necessary to achieve alternative delivery schedules.
- Enhance the food distribution experience for clients by covering tables with tablecloths, arranging food in attractive baskets, and using signage to identify produce.
- Recognize that late summer and early fall are busy times for schools, so planning several months ahead of those busy times is necessary.
- Poor weather may result in cancellation of mobile food distributions. Plan to have alternative delivery locations when needed.

*"We are more of a community now. The food pantry was looked upon as a service for those who don't have anything to eat. Now there's education about how to eat healthy, getting physical activity, and access to fresh produce. You can **see the happiness of the clients** when they receive the healthy foods."*

—Alameda County Community Food Bank Partner

*"We are proud that we are able to do a mobile pantry in evening hours to **accommodate working parents** picking up their children. We decided to pilot this at one school and found that 21% of households participated for the first time."*

—Alameda County Community Food Bank Project Manager

*"I hear questions from families early in the week—what are we having this week? Parents **appreciate and are thankful** for having access to the produce. It cultivates an attitude of health for the families."*

—Community Food Bank of New Jersey Project Partner

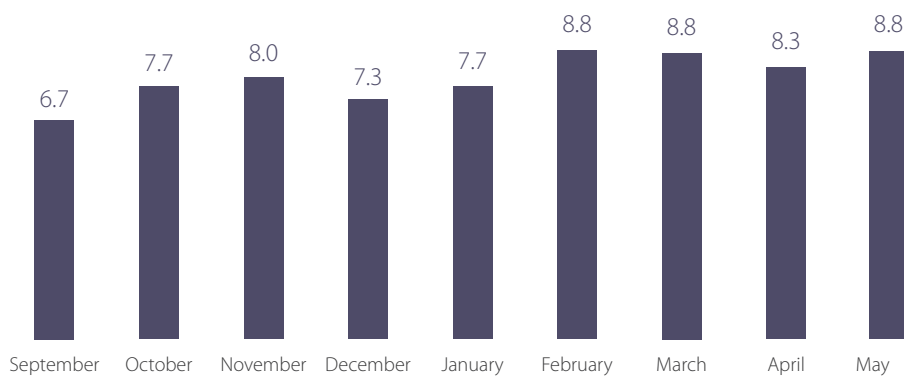
*"We're also excited by the new experience we offer clients that is more farmers' market-style. We have heard that clients are **noticing the improvements**."*

—Alameda County Community Food Bank Project Manager

Nutrition Education

The average monthly project manager satisfaction ratings for nutrition education are provided in Figure 2. Nutrition education showed the greatest increase in satisfaction ratings among the four program components. Ratings increased 31% from September 2014 to May 2015, starting at 6.7 and ending at 8.8. The HC program allowed the three food banks to significantly increase the amount of nutrition education offered to clients and distribute over 10,000 nutrition education resources to them. Project managers identified nutrition education (and food distribution) as the easiest of HC program components to implement.

Figure 2. Project Manager Satisfaction with Nutrition Education



*"We are grateful that many children now have a better idea of **where food comes from, how it grows, and how wonderful it can taste** without doing much to it."*

—Community Food Bank of NJ
Project Partner

*"The peer educator model makes the information more acceptable. They can help problem solve some of the barriers because **they speak from experience.**"*

—Alameda County Community
Food Bank Project Manager

*"Our nutrition educator has **visited all after-school clubs** to conduct nutrition activities with children."*

—Community Food Bank of
New Jersey Project Manager

Project managers identified several recommendations to expand or enhance nutrition education. They are:

- Align nutrition education topics, educational resources, and food preparation tips with items offered in that day's food distribution.
- Engage "graduates" of nutrition education classes to promote future classes to their peers.
- Ask clients about what food and nutrition topics they are interested in and their preferred learning styles.
- Recruit dietetic interns and students in health career majors to assist with nutrition education.
- Trained peer educators can be effective and well-received by clients.

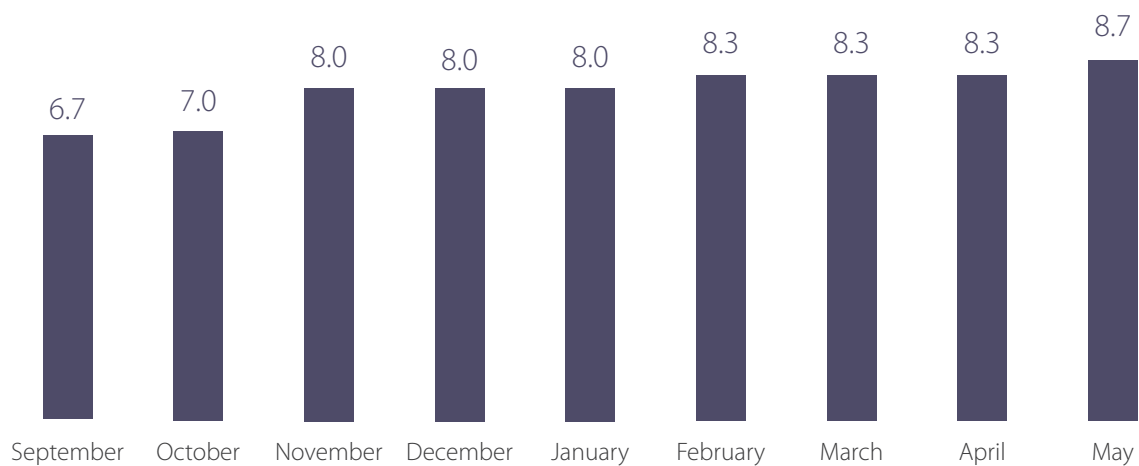
Health Screenings

The average monthly project manager satisfaction ratings for health services are provided in Figure 3. Overall, ratings from September 2014 through May 2015 increased 30%, from 6.7 to 8.7. The average satisfaction score increased the most between October and November, from 7.0 to 8.0, and then continued to remain constant or gradually increase for the remainder of the project.

*“Both the [health] partner and school coordinated and prepared for the visit, which resulted in **great utilization and outcomes.**”*

—Greater Chicago Food Depository Project Manager

Figure 3. Project Manager Satisfaction with Health Screenings and Services



The HC program offered the opportunity for the three food banks to initiate health screening services for the first time through new partnerships with health care agencies and organizations. This resulted in access to new, meaningful, free services for children offered at convenient locations. Over the course of the project 1,228 health screenings occurred. Implementing the health screenings was the most difficult of the four HC components for the project managers. They reported that it was time-intensive to initiate partnerships, coordinate health screening services, and understand the partner’s regulations and procedures.

Project managers identified several recommendations to initiate health screenings. They are:

- Coordinate health screenings to occur at the food distribution site for client convenience.
- Arrange a process to complete necessary paperwork—parental consent, insurance forms, etc.
- Seek out partners that can provide not only onsite screenings but also ongoing follow up appointments and treatment, if possible.
- Be prepared for additional time that may be required by the food bank staff to provide assistance in coordinating the schedules of service providers and sites.

Safe Places to Play

The monthly average project manager satisfaction ratings for the physical activity component are provided in Figure 4. Overall, satisfaction ratings from September 2014 through May 2015 increased 19%, from 7.3 to 8.7. This component received the highest level of satisfaction ratings at the beginning of the program, and those scores steadily increased to a peak of 8.7 in February 2015, and other than a slight dip in March to 8.3, remained very high at 8.7 in both April and May 2015. Understandably, program managers identified the safe places to play component as the most unfamiliar of the four to initiate.

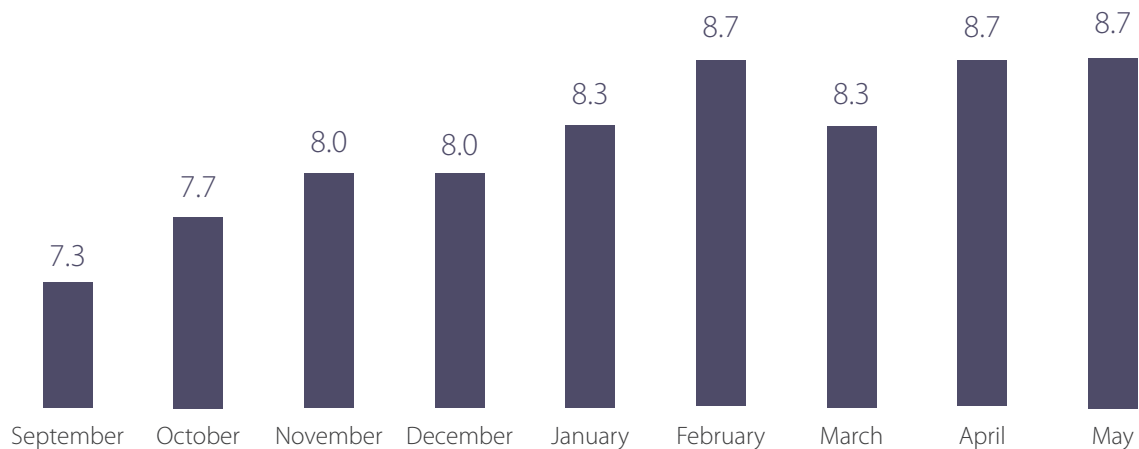
*“Now that training has been completed, we are purchasing equipment so program staff **can implement activities they learned about.**”*

—Community Food Bank of NJ Project Manager

*“We purchased physical activity equipment such as balls and hula hoops **so children can be active while parents pick up food.**”*

—Alameda County Community Food Bank Project Manager

Figure 4. Project Manager Satisfaction with Physical Activity Opportunities



Project managers identified several recommendations to initiate physical activity opportunities. They are:

- Providing play equipment (balls, jump ropes, etc.) to partner organizations can foster fun, physical activity opportunities for children.
- Train-the-trainer opportunities for afterschool staff in engaging children in active play can be a sustainable and cost-effective investment.
- Recruit volunteers to lead games with children waiting for parents to selecting food at the distribution site.
- Initiate discussions with partners that offer in-school physical activity programs.

Perceived Client Benefits

Project managers and partners were asked to identify how clients positively benefited from the HC project and related partnerships. They described benefits from all four project components. They all reported that the program helped families increase access to healthy food. Parents appreciated receiving healthy food, and highly valued receiving produce, milk, eggs, bread, and water. Receiving food filled a critical gap for families, especially during the weekends when children don't have access to school meal programs. Program partners reflected that the supplemental food facilitated cultivating an attitude of health for families. The program managers noted that families appreciated the convenience of the food distributions occurring at their child's school. Both program partners and managers observed that children and families enjoyed the nutrition education offered through the HC program. The hands-on nutrition education and healthy snack making and tasting activities were favored by the children attending afterschool programs. Program partners shared that parents appreciated the new cooking skills learned from participating in nutrition classes offered through the HC program. Both program managers and partners also reflected that families greatly benefitted by increased access to health services. Parents were thankful for the free immunizations and free screenings/treatment for their children, including dental and vision services. One project manager explained that many medical plans do not cover such services and therefore can be costly for families. A project partner shared that many families cannot afford to miss time from work to take their children to the dentist, and that providing dental preventative and treatment services at an afterschool program is greatly appreciated by parents. The additional opportunities for safe and structured physical activity in and outside of the school day also benefited children and families. One project manager said that the families thoroughly enjoyed participating in the community family fun runs. Another project manager said parents enjoyed having opportunities for physical activity with their children during the food distributions at school. One program partner reiterated that by offering food distributions combined with other health services at the school fostered a sense of community to families and organizations, and built trust with the school. In all three HC sites, parents served as volunteers at the food distributions, which helped to build a sense of community among the parent volunteers and with the parent participants. One program partner explained that parents' perception about the food bank changed from a valuable resource for food distribution as well as a resource to access services to be healthier.

*Many clients who work can't make it to pantries with traditional pantry hours. The schools we're serving with the **mobile pantry are near public transportation** which makes it easy for parents to get their food and then easily get on public transportation to their homes."*

—Alameda County Community Food Bank Project Manager

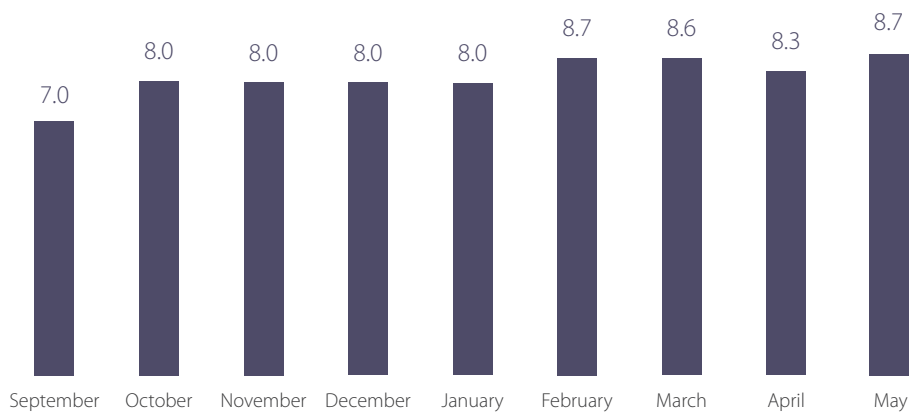
*"**Our families love this program** and the opportunity to get **free produce!** I have had many comments of gratitude and also that they love the idea of the organization giving out healthy food not junk food/ snacks."*

—Community Food Bank of NJ Project Partner

Satisfaction with Partnerships

The average project manager satisfaction ratings for organizational partnerships are provided in figure 5. Satisfaction rates started at 7.0, and increased during the intervention, to a high of 8.7 in February 2015, and ended at 8.7 in May 2015. For the food bank managers, working with partners was one of the most rewarding parts of the HC project.

Figure 5. Project Manager Satisfaction with Organizational Partnerships



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). At the beginning of the project (n=6), satisfaction scores were very high, with an average score of 8.8. At the end of the project (n=7), the average score was slightly higher at 8.9.

*“A single organization can do so much, but **partnerships can do amazing work**, especially impacting the health and wellness of lives of kids in New Jersey.”*

—Community Food Bank of New Jersey Partner

*“This partnership allowed our staff to gain a **better understanding of other organizations** involved in the project and the work that they do.”*

—Greater Chicago Food Depository Partner

*“Honestly, I did not know the scope and scale of what the food bank does.... I felt **much more connected** to what they are doing because we’ve been in meetings, communicating, etc.”*

—Greater Chicago Food Depository Partner

*“It is a great partnership—it allowed us to **strengthen our relationship** with other organizations the food bank works with. There were a lot of conversations early on to learn about each other.”*

—Greater Chicago Food Depository Partner

*“With the shift to collective impact—partners working together to provide stability to children and their families—we **can now begin the work to end hunger and poverty.**”*

—Alameda County Community Food Bank Project Manager

Program Barriers and Successes to Implementing the Healthy Cities Program

Project managers were asked to identify barriers they were experiencing at midpoint (January 2015) and endpoint (May 2015), and to rank the relevance of those barriers, with 1 being the most relevant. The average ranking was then calculated across the three managers' responses. Table 4 lists the top five barriers faced at midpoint, and Table 5 lists the top five barriers faced by project managers at endpoint.

Table 4. Project Manager Barrier Ranking (Midpoint)

Rank	Barriers
1	Limited time to coordinate HC
2	Time to set up new partner relationships
3	Limited staff within food bank for HC
4	Beginning of school year timing issues
5	Collecting data from partners

Table 5. Project Manager Barrier Ranking (Endpoint)

Rank	Barriers
1	Communication issues with partners
2	Limited time to coordinate HC
3	Collecting data from sites
4	Limited staff at the sites
5	Collecting data from partners

Two of the top barriers at midpoint remained barriers at endpoint: limited time to coordinate the project and collecting data from partners. The other three top barriers at midpoint had been resolved by endpoint: time to set up new partnerships, limited staff within the food bank for the project, and beginning of the school year

November: "Our two biggest obstacles are related: **planning and communication**. We had a very rocky road starting our project with the timing hitting right when school started. While efforts were made to plan over the summer at both project sites, we did not get all logistics set until late September, when the startup school activities settled down."

—Greater Chicago Food Depository Project Manager

November: "It was challenging to **connect with smaller sites**. All sites had great intentions, but small ones had challenges with infrastructure, a smaller staff to dedicate to HC, competing priorities, and emergencies."

—Alameda County Community Food Bank Project Manager

March update: "There are lots of moving components and partners in this work. Each partner needing to organize time and schedules with the site and getting the quick response we need for the school can be a challenge. If there was a way for **one point of contact**, it might have helped."

—Greater Chicago Food Depository Project Manager

March update: "Relationships and partnerships have improved markedly. Early on in the HC project, there were challenges associated with collaborating with smaller sites. However, we all have **understood our expectations** and have not seen as many challenges."

—Alameda County Community Food Bank Project Manager

timing issues. It’s reasonable to expect that these particular barriers would have diminished by the end of the project. Three new barriers identified at endpoint were communication issues with partners, collecting data from sites, and limited staff at the sites.

Program managers were asked to identify characteristics that make a food bank likely to be successful in implementing the Healthy Cities program. The top four characteristics are provided in Table 6. Program managers agreed that the top characteristics are: having existing community relationships, experience in forming partnerships, organizational administrative support, and appropriate staffing to manage the project.

Table 6. Food Bank Characteristics for Successful HC Implementation

Existing community relationships
Experience in forming partnerships
Organizational administrative support
Appropriate staffing to manage the project

*“In the beginning the challenges were staff and time. Now that we **have a coordinator**, that really helps.”*

—Community Food Bank of NJ
Project Manager

“Needs to be more than one staff member involved in running daily activities, collecting paperwork, scheduling events, etc.”

—Community Food Bank of NJ
Project Manager

*“The personal challenge for me continues to be me **finding the time** to carve out the dedicated time to support the project.”*

—Greater Chicago Food
Depository Project Manager

*“If you work with a school, **pre-planning** before school starts is important and clearly identifying the **point person** for each part of project.*

—Greater Chicago Food
Depository Project Manager

*“In November people were accessing services. In January they were seeking services routinely. That’s when we started considering **what else we could do.**”*

—Alameda County Community
Food Bank Project Manager



The Greater Chicago Food Depository partnered with Chicago Run to provide an in-school physical activity program for students in two elementary schools.



Morgan Stanley volunteers engage students in physical activity while parents select healthy foods from the mobile school food pantry provided by Alameda County Community Food Bank.

Forming and Sustaining Successful Organizational Partnerships

Program partners were asked to identify the rewards associated with working with the food bank and characteristics that make a food bank a good partner (Table 7). Increasing access to healthy food and opportunities to increase nutrition education and improve cooking skills for their clients was the greatest reward that partners identified about working with the food bank. They also highly valued being part of a program that offered comprehensive services to their clients, provided an opportunity for their staff and volunteers to participate, and valued expanding their collaborations within the community. The top characteristic that made the food bank a good partner was good communication. The most common type of communication between partners was face-to-face meetings initially, followed by email messages. The frequency of communication varied, but understandably, was greatest at the beginning of the project and when planning for activities was needed. Other characteristics that partners identified that make the food bank a good partner were reliability and flexibility, being organized and caring, and having strong relationships with other organizations serving food-insecure clients.

Table 7. Partner Rewards to Collaborating with Food Banks and Characteristics of a Good Partner

Rewards to Food Bank Collaboration	Characteristics of a Good Partner
Increased access to healthy foods and cooking skills for youth and families served	Good communication
Coordination of comprehensive services	Reliability and flexibility
Opportunity for staff and volunteers to get involved in food distribution	Organized
Expanding collaborations with new community organizations	Caring
	Strong relationships with other community organizations serving food-insecure clients

Project managers agreed that developing partnerships was time-consuming. However, they also indicated that the partnerships and the high-quality services that resulted from the partnerships were the most rewarding part of the HC program for the food bank and for themselves professionally. Increasing access to healthy food and providing quality, desired services and nutrition education for clients were the top client benefits of HC, according to project managers. Project managers reported that they are now more empowered to make changes that benefit clients, which is consistent with the organizational empowerment theory. Project managers saw the benefit of extending program services, such as safe places to play and health screenings to the clients they serve. To do this, the project managers developed relationships with organizations outside of the traditional scope of food bank partners. This process and the perceived client benefit from these partnerships has empowered and motivated the project managers even more to position the food bank as a hub for community health.

Project manager recommendations for establishing and maintaining successful partnerships included:

- Select partners with similar organizational goals and missions.
- Partners should agree, verbally and in writing, about how they will work together, including services to be provided, communication expectations, reporting requirements, and deadlines.
- Identify one or two designated persons at each partner organization who can be relied upon as a dependable key contact throughout the project.
- The food bank should designate a key contact to manage the project, and that person should have sufficient time allocated to implement the program and work with partners.
- Frequent communication with partners is important, especially during the planning phase and early in the implementation phase. Regularly scheduled communication during program implementation is necessary.
- Programming with partners should be planned several months ahead of when the program or services will begin. This was especially emphasized with planning a school-based program.
- Understand that when working with small agencies, they might have limited staff and competing responsibilities.
- Partners with financial support to deliver services helps to ensure service delivery on a long-term basis.

Continuation of Partnerships

Forming partnerships resulted in a food bank-led community effort that provided coordinated, high-quality resources and services to improve food access, health, and wellness for children and families in their communities. Both the project managers and partners agreed that they would like the established partnerships to continue in the same way or to find new ways to further their partnerships.

For some partners, being able to continue providing services is contingent upon funding. For others, services could be continued without additional funding support, but that would occur less frequently. Other partners have secured funding to continue providing the services they provided for the HC program at the same or even greater level. Project managers and partners suggested several ways they could work together to expand reach and impact for clients, including offering more opportunities for physical activity and nutrition education during food distributions, hosting health fairs at food banks or at schools, coordinating food distribution at events organized by partners, and offering programming and food distribution in the evenings and on weekends.

Partners were asked to identify other organizations they would recommend as partners for food banks. Suggestions included more medical service partners and adding services for adults as well as children. Including the food bank at school health and wellness meetings and providing nutrition education for parents and community groups were also recommended. Another suggestion included initiating relationships with local businesses and nonprofit organizations, city planners, and physical activity organizations.

The HC program allowed food banks to establish partnerships that provided valued information, services and opportunities for their clients. The project managers agreed that their experience in leading the HC program improved their personal and organizational empowerment and helped them build skills necessary to establish the food bank as a hub for community health.

*“If there were more opportunities to work together again, we **absolutely would.**”*

—Greater Chicago Food Depository Partner

*“Partnerships that were a result of HC initiated conversations, collaborations, and active community engagement that will **be sustained in a meaningful way** beyond the life of the grant, and that acknowledge the need to holistically focus on the health and well-being of our community.”*

—Alameda County Community Food Bank Project Manager

“Definitely—we would want to at least be involved at the same level.”

—Community Food Bank of New Jersey Partner

*“The organizations that were brought together provided **all-encompassing health and wellness resources** for the schools we work in.”*

—Greater Chicago Food Depository Partner

*“My attitude about my work and clients is reinforced, and this project illustrated the importance of **connecting resources for my clients.** It’s not just about my piece of the work, but engaging as many people as possible to impact the end user.”*

—Greater Chicago Food Depository Project Manager

Conclusions and Recommendations

Enhancing food distribution with opportunities for clients to be involved in nutrition education, health screening and treatment, and opportunities for physical activity were successfully demonstrated in three diverse communities through the HC program. While food banks have a proven track record to secure and distribute nutrient-rich food to families facing food insecurity, HC positioned them to take a leading role to create a hub for integrated community health services in their communities. Although the HC sites offered the same four program components—food distribution, nutrition education, health screenings, and safe places to play, the types of services within those components and partners that were involved differed, based on the client needs in each community. The HC project enabled the three food banks to increase access to healthy food and nutrition education to the clients they serve. Over the 13 months of data collection, the food banks increased the number of food distribution sites they served, increased the number of households they served, increased the amount of food distributed, and initiated or expanded the amount of nutrition education offered to help clients prepare healthy foods for their families.

The key to successful expansion of services was for food bank managers to seek out and form partnerships with community organizations. Food bank staff reported that being involved in this expansion of services through new or strengthened partnerships was extremely rewarding to them in addition to being beneficial to their clients. They learned a great deal about establishing and maintaining successful organizational partnerships. Selecting partners with similar organizational goals and missions, agreeing upon clear expectations in writing, identifying reliable key contacts, initiating planning several months in advance, and establishing planned project communications are some of the top recommendations for successful partnerships. Program partners identified good communication and reliability as top characteristics that make a food bank a good partner to work with. They also appreciated that the food bank had strong connections within the community and were committed to the health of their clients. These partnerships offered benefits to the partnering organizations as well as the food bank, including fulfilling their outreach mission, becoming part of the network that serves the same population, and establishing a way to disseminate their service, food or education.

Another important project outcome was that the food banks involved in the HC program demonstrated characteristics of empowered organizations^{7,8}. And project managers became more empowered to assess the needs of their clients and foster partnerships that were instrumental to expand and coordinate services to benefit the population they serve.

A key finding was that both project managers and program partners were very satisfied with

*“Now that training has been completed, we are purchasing equipment so program staff **can implement activities they learned about.**”*

—Community Food Bank of NJ
Project Manager]

their collaborations and intended to sustain the relationship to the extent possible, indicating that the partnerships and expansion of services was considered to be worth the effort to food banks and their partners. It also indicates that once the effort and funding are invested to create key partnerships, sustaining the relationship with continued benefits is possible without the level of funding that was initially provided.

The Healthy Cities project demonstrated that three food banks were able to successfully extend offerings beyond food distribution to establish integrated health services for their clients. Feeding America is well-positioned to scale this model with other food banks in the network. Integrating the attributes of successful partnerships identified in this evaluation is important for food banks that are interested in replicating the HC model. Food banks with quality community relationships and experience in forming partnerships are more likely to be successful to create a health hub in their community. They should be prepared for the significant time commitment needed to coordinate a HC program and will need dedicated staff and resources to manage the details and responsibilities associated with such a comprehensive project. Developing a HC training and resources highlighting recommended practices and successful aspects of this intervention may be beneficial and a time saver for interested food banks. Offering coaching and mentoring from current HC program managers would also be beneficial.

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Appendix A

Evaluation Instruments

Healthy Cities Project Manager Survey (2014-15)

To find out more about project partnerships, issues, implementation and successes, project managers filled out a survey that was sent electronically to them in October, February, and May. The surveys that were completed at the start of the data collection and midway through the project were the same and are presented first. The post survey had some of the same items, but also several new ones asking them to reflect and provide project-end insights and recommendations.

Initial and Midpoint Survey:

Please complete this form and submit to amurphy49682@gmail.com by November 15, 2014 and March 1, 2015; the final post-survey will be sent to you in May of 2015. Limit information to your Healthy Cities project only. *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. Partner	2. Give an example of how this partner positively impacts your clients	3. About how many times <i>per month</i> do you communicate with them? How (phone, email, meeting)?	4. Are benefits of involving this partner worth the effort?	5. How crucial is their role to the success of your project?
a.				
b.				
c.				

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

Endpoint Survey (May, 2015)

Please complete this form and email it to amurphy49682@gmail.com by June 1, 2015. Limit information to your HC project, not your overall operation. *Informed consent: This survey is for the HC Evaluation, participating 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 more about partnerships and other aspects of the project.*

Were these outcomes directly due to HC or would have occurred in this timeframe without it?

Outcomes:	Due to HC grant	Would have happened without HC
Formed new partnerships		
Increased number of food distribution <i>sites</i>		
Increased lbs. of <i>non-perishable</i> food distributed		
Increased lbs. of <i>produce</i> distributed		
Offered new or more <i>nutrition education</i> to clients		
Offered new or more <i>nutrition materials</i> to clients		
Offered <i>health screening</i> for our clients		
Became involved in <i>physical activity</i> promotion		
Hired new staff		
Improved access to services for our clients		
Connections and relationships now exist with other organizations to better serve food bank clients.		
I became more skilled in forming and maintaining partnerships		
I became more skilled to take the lead to create a community health hub.		
I became more skilled in how to facilitate a grant-funded project.		

Partner	Give an example of something positive your clients experienced directly because of this partner's involvement.	From 0 (not satisfied at all) to 10 (completely satisfied), how satisfied are you with this partnership?
d.		
e.		
f.		

Over the last month, how many hours per week (average) did you work on HC? _____

On a scale from 1 (not satisfied at all) to 10 (extremely satisfied), how satisfied are you now with the:

- Physical activity that was offered? _____
- Nutrition education offered? _____
- Health screening that was offered? _____
- Food distribution offered? _____

Do you think your increases in *food distribution* will:

___ not be sustained ___ be sustained at first then drop back to pre-project levels within 6 months
___ be sustained indefinitely ___ be sustained and even increase over the next year

Do you think the *health screening* you offered will:

___ not be sustained ___ be sustained at first then drop back to pre-project levels within 6 months
___ be sustained indefinitely ___ be sustained and even increase over the next year

Do you think your involvement in *physical activity promotion/programs* will:

___ not be sustained ___ be sustained at first then drop back to pre-project levels within 6 months
___ be sustained indefinitely ___ be sustained and even increase over the next year

Do you think your involvement in *nutrition education* will:

___ not be sustained ___ be sustained at first then drop back to pre-project levels within 6 months
___ be sustained indefinitely ___ be sustained and even increase over the next year

Do you think your involvement in your current *partnerships* will:

___ not be sustained ___ be sustained at first then drop back to pre-project levels within 6 months
___ be sustained indefinitely ___ be sustained and even increase over the next year

What was the most rewarding aspect of the project for you?

Any other comments about the value of this project to you, your staff or your clients?

Healthy Cities Group Call Form

Site: _____ Date: _____

Managers, Monthly phone calls are scheduled with ANDF staff, the evaluation consultant, and site project managers (and staff they include as appropriate). Please fill out this form, including input from your staff, and send to amurphy49682@gmail.com at least one day before the call.

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. Health screening component of your Healthy Cities (HC) project? Satisfaction Rating: _____	
b. Food distribution component of your HC project? Satisfaction Rating: _____	
c. Nutrition education component of your HC project? Satisfaction Rating: _____	
d. Safe places to play component of your HC project? Satisfaction Rating: _____	
e. Relationship with your HC partners? Satisfaction Rating: _____	
2. Answer these questions based on the past month:	
a. What is the biggest challenge you face in your HC project?	
b. Can you think of a piece of advice you could offer to another food bank, based on what you've learned in managing the HC project?	
c. From the point of view of your clients, what has improved for them in the last month?	
d. Can you identify something you're proud of that occurred this month?	
e. Did you conduct any formal or informal evaluation this month?	
f. Are there other insights about managing this project that you would like to share?	

HEALTHY CITIES MONTHLY LOG

Site: ____ Chicago ____ New Jersey ____ California Month: _____

Managers, Fill out this form every month and scan/email to amurphy49682@gmail.com by the 15th of the following month

A. FOOD DISTRIBUTION

Site (where food was distributed)	Number of hours of operation this month	Food Distributed (pounds)			Numbers Served		
		Produce	Shelf Stable	Other (describe)	Households	Adults	Children
a.							
b.							
c.							

Nutrition Education Materials distributed (brochures, recipes, fact sheets)	Number distributed		
	Adults	Children	Total

Partner	Involvement during Food Distribution				
	Info about their services	Nutrition ed	Referrals	Assist with distribution	Other (describe):

B. HEALTH SCREENING

Site/Partner/Role of partner	# hours open this month	Number of children and number adults screened					
		height/weight	blood glucose	cholesterol	BP	vision/hearing	Other (describe)

Nutrition Education Materials distributed (brochure, fact sheets, recipes, etc.)	Number distributed		
	Adults	Children	Total

C. SAFE PLACES TO PLAY

Site/Activity/Partner	Number of Participants		
	Adults	Children	Total

Healthy Cities Fall Site Visit Interviews with Project Managers

The project director made visits to all three pilot sites. Individual questions were created for each site for the purpose of providing information or clarification that was needed for the evaluation. Responses are summarized in this document for the sites separately.

Site: Chicago, IL

Date: November 19-20, 2014

Factor to Evaluate:	Questions or clarifications for project manager:	Responses/Notes
HC partnerships	Are the two HC schools different than others you work with? Are results generalizable other schools?	
Food distribution component	How do you recruit the parents that distribute food? Have you provided training to volunteers yet to improve the data collection? Are improvements in food distribution due to HC?	
Nutrition education component	What is the source of the recipe cards and fact sheets you use? Will Cooking Matters staff provide post-test results with you? Will results be for each class or all combined? Can you provide total numbers of adults/children for the current and future class? Who are the peer educators that provide info to people waiting in line for food? College students or dietetic interns? Has UIC provided you with any completed Events Forms? On your Oct. log, you didn't note that any nutrition materials were distributed because UIC handles that. Can you get numbers from them? Are improvements in nutrition education due to HC?	
Health screening component	What was included in the physicals for the 15 students at Lloyd, other than height, weight and blood pressure? Are improvements in health screening due to HC?	
Safe places to play component	Does Mileage Club go all year or is it limited due to weather? Are Chicago Run staff doing physical activity during food distribution?	
Teacher/administer surveys	In your proposal you indicated that you would distribute surveys every six weeks to teachers/administrators. Is that still planned?	
Challenges/solutions:	Anything to add to what you shared in the webinar or on evaluations?	
Recommendations	If you were to rewind the project back to August, what would you do differently?	
Other notes:		

Site Visit Interview**Site:** New Jersey**Date:** November 6, 2014

Factor to Evaluate:	Questions or clarifications for project manager:	Responses/Evaluation Notes
HC partnerships	Only 7 of the 10 after-school sites were listed on your monthly report; will the other three be participating? For your partnerships that are going well, what are attributes of the successful partnerships? What strategies to involve partners have been the most successful?	
Food distribution component	How is the produce distribution going at the after-school sites? Do you have an estimate of the race breakdown of your clients? Could you get it from after-school enrollment forms that parents fill out?	
Nutrition education component	Who developed the fact sheets you are using? What is covered in the Beth Israel nutrition class/workshop? What data will they give you about clients (#s, is there an evaluation?) How is it working to use volunteers to teach the lessons to kids at Kids Café? Any evaluation planned for the 11 lesson series?	
Health screening component	Will health screening from Beth Israel be offered at after-school sites, or just at medical center? Please clarify whether a health fair will be held,	
Safe places to play component	Has training for after-school sites from Playworks occurred? Any evaluation?	
Involvement of Morgan-Stanley	Are M-S volunteers assisting with food distribution?	
Staffing/leadership is appropriate to implement HC	How have you managed to create the time it takes to plan and implement this project? Did you hire extra staff, cut back on other services, or use another strategy to add HC onto your existing programming?	
Challenges/solutions:	You mentioned that some sites were not ready to distribute produce due to low staff--is that solved? You noted that having time to coordinate the parts of this project is a challenge--has that improved?	
Recommendations	Any recommendations to other food banks that want to replicate this project?	
Other notes:		

Site Visit InterviewSite: Oakland, CADate: November 13, 2014

Factor to Evaluate:	Questions or clarifications for project manager:	Responses/Notes
HC partnerships	Is programming occurring at all of your schools?	
Food distribution component	You mentioned that one of the library sites wants to participate during the school year. Is that happening? How does the library distribution or nutrition education differ from school sites? You noted that food distribution was so successful you ran low on food, is that remedied?	
Are improvements due to HC?	What do you think the food distribution success is due to? Why do you think the library wanted to continue involvement during the school year?	
Nutrition education component	Have you started food demos? Will they occur at all of your school sites? How about the nutrition mini-lessons? Started? Tell us more about your parent educators. How do you recruit them? What training do you provide? How do you decide what the talking points are? Who authored your tips cards? You indicated that clients have an opportunity to ask questions to your nutrition team. What types of questions do they ask? Has the in-depth nutrition education by LaClinica with 12 families started yet? What curriculum/program will they be using?	
Improvements in nutrition education due to HC?	Is the expansion of your nutrition education that includes demos and mini-lessons due to the HC project/funding?	
Health screening component	What types of health screening have occurred? What types will be added? Is screening going on at all of your school? What info/data from LaClinica are you receiving back from them?	
Safe places to play component	We understand that children play at the playgrounds during food distribution. Are you involved with that at all? For example, do you provide supervision? Or does someone else? Is there a partner that could help you strengthen this component? Or who could start mileage clubs in the schools you work with? Or could you offer PA demos during food distribution, to give people some PA?	

	Is anything happening with the Youth UpRising dance studio?	
Involvement of Morgan-Stanley	Anything going on with their M-S staff volunteering in any aspect of your program?	
Staffing/leadership is appropriate to implement HC	You indicated that some of the partnerships take more time to form than others, i.e., that small organizations need more start up time due to them having fewer resources. How is that going?	
Recommendations	Any recommendations to other food banks that want to replicate your type of program?	
Other notes:		

Healthy Cities Partner PRE-Survey (November, 2014)

Dear Healthy Cities Food Bank Partner Organization,

You are invited to participate in a survey as part of research into how Healthy Cities (HC) Food Bank Partnerships work. You are eligible to participate because you are employed by a partner of a participating food bank. If you agree to participate, we will ask you to complete a short survey at the beginning and end of the project (November and June). The first survey needs to be completed **by November 26, 2014**. The survey is on page two of this document; you can email it as an attachment to kidseatright@eatright.org or you can complete the online version at <https://www.surveymonkey.com/s/HCPartner>. We are required by the Human Rights Board that approves this type of research to provide you with the following information:

You are asked to participate in a research study about partnerships between organizations and food banks. Please read this information and ask questions you have before agreeing to participate. Researchers at the Academy of Nutrition and Dietetics Foundation are conducting this evaluation. You may print a copy of this form for your records.

Purpose: The purpose of this evaluation is to describe successes and challenges related to organizations partnering with food banks so that recommendations can be developed and shared to further future, successful partnerships.

Risks and Benefits: Your participation does not involve any physical or psychological risk. If you don't want to answer any question, skip it and go to the next one. At any time, you have the option to stop participating. There is no direct benefit to you from participating but responses will further our understanding of how food banks can successfully work with partners.

Confidentiality: Your responses are anonymous and will be kept private. We do not know which responses came from you (or any respondent). We will not have access to any information that identifies 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 Study: Your participation is voluntary. Choosing not to participate doesn't affect your relationship with your employer or the food bank you work with. There is no penalty for not participating or for discontinuing participation.

Contacts and Questions: If you have questions, concerns or complaints about the study, contact kbrown@eatright.org or 312-899-4847. If you want to talk to someone other than an evaluator, contact 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.

Statement of Consent: I have read the above information and received answers to questions I asked. I am at least 18 years old. By completing the survey I consent to participate in this research. Thank you for your consideration of the importance of this study.

Partner Survey (Initial, November 2014)

Did you **partner** with: ___ Alameda County Food Bank ___ Greater Chicago Food Depository ___ Community Food Bank of New Jersey

When did your partnership with the food bank begin? _____

Is there an end date to your involvement with the food bank? ___ No end date ___ Yes, our involvement ends _____

How did this partnership get started?

Why did your organization enter into this collaboration?

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

What specific **benefits** did/do you anticipate from collaborating with the food bank? Have any of those benefits occurred at this point?

About how many **hours per week** do you/your staff contribute to this project? _____ Does that include: ___paid time ___volunteer time

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

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

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

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

Partner Survey (Endpoint, May 2015)

1. Did you **partner** with: ___ Alameda County Food Bank ___ Greater Chicago Food Depository ___ Community Food Bank of NJ
2. **What** did your organization contribute (time, funding, services, educational materials, referrals, etc.) to the food bank?
___ time ___ funding ___ services ___ educational materials ___ referrals
Other:
3. Please share a few specific examples with us about how this partnership benefitted you, your staff or your organization.
4. On average, about how many hours per week did you and your staff contribute to this project? _____
5. What was the biggest **challenge** to working with the food bank?
6. What was the most **rewarding** aspect of the partnership?
7. How do you think your involvement with the food bank benefitted its clients?
8. On a scale of 0 (no satisfaction) to 10 (completely satisfied), how **satisfied** are you the partnership with the food bank? _____
9. What characteristics make a (any) food bank a **good partner** to work with?
10. What advice or insights would you share with another organization that wants to partner with a food bank?
11. Do you think this partnership will continue? Why, or why not?

12. Which of these occurred for your organization, DUE TO THIS PROJECT?	Definitely	Somewhat	No
a. This project improved access to services for an underserved population			
b. Connections and relationships now exist between the food bank and other organizations to share ideas and resources to better serve food bank clients.			

Face-to-Face Meeting Checklist and Interview

Information was gathered from project managers during the meeting that occurred midway through the project in Chicago at the Feeding America Headquarters. Part 1 was conducted in the morning and focused on the status of program implementation; Part 2 was completed in the afternoon and related to barriers, successes, partnerships and recommendations.

Part 1. Checklist and interview questions

Health Screening:

1. Which of the following **did HC allow** you to do related to health screening?
☐ Become involved in health screening for the first time
☐ Become more involved with an agency you were already partnering with
☐ Form a new partnership with a health screening agency
☐ Provide funding to a partner to provide health screening services
Other outcome related to health screening:
2. What is the best way to find a health screening partner?
3. Health screening was identified as the most difficult component to implement. Why?
4. At this point, does it seem like the amount of funding you allocated for the health screening component was:
☐ too low ☐ adequate ☐ more than is needed

Comments:

Food Distribution:

5. Which of the following **did HC allow** you to do related to food distribution?
☐ Add new food distribution sites
☐ Provide more shelf-stable food at existing sites
☐ Provide more produce at existing sites
☐ Provide more non-produce but perishable food at existing sites
☐ Become more involved with an agency you already partnered with
☐ Form a new partnership to expand food distribution
☐ Hire additional staff to assist with expanded food distribution
Other outcome related to health screening:
6. What are the most important factors that make a community site good for food distribution? Please rank the following from "1" to "4" with 1 being the *most* important and 4 being the *least* important.
☐ space ☐ staff to assist ☐ location ☐ hours of operation
Other characteristics of a good site: _____
7. At this point, does it seem like the amount of funding you allocated for the food distribution component was:
☐ too low ☐ adequate ☐ more than is needed

Comments:

Nutrition Education:

8. How does the amount of nutrition education you offered this past fall (Sept.-Dec.) compare to a year ago?

☐ Much more nutrition education ☐ Slightly more ☐ It's about the same ☐ Less

Comments:

9. Which of these **did HC allow** you to do related to nutrition education?

- ☐ Offer nutrition education for the first time
- ☐ Provide more of the type of nutrition education you already offered
- ☐ Provide new types of nutrition education
- ☐ Purchase, develop or print materials for clients
- ☐ Provide funding to a partner to provide nutrition education
- ☐ Become more involved with an organization you already partnered with
- ☐ Form a new partnership to facilitate/provide nutrition education
- ☐ Hire additional staff to provide nutrition education

Other outcome related to health screening:

10. At this point, does it seem like the funds you allocated for the nutrition education component was:

☐ too low ☐ adequate ☐ more than is needed

Safe Places to Play:

11. Which of these **did HC allow** you to do related to safe places to play?

- ☐ Become more involved with an organization we already partnered with
- ☐ Form a new partnership to facilitate this component
- ☐ Provide funding to a partner related to this component
- ☐ Get involved with physical activity promotion for the first time
- ☐ Provide funding to a partner to provide physical activity

Other outcome related to health screening:

12. What is the best way to find a "safe places to play" partner?

13. At this point, does it seem like the amount of funding you allocated for safe places to play is:

☐ too low ☐ adequate ☐ more than is needed

14. At this point, does it seem like the amount of funding you allocated for FB staff time:

☐ too low ☐ adequate ☐ more than is needed

Comments:

15. What do you think are the best ways to share successes of HC with other food banks?

☐ Hungernet ☐ Healthy Food Bank Hub ☐ Conferences
☐ Webinar ☐ Newsletters ☐ Journal article(s):

Other: _____

16. What do you think made your FB better suited for a project like this over other FBs? What qualities do you possess that were important for the success of this project?

☐ administrative support ☐ existing community relationships
☐ experience forming partnerships ☐ appropriate staffing

Other: _____

Part 2. Qualitative Data Group Interview

Thank you so much for being here with us this afternoon. In this session we'll be looking to gather your insights related to partnering with other community organizations in the Healthy Cities project. Some of these questions will build off what we've learned from you so far and others will be new. The information we learn from you today will help us partner with food banks in the future to help further grow the concept of food banks as health hubs for their clients.

Successful/Unsuccessful Partnerships

1. Within this project, think about the most successful partnerships with other organizations... What are the reasons these partnerships are successful?
2. Now think about your less successful partnerships... What factors contributed most to issues?
3. What strategies could be used to strengthen relationships?
4. On the forms submitted to date, successful partnerships have been described in several ways. I'll read them aloud and then let's discuss which are true for your food banks and if there is anything missing from the list. [Shared mission and goals with the partner organization, clear agreement on roles for each organization, Quality of the partner and their services for the client group, Communication between organizations, Prep work for a smooth start to the services offered]
 - a. Are all of these true for your food bank?
 - b. Anything missing from the list?

Barriers and Strategies

5. I've listed different barriers on these note cards. I want you (each site) to remove the cards that weren't barriers for you and write on a blank card any barriers you had that aren't listed. Now rank the barriers on the cards, with #1 being the biggest barrier you've encountered. You have about five minutes to discuss and rank and then we'll report out to the group, describing why this was a barrier for you and strategies used to overcome it. Feel free to take notes right on the cards.

Barriers listed on cards:

So many partners makes it hard to get everything implemented

New partners take more time to set up the relationship

Limited staff within the food bank

Limited time to coordinate program for food bank

Limited staff at the sites

Beginning of the school year timing issues

School administrative support

Reliance on volunteers

Communication issues with partners

Collecting data from partners

Collecting data from sites

Data requests from grant personnel

Small sites have limited resources

Staff changes at site or food bank

Organizational Factors

6. What qualities about your FB do you think have led to the successes you've had in the program so far?
 - a. Prompts: executive level of support for the program, adequate staffing within the food bank, defined roles for food bank staff, communication abilities, relationship building skills of managers or other food banks staff, attractive resources within the food bank to partners, volunteer group.
7. What are the characteristics of the **ideal** food bank to partner with other community organizations to better serve their clients?
 - a. Prompt: How can food banks best "sell" the partnership?

Recommendations

8. One of the takeaways we want to make sure we understand are your ideas on recommendations for future food banks that participate in this type of program. I have a few different categories, which I'd like to get your specific recommendations on.
 - a. What advice do you have for working with new partner organizations?
 - b. What advice do you have for a smooth implementation of a new component?
 - c. For those of you who work with schools, what advice do you have about partnering with schools?
 - d. How do you pick partner organizations that are aligned with your overall mission and goals for the project?
9. What else should we know about creating new partnerships with other organizations that you haven't had a chance to let us know about?

Project Barriers Activity (Initial and Midpoint)

Project managers completed this activity twice, once in January 2015 at the face-to-face meeting in Chicago and then again during the site visits by the project director in May, 2015.

Initial: Barrier Activity (January Face-to-Face Meeting)

Instructions from the Facilitator: I've listed different barriers on note cards. I want you (each site) to remove the cards that weren't barriers for you and write on a blank card any barriers you had that aren't listed. Now rank the barriers on the cards, with #1 being the biggest barrier you've encountered. You have about five minutes to discuss and rank and then we'll report out to the group, describing why this was a barrier for you and strategies used to overcome it. Feel free to take notes right on the cards.

Barriers listed on cards:

- So many partners makes it hard to get everything implemented
- New partners take more time to set up the relationship
- Limited staff within the food bank
- Limited time to coordinate program for food bank
- Limited staff at the sites
- Beginning of the school year timing issues
- School administrative support
- Reliance on volunteers
- Communication issues with partners
- Collecting data from partners
- Collecting data from sites
- Data requests from grant personnel
- Small sites have limited resources
- Staff changes at site or food bank

Each project manager talked about barriers they were or had faced, and strategies used to overcome them.

Endpoint: Barrier Activity (Completed at site visits)

Barrier activity: Please complete the following table:

Column 1. Write in a 'Y' for yes or 'N' for no if this was a barrier for you, your staff or your site **AT ANY POINT** during the HC project.

Column 2. Write 'Y' if this is **CURRENTLY** (still) a barrier that you face.

Column 3. Look at barriers that have a "Y" in Column 2. Rank them, with 1 being the biggest barrier faced.

Column 4. For barriers with a 'Y' in column 1 or 2, please write a comment about how you resolved it or what issues you faced trying to resolve it.

Barrier	1. Barriers at any point of HC (Y/N)	2. Current barriers (Y/N)	3. Current barrier rank	4. Comments about solving current/previous barriers
Limited time to coordinate HC project				
Takes time to set up new partner relationship				
Limited staff within food bank for HC				
Beginning of the school year timing issues				
Collecting data from partners				
Communication issues with partners				
Data requests from grant personnel				
Collecting data from sites				
Limited staff at the sites				
Small sites have limited resources				
Staff changes at site or food bank				
Having so many partners makes it hard to get everything implemented/started				
Reliance on volunteers				
School administrative support (lack of)				
Our food bank needs to collect better data				

HC Spring Site Visit Interview with Project Managers

Site: _____

1. What was the most rewarding part of HC for the food bank?
2. What was the most rewarding part of this project for you personally/professionally?
3. Do you feel more empowered to make changes that benefit your clients, due to this project?
4. What characteristics make an organization a good partner for a food bank to work with?
5. Tell us how this project improved services for your clients? Or the community?
6. Was there a point in time (month) when things shifted and project components seemed to fall into place?
7. Have your attitudes about your job or your clients changed due to this project?
8. Has anything about this project resulted in change for other departments or units in your food bank?
9. Can you think one way that this project lessened food insecurity for clients? Improved health for clients?
10. What benefits come with offering more nutrition education to clients? Any drawbacks? Challenges to implement?
11. What benefits come with offering health screening to clients? Drawbacks? Challenges to implement?
12. What benefits come with offering physical activity opportunities to clients? Drawbacks? Challenges to implement?

Site Visit Combined Interview

Site: _____ Date: _____

Project Manager Present: _____

Partner Organizations Represented: _____

Read aloud: *The goal of Healthy Cities was to form partnerships that would add or expand services that would make a positive contribution to the health of food bank clients. The following questions are intended to stimulate a brief discussion about how the relationship between [name of food bank] and its partners can continue the good work that has already been accomplished.*

1. A project goal was that connections would form between FBs and organizations to share ideas and resources to better serve food bank clients. To what extent did that happen? [*Encourage all partners and project manager to answer*].

What evidence or examples can you share about shared ideas or resources benefitting clients?

2. Why do you think the time was right for your organization to partner with the food bank?
3. *Ask Each Partner:* Looking ahead to the next year, would you like to be more or less involved in this partnership with the food bank, or remain at the same level of involvement as you are now?
4. *Ask FB Manager:* Any ideas for how the role of this/these partners could be modified to enhance positive outcomes for clients?
5. *Ask Partners:* Any ideas for how you think your current role could be modified to enhance positive outcomes for clients?
6. What do you think about food banks as hubs for community health?
7. What other organizations would you recommend that the food bank consider partnering with to enhance their clients' wellness?
8. *Partners:* Has your knowledge or attitudes about the work the FB does changed due to this project?
9. What haven't we talked about that you think is important to consider (or talk about) to continue this relationship?

If time allows:

10. Can you think of something you thought would have been accomplished by now that hasn't been, but that you think could or should still happen? What strategies could be used to work towards that goal?
11. Is there anything about how you communicate with each other, or how often, that you want to change?
12. Is there anyone else from your organization that should be included in future communications?