



Academy of Nutrition
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Foundation



Healthy Cities Phase II 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 Phase II Program

The Healthy Cities (HC) program is an integrated nutrition and health program initially piloted in three Feeding America food banks in 2014-2015 (Oakland, CA; Chicago, IL; and Newark, NJ) through support from Morgan Stanley. The pilot HC program (phase I) was found to be successful in three diverse regions of the country. Following the success of phase I, the HC program was implemented in Cleveland, OH and Houston, TX (phase II) in the fall of 2015 and was planned as a two-year program. Similar to phase I, each HC program involved four components: food distribution, nutrition education, health screenings, and safe places to play (opportunities for physical activity). An assessment of the first year of phase II plus a one-year follow-up to phase I HC programs was completed by the Academy of Nutrition and Dietetics Foundation for Feeding America in 2016. This final report includes the evaluation results of the HC phase II two-year program. The goal of the assessment was to 1) understand how health and nutrition knowledge, attitudes, and reported behaviors change among food bank clients participating in the HC program; 2) understand perceived client benefit of the HC program; 3) understand the attitudes and empowerment of the model of the food bank as a hub for community health among HC food bank project managers.

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

The HC program provided an opportunity for food banks to expand services by developing effective partnerships that positively impacted clients. Client benefits included improved food and financial security, improved nutrition knowledge and awareness, improved eating habits, and an overall improved sense of community. Although the safe places to play component of the program remained a challenge during the second year of HC, program managers had overall high levels of satisfaction with partners and with the four program components, and were working towards program replication and sustainability upon formal completion of the program.

The HC program demonstrated important roles of food banks as both leaders and facilitators of collaborations with a variety of community organizations serving families in need. Thus, other community organizations had an increased awareness of the important role of food banks in communities as well as a willingness to engage in future collaborations with food banks. The HC program is a best practice model program that can be replicated in other cities, but does take time and dedication from multiple stakeholders for optimal success.

Healthy Cities Phase II Project Evaluation Final Report

Introduction

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

The Healthy Cities (HC) program is an integrated health and nutrition program initially piloted in three Feeding America food banks in 2014-2015 (Chicago, IL; Newark, NJ; and Oakland, CA) through funding support for Feeding America from Morgan Stanley. The one-year pilot program demonstrated feasibility of food banks serving as primary facilitators of partnership development in order to offer four HC program components: food distribution, nutrition education, health screenings, and safe places to play (opportunities for physical activity). Drawing upon lessons learned from the pilot project⁷, two new Feeding America food banks (Cleveland, OH and Houston, TX) were selected to implement phase II of the HC program. Phase II consists of the same four components as the pilot program over a two-year time period (2015-2017).

A year one progress evaluation of the HC phase II program was completed in July, 2016 by the Academy of Nutrition and Dietetics Foundation for Feeding America. This second and final report summarizes project findings for the entire Healthy City Phase II funding period. The objective of the evaluation was to: 1) assess HC program implementation at two new

sites; 2) analyze year one data collected through surveys of parents, teachers, food bank clients, food bank staff, and HC program partners in order to measure client impact; 3) provide a one-year post report for phase I.

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

Intervention Descriptions

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

Greater Cleveland Food Bank (OH)

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

As in 2015-2016, the Greater Cleveland Food Bank continued to provide the food for food distributions held at all five school sites. Trinity Cathedral continued to partner with the food bank to provide food for one of the five school sites (Marion Sterling K-8). Given the success demonstrated with the school market model in 2015-2016, this model was continued for food distribution during the 2016-2017 school year. Two schools held market days twice per month, while the remaining schools held their market days one time per month. After-school markets were open to families of the schools as well as neighborhood community members.

In addition to food distribution, the Greater Cleveland Food Bank also provided nutrition education at the school sites. The smoothie curriculum and demonstrations developed by the food bank were well received in the 2015-2016 school year and continued to be a

main attraction on school market days. The food bank also continued to utilize the “Food is Knowledge” curriculum developed by the Cleveland Clinic.

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

The HC program partners for safe places to play included the NuLife Fitness Camp and Cleveland Clinic. Activities varied by school site, with the school playground equipment and additional activity kits serving as the primary form of activity for the four elementary schools. Because after-school markets were held outdoors near or on the playground, children were encouraged to use this time to play (adult supervision was provided) while their parents went through the line to collect food items. Activity kits were provided at the schools and included balls and hula-hoops to encourage active play. Nu Life Fitness Camp provided structured activities led by fitness and yoga instructors for older students at the high school. These activities were not held in conjunction with after-school market days, but was recognized as an important partnership for encouraging physical activity in older students.



Cleveland ZENworks Yoga



Cleveland safety squad partner

Healthy Cities Program Components and Partners Greater Cleveland Food Bank

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

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

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

Houston (TX)

The Houston Food Bank serves 800,000 meals per year and won the Feeding America “Food Bank of the Year” award in 2015.⁹ Houston HC intervention sites included a total of nine schools from two school districts (Houston Independent School District and Pasadena Independent School) and a charter school (Southwest). The nine schools included seven elementary schools, one middle/high school, and one high school.

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

A partnership with Brighter Bites was maintained in the 2016-2017 school year to provide nutrition education through the Coordinated Approach to Child Health (CATCH) curriculum at elementary schools. Volunteer teachers and students were trained to disseminate nutrition information at the high school and middle school on market days. Food demonstrations and recipe cards with nutritional tips were also distributed at all nine school sites.

Program partners for health screening services included Center for the Blind, Jamboree Dental, Memorial Hermann Community Benefits, and University of Houston College of Pharmacy. Health screenings varied by school location, but included blood pressure screening, immunizations, physicals, referrals, dental screening, vision screening, blood sugar, and lice checks. Community referrals for medical treatment were made as appropriate.



Houston health screening



Houston distribution

The Brighter Bites CATCH curriculum was also used to provide safe places to play for elementary schools. Formal partnerships for opportunities for physical activity at the middle school and high school were not formed in year one, but the food bank continued to work with the schools in year two to identify community partners.

Healthy Cities Program Components and Partners Houston Food Bank

Food Distribution	Nutrition Education	Health Screening	Safe Places to Play
• After-school market (mobile and school-based food pantries) • Produce and shelf-stable foods distributed monthly • Seven elementary schools, one middle/high school, one high school Partners: • Houston Independent School District • Pasadena Independent School District • Southwest Charter School	• CATCH curriculum in elementary schools • Food demonstration, recipes and nutrition tips Partner: • Brighter Bites	• Services: blood pressure, immunizations, physicals, dental, vision, blood sugar, lice Partners: • Center for the Blind • Jamboree Dental • University of Houston College of Pharmacy • Memorial Hermann Community Benefits	• CATCH curriculum Partner: • Brighter Bites

Partner	Role in Project
Houston Independent School District	Served as a site for food distributions, nutrition education, health screenings, and safe places to play program components.
Pasadena Independent School District	Served as a site for food distributions, nutrition education, health screenings, and safe places to play program components.
Southwest Charter School	Served as a site for food distributions, nutrition education, health screenings, and safe places to play program components.
Brighter Bites	Provided nutrition education and opportunities for physical activity through CATCH curriculum in elementary schools.
Center for the Blind	Provided eye exams and vouchers for free glasses.
Jamboree Dental	Provided vouchers for dental exams.
Memorial Hermann Community Benefits	Provided health screenings at schools.
University of Houston College of Pharmacy	Provided health screenings at schools.

Data Collection And Analysis

Both quantitative and qualitative data-collection methods were used to evaluate the Healthy Cities program. The evaluation tools described below were developed to help answer the following research questions: 1) How do health and nutrition knowledge, attitudes and reported behaviors change over time among HC program participants? 2) What is the perceived client benefit of the integrated health services provided by the HC project? 3) What are the perceptions of food bank program managers (grantees) and their partners? All data-collection forms are located in Appendix A.

Monthly Logs and Monthly Update Forms were completed by project managers at the beginning of each month for two consecutive school years (September 2015 through May 2016 and September 2016 through May 2017) to document client reach for each of the program components, provide intervention updates, barriers, and successes, rate satisfaction with HC project components, and to identify recommended practices. Program managers at each site use the monthly log to record information about food distribution (number of households served, number of sites, hours of operation, and pounds of food distributed), nutrition education materials provided, health services offered, and numbers reached with safe places to play. A monthly group webinar call was held with Feeding America, the food bank HC program managers, and Academy Foundation evaluation team. The group webinar call was a forum to share program updates as reported on the Monthly Log and Monthly Update Form from each project manager, discuss project progress, and ask clarifying questions about the information reported.

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

A Program Manager Survey was completed at the beginning (October 2015), middle, (May 2016), and end (May 2017) of the Healthy Cities program to measure attitudes about the

integrated health and nutrition model, satisfaction with the program partners, and perceived client benefit of the integrated health services provided by the Healthy Cities program.

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

Teacher Surveys sought to determine perceived benefits and impact of the HC program. Surveys were administered at three different time points (beginning, middle, and end) for each of the two school years (October, January and May).

Guided Parent Surveys were administered to assess nutrition and health services knowledge and attitudes and perceived client benefits of HC. Surveys were administered at three different time points (beginning, middle, and end) for each of the two school years (October, January and May).

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

A final site visit was completed at the end of the program (May 2017). At each site visit, an individual interview was held with the program manager. This was followed by a group interview with the program manager and program partners. The purpose of the site visit was to assess overall attitudes about the role of food banks and partners in an integrative health and nutrition program.

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

Results

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

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

Table 1. Monthly Log Reports (May 2015 to May 2017)

Factor	Combined first 12 months (May '15 - April '16)	Combined last 13 months (May '16- May '17)	Combined Full Program May '15 - May '17 (25 months)	OH Full Program May '15 - May '17	TX Full Program May '15 - May '17
Food distribution:					
Hours of operation	523.50	696.50	1,220.00	321.50	898.50
Number of sites distributing food*	111	150	261	107	154
Produce (lbs.)	929,540	1,019,801	1,949,341	838,072	1,111,269
Shelf-stable/other food (lbs)	280,442	448,925	729,367	183,305	546,062
Total distributed	1,209,982	1,468,726	2,678,708	1,021,377	1,657,331
Households served:					
# Households*	20,912	24,374	45,286	16,294	28,992
Adults*	29,451	37,272	66,723	29,115	37,608
Children*	25,206	29,911	55,117	25,004	30,113
Total Adults + children*	56,422	67,183	123,605	54,119	69,486
Number of nutr. ed. materials distributed:					
For Parents	37,416	63,074	100,490	4,446	96,044
For Children	18,433	21,939	40,372	4,493	35,879
Total # nutr. ed. materials distributed	55,849	85,013	140,862	8,939	131,923
Number of screenings:					
ht/wt	267	797	1,064	674	390
blood pressure	480	1,176	1,656	781	875
Dental	295	184	479	160	319
Hearing	1,251	719	1,970	8	1,962
Visual	1,487	716	2,203	202	2,001
Immunization	164	78	242	94	148
other (see below)**	16	161	177	7	170
Total number of screenings	3,960	3,831	7,791	1,926	5,865
Number reached with safe places to play activities:					
# children reached*	6,795	4,353	11,148	3,660	7,488

* duplicated numbers

** Other screenings included screenings for asthma, diabetes, and scoliosis

Over the HC phase II period of 25 months (May 2015 to May 2017), 2,678,708 pounds of food were distributed to 45,286 households, including 55,117 children (45% of the population served). Of the food distributed, 73% was produce and 27% was shelf-stable food. Over 140,862 nutrition education resources (tips sheets, recipe cards, etc.) were distributed, which averages 5,635 pieces of nutrition information per month. Nearly 8,000 health screenings were provided, including height, weight, and body mass index; blood pressure assessment; dental exams, vision and hearing screens, physical exams; asthma screening; and immunizations.

The client reach numbers for each site vary but are consistent with their program plan and implementation strategies. Houston had the most sites for food distribution, highest number of hours of operation, and reached the most people. Cleveland distributed more pounds of produce per household (51 pounds) compared to Houston (38 pounds), and also distributed more total pounds of food per household (62 pounds) compared to Houston (57 pounds). The majority of screenings done in Houston were vision (34%) and hearing (33%). In Cleveland the majority of screenings were blood pressure (41%) and height/weight/BMI screenings (35%).

Healthy Cities Phase I (2014-2015) Follow-Up

As a follow-up with the Healthy Cities phase I pilot, monthly logs were collected in May, 2016 and May, 2017 from the original three food bank sites in Oakland, California, Chicago, Illinois, and Newark, New Jersey for a one-month snapshot to identify the type and intensity of any remaining HC-related programming after the funding period ended in 2015. See Table 2.

Table 2. 2014-2015 HC phase I post program funding snapshot (2016 and 2017)

Factor	Chicago Apr. 2016	Oakland Apr. 2016	New Jersey May 2016	Combined 1-month snapshot Total 2016	Chicago Apr. 2017	Oakland Apr. 2017	New Jersey May 2017	Combined 1-month snapshot Total 2017
Food distribution:								
Hours of operation	5	27	3	35	3	19	0	22
Number of sites distributing food*	2	10	5	17	2	12	0	14
Produce (lbs.)	14,277	54,266	2,534	71,077	8,120	40,794	0	48,914
Shelf-stable/other food (lbs)	6,347	33,064		39,411	5,000	31,242	0	36,242
Total distributed	20,624	87,330	2,534	110,488	13,120	72,036	0	85,156
Households served:								
# Households*	987	2,496	382	3,865	538	2,053	0	2,591
Adults*	2,178	5,175		7,353	1,194	4,561	0	5,755
Children*	2,168	5,770	1,361	9,299	1,218	3,980	0	5,198
Total Adults + children*	4,346	10,945	1,361	16,652	2,412	8,541	0	10,953
Number of nutr. ed. materials distributed:								
For parents		371		371	0	0	0	0
For children		0		0	0	0	0	0
Total # nutr. ed. materials distributed	0	371	0	371	0	0	0	0
Number of screenings:								
ht/wt		0		0	0	0	0	0
blood pressure		0		0	0	0	0	0
dental		0		0	0	0	0	0
hearing		0		0	0	0	0	0
visual		0		0	0	0	0	0
immunization		0		0	0	0	0	0
other		0		0	0	0	0	0
Total number of screenings	0	0	0	0	0	0	0	0
Number reached with safe places to play activities:								
# children reached*	461	0		461	0	0	0	0

* Duplicated numbers.

As noted in Table 2, HC phase I sites were unable to sustain all components of the HC program since the end of their program funding in 2015. The food distribution component was maintained, but not at the same level as the one year follow up. Changes in food bank staff may account for some of these decreases.

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

Table 3. Parent* and Teacher** Survey Completion, Years 1 and 2

	October 2015	January 2016	May 2016	October 2016	January 2017	May 2017
Parent Survey (English)	21	19	17	23	29	25
Parent Survey (Spanish)	10	13	9	8	1	5
Total Parent Surveys	31	32	26	31	30	30
Teacher Survey (Cleveland)	25	26	36	12	10	29
Teacher Survey (Houston)	24	26	78	54	41	37
Total Teacher Surveys	49	52	121***	67***	51	66

*Parent surveys were collected from three food banks in Cleveland and three food banks in Houston

**Teacher surveys were collected from three schools in Cleveland and three schools in Houston

***Includes surveys from teachers not indicating which school they were from

Perceived client benefits and impact. As reported at the end of year one, **healthy and free food distribution** was highly anticipated at the initial onset of the program. Similar perceptions remained at the beginning of the second year of the Healthy Cities program, with both parents and teachers indicating a need and desire for food distribution. Nutrition education was the second most anticipated service from parents, while health screenings were the second most highly ranked client-needed service by teachers.

Despite a perception of needed medical services, qualitative data from both parent and teacher surveys indicated that food distribution had a much stronger impact on families than any other service. The two most prevalent themes directly related to the food distribution component of the program were “**improved food security**” and “**access to healthy foods**”. Other themes that emerged towards the end of year one and continued

to be strong in year two were not specific to any one component of the Healthy Cities program, but rather the entire integrative health and nutrition program model. These themes include “**increased awareness of health habits**”, “**improved eating behaviors**”, and “**increased sense of community**”.

Table 4 below summarizes emerging themes from years one and two.

Table 4: Perceived Benefits and Impact at Middle (M) and End (E) of Program from Parents (P) and Teachers (T)

Emerging Theme	Year 1	Year 2	Supporting Quote
Improved food security	M (P, T) E (P, T)	M (P, T) E (P)	<i>“It helps because there are times when our family is running low on some food items.” –Parent, January 2017</i> <i>“The food has helped me breathe a sigh of relief that I can fix a fresh meal for my family.” –Parent, May 2017</i>
Access to healthy foods	M (P, T) E (P, T)	M (P, T) E (P, T)	<i>“We are able to eat more fresh foods.” –Parent, January 2017</i> <i>“Students are able to get healthy fresh food for their families instead of relying on fast food.” –Teacher, January 2017</i>
Improved eating behaviors	M (T) E (T)	M (P) E (P, T)	<i>“We eat more vegetables.” –Parent, January 2017</i> <i>“I have noticed them making better food choices and being excited about what was on the menu for the day.” –Teacher, May 2017</i>
Increased awareness of health habits	M, E	M, E	<i>“We try to be more aware of what we are eating.” –Parent, January 2017</i> <i>“They are at least aware that certain foods are not good for you and express the importance of rest.” –Teacher, January 2017</i> <i>“They are more aware of what they take in their bodies as well as trying to be more physically active.” –Teacher, May 2017</i>
Increased sense of community	M (T) E (T)	M (T) E (T)	<i>“They (students) have a sense of responsibility of helping others and it makes them really happy.” –Teacher, May 2016</i> <i>“Having the distribution on campus builds community ties.” –Teacher, January 2017</i> <i>“The students have a better sense of community.” –Teacher, May 2017</i>
Improved focus and attention (in classroom)	-----	E (T)	<i>“The students are more alert.” –Teacher, May 2017</i> <i>“The students have more energy in class.” –Teacher, May 2017</i> <i>“Students seem more energized and are more focused.” –Teacher, May 2017</i>

Quantitative measures were also used to assess HC impact on food security. Tables 5 and 6 summarize food security-related responses.

Table 5: Food Security Measures of Parents, Years 1 and 2.

Survey question: Which of the following statements best describes the food eaten in your household in the last 12 months? (not significant, p=0.3916)	October 2015 (n=31)	January 2016 (n=33)	May 2016 (n=26)	October 2016 (n=30)	Jan 2017 (n=30)	May 2017 (n=30)
There is enough of the kind of food we want to eat.	5 (16%)	9 (28%)	9 (35%)	10 (33.3%)	7 (23.3%)	8 (26.7%)
There is enough food but not always the kinds of food we want.	20 (65%)	17 (53%)	12 (46%)	13 (43.3%)	18 (60.0%)	13 (43.3%)
Sometimes there is not enough to eat.	6 (19%)	10 (30.3%)	4 (15%)	7 (23.3%)	3 (10.0%)	9 (30.0%)
Often there is not enough to eat.	0	0	1 (4%)	0	2 (6.7%)	0
Survey question: Have you ever in the past year, gone without food to pay for (mark all that apply):						
In the last 12 months, I have gone without food to pay for medicine. P=0.7197	5 (16%)	2 (6%)	2 (8%)	4 (12.9%)	4 (13.3%)	2 (6.67%)
In the last 12 months, I have gone without food to pay for utilities. P=0.0331	13 (42%)	8 (24%)	4 (15%)	9 (30%)	9 (30%)	2 (6.67%)
In the last 12 months, I have gone without food to pay for transportation. P=0.9464	3 (10%)	5 (15%)	3 (12%)	5 (16.1%)	3 (10.0%)	3 (10.0%)
In the last 12 months, I have gone without food to pay for housing. P=0.8917	6 (19.4%)	7 (22%)	5 (19%)	5 (16.1%)	3 (10.0%)	5 (16.7%)

Table 6: Food Security Status of Parents, Years 1 and 2.

	October 2015 (n=31)	January 2016 (n=33)	May 2016 (n=26)	October 2016 (n=30)	Jan 2017 (n=30)	May 2017 (n=30)	P value by ANOVA
Food security status (closer to 4 is better)	3.0±0.60	3.1±0.70	3.1±0.82	3.1±0.76	3.0±0.79	3.0±0.76	0.9072
Mean ± SD food groups missing (range 0–6)	2.3± 1.8	1.5±1.6	1.6±1.3	1.9±0.32	1.9±0.32	1.3±0.32	0.3737
Mean ± SD tradeoffs (medicine, utilities, transportation, or housing instead of food). (range 0–4)	0.87±1.1	0.66±0.74	0.53±0.86	0.74±1.1	0.63±0.85	0.40±0.77	0.4436

Quantitative data supports qualitative findings related to food security. As shown in Table 5, there was a statistically significant change in the number of parents reporting a trade-

off utilities for food from the beginning of the first year of the HC program to the end of the second year of HC. A non-significant trend was noted for parents reporting the trade-off medicine for food. Table 4 helps quantify food security status on a 1-4 scale using the first question presented in Table 5, with a 1 indicating lowest food security status and a 4 indicating highest food security status. Although not statistically significant, there were trends towards improved food security status based on the food security rating and the number of food groups that were mentioned as missing, during each school year. These results should be interpreted with caution as it is likely that different households were represented at each of the data collection points.

HC client utilization. As shown below in Table 7, many parents completing guided surveys at mid-point and end-points of both years one and two of HC had previously participated in the HC program. Food distribution was the most highly utilized component of HC throughout the duration of the program, while nutrition education and health screenings were utilized by close to one third of the participants by the end of the program. Safe places to play was reported as the least utilized component of HC. This is not surprising as this component of the program continued to be reported as one of the single greatest challenges for implementation throughout the duration of the program

Table 7: Utilization of Healthy City Program Components Reported by Parents.

Healthy Cities Program Component	Reports having previously participated (January, 2016, n=32)	Reports having previously participated (May, 2016, n=26)	Reports having previously participated (January, 2017, n=30)	Reports having previously participated (May, 2017, n=30)
Food Distribution	28 (88%)	18 (69%)	26 (87%)	29 (97%)
Nutrition Education	8 (25%)	6 (23%)	9 (30%)	8 (28%)
Health Screenings	2 (6%)	9 (35%)	7 (23%)	8 (28%)
Safe Places to Play	1 (3%)	0	1 (3%)	4 (14%)

Client changes and impact. At mid-point and end-point of years one and two, parents were asked if they had made healthy changes at home, and if so, what kinds of changes. For year one, 91% of parents stated they had made healthy changes at mid-point, while

81% stated they made healthy changes at the end-point. For year two, 70% of parents stated they made healthy changes at mid-point, while 80% of parents stated they made healthy changes at end-point. For all time points during both years of HC, most of the changes specified by clients was *eating more fruits and vegetables*. There were also several parents who indicated they were either *cooking more or using healthier cooking methods* (less frying and more baking). Other changes mentioned included *eating less sugary food* and *eating less fast food*.

In order to try to quantify some specific healthy food changes made by clients, in year two of HC, parents were asked specifically about changes in frequency of intake of fruits, vegetables, and beans at the beginning, middle, and end of year two. Tables 8-10 summarizes these findings.

Table 8. Self-reported measurement of fruit intake at beginning, middle, and end of HC year 2

In the past month, how often did you eat fruit?	September 2016	January 2017	May 2017	Chi square
Never	2 (6.5%)	0	0	0.5667
A few days per month	9 (29%)	9 (30%)	7 (23.3%)	
A few days per week	11 (35.5%)	12 (40%)	14 (46.7%)	
Every day	9 (29%)	9 (30%)	8 (30.8%)	
Don't know/Not Sure	0	0	1 (3.3%)	
Total	31 (100%)	30 (100%)	20 (100%)	
The amount of fruit I ate was...				
About the same as I was eating three months ago	16 (51.6%)	14 (46.7%)	8 (26.7%)	0.0190
More than I was eating three months ago	6 (19.4%)	13 (43.3%)	19 (63.3%)	
Less than I was eating 3 months ago	3 (10%)	1 (3%)	0	
Don't know/Not sure	6 (54.6%)	2 (6.7%)	3 (10%)	
Total	31 (100%)	30 (100%)	30 (100%)	

Table 9. Self-reported measurement of vegetable intake at beginning, middle, and end of HC year 2

In the past month, how often did you eat vegetables?	September 2016	January 2017	May 2017	Chi square
Never	0	0	0	0.5590
A few days per month	3 (10%)	4 (13.3%)	5 (16.7%)	
A few days per week	16 (51.6%)	12 (40%)	16 (53.3%)	
Every day	12 (38.7%)	14 (46.7%)	8 (26.7%)	
Don't know/Not Sure	0	0	1 (3%)	
Total	31	30	30	
The amount of vegetables I ate was . . .				
About the same as I was eating three months ago	14 (45.2%)	15 (53.3%)	10 (33%)	0.5375
More than I was eating three months ago	13 (42%)	11 (36.7%)	17 (56.7%)	
Less than I was eating 3 months ago	2 (6.5%)	1 (3%)	0	
Don't know/Not sure	2 (6.5%)	2 (6.7%)	3 (10%)	
Total	31	30	30	

Table 10. Self-reported measurement of legume intake at beginning, middle, and end of HC year 2

In the past month, how often did you eat legumes?	September 2016	January 2017	May 2017	Chi square
Never	4 (13%)	0	2 (6.7%)	0.3885
A few days per month	7 (33.6%)	12 (40%)	10 (33.3%)	
A few days per week	14 (45.2%)	10 (33.3%)	14 (46.7%)	
Every day	4 (13%)	7 (23.3%)	3 (10%)	
Don't know/Not Sure	2 (6.5%)	1 (3.3%)	1 (3.3%)	
Total	31	30	30	
The amount of legumes I ate was . . .				
About the same as I was eating three months ago	18 (58.1%)	22 (73.3%)	20 (67.7%)	0.2807
More than I was eating three months ago	8 (25.8%)	3 (10%)	7 (23.3%)	
Less than I was eating 3 months ago	0	2 (6.7%)	0	
Don't know/Not sure	5 (16.1%)	3 (10%)	3 (10%)	
Total	31	30	30	

As shown in tables 8-10, there were no significant changes found in the self-reported frequency of consumption of fruits, vegetables, or legumes during the second year of HC.

However, as shown in Table 8, there was a significant increase in the number of clients stating they were eating more fruit than three months prior.

Overall satisfaction with project components. Project managers reported their level of satisfaction with each of the four project components and their level of satisfaction with partnerships on the Monthly Update Form each month. The rating scale was 0 (no satisfaction) to 10 (complete satisfaction). Table 11 presents the average monthly satisfaction level for each program component for both sites combined.

Table 11. Program Manager Satisfaction Ratings for the Healthy Cities Program Components –Years 1 and 2

Component	Sept	Oct	Nov	Dec	Jan 2016	Feb	Mar	Apr	May	Mean	Difference (Sept 2015-May 2016)
Food distribution	8.5	9.0	9.0	8.0	8.0	9.5	8.5	9.0	8.5	8.7	+0.2
Nutrition education	7.0	7.5	9.0	10.0	9.0	9.5	9.0	8.5	8.0	8.6	+1.6
Health screening	6.5	6.0	6.0	4.5	5.0	6.0	6.5	6.5	7.0	6.0	-0.5
Safe places to play	5.0	4.5	5.5	6.5	6.0	7.5	6.0	6.0	7.5	6.0	+1.5
Component	Sept	Oct	Nov	Dec	Jan 2017	Feb	Mar	Apr	May	Mean	Difference (Sept 2016-May 2017)
Food distribution	10.0	10.0	9.0	6.5	8.5	9.5	9.5	8.5	8.5	8.9	-1.1
Nutrition education	8.5	8.0	7.0	5.0	8.0	9.5	8.5	9.5	8.0	8.9	+0.4
Health screening	8.0	8.0	8.0	5.5	7.5	8.0	8.5	8.5	6.0	7.6	-0.5
Safe places to play	6.0	6.5	5.5	6.0	7.5	7.5	7.5	8.0	8.0	6.9	+0.9

As shown in Table 11, satisfaction of individual HC components varied, with greatest satisfaction from the food distribution and nutrition education components in both years of the program. Seasonal weather and school year activities may help explain fluctuations in satisfaction from month to month. Mean satisfaction for food distribution was stable in years one and two, while there was a slight increase in mean satisfaction for nutrition education from year one to year two. Mean satisfaction for both health screenings and the safe places to play components of the program increased greatly from year one to year two.

Satisfaction with Partnerships & Feedback from Clients

Program managers maintained several organizational partners from year one to year two, but also had opportunities for new partnerships. Table 12 below shows average satisfaction scores with partners and clients over time for both years of HC.

Table 12. Project Manager Satisfaction with Organizational Partnerships

Partners & Clients	Sept	Oct	Nov	Dec	Jan 2016	Feb	Mar	Apr	May	Mean	Difference (Sept 2015-May 2016)
Satisfaction with partners	8.5	8.5	8.5	9.0	9.0	9.0	8.5	9.0	9.0	8.8	+0.3
Satisfaction with client feedback	n/a	9.0	9.5	8.5	7.0	6.5	8.0	8.0	7.0	7.9	-1.1
Partners & Clients	Sept	Oct	Nov	Dec	Jan 2017	Feb	Mar	Apr	May	Mean	Difference (Sept 2015-May 2016)
Satisfaction with partners	9.5	9.0	9.5	9.0	9.0	8.5	8.5	8.5	8.5	8.9	-0.6
Satisfaction with client feedback	9.0	9.0	8.0	8.5	8.5	8.5	5.5	n/a	9.5	8.3	-0.7

Results presented in Table 12 show overall high mean satisfaction with program partners in both years one and two, and slight improvement in mean satisfaction with client feedback from year one to year two.

Year one of HC included many challenges related to logistics of the intervention. As program managers became more comfortable in their roles over time, some of these challenges seemed to subside. Program managers continued to maintain contact with program partners through email and phone, and had the opportunity for in-person visits during school market days. Program managers were pleased with services provided by partners, and indicated that good communication was vital to a successful partnership. Other characteristics identified by program managers as important for a successful partnership included dedication to the mission of the food bank and willingness to embrace diverse families and needs.

Program managers indicated that all of the partnering organizations were valuable to the HC program as they provided additional needed services such as health screenings, nutrition education and opportunities for physical activity. At both the beginning and end of year two, program managers agreed that food distribution and nutrition education were the two easiest components of the HC program to implement, while safe places to play was the most difficult component of the HC program to implement at both time points. These findings are unchanged from year one.

Twenty-seven partner organizations were identified at the onset of the program (October 2015) and were invited to take a brief survey assessing current partnership contributions, anticipated benefits, challenges, and overall satisfaction. Partner organizations were also asked to rate their satisfaction with food banks as partners on a scale of 0 (no satisfaction) to 10 (complete satisfaction). Surveys were completed by 18 partner organizations (9 from Cleveland and 9 from Houston). Initial satisfaction rates averaged 8.9. Reported contributions from partnering organizations at program onset were time (61%), services (56%), education material (17%), and space (17%).

A final survey was sent to partners in May, 2017. Eleven partners responded to the survey (3 from Cleveland and 8 from Houston). Reported contributions from partnering organizations at the end of the program were time (36%), services (55%), education material (45%), and referrals (55%).

Although partner satisfaction scores were not collected, 100% of the partners reported they thought their partnership with the food bank would continue. Good communication, flexibility, and understanding of shared missions were characteristics that partner organizations indicated were necessary for good working relationships with food banks. Reported benefits and challenges from the surveys are discussed in the program partner insights found in the next section.

Final Site Visit and End of Program Findings

End of the program surveys were sent to both program managers and program partners. Additionally, final site visits at each of the HC program sites took place in May, 2017. Individual interviews with each of the two program managers helped shed light on overall HC program benefits and challenges as well as changes in knowledge, attitudes, and perceptions over time. Group interviews with HC program partners in the presence of the program manager allowed for additional insight and perspectives related to program benefits and sustainability. Qualitative findings from interviews and surveys are described below.

Program Manager Insights

Rewards. Each of the program managers interviewed had been involved with oversight of the HC program from the onset of phase II. This consistency and continuation in program management was no doubt part of what contributed to great success for each program, but both program managers indicated that the **growth of the program over**

time was very rewarding. While Cleveland had tested the school pantry model used for HC prior to program implementation, they experienced immense growth over time, expanding from five HC school markets to 27 school markets offered by the food bank in two years. The program manager from Cleveland was proud of the fact that their food bank had been recognized as a “best practice” organization by other food banks in the country, even hosting visitors from other states interested in learning more about setting up a similar program. Additionally, Cleveland discovered the HC model could successfully be applied in other community settings, and now uses the HC model for programs in senior citizen communities. Similarly, Houston experienced growth over time, and they were clearly proud of their success. Unlike Cleveland, Houston had no experience with school market programs prior to the start of HC. However, the program has been so successful and has generated such interest from other schools, the program manager stated the *“phone is ringing off the hook”* and at the time of the interview, she was putting together a budget proposal for the Houston Food Bank to be able to add additional sites upon formal completion of HC. An additional reward for the Houston program manager was how the program affected lives of the community members; not only in helping community members with improved access to healthy food and other resources, but the success in being a part of a program that **engaged community members** by giving them responsibilities for taking care of one another. For example, at some of the schools, some of the kids developed their own positions such as “market manager” and “database manager”. The program manager from Houston was particularly proud of a teenager who *“had been kicked out of five schools and then became the market manager for his school site.”*

Perceived Client Benefits. Program managers were asked about benefits related to the overall program as well as the different components of the program. Both program managers mentioned that convenient access to other services in addition to food distribution as very rewarding for clients. The notion of a “one stop shop” was perceived as especially important for clients without transportation or the knowledge of how to access some of the services provided by program partners. Both program managers also discussed the benefits of exposure to new vegetables previously not familiar to clients, as well as recipe demonstrations and tastings that clients enjoyed. Another manager emphasized how needed the services were, stating, *“Waiting in line is not glamorous or something you want to do; seeing families come back month after month speaks to the need.”* She also mentioned that growth and expansion in other schools spoke to the need for such programs and services.

Empowerment. Both program managers stated they were empowered to make changes to benefit clients, and that they had made adaptations throughout the HC program to fit the needs of the clients. Program managers stated they felt empowered to continue to build upon their successes, and one program manager reported that one of the school partner sites was empowered to seek additional resources for the HC program, and was awarded a grant for a fitness center for their school. One program manager also mentioned that food was provided in a way that wasn't stigmatized, while the other program manager mentioned that this was a great opportunity to show community members the services provided, and that the clients get *"high quality produce, not just leftovers"* as is often a perception of clients utilizing food banks.

Attitudes. Overall attitudes about the HC program were positive. One program manager was particularly proud of the changes she saw in clients, stating *"We have changed attitudes around what food banks do. We have really created a community."* The other program manager mentioned she had learned a lot, and is still learning, but states, *"I love what I do."*

Department Changes. Program managers were asked if anything about the HC project resulting in change for their department or other departments at the food bank. Both managers emphatically stated yes, with the program manager from Houston stating *"we are a department now...we have created a want, schools we never heard of are calling us."* The program manager from Cleveland again emphasized the point that other food bank programs are now modeled from the HC program. A major change for Cleveland is that their strategic plan now includes working with clients with health problems by bringing the model to health centers and hospitals. The program manager from Cleveland states, *"this has been a model that allows us to be more intentional on who we are focusing."* Another change in Cleveland was an organizational wide change to start doing more evaluation, with the program manager stating, *"Now each department has evaluation at the beginning, middle, and end. We weren't doing that before."*

Challenges. The greatest challenge for both program managers was consistent implementation of the safe places to play component of the HC program. Reasons for this challenge varied, but included finding an activity of interest to older students, as well as the cost and availability of services. As one program manager stated, turnout hasn't been great, so *"when it's more than \$100 an hour for kids, and no one shows up..."*. It was also pointed out that the market days could be a little hectic, and that for physical activity, some clients were *"out of their comfort zone"* in this setting. As one program manager stated, *"the challenge is getting*

the right partner for the right group, finding consistent partners for physical activity, and getting them to show up." One site did have success with an evening event promoting physical activity for families, but such events weren't offered consistently throughout the program.

Another challenge that emerged for one site was initial trust issues from some clients; the program manager stated there was fear and concern of community members who were asked to sign permission forms for health screenings as they were undocumented immigrants and were worried about being reported. This concern did resolve over time, but brings attention to awareness of how political climate affects community members.

Both program managers also reported that it takes a tremendous amount of helping hands to run the school markets, and were often short on volunteers. Timely data collection was another challenge faced by both programs.

Program Partner Insights

Written final surveys were completed by three partners of the Cleveland Food Bank and eight partners of the Houston Food Bank. Partners from four different organizations in Cleveland and four different organizations in Houston attended final site visit meetings.

Community Contributions. Several partners indicated how pleased they were with the partnerships they had formed with the food bank, and how such partnerships contributed to the overall perception and feeling of a *community*. Some partners mentioned how the collaboration with the food bank benefited their own organization by increasing awareness of services they provided in the community. As one partner mentioned, *"We wanted to become part of the community, this program has allowed that to happen."* As mentioned by program partners, the community included senior citizens living in the community rather than only teachers, parents, and children. *"Senior citizens never used to come into our schools. Now our parking lot is full of senior citizens from the community at least twice per month."* School sites also mentioned how word of mouth helped connect the schools with other partner organizations that had not been initial HC program partners. *"Organizations now will call to ask if they can do other services at the market. Other organizations view us as a touch point to reach more community members. It's been helpful to have other resources in addition to food."*

Attitudes. The HC program contributed to positive attitudes as well as increased knowledge and awareness of the work of food banks. From one partner in Houston, *"I didn't know food banks did these things. I used to think of shelters when I thought of food banks. Now I am aware of the larger reach of food banks."* From a partner in Cleveland, *"Now I realize more...I appreciate the mission to end hunger and to educate the community. The food bank understands and does their mission well."*

Perceived Client Benefits. When partners were asked to discuss the benefits of having multiple program components in one location, all partners indicated this was a great benefit to community members. Several partners mentioned it was nice to have a "one-stop shop". As one partner in Houston stated, *"Having everything, like a big Walmart-everything at one stop allows for excuses and distractions to be removed. If a child or other family member has not had screenings or food, they can do this all."* In Cleveland, another partner stated, *"When you tell a parent to see someone at another place, a lot of times, the parent doesn't follow through. But when they can get their blood pressure checked right there, it gives them a friendly face."*

Challenges. While all partner organizations were pleased with the program and the many benefits described, the **school partners** indicated a few challenges that could affect program sustainment. It was noted that different schools had different challenges. From an elementary school partner, *"It is a lot of work-we have so many things going on, and we can't just let kids man the booth. We also have to deal with complaints from the community members about someone who cut in line or other fires with kids such as losing their bag."* From a high school partner, *"Of course we want to continue, but we had to get buy in from staff, and they came up with ideas of how to distribute the work to the different grades."*

All of us volunteer, we need a coordinator, a custodian, and a data collector." "Red tape" and "bureaucracy" were also mentioned by schools as barriers that would have prevented them from starting a program like Healthy Cities on their own.

Conclusions

Healthy Cities is an integrative nutrition and health program that has had an important impact on communities in Cleveland, OH and Houston, TX. The HC program improved community perceptions of food banks as well as increased awareness of the scope of the work of food banks and the important roles they have in communities. At the same time, the HC program empowered schools to form new partnerships in their communities and to encourage students to become active and engaged citizens of their communities. Community engagement has the power to be far more healing to low resource communities than food alone.

In trying to understand characteristics of communities and organizations that make for successful implementation, buy-in from key stakeholders and ongoing communication are essential. This has been demonstrated not only from the completion of the phase II program, but from findings that phase I sites were unable to fully sustain the HC program two years after the pilot. The HC integrative nutrition and health program requires intensive human resources, and therefore, it's important for the service site to be as actively engaged with the program as the food banks responsible for initial coordination and partnership formation. Cleveland and Houston were not only successful in implementing and maintaining an integrative health and nutrition program, but they also were able to grow their programs and extend reach over a two-year funding period. Each of these food banks are now equipped with the experience, knowledge, and skills of implementing an integrative nutrition and health program that can be applied to a variety of settings, serving as best practice role models for other food banks in the Feeding America network.

Despite the great successes demonstrated in both Cleveland and Houston, physical activity programming continued to persist as a challenge during the second year of the program. Although it “makes sense” to combine physical activity opportunities and nutrition education, the realities of when formal opportunities can be offered in the context of HC may not align with opportune times for clients. Future iterations of HC should continue to encourage physical activity, but they may or may not find this component easy to implement. Finally, to truly maintain the comprehensive integrative nutrition and health program, community food banks should consider integrating such programming into their strategic plans to better reach and better serve their communities.

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Appendix A

Evaluation Instruments

A1-Healthy Cities Monthly Update Form

Food Bank: _____ Date: _____

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

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

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

(Septiembre 2015 y septiembre 2016)

Lugar: _____ Fecha: _____

A los Intermediarios Escolares, por favor leer el siguiente guion cuando se aproxime a un padre de familia acerca de la participación en esta encuesta.

Hola, mi nombre es _____ y estoy ayudando a evaluar como esta distribución de alimentos ayuda a nuestros clientes. ¿Le importaría responder a unas cuantas preguntas?

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

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

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

1. Como se enteró del proyecto *Ciudades Sanas* (o provea el nombre local del proyecto)?
2. ¿Qué tipos de servicios cree que se ofrecerán por medio de este proyecto?
3. ¿Qué servicios está esperando usted especialmente?
4. ¿Qué tipos de alimentos espera usted poder recibir por medio del proyecto?
5. ¿Cuál de las siguientes oraciones describe de mejor forma los alimentos comidos en su casa en los últimos 12 meses?
 - a. Ha habido suficiente del tipo de alimentos que queremos comer.
 - b. Ha habido suficiente comida pero no siempre del tipo de alimentos que queremos comer.
 - c. Hay veces cuando no tenemos suficiente que comer.
 - d. A menudo no tenemos suficiente que comer.

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

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

- e. Proteína (frijoles, guisantes, frutos secos y semillas, soja (soya))
 - f. Lácteos (leche, quesos, yogur)
6. ¿Ha tenido alguna vez durante este año días sin comer para poder pagar (marque las que apliquen):
- a. Medicina?
 - b. Servicios de utilidades (luz, gas, agua)?
 - c. Transporte?
 - d. Vivienda?

F2-Healthy Cities Guided Surveys-Parents (January 2016 and January 2017)

Site: _____ Date: _____

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

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

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

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

1. Have you or your family participated in any of the healthy cities programs?
☐ food distributions ☐ nutrition education ☐ health screenings ☐ safe places to play
 If yes, which ones have you enjoyed the most? Please explain:
2. Have you made healthy changes at home? If so, what changes?
3. Approximately how many of the food distributions have you attended?
 Every week Every two weeks Every month Every other month
 When you can't attend a food distribution, what keeps you from attending?
4. Has the food distributed impacted your family? If so, how?
5. Have you made any of the recipes provided at the food distributions?
6. Which of the following statements best describes the food eaten in your household in the last 12 months?
 - a. There is enough of the kind of food we want to eat.
 - b. There is enough food but not always the kinds of food we want.
 - c. Sometimes there is not enough to eat.
 - d. Often there is not enough to eat.
7. If you indicated that you do not always get the kinds of food that you want to eat, please indicate what kinds of food are missing:
 - a. Grains (bread, rice, cereal, pasta, etc.)
 - b. Vegetables
 - c. Fruits

- d. Protein (beef, chicken, pork, eggs, seafood)
 - e. Protein (beans and peas, nuts and seeds, soy)
 - f. Dairy (milk, yogurt, cheese)
8. Have you ever in the past year, gone without food to pay for (mark all that apply):
- a. Medicine
 - b. Utilities
 - c. Transportation
 - d. Housing

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

(Enero 2016 y enero 2017)

Fecha: _____

A los Intermediarios Escolares, por favor leer el siguiente guion cuando se aproxime a un padre de familia acerca de la participación en esta encuesta.

Hola, mi nombre es _____ y estoy ayudando a evaluar como esta distribución de alimentos ayuda a nuestros clientes. ¿Le importaría responder a unas cuantas preguntas?

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

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

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

1. ¿Ha participado usted o su familia en cualquiera de los demás programas de Ciudades Sanas?

___ Distribuciones de alimentos ___ educación sobre la nutrición ___ evaluaciones de salud

___ Lugares seguros para jugar

Si contestó si, ¿de cuales ha disfrutado más? Por favor explique:

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

3. Aproximadamente, ¿a cuántas de las distribuciones de alimentos ha asistido?

Cada semana Cada dos semanas Cada mes Cada dos meses

Cuando usted no puede venir a la distribución de alimentos, ¿cuál es la razón por la que no puede venir?

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

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

6. ¿Cuál de las siguientes oraciones describe de mejor forma los alimentos comidos en su casa en los últimos 12 meses?

a. Ha habido suficiente del tipo de alimentos que queremos comer.

b. Ha habido suficiente comida pero no siempre del tipo de alimentos que queremos comer.

c. Hay veces cuando no tenemos suficiente que comer.

d. A menudo no tenemos suficiente que comer.

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

a. Granos (pan, arroz, cereal, pasta, etc.)

b. Vegetales

- c. Frutas
 - d. Proteína (carne de res, pollo, cerdo, huevos, mariscos)
 - e. Proteína (frijoles, guisantes, frutos secos y semillas, soja (soya))
 - f. Lácteos (leche, quesos, yogur)
8. ¿Ha tenido alguna vez durante este año días sin comer para poder pagar (marque las que apliquen):
- a. Medicina?
 - b. Servicios de utilidades (luz, gas, agua)?
 - c. Transporte?
 - d. Vivienda?

F3-Healthy Cities Guided Surveys-Parents

(May 2016 and May 2017)

Site: _____ Date: _____

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

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

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

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

1. Have you or your family participated in any of the healthy cities programs?
☐ food distributions ☐ nutrition education ☐ health screenings ☐ safe places to play
 If yes, which ones have you enjoyed the most:
2. Have you made healthy changes at home? If so, what changes?
3. Approximately how many of the food distributions have you attended?
 Every week ☐ Every two weeks ☐ Every month ☐ Every other month ☐
 When you can't attend a food distribution, what keeps you from attending?
4. Has the food distributed impacted your family? If so, how?
5. Have you made any of the recipes provided at the food distributions?
6. Which of the following statements best describes the food eaten in your household in the last 12 months?
 - a. There is enough of the kind of food we want to eat.
 - b. There is enough food but not always the kinds of food we want.
 - c. Sometimes there is not enough to eat.
 - d. Often there is not enough to eat.
7. If you indicated that you do not always get the kinds of food that you want to eat, please indicate what kinds of food are missing:
 - a. Grains (bread, rice, cereal, pasta, etc.)
 - b. Vegetables
 - c. Fruits

- d. Protein (beef, chicken, pork, eggs, seafood)
 - e. Protein (beans and peas, nuts and seeds, soy)
 - f. Dairy (milk, yogurt, cheese)
8. Have you ever in the past year, gone without food to pay for (mark all that apply):
- a. Medicine
 - b. Utilities
 - c. Transportation
 - d. Housing

F3- Encuestas Guiadas de *Ciudades Sanas* –para los padres (Mayo 2016 y mayo 2017)

Lugar: _____ Fecha: _____

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

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

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

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

1. ¿Ha participado usted o su familia en cualquiera de los demás programas de Ciudades Sanas?
☐ Distribuciones de alimentos ☐ educación sobre la nutrición ☐ evaluaciones de salud
☐ Lugares seguros para jugar
 Si contestó si, ¿de cuales ha disfrutado más?
2. ¿Ha hecho cambios saludables de salud en casa? Si lo ha hecho, ¿qué cambios he hecho?
3. Aproximadamente, ¿a cuántas de las distribuciones de alimentos ha asistido?
 Cada semana Cada dos semanas Cada mes Cada dos meses
 Cuando usted no puede venir a la distribución de alimentos, ¿cuál es la razón por la que no puede venir?
4. ¿Ha tenido algún impacto en su familia la distribución de alimentos? Si lo ha tenido, ¿como lo ha tenido?
5. ¿Ha probado hacer cualquiera de las recetas de cocina provistas en las distribuciones de alimentos?
6. ¿Cuál de las siguientes oraciones describe de mejor forma los alimentos comidos en su casa en los últimos 12 meses?
 - a. Ha habido suficiente del tipo de alimentos que queremos comer.
 - b. Ha habido suficiente comida pero no siempre del tipo de alimentos que queremos comer.
 - c. Hay veces cuando no tenemos suficiente que comer.
 - d. A menudo no tenemos suficiente que comer.
7. Si usted ha indicado que no siempre tienen los alimentos que quieren comer, por favor indicar que tipos de alimentos les hacen falta:
 - a. Granos (pan, arroz, cereal, pasta, etc.)
 - b. Vegetales

- c. Frutas
 - d. Proteína (carne de res, pollo, cerdo, huevos, mariscos)
 - e. Proteína (frijoles, guisantes, frutos secos y semillas, soja (soya))
 - f. Lácteos (leche, quesos, yogur)
8. ¿Ha tenido alguna vez durante este año días sin comer para poder pagar (marque las que apliquen):
- a. Medicina?
 - b. Servicios de utilidades (luz, gas, agua)?
 - c. Transporte?
 - d. Vivienda?

B-Healthy Cities Program Manager Survey

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

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

Partner: _____

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

Are benefits of involving this partner worth the effort?

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

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

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

Partner: _____

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

Are benefits of involving this partner worth the effort?

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

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

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

Partner: _____

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

Are benefits of involving this partner worth the effort?

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

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

G1-Healthy Cities Surveys-Teachers (September 2015 and September 2016)

Site: _____ Date: _____

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

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

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

Background Information:

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

Procedures:

Participants include the teachers at the Healthy Cities schools.

If you agree to be participate, we would ask you to complete a short survey with about 10 questions. The questionnaire will be completed anonymously using an electronic survey tool--Survey Monkey.

Risks and Benefits to Participants

Your participation in the study does not involve any physical or psychological risks to you.

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

Confidentiality:

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

Voluntary Nature of the Study:

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

Contacts and Questions:

The researchers conducting this study are Katie Brown, EdD, RDN, Rosa Hand, MS, RDN, LD, and Lisa Medrow, RDN. If you have any questions, concerns or complaints about the evaluation, contact us at kbrown@eatright.org or 312-899-4847.

If she cannot be reached, or if you would like to talk to someone other than the evaluators about: (1) questions, concerns or complaints regarding this study, (2) research participant rights, or (3) other human subjects issues, please contact the American Academy of Family Physicians' Institutional Review Board at (800) 2742337 or write: American Academy of Family Physicians, Mindy Cleary, IRB Assistant, 11400 Tomahawk Creek Parkway, Leawood, KS, 66211.

You may print a copy of this form for your records.

Statement of Consent:

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

1. How did you hear of the Healthy Cities project (or insert local name of project)?
2. What types of services do you think will be offered through the project?
3. Will you be directly involved in any of the services?
 Yes No Not sure
 If yes, please describe:
4. Please rank the following services provided by Healthy Cities in the order you think your students will benefit? (1=most benefit, 4=least benefit)
 Food distributions Nutrition education Health screenings Safe places to play
5. Please rank the following services provided by Healthy Cities in the order you think families will benefit? (1=most benefit, 4=least benefit)
 Food distributions Nutrition education Health screenings Safe places to play
6. How often do your students meet expectations for school attendance?
 Never Rarely Sometimes Usually Always
7. How often are your students tardy to school?
 Never Rarely Sometimes Usually Always
8. How often do your students meet expectations for classroom behavior?
 Never Rarely Sometimes Usually Always
9. How often are your students ready to learn?
 Never Rarely Sometimes Usually Always
10. How often do your students meet expectations for time on-task?
 Never Rarely Sometimes Usually Always
11. What do you hope the Healthy Cities project (or insert local name of project) will achieve with your students and their families this year?

G2-Healthy Cities Guided Surveys-Teachers (January 2016 and January 2017)

Site: _____ Date: _____

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

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

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

Background Information:

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

Procedures:

Participants include the teachers at the Healthy Cities schools.

If you agree to be participate, we would ask you to complete a short survey with about 10 questions. The questionnaire will be completed anonymously using an electronic survey tool--Survey Monkey.

Risks and Benefits to Participants

Your participation in the study does not involve any physical or psychological risks to you.

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

Confidentiality:

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

Voluntary Nature of the Study:

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

Contacts and Questions:

The researchers conducting this study are Katie Brown, EdD, RDN, Rosa Hand, MS, RDN, LD, and Lisa Medrow, RDN. If you have any questions, concerns or complaints about the evaluation, contact us at kbrown@eatright.org or 312-899-4847.

If she cannot be reached, or if you would like to talk to someone other than the evaluators about: (1) questions, concerns or complaints regarding this study, (2) research participant rights, or (3) other human subjects issues, please contact the American Academy of Family Physicians' Institutional Review Board at (800) 274-2337 or write: American Academy of Family Physicians, Mindy Cleary, IRB Assistant, 11400 Tomahawk Creek Parkway, Leawood, KS, 66211.

You may print a copy of this form for your records.

Statement of Consent:

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

1. Are you directly involved in any of the Healthy Cities project (or insert local name of project) services?
Yes No Not sure
If yes, please describe:
2. What services do you think your students are benefitting from the most? Check all that apply.
Food distributions Nutrition education Health screenings Safe places to play
3. What services do you think families are benefitting from the most? Check all that apply.
Food distributions Nutrition education Health screenings Safe places to play
4. How often do your students meet expectations for school attendance?
Never Rarely Sometimes Usually Always
5. How often are your students tardy to school?
Never Rarely Sometimes Usually Always
6. How often do your students meet expectations for classroom behavior?
Never Rarely Sometimes Usually Always
7. How often are your students ready to learn?
Never Rarely Sometimes Usually Always
8. How often do your students meet expectations for time on-task?
Never Rarely Sometimes Usually Always
9. How do you think the Healthy Cities project (or insert local name of project) is impacting your students and their families? Please share examples.
10. Are there any elements of the Healthy Cities project that you wish would be changed and why?

G3-Healthy Cities Guided Surveys-Teachers (May 2016 and May 2017)

Site: _____ Date: _____

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

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

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

Background Information:

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

Procedures:

Participants include the teachers at the Healthy Cities schools.

If you agree to be participate, we would ask you to complete a short survey with about 10 questions. The questionnaire will be completed anonymously using an electronic survey tool--Survey Monkey.

Risks and Benefits to Participants

Your participation in the study does not involve any physical or psychological risks to you.

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

Confidentiality:

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

Voluntary Nature of the Study:

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

Contacts and Questions:

The researchers conducting this study are Katie Brown, EdD, RDN, Rosa Hand, MS, RDN, LD, and Lisa Medrow, RDN. If you have any questions, concerns or complaints about the evaluation, contact us at kbrown@eatright.org or 312-899-4847.

If she cannot be reached, or if you would like to talk to someone other than the evaluators about: (1) questions, concerns or complaints regarding this study, (2) research participant rights, or (3) other human subjects issues, please contact the American Academy of Family Physicians' Institutional Review Board at (800) 2742337 or write: American Academy of Family Physicians, Mindy Cleary, IRB Assistant, 11400 Tomahawk Creek Parkway, Leawood, KS, 66211.

You may print a copy of this form for your records.

Statement of Consent:

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

1. Are you directly involved in any of the Healthy Cities project (or insert local name of project) services?
 Yes No Not sure
 If yes, please describe:
2. What services do you think your students are benefitting from the most? Check all that apply.
 Food distributions Nutrition education Health screenings Safe places to play
3. What services do you think families are benefitting from the most? Check all that apply.
 Food distributions Nutrition education Health screenings Safe places to play
4. On a scale of 0-10, with 0 being the least valuable, and 10 being the most valuable, how would you rate the value of the food distributed to families?
 0 1 2 3 4 5 6 7 8 9 10
5. On a scale of 0-10, with 0 being the least valuable, and 10 being the most valuable, how would you rate the value of the nutrition education provided to families?
 0 1 2 3 4 5 6 7 8 9 10
6. On a scale of 0-10, with 0 being the least valuable, and 10 being the most valuable, how would you rate the value of the health screenings provided to students?
 0 1 2 3 4 5 6 7 8 9 10
7. On a scale of 0-10, with 0 being the least valuable, and 10 being the most valuable, how would you rate the value of the physical activity (or insert local name of 'safe places to play' component) to students?
 0 1 2 3 4 5 6 7 8 9 10
8. How often do your students meet expectations for school attendance?
 Never Rarely Sometimes Usually Always
9. How often are your students tardy to school?
 Never Rarely Sometimes Usually Always
10. How often do your students meet expectations for classroom behavior?
 Never Rarely Sometimes Usually Always
11. How often are your students ready to learn?
 Never Rarely Sometimes Usually Always
12. How often do your students meet expectations for time on-task?

Never Rarely Sometimes Usually Always

13. Please describe any changes you have noticed in your students since the beginning of the year.
14. Do you think any of those changes were a result of the Healthy Cities project (or insert local name of project)? Please describe.
15. How do you think the Healthy Cities project (or insert local name of project) impacted your students and their families? Please share examples.
16. How has having multiple program components (food distributions, nutrition education, health screenings, and physical activity) impacted your students and their families?

E-Monthly Log

Factor	May 2015	June 2015	July 2015	Aug. 2015	Sept. 2015	Oct. 2015	Nov. 2015	Dec. 2015	Jan. 2016	Feb. 2016	Mar. 2016	Apr. 2016	May 2016	May '15 - May '16 (13 months)	June 2016
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Food distribution:

Hours of operation														0	
Number of sites distributing food														0	
Produce (lbs.)														0	
Shelf-stable /other food (lbs)														0	
Total distributed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Households served:

# Households														0	
Adults														0	
Children														0	
Total Adults + children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Number of nutr. ed. materials distributed:

For parents														0	
For children														0	
Total # nutr. ed. materials distributed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Number of screenings:

ht/wt														0	
blood pressure														0	
dental														0	
hearing														0	
visual														0	
immunization														0	
other														0	
Total number of screenings	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Number reached with safe places to play activities:

# children reached														0	
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	---	--

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

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

Partner: _____

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

Are benefits of involving this partner worth the effort?

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

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

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

Partner: _____

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

Are benefits of involving this partner worth the effort?

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

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

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

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

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

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

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

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

7. What contributes to the success you have experienced?

C1-HC Site Visit Interview and Observation Form

Food Bank: _____ Date: _____

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

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

D1-Healthy Cities Partner Survey (October, 2015)

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

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

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

Background Information:

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

Procedures:

Participants include the representative from each organization that is most involved in the partnership with the Healthy Cities Foodbanks.

If you agree to be participate, we would ask you to complete a short survey with about 10 questions. The questionnaire will be completed anonymously using an electronic survey tool--Survey Monkey.

Risks and Benefits to Participants

Your participation in the study does not involve any physical or psychological risks to you.

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

Confidentiality:

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

Voluntary Nature of the Study:

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

Contacts and Questions:

The researchers conducting this study are Katie Brown, EdD, RDN, Rosa Hand, MS, RDN, LD, and Lisa Medrow, RDN. If you have any questions, concerns or complaints about the evaluation, contact us at kbrown@eatright.org or 312-899-4847.

If she cannot be reached, or if you would like to talk to someone other than the evaluators about: (1) questions, concerns or complaints regarding this study, (2) research participant rights, or (3) other human subjects issues, please contact the American Academy of Family Physicians' Institutional Review Board at (800) 2742337 or write: American Academy of Family Physicians, Mindy Cleary, IRB Assistant, 11400 Tomahawk Creek Parkway, Leawood, KS, 66211.

You may print a copy of this form for your records.

Statement of Consent:

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

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

2. **When** did your partnership with the food bank begin? _____
3. **What** does your organization contribute (time, funding, services, educational materials, referrals, etc.) to the food bank?
4. What specific **benefits** did/do you anticipate from your collaboration with the food bank? Have any benefits occurred at this point?
5. How many **hours per week** do you/your staff contribute to this project? _____ Does that include: ____paid time ____volunteer time
6. What **challenges** or issues have you faced related to this partnership? Do they still exist or have they been dealt with?
7. Identify one or more examples of how your organization's collaboration with the food bank **positively impacts clients**:
8. On a scale of 0 (no satisfaction) to 10 (completely satisfied), how **satisfied** are you with the food bank as a partner? _____
- Comments:
9. What **characteristics** make a (any) food bank a good partner to work with?

F1-Healthy Cities Guided Surveys-Parents (September 2015 and September 2016)

Site: _____ Date: _____

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

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

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

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

1. How did you hear of the Healthy Cities project (or insert local name of project)?
2. What types of services do you think will be offered through the project?
3. What services are you most looking forward to?
4. What types of food are you looking forward to receiving through the project?
5. Which of the following statements best describes the food eaten in your household in the last 12 months?
 - a. There is enough of the kind of food we want to eat.
 - b. There is enough food but not always the kinds of food we want.
 - c. Sometimes there is not enough to eat.
 - d. Often there is not enough to eat.
6. If you indicated that you do not always get the kinds of food that you want to eat, please indicate what kinds of food are missing:
 - a. Grains (bread, rice, cereal, pasta, etc.)
 - b. Vegetables
 - c. Fruits
 - d. Protein (beef, chicken, pork, eggs, seafood)
 - e. Protein (beans and peas, nuts and seeds, soy)
 - f. Dairy (milk, yogurt, cheese)

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