Feeding America
Healthy Cities Pilot Program
Results

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Healthy Cities Evaluation Goal: Understand the effectiveness of the HC programs so that successful aspects could be replicated by other food banks.

- Understand the intervention **strategies** used by participating food banks in creating **hubs for community health;**
- Identify **characteristics of effective organizational partnerships** for the benefit of offering integrated nutrition and health services to clients.

Healthy Cities Food Banks

- Alameda County Community Food Bank (Oakland, CA)
- Greater Chicago Food Depository (Chicago, IL)
- Community Food Bank of NJ (Newark, NJ)

Healthy Cities Program Components

- ✓ Food distribution
- ✓ Nutrition education
- ✓ Health screening
- ✓ Safe places to play (opportunities for physical activity)

Alameda County Community Food Bank (Oakland, CA)

Alameda County Community Food Bank Partners:

Food Distribution	Nutrition Education	Health Screenings	Safe Places to Play
Schools, libraries, youth community site Distributed produce & shelf-stable foods **Partners** Oakland Public Libraries Oakland Unified School District Salvation Army Youth Uprising	Schools & library sites Walk the line approach Trained parent volunteers Tip cards and recipe sheets distributed Food demonstrations **Partners** University of California Cooperative Extension La Clinica de la Raza	School & library sites Ht/Wt/BMI Dental screenings **Partner** La Clinica de la Raza	Playgrounds at school food distribution sites Volunteers encourage & supervise active play Hula hoops & balls were provided at food distribution sites Hosted 2 field days Weight lifting equipment **Partners** East Bay Agency for Children Oakland Unified School District Youth UpRising

Food Distribution

- Shelf-stable food and produce distributed at schools and libraries
- Implemented farmer's market-style distributions

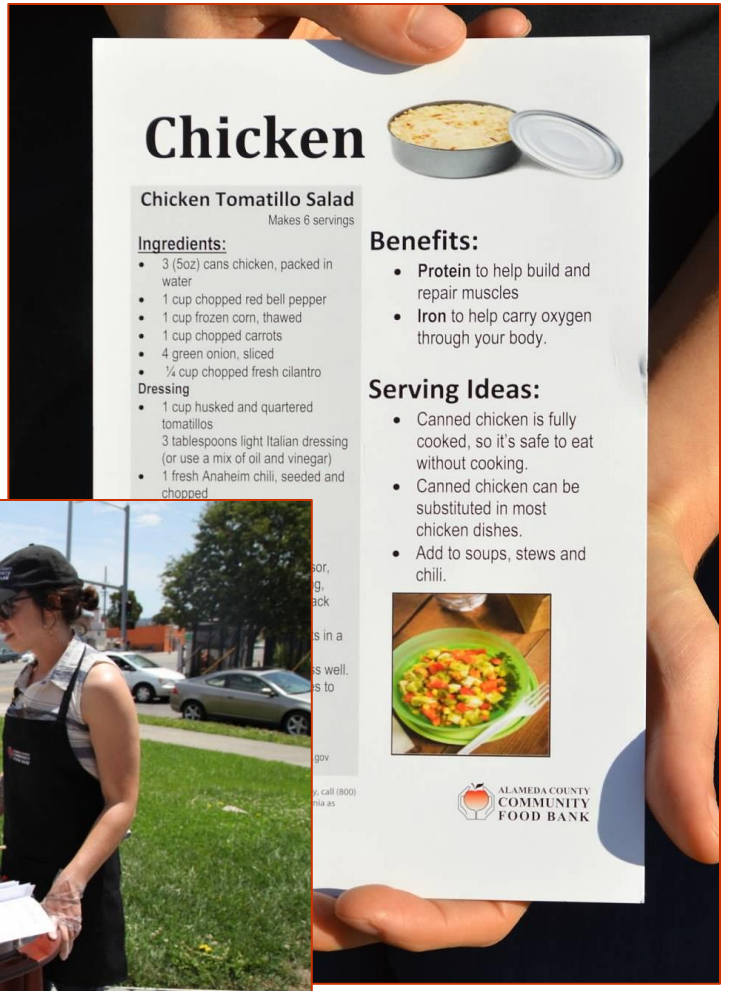
"We're excited by the new experience we offer clients that is more farmer's market-style. We have heard that clients are **noticing the improvements.**"

-Alameda County Community Food Bank Project Partner

Nutrition Education

Tip cards, recipes and food demonstrations

Peer-led classes for familes



Health Screenings

- ✓ La Clinica conducted ht/wt/BMI and dental screenings at several locations during the summer and school year.
- ✓ La Clinica also referred families from participating schools to the HC food bank food distributions.

Safe Places to Play

- Encouraged physical activity on school playgrounds during food distributions
- Co-hosted school field days
- Provided play equipment at food distributions

Greater Chicago Food Depository (Chicago, IL)

Greater Chicago Food Depository Partners:

Food Distribution	Nutrition Education	Health Screenings	Safe Places to Play
School sites Produce & shelf-stable foods distributed	School sites Walk the line approach Cooking Matters courses Tip cards and recipe sheets distributed Food demonstrations	School sites Ht/Wt/BMI, blood pressure, immunizations, physicals	In-school running program Organized family fun runs
Partner Chicago Public Schools	**Partner** University of IL-Chicago Partnership for Health Promotion	**Partner** Ronald McDonald Children's Hospital of Loyola University Medical Center	**Partner** Chicago Run

Food Distribution

- Shelf-stable food and produce distributed at schools

Nutrition Education

- University of IL-Chicago PHP staff provided "Teachable Moments," basic nutrition messages to parents in line at food distributions
- Share Our Strength Cooking Matters class

Health Screening

School visits via mobile unit:

- Physicals
- Immunizations
- Blood pressure
- Vision screenings

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

-Greater Chicago Food Depository Project Manager

Safe Places to Play

School-based mileage club and fun runs

Community Food Bank of New Jersey (Newark, NJ)

Community Food Bank of New Jersey Partners:

Food Distribution	Nutrition Education	Health Screenings	Safe Places to Play
Afterschool programs & hospital Pediatric Mobile pantry Weekly produce distributions	Afterschool program sites Monthly nutrition education Farm field trips	Afterschool program sites Ht/Wt/BMI, dental, vision	Afterschool program sites Staff training Physical activity equipment packs
Partners Beth Israel Medical Center Afterschool program sites	**Partners** America's Grow-a-Row Afterschool program sites	**Partners** ChildSight (Commission of the Blind) KinderSmile Foundation Rutgers University University of Delaware Afterschool program sites	**Partners** Playworks Afterschool program sites

Food Distribution

- Produce distributed at the end of the week at after-school program sites

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

-Community Food Bank of New Jersey Project Partner

Nutrition Education

- ✓ America's Grow-a-Row, farm field trip and two onsite nutrition education lessons
- ✓ Monthly nutrition education lessons from food bank

Health Screening

- Height and weight/BMI—Rutgers Univ. & Univ. of Delaware
- Vision screening and glasses provided--Childsight
- Dental x-rays, treatment and education--KinderSmile

Safe Places to Play

- Eight after-school program sites
- Playworks 2-day training for Kids Café staff

Evaluation Tools

Project Manager Survey: Completed at start, middle and end to assess strategies, barriers, successes, client impact, and partnerships.

B. Healthy Cities Project Manager Survey

Please complete this form and submit to amurphy49682@gmail.com by November 1, 2014; March 1, 2015; and June 1, 1015. Limit your reporting to your Healthy Cities sites/project only, do not include information that relates to your organization as a whole. This survey is for the Healthy Cities Evaluation. Remember that participating in this survey is part of research. If you prefer not to voluntarily participate in this project please email us so we can identify someone else at your site to provide the information. If you have any questions about your participation you can ask them at any time. The goal of this call is to gauge your opinion on how the 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.

Partner	Give an example of how this partner positively impacts your clients	About how many times *per month* do you communicate with them? What type works best (phone, email, face-to-face)?	Are the benefits of involving this partner worth the effort?	How crucial is their role to the success of your program?

Project Manager Monthly Logs documented client reach, amount of food distributed, number of health screening and nutrition ed materials distributed.

E. HEALTHY CITIES MONTHLY LOG

Academy of Nutrition and Dietetics Foundation

Site: ___Chicago ___New Jersey ___California **Month:** _____

Managers, Fill out this form every month and scan/email to amurphy49682@gmail.com or fax to 517 579-0273 by the 5th of the following month.

A. FOOD DISTRIBUTION

1. General Information

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

2. Race (Write percent under each category.)

White/Not Latino/Hispanic	White/Hispanic or Latino	Black/African American	American Indian/ Native American	Asian/Native Hawaiian/Pacific Islanders	Two or more races

3. Materials distributed (nutrition education and other)

Type (brochures, recipes, fact sheets, coupons, referrals, etc.)	Message/Topic (fruit/veggies, food safety, food budgeting, local services)	Number distributed		
		Adults	Children	Total
a.				
b.				

Project Manager Monthly Group Call Forms provided updates and identified barriers, successes, satisfaction with partnerships, and recommended practices.

A1. Healthy Cities Monthly Feedback Form

Site: _____ Date: _____

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

On a scale of 0 (no satisfaction) to 10 (complete satisfaction), how satisfied are you at this time with the:	**Explanation/Notes for sharing**
Health screening component of your Healthy Cities (HC) project? Satisfaction Rating: _____	
Food distribution component of your HC project? Satisfaction Rating: _____	
Nutrition education component of your HC project? Satisfaction Rating: _____	
Safe places to play component of your HC project? Satisfaction Rating: _____	
Relationship with your HC partners? Satisfaction Rating: _____	
Answer these questions based on the past month:	

Site Visits, Project Manager & Partner Interviews

Intervention observations and project manager interviews were completed at site visits in fall and spring to understand program implementation, barriers, partnerships and impact.

Interviews with project managers and partners were conducted at endpoint to assess organizational empowerment and perceived client benefits, and to determine sustainability of partnerships and need for modification after HC ends.

Primary Partners Surveys Completed at start and end to identify how and why partnerships were formed, expected vs. actual benefits, services contributed, perceived client benefits and satisfaction with partnerships.

AAFP Institutional Review Board
INIT JB: APPROVED from October 1, 2014 to September 30, 2015

D 2. Healthy Cities Partner Survey

(Post—this will be transferred into an online survey site)

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

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

What specific **benefits** resulted for your staff or organization due to this partnership?

On average, about how many hours per week did you and your staff contribute to this project? _____

What was the biggest **challenge** to working with the food bank?

What was the most **rewarding** aspect of the partnership?

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

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

Face-to-Face meeting:

Project manager meeting in January 2015 for in-depth discussions about progress, planned and unexpected changes, and barriers and solutions.

Results

Project Reach

703,911 pounds of food distributed **(74% produce)**

31,205* households with 64,495* children

10,438 nutrition education materials distributed

1,228 health screenings (dental, vision, physicals, immunizations, BMI and blood pressure)

*= duplicated numbers

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

***Duplicated numbers

Each HC site has unique strengths

	CA	IL	NJ	13-month total
Food Distribution:				
Hours of operation	59			
Shelf-stable food + produce distributed (pounds)	196,629			
Produce (pounds)	114,190			
Shelf-stable food (pounds)	82,439	103,779	0	186,218
Number of sites distributing food	50	20	86	156
Households served through food distributions***	6,655	18,475	6,075	31,205
Adults***	16,020	33,785	3,722	53,527
Children****	16,897			
Adults + children***	32,917			
Number of educational materials distributed	4,103			
Number of screenings***	361			

***Duplicated numbers

Distributed the greatest number of pounds of food per household

Distributed the greatest number of nutrition education materials

	CA	IL		
Food Distribution:				
Hours of operation		80		
Shelf-stable food + produce distributed (pounds)	196,67	396,019		
Produce (pounds)	114,190	292,240		
Shelf-stable food (pounds)	82,439	103,779		
Number of sites distributing food	50	20	86	156
Households served through food distributions***	6,655	18,475	6,075	31,205
Adults***	16,020	33,785		
Children****		35,905		
Adults + children***	32,9	69,690		
Number of educational materials distributed	4,103	3,477		
Number of screenings***	361	203	664	1,228

***Duplicated numbers

Distributed the greatest amount of pounds of shelf-stable food and produce

Served the greatest number of families

		IL	NJ	13-month total
Food Distribution:				
Hours of operation		80	146	285
Shelf-stable food + produce dist		396,019	111,263	703,911
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Number of screenings***			664	1,228

***Duplicated numbers

Distributed the greatest number of pounds of produce per person

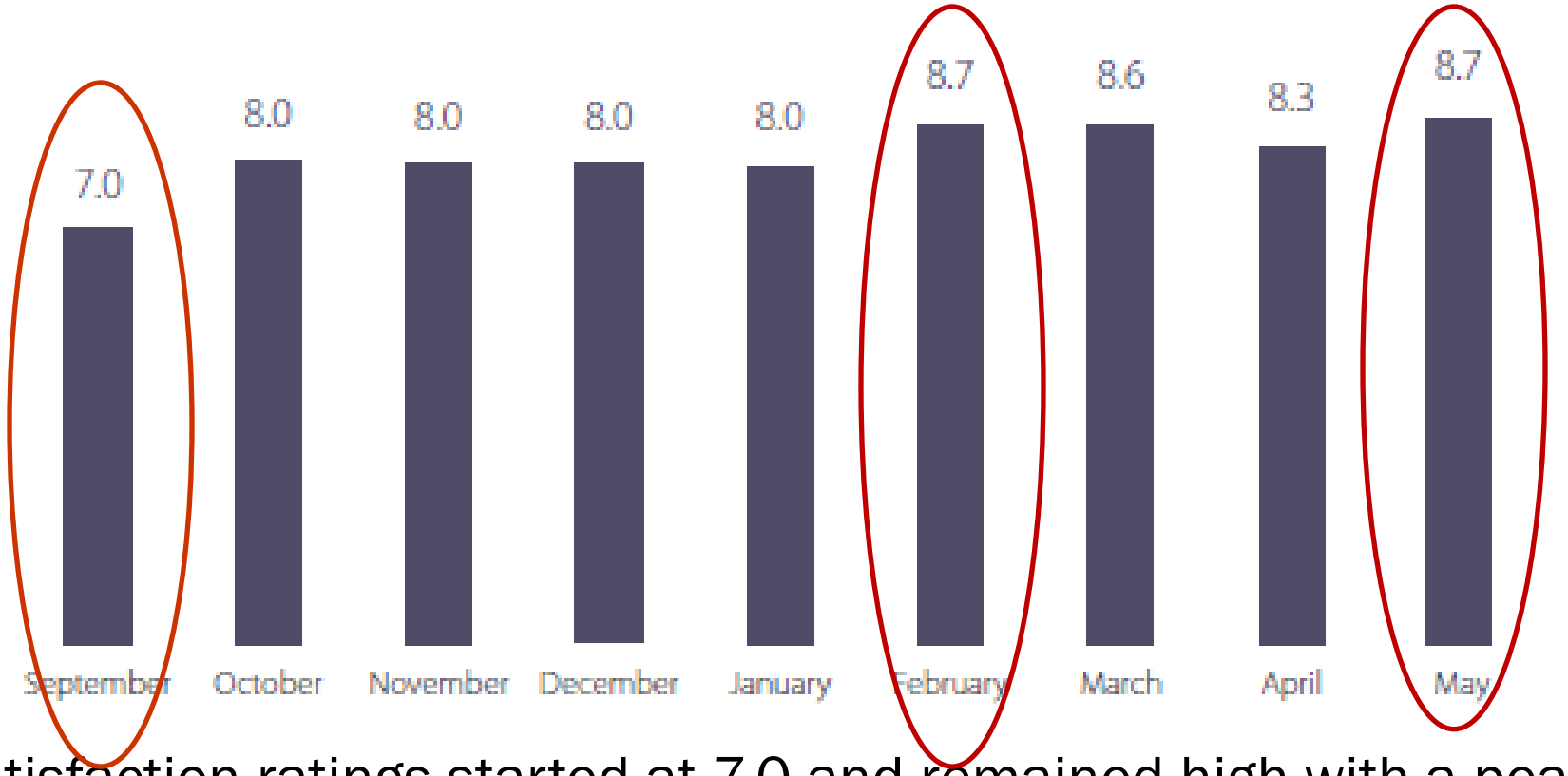
Provided the most health screenings

Satisfaction with Project Components (Managers)

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

- Satisfaction from start to end of the project increased for every component
- The greatest increase occurred for nutrition education and health screening

Satisfaction with Project Partnerships (Managers)



- Satisfaction ratings started at 7.0 and remained high with a peak in February and highest ratings in May
- Ratings increased by 24% from September through May (7.0 to 8.7)

Project Manager Feedback on Partnerships

- Some partnerships develop slowly, but are **worth both the time and effort.**"

  -Community Food Bank of New Jersey Project Manager

- "The two most rewarding aspects [of the HC program] are the impact we have **on our clients and our partnerships.**"

  -Alameda County Community Food Bank Project Manager

- "If we're really going to end hunger, we need to **align ourselves with the right partners** to achieve that."

  -Greater Chicago Food Depository Project Manager

Satisfaction with Partnership (Partners)

- Evaluated twice—at the beginning and end of project
- Satisfaction scores started and ended high (8.8, 8.9)

Barriers for Project Managers (Midpoint)

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

Barriers that still existed at endpoint

Barriers for Project Managers (Endpoint)

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

Barriers that existed at midpoint

Keys for Successful HC Implementation:

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

Rewards to Partnerships with Food Banks

- ✓ Increased access to healthy foods and cooking skills for youth and families served
- ✓ Coordination of comprehensive services
- ✓ Opportunity for staff and volunteers to get involved in food distribution
- ✓ Expanding collaborations with community organizations

Characteristics of Good Partners

Food bank manager responses	Partner responses
Common goals/mission	Good communication
Good communication	Reliability and flexibility
Designated contact person engaged in the project	Organized
Sufficient dedicated time for the project; self-sufficiency to execute services	Caring
High quality services	
Understands roles and expectations	

Recommendations

Recommendations: Food Distribution

- Choose hours of operation that are **convenient** for clients (might be late afternoon or evening)
- Distributing produce requires more **volunteer time**
- **Enhance the food pick-up experience** clients by using tablecloths, and baskets for produce
- When working with schools, **plan early (spring and summer)**
- Poor weather can result in cancelled food distributions, so **be prepared to ship produce to another site**

Recommendations: Nutrition Education

- **Align nutrition education topics**, resources and food demos with the foods being distributed
- Engage “graduates” of nutrition education classes to **promote future sessions to their peers**
- Recruit and train current **food bank clients to be peer educators**, and give nutrition tips to parents in line
- Recruit **dietetic interns and student**s in health career majors to assist with nutrition education

Recommendations: Health Screening/Treatment

- **Coordinate** screenings/treatment to occur onsite and at the same time as food distribution
- Plan and implement a **process to obtain parent consent** or insurance info if needed
- Ideally, partner with organizations that **provide treatment as well as screening**

Recommendations: Safe Places to Play

- **Promote physical activity** during school food distributions with volunteers on playgrounds, and providing basic play equipment (balls, jump ropes, etc.)
- **Initiate discussions with partners** that offer in-school PA programs

Recommendations: Forming Partnerships

- Choose partners with a **mission that's aligned with** the food bank's
- Understand that **more time is needed at the beginning** of the partnership and during events the partner is involved with
- Recognize that **smaller partners/organizations have fewer staff and resources** and competing priorities for their time
- **Networking at community and regional meetings** is a good way to meet potential partners
- Develop a **written agreement** with clear roles, expectations and deadlines
- Establish a designated partner **contact person or persons**
- **Frequent and planned communication** is important

Conclusions

- **Expanding traditional food banking roles to provide services** that clients need and value is rewarding for both food bank managers and their partners.
- The process of forming new partnerships and expanding services led to **increased skills for the food bank staff.** They are now more empowered to assess clients' needs and take action.
- **Partnerships and programming can be sustained**, even if modifications are needed after initial funding has ended.

The Healthy Cities project demonstrated that three food banks were able to successfully extend offerings beyond food distribution to establish integrated health services for their clients. Feeding America is well-positioned to scale this model with other food banks in the network.

Thank you!

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