

Feeding America

Healthy Cities Phase II Year One

Evaluation Results

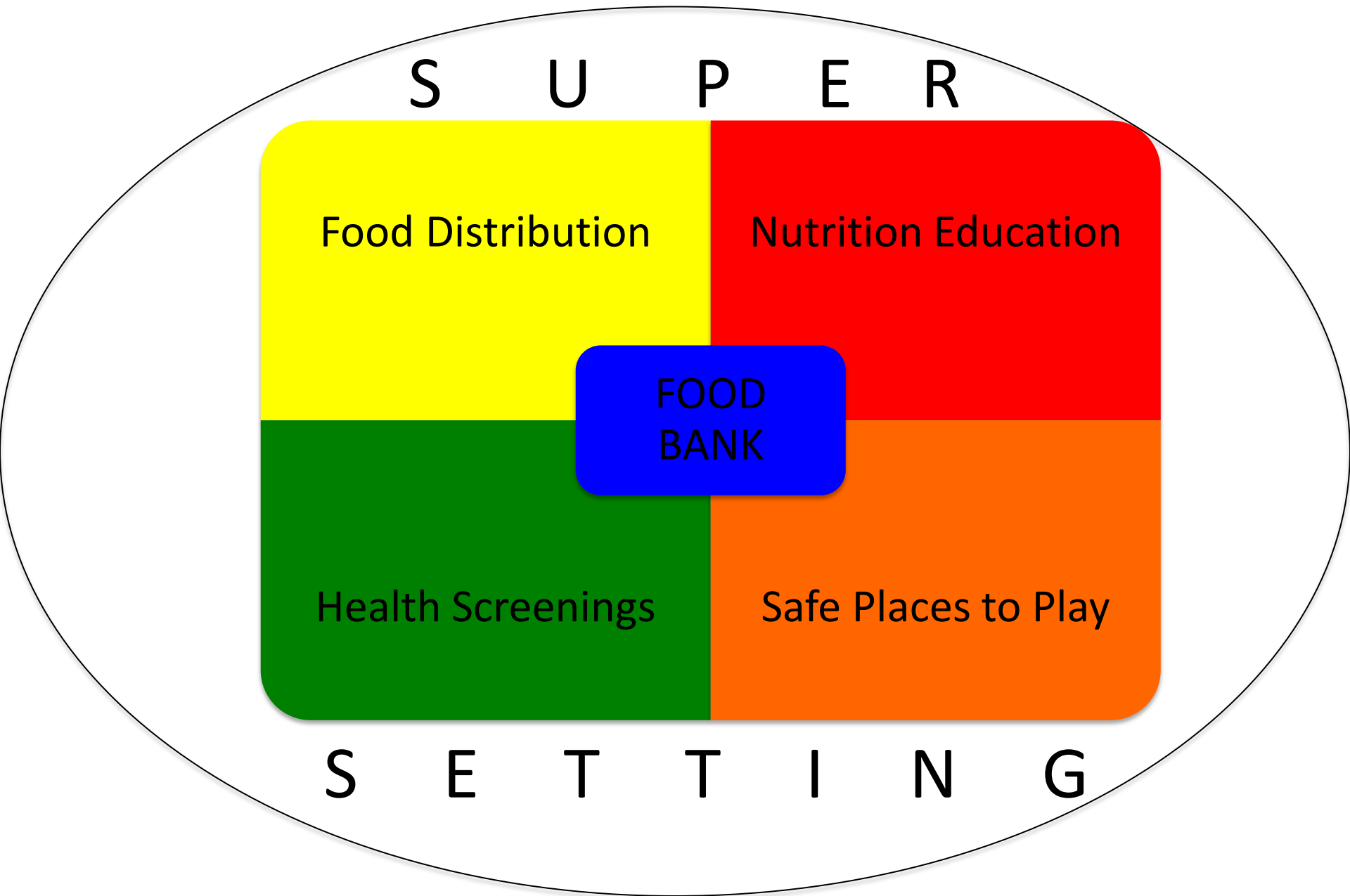
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Background

- The Healthy Cities **integrated health and nutrition program** was initially piloted in three cities (Chicago, IL, Newark, NJ, Oakland, CA) from September 2014 – May 2015.

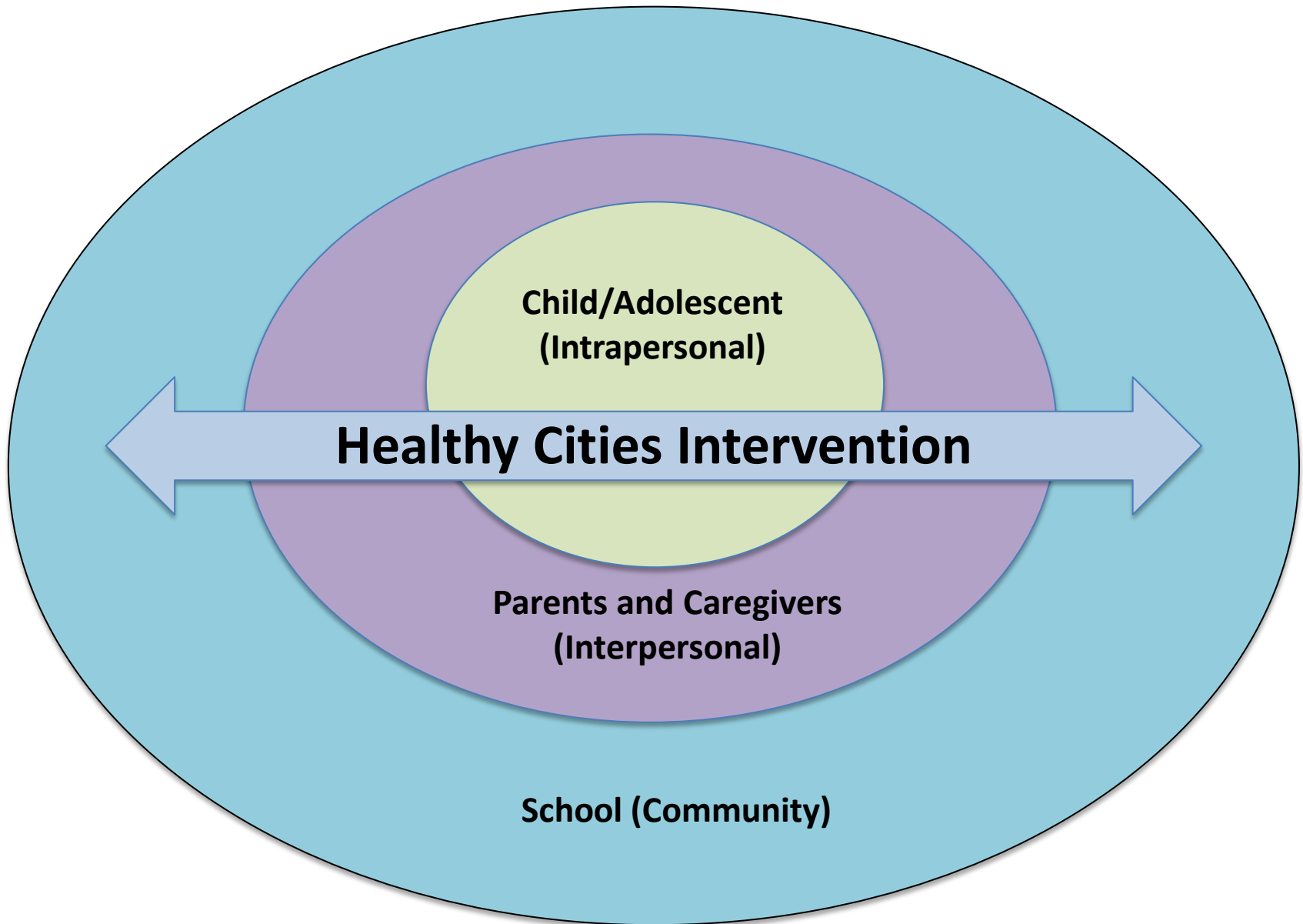
Figure 1: Healthy Cities Integrative Nutrition and Health Model



Background

- Pilot demonstrated feasibility of FA food banks serving the role of primary facilitators of partnership development to offer an **integrated health and nutrition program.**
- Set the foundation for replication and implementation in other FA food banks.

Figure 2: Ecological Approach⁴ to Healthy Cities Integrative Nutrition and Health Model



Components of Integrated Health and Nutrition Programs

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

Evaluation Objectives

- Assess Healthy Cities program **replication and implementation** at two new FA food banks (Cleveland and Houston);
- Analyze year one data to measure **client impact**;
- Assess program sustainability in Phase I food banks.

Food Bank Profiles, Partnerships, and Activities

Greater Cleveland Food Bank



Greater Cleveland Food Bank

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

Greater Cleveland Food Bank

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

Houston Food Bank



Houston Food Bank

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

Houston Food Bank

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

Phase II Year One Evaluation Tools

- Observation and Interviews
 - Initial site visit and interview for process evaluation
- Surveys
 - Partner surveys (beginning)
 - Program manager surveys (beginning and end)
 - Monthly logs, monthly update forms, and phone calls
 - Beginning, middle, and end point surveys:
 - Parents-guided surveys
 - Teachers-administered online
 - Face to face manager meeting (mid-point)

Healthy Cities Research Questions:

- How do health and **nutrition knowledge, attitudes and reported behaviors** change over time among HC program participants?
- What is the **perceived client benefit** of the integrated health services provided by the HC project?
- What are the perceptions of food bank **program managers (grantees) and their partners**?

Results

Project Reach

2,133,830 pounds of food distributed (76% produce)

23,406* households* with 27,932* children

Average 91 pounds food/household

60,000+ nutrition education* materials distributed

4,000+ health screenings* (height, weight, body mass index, blood pressure, dental, vision, hearing, physicals, asthma, immunizations)

***= duplicated numbers**

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

Perceived Client Benefits and Impact of HC Phase II, Year One

Qualitative Results from Parent and
Teacher Surveys

Parent Survey Response

- October, 2015
 - 31 surveys (21 English, 10 Spanish)
- January, 2016
 - 32 surveys (19 English, 13 Spanish)
- May, 2016
 - 26 surveys (17 English, 9 Spanish)

Teacher Survey Response

- October, 2015
 - 49 surveys (25 Cleveland, 24 Houston)
- January, 2016
 - 52 surveys (26 Cleveland, 26 Houston)
- May, 2016
 - 121 surveys (36 Cleveland, 78 Houston, 7 unknown)

Emerging Themes

- Food Distribution
 - Helps us eat healthier
 - Helps us financially
 - Improved food security
 - Sense of community
- Nutrition Education
 - Healthy food preparation
 - Improved nutrition awareness/
knowledge



*It helps me make sure my kids eat **more fruits and veggies**. (Parent, January 2016)*

*It helps **make it to the next month**. (Parent, January 2016)*

*There are times of the month when we may run low on some food items...the food give away always has something me and my kids can eat **until I can get us more food**. (Parent, May 2016)*

*They (kids) are happy and excited on foodbank days. They feel **a family and community atmosphere** that is new and fun for them to enjoy. (Teacher, May 2016)*

*Students are talking about **parents cooking dinner** at home. (Teacher, May 2016)*

*They became more **aware of healthy eating**. They became educated in the **importance of vegetables and fruits**. (Teacher, May 2016)*

Survey question: Which of the following statements best describes the food eaten in your household in the last 12 months?	October 2015 (n=31)	January 2016 (n=32)	May 2016 (n=26)
There is enough of the kind of food we want to eat.	5 (16%)	9 (28%)	9 (35%)
There is enough food but not always the kinds of food we want.	20 (65%)	17 (53%)	12 (46%)
Sometimes there is not enough to eat.	6 (19%)	6 (19%)	4 (15%)
Often there is not enough to eat.	0	0	1 (4%)
Mean $\pm$ SD food groups missing (range 0-6)	2.3 $\pm$ 1.8	1.5 $\pm$ 1.6	1.6 $\pm$ 1.3 ^a
Survey question: Have you ever in the past year, gone without food to pay for (mark all that apply):	October 2015 (n=31)	January 2016 (n=32)	May 2016 (n=26)
In the last 12 months, I have gone without food to pay for medicine.	5 (29%)	2 (6%)	2 (8%)
In the last 12 months, I have gone without food to pay for utilities.	13 (76%)	8 (25%)	4 (15%)
In the last 12 months, I have gone without food to pay for transportation.	3 (18%)	4 (13%)	3 (12%)
In the last 12 months, I have gone without food to pay for housing.	6 (35%)	7 (22%)	5 (19%)
Mean $\pm$ SD tradeoffs (medicine, utilities, transportation, or housing instead of food). (range 0-4)	0.87 $\pm$ 1.1	0.66 $\pm$ 0.74	0.53 $\pm$ 0.86 ^b

^anot significant; p=.16; ^bnot significant; p=.36

HC Client Utilization

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

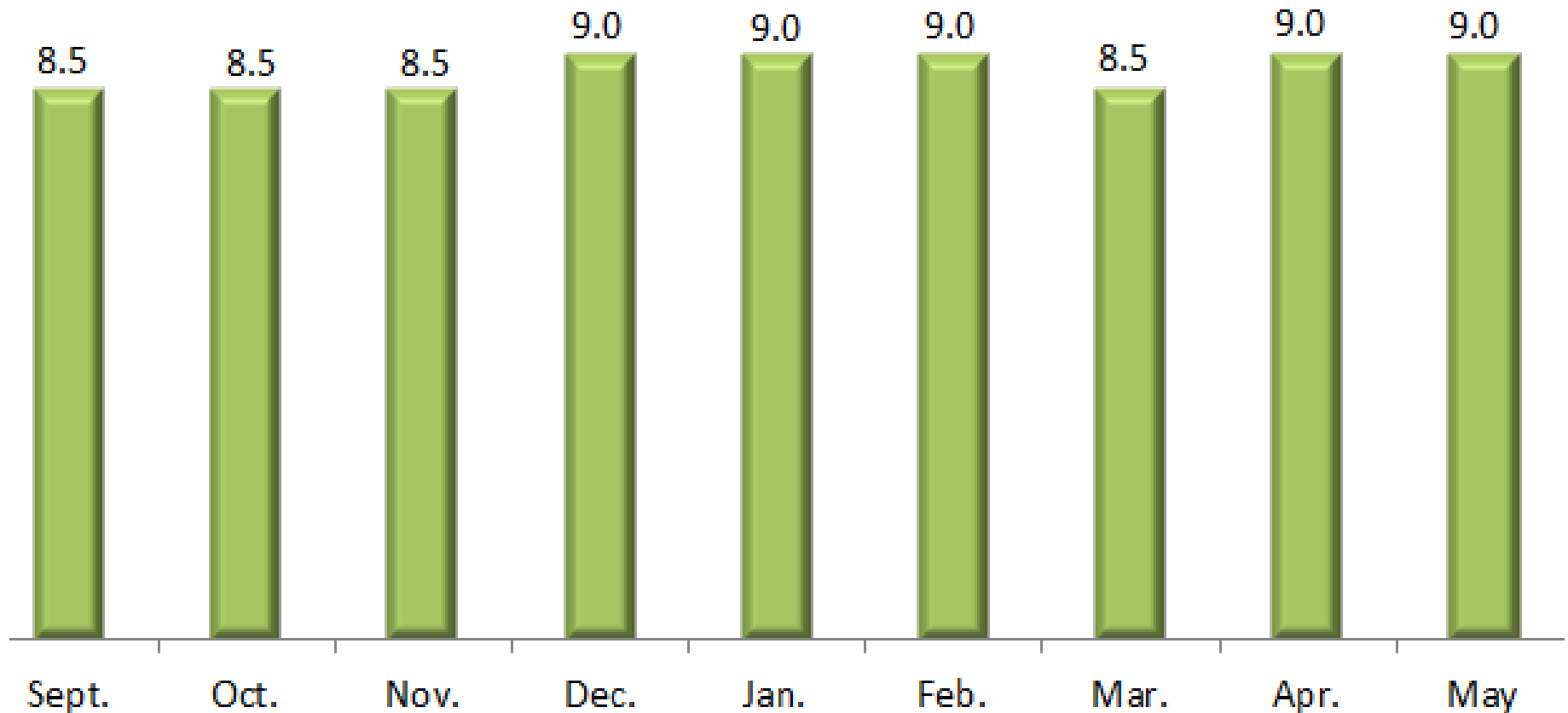
Client Changes and Impact

- Eating more fruits and vegetables
- Eating less sugary foods
- Added or switched to whole grain foods
- Cooking healthier
- Sense of community
- Improved energy
- Healthy food preparation
- Improved nutrition awareness and knowledge

Program Manager Satisfaction Ratings

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

Satisfaction with Partnerships



Program Manager Challenges

Barrier	Rank ¹
Getting all sites onboard with all four program components	2.5
Securing health screening partners	2.5
Tracking safe places to play component when it's different at each school	2.5
Partners tracking numbers/providing info	7.5
Planning due to schedules	9.0
Coordinating distributions with school and food bank schedules	14.0
Communicating with partners every month	14.0
Delivery method for food sampling supplies at food distributions	14.0
Engaging principals and schools	14.0
Making sure schools have necessary resources for successful food distributions	14.0
Promoting to community	14.0
Providing recipes and nutrition education at each distribution	14.0
Recruiting enough volunteers	14.0
Reporting nutrition education	14.0

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

Program Sustainability: Phase I Follow-Up

- All three food banks (CA, IL, NJ) **continue mobile pantry** food distributions
 - Two food banks received **grants** to sustain the pantries
 - One food bank added three **new school sites**
- Two food banks **continue nutrition education**
 - With fewer resources than HC program
- **No health screenings or safe places to play**
 - Reasons: “out of scope” or budget restrictions

Recommendations

- On-going communication with program partners for discussion of back-up plans, weather related transitions, etc. is necessary.
- Partners need reminders and help with data-tracking; volunteer groups at school may be available to assist.
- Program “kick-off” event is recommended.
- Have food distribution dates on calendar in advance rather than deciding month to month.

Conclusions

- The Healthy Cities integrative nutrition and health program model was **successfully implemented** in two new cities.
- The Healthy Cities program has made a **significant impact on families and communities**.
- The second year of phase II offers **opportunities to build upon success** and continue to strengthen the model.

Conclusions

- The integrative nutrition model is **sustainable**, but requires additional resources to continue health screenings and safe places to play beyond funding periods.
- Program managers are interested in strengthening safe places to play, but clients may not be *ready* to value this component.

Coming Soon!

- **Phase III** is launching in New Orleans, LA and Baltimore, MD 2016-2018.

Thank You!



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