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Date
A Recommendation to the Atlanta Community Food Bank on Agency-Led Community Needs Assessments: A Special Studies Project

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_______________________________

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A Recommendation to the Atlanta Community Food Bank on Agency-Led Community Needs Assessments: A Special Studies Project

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An abstract of

A thesis submitted to the Faculty of the Rollins School of Public Health of Emory University in partial fulfillment of the requirements for the degree of Master of Public Health in Global Health 2016
Abstract

A Recommendation to the Atlanta Community Food Bank on Agency-Led Community Needs Assessments: A Special Studies Project

By Yvonne Wagner

Introduction: As part of the Feeding America network of 200+ food banks and serving agencies like pantries, shelters, and community kitchens across a 29-country region of northwest Georgia, Atlanta Community Food Bank (ACFB) is responsible for meeting guidelines of capacity building for itself and its agencies. Frequent and systematic collection of information about clients and communities is part of that, which is why ACFB is in need of a system that gives a more localized and complete understanding of client needs than the Hunger in America study currently provides.

Purpose: The purpose of this project was to develop a community needs assessment (CNA) toolkit for ACFB partner agencies to use in conducting research about their clients and communities to help expand ACFB’s ability to collect information beyond its current internal capacity. It will be an easy-to-use tool that allows for both customization by the agency based on its needs and standardization of data collection for easier regional analysis by ACFB.

Method: The toolkit was developed through a review of current CNA toolkits available for food-based nonprofits and interviews with ACFB staff and agency partners. It was informed by needs laid out by ACFB and partners and a variety of reliable CNA and data collection tools.

Results: The CNA toolkit was created with five steps for implementation, a GIS mapping component, and standardized survey modules based on tested tools in food security, tradeoffs, coping strategies, and food environment perceptions. It was revised and a final product was based on feedback from ACFB staff and agency contacts.

Discussion: ACFB must build out the GIS portion of the CNA toolkit and conduct complete pilot testing for the toolkit to become a useful product for agency analysis. ACFB must also invest more resources in personnel and agency funding to ensure successful adoption both internally and by agencies to be able to meet the Feeding America capacity building guidelines.
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Lastly, I want to thank my friends, family, and especially my husband for their patience and reassurance throughout this project, my graduate school career, and beyond.
# Table of Contents

**Chapter 1: Introduction and Background**

1.1 Introduction and rationale. ................................................................. 1

1.2 Problem statement. ............................................................................. 10

1.3 Purpose statement................................................................................. 10

1.4 Objectives............................................................................................. 11

1.5 Significance statement. ...................................................................... 11

**Chapter 2: Methods**

2.1 ACFB staff interviews........................................................................... 12

2.2 ACFB agency interviews. ................................................................. 13

2.2 Review of current CNA toolkits for food-related nonprofits. .......... 14

2.3 Assembly of toolkit. ........................................................................... 15

2.4 Toolkit revisions. ............................................................................... 15

**Chapter 3: Results**

3.1 Community Needs Assessment Toolkit ................................................. 16

**Chapter 4: Discussion**

4.1 Strengths and limitations. ................................................................. 18

4.2 Recommendations. ................................................................ .......... 20

4.3 Conclusion.......................................................................................... 23

**Bibliography** ....................................................................................... 24

**Appendix: Community Needs Assessment Toolkit for Agency Partners** ...................................................................... 25
Chapter 1: Introduction and Background

1.1 Introduction and rationale.

The Atlanta Community Food Bank (ACFB) is a thirty-seven-year-old nonprofit which provides food to over 600 food pantries, community kitchens, shelters, and afterschool programs in the 29 counties in Northwest Georgia and Metro Atlanta (see Figure 1). These nonprofit agencies vary in size, structure, and service area. As of 2016, there are over 600 agencies being served by ACFB in 29 Georgia counties (“What We Do,” 2013). These counties span urban, suburban, and rural communities. Agencies range from part-time volunteer-run food pantries to community kitchens to senior centers, all with different business models and needs for support.

As part of the Feeding America network of food banks, ACFB acts as a distributor to smaller agencies to provide food and resources (see Figure 2). In order to increase agencies’ ability to provide enough nutritious food to meet client and greater community needs, ACFB invests in capacity building programming. That investment flows upstream to so that ACFB can distribute a larger volume of food donations and purchases, boosting the network’s impact on regional hunger.

Figure 2. Sources of Food and Channels of Food Distribution in the Feeding America Network.

ACFB must also comply with Feeding America national directives to stay in the network, which include improving capacity in an effort for the entire Feeding America network to increase its impact on hunger nationwide. Improving agency capacity helps ACFB fulfill these obligations.

### 1.1.1 History of food banks in the United States.

While emergency food assistance in America can be traced back to Thanksgiving (Powers, 2015), food banks are a newer development. In the late 1960s, John Van Hengel ran a gleaning program to collect extra fruits and vegetables from farms and orchards nearby to supply the community kitchen where he volunteered in Phoenix, Arizona. When the amount his program gleaned became too much for the organization, he used a donated warehouse to store food and distribute it out to other agencies. He established a program where people and companies with extra food could “deposit” it and those in need could “withdraw” it, leading to the name St. Mary’s Food Bank. Van Hengel connected with local grocers to pick up expired, damaged, and rejected food that would have otherwise been sent a landfill. Other organizations around the country, like Interfaith Food Shuttle in Raleigh, NC and ACFB in Atlanta, were also established independently after founding leaders noticed excess food being discarded from grocery stores (Poppendick, 1998).

To bring together the almost twenty food banks that had launched across the country and create a platform for sharing best practices and soliciting larger manufacturer donations, Van Hengel started the Second Harvest network in 1979. Shortly after in 1983, congress passed a bill that created the Temporary Emergency Food Assistance Program (TEFAP) to distribute surplus commodities (e.g. rice, dairy) held by the USDA. It was part of President Reagan’s plan to decrease the federal government’s direct role in addressing hunger and provide means for
nonprofits to do so instead (Poppendick, 1998). As the primary source of food shifted away over time from gleaned produce and store-donated food to manufacturer donations and government-provided assistance like TEFAP, Second Harvest changed its name to Feeding America in 2008 (“Our History,” 2016). There are now over 200 food banks across the United States doing similar food distribution work to ACFB.

1.1.1 Current data collection methods.

ACFB participates in the Hunger in America (HIA) conducted by Feeding America every four years, most recently in 2014. The study captures a broad amount of data about food banks, agencies, and clients being served through surveys of both agencies and clients. The 2014 study highlighted key characteristics about ACFB’s service area, including:

- 755,400 unique clients are served annually for a total of 6.1 million times
- 27% of clients are children
- 83% of households served are at or below the poverty level

(Mills, Weinfeld, Borger, Gearing, & Macaluso, 2014)

The study’s findings have provided ACFB and its agency partners with important data about clients and their needs from a regional perspective. However, it has not captured the full picture of client experience and specific opportunities for agencies to pursue since it only surveys a small sample of each food bank’s dozens to hundreds of agencies. More local data needs to be collected and analyzed to further expand ACFB’s understanding of the environment clients face.

For more local data collection, ACFB currently partners with local universities when approached to conduct CNAs and other evaluations of high-priority areas for class projects. Efforts have been piecemeal and lacking consistency to bring multiple reports together for wider analysis. Different departments have managed different student projects with little information
A Recommendation to ACFB on Agency-Led CNAs

sharing, leading to duplication of efforts and decentralized management of institutional relationships. There are also no standards for assessing the service area or for collecting and reviewing data. Often, final results are not shared beyond the classroom or disseminated to appropriate audiences (A. Weaver, Research & Development Specialist at ACFB, personal communication, March 2, 2016).

1.1.2 More data collection is required.

Since the HIA study is only done every four years, even the data that is collected is out of data for informing action and change before the next study is scheduled. There is a need for more frequent, local level data that can be used by ACFB and agencies to understand and meet client needs as they change. This can be done through community needs assessments (CNAs). A CNA is “the process of gathering, analyzing, and reporting information about community needs and the assets that are currently available in a community to meet those needs” (May, Lazarus, Naidoo, & Demas, 2011). There are many different CNA toolkits available for nonprofits and even more specifically, organizations that work on food security and food systems strengthening.

As a member of the Feeding America network, ACFB also needs to meet capacity building guidelines that have been outlined to comply with national directives. One area assessed is “Aspirations and Strategy,” which includes “Assessment of External Environment and Community Needs.” Currently, ACFB lies at Level Two (of four): Basic level of capacity (see Table 1). A new system and tool for conducting CNAs would lift ACFB to Level Four: Very high level of capacity (see Table 1). Information would be created regularly through CNAs to inform planning efforts and develop new strategies for meeting identified client and community needs. Stronger relationships with agency and community leaders would also be developed when engaging them in the CNA process.
Table 1

Excerpt from Dimension One: Aspirations and Strategy.

(Table 1)

<table>
<thead>
<tr>
<th>DIMENSION ONE: ASPIRATIONS &amp; STRATEGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL ONE: Clear need for increased capacity</td>
</tr>
<tr>
<td><strong>Organizational Learning &amp; Continuous Improvement</strong></td>
</tr>
<tr>
<td><strong>Assessment of External Environment &amp; Community Needs</strong></td>
</tr>
<tr>
<td><strong>Program Development</strong></td>
</tr>
</tbody>
</table>

*(Feeding America Capacity Self-Assessment Tool, 2010)*
1.1.3 Enlisting agency help.

ACFB has only 150 employees, and only one Research & Development Specialist. Having the Food Bank oversee all CNA projects and disseminate results to agencies would go far beyond the capacity of that individual. Working in 29 counties, it would also take several years for one organization to conduct all of the assessments necessary to adequately cover the service area.

ACFB can increase its capacity to assess its clients by tapping into the available talent, localized expertise, and time of partner agencies and volunteers. To further improve efficiency, agencies with overlapping service areas could work together. However, while some agencies have expressed an interest in conducting a CNA, many do not know where to start or what kind of information they need. Only 45% of partner agencies actually have paid staff, which limits their ability to oversee CNA design and data collection (Mills et al., 2014). With such a large proportion of agencies being run solely by volunteers or 1-2 paid staff members, there is little time to stop regular activity to plan for an assessment, learn a new tool, collect data, and share with external stakeholders (B. Scwheers, Executive Director of Intown Collaborative Ministries, personal conversation, March 7, 2016).

Current CNA toolkits targeted for nonprofit use are up to 100 pages long and require trained individuals to develop survey questions and mapping procedures, collect data, and analyze findings, so ACFB does not currently have a specific recommended toolkit for agencies and partner institutions to use when conducting a CNA. Short toolkits that do exist do not go over best practices in conducting surveys, such as obtaining informed consent from participants.

ACFB is looking for more strategic opportunities to link volunteers with their own communities. Using them for local data collection where they live and work would close that gap
A Recommendation to ACFB on Agency-Led CNAs

and also create more invested volunteers that are more knowledgeable about the experiences of real clients in their neighborhoods. These volunteers can then become advocates for policies and programs that address local food security, strengthening ACFB’s network across northeast Georgia. Connecting volunteers with nearby agencies would also grow the volunteer base for the agencies themselves, increasing operational capacity and their list of potential donors.

1.1.4 Pilot project with Urban ATL Geospatial STEM Academy.

The pilot project conducted with the Urban ATL Geospatial STEM Academy at Georgia State University provided a potential method for ACFB, agencies, and volunteers to work together to conduct CNAs through an easy to use mapping tool. High school students were trained to use a customized platform on the ArcGIS Collector mobile app to map local resources and walkability for Intown Collaborative Ministries (ICM), an ACFB agency. Students spent one week learning the GIS software, doing data collection in the community, and analyzing their results to present at both ACFB and to the Deputy Director of the National Geospatial-Intelligence Agency. Data collection was done in just one afternoon, creating a robust and interactive map to inform recommendations for service improvement for ICM (Hawthorne, 2015). The customized platform could be shared with all ACFB agencies to input data on the same map, creating a centralized system for data sharing and review. Academy students added external and interactive data layers to the map in addition to collected data points on sidewalk walkability, food stores, and non-food resources (see Figure 3). This shows the potential for ACFB to include even more layers from external data sources that are appropriate for understanding the service area: demographics, food security, income levels, etc.

While ICM appreciated the work done by volunteers, there were a few problems with the pilot. It took up too much of the organization leadership’s time to manage volunteers and assist
A Recommendation to ACFB on Agency-Led CNAs

them on data collection for four afternoons (one for each week of the camp). The map also shifted to a focus on walkability and sidewalk conditions, which was visually interesting but not as useful for the agency (B. Sewheers, Executive Director of Intown Collaborative Ministries, personal conversation, March 7, 2016). Feedback from the agency included a desire for training on interactive map use and help from ACFB in managing volunteer training and data collection.

A Recommendation to ACFB on Agency-Led CNAs

1.2 Problem statement.

Atlanta Community Food Bank cannot be fully prepared to meet the needs of its clients across the region without assessing what those needs are at a local level due to the widely varied populations that are served. Feeding America has also outlined capacity building directives for its network of food banks nationwide that include an established system for regular evaluations of clients and communities. Employee capacity does not exist at ACFB to be the sole conductor of regular assessments of the entire 29-county service area, so help is needed from agencies and volunteers. A standardized toolkit is needed to ensure consistency in data collection and allow for centralized analysis. However, currently available CNA toolkits are either too complex for low-staffed and volunteer-run agencies to use or do not provide enough of an outline on what data should be collected. ACFB agencies need a toolkit that is adaptable to their individual circumstances while still meeting ACFB’s needs for capacity building.

1.3 Purpose statement.

The purpose of the project is to develop a toolkit for agencies to design and conduct CNAs. The toolkit will inform recommendations to ACFB on its role in managing and providing support to agencies for these evaluations across the 29 county service area. The content of the toolkit will be informed by currently available CNA toolkits for food-oriented nonprofits and the ArcGIS tool used in the 2015 pilot project with the Urban ATL Geospatial STEM Academy. Recommendations will also be based on interviews with ACFB employees and agency leaders on capabilities to use the system.
1.4 Objectives.

In developing this toolkit and recommendation list, the following objects should be met:

**Objective 1:** Review currently available CNA toolkits to identify strengths and weaknesses for use by ACFB agency partners.

**Objective 2:** Use findings to create a comprehensive but simple CNA toolkit for agency use.

**Objective 3:** Create recommendations for ACFB to manage toolkit training, data collection, and centralized analysis.

**Objective 3:** Get feedback from agency partners on plausibility of toolkit use and plans for implementation.

1.5 Significance statement.

This CNA toolkit and plan for management has the potential to be used at food banks and their agencies across the United States and beyond. Data can be more democratically collected and synthesized to paint a larger picture of the landscape for food distribution clients than would be possible by a food bank alone. Resource and infrastructure gaps can be better identified through the GIS map to inform agency and food bank strategic plans and policy on a local, state, and national level. Information gathered would be useful for more than just food banks, informing research and actions of other nonprofit service providers and academic institutions.

Areas for improvement in efficiency of client services could be illuminated by the use of this toolkit. Agencies will be able to identify areas of duplication and service gaps. New collaborations between agencies and even neighboring food banks could develop based on the data collected and maps created.
A Recommendation to ACFB on Agency-Led CNAs

This tool has the potential to give clients of food distribution and other services a voice that has not been heard before. In a time where terms like “food justice” and “food sovereignty” are gaining traction, this project can help nonprofits large and small incorporate them into their own work more easily.

Chapter 2: Methods

2.1 ACFB staff interviews.

The idea for the project was presented by ACFB staff, so interviews were conducted to understand the organization’s desires for the toolkit. Both the R&D Specialist and Summer 2015 R&D Intern were interviewed multiple times. Desires for the toolkit included:

- Geared towards agencies (as opposed to ACFB staff)
- Easy to follow
- Standardized survey questions for agencies to ask clients so analysis across agencies could be done
- Different survey modules so agencies could choose to include the areas most relevant for their needs, e.g. food security, tradeoffs, housing
- Use of customized ArcGIS mobile mapping tool from Urban ATL Geospatial STEM Academy pilot

No previous research had been done on existing CNA toolkits, but interviewees were open to using them if toolkits met the perceived needs for agencies.
2.2 ACFB agency interviews.

The Executive Director of Intown Collaborative Ministries, the organization chosen for the ArcGIS pilot project, was interviewed about his experience working on the GIS mapping application with volunteers. While he did like the idea of the map, in its current form it felt “gimmicky.” More comprehensive data collection would need to be done past the two busy streets that students collected data on to be useful to the agency. More layers on the map, like census data and USDA food security maps, would have been useful for a more complete picture of the area. The project also took up too much staff time for the two people on staff. They did not have the time to spend 4+ hours with volunteers to do data collection and have not had time since to do anything more with the data collected.

Three other agency contacts were interviewed about their initial thoughts about a CNA toolkit for their use. Contacts were from Greater Piney Grove Baptist Church, Urban Recipe, and MUST Ministries. This mix, along with Intown Collaborative Ministries, represented urban, suburban, and rural agencies and different sizes of organizations, from one paid staff member to over a dozen. The overall idea of the toolkit (CNAs, surveys, mapping, help from ACFB) was explained to interviewees, followed with questions about their initial thoughts. Positive feedback included:

- Would be useful for grant applications for more powerful visual representation of the problem
- With comprehensive data, could form strategic plan
- Would be useful for providing information about other services to clients
  - Would use it to tailor programming to clients needs (e.g. senior or child programs)
A Recommendation to ACFB on Agency-Led CNAs

- Capability available to provide orientation to volunteers on days of service
- Would be promising to have new volunteers from the community that could turn into donors

There were also several reservations about the process. Since two of the contacts were unfamiliar with CNAs, they wanted to know more about it and have additional ACFB support in starting. Others were excited. At Greater Piney Grove, the contact felt confident that they could manage the assessments after training from ACFB. Two agencies also expressed hesitation about the map. In its current state, they did not know if it would be a useful tool; data layers would need to be added for it to inform programs or grant proposals. All agencies expressed a lack of available staff energy to fully plan and manage a CNA. At Intown Collaborative Ministries, the contact said, “We don’t have the bandwidth to stop and plan” a big project like this.

Feedback from agency partners was used in refining responsibilities for both ACFB and agencies in conducting CNAs while developing the toolkit itself and recommendations for implementation.

2.2 Review of current CNA toolkits for food-related nonprofits.

Several community assessment toolkits were informally reviewed to both check for a toolkit that would meet all of the requirements laid out by ACFB and agency partners and to collect best practices for eventual assembly of the final CNA toolkit. Toolkits were evaluated for the following factors:

- Easy to understand for nonprofits unfamiliar with the process
- Inclusion of ethics for surveying
- Specificity/standardization of questions that should be asked during surveying and/or information that should be gathered
A Recommendation to ACFB on Agency-Led CNAs

- Short – no longer than 25 pages of instructions
- Discussion and/or instructions for mapping community resources

Many toolkits were sufficient on several factors, but none were satisfactory for all factors, leading to a new toolkit being developed.

2.3 Assembly of toolkit.

Based on information on best practices collected through evaluation of currently available toolkits, I assembled an outline of important sections to include in the toolkit. After receiving approval from the ACFB R&D Specialist, I built out the sections of the toolkit. The R&D Specialist provided information about the ArcGIS tool, survey questions that must be included, and ACFB’s Food Choice and Nutrition Education Food Pantry Client Survey. Other sources of information included Hunger in America training documents, No Kid Hungry Center for Best Practices, Community Tool Box from the University of Kansas, and the Campus Kitchens Project Community Assessment. Sources of survey modules included the USDA Food Security Survey Module (FSSM): Six Question Short Form, Hunger in America Study, and University of Pennsylvania Perceived Food Environment Study (NEMS-P).

2.4 Toolkit revisions.

After the toolkit was completed, it was sent to the ACFB R&D Specialist and Agency Services Capacity Manager for revisions and feedback. Only minor changes were requested and made, with an overall endorsement of the final result. Agency contacts from Urban Recipe and MUST Ministries were given the toolkit and provided feedback on their initial reactions and future recommendations for it. The Urban Recipe contact, experienced in community assessments, recommended stronger emphasis on client and community engagement and
clarification on ACFB’s role in the process. Both agencies also expressed a desire for ACFB grant funding to enhance agency capacity to conduct the assessment. This feedback was used to create the final CNA toolkit, which can be found in the appendix of this thesis.

Chapter 3: Results

3.1 Community Needs Assessment Toolkit

The final toolkit included an introduction, five steps to conduct the CNA, additional resources, and the survey modules with instructions from their original sources.

Introduction

This is an introduction to the toolkit that includes a definition of CNAs, benefits of conducting one, and the overview of the CNA process.

Step One: Articulating the Need

This step helps agencies think critically about the information they would like to collect by developing a research question, communicating with all stakeholders, and defining goals for the project.

Step Two: Choosing Your Methods

This step helps agencies evaluate the tools that will be right for their assessment, whether that be surveys, GIS mapping, other methods like interviews and focus groups, or a combination of the options. Considerations are given for whether each method is appropriate for the agency’s needs.
A Recommendation to ACFB on Agency-Led CNAs

**Step Three: Collecting Your Data**

This step is the detailed description of how agencies will collect data. The most attention is given to conducting surveys. Different available modules are described with reasons for opting to use each. Survey delivery methods are broken down and sampling best practices around sample size and randomization are discussed. Informed consent and confidentiality are explained, with a sample consent form provided in an appendix. GIS mapping responsibilities are described, since ACFB is responsible for most of the volunteer scheduling, training, and map build-out tasks.

**Step Four: Interpreting Your Data**

This section helps agencies think critically about the data that has been collected to identify gaps, opportunities, and priorities for the community. Ideas for creating recommendations are also provided.

**Step Five: Identifying Next Steps**

This section goes into sharing results with stakeholders and how to properly disseminate collected data and recommendations. A small reminder to actually implement recommendations is included, as well as monitoring and updating information regularly.

**Sample Informed Consent Form**

Adapted from the Westmoreland County Food Bank, this consent form can be used in both verbal and written communications to survey participants to gained informed consent.

**Additional Resources**

Six CNA resources are provided for agencies wishing for additional information and ideas about conducting assessments. Each is described to give readers an idea of how they can use the resource.
A Recommendation to ACFB on Agency-Led CNAs

**Survey Modules**

ACFB-created modules are included in simple text form. Other modules (USDA FSSM, Hunger in America, NEMS-P) are provided in their original form and with instructions if provided by the original survey. This ensures the surveys are conducted as intended by creators. Agencies can easily print the survey modules or adapt them for verbal or online use.

**Chapter 4: Discussion**

ACFB was looking to expand its ability to collect data on its service area at a more localized level and more frequently than the Hunger in America study to aid in responsible capacity building. By creating a CNA toolkit for partner agencies to participate in standardized data collection through surveys and mapping, the entire ACFB’s network’s capacity is increased without an unfeasible burden on ACFB staff.

**4.1 Strengths and limitations.**

**4.1.1 Strengths.**

The toolkit has several strengths. Firstly, it helps ACFB meet Feeding America capacity building directives by moving the organization from Level Two to Level Four by having a clearly established system for regularly collecting data about clients, needs, opportunities, and threats on a local level that helps agencies also improve their capacity. Also, this toolkit recommendation comes at a time when ACFB is creating a new strategic plan for the next five years. By including this as a priority in the strategic plan, it will ensure that ACFB is consistently listening to the community when establishing or changing services provided.

Secondly, it spreads out the workload between ACFB, agencies, and volunteers. The use of everyday people to conduct data collection means there are more human resources to do the
A Recommendation to ACFB on Agency-Led CNAs

collection, instead of just experienced data collectors and/or university students. The GIS map is easy for anyone to understand through a simple data collection app for mobile devices. Only minor training is needed for volunteers to understand the system and for agencies to be able to interact with the map.

The toolkit is also very customizable yet standardized for agencies. Questions and methods can be shifted depending on the agency’s size, purpose, and other considerations. Despite this customization, there is still standardized data being collected for ACFB to use when comparing different agency service areas and doing regional analysis. Those specific questions in survey modules (USDA FSSM, Hunger in America, NEMS-P) also mean that agencies do not have to spend time coming up with quality questions because they have been vetted thoroughly. ACFB then does not have to worry about the quality of data collected with biased or poorly designed questions.

4.1.2 Limitations.

While this toolkit has strengths, there are also some limitations. First, since the data is collected by regular people and not highly trained individuals, there is a concern about data completeness and credibility. The toolkit recommends that agencies go over the mapping data volunteers have collected for accuracy, but that may not be enough to ensure it.

Secondly, the toolkit has not been reviewed or piloted with a full build-out of the GIS mapping tool. It was only piloted with basic data layers and needs to be built out fully with the recommended data layers (see Recommendation 1 below) before being piloted again. Due to unexpectedly limited ACFB and agency availability during project development, the full toolkit still needs to be piloted before it is released to all agencies for use.
A Recommendation to ACFB on Agency-Led CNAs

Thirdly, the toolkit does require more ACFB management than the organization laid out in initial interviews and brainstorming sessions (see Recommendation 3 below). The project can only be successful if ACFB is able to provide the support that agencies have indicated they need. Agencies expressed concern that this was an unfunded mandate from the top without the necessary assistance for success.

4.2 Recommendations.

The following recommendations aim to address and improve the above limitations and improve the overall CNA toolkit project.

4.2.4 Recommendation 1: Build out of customized ArcGIS application.

While ACFB may not currently have the ability to fully support the project with staff resources, there are current Research & Development interns with GIS experience. These interns, plus more that could be minimally compensated through university partnerships, could be responsible for adding data layers to the ArcGIS platform that currently exists. Data layers should include:

- USDA food desert designation
- Demographic information from US Decennial Census, American Community Survey, and Atlanta Regional Commission (ARC) broken down to census tracts or other local designations for:
  - Race
  - Age
  - Gender
- Education
- Employment status and income
A Recommendation to ACFB on Agency-Led CNAs

- Poverty
- Housing

The GIS team could partner with Westside Communities Alliance, who recently created a Data Dashboard with similar information covering primarily Westside Atlanta neighborhoods (http://wcadatadashboard.iac.gatech.edu/Home/).

4.2.1 Recommendation 2: Pilot testing and refining.

After the GIS platform is fully built out, ACFB then needs to pilot test the toolkit with a variety of partner agencies to gather feedback on the process and help refine the toolkit. Pilot testing will also help ACFB establish needs for a training program for both volunteers and agencies on data collection and mapping analysis.

This should be done before the next agency conference in January 2017. If the toolkit has been tested and refined, a special introduction and training session can be conducted for interested agencies. This will give agencies structured time to customize their CNA with ACFB trained staff available for support.

4.2.3 Recommendation 3: Creation of multiple positions to manage training, data collection, and data analysis.

Because of feedback provided by agency partners, ACFB must take a larger role in managing CNA training, volunteer management, and analysis than presented during initial interviews. To implement the toolkit successfully, there need to be staff members available to train agencies and volunteers, update the ArcGIS platform as necessary, and provide additional support to agencies as they go through the CNA process. A system to integrate the multiple departments that must be involved should also be created. Research & Development, Volunteer, Community Building, and Agency Services departments must work together to provide a full
A Recommendation to ACFB on Agency-Led CNAs

support package to agencies. All of the departments who work with agencies and volunteers
must be on the same page in supporting this project, which can be coordinated by additional
staff. Interns can also be hired from local university graduate programs like Emory, Georgia
State University, Georgia Tech, and more for high quality students with experience and
classwork in monitoring and evaluation, survey design, and other research methods. That will cut
down on human resources costs without a great loss in employee quality. Systems for program
continuation will need to be in place to ensure seamless transitions between school years.

4.2.2 Recommendation 2: Creation of a protocol for completing regular CNAs across
the service area.

To ensure alignment with Feeding America directives, ACFB needs a plan for regular
updates of the information collected across the service area. A plan should be created to
guarantee full coverage of the service area. Depending on capacity, annual review of data should
be done to confirm information is an accurate picture of client needs and community resources.

Annual reports should also be completed to give a picture of all of the data collected for
the region and to demonstrate the impact the CNAs had on shaping agency services and response
to results.

4.2.5 Recommendation 5: Creation of grant funding process.

Multiple agencies interviewed about the toolkit mentioned the need for grant funding to
increase agency capacity to actually customize and conduct the CNA. As there are already
agency capacity building grants in action at ACFB, additional funding should be made available
for agencies who are interested in doing a CNA or who are requested to do so by ACFB for
service area coverage purposes.
A Recommendation to ACFB on Agency-Led CNAs

The grant funding process should also include a monitoring and evaluation program to ensure the toolkit continues to meet agency needs and Feeding America directives. Agencies should be tracked to see if and how they use the data collected to make changes to services or partnerships.

4.3 Conclusion

The process of creating the CNA toolkit was challenging but valuable. Feedback from ACFB staff and agency partners was valuable in both shaping and revising the toolkit. The overall response to the project was positive and hopeful for future implementation. If ACFB is able to follow the outlined recommendations, this toolkit could help ACFB and its partner agencies increase capacity responsibly through a better understanding of the environment clients face in their communities. Implementation of this toolkit could then increase ACFB’s real impact on hunger in Atlanta and the greater service region.
A Recommendation to ACFB on Agency-Led CNAs

Bibliography

*Feeding America Capacity Self-Assessment Tool.* (2010).


Appendix:

Community Needs Assessment Toolkit for Agency Partners

Created by Yvonne Wagner for Atlanta Community Food Bank
# Table of Contents

About this Toolkit ................................................................. 3

Why Use This Toolkit? .............................................................. 4

Process Overview........................................................................ 6

Step One: Articulating the Need .................................................. 7
  Develop your question(s) .......................................................... 7
  Communicate with stakeholders ................................................. 7
  Be goal-oriented and driven .................................................... 7

Step Two: Choosing Your Methods ............................................ 8
  Surveys .................................................................................. 8
  GIS Mapping ........................................................................... 9
  Other methods ........................................................................ 10

Step Three: Collecting Your Data ................................................ 11
  Surveys .................................................................................. 11
    Design your survey ................................................................ 11
    Conduct your survey ............................................................ 14
  GIS mapping ........................................................................... 16

Step Four: Interpreting Your Data ................................................ 17
  Analyze your data .................................................................. 17
  Create recommendations ......................................................... 17

Step Five: Identifying Next Steps ............................................... 18
  Share your results ................................................................... 18
  Implement your recommendations ........................................... 18
  Monitor and repeat ................................................................. 18

Appendix A: Sample Informed Consent Form (Verbal or Written) .......... 19

Appendix B: Additional Resources .............................................. 20

Appendix C: Survey Modules ..................................................... 21
About this Toolkit

What is a Community Needs Assessment?
A community needs assessment (CNA) will help your organization better understand the systems, programs, and environment in your community that affect the issue you wish to address.\(^1\) As a Food Bank agency, food security and access is your primary focus, but gathering information on other related areas will also be useful in identifying the supports and challenges clients face in accessing resources. The CNA will highlight current strengths and gaps in your community, which can be used to identify opportunities for further involvement or partnerships with complementary organizations.

Mission
This toolkit aims to provide your organization with an easy-to-follow guide for planning and conducting a CNA utilizing surveys, mapping, and other methods. You will be able to engage your board and volunteers in building a stronger understanding of your service area.

Value
The assessment you conduct using this toolkit will generate information that reveals and clarifies clients’ voices, choices, and needs. You will be able to use this information to move your agency forward in the simplest and most effective manner to maximize the impact and assistant you are able to provide for clients.

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As defined by the World Health Organization (WHO), Food security exists “when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life.” ([http://www.who.int/trade/glossary/story028/en/](http://www.who.int/trade/glossary/story028/en/))
Why Use This Toolkit?

Feeding America Capacity Building Assessment

The Food Bank’s goal is to increase the efficiency and capacity of its agencies through partnership. Feeding America also has this goal and has outlined capacity building guidelines. One of the factors in assessing capacity is “Assessment of External Environment and Community Needs.” To reach a high level of capacity, agencies need an established system to regularly assess client needs and environmental factors affecting them. While this may sound overwhelming, the toolkit provides everything you need.

Easy to use

We have done much of the planning work for you by creating the mapping tool and compiling evidence-based survey questions to get you the best picture of your clients’ needs. You do not need to be a technical expert or have an advanced degree to be able to conduct or analyze the results of this CNA. This can be done over a short period of time. Since the bones are all here, your time can be used in customizing and analyzing your assessment instead of figuring out the “how.” Mapping data can be collected as quickly as a single afternoon and is instantly available for analysis through the application. As your clients and community change, it is also easy to update information.

Better client service

This toolkit will help you identify priority areas of need for your clients and current gaps in your service area. By collecting information about your clients and community, you will have a better understanding of what is needed, whether that involves expanded services or stronger partnerships with other organizations. You can also use the GIS mapping tool to share other available resources and maps directly with clients.

Engagement of volunteers, donors, and board members

The GIS mapping tool is a unique way to involve your volunteers and board members. They spend an afternoon in the shoes of your clients, becoming more aware of the community and environment. It is one thing to see client resources or lack thereof on a map, but actually walking or driving can create a stronger sense of empathy and help form a new perspective on food security in your community.

Evidence to shape your strategic plan

The data you collect with this toolkit will help you identify gaps and areas of need that your clients have but are not being addressed. You can use this information to find opportunities to better serve your clients and refine your strategic plan accordingly. Conversely, you will also be able to illustrate your organization’s impact on clients, strengthening your case in seeking funding and support.

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Data sharing
The platform adds you into a growing hub of information that is readily accessible online to your staff, the Food Bank, other agencies, clients, and policy makers. You will be able to share information with nearby agencies and other client resources to better shape collaboration efforts.
Process Overview

This section will take you through the steps you can expect to take when conducting your CNA.

1. **Articulate the needs**: Think about the question you are seeking answers for. What are you seeking to understand about your community?
2. **Choose your methods**: What methods of collecting data will answer the question you have posed?
   - a. Surveying
   - b. Mapping
   - c. Other Methods
3. **Collect your data**
   - a. Surveying: customize the Food Bank’s standard survey questions to match the data you would like to collect using volunteers
   - b. Mapping: use volunteers to map your community, including things like walkability and available resources
4. **Interpret your data**: By analyzing surveys and using the mapping tool, look at your data to uncover patterns, opportunities, and gaps for the question you have posed about your service area. Create recommendations based on your findings
5. **Identify next steps**:
   - a. Share your results
   - b. Implement your recommendations
   - c. Monitor and repeat when necessary
Step One: Articulating the Need
This section will help you determine the backbone for your CNA. Why are you taking the time to do this? What are you seeking to understand about your community?

Develop your question(s)
What do you want to know about your community? Examples include:
- How well are our services meeting our client’s needs for food assistance?
- What are the client’s needs outside of our services and where are they getting those needs met?
  - Where else can they get food in the community?
  - What complementary programs are they using to meet their other needs?
- What does the community look like in terms of demographics, education, economic resources, etc.?
- How can clients be engaged in this process?

Communicate with stakeholders
Engage stakeholders to ensure all parties are in alignment on expectations for your assessment. Talk with board members, staff (from all departments if you have multiple), experienced volunteers, and clients to gather a variety of perspectives and opinions about the possibilities of the project. Some questions to start your conversations:
- What are your expectations for the CNA?
- What insights do you hope to gain from the CNA?
- How will you be able to use the data we collect?

It is also highly recommended that you talk to other organizations and community groups early in the process so that collaboration can be worked into the design of your CNA. You may find that others have already collected relevant data or are interested in your results and recommendations.

Be goal-oriented and driven
What would you like to do with your data once you have collected it? Examples include:
- Inform grant proposals with data about service area and evidence-based suggestions for capacity building
- Create or improve programming to fill gaps identified by community and clients
- Develop partnerships with similar and complementary agencies to provide full support for clients
Step Two: Choosing Your Methods

Based on the questions you are trying to answer, you will need to identify which tools you will want to use to collect information. While using both surveys and GIS mapping is recommended, your immediate needs may be different. For example, if you are creating a new agency, there may not yet be clients to survey.

When determining what you would like to know, it is also important to note what is already known. If you have recently done a survey of your clients or an asset map of your community, it is unnecessary to do it again. Beyond your own agency, other organizations may have also recently conducted CNAs or other surveys in your service area. You can ask other partners or even clients if they know of any recent assessments that have been done.

Surveys

This method will capture the needs of your actual clients. Surveys give clients the ability to provide feedback more openly than if asked face-to-face if managed appropriately. They can be given over the phone, online, or on paper. They can be administered over a period of time that is appropriate for you, whether that be one day or one month. Use surveys to:

• Get honest feedback on your services
• Identify gaps and strengths from the client perspective
• Understand what food security looks like for your clients
• Make sure your actions are in line with what your clients have identified as needs

When not to do surveys:

• If a survey has been recently conducted with your clients, which could lead to survey fatigue
• If there is absolutely no doubt about what your clients’ needs are and what actions must be taken to address them
• If you are just starting as an agency and either do not have clients or have not operated long enough to get feedback about your services

We have gathered standardized survey question modules you can put together based on the information you and the Food Bank would like to know about your clients.
GIS Mapping

Geographic Information Systems (GIS) mapping gives you integrated information about your service area. The Food Bank has created an easy-to-use mobile platform for collecting and visualizing data easily. You do not need an expert to create functional maps for your agency. You can collect information on walkability, availability of public transit, food resources such as grocery and corner stores, and other resources and assets in your service area. You will be able to overlay this data with other information, such as census information on demographics, economic data, food deserts, and more. Putting these resources together, you will create a full picture of your service area.

Use mapping to:
- Illustrate gaps in resources and where services should be concentrated
- Show relationships between different factors on one map
- Quickly put together a map of geographic, demographic, and social factors
- Provide a clear picture of your service area for you, funders, and policy makers

When not to do GIS mapping:
- If you or a nearby agency have recently completed a map of resources available in your service area and this would be redundant
- If you do not have the time to orient volunteers and/or look over data being collected

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3 The Urban Atlanta Geospatial STEM Academy, June 2015, http://gsu.maps.arcgis.com/apps/webappviewer/index.html?id=887c707715a54d73be93f204008bf58b
Other methods
While the Food Bank provides support for surveys and GIS mapping, you may find that you would like to collect information for your CNA through other methods. Options include:

- **Focus groups**
  - Identify social norms and opinions on a focused topic
  - Gain feedback from people with similar characteristics, e.g. board members, clients, volunteers
  - **Drawbacks**
    - Logistics of setting up a group time to meet
    - Expertise needed to create a well-designed focus group guide
    - Time-consuming transcription of group recording

- **In-depth interviews**
  - Get detailed information from community leaders, knowledge experts, or other individuals
  - Get information that might be too sensitive to share in a group setting
  - **Drawbacks**
    - Logistics of identifying appropriate interview subjects
    - Expertise needed to create a well-designed interview guide and conduct an unbiased interview
    - Topics may be too sensitive to share opinions face-to-face
    - Time-consuming transcription of interview

To develop quality data collection methods, you may need to ask an expert for help to create your focus group or interview guides. Graduate school students or other community members with experience creating and conducting these options are good resources.

See [Appendix B](#) for help in designing other data collection methods.
Step Three: Collecting Your Data

Surveys

*Please see [Appendix C](#) for specific survey modules.*

The Food Bank recommends using volunteers for surveying since they are an objective third party that clients may feel more comfortable being honest with. As an agency, you can expect to be responsible for the following in volunteer recruitment:

- Informing the Food Bank of your desire to do volunteer survey session(s)
  - Providing time periods for a volunteer group to conduct the assessment
  - Providing the survey modules and methods you would like to use and materials needed to do so
- Scheduling volunteers if your organization has the capacity to do so
- Conducting a short volunteer orientation to your organization on the day of service
- Providing assistance to volunteers on day of service
- Reviewing data collected by volunteers for accuracy

You can expect the Food Bank to be responsible for:

- Scheduling volunteers if needed
- Conducting online or in-person orientation for you for survey design if requested
- Providing orientation to volunteers on data collection

Design your survey

The Food Bank has put together a series of survey modules you can put together to collect a variety of information from your clients based on your assessment needs. Consider the following when creating your survey:

- **Purpose:** How will you be using this data? If you would like a quick picture of your clients or the community, keep it short. If you are looking to do deeper board engagement or inform a strategic plan, more modules may be necessary to get a full picture.
- **Length:** No one wants to complete dozens of pages of survey questions. Clients may not complete your survey if it is too long or may give minimal feedback in an effort to complete it quickly. Incentives (e.g. gift cards) may help gain consent to participate if your survey is long. It could also lead to more time needed for data entry, but these issues can be mitigated by surveying a sample of clients instead of everyone.
**Required modules**

It is highly recommended for you to ask at least these questions when conducting your client surveys. They will give you a basic picture of food security and priority needs for your clients.

**USDA Food Security Survey Module (FSSM): Six Item Short Form**

The standard for surveying clients is, at minimum, the use of the USDA FSSM Short Form. It will allow you to compare data at the local, county, regional, state, and national level due to its wide adoption and use. The Food Bank is requiring that you ask the six questions in the USDA FSSM when doing surveys of clients. Since this is also required in reporting through the Oasis Agency Data Tracker (the Food Bank’s client data tracking software), these questions will be asked of clients periodically during the year. The FSSM captures food security (very low, low, high or marginal) for households you serve. The form has information on how to calculate food security scores for respondents and the corresponding status.

**Need Priority Question**

A simple question: *What is the number one thing you are in need of that you are not getting today, other than food?* Answers will show you high priority needs that are not getting met for your clients. If you see a trend in answers, it could show you areas of urgency for you to expand or partner with relevant resources that address the trend.

**Optional modules**

These modules are optional in the sense that they may not be necessary to answer the questions you are posing. Refer to the need you have outlined in Step One to determine the modules that are useful for you. Some modules may have overlapping questions, so be sure to review your choices to determine where questions may need to be removed. Most of these modules are well-tested and widely adopted. You can truncate and adapt modules as you see fit, but too many modifications may impact the quality of your questions and the data they collect.

**Client Satisfaction Survey Questions**

These are simple questions designed to gather quick feedback about your organization directly from clients. You may already use similar questions to gather feedback, which are perfectly acceptable to use in lieu of the ones provided here. You may also have recent feedback data, in which case this module would be unnecessary.

**Tradeoffs: Hunger in America Study Questions 25-29**

The Hunger in America study, conducted every few years by Feeding America food banks, captures a large amount of information from clients at food pantries across the country. There are 80 pages in the entire survey, which is unrealistic for you to use frequently or with a large sample. Questions 25-29 ask respondents about tradeoffs they make between food and other necessities like utilities or medical care. These questions may illuminate additional areas of need for your clients.
Strategies: Hunger in America Study Questions 43A-43G
These questions ask about strategies that people use to get enough food for their household, including help from friends and family and growing their own food. Answers can show you how clients are coping with food shortages outside of your agency. They do not measure assistance options like SNAP or backpack programs, but there are other modules that cover those questions.

Food Choice and Nutrition Education Food Pantry Client Survey
The Food Bank created a survey with local Atlanta monitoring experts that covers a wider array of topics: assistance program use, food budgets, information sources for food choice, factors considered when choosing food, and nutrition education. You may want to use this to understand the foods and choice factors that are important for your clients and/or how clients would like to participate in nutrition education efforts.

Nutrition Environment Measures Survey: Perceived Nutrition Environment (NEMS-P)
The NEMS measures were created by a team based at the University of Pennsylvania and have been widely trained and demonstrate high validity and reliability. The NEMS-P survey asks questions about individuals’ perception of their nutrition environments at stores, in restaurants, and at home from both the consumer and community perspective. While it is long, there is a core set of questions you can use to measure perceptions.

The NEMS measures cover restaurants, stores, corner stores, and vending in addition to this survey; you can find them online here: http://www.med.upenn.edu/nems/measures.shtml
Conduct your survey

**Delivery method**

You know your clients best, so you are able to choose your preferred delivery method. All of the modules can be modified into the method that works best for your purposes.

<table>
<thead>
<tr>
<th>Method</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper</td>
<td>• Inexpensive&lt;br&gt;• Easy to design&lt;br&gt;• Easy to give in person&lt;br&gt;• Easy to give with pantry boxes for later return</td>
<td>• Inappropriate for illiterate clients&lt;br&gt;• Time consuming for data entry and analysis</td>
</tr>
<tr>
<td>Online</td>
<td>• Inexpensive&lt;br&gt;• Easy to design&lt;br&gt;• Easy for data entry and analysis&lt;br&gt;• Can still do in-person (tablet or computer terminal)</td>
<td>• Not all clients are computer literate&lt;br&gt;• Not all clients have access to an internet-connected device at home</td>
</tr>
<tr>
<td>In-person or phone interviews</td>
<td>• Good for illiterate clients&lt;br&gt;• Can be done by volunteers&lt;br&gt;• Case use paper or online survey form</td>
<td>• Possibility for interviewer bias&lt;br&gt;• Interviewees may not be comfortable giving honest answers</td>
</tr>
</tbody>
</table>

**Sample size**

Who do you want to survey? Factors you should consider:

- **Time frame**: Over how long do you want to conduct your survey? You could do one afternoon, one week, one month, or another period based on your needs
- **Survey length**: How long is your survey and how long will it take for participants to complete? Additionally, how long will tabulation and data entry take?
- **Participation**: Do you want everyone to take your survey or is a random sample sufficient?
- **Method**: Is your survey done on paper in person, over the phone, or online?

If it is not important for you to get an answer from everyone you serve over your chosen time frame, try using a sample size calculator like [http://www.raosoft.com/samplesize.html](http://www.raosoft.com/samplesize.html) to determine how many clients you should survey. By using this tool, you will ensure that your sample is as representative of your total client base as possible for an accurate picture of the questions you are asking.
Sampling methods
The most important component of getting a random sample is consistency. Use the same method to choose every survey participant. Guidelines for the Hunger in America study indicate:

- For grocery program, start with 4th household in line, sampling every 6th household thereafter.
- For meal program, start with 2nd client in line, sample every 3rd client thereafter (skipping children).

Ethically, all people must have an equal chance of being asked to participate. If someone is chosen to be sampled according to your interval, it is unethical to decide not to ask them to participate. (Client refusal to participate is perfectly valid.)

Of course, do not let trying to get a perfect random sample drastically slow down your effort to collect information. Since this is not a large-scale study like Hunger in America and will be used primarily internally, we do not expect your sampling methods to be flawless. In reporting your results, just be sure to discuss how you collected information and any issues that arose.

Introduce the survey to clients
It is important to be warm, open, and a good listener when introducing the survey to potential respondents. Be sure to answer any questions they have about participating (e.g. amount of time, purpose, benefits). Relate the survey to their perceived interests and be courteous when accepting a refusal.

Informed consent
Whether you disclose these items on paper, in person, or online, it is important that survey respondents understand give informed consent to participate. They must be informed and understand what the study involves before they agree. This can be done on paper, before an online survey, or verbally before handing out or administering in person. They must know:

- Who is doing the research and what the purpose is
- Tasks they will be asked to complete
- Their participation is voluntary and they can choose to stop at any time
- Risks and benefits of participating, if any
- How their privacy will be protected
- Whom to contact with questions

A sample informed consent form is provided for you in Appendix A.

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Confidentiality
The information clients will provide is potentially very sensitive. To give clients peace of mind and to protect their privacy, it is important to assure the confidentiality of the survey. Their name will not be recorded or associated with their answers in any way. Nonparticipation or any answers they provide will not impact the benefits they receive. Data must also be kept securely to ensure it does not end up in unauthorized hands.

GIS mapping
Agency feedback on availability has put the bulk of this method into the hands of the Food Bank, which is all the more reason for you to make GIS mapping a part of your CNA. As an agency, you can expect to be responsible for:
- Informing the Food Bank of your desire to do a volunteer GIS mapping session
  - Providing a time period for a volunteer group to conduct the assessment
  - Providing a map of the service area you would like covered
  - Providing data you already have about your service area
- Attending an online or in-person orientation for GIS software
- Scheduling volunteers if your organization has the capacity to do so
- Conducting a short volunteer orientation to your organization on the day of service
- Providing assistance to volunteers on day of service
- Reviewing data collected by volunteers for accuracy

You can expect the Food Bank to be responsible for:
- Scheduling volunteers if needed
- Conducting online or in-person orientation for you for GIS software
- Providing orientation to volunteers on data collection
- Updating GIS map layers as needed
Step Four: Interpreting Your Data

After you have collected your data, the next step is to interpret your findings to create recommendations for actions to take.

Analyze your data

After tabulating your data from surveys or other methods and checking your GIS map for accuracy, what do you see? Consider the following:

- Trends or patterns in needs, resources, preferences, etc.
- Strengths of your organization and programming
- Opportunities for expansion and/or partnership
- Gaps in your service area
- Correlations between mapped resources and surveyed needs, preferences, etc.
- Areas that are still unclear – is there a need for more data collection?

In identifying needs and priorities, try to answer the following questions:

- **What** is the need/priority?
- **Who** does this affect?
- **Where** does this occur? Where are opportunities for intervention?
- **When** does this happen?
- **Why** does this happen?
- **How often** does this happen?
- **How** can we address this?

If possible and available, look at other communities and organizations for comparison. Putting your data in context of the greater community will help others understand your findings later.

Create recommendations

What are the greatest priorities identified your assessment and how can you address them? In creating recommendations, consider:

- How feasible it is for you to address the issue
  - Barriers and strategies for minimizing them
  - Resources available: human, capital, and organizations
- Impacts and consequences of addressing the issue

You do not need to create your recommendations in a vacuum; this is the ideal time to bring clients and the stakeholders – with whom you conferred when articulating your need – into the discussion to brainstorm ideas and get involved.
Step Five: Identifying Next Steps

Share your results
Ask yourself who should see the results of your assessment. Possibilities include:

- Other employees and board members
- Clients
- Volunteers
- Donors and funders
- Partner organizations (current and potential)
- Community members
- Policymakers

Different audiences have different presentation needs. Clients will use a map of resources differently from a policymaker.

Concise, high-level information is always better received than very detailed data. Some suggestions:

- Focus on 2-5 priority conclusions from your data so they are not overwhelmed with statistics and issues of low importance.
- Utilize percentages and proportions more than counts so your audience has a better idea of how your service area is impacted by your findings.
- Action steps will show your audience that you are committed to addressing the conclusions found and gives them an understanding of where their involvement might come in.

Implement your recommendations
The data you have collected will help strengthen your case for your recommendations. If your clients and community have participated in your CNA, they will be more likely to support your ideas because they are based on actual feedback.

Monitor and repeat
With the GIS map, it is easy to update information as the situation changes. Consider your organization’s capacity and resources in making a plan to update information periodically.
Appendix A: Sample Informed Consent Form (Verbal or Written)

Before we get started today, there is some information I need to share with you. We are inviting you to take this survey today for [your organization]. The purpose of the study is to learn more about our clients and how we can better serve them. We would like you to help by taking this survey to tell us about your experiences. The survey asks about some background on you and the people you live with, government services you might use, [additional topics], and how you get food to feed yourself or your family. The survey should take about [estimated time time] minutes.

[Optional: [your organization] is working with [any partners] to do this research.]

If you agree to take part, you would take this survey by [method of survey]. By taking this survey you are helping us understand who uses our programs.

• Taking this survey is your choice. If you decide to take the survey you will have the right to stop at any time or to skip questions you don’t want to answer. There is no penalty for stopping or skipping questions. If you decide to stop or skip questions it won’t affect getting food today, or any other benefits you otherwise get.
• We will keep all information private that we get from you during this survey. All the information you give us will be stored [secure place you will be storing data]. We won’t take down your name, or try to identify you in any report. We won’t share information about you with staff or anyone else who isn’t working on this study.
• [Any incentives they will receive]
• If you have questions about this study, please call [contact person and number].

Do you have any questions about what I’m asking you to do today?
Are you legally an adult?
Do you agree to take this survey?

Adapted from Human Subject Training – Hunger Study from the Westmoreland County Food Bank.
Appendix B: Additional Resources

The Campus Kitchens Project: Community Assessment
http://www.campuskitchens.org/community-assessment/
This assessment is more informal but provides you with many questions to ask yourself about your community and the larger food security context. Includes resources for finding external data about your community.

Community Toolbox
http://ctb.ku.edu/en/table-of-contents
A rich resource providing “practical, step-by-step guidance in community-building skills,” covering everything from assessing community needs and resources (Chapter 3) to developing a strategic plan (Chapter 8) and more.

USDA Economic Research Service Community Food Security Assessment Toolkit
This is a thorough and well-vetted toolkit with instructions on how to complete an assessment, tools to conduct assessments on household food security, food availability, food production, and more. It is very long but full of useful information to consider. You may be interested in using their guides for food store surveys, focus groups, and developing data tables.

What’s Cooking in Your Food System? A Guide to Community Food Assessment
Created by the Community Food Security Coalition, this is another useful guide for conducting an assessment. It is open-ended without specific directives on information to capture, but is very helpful in guiding your research question and goals.

No Kid Hungry Center for Best Practices: Community Hunger Assessments
https://bestpractices.nokidhungry.org/statelocal-campaigns/community-hunger-assessments
This is a very general guide for conducting community assessments, but helps break down the possibilities of what you can measure and how to do so. It contains case studies of organizations that have completed a community assessment, giving you a better picture of what to expect.

Missouri Association for Community Action Community Needs Assessment Tool Kit
http://caprss.org/sites/default/files/community_needs_assessment_tool_kit.pdf
If you would like to collect information about your clients and community beyond food to more thoroughly measure issues like housing, employment, and transportation, this guide has an excellent list of factors to survey and resources to explore.
Appendix C: Survey Modules

[Required] Need Priority Question
What is the number one thing you are in need of that you are not getting today, other than food?

[Space for open-ended answer]

Client Satisfaction Survey Questions

1. On a scale of 1-5, how satisfied are you with your experience today at [organization]? (Circle one).
   1 is completely dissatisfied, 5 is completely satisfied
   1 2 3 4 5

2. What is the reason for your answer to Question 1?

   [Space for open ended answer]

3. What is one thing you like about this [pantry/kitchen/organization]? 

   [Space for open ended answer]

4. What is one thing you would like to change about this [pantry/kitchen/organization]?

   [Space for open ended answer]

On the following pages:

[Required] USDA Food Security Survey Module: Six Item Short Form
Tradeoffs: Hunger in America Study Questions 25-29
Strategies: Hunger in America Study Questions 43A-43G
Food Choice and Nutrition Education Food Pantry Client Survey
NEMS-P Survey and FAQ
Revision Notes: The food security questions in the 6-item module are essentially unchanged from those in the original module first implemented in 1995 and described previously in this document.

September 2012:
- Added coding specification for “How many days” for 30-day version of AD1a.

July 2008:
- Wording of resource constraint in AD2 was corrected to, “…because there wasn’t enough money for food” to be consistent with the intention of the September 2006 revision.

January 2008:
- Corrected user notes for coding AD1a.

September 2006:
- Minor changes were introduced to standardize wording of the resource constraint in most questions to read, “…because there wasn't enough money for food.”
- Question numbers were changed to be consistent with those in the revised Household Food Security Survey Module.
- User notes following the questionnaire were revised to be consistent with current practice and with new labels for ranges of food security and food insecurity introduced by USDA in 2006.

Overview: The six-item short form of the survey module and the associated Six-Item Food Security Scale were developed by researchers at the National Center for Health Statistics.

Background: The six-item short form of the survey module and the associated Six-Item Food Security Scale were developed by researchers at the National Center for Health Statistics in collaboration with Abt Associates Inc. and documented in “The effectiveness of a short form of the household food security scale,” by S.J. Blumberg, K. Bialostosky, W.L. Hamilton, and R.R. Briefel (published by the American Journal of Public Health, vol. 89, pp. 1231-34, 1999). ERS conducted additional assessment of classification sensitivity, specificity, and bias relative to the 18-item scale.

If respondent burden permits, use of the 18-item U.S. Household Food Security Survey Module or the 10-item U.S. Adult Food Security Survey Module is recommended. However, in surveys that cannot implement one of those measures, the six-item module may provide an acceptable substitute. It has been shown to identify food-insecure households and households with very low food security with reasonably high specificity and sensitivity and minimal bias compared with the 18-item measure. It does not, however, directly ask about children’s food security, and does not measure the most severe range of adult food insecurity, in which children’s food intake is likely to be reduced.
[Begin Six-Item Food Security Module]

**Transition into Module:**
These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need.

**NOTE:** If the placement of these items in the survey makes the transition/introductory sentence unnecessary, add the word “Now” to the beginning of question HH3: “Now I’m going to read you....”

**FILL INSTRUCTIONS:** Select the appropriate fill from parenthetical choices depending on the number of persons and number of adults in the household.

**HH3.** I’m going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was **often** true, **sometimes** true, or **never** true for (you/your household) in the last 12 months—that is, since last (name of current month).

The first statement is, “The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more.” Was that **often**, **sometimes**, or **never** true for (you/your household) in the last 12 months?

[ ] Often true
[ ] Sometimes true
[ ] Never true
[ ] DK or Refused

**HH4.** “(I/we) couldn’t afford to eat balanced meals.” Was that **often**, **sometimes**, or **never** true for (you/your household) in the last 12 months?

[ ] Often true
[ ] Sometimes true
[ ] Never true
[ ] DK or Refused
AD1. In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

[ ] Yes
[ ] No (Skip AD1a)
[ ] DK (Skip AD1a)

AD1a. [IF YES ABOVE, ASK] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

[ ] Almost every month
[ ] Some months but not every month
[ ] Only 1 or 2 months
[ ] DK

AD2. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

[ ] Yes
[ ] No
[ ] DK

AD3. In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?

[ ] Yes
[ ] No
[ ] DK

[End of Six-Item Food Security Module]
(1) Coding Responses and Assessing Households’ Food Security Status:

Responses of “often” or “sometimes” on questions HH3 and HH4, and “yes” on AD1, AD2, and AD3 are coded as affirmative (yes). Responses of “almost every month” and “some months but not every month” on AD1a are coded as affirmative (yes). The sum of affirmative responses to the six questions in the module is the household’s raw score on the scale.

Food security status is assigned as follows:
- Raw score 0-1—High or marginal food security (raw score 1 may be considered marginal food security, but a large proportion of households that would be measured as having marginal food security using the household or adult scale will have raw score zero on the six-item scale)
- Raw score 2-4—Low food security
- Raw score 5-6—Very low food security

For some reporting purposes, the food security status of households with raw score 0-1 is described as food secure and the two categories “low food security” and “very low food security” in combination are referred to as food insecure.

For statistical procedures that require an interval-level measure, the following scale scores, based on the Rasch measurement model may be used:

<table>
<thead>
<tr>
<th>Number of affirmatives</th>
<th>Scale score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>1</td>
<td>2.86</td>
</tr>
<tr>
<td>2</td>
<td>4.19</td>
</tr>
<tr>
<td>3</td>
<td>5.27</td>
</tr>
<tr>
<td>4</td>
<td>6.30</td>
</tr>
<tr>
<td>5</td>
<td>7.54</td>
</tr>
<tr>
<td>6 (evaluated at 5.5)</td>
<td>8.48</td>
</tr>
</tbody>
</table>

However, no interval-level score is defined for households that affirm no items. (They are food secure, but the extent to which their food security differs from households that affirm one item is not known.)

(2) Response Options: For interviewer-administered surveys, DK (“don’t know”) and “Refused” are blind responses—that is, they are not presented as response options but marked if volunteered. For self-administered surveys, “don’t know” is presented as a response option.
(3) **Screening:** If it is important to minimize respondent burden, respondents may be screened after question AD1. Households that have responded “never” to HH3 and HH4 and “no” to AD1 may skip over the remaining questions and be assigned raw score zero. In pilot surveys intended to validate the module in a new cultural, linguistic, or survey context, however, screening should be avoided if possible and all questions should be administered to all respondents.

(4) **30-Day Reference Period:** The questionnaire items may be modified to a 30-day reference period by changing the “last 12-month” references to “last 30 days.” In this case, item AD1a must be changed to read as follows:

AD1a. [IF YES ABOVE, ASK] In the last 30 days, how many days did this happen?

______ days

[ ] DK

Responses of 3 days or more are coded as “affirmative” responses.

(5) **Self Administration:** The six-item module has been used successfully in mail-out, take-home, and on-site self-administered surveys. For self-administration, question AD1a may be presented in one of two ways:

- Indent AD1a below AD1 and direct the respondent to AD1a with an arrow from the “Yes” response box of AD1. In a parenthetical following the “No” response box of AD1, instruct the respondent to skip question AD1 and go to question AD2.
- Present the following response options to question AD1 and omit question AD1a:
  - Yes, almost every month
  - Yes, some months but not every month
  - Yes, only 1 or 2 months
  - No

In this case, either of the first two responses is scored as two affirmative responses, while “Yes, only 1 or 2 months” is scored as a single affirmative response.

The two approaches have been found to yield nearly equal results. The latter may be preferred because it usually reduces the proportion of respondents with missing information on how often this behavior occurred.
HUNGER IN AMERICA 2014

Client Survey

Question-by-Question Instructions

Prepared by Westat

For

Feeding America
Q24. Do you or anyone in your household have unpaid medical or hospital bills?

- 1. Yes
- 2. No

Q25. How often during the past 12 months did you or anyone in your household have to choose between paying for food and paying for medicine or medical care?

- 1. Every month
- 2. Some months during the year
- 3. 1 or 2 times a year
- 4. Never

Q26. How often during the past 12 months did you or anyone in your household have to choose between paying for food and paying for utilities?

- 1. Every month
- 2. Some months during the year
- 3. 1 or 2 times a year
- 4. Never
Q27. How often during the past 12 months did you or anyone in your household have to choose between paying for food and paying for rent or mortgage?

- 1. Every month
- 2. Some months during the year
- 3. 1 or 2 times a year
- 4. Never

Q28. How often during the past 12 months did you or anyone in your household have to choose between paying for food and paying for transportation or gas for a car?

- 1. Every month
- 2. Some months during the year
- 3. 1 or 2 times a year
- 4. Never

Q29. How often during the past 12 months did you or anyone in your household have to choose between paying for food and paying for school loans, tuition, or other education expenses?

- 1. Every month
- 2. Some months during the year
- 3. 1 or 2 times a year
- 4. Never
Q43A. Listed below are some strategies that people use to get enough food for their household. Please indicate whether you or others in your household have used any of these strategies in the past 12 months.

In the past 12 months, have you received help from family or friends?

☐ 1. Yes
☐ 2. No

Q43B. In the past 12 months, have you sold or pawned some personal property?

☐ 1. Yes
☐ 2. No

Q43C. In the past 12 months, have you grown food in a garden either at home or in a community garden?

☐ 1. Yes
☐ 2. No
Q43D. In the past 12 months, have you bought the cheapest food available even if you knew it wasn’t the healthiest option?

☐ 1. Yes
☐ 2. No

Q43E. In the past 12 months, have you bought food in dented or damaged packages to save money?

☐ 1. Yes
☐ 2. No

Q43F. In the past 12 months, have you eaten food after the expiration date?

☐ 1. Yes
☐ 2. No
Q43. In the past 12 month, have you watered down food or drinks to make them last longer?

☐ 1. Yes
☐ 2. No

Q44. Does the place where you live now have a stove, microwave, or hot plate where you can cook food?

☐ 1. Yes
☐ 2. No

Q45. Does the place where you live now have a place where you can store food to keep it cold so it doesn’t spoil, like a refrigerator?

☐ 1. Yes
☐ 2. No
Food Choice and Nutrition Education Food Pantry Client Survey

1. Which program(s) do you get food benefits from? (Circle all that apply)
   a) Food Stamps (SNAP)
   b) WIC
   c) TANF/Welfare
   d) Food bank/pantry CSFP/Senior box
   e) Other __________________________________________________________________________
   f) I do not receive food benefits

2. Where do you currently get your food? (Circle all that apply)
   a. Gas Station/convenience store
   b. Grocery store
   c. Food Bank/Pantry
   d. Farmer’s Market/stand
   e. Dollar or Discount stores
   f. Restaurants/fast food
   g. Soup kitchen
   h. Other: ________________

3. What is your weekly food budget (per person)?
   a. Less then $25 a week
   b. Between $25 and $50 a week
   c. Between $50 and $75 a week
   d. More than $75 a week

4. How much money do you depend on from family or friends to purchase foods?
   a. Less than $25 a week
   b. Between $25 and $50 a week
   c. Between $50 and $75 a week
   d. More than $75 a week
   e. I do not depend on money from family or friends

5. Have you ever been told by a doctor that you or your family members have:
   a. high blood pressure
   b. kidney disease
   c. diabetes/high blood sugar
   d. heart disease
   e. celiac disease
   f. other ____________________
6. Do you cook meals or prepare foods for your family:
   a. Most of the time
   b. Sometimes
   c. Occasionally
   d. Never

7. Where do you get the information about the food that you buy/pick?
   (Circle all that apply)
   a. My friends or family
   b. Church congregation
   c. School or work place
   d. My doctor
   e. TV advertisements/ media
   f. WIC
   g. Food Stamps (SNAP)
   h. Food Bank/Pantry
   i. Internet
   j. Other ___________

8. What types of food would you like to eat more of? (Circle all that apply)
   a. Protein (meat, chicken, fish, beans)
   b. Dairy (milk, cheese, yogurt)
   c. Vegetables
   d. Fruits
   e. Breads, pasta, rice

9. What foods would you like the food pantry offer more of? (Circle your top 2 choices)
   a. Protein
   b. Dairy
   c. Fresh fruits and vegetables
   d. Canned fruits and vegetables
   e. Boxed pasta, rice
   f. Bread
   g. Snack food (chips, crackers, peanuts)
For questions 10-16, circle the best choice.

10. I buy/pick food based on taste.
   a. Strongly Disagree  b. Disagree  c. Agree  d. Strongly Agree

11. I buy/pick food based on price.
   a. Strongly Disagree  b. Disagree  c. Agree  d. Strongly Agree

12. Eating all types of food (vegetables, meat, bread) is important to me.
   a. Strongly Disagree  b. Disagree  c. Agree  d. Strongly Agree

13. It is important for me to choose foods my children/family will eat.
   a. Strongly Disagree  b. Disagree  c. Agree  d. Strongly Agree

14. It is important for me to buy food items that last a long time so they do not spoil.
   a. Strongly Disagree  b. Disagree  c. Agree  d. Strongly Agree

15. I am happy with the foods that I currently have access to.
   a. Strongly Disagree  b. Disagree  c. Agree  d. Strongly Agree

16. I want to learn about how what I eat affects my health.
   a. Strongly Disagree  b. Disagree  c. Agree  d. Strongly Agree

17. How do you want to learn about how the food you eat affects your health?
   (Circle all that apply)
   a. Face to face classes (such as cooking demos)
   b. Internet
   c. Advertisements
   d. Word of mouth
   e. Organization meetings (such as church programs)
   f. I do not want to learn about what I eat

18. Where would you like to learn about how the food you eat affects your health?
   a. at the Atlanta Community Food Bank
   b. at a grocery store
   c. at a church
   d. at a community center
   e. at a food pantry
   f. Other:___________________________
19. What zip code do you live in?
______________________________

20. What is your age?
   A. 18 and under
   B. 19 – 29
   C. 30 – 49
   D. 50 – 59
   E. 60-69
   F. 70-79
   G. 80 and older

21. How many people are in your household, including yourself?
   A. 1-2
   B. 3-4
   C. 5-6
   D. 7-9
   E. 10 or more
The Perceived Nutrition Environment (NEMS-P) Guidelines for Use and FAQs

The Perceived Nutrition Environment (NEMS-P) tool is a survey that records the interpretations of the community nutrition environment, consumer nutrition environment, home food environment, food shopping behaviors, eating behaviors, and background characteristics of the person who does most of the food shopping for the household. It was developed as a tool to compliment the observational data collected using the other NEMS tools. It was developed for use in an urban environment and may need to be customized for non-urban areas.

How is NEMS-P different from the other NEMS tools (NEMS-R, NEMS-S, NEMS-CS)?
The NEMS-P tool is a survey to be answered or completed by the person who does the majority of the food shopping in a household to learn about his/her perceptions of the nutrition environments (where food is consumed or purchased and in the home). The other NEMS tools are recording a trained rater’s direct observations of the nutrition environments of specific food outlets in a defined area.

Why might I decide to do the NEMS-P in my area?
The NEMS-P will give you different information to supplement other NEMS data. If you are planning to do an intervention or project, the information you learn on how community members are perceiving the nutrition environment, may help you to better tailor the intervention or project. For example, say that the NEMS –S data you collected for a neighborhood revealed that the stores do sell the majority or fruits and vegetables listed in NEMS-S, but the data from NEMS-P highlighted that about 40% of the respondents from that neighborhood said that it was either somewhat hard or very hard to get fresh fruits and vegetables at the store where they buy most of their food. The perception of the availability does not necessarily agree with the reality of the situation so you may decide to do something different than if the NEMS-S data had shown that most stores sell a very limited selection of fruits and vegetables. The intervention that had been planned might change depending on what is revealed related to perception.

I haven’t collected any NEMS data yet. Does it matter which NEMS tool is used first?
As far as we know, it shouldn’t matter which NEMS tool you use first. Depending on your resources, you can do them all at the same time or slowly do one at a time. The only possibilities that might be cause for concern would be if you had already collected NEMS-S and NEMS-R data a long time ago and there had been a lot of development since that might have changed the food landscape.

How can I use the NEMS-P data with the other NEMS data I have collected?
We are developing some data analysis guidelines to help you analyze the NEMS-P data with the other NEMS data collected. As with any data analysis, it partly depends on your specific reasons for collecting the data (goals of the project or research study). We will be posting these documents to suggest ideas on how you may want to examine the data collectively soon.

Can the NEMS-P survey be conducted as an in-person or phone survey?
You will need to decide based on your project personnel, resources, timeline and intended audience, which format makes the most sense for gathering the data. The NEMS-P could be done online using a tablet or small handheld computer by the person if there are no language, literacy or technology barriers. Or, a paper version can be completed as well. If there may be language or literacy barriers, your staff may want to conduct the interview face to face or over the phone. In the actual NEMS-P study, participants were mailed a paper version to complete by themselves.

Can I shorten NEMS-P?
Depending on the goals and objectives of your project, you may decide to use the NEMS-P core questions. You can look at both NEMS-P and the NEMS-P core to decide which best meets your needs.
Can I customize NEMS-P?
Yes. As with any of the NEMS tools, we understand that you may need to do some customization to meet the needs of your project. As with any customization, just make sure that there is a plan in place on how the data will be used and analyzed ahead of time! Since the NEMS-P was developed for an urban area, some may need to customize some of the questions to a more rural landscape where walking to food outlets may not be an option as well as the definition of neighborhood and other details may need to be altered to better match the project’s landscape.

Where can I learn more about NEMS-P?
You can go to the publications webpage on the NEMS website and read the published journal article on NEMS–P. Also, you can look at the NEMS-P tool.

Where can I gain access to the NEMS-P online version?
We have partnered with Counter Tools to host all of the NEMS tools in the Store Audit Center. If you have already received access to the Store Audit Center, then you will find NEMS-P in the audit form selection box. If you don’t already have access to the Store Audit Center, please email Margaret Clawson mclawson@mail.med.upenn.edu. You can learn more about the Store Audit Center on our webpage under Online Data Collection: http://www.med.upenn.edu/nems/sac.shtml
We would like to find out about the way that you perceive or think about the food choices in your neighborhood. Please answer the following questions about your neighborhood, your home, and yourself.

This survey is to be completed by a person who is 18 years or older and does some or most of the food shopping for the household.

A. Home Food Environment

1. Which of these appliances do you have in your home to cook or store food? (check all that apply)

   a. Refrigerator
   b. Freezer (attached to refrigerator or stand-alone)
   c. Microwave oven
   d. Stove
   e. Oven
   f. Other countertop cooking appliance (toaster oven, slow cooker, or electric grill)

   Yes ☐ No ☐

2. Please indicate whether each of these food items were available in your home in the past week:

   a. Bananas
   b. Apples
   c. Grapes
   d. Candy or cookies
   e. Snack chips (potato chips, corn chips, tortilla chips, etc.)
   f. Regular whole milk
   g. Low-fat milk
   h. Regular (non-diet) soda
   i. Diet soda
   j. Carrots
   k. Tomatoes
   l. Dark leafy greens (spinach, collards, kale, etc.)
   m. Regular hot dogs
   n. Reduced-fat hot dogs
   o. White bread
   p. Whole grain bread
   q. White rice
   r. Brown rice

   Yes ☐ No ☐

3. In your home, how often do you...?

   a. Have fruits and vegetables in the refrigerator
   b. Have candy or chips available to eat
   c. Have fruit available in a bowl or on the counter
   d. Have ice cream, cake, pastries, or ready-to-eat sweet baked goods (cookies, brownies, etc.)

   Never or rarely ☐ Sometimes ☐ Often ☐ Almost Always ☐
B. Food Shopping Questions

Please answer these questions thinking about the food stores **in the neighborhood near where you live**. Think of your neighborhood as the area within about a 20-minute walk or 10-15 minute drive from your home.

4. Please mark whether you agree or disagree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It is easy to buy fresh fruits and vegetables in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. The fresh produce in my neighborhood is of high quality.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. There is a large selection of fresh fruits and vegetables in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. It is easy to buy low-fat products, such as low-fat milk or lean meats, in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e. The low-fat products in my neighborhood are of high quality.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>f. There is a large selection of low-fat products available in my neighborhood.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

5. How often do you usually shop for food?
   - ○ More than once a week
   - ○ Once a week
   - ○ Once every 1-2 weeks
   - ○ Once a month
   - ○ Other (please specify): ________________________________

6. Is there one store or more than one store where you do most of your food shopping?
   - ○ One store
   - ○ Two stores
   - ○ More than two stores

7. What type of store is the store **where you buy most of your food**? (Choose the best answer)
   - ○ Supermarket
   - ○ Supercenter (like WalMart or Costco)
   - ○ Small grocery store
   - ○ Other (please specify): ________________________________
   - ○ Corner store or convenience store

8. Thinking about the store **where you buy most of your food**, how do you usually travel to this store? *(check all that apply)*
   - ○ Walk
   - ○ Bicycle
   - ○ Bus or other public transportation
   - ○ Drive your own car
   - ○ Get a ride
   - ○ Other (please specify): ________________________________
9. About how long would it take to get from your home to the store where you buy most of your food, if you walked there?

- 10 minutes or less
- 11 to 20 minutes
- 21 to 30 minutes
- More than 30 minutes

10. How important are each of the following factors in your decision to shop at the store where you buy most of your food?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not at all important</th>
<th>A little important</th>
<th>Somewhat important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Near your home</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. Near or on the way to other places where you spend time</td>
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<tr>
<td>c. Your friend/relatives shop at this store</td>
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<td></td>
<td></td>
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<tr>
<td>d. Selection of foods</td>
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<tr>
<td>e. Quality of foods</td>
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<tr>
<td>f. Prices of foods</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>g. Access to public transportation</td>
<td></td>
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</tr>
</tbody>
</table>

11. At the store where you buy most of your food, how hard or easy is it to get each of these types of foods?

<table>
<thead>
<tr>
<th>Type of Foods</th>
<th>Very easy</th>
<th>Somewhat easy</th>
<th>Somewhat hard</th>
<th>Very hard</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Fresh fruits and vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. Canned or frozen fruits and vegetables</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>c. Lean meats</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Candy and snack chips</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>e. Low fat products</td>
<td></td>
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</tr>
<tr>
<td>f. Regular soda or other sugary drinks (sports drinks, juice drinks, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. At the store where you buy most of your food, how would you rate the price of fresh fruits and vegetables?

- Very inexpensive
- Not expensive
- Somewhat expensive
- Very expensive

13. Where do you usually purchase fruits and vegetables? Please select all that apply.

- Supermarket
- Small grocery store
- Corner store or convenience store
- Farmer's market
- Fruit and vegetable truck
- Other (please specify):
- I don't buy fresh fruit and vegetables
14. Please mark whether you agree or disagree with the following statements for the store where you buy most of your food and your shopping habits at that store. Questions about unhealthy foods mean those foods often considered to be high in sugar, salt, fat and calories, such as candy, chips, regular soda, sugary cereals, bakery desserts, and so on.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

a. I notice signs that encourage me to purchase healthy foods.

b. I often buy food items that are located near the cash register.

c. The unhealthy foods are usually located near the end of the aisles.

d. I often buy items that are eye-level on the shelves.

e. There are a lot of signs and displays encouraging me to buy unhealthy foods.

f. I see nutrition labels or nutrition information for most packaged foods at the store.

g. The foods near the cash register are mostly unhealthy choices.

C. Restaurant/ Eating Out Questions

15. In an average week, how many times do you eat a meal away from home, or get take-out food, at...

a. Fast-food restaurant: [ ] times a week

b. Sit-down restaurant: [ ] times a week

c. Other type of "restaurant" (e.g., food truck, cafeteria, etc): [ ] times a week

Please specify type: _______________________

16. About how long would it take to get from your home to the fast-food restaurant where you go most often, if you walked there?

- ☐ 10 minutes or less
- ☐ 11 to 20 minutes
- ☐ 21 to 30 minutes
- ☐ More than 30 minutes
- ☐ I do not eat at fast-food restaurants

17. About how long would it take to get from your home to the sit-down restaurant where you go most often, if you walked there?

- ☐ 10 minutes or less
- ☐ 11 to 20 minutes
- ☐ 21 to 30 minutes
- ☐ More than 30 minutes
- ☐ I do not eat at sit-down restaurants
Please check the answer that best describes the restaurant **where you go most often** (including getting take-out if that applies to you) and your opinion about that restaurant.

- Questions about healthy options mean choices that are low-fat, "heart healthy", small portions, fruits and vegetables, and so on.
- Questions about unhealthy foods mean those foods that are high in fat, sugar, salt and calories, such as "super-sized" items, foods that are deep-fried, sweet desserts, and so on.

18. Is the restaurant where you go most often a...

- Fast-food restaurant
- Sit-down restaurant
- Other (please specify):

19. Please mark whether you agree or disagree with the following statements about the **restaurant where you go most often**:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There are many healthy menu options at the restaurant.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. It is hard to find a healthy option when eating out at the restaurant.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. It is easy to find healthy fruit and vegetable choices at the restaurant.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. It is important to me to be able to make a healthy food choice when eating out.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The restaurant provides nutrition information (such as calorie content) on a menu board or on the menu.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Signs and displays encourage overeating or choosing unhealthy foods from the menu.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. It costs more to buy the healthy options.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. The menu or menu board highlights and promotes the healthy options at the restaurant.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Your Thoughts and Habits about Food

20. In the last 12 months, how often were you concerned about having enough money to eat nutritious meals?

- Never
- A few times
- Frequently
- Almost all the time

21. How concerned are you about the nutritional content of the foods you eat?

- Not at all concerned
- Not too concerned
- Somewhat concerned
- Very concerned
22. When you shop for food, how important to you is...?

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>Somewhat important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Taste</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b. Nutrition</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c. Cost</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>d. Convenience</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>e. Weight control</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

23. When you eat out at a restaurant or get take-out food, how important to you is...?

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>Somewhat important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Taste</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b. Nutrition</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c. Cost</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>d. Convenience</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>e. Weight control</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

24. Have you ever tried to lose 10 pounds or more?

- [ ] Yes
- [ ] No  --> If no, go to question #26

25. If yes, think about your most recent effort to lose weight. How would you describe the results?

- [ ] Lost all I wanted to lose and kept it off
- [ ] Lost part of the weight I wanted to lose and kept it off
- [ ] Lost weight, but gained some of it back
- [ ] Lost weight, but gained all of it back
- [ ] Didn't lose any weight
- [ ] Still on a diet now

26. When you shop for groceries, how often do you use a list?

- [ ] Never
- [ ] Occasionally
- [ ] Sometimes
- [ ] Usually or always

27. How often does your family eat evening meals together?

- [ ] Never
- [ ] Occasionally
- [ ] Sometimes
- [ ] Usually or always

28. How often does your family eat meals in front of the TV, with the TV turned on?

- [ ] Never
- [ ] Occasionally
- [ ] Sometimes
- [ ] Usually or always
The next question asks about how often you eat certain foods. Think about what you usually eat, including all meals, snacks, and eating out.

29. About how often do you usually eat or drink each of the following items?

<table>
<thead>
<tr>
<th>Item</th>
<th>2 or more times a DAY</th>
<th>Once a DAY</th>
<th>5-6 times per WEEK</th>
<th>3-4 times per WEEK</th>
<th>1-3 times per MONTH</th>
<th>Less than once a month or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Fruit, not counting juice</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b. Fruit juice, such as orange, grapefruit, or tomato</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>c. Green salad</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>d. Vegetables, not counting potatoes or salad</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

E. General Household Questions

30. How many people live in your household other than you? We define household as anyone who lives in your home and shares most meals or food with you.

- Adults (18 or over) □
- Your own children (under 18) □
- Other children (under 18) □

31. How many drive-able motor vehicles (cars, trucks, and motorcycles) are there in your household?

- Vehicles □

32. Which of these best describes the neighborhood where you live?

- Urban/city or town □
- Suburban □
- Rural or very rural □

33. Do you or someone else in your household own your home?

- Yes □
- No (renter) □

34. How long have you lived at your current address?

- Less than a year □
- More than 1 year, but less than 2 years □
- More than 2 years but less than 5 years □
- More than 5 years but less than 10 years □
- More than 10 years □

35. Where do you spend most of your time when you are not at home?

- Work □
- School □
- Other (please specify): ___________________________
### F. Background Questions

36. Are you...?  
- Male  
- Female

37. How old are you?  
- [ ] Years

38. What is your racial background or ethnicity?  
- Black/African American
- White/Caucasian
- Latino/Hispanic
- Asian/South Asian/Pacific Islander
- American Indian or Alaskan Native
- Other (please specify): ________________________

39. Where were you born?  
- Philadelphia
- United States, outside of Philadelphia (please specify state or city): ________________________
- Another country (please specify country): ________________________

40. What is your marital status?  
- Married or living with a partner
- Separated or divorced
- Widowed
- Never been married

41. How tall are you without shoes?  
- [ ] feet and [ ] inches

42. How much do you weigh without shoes?  
- [ ] pounds

43. How would you describe your current employment status?  
- Full-time employment (35 hours a week or more year-round)
- Part-time employment
- Unemployed, actively seeking employment
- Not employed, not seeking employment (student, retired, home-maker, disabled, etc.)

44. What is your highest level of education?  
- 8th grade or less
- Some high school
- High school graduate or GED certificate
- Some college or technical school
- College graduate or more, such as graduate or professional degree
45. In general, would you say your health is:
- Poor
- Fair
- Good
- Very good
- Excellent

46. Do you smoke cigarettes?
- Yes, I currently smoke
- No, but I used to smoke and quit
- No, I have never smoked

47. How would you describe your level of physical activity?
- Not at all active, mostly sedentary
- Moderately active
- Moderately to very active
- Very active (vigorous activity at least 5 days a week)

48. Do you currently receive any of the following?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Food stamps (Supplemental Nutrition Assistance Program or SNAP benefits)</td>
<td></td>
</tr>
<tr>
<td>b. WIC benefits</td>
<td></td>
</tr>
<tr>
<td>c. Government cash assistance including TANF, SSI, SSDI, or GA (but not including social security benefits)</td>
<td></td>
</tr>
</tbody>
</table>

49. What is the total yearly income for your household?
- Less than $20,000
- $20,000 - $34,999
- $35,000 - $49,999
- $50,000 - $100,000
- More than $100,000
- Not willing to share

You're Finished!
Thank you for your time and effort!
Please take a moment to review your responses to make sure no questions were missed!