

Supplementary

Hunger and Health: Taking a Formative Approach to Build a Health Intervention Focused on Nutrition and Physical Activity Needs as Perceived by Stakeholders

Kelsey Fortin * and Susan Harvey

Supplementary 1

Shaping a Food Pantry Health Intervention- Client Survey

Thank you for your willingness to participate in this study. Your feedback and responses are important to us. If you have any questions regarding this survey, please feel free to ask one of the researchers in the room.

Health Status

1. Have you ever been diagnosed with any of the following conditions?

	Yes	No	Never Tested
Diabetes	1	2	3
High blood pressure	1	2	3
High cholesterol	1	2	3
Heart disease	1	2	3
Metabolic syndrome	1	2	3
Other (Please list):			

2. Has anyone in your household (other than yourself) ever been diagnosed with any of the following conditions?

	Yes	No	Not Sure
Diabetes	1	2	3
High blood pressure	1	2	3
High cholesterol	1	2	3
Heart disease	1	2	3
Metabolic syndrome	1	2	3
Other (Please list):			

3. Would you say that in general your health is: (Please check only ONE response).

☐ Excellent
 ☐ Very Good
 ☐ Good
☐ Fair
 ☐ Poor

4. When is the last time you have been to the Doctor (Please check only ONE response)?

☐ Within the last 1 to 3 months
 ☐ 4 to 6 months ago
☐ More than a year

What was the reason for your visit? _____

5. Do you currently have health insurance?

☐ Yes ☐ No

Nutrition Habits6. How many servings of FRUIT do you usually eat PER DAY? [Think of a serving of fruit as being about 1 medium piece, or 1 cup of fruit. Please see food models to help you in answering this question]. Please check only ONE response

☐ 0 to 1 serving ☐ 2 to 3 servings ☐ More than 3 servings

7. How many servings of VEGETABLES do you usually eat PER DAY? [Think of a serving of vegetables as being about 2 cups of raw leafy vegetables, or 1 cup of other raw or cooked vegetables. Please see food models to help you in answering this question]. Please check only ONE response.

☐ 0 to 1 serving ☐ 2 to 3 servings ☐ More than 3 servings

8. How many servings of PROTEIN do you usually eat PER DAY? [Think of one serving of protein as being 1 egg; 3 ounces of meat, fish, poultry (size of a deck of cards); ½ cup of beans (one fist); 2 tablespoons of peanut butter (two thumb tips). Please see food models to help you in answering this question]. Please check only ONE response.

☐ 0 to 1 serving ☐ 2 to 3 servings ☐ More than 3 servings

9. How many servings of DAIRY do you usually eat PER DAY? [Think of one serving of dairy as being one cup of milk or yogurt; 2 ounces of cheese (1 slice, 1 stick, three dice if cubed). Please see food models to help you in answering this question]. Please check only ONE response.

☐ 0 to 1 serving ☐ 2 to 3 servings ☐ More than 3 servings

10. How many servings of GRAINS do you usually eat PER DAY? [Think of one serving of grains as being 1 slice of bread (size of a CD case); ½ cup cooked pasta, rice, cereal; 1 6-inch tortilla (taco size). Please see food models to help you in answering this question]. Please check only ONE response.

☐ 0 to 1 serving ☐ 2 to 3 servings ☐ More than 3 servings

11. How often do you choose WHOLE GRAIN options? Please check only ONE response.

☐ Less than 50% of the time ☐ More than 50% of the time

12. How often do you typically get your food from a food pantry? Please check only ONE response.

☐ Less than once a month ☐ Once a month ☐ 2 to 3 a month

☐ Once a week ☐ More than once a week

13. The following reasons REGULARLY prevent me from eating healthy meals.

Healthy foods are too expensive.	Yes	No
I don't know enough about healthy cooking.	Yes	No
Healthy foods spoil too quickly.	Yes	No
Healthy foods take too much time to cook/prepare.	Yes	No
Healthy foods don't taste good to me and/or my family.	Yes	No
I don't know enough about general nutrition to make healthy meals.	Yes	No
I don't know how to choose and store fresh produce.	Yes	No

I or someone in my household has health conditions that restrict certain foods or food groups.	Yes	No
I don't have the right utensils or appliances (e.g., stove) to prepare them.	Yes	No
I can't afford the utility bills (e.g., electricity) that result from cooking them.	Yes	No

Other (Please list):

Physical Activity Habits

14. How many minutes PER WEEK do you participate in recreational physical activity (Examples: walking, jogging, swimming, aerobics)? Please check only ONE response.

☐ 0 to 60 minutes
 ☐ 60 to 90 minutes
☐ 90 to 120 minutes
 ☐ 120 to 150 minutes
☐ More than 150 minutes

15. When you engage in physical activity, how often do you reach the point of sweating? Please check only ONE response.

☐ Never
 ☐ Rarely
 ☐ Often
☐ Always
 ☐ I don't engage in physical activity

16. What is your activity level at work? Please check only ONE response.

☐ Low (sitting at desk)
 ☐ Low-medium (mostly sitting combined with walking/lifting/standing)
 ☐ Medium (equal combination of sitting, walking, lifting, and/or standing)
☐ Medium-high (most activities involve walking, standing, lifting, and/or walking)
 ☐ High (standing, heavy lifting, walking)
 ☐ I currently do not work

17. The following reasons REGULARLY prevent me from being physically active.

Physical activity is too expensive.	Yes	No
I don't know enough about physical activity.	Yes	No
I don't have enough time to engage in physical activity.	Yes	No
I or someone in my household has health conditions that restricts my physical activity.	Yes	No
Physical activity isn't fun to me and/or my family.	Yes	No
I don't have access to a facility to engage in physical activity	Yes	No
I have other priorities that are more important than being physically active.	Yes	No
My job is physically demanding.	Yes	No

Other (Please list): _____

Demographics

18. Which would you say best represents your gender? Please check only ONE response

☐ Male ☐ Female
☐ Trans Gendered ☐ Prefer not to answer

19. What is your age? _____

20. Which would you say best represents your race/ethnicity? Please check only ONE response.

☐ Caucasian/White (not Hispanic) ☐ African American/Black
☐ Hispanic/Latino ☐ Asian
☐ Native American ☐ Mixed

Other (Please describe): _____

21. What is your estimated annual household income? Please check only ONE response.

☐ Under \$10,000 ☐ \$10,000 to \$24,999
☐ \$25,000 to \$49,999 ☐ \$50,000 to \$74,999
☐ \$75,000 to \$99,999 ☐ \$100,000 or more

22. Are you working? Please check only ONE response.

☐ Full-time ☐ Part-time ☐ Unemployed, currently seeking work
☐ Unemployed, not currently seeking work ☐ Student ☐ Retired

23. What is the HIGHEST level of school you completed? Please check only ONE response.

☐ 5th grade ☐ 8th grade ☐ Some high school
☐ High school graduate or GED ☐ Some college ☐ Associate's degree
☐ Bachelor's degree ☐ Master's degree ☐ Professional/doctoral degree

24. Including yourself, how many individuals live in your household? _____

25. How many individuals UNDER 18 live in your household? _____

26. Do you have access to a computer AT HOME? ☐ Yes ☐ No

27. Do you have access to the internet AT HOME? ☐ Yes ☐ No

28. What is the best way to share information about programs and resources offered for nutrition and physical activity? (check all that apply)

_____ Just Food Website

_____ Just Food Facebook page

_____ Just Food Instagram Page

_____ From a volunteer/staff member

_____ From another Just Food client

_____ Flyer

_____ I have not heard of any programs

Other, please specify: _____

Supplementary 2

Shaping a Food Pantry Health Intervention- Client

Interview Questions

Nutrition

1. What guides you to make your food choices while you shop for food?
2. What guides your decision making for meals (prompt: how often do you eat out vs. cooking at home, preparing and cooking meals)?
3. What are some of the challenges and barriers to choosing and cooking healthy options?
4. What are some topics and/or skills you would be interested in learning that could help you be more successful with health eating?

Physical Activity

5. Talk about your current physical activity level (prompt: how often, how long, what types of activities)
6. What are some of the challenges and barriers to engaging in regular physical activity? (*Prompts: working long hours, standing a lot, health conditions, time, childcare*)
7. What are some topics and/or skills you would be interested in learning that could help you to be more successful in engaging in regular physical activity?

Health Status

8. What current health issues are you and/or members of your household facing? Does this affect the types of food you select?
9. How do the health issues you have described impact your lifestyle, such as preparing and cooking meals or engaging in regular physical activity?

Health Programming

We are considering creating a health intervention program at the food pantry. The purpose of the program will be to have someone clients can meet with regularly to discuss topics in nutrition, physical activity, and health, as a part of a holistic health intervention.

10. What do you think are some critical characteristics of this program? (Prompt: how often meetings are, time of day, days of the week, how long, educator characteristics, location, electronic Vs. in-person)
11. What do you think are important topics that should be covered during education sessions?
12. What are some of the challenges and barriers to participating in this type of programs?
13. How would you like to be informed about this program?
14. Other thoughts or feedback?

Supplementary 3

Shaping a Food Pantry Health Intervention- Staff/volunteer Survey

Thank you for your willingness to participate in this study. Your feedback and responses are important to us. If you have any questions regarding this survey, please feel free to ask one of the researchers in the room.

Health**1. How often do you engage with clients about the following health related topics?**

	Often	Sometimes	Never
Diabetes	1	2	3
High blood pressure	1	2	3
High cholesterol	1	2	3
Heart disease	1	2	3
Metabolic syndrome	1	2	3
Health insurance	1	2	3
Local low-cost health service	1	2	3
Other (Please list):			

2. How capable do you feel about answering questions asked related to health topics?

_____ Very capable _____ Somewhat capable _____ Not capable

3. Which of the following topics would you be interested in receiving additional staff training in (check ALL that apply)

_____ Diabetes _____ Blood pressure
 _____ Cholesterol _____ Heart Disease
 _____ Metabolic syndrome _____ Health insurance
 _____ Local low-cost health service _____ I would not like additional training
 _____ Other (Please list): _____

Nutrition**4. How often do you engage with clients about the following nutrition related topics?**

	Often	Sometimes	Never
Cost of food	1	2	3
Storage of food	1	2	3
General healthy eating	1	2	3
Building health meals	1	2	3
Use of unusual pantry items (e.g., eggplant)	1	2	3
Recipe make overs (e.g., healthy ramen)	1	2	3
Quick meal options	1	2	3
Food restrictions	1	2	3
Other (Please list):			

5. How capable do you feel about answering questions asked related to nutrition?

_____ Very capable _____ Somewhat capable _____ Not capable

6. Which of the following topics would you be interested in receiving additional staff training in (check ALL that apply)

- ☐ Cost of food
 ☐ Storage of food
☐ General healthy eating
 ☐ Building health meals
☐ Use of unusual pantry items (e.g., eggplant)
 ☐ Recipe make overs (e.g., healthy ramen)
☐ Quick meal options
 ☐ Food restrictions
☐ I would not like additional training

Other (Please list): _____

Physical Activity

7. How often do you engage with clients about the following physical activity related topics?

	Often	Sometimes	Never
Cost of physical activity	1	2	3
General physical activity guidelines	1	2	3
Lack of time to engage in physical activity	1	2	3
Physical demands of occupation	1	2	3
Lack of access to facilities	1	2	3
Local low-cost physical activity services	1	2	3
Physical limitations	1	2	3
Other (Please list):			

8. How capable to do you feel about answering questions asked related to Physical activity?

☐ Very capable
 ☐ Somewhat cable
 ☐ Not capable

9. Which of the following topics would you be interested in receiving additional staff training in (check ALL that apply)

- ☐ Cost of physical activity
 ☐ General physical activity guidelines
☐ Lack of time to engage in physical activity
 ☐ Physical demands of occupation
☐ Lack of access to facilities
 ☐ Local low-cost physical activity service
☐ Physical limitations
 ☐ I would not like additional training

Other (Please list): _____

Demographics

10. Which would you say best represents your gender? Please check only ONE response

☐ Male
 ☐ Female
☐ Trans Gendered
 ☐ Prefer not to answer

11. What is your age? _____
12. Which would you say best represents your race/ethnicity? Please check only ONE response.
- _____Caucasian/White (not Hispanic) _____African American/Black
- _____Hispanic/Latino _____Asian
- _____Native American _____Mixed
- Other (Please describe): _____
13. Which of the following best describes your employment status at Just Food? Please check only ONE response (Staffonly).
- _____Full-time _____Part-time _____AmeriCops/Vista
14. What is the HIGHEST level of school you completed? Please check only ONE response.
- _____5th grade _____8th grade _____Some high school
- _____High school graduate or GED _____Some college _____Associate's degree
- _____Bachelor's degree _____Master's degree _____Professional/doctoral degree
15. How many years have you been a staff member/volunteer at Just Food (*round to the nearest year*)? _____

Supplementary 4

Shaping a Food Pantry Health Intervention- Staff/volunteer

Interview Questions

1. What is your role as a staff member/volunteer at Just Food (prompt: Job duties, years of service, etc.)?
2. What is your interaction with clients like as a staff member/volunteer?
3. What questions do clients most commonly ask about:
 - a. Food/food products
 - b. Nutrition
 - c. Physical activity
 - d. Health
 - e. Programs/resources offered by Just Food
4. What changes would you make to shopping and the shopping floor to better address these client questions?
5. What are the most important topics within nutrition, physical activity, and health that clients should be addressed in a health intervention program?
6. If additional training was offered for staff/volunteers what do you think the most important topics would be related to nutrition, physical activity, and health for you to better assist clients?
7. What are some barriers to providing/attending this additional training?
8. Other thoughts or feedback?