

# Community Marketing and Recipe Distribution Project to Improve Food Security and Food Choices

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## ABSTRACT

**Introduction:** This study sought to evaluate the effectiveness of a two-part community intervention on fresh and frozen produce access and self-perceived diet quality among participants of a local food pantry through a Quasi-experiment design. The study took place at The Living Well Mission in Penn Yan, New York which consisted of 10 selected participants. Social media marketing efforts took place to advocate for fresh and frozen produce donations over the course of four weeks. Three recipes per week, totaling 12 recipes, were also provided with the required ingredients and tips for substitutions.

**Methods:** A two-part intervention consisting of marketing efforts and recipe distribution was examined through a pre and post-survey to examine the changes in pantry food donations as well as nutrition intake and self-perceived efficacy of meal preparation and diet quality.

**Results:** Four participants did not partake in the post-survey intervention. Low level marketing efforts had no impact on food donations. The weekly grocery supplies and recipes did not significantly improve intake of fresh or frozen despite no waste being reported by post-survey participants. The intervention did prevent hunger during the last week of the month for one participant.

**Conclusion:** The intervention did not reveal significant results. Low level marketing efforts were ineffective towards changing food donations and recipe and ingredient distribution did not improve self-efficacy and diet quality despite similar studies finding significant results. Recipe sampling or more nutrition education may be necessary in future studies.

## INTRODUCTION

Historically, individuals and households living in poverty and relying on food assistance agencies, such as food pantries, consume less fruits and vegetables. This drop in consumption is not a behavioral choice but more so the result of impaired access and financial ability to do so. A 2009 Behavioral Risk Factor Surveillance System identified disparities in fruit and vegetable consumption based on poverty level. The study looked at the Poverty Income Ratio (PIR) with <130% [greatest poverty], 130%-<200%, 200% to <400%, and  $\geq$  400% [least poverty].<sup>1</sup> They found that the prevalence of adults consuming at least three vegetables per day was significantly low at 21.3% for those living at the greatest poverty (<130% PIR) and 30.7% among those with the least poverty ( $\geq$  400% PIR). Those at the greatest poverty were much more unlikely to consume three vegetables per day compared to those living in the least poverty and this finding was consistent among 43 of the 54 U.S. states and territories. They also found that the overall percentage of adults consuming at least two fruits per day was lower for those with the greatest poverty level compared to the least (32.0% to 34.2%). Fourteen states reported a difference in fruit intake that was significantly lower among those at the greatest poverty level. In conclusion, the 2009 study found that there was a significantly lower proportion of US adults, who were living at the greatest poverty level, that consumed fruits at least twice daily or vegetables at least three times daily when compared to US adults living at the lesser poverty level.<sup>1</sup>

It is well known that poverty in the United States remains a prominent issue despite the advancements of the food chain supply. While poverty followed a turbulent path throughout 2021 with tax refunds and Child Tax Payments providing individuals and families with financial assistance, there continues to be a steady increase in poverty as of 2022. More specifically, the total number of children living in poverty increased from 8,912,000 in December 2021 to 12,574,000 in January 2022 likely as a result of Child Tax Payments coming to an end.<sup>2</sup> A 20017-2019 Minnesota study examining the food needs and preferences among food pantries also found that the top 5 most commonly reported foods of importance were meat, poultry, and fish (91.2%); dairy (83.6%); fresh fruits and vegetables (82.8%); eggs (79.7%); and cooking items such as spices and oil (62.3%). These preferences were relatively stable in 2019 with the exception that fresh fruits and vegetables actually moved to the number 2 spot further showing that individuals relying on food pantries still desire healthier, whole food options.<sup>3</sup>

As previously established, it is evident that fruit and vegetable consumption decreases the farther an individual or household sits at the poverty line.<sup>1</sup> Many of these individuals living in poverty, regardless of level,

seek assistance from hunger relief agencies such as food pantries. These agencies serve a disproportionate amount of individuals burdened with nutrition-related health conditions, and it has not been until recently that this sector has seen more research and collaboration regarding public health promotion and access to healthier, whole food choices.<sup>3</sup> There is a large portion of individuals who rely primarily on food pantries and seek healthier food items. This is becoming more common given the primary reliance on these pantries as they are becoming less of an emergency service and more of a long term use service. While larger food banks may have more contracts with local grocery stores to provide fresh produce, many smaller scale food pantries in rural areas struggle to supply enough fresh produce to residents especially during the winter months.

Traditionally, the success of food pantries has been measured by the pounds of food distributed to a number of people- never the quality in which that food is. However, people have been made increasingly more aware of the nutrition and diet-related illnesses that food insecure individuals are burdened with. It is for these reasons that food pantries can no longer remain obscure in national nutrition improvement efforts.<sup>4</sup> While all donations are deeply appreciated, many donors may not think to supply fresh or frozen produce, dairy, or meats. This may be in part to community members not realizing the extent to which households rely on food pantries as their primary food source or that they would not consume healthier food items such as fresh and frozen fruits and vegetables because they seek food from these agencies. In Minnesota, a study carried out from 2017-2019 did, in fact, find that fresh fruits and vegetables were one of the top primary needs noted by residents relying on food pantries. Christopher R. Long and colleagues found that implementing policy, systems, and environmental changes show promising results for improving fresh fruit and vegetable access in food pantries.<sup>5</sup>

In 2020, approximately 37.3 million Americans lived in poverty according to the official poverty measure which factors an individual's or family's pretax cash income, the family size and ages of family members. The official poverty measure however, does not factor in benefits such as nutritional assistance, housing and energy programs, or tax credits and stimulus payments that many Americans saw throughout the pandemic. Lastly, the official poverty measure also does not factor in the cost of living based on regional differences.<sup>6</sup> This potentially undermines the true number of individuals and households relying on the estimated 49,000 food pantries across the United States that work through the Feeding America Network.

Given this disproportionate relationship between food pantries and food banks, there remain vast differences from pantry to pantry whether it be the people they serve, the landscape and demographics, or the

building in which they operate from. Generalizations cannot be made among all food pantries for these reasons in different operation styles- some have refrigerators, some do not; some have freezer space, some do not; some have contracts with local grocery stores or food banks, some do not, and some solely have shelf stable goods. Despite these differences, they all serve the same mission of fighting food insecurity but have been drastically overlooked in their importance and the true scope and reach of their service.<sup>4</sup> Provided the persistent nature of food insecurity, food pantries are moving away from an emergency food system thus, prompting pantries to adopt new policies and interventions to address the healthfulness of their clientele with a client-focused approach as individuals and households rely on them for the long-term.<sup>3</sup> This prompts the exploration into improving access to the needs and preferences of individuals relying on pantries, particularly in smaller, rural areas that may not have food contracts with local grocers, by making donors more aware of this population's true needs.

To address these concerns, community awareness was a focal point in the procurement of fresh and frozen produce and other healthful foods. An intervention was designed to improve the access to fresh and frozen produce at The Living Well Mission food pantry in Penn Yan, New York. The intervention was created based on a similar approach seen at farmers markets across several Kentucky counties in their Plate It Up! Kentucky Proud (PIUKP) recipe development project which provided consumers with an opportunity to better understand the health benefits of consuming fruits and vegetables, how to choose these items, and how to prepare them with "healthy" recipes provided by upper-level dietetic and nutrition students. The researchers found that consumers had better intentions of purchasing fruits and vegetables by being provided with recipe sampling.<sup>7</sup>

Thus, ten households were identified to partake in the intervention where they would be provided with additional fresh and frozen produce items provided by the community through social media marketing efforts as well as eggs, dairy, and meat and poultry which was purchased by The Living Well Mission through additional leftover funds. Households partook in a pre and post survey over the 4 week course to assess the improvements of food related behaviors and attainment of fresh and frozen produce. The purpose of this pilot study was to determine if community awareness through social media marketing improved donations of fresh and frozen produce and as a subsequent result, improved intake of such among the ten households.

# METHODS

## Study Design

A quasi-experimental study design with an intervention assessing an expected outcome was used for the study. After receiving approval from the SUNY Oneonta Institutional Review Board, a pre and post survey was distributed to the 10 participants, who were selected by the Director of The Living Well Mission, to assess changes in the nutrition intake, self-perceived efficacy of preparing meals, and access to fresh and frozen fruits and vegetables. The pre and post surveys were distributed 4 weeks apart- one before and one after the intervention. The intervention consisted of Facebook marketing to inform community members and donors regarding the need for fresh and frozen produce in hopes to improve access to individuals and households relying on The Living Well Mission for food-related needs. In addition, three recipes were provided each week to improve the confidence of the participants in preparing healthy meals with each week's groceries they received.

## Intervention and Procedure

A two part intervention consisting of 1) marketing efforts to change the types of donations received and 2) a nutrition education program consisting of weekly recipe distribution was carried out at The Living Well Mission in Penn Yan, New York over the course of 4 weeks. Marketing efforts were carried out online on The Living Well Mission's Facebook page to reach donors in efforts to improve fresh and frozen fruit and vegetable donations. The participants received phone calls, emails, or were informed in person of explicitly donated foods available to them as the intervention group which they could add to their grocery list. They were also provided with ingredients for the recipes that were purchased on behalf of The Living Well Mission which consisted primarily of proteins, dairy and eggs, breads, and herbs and spices. On grocery pick-up day, participants were handed 3 recipes each week. The primary investigator and agency Director reviewed the recipes with the participants and answered any questions they may have had regarding the recipes. At the end of the 4 weeks, 6 participants partook in the post-survey.

It can often be difficult for individuals relying on food pantries to prepare and consume healthy meals. Oliver et. al. identified four themes regarding the perceived barriers to healthy eating amongst individuals that rely on emergency food pantries as being: (1) knowledge, (2) resources, (3) special dietary needs, and (4) culture and

family influences.<sup>8</sup> With knowledge and resources being two primary barriers, the study intervention sought to lessen the gap between healthy eating behaviors, knowledge and resources by providing basic fundamental resources to improve self-efficacy- the strength of one's ability to execute an action plan in prospective situations that was first coined by Albert Bandura in 1977. This intervention was carried out under the premise of social learning theory which states that observation and social modeling can motivate behavior regardless of a reward.

## Participants

The intervention participants were selected by the Director of The Living Well Mission whose mission is to serve the people of Yates County through their communal ministry of faith- the young or old, homeless or sheltered, hungry, or frightened people regardless of race and ethnicity or religious background. For the purpose of this study, the intervention was limited to 10 household participants who had access to a working refrigerator, freezer, oven, and stove. Additionally, the participants selected were those who rely primarily on The Living Well Mission for food and goods. Additionally, participants consisted of both male and female individuals who were at least 18 years of age or older. Educational background was not a contributing factor to selection but some individuals did have an intellectual disability; however, they were still high functioning adults, living on their own, working, and able to prepare their own meals.

## Tools

The survey tool used in the pre and post survey was developed by the primary researcher and reviewed by Professor Emily Riddle PhD, RD and The Living Well Mission's Director Sandra Perl. Questions were revised as needed to improve clarity and appropriateness to the participant population meaning they did hold bias, make assumptions, or sway the participants to answering a certain way. See Appendix 1.

The pre-post survey included questions that addressed the number of fresh, frozen, and canned fruits and vegetables consumed daily, the number of meals prepared at home throughout a week, how many meals per day they consume, and the number of times throughout a week participants experience hunger with a number of occurrence scale (0 to 5+) to measure fruit and vegetable consumption, self-efficacy and frequency of hunger. (Appendix 1) Six questions, using a 5-point scale ("strongly disagree" to "strongly agree"), assessed participants' self-perceived status of health, self-efficacy with preparing nutritious meals, and access to desired fresh and frozen

fruits and vegetables and other desired foods. For example, “I know how to cook healthy meals,” and “I feel good about the foods that I eat”. Self-efficacy refers to one’s self-belief about how capable one is to implement behavior change in the context of achieving a desirable outcome. Self-efficacy is one of the counseling techniques for cognitive change so by providing the participants with recipes, required ingredients to make said recipes, and providing them with additional fresh and frozen fruits and vegetables, the intent is to measure the likelihood they would use these resources to improve their consumption of fruits and vegetables and of nutritious, homemade meals.

## Data Analysis

The primary goal of the data analysis was to determine whether or not social media marketing changed the donation of fresh and frozen fruits and vegetables with the subsequent result being that the study participants increased their fresh and frozen fruit and vegetable consumption. The secondary goal of the data analysis was to determine if providing these additional foods, goods, and recipes improved the self-efficacy (SE) of preparing homemade, nutritious meals. The primary investigator compared differences between the pre/post-survey results of the intervention group through quantitative methods which were analyzed using nonparametric Mann-Whitney U tests through SPSS. Data was deemed significant with a p value < 0.05.

## RESULTS

A pre and post survey of food related habits was obtained before and after the intervention. The intervention included ten participants where all ten participated in the pre survey and only six participants partook in the post survey. The pre survey revealed that 100% of participants reported that they go hungry zero times per week with the exception of one participant reporting hunger periodically the last week of each month when food stamps run out. Additionally, five participants reported that they regularly consume two meals per day where the other five participants reported that they regularly consume three meals per day. Following the intervention, the post test revealed that the intervention did, in fact, help alleviate hunger during the last week of the month when food stamps ran out for this particular participant.

The pre-intervention survey revealed that consumption of the type of fruit (canned, fresh, or frozen) was dependent on access. In other words, those who reported high intakes of fresh fruit per day did not have this luxury

on a daily basis with the post-intervention survey revealing that the intervention did not significantly impact the consumption of fresh fruits or vegetables ( $p > 0.05$ ) with  $p = 0.18$  and  $p = 0.71$ , respectively. See Table 1 and Table 2.

Servings per Day	Pre-Intervention Mean (n = 10)	Post-Intervention Mean (n = 6)	Std. Deviation	P-value
<b>Fresh Fruit Consumption</b>	7.25	10.58	1.15	0.18
<b>Fresh Vegetable Consumption</b>	8.15	9.08	1.50	0.71

<i>Servings per Day</i>	Group	Number	Mean Rank	Mean	Std. Deviation	P-Value
<b>Canned Fruit Consumption</b>	1	10	8.35	1.06	0.93	0.88
	2	6	8.75			
<b>Fresh Fruit Consumption</b>	1	10	7.25	1.56	1.15	0.18
	2	6	10.58			
<b>Frozen Fruit Consumption</b>	1	10	8.35	0.81	1.11	0.88
	2	6	8.75			
<b>Canned Vegetable Consumption</b>	1	10	9.40	1.13	0.81	0.37
	2	6	7.00			
<b>Fresh Vegetable Consumption</b>	1	10	8.15	1.56	1.50	0.71
	2	6	9.08			
<b>Frozen Vegetable</b>	1	10	9.30	0.94	0.85	0.43

<b>Consumption</b>	2	6	7.17			
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## Perception of Food Intake Quality

Participants were asked three questions to assess their self-perception of the quality of their diet. This included the following questions: I feel good about the foods I eat; I know how to cook healthy meals; I have access to fresh produce (see Figure 1.); I feel good about the foods I eat (see Figure 2.); I know how to cook healthy meals (see Figure 3.). These questions were answered with a Likert Scale of Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree. Access was dependent on several factors noted by participants during the pre-intervention survey. One participant quoted, “The last week of the month I struggle with access because my food stamps run out. I also rely on others when the weather is bad because I’m a double amputee in a motorized scooter.” Another participant expressed concern regarding how her child’s food intake is perceived by teachers and if they think what she sends to school with her child is unhealthy.

Despite four participants choosing not to participate in the post-survey, three participants noted improvements in self-perceived food quality intake. Three noted improvements in knowing how to prepare healthy meals. Four of the six post-survey participants found the recipes helpful and that they were well perceived by others in their household which made it easier for them to test out subsequent recipes. One participant reported improvement regarding how they felt about the food they consume. Overall, there was no significant change in participant self-perception of the quality of their diet following the intervention ( $p>0.05$ ) (See Table 3.).

Figure 1. Perceived Access to Fresh Produce

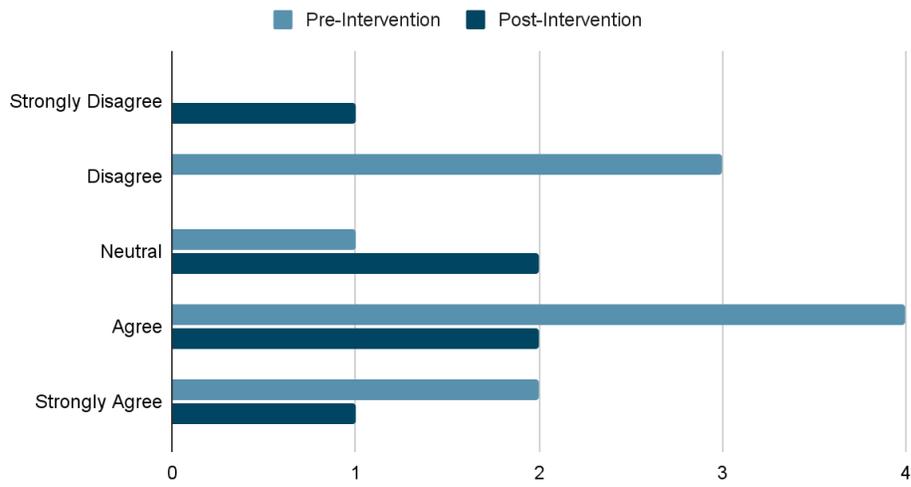


Figure 2. Feels Good About Food Consumed

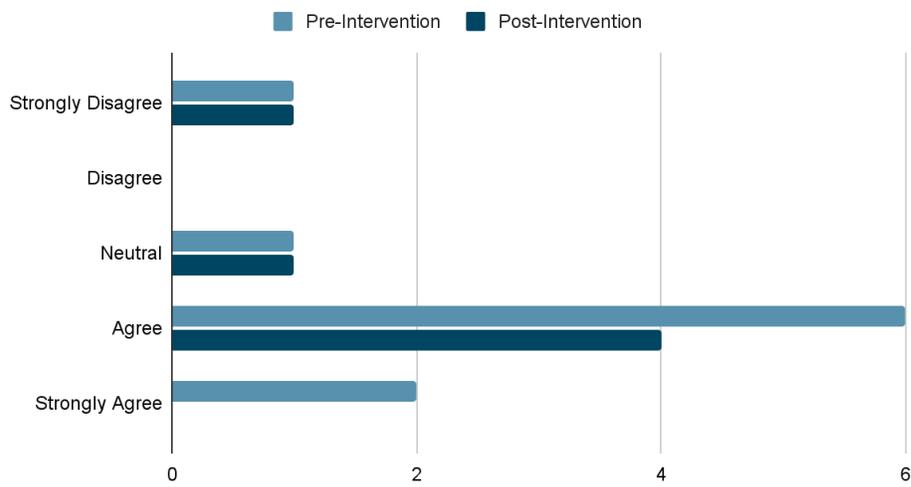
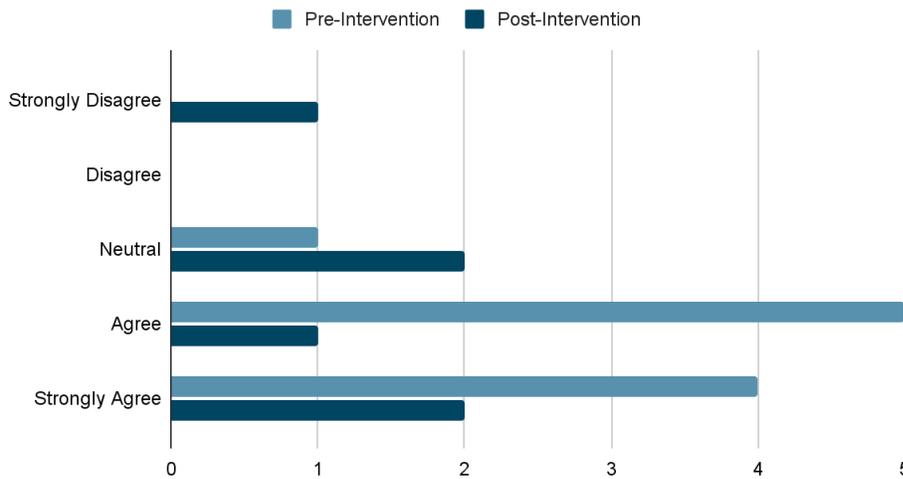


Figure 3. Participants Knows How to Cook Healthy Meals



	<b>Has Access to Desired Foods</b>	<b>Has Access to Fresh Produce, Meat, and Poultry</b>	<b>Feels Good About Foods Consumed</b>	<b>Knows How to Cook Healthy Meals</b>
<b>Mean</b>	3.44	3.44	3.63	4.00
<b>Std. Deviation</b>	1.31	1.21	1.15	1.10
<b>P- value</b>	0.56	0.88	0.43	0.31

### Usefulness of Intervention

In order to assess the effectiveness of the intervention, participants were asked questions specifically regarding the food and the recipes they received. Four of the six post-survey participants found the weekly recipes helpful, used them multiple times, or would use them again when they had the ingredients again in the future. Most participants reported that the groceries provided did not go bad or to waste with the exception of the fresh mushrooms going bad for one participant. Five participants made use of all weekly grocery supplies while one participant made use of some of the groceries but did not specify which ones were not used or preferred. One participant did note that the weekly groceries and recipes helped prevent her from going hungry at the end of the month when her food stamps ran out.

## DISCUSSION

This study sought to change the types of donations currently received by The Living Well Mission to those including fresh and frozen produce through marketing efforts. In doing so, the aim was to minimize barriers to food access while also striving to improve self-efficacy with minimal hands-on interventions such as cooking and preparation demonstrations by providing weekly recipes instead. Unfortunately, marketing efforts failed to change the types of donations received. In part, this could have been a result of too limited marketing through the agency's Facebook page alone with only once weekly public posts. However, through money the agency had left over from a previously received grant, employees of The Living Well Mission were able to purchase the weekly advertised foods. Likewise, the weekly recipes did not significantly impact self-efficacy in cooking healthier meals; although, most pre-intervention survey results showed that most participants believed they knew how to cook healthy meals already. This is different compared to other studies, such as the Plate It Up! Kentucky Proud recipe development project, did find a positive correlation with recipe sampling towards consumers intent to purchase fruits and vegetables.<sup>7</sup> This suggests that recipe sampling in addition to the provided recipes could have more strongly influenced participants willingness to try more of the weekly recipes. Although it was not directly asked among all post-survey participants, some reported that they had not tested all, or even half, of the provided recipes despite being provided with all of the required ingredients. Another study done in the District of Columbia following a similar design study as the Plate It Up! Kentucky Proud recipe development project also found that nutrition-education and recipes were key steps in changing behaviors of residents that were high risk for nutritional-related diseases.<sup>9</sup>

Of particular interest, the pre survey identified a general sense of pride among some participants in that even though they "Disagreed" regarding having access to the foods they want, they responded "Agree" to the question, "I feel good about the foods that I eat". It was also evident that participants became accustomed to the variability of their food access. For example, they have access to fresh produce in the summer and fall from local farmers and gardeners that generously donate produce to The Living Well.

## Determinants of Health Impacting Food Behaviors

Several factors coexist in practicing health promoting food-related behaviors. These factors are known as the Social Determinants of Health (SDOH) which include economic stability (cost, income), education, health and health care, neighborhood and environment (access, skills, and time to partake in physical activity), and social and community context.<sup>10</sup> Biological determinants (hunger, taste, appetite) also influence eating behaviors as well as psychological determinants (stress, mood, guilt). Lastly, one's attitudes, beliefs, and knowledge about food also impact food related behaviors.

While the barriers preventing participants from having their desired food access improved with the intervention, it was clear that these barriers would soon resurface as marketing had minimal to no impact regarding donations of fresh or frozen produce despite weekly advertising on the agency's social media Facebook page for four weeks. This was evident by only one community member taking advantage of deals and discounts in grocery stores and one regular donor making a cash donation to help with the intervention. In order to carry out the four week intervention, the agency had remaining funds that made the intervention possible. Although the study sought to improve a basic level of confidence in preparing healthy, home cooked meals it was evident that improving access to healthful food will be key to initiating long-term healthy food related behaviors. This includes improving access in the economic and communal context which include transportation, fresh and frozen produce donations year round that are of both quality and variety, and or improved access to affordable, quality fresh and frozen produce.

Although there was insufficient data to make inferences about the effectiveness of the intervention, multiple participants reported they found the recipes helpful in guiding their meal choices throughout the day and helped them make more health conscious choices showing that addressing knowledge and resources, two common, perceived barriers to health among individuals relying on food pantries.<sup>1</sup> Additionally, the data supports that self-efficacy, one's perceived ability in completing a task, is dependent on personal and external determinants as evident by those who reported the groceries and recipes helped guide their meal choices and into making more health conscious choices. However, some participants did not find the recipes useful but did find the weekly grocery bags helpful as they did not mind having the items pre-selected for them. Moreover, and not the initial intent of the intervention, it was found that transportation was the most helpful variable in improving access to fresh and frozen produce, and food in general, given that three of the participants could only participate if the groceries were brought to them as they had no means of transportation. Another participant could only come biweekly due to transportation.

Furthermore, relying on a food pantry can already be an emotionally challenging stage in an individual's life and those utilizing this resource should not be subject to further emotional and physical distress based on the food they have access to through them.

## Limitations of the Research

There are several limitations to the research. The participants were not randomly selected as part of the requirements for participation required the individuals to have a fully functioning and working kitchen. The sample size was also very small and 4 participants were lost at the end of the study and so post surveys were not obtained which prevented a better inference to be made regarding the effectiveness of the intervention. Some participants also completed the post-survey by themselves in which it was evident they were not answering the questions considering the effectiveness of the intervention and considered their usual dietary habits and food access. It was also discovered that asking participants about the consumption of various types of fruits and vegetables on a daily basis made it difficult for participants to comprehend the frequency of their intake where asking them on a weekly basis would have been more helpful in their reporting. This also made it difficult to assess whether or not they regularly consume the recommended servings of fruit and vegetable consumption set by the Dietary Guidelines for Americans.

## CONCLUSION

Despite the challenges and limitations of the study, recipe distribution did not significantly improve self-efficacy in preparing healthy meals and recipe sampling should be considered in the future to encourage individuals to test new recipes at home. Nutrition education should also be considered in the future to explain to individuals what "healthy" means. Since it was also evident that transportation was a major contributor to study participation and access to the pantry, future study designs should focus on access to reliable transportation services which would allow Yates County community members' to take advantage of free resources such as The Living Well Mission's food pantry and their free lunch program. In terms of the access, availability and variety of fresh and frozen produce, future efforts should focus on more multilevel marketing methods to encourage year round donations of fresh and frozen produce. Participants were receptive to the healthful grocery bags showing that these types of donations would be well received and highlights the importance that future study designs should continue to educate donors

that individuals who rely on food pantries still desire fresh and health promoting foods to nourish their bodies and subsequently feel good and empowered about what they eat.

# Appendix

Appendix 1. Post-Intervention Survey of Food Related Habits

	0	1	2	3	4	5+
How many servings of canned fruits do you typically eat in a day? (A serving size is ½ cup)						
How many servings of canned vegetables do you typically eat in a day? (A serving size is ½ cup)						
How many servings of frozen fruits do you typically eat in a day? (A serving size is ½ cup)						
How many servings of frozen vegetables do you typically eat in a day? (A serving size is ½ cup)						
How many servings of fresh fruits do you typically eat in a day? (A serving size is 1 medium fruit or ½ cup)						
How many servings of fresh vegetables do you typically eat in a day? (A serving is 1 cup raw, ½ cup cooked, 2 cups for leafy greens, or ½ cup for vegetable juice)						
How many home cooked meals do you typically have in a week? (This includes breakfast, lunch, and dinner)						
How many times do you eat out at fast food establishments and/or restaurants in a week?						
How many meals do you eat per day? (Breakfast, lunch, dinner)						
How many days do you go hungry within a week?						

Appendix 1. Post-Intervention Survey of Food Related Habits

Are there any barriers that prevent you from having the foods you want? If there are, please explain on the lines below (ie. transportation, cooking skills, finances):

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Circle how you feel about the following statements:

**I feel good about the foods that I eat.**

Strongly Disagree      Disagree/Neutral      Agree      Strongly Agree

**I know how to cook healthy meals.**

Strongly Disagree      Disagree/Neutral      Agree      Strongly Agree

**I have access to the foods I want to make meals that I want.**

Strongly Disagree      Disagree/Neutral      Agree      Strongly Agree  
If you chose 'strongly disagree' or 'disagree' please explain what foods you do not have access to for meals: \_\_\_\_\_

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**I liked, and used the recipes I received:**

Strongly Disagree      Disagree/Neutral      Agree      Strongly Agree  
(Provide examples): \_\_\_\_\_

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**I have access to the fresh and frozen fruits and vegetables, meat, and poultry that I want.**

Strongly Disagree      Disagree/Neutral      Agree      Strongly Agree

**I have access to foods that are healthy.**

Strongly Disagree      Disagree/Neutral      Agree      Strongly Agree

**Appendix 1. Post-Intervention Survey of Food Related Habits**

**Did you use the foods you received each week? Was there any food you did not use because you did not like them or because they went bad before you used them?**

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