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The Evaluation of the Effectiveness of Community-based Mobile Meal Programs for Low-Income Families

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**The Evaluation of the Effectiveness of Community-based Mobile Meal Programs for Low-
Income Families**

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Abstract

Food disparity is a continuously prevalent issue in the United States despite the presence of programs, such as the Women, Infants, and Children (WIC) program and the National School Lunch Program (NSLP), to fill gaps in reaching those who are financially inhibited and do not have a sustainable source of nutritionally balanced food. A primary part of the issue that arises is that these types of programs have restrictions on age or only operate during the school year. To assess this issue, the Mountain View Whisman School District (MVWSD), in conjunction with the Stanford University Pediatrics Advocacy Program (SUPAP), initiated a local food pantry program and study at a library to interview participants in the program for their perception of food disparity and personal impact that it has had on their lives. The SUPAP conducted and recorded the interviews, coded the topics covered in the interviews, analyzed the frequency of topics covered and completed a theme analysis of frequently covered topics. Through the analysis of topic frequency in the study, it was found that community food disparity perception, feedback on the program, and motivation for attending the program were the most frequently covered in the interviews. Participants frequently agreed that limitations in income level and household rent were the primary reasons as to why they needed to come to this program and others. Furthermore, participants remarked that low education levels on healthy eating were also associated with food disparity in their community. This program and study showed that assessing food disparity in children during non-school months is not the primary issue, or that the lack of food pantry sources was the issue, but rather there is a need for an open source health education program and greater legislation to reduce further the costs for families who are considered low-income.

I. Introduction

Food insecurity is one of the most prevalent issues affecting our society today. It is generally defined by an individual's inability to provide adequate income toward food in order to sustain a balanced diet. This lack of financial stability can be attributable to the high costs of housing and the general cost of living. In 2015, it was estimated that nearly 15.8 million households in the United States had experienced limited access to food during various points in the year (Bruce, Cruz, Moreno, & Chamberlain, 2017). This is twice the estimation in 2013, where food insecurity was estimated to affect 7.5 million Americans. It was estimated that 7.8 percent of U.S. parents reported that the lack of access to nutritious food resources resulted in his or her child missing meals and experiencing multiple days without proper food intake (Coleman-Jensen et al., 2016). According to the 2017 Feeding America Poverty and Hunger Fact Sheet, there are approximately 40.6 million Americans living in poverty, where 22.8 million are between the ages of 18-64, 13.3 million under the age of 18, and 4.6 million over 65 years of age (Poverty and Hunger Fact Sheet, 2017).

The pervasiveness of this issue is due to a multitude of reasons, such as families suffering from economic hardship, lack of federally funded assistance programs, and local food pantry resources available.

Moreover, the subsequent effects of food insecurity on child development can have a detrimental impact on the child's mental and psychological health (Knudsen et al., 2006). This evidence was also supported by a study by Nelson (2000), where it was found that the lack of balanced nutrition can significantly impair vital cognitive processes in children. These effects have been specifically shown in previous literature on children 36 months old or

younger who subsequently suffer from physiological deficits in iron intake, bone density, and an increased number of hospitalizations (Promoting Food Security for All Children, 2015).

However, the impact of food insecurity is not only the lack of food but also the lack of access to healthy and high-quality food for children. This leads to obesity being another prevalent health issue in children living with food insecurity, where the food available is mainly comprised of food that is energy dense and high in saturated fats, such as fast food (Promoting Food Security for All Children, 2015). Through the limitation of available healthy food resources, children are more likely to develop unhealthy eating patterns and have earlier development of chronic conditions, such as diabetes, heart disease and obesity (Promoting Food Security for All Children, 2015). The subsequent and accumulative physical and psychological effects from food insecurity can significantly impact a child's ability to perform well in school and in later development as an adult (Cook & Jeng, 2009).

The development of food programs by the U.S. government over the years, such as the National School Lunch Program (NSLP), the Supplemental Nutrition Assistance Program (SNAP), School Breakfast Program (SBP), and the Women, Infants, and Children (WIC) have all played an integral role in reducing food insecurity and also improving the subsequent effects of food insecurity on child health and well-being collectively. The NSLP serves approximately 32 million children each year, and specifically those who are from low-income families and qualify for the free or reduced-priced meals during the school year (Gunderson, 2015). While SNAP started as a food stamp based program, it has undergone multiple changes but has become one of the cornerstones of serving nearly 33 and 47 million people in 2007 and 2013 with the benefits at \$30 and \$80 billion; respectively (Gunderson, 2015). Participants in this

program are authorized SNAP benefits, which allows them to purchase food from select food retailers. The SBP is a federal program through the United States Drug Administration and state education agencies. This program has over 89,000 schools participating (Gunderson, 2015). The WIC is particularly targeted toward women who are in postpartum depression, pregnant or have young children (Gunderson, 2015).

While the benefit of these programs has been shown to reduce food insecurity in the U.S., there are particular weaknesses in each program. The SNAP has issues such as the lengthiness of logistics involved in receiving benefits, the stigmatization of receiving benefits, and the participant's burden of transportation to utilize the benefits. The NSLP and SBP suffer from multiple issues such as the number of schools participating nationally, the stigmatization of children participating in the program, and the child's appeal to wanting the food served by the program over time. The WIC lacks in its effectiveness over time as children age or the women no longer fall within the focus population. Overall, WIC lacks in being able to appeal to its older participants and maintain participation in the program.

Given the weaknesses of these programs, it is more important than ever to give a greater focus to reducing the stigmatization of utilizing such programs and increasing the education of using these types of resources. Furthermore, it is evident that the future of these programs should be based upon the pervasiveness of food insecurity in the local communities. However, this type of solution can likely be developed as a model to be implemented on a national scale as well. The title of the project is the Mountain View Whisman School District (MVWSD) Mobile Meals Program.

II. Scope of the Project

The Stanford University Pediatrics Advocacy Program (SUPAP), endeavors to establish initiatives that improve child health and address child health disparities in Silicon Valley. They have community partnerships with the Lucile Packard Children's Hospital and the Stanford University School of Medicine that help drive their activities and communication with parents and children in Silicon Valley. Their mission is to ensure that there are sufficient health and social services provided to children in the community. In addition to their mission, they also educate residents, fellows, graduate and undergraduate students on advocacy education and the importance of expanding research on public health policies that affect child health on a state and national scale. The program mainly consists of four personnel, a director of the program, two instructors, and a program manager. Additional personnel, such as research assistants, help to carry on administrative work and collect research data when needed.

During the past summer, the Mountain View Whisman School District (MVWSD) initiated a mobile meals program to provide meals to the local community of children and their families in Mountain View, California. The Stanford University Pediatrics Advocacy Program (SUPAP) was asked by MVWSD to evaluate the efficacy of this program. As a result, SUPAP developed a questionnaire for English and Spanish speakers that had questions that assessed whether the program participants experienced food insecurity, their knowledge of food assistance resources, how often they utilized the current and past programs, and what their racial and ethnic backgrounds were. This project was executed at two parks and one library in Mountain View, California. A total of 284 adult participants who were 18 years or older were recruited from these locations (Appendix 1). The demographics of the participants

included all ethnicities and races, and both female and males genders. All participants were included in the survey interview, however, the total responses for each question on the survey varied due to differences in response rates (Appendix 1 and Appendix 2). The data from the interviews was acquired to assess the degree of food disparity in the community. The primary objective and goals for this project are to complete coding, analysis, and write of a mobile food project for children and parents who may or may not be from food, insecure families. This project focuses on a prevalent issue that is being addressed by current programs, such as NSLP, SNAP, and WIC. However, it has a different take on what is still a remaining gap in food insecurity for children, which is food sources during the summer when school is out. This project could serve as a model for future programs around the United States if the data shows a positive impact on the community and possible long-term feasibility. The SUPAP and MVWSD are the only constituents involved in this project. Regarding the operation of this project through the ecological model, it included community factors, interpersonal processes and primary groups, and intrapersonal factors as well. The community factors included challenges in families and individuals in the community being able to access appropriate food resources during the summer when school is out. Interpersonal processes and primary groups were defined through in-person interviews of the individual's and family's social connections to community programs and institutions to access information regarding food resources. At the intrapersonal level, the interviews also helped the researchers understand various individual views on the interviewee's knowledge of food resources, personal stigmas toward food disparity, and whether or not he or she identifies as suffering from food disparity.

During my preceptorship, I worked on site at my preceptor's office. I was able to attend

twice a week and have completed 205 hours of work at their office. During my fieldwork, I have learned about using qualitative coding software for interview data collected from the mobile food program this past summer. The preceptor utilized the online qualitative data coding website called Dedoose. Through this software, I helped to establish a codebook to assign tags on excerpts taken from each interview. The codebook was created through three interviews where I utilized the survey questions as the primary tags to be used, and I created sub-categories of different tags if the interviews included more in-depth coverage of particular topics, such as a participant's experience with using the current or past food assistance programs. With another research assistant, we both coded the interviews and reviewed them on a weekly basis to understand what tags we chose to code the excerpts with and why we chose those particular tags. After the coding was complete, the research assistant completed an inter-rater reliability test I created to assess the homogeneity in our excerpt tagging and to determine whether the codebook tags are applicable. The coding of the excerpts taken from the interviews helped the preceptor's team and myself understand what the trend in themes was based on the tags. For example, if participants talked about utilizing multiple food assistance programs or if they only used this program, and how often they frequent these programs. Right from the start, my preceptor set up a proposed schedule for when we would be able to complete the coding, analysis, and write of the results for publishing.

Additionally, I have also taken on new projects for developing qualitative scales for English and Spanish speakers. The qualitative scales were created based upon previously utilized scales used by the preceptor in their previous research studies. The adaptations to the scales and the addition of more measurements were based on discussions of the relevancy on

the content of the scales between myself and the preceptor's team. Moreover, I have also developed their electronic data capture database through an online source. Overall, I have completed the coding verification with another research assistant, completed theme analysis of the data, wrote up the data analysis and presented the data at an internal department meeting.

III. Public/Population Health Impact: Findings and Significance

Qualitative Results

Through a theme analysis of the interviews performed for the Mountain View Whisman School District (MVWSD) Food Disparity Project, valuable information on how food disparity is understood and dealt with by the community was uncovered. These can be ascribed to the impact that food disparity has had not only on the individual but also how they believe the issue affects the community overall. While this program has provided a source of relief for those in need, the interviews help us to understand how individual and the collective community perception has changed over time with the advent of food pantry programs and how they can best fit the needs of the individuals who utilize them.

One of the major topics covered in the interviews was how frequently and how many food pantry programs participants took part in their community. This informs us as to how much support is needed by individuals and how external factors impacts the participant's ability to afford food for their children and themselves.

According to the one of the interviews, "Food is too expensive and the cost is very high. Before a year ago, I had a two-bedroom apartment and they asked for the apartment back so we had to move to another apartment where we pay almost double."

In another interview, the participant remarked, “Now I have to rent out the living room but it is really expensive, and sometimes we run out of money for food.” Families are forced to look for supplemental sources of income in order to provide enough food. The mobile meal program provides them with some food, which allows them to have more disposable income to cover other expenses and not have to worry about food.”

Moreover, the participants also gave valuable information on the need for knowledge for greater health education in the community. One of the participants remarked, “Even if you don’t study nutrition [0:12:47 crosstalk] you are more aware of the health benefits of healthier foods and what you shouldn’t eat, or that you must have to exercise if you eat.” This information could help researchers to understand the possible need to develop health education modules available to the public through locations similar to this project.

From these interviews, we can make recommendations based on the recommendations for improvement by participants and the frequency above of utilization of the current, other and past programs. The latter was mainly based on the participants noting the lack of personal funds to purchase quality foods and why it led them to use the current program. Given the high utilization of the current, other, and past programs, there will likely be a need to expand the community food programs. This includes increasing the funding over the long term by seeking out partnerships with donors through local businesses and food donation programs. Also, there will be a need to increase the number of participating sites to host these programs, such as libraries and community centers. One of the main positives that were highlighted by participants was the use of libraries and community centers because of the inviting atmosphere

and the fact that many families already use these resources to bring their kids for little to no cost activities.

One participant of the program noted, "It's [the location] is a good one because every time we'll see crowds here, we'll see...varieties of people are coming, not only Americans, not only Indians, we'll get all types of people here. So I feel this park is a very good place to do the program."

Another participant noted the specific social benefit of this project saying, "We are here [at the park] coexisting, and I get to know more people. Because, for example, people can go along and pass through the park and not meet up with anybody but here [at the meal program] all are together."

Aside from establishing more participating sites, it is equally important to have more academic institutions to help support future research efforts. While these interviews did provide an invaluable source of information for community food disparity, more research is needed on the impact of long-standing food pantry programs and whether or not participants of these programs will be able to be weaned off from support over time.

Another issue that was touched on by participants is the need for greater publicity on the food disparity resources in the community. It is therefore imperative that we utilize a greater number of social media platforms on top of those already used in the current program. Currently, the program utilizes banners, flyers, newspaper advertisements, and by social contact. The addition of social media platforms, such as Facebook, Instagram, and Twitter may serve as a constant source to increase and maintain participants to study further

the impact of food disparity and how it can be amended at the community level.

Quantitative Results

Regarding the quantitative analysis of the food-secure survey participants (n = 208) (Appendix 1), each completed a single audio-recorded interview with research personnel in English (86%) and Spanish (14%). These participants identified as Latino/Hispanic (21%), Asian (42%), Caucasian (35%), and Black/African American (1%). Eighty-nine percent reported being in a two-parent led household, 7 percent in a single-parent, and 4 percent in a grandparent or other guardian led household. A reported 0.5 percent had no children, 88 percent had 1 to 2 children, and 12 percent had 3 to 5 children. Regarding the number of adults in the household, five percent reported one adult, 88 percent reported two adults, and 6 percent reported 3 or more adults. A reported 4 percent of said they had some high school or less, 11 percent reported having a high school diploma or GED, 7 percent reported having some college, and 76 percent reported having a bachelor's or graduate degree. Household food security status is based on the last 12 months.

As for the food-insecure survey participants (n = 72) (Appendix 1), they also completed the survey in English (56.9%) and Spanish (43.1%). Participants in this category identified as being Latino/Hispanic (64%), Asian (14%), Caucasian (16%), and Black/African American (6%). Eighty-eight percent reported having a two-parent led household, and 12 percent reported having a single-parent led household. As for the number of children in the household, 81 percent reported having 1 to 2 children, and 19 percent reported having 3 to 5 children. Participants reported having one adult in the household (4%), two adults (83%) and 3 or more adults (13%). Thirteen percent reported having some high school education or less, 28 percent

had a high school diploma or GED, 28 percent had some college, and 32 percent had a bachelor's or graduate degree. Household food security status is based on the last 12 months.

Amongst both foods secure and insecure (Appendix 2), an estimated 5 percent attended the program every day, 18 percent attended 3 to 4 times a week, and 77 percent attended 1 to 2 times a week. Participants learned of the program from single or multiple sources, such as flyers from the child's school (n = 36), flyers from a community agency (n = 20), a banner in the community (n = 62), announcements in the newspaper (n = 5), advertisement through the Second Harvest Food Bank (n = 4), from friends (n = 71), and from other sources (n = 114). Participants also reported different levels of barriers, where some reported no barriers (n = 231), difficulty getting to the program (n = 9), inconvenient lunchtimes (n = 9), inability to stay and eat (n = 8), disliked the food served (n = 7), and other noted difficulties (n = 15). Regarding knowledge and utilization of community programs, sixty-one percent reported knowledge of other food programs, and 17 percent reported past use of another food program. Forty-seven percent reported knowledge of SNAP and an enrollment rate of 13 percent as compared to the 87 percent who did not.

Implications

To attest to the impact of food disparity over time, there needs to be a standardized questionnaire that covers the main issues that impact participants over time, such as income level, child care, and personal expenses. The current program does have a set of questions utilized for the interviews, but this needs to be expounded upon to further understand food disparity as it changes over time at the community level. While the issue of food disparity is not simple, the questionnaire could be developed with sub-categorization of the main issues

impacting individuals. This could be exemplified by the impact that income level has on the participant, which could be due to child care or high rent.

The development of a standardized questionnaire leads us to another notable impact that needs to be assessed, which is the development of long-term follow-up studies. While the current program captures participant data in one instance, it is imperative that we follow the progression of food disparity as it occurs over time. This will allow researchers to perform better qualitative and quantitative analyses on subjects given the linear progression of subject follow-up over time. This type of study will allow us to understand how barriers, lack of resources, and accessibility to current resources change over time.

IV. Conclusion

Food disparity is a consistently prevalent issue on a local and national scale. While there are programs, such as Women, Infants, and Children (WIC) program and the National School Lunch Program (NSLP), these programs are limited by age and operation during the school year; respectively. It is, therefore, important for us as public health professionals to further study food disparity and how it impacts those who cannot or do not have access to those above or similar programs.

To further understand this issue, a collaboration between the Mountain View Whisman School District (MVWSD) and Stanford University Pediatrics Advocacy Program (SUPAP) was developed to create a food pantry program at a local library in Mountain View, California where researchers from SUPAP would be able to interview participants in the program. These interviews allowed the researchers to inquire as to how food disparity impacted the participant's life, what their perception of food disparity is in their community, how frequently

they used this program or others, what their demographics were, their feedback on the program, and how food disparity could be better addressed in the community. Through analysis of the frequency of topics covered in the interviews, the major topics that were covered were each participant's community food disparity perception, what their motivation was for participating in the program, and their feedback on the program itself. To further understand these frequented topics, we completed a theme analysis of these topics and found other underlying themes within each of these topics.

In the community food disparity perceptions, participants remarked that personal income levels were one of the primary reasons as to why they were participating in the current program and others as applicable. Additionally, a majority of participants agreed that rent was a major limiting factor in expenses that could be used for better quality foods. Moreover, participants were assessed for their knowledge on local food resources available to the community, where responses ranged from named resources to no knowledge.

Participants also remarked on their motivation for attending the current program since it many considered it a healthy resource, beneficial for the community at large, and fulfilled a personal need for food. Many of the participants also remarked on barriers, such as the need to improve outreach for this program to the community to allow members to become more knowledgeable of this resource. Moreover, participants remarked on the positive impact that the employees and program, in general, have had on their participation and how having it at the library in the park is beneficial to increasing participation since it collectively presents an inviting atmosphere for those in need.

Although participants gave various responses on how food disparity could be better

addressed in the community, the underlying issues of low-income levels and health education seemed to be major facets. Within the theme analysis on participant food disparity perceptions, many agreed that low-income levels were a major factor that impacted their ability to purchase healthy and quality foods since most of their income is spent on rent.

This would suggest that greater legislation is needed to reduce taxation on those who earn below the poverty level; depending on the state. Moreover, stronger legislation is likely needed to restrict housing developers and rental companies from increasing rent on its tenants. In turn, this may reduce the participant's need for frequent food pantry programs for support whether it is during the school year or not. Also, the need for health education was a prevalent topic covered as a primary reason for food disparity in the community. This would suggest that it would be beneficial to develop a free and open educational resource and promote it in local communities to allow any part of the populace to access it. This education resource could be provided at local libraries since many participants remarked on their reason for participating in this program was the inviting atmosphere of having the food pantry program at the library. This may result in reducing health education disparities and increase the probability of the populace making healthier food choices in addition to having more expenses for food depending on the success of passed legislation on rent control and income level taxation. While it is anticipated that the aforementioned suggested legislation will have pushback and take a prolonged amount of time, it does not inhibit public health professionals and associated advocates from developing the tools necessary to reduce health education disparities and developing sustainable food pantry resources that are more inviting to those in need. For further research, it is suggested that the development of the health education

resource should be implemented at libraries and utilized in conjunction with food pantry programs to assess participants as to whether they feel that it has benefitted their level of health education knowledge base.

References

- Bruce, J.S., Cruz, M.M., Moreno, G., & Chamberlain, L.J. (2017). Lunch at the library: examination of a community approach to addressing summer food insecurity. *Public Health Nutrition*, 1-10. doi:10.1017/S1368980017000258
- Coleman-Jensen, A., Rabbitt, M.P., Gregory, C.A., and Singh, A. (2016). Household Food Security in the United States in 2015, ERR-237, U.S. Department of Agriculture, Economic Research Service.
- Coleman-Jensen, A., Rabbitt, M.P., Gregory, C.A., and Singh, A. (2017). Household Food Security in the United States in 2016, ERR-237, U.S. Department of Agriculture, Economic Research Service.
- Cook, J. & Jeng, K. (2009). Child food insecurity: the economic impact on our nation. *Feeding America*.
- Food Action Research Center (2016) Facts for Libraries: participating in summer and afterschool meals. <http://frac.org/pdf/fracfacts-libraries-summer-afterschool-meals.pdf> (accessed June 2016).
- Gundersen C & Ver Ploeg M (2015) Food assistance programs and child health. *Future Child* 25, 91–109.
- Knudsen, E., Heckman, J., Cameron, J., & Shonkoff, J. (2006). Economic, Neurobiological and Behavioral Perspectives on Building Americas Future Workforce. doi:10.3386/w12298

Nelson, C.A. (2000). The neurobiological bases of early intervention. In J. P. Shonkoff & S.J. Meisels (Eds.), *Handbook of early childhood intervention*, second edition (pp. 204-227). Cambridge University Press: Cambridge, MA.

Promoting Food Security for All Children Council On Community Pediatrics, Committee on Nutrition Pediatrics Oct 2015, peds.2015-3301; DOI: 10.1542/peds.2015-3301

Appendix 1

Table 1. Participant Characteristics and Food Insecurity

	Total n (%)	Household Food Security Status (Last 12 months)	
		Food Secure n (%)	Food Insecure n (%)
	n = 280	208 (72.3)	72 (25.4)
<i>Survey language preference</i>	n = 284	n = 280	
English	223 (78.5)	179 (86.1)	41 (56.9)
Spanish	61 (21.5)	29 (13.9)	31 (43.1)
<i>Race/Ethnicity</i>	n = 257	n = 253	
Latino/Hispanic	83 (29.2)	40 (21.2)	41 (64)
Asian	91 (32)	80 (42.3)	9 (14.1)
White	77 (27.1)	67 (35.4)	10 (15.6)
Black/African American	6 (2.1)	2 (1.1)	4 (6.3)
<i>Household Type</i>	n = 274	n = 270	
Two-parent/adult led	244 (85.9)	180 (89.1)	60 (88.2)
Single-parent/adult led	23 (8.1)	15 (7.4)	8 (11.8)
Grandparent or other guardian led	7 (2.5)	7 (3.5)	0 (0)
<i>Number of children in household</i>	n = 277	n = 277	
0 children	1 (0.4)	1 (0.5)	0 (0)
1-2 children	238 (85.9)	180 (87.8)	58 (80.6)
3-5 children	38 (13.7)	24 (11.7)	14 (19.4)
<i>Number of adults in household</i>	n = 279	n = 279	
1 adult	14 (5)	11 (5.3)	3 (4.2)
2 adults	243 (87.1)	183 (88.4)	60 (83.3)
3 or more adults	22 (7.9)	13 (6.3)	9 (12.5)
<i>Education</i>	n = 280	n = 276	
Some high school or less	18 (6.3)	9 (4.4)	9 (12.5)
High school diploma or GED	45 (15.8)	23 (11.3)	20 (27.8)
Some college	34 (12)	14 (6.9)	20 (27.8)
Bachelor's or graduate degree	183 (64.4)	158 (77.5)	23 (31.9)

NOTE: Some totals do not equal the total sample size due to differences in response rates

Appendix 2

Table 2. Participation and Utilization of Community Programs

Program Participation	n (%)
<i>Estimated weekly attendance</i>	n = 280
Every day	15 (5.4)
3-4 days/week	50 (17.9)
1-2 days/week	215 (76.8)
<i>How participants learned about program (Multiple sources selected)*</i>	n = 312
Flyer from child's school	36
Flyer from community agency	20
Saw banner in community	62
Saw announcement in newspaper	5
Heard from Second Harvest Food Bank	4
Heard from friends	71
Other source	114
<i>Barriers to program participation (Multiple barriers selected)*</i>	n = 279
No barriers	231
Getting to site was difficult	9
Lunch times were inconvenient	9
Inability to stay and eat	8
Did not like food offered	7
Other difficulties	15
Knowledge and Utilization of Community Programs	
<i>Knowledge of other food programs (i.e. pantries, hot meals etc.)</i>	n = 284
Yes	172 (60.6)
<i>If yes (knowledgeable), past use of a other food programs</i>	49 (17.3)
<i>Knowledge of Cal Fresh</i>	n = 284
Yes	124 (46.7)
<i>Have enrolled in Cal Fresh</i>	n = 284
Yes	38 (13.4)
No	246 (86.6)

*Determination of percentages not applicable

NOTE: Some totals do not equal the total sample size do to differences in response rate

