Healthy Food in Hunger Relief

Survey of Food Shelf Staff, Volunteers, Board, and Clients

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Introduction

The Healthy Food in Hunger Relief Study was commissioned by The Open Door, on behalf of Dakota County Public Health (DCPH), with funding from the Statewide Health Improvement program (SHIP). The study aimed to inform The Open Door and DCPH about the interest in and feasibility of implementing a "healthy food approach" (a focus on increasing the availability of healthy foods) in Dakota County's food shelves. In particular, the study sought to identify both challenges and opportunities for food shelves as they strive to make best use of their limited resources to improve the health of their clients.

- 1. Engage and include the variety of diverse voices in a food shelf community at all stages of the survey process (clients, volunteers, staff, board, community members)
- 2. Establish comprehensive data around healthy food approaches and policies currently in practice at Dakota County food shelves
- 3. Investigate the capacity of food shelves to implement healthy food approaches and policies in their organization
- 4. Recommend healthy food approaches and policy guidelines based on data gathered
- 5. Create a survey process that is replicable in other communities

This report details the progress made on each of these objectives, beginning with a description of the process used to gather insights from the wide variety of stakeholders in the food shelf community and the design aspects that make this process replicable elsewhere (Methods section). The "Background and demographic information" section describes the diverse set of respondents that participated in the study, and the remaining sections detail the wealth of data gathered on the current policies, practices, and barriers related to healthy food approaches in Dakota County food shelves. Finally, the "Issues to consider" section points to some key results and considerations for expanding the access to healthy foods among food shelf clients in Dakota County.

Methods

The Healthy Food in Hunger Relief Study was designed to engage a wide variety of stakeholders in Dakota County's food shelves, from the organizations' leaders and board to the clients themselves. Given the diversity of the research questions and the variety of perspectives that were of interest, the study included a two-part data collection strategy: a paper survey for food shelf clients and a web-based survey that could be programmed to suit each individual's role, whether a food shelf staff member, volunteer, board member, or some combination thereof.

To encourage participation in the study, each site was offered a site-specific summary of their survey results. All 10 Dakota County food shelf sites participated in the study.

Client Survey

To ensure that the study did not interfere with food shelf clients' privacy, and to minimize the level of disruption of food shelf operations, food shelf staff (and volunteers) were asked to administer the client survey. A packet containing survey forms, an instruction page for volunteers, and a tracking form were distributed to each site. To promote replicability of this survey, the instructions for food shelf contacts, as well as a guide for the data collection coordinator, are shown in the Appendix.

The self-administered questionnaires were completed by the clients, who then returned their completed surveys in sealed envelopes to the staff member or volunteer on duty. Each food shelf's contact person served as a coordinator, ensuring that completed surveys were sent back to Wilder along with a tracking form. Wilder Research staff checked all submitted surveys for accuracy, and then entered the data into a database for analysis.

Survey of food shelf staff, volunteers, and board members

For food shelf staff, volunteers, and board members, it was crucial to develop a survey instrument that was customized to each individual's role in the organization. The web survey, programmed to route respondents only to those questions that applied to their role, gathered the most complete set of data possible while minimizing the time investment required from the respondents.

In order to facilitate future use of this survey instrument in other food shelves, Wilder Research staff programmed the web survey in Google Forms. Wilder Research then sent the web survey link to the identified contact person at each participating food shelf. These contacts then distributed the link to their staff, volunteers, and Board members and

encouraged them to fill out the survey. In this way, each site was empowered to choose the extent to which they would participate in the study. Survey data were compiled in Google Sheets, then processed in Excel and analyzed using the Statistical Package for the Social Sciences (SPSS) software.

Background and demographic information

In total, 472 clients responded to the paper survey; between 48 and 135 clients responded at each site (Table 1). A combined 99 board members, staff, and volunteers responded to the web survey, with between 3 and 35 respondents at each site. Importantly, as shown in the table below, the number of web survey responses varied widely across sites. The web survey results shown in this report therefore cannot necessarily be considered representative of the "typical" food shelf in Dakota County; the results will tend to more strongly reflect those food shelves with more participants involved in the study.

1. Number of survey respondents by site

Food shelf identifier ^a	Client responses	Staff, volunteer, and board member responses
A	135	35
В	58	7
С	93	11
D	82	26
E	48	3
F	56	17
Total	472	99

^a To respect the confidentiality of the participating food shelves, their names are not shown in conjunction with their numbers of responses. All 10 Dakota County food shelves participated in the study, though five of them are affiliate sites of a single organization. They are shown here as a single food shelf.

Respondent profile: client survey

Two-thirds of client respondents live in households with children present, including 55 percent in households with two or more adults and at least one child (Table 2). Three in five respondent households earned less than \$20,000 in 2014. Two-thirds of respondents (68%) identified themselves as white, while black, African, or African American individuals were also represented (16%); 19 percent of clients identified themselves as Hispanic or Latino of any race. Nearly half (49%) of clients surveyed were ages 25 through 44, with another 38 percent ages 45 through 64. Three-quarters of clients surveyed were born in the United States or Canada, with an additional 15 percent born in Mexico, Latin America, or the Caribbean. English was the most common language spoken at home (72%), with

Spanish (18%) and Russian (4%) also represented among respondents. See Table 2 below for more detailed client demographics.

2. Client demographics

Household type (N=424)	N	Percent
Single adult, no children	61	14%
2+ adults, no children	73	17%
Single adults with 1+ children	56	13%
2+ adults with 1+ children	234	55%
Highest level of education completed (N=452)		
Did not complete high school	70	15%
High school diploma/GED	130	29%
Some college	103	23%
Trade/Vocational school	47	10%
Associate degree, bachelor's degree, or		
graduate/professional degree	102	23%
Household income (N=448)		
Under \$10,000	127	29%
\$10,000-19,999	144	33%
\$20,000-29,999	97	22%
\$30,000-44,999	47	11%
\$45,000-59,999	16	4%
\$60,000 or more	2	<1%
Race (N=416) ^a		
American Indian or Alaska Native	12	3%
Black, African, or African American	66	16%
Asian or Pacific Islander	15	4%
White	282	68%
Multiracial/Other	41	10%
Ethnicity (N= 444)		
Hispanic or Latino	84	19%

2. Client demographics (continued)

Age (N=436)		
Under 25	18	4%
25-44	213	49%
45-64	166	38%
65+	39	9%
Country or region of birth (N=422)		
United States or Canada	323	76%
Mexico	38	9%
Latin America/Caribbean (excluding Mexico)	26	6%
East/Southeast Asia	11	3%
Ukraine	8	2%
Europe/Central Asia (excluding Ukraine)	8	2%
Africa	8	2%
Language spoken most at home (N=457) ^a		
English	331	72%
Spanish	83	18%
Russian	18	4%
Vietnamese	4	1%
Ukrainian	4	1%
French	4	1%
Other language ^b	12	3%
More than one language	3	1%

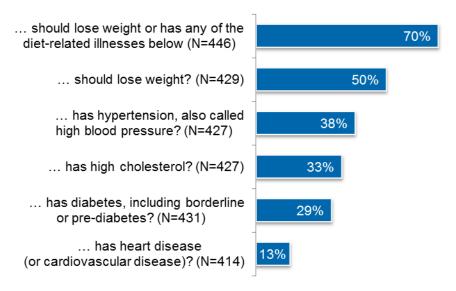
Notes: This figure shows results from client survey questions 10-19.

Half of surveyed clients said that they or someone in their household have been told that by a health care professional that they should lose weight, and almost two in five client households (38%) have someone with high blood pressure (Figure 3). One-third of households have someone with high cholesterol, and 3 in 10 households have someone with diabetes. In total, 70 percent of clients said someone in their household has at least one of these diet-related conditions.

a: Totals will equal more than 100% because respondents could choose more than one answer.

b: Other languages included Hmong, Arabic, Amharic, ASL, Swedish, Korean, and Tagalog

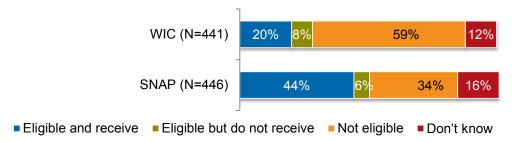
3. Has a doctor or other health care professional ever said that you or someone in your household...



Notes: This figure shows results from client survey questions 20a-e.

Over one-quarter (28%) of clients reported that they were eligible for WIC, with 20 percent indicating that they received WIC benefits (Table 4). Half of respondents said they were eligible for SNAP, including 44 percent who actually received SNAP benefits. One-third of clients reported that they were not eligible for SNAP. Many clients were unsure of their eligibility for SNAP (16%) and WIC (12%).

4. Client receipt of WIC and SNAP

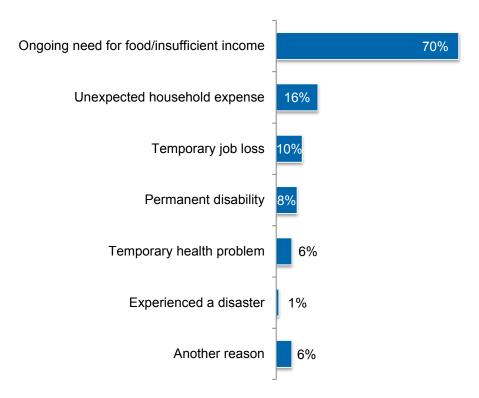


Notes: This figure shows results from client survey questions 7-8.

Client reasons for using the food shelf

According to clients, the most important reason for using the food shelf was an ongoing need for food or lack of income (Figure 5). Other less common reasons for using the food shelf included unexpected household expenses (16%) and temporary job loss (10%).

5. What is the most important reason for your use of the food shelf at this time? (N=450)



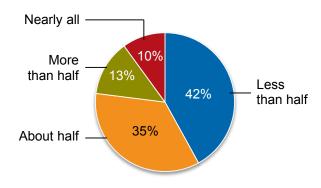
Notes: This figure shows results from client survey question 9. Percentages total to more than 100% because some respondents chose more than one answer.

Clients noted additional reasons for using the food shelf, including ongoing health problems and/or high healthcare costs, legal issues and court costs, having a large family, or some other temporary money shortage (for example, not earning enough in commissions to buy food).

Sources of food for clients

Nearly one-quarter of clients (23%) indicated that they received more than half or almost all of their food from where they were surveyed, while one-third (35%) said they received about half of their food from that food shelf (Figure 6).

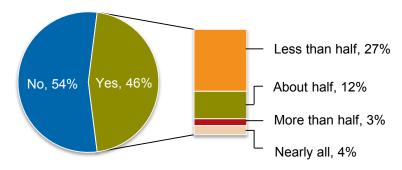
6. About how much of your food comes from this food shelf each month? (N=464)



Notes: This figure shows results from client survey question 1.

Just under half (46%) of clients indicated that they received food from other food shelves or community meal programs in addition to the food they receive at the food shelf where they were surveyed (Figure 7). Of these, most clients reported receiving either less than half or about half of their food from these other sources.

7. Prevalence and use of other community meal sources (N=447)



Notes: This figure shows results from client survey question 2.

Respondent profile: survey of staff, volunteers, and board members

Of the 99 staff, volunteers, and board members who completed the web survey, two-thirds (67%) were volunteers (Table 8). One-quarter (24%) were paid staff (either part-time or full-time). Seven percent represented food shelf board members. One-third of respondents (32%) have served their food shelf sites for 6 years or more, and 83 percent have been involved with their food shelf for at least one year.

In order to determine the applicable questions for each individual, respondents were asked a series of questions about the tasks that they perform in their food shelf. This list addressed only a small subset of the many tasks fulfilled by food shelf staff, volunteers, and board members, but the results are informative nonetheless. Two-thirds of respondents identified food stocking as one of their tasks, but only 14 percent do any food ordering from food banks. One-quarter of respondents said they do other work related to food procurement (such as coordinating food drives and donations).

8. Food shelf board, staff, and volunteers

Length of regular, scheduled involvement with food shelf (N=98)	N	Percent
Less than 6 months	7	7%
6-11 months	10	10%
At least 1 year but less than 3 years	21	21%
At least 3 years but less than 6 years	29	30%
At least 6 years but less than 10 years	26	27%
10 years or longer	5	5%
Current role at food shelf (N=99)		
Paid staff (full-time)	21	21%
Paid staff (part-time)	3	3%
Board member	7	7%
Volunteer	66	67%
Other	2	2%
Duties fulfilled at food shelf (N=99) ^a		
Stock food	64	65%
Oversee food stocking	32	32%
Food procurement duties other than ordering food (coordinating donations, organizing food drives, etc.)	26	26%
Recruit, schedule, or organize volunteers	25	25%
Order from food banks	14	14%

Notes: This figure shows results from questions 1-3 of the survey of staff, volunteers, and board members.

^a Percentages exceed 100% as respondents could fulfill more than one duty at the food shelf.

Reasons for volunteering/serving on board

When volunteers and board members were asked why they serve their food shelves, many said they serve to give back, serve their community, or help people in need (Table 9). In their own words:

"It is important to me that I do what I can to help those in need, especially the children."

"I feel like I'm making a positive difference in people's lives. No one should go hungry."

"I believe in giving back to the community and [food shelf] directly does this."

Several volunteers and board members also mentioned the value they place on serving a food shelf in their own community; their food shelf is close to their home or serves people in their neighborhood. Others described their sense of purpose from service:

"I simply feel like this is something that I should and can do."

"It is very satisfying to help others. I get so much more in return than I give."

Many others noted that they believe in their food shelf's mission and the values with which they operate:

"I believe in what [food shelf's] mission is as it relates to feeding the hungry and helping them move from an insecure situation in life to more stability in food, home, and health."

"I work here because it is a great cause, and almost all of the money donated goes back to food for the food shelf. Almost no admin fees."

Finally, other popular reasons include having positive experiences with food shelf staff, and their church's affiliation with the shelf.

9. Why do you serve this food shelf as a volunteer/board member? (N=88)

	N
I want to help others/serve my community	25
It's close to home/helps people in my area	17
It gives me a sense of satisfaction or purpose	14
I have had positive experiences with the staff or director	12
My church is affiliated with this food shelf (is a partner, houses it, etc.)	11
I believe in the mission of the food shelf	8
I want to participate in community outreach	1

Notes: This figure shows results from question 4 of the survey of staff, volunteers, and board members.

Healthy and fresh food in food shelves

This section details survey results from clients, staff, volunteers, and board members regarding:

- The level of satisfaction with the current availability of healthy foods in Dakota County food shelves
- The strategies that are being implemented to promote healthy food access and consumption, as well as the strategies that respondents would like their food shelves to implement
- The barriers to implementing healthy/fresh food approaches in food shelves

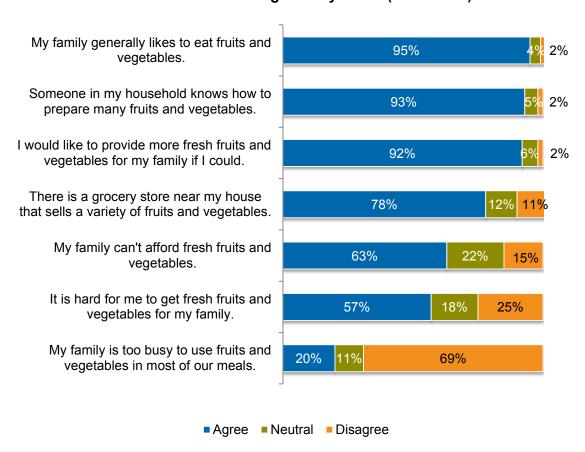
Key findings include:

- The vast majority of clients report an interest in providing more healthy foods for their families. The high cost of fruits and vegetables is their main barrier to doing so.
- Food shelves currently implement several strategies for procuring fresh/healthy foods, though there are opportunities to incorporate many other strategies (donor education about the importance of healthy foods, for example).
- Many food shelves also implement healthy food distribution strategies, but these strategies are less commonly practiced than the procurement strategies. Respondents said they would like their food shelves to add signage and other visual cues to promote a healthier food environment.
- Healthy/fresh food approaches are popular, both among those whose food shelves currently have them and among those who do not.
- Cost was the most frequently identified barrier to implementing a healthy/fresh food approach.

Client perspectives on healthy foods

Although food shelf clients noted a strong interest in providing fruits and vegetables for their families, most clients find it difficult to access these foods. The vast majority of clients (92%) would like to provide more fresh fruits and vegetables for their families, and only 20 percent said their family is too busy to use fruits and vegetables in their meals (Figure 10). More than 9 in 10 clients said they and their family like to eat and can prepare many fruits and vegetables. Still, they indicated that providing fresh fruits and vegetables is a challenge: 57 percent said it is hard for them to provide fresh fruits and vegetables for their household, and 63 percent of clients said their family can't afford fresh fruits and vegetables.

10. Potential client barriers to eating healthy foods (N=443-460)

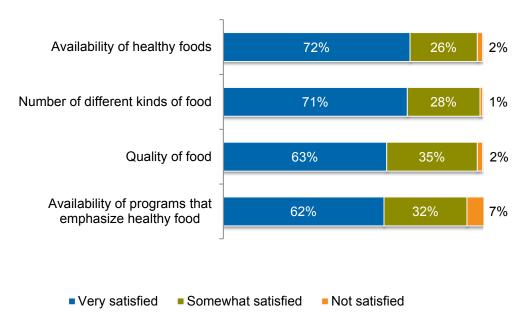


Notes: This figure shows results from client survey questions 5a-g. "Agree" includes both "Strongly Agree" and "Agree" responses. "Disagree" includes both "Disagree" and "Strongly Disagree" responses.

Overall, food shelf clients were quite satisfied with foods available at the food shelf, including the availability of healthy foods (Figure 11). Seven in 10 clients said they were very satisfied with the availability of healthy foods and the number of different kinds of food. Only a handful of clients noted dissatisfaction with any of these aspects of food

availability in their food shelf. Clients were generally also quite positive about the quality of food and availability of programs that emphasize healthy food, but their responses suggest that there may be a bit more room for improvement in this area. A few written-in comments on surveys indicated that clients received food that was no longer fresh (expired and/or rotten); this issue also came up among food shelf staff, volunteers, and board members (described below).

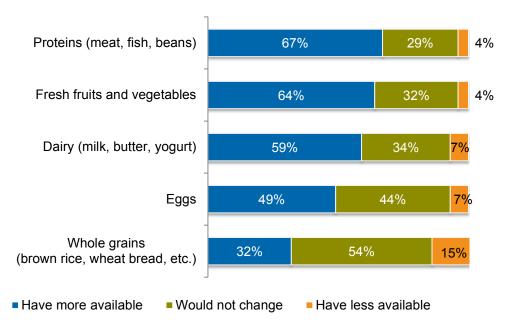
11. Client satisfaction with variety, quality of food and healthy food programs (N=429-465)



Notes: This figure shows results from client survey questions 4a-b and 4e-f.

In general, clients are in favor of maintaining or increasing the availability of healthy food staples such as proteins, eggs, dairy, and fresh fruits and vegetables (Figure 12). Less than one in ten on average indicated that they would like these foods to be less available. (These data mirror the results reported by food shelf staff and volunteers, which is discussed in more detail below.) About two-thirds of clients would like their food shelf to offer more proteins (67%), dairy (59%), and fresh fruits and vegetables (64%), but most clients said they would not change the availability of whole grains.

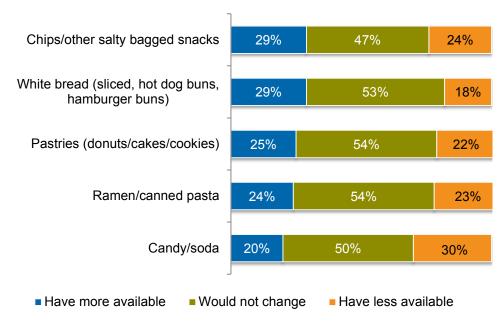
12. Client preferences on food availability (N=442-448)



Notes: This figure shows results from client survey questions 6a-e.

Results for processed foods such as white bread, chips, candy, ramen, and pastries are more mixed. A sizeable minority of clients (ranging from 18 to 30 percent) said they would like the food shelf to reduce the availability of these items, but in general, most clients indicated that they would like to keep the availability of these items the same. (It is important to note, however, that the current availability of these items may vary widely by site. As a result, this could mean that most clients would like their food shelf to continue offering a lot of this item, or it could mean that they would like their food shelf to continue offering very little of this item.) As with the staple healthy and fresh food results above, these results tend to mirror the perceptions and desires of food shelf staff and volunteers, which are discussed below.

13. Client preferences on food availability (continued) (N=435-444)



Notes: This figure shows results from client survey questions 6f-j.

In addition to these foods, clients offered suggestions for other foods (and non-food items) to have available, including gluten-free products, beverages like coffee and juice, and non-food items such as personal items, pet food, and household supplies.

Healthy/fresh food policies at food shelves

Current healthy food policies and practices

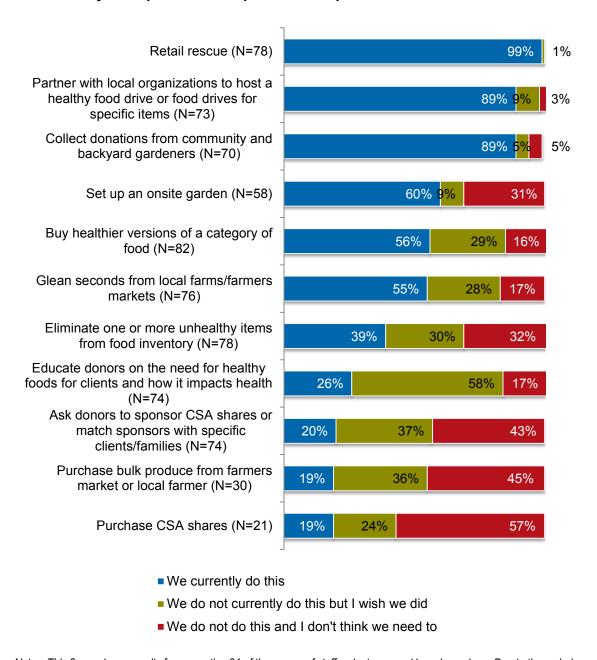
With limited resources, food shelves often face the difficult question of how to prioritize purchasing; is it more important to provide a larger quantity of food, or to provide a smaller amount of food with higher nutritional quality? The survey required staff, volunteers, and board members to identify their top priority between these two options. About two-thirds (69%) of respondents stated that they would prioritize nutritional quality over quantity of food provided to clients.

Six out of 10 respondents (61%) reported that their food shelves have a specific policy or set of policies that define a healthy or fresh food approach. Respondents briefly described the contents of these policies, which primarily address the distribution of healthy and fresh foods to clients, but also covered the food procurement process (what was permitted to buy or accept in donations), the inventory (which foods were acceptable to have in stock for clients) and service of food (at meetings and other food shelf-sponsored events).

Most staff, volunteers, and board members say their food shelves already apply several strategies to source healthy and fresh foods (Figure 14), including retail rescue (99% of respondents said their food shelves currently do this), partnering with local organizations to host healthy food drives (89%), and collecting produce donations from community and backyard gardeners (89%). Three in 5 respondents say their food shelves also have set up an onsite garden, and more than half say their food shelves choose the healthier versions of food categories (56%) and glean seconds from local farms and farmers markets (55%).

In addition, respondents noted several practices that are not currently being utilized at their food shelf sites but that they would want to implement, including educating donors on the need for healthy foods for clients (58% of respondents wish their shelves would do this), asking donors to sponsor CSA shares (37%), and purchasing bulk produce from local farms (36%).

14. Healthy food procurement policies and practices

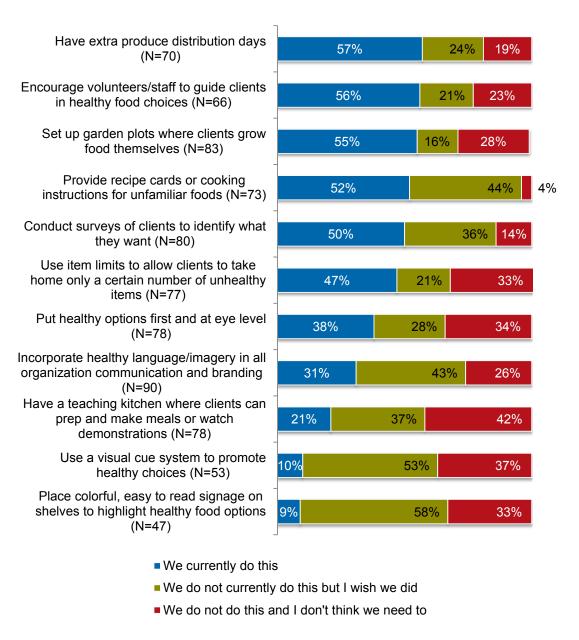


Notes: This figure shows results from question 31 of the survey of staff, volunteers, and board members. Due to the varied number of respondents who answered each question, the number of responses is shown in parentheses after each item.

Many staff, volunteers, and board members also reported that their food shelves implement a variety of distribution practices to increase the number of healthy foods that clients take home (Figure 15). More than half of respondents said their food shelves have extra produce distribution days (57%), encourage volunteers and staff to guide clients in choosing healthy foods (56%), set up garden plots for clients to grow their own food (55%), and provide recipes or cooking instructions for unfamiliar foods (52%).

Once again, responses point to several practices that respondents would like their food shelves to implement, including highlighting healthy food options for clients either by using a visual cue system (58%) or colorful and easy to read signage (53%), though this approach is only applicable to those food shelves with a client choice distribution model. In addition, many said they would like their food shelves to start providing clients with recipe cards or cooking instructions for unfamiliar foods (44%), but as shown in Figure 10, knowledge of food preparation is not a barrier for most clients.

15. Healthy food distribution policies and practices

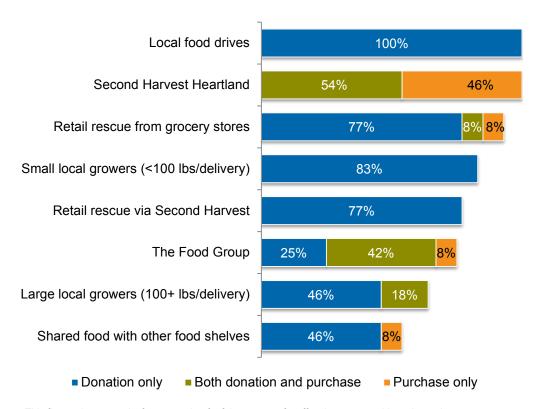


Notes: This figure shows results from question 31 of the survey of staff, volunteers, and board members.

Food purchasing

As shown in Figure 16, food shelves received food from a wide variety of sources in the past year. Of the 14 respondents in charge of food ordering, all said that their food shelf has received donated food from local food drives, and nearly all said that they received donated retail rescue from grocery stores and Second Harvest Heartland and direct donations from small local growers. Just under half of respondents (46%) reported that they received food from Second Harvest by purchase only. Other common sources for purchase (in tandem with donation) included The Food Group and large local growers.

16. Sources of food procurement



Notes: This figure shows results from question 9 of the survey of staff, volunteers, and board members.

Of the respondents who are responsible for ordering foods from food banks for their food shelves, most reported ordering fresh and/or healthy food staples – such as milk, peanut butter, canned fruits and vegetables, fresh/frozen meat or fish, and fresh fruit and vegetables – at least once per month (Figure 17). Most said they also order boxed dinners and pasta at least monthly. The least-often ordered foods included many convenience or snack foods – such as chips, cookies, bakery sweets, bread, and canned pasta or Ramen noodles – with many respondents reporting that they did not order these items at all.

17. Frequency of food ordering, by food type

	At least once per month	At least once per quarter (but less than monthly)	Less than once per quarter	We do not order this item
Chips	0%	0%	9%	91%
Cookies	18%	9%	0%	73%
Bakery sweets (cakes, pies, donuts)	27%	0%	0%	73%
Frozen fruits and vegetables	27%	9%	27%	36%
Butter, yogurt, cheese	27%	18%	27%	27%
Canned meat or fish	27%	27%	36%	9%
Baking goods (flour, sugar, oil)	36%	18%	36%	9%
Canned condensed soup	36%	45%	9%	9%
Canned hearty/chunky soup	40%	30%	10%	20%
Canned pasta or Ramen noodles	45%	9%	9%	36%
Eggs	45%	9%	27%	18%
Bread	45%	18%	0%	36%
Pasta	55%	9%	9%	27%
Dried beans/rice	55%	27%	9%	9%
Boxed dinners (skillet dinners, macaroni and cheese)	64%	9%	18%	9%
Fresh fruits and vegetables	64%	9%	9%	18%
Fresh/frozen meat or fish	64%	18%	0%	18%
Canned fruits and vegetables	64%	27%	0%	9%
Peanut butter	73%	18%	0%	9%
Milk	73%	27%	0%	0%

At loact

Notes: This figure shows results from question 10 of the survey of staff, volunteers, and board members.

When staff, volunteers, and board members were asked how they would like to change the selection of foods available from food banks, 7 in 10 respondents reported that they would like to increase the availability of meat and fish (Figure 18). Many also requested greater availability of pasta (43%), eggs (36%), milk (36%), and other dairy products 36%). Most respondents were satisfied with the availability of convenience foods such as canned condensed soup, boxed dinners, and canned pasta or Ramen noodles. Finally, many respondents would like to reduce, if not eliminate, the availability of snack foods such as chips, cookies, or bakery sweets available from their food bank.

18. Requested changes to foods available from food banks

	I would like a larger selection of this item	I would NOT change the availability of this item	Unsure	I would like a smaller selection of this item	I would rather not have this item at all
Bakery sweets (cakes, pies, donuts)	0%	7%	36%	29%	29%
Cookies	0%	14%	21%	29%	36%
Chips	7%	7%	29%	21%	36%
Bread	7%	36%	36%	14%	7%
Canned pasta/Ramen	7%	43%	21%	14%	14%
Boxed dinners (skillet dinners, macaroni and cheese)	7%	57%	14%	21%	0%
Canned condensed soup	21%	50%	29%	0%	0%
Peanut butter	21%	57%	21%	0%	0%
Baking goods (flour, sugar, oil)	29%	29%	29%	14%	0%
Canned fruits and vegetables	29%	43%	29%	0%	0%
Canned hearty/chunky soup	29%	50%	21%	0%	0%
Fresh fruits and vegetables	29%	57%	14%	0%	0%
Dried beans/rice	29%	57%	14%	0%	0%
Butter, yogurt, cheese	36%	29%	14%	21%	0%
Milk	36%	43%	21%	0%	0%
Eggs	36%	50%	14%	0%	0%
Pasta	43%	21%	21%	7%	7%
Meat/fish	71%	7%	21%	0%	0%

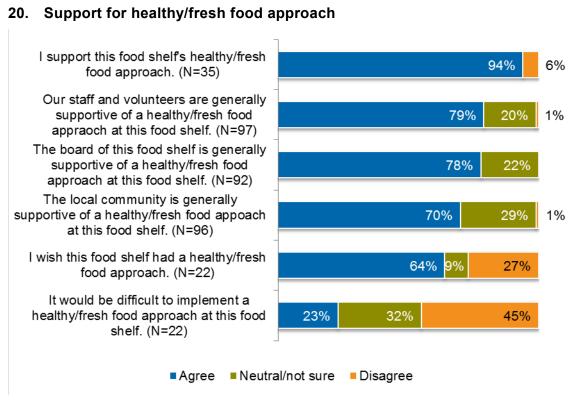
Notes: This figure shows results from question 11 of the survey of staff, volunteers, and board members.

Staff, volunteer, and board perspectives on healthy food approaches

Among those with a healthy/fresh food approach currently in place, nearly all respondents (94%) said they support it, and 8 in 10 said the other staff, volunteers, and board members at their food shelf also support it (the rest were unsure) (Figure 20). Respondents also generally felt that the local community is supportive of a healthy food approach (70 percent agreed, 29 percent were unsure).

Among the respondents who reported that their food shelves do not have a healthy/fresh food approach, about two-thirds (64%) said they wish their food shelf did have one, while one-quarter (27%) disagreed with this statement. Less than one-quarter (23%) felt that it

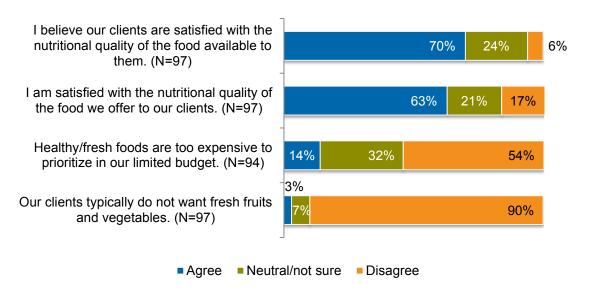
would be difficult to implement a healthy/fresh food approach at their food shelf, but one-third (32%) were unsure.



Notes: This figure shows results from question 33 of the survey of staff, volunteers, and board members.

Seven in 10 respondents said they believe their food shelf's clients are satisfied with the nutritional quality of the food available to them, but slightly fewer (63%) said they themselves feel satisfied with these offerings (Figure 21). One in 6 (17%) expressed dissatisfaction with the nutritional quality of the food that their food shelf offers to clients. When asked about two potential barriers to a healthy food approach, nearly all respondents (90%) disagreed with the statement that their clients typically do not want fruits and vegetables, and about half (54%) disagreed that healthy/fresh foods are too expensive to prioritize (one-third were unsure).

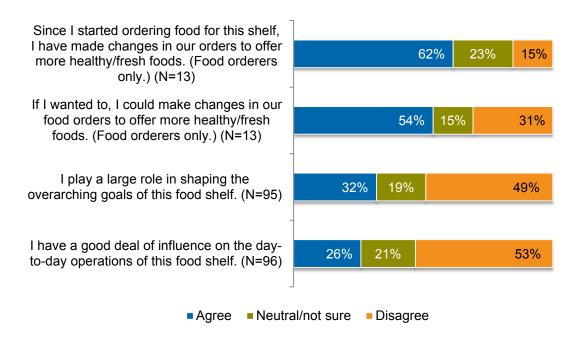
21. Current satisfaction with nutritional quality and potential barriers to improving it



Notes: This figure shows results from question 33 of the survey of staff, volunteers, and board members.

It is important to note that, as these respondents include a wide range of roles at the food shelf (from full-time staff to volunteers or board members who are involved for a few hours a week), not all respondents' perspectives would necessarily factor into the food shelf's day-to-day decision-making. Only one-third (32%) of respondents said they play a large role in shaping their food shelf's overarching goals, while one-quarter (36%) said they have a good deal of influence on the food shelf's day-to-day operations (Figure 22). Among those respondents in charge of ordering food from food banks, about half (54%) said they could change their food ordering to offer more healthy/fresh foods, while one-third (31%) said they could not. Nearly two-thirds (62%) said they have already made changes in their ordering to offer more healthy/fresh foods to clients.

22. Respondent influence in organizational decision-making



Notes: This figure shows results from questions 12 and 33 of the survey of staff, volunteers, and board members.

Barriers to adopting a healthy/fresh food approach

While many staff, volunteers, and board members (22%) indicated that they had no barriers to adopting a healthy/fresh food approach at their respective food shelf sites, other respondents identified a number of key barriers (Table 23). The two most commonly mentioned barriers were cost (either that the food shelf lacks the budget or that the cost to implement was too high) and a lack of space or storage capacity. Other common barriers mentioned were the lack of availability of healthy foods (either received through donations or available for purchase), logistical concerns, and a lack of volunteers. The table below shows the full range of themes that emerged from this question, with N representing the total number of mentions for each theme (keep in mind that a respondent could have commented with more than one theme).

23. What are currently the one or two most significant barriers to implementing a healthy/fresh food approach at this food shelf? (N=99)

	N
There are no barriers/we do this well	22
We don't have enough money/the cost is too high	35
We don't have enough space/storage capacity is too low	24
There are not enough healthy foods available	11
There are logistical concerns/the implementation would be too complex	8
We don't have enough volunteers or staff	6
Available fresh foods are near expiration	6
We need to balance quality and quantity of food for our clients	5
The community/volunteers are unaware of the importance of providing healthy foods for clients	5
These foods aren't convenient for clients/clients don't want them	5
The policy of the food shelf prevents us from implementing a healthy/fresh food approach	2
The food industry in the U.S. doesn't prioritize healthy/fresh foods	1
Notes. This figure above receives from experience 24 of the course of staff valuations and board received	- l

Notes: This figure shows results from question 34 of the survey of staff, volunteers, and board members.

A few of the less frequently discussed themes had compelling commentary. Dovetailing with clients' concerns about the freshness/viability of fresh foods, a number of web survey respondents also mentioned that many of the foods they received were near expiration:

"The fresh produce is sometimes not all that fresh." – Volunteer, 1-3 years of service

"The most significant issue with healthy/fresh foods is the time in the distribution system. A significant percentage of the food we get is not viable by the time it gets to us." – Volunteer, 3-6 years of service

Some web survey respondents felt the tension between the need to provide a sufficient amount of food to clients and the need to provide healthy and nutritious food:

"Providing only healthy foods would limit our ability to provide sufficient food for our clients." – Volunteer, 6-10 years of service

"Healthy food is more expensive and clients get a smaller amount of food and thus less to eat." —Paid staff, 1-3 years of service

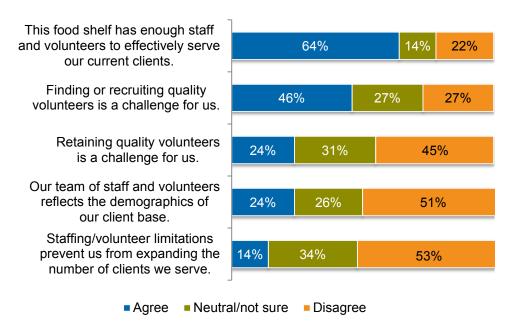
Finally, one respondent highlighted the need for greater education in the broader community (particularly among donors) and a cultural shift toward understanding why healthy/fresh foods are needed in the food shelves:

"There is often a sense that people accessing the food shelf should be happy with what they get. 'Beggars can't be choosers.' I believe we have done a great job of shifting the culture of our staff and volunteers around this idea. But when we rely on the community to provide donations... that is a large population of people that we need to educate on the importance of healthy foods and that food shelves, and those accessing food shelves, deserve that quality food." – Paid staff, 1-3 years of service

Staffing

In general, staff, volunteers, and board members felt that the staffing they have suits their current food shelf and community needs (Figure 24). Almost two-thirds of food shelf staff, board, and volunteers (64%) felt that their food shelves have enough staff and volunteers to effectively serve their current client volume, and only 14 percent agreed that the number of staff or volunteers prevents them from expanding their client base. Respondents also seemed generally positive about their retention of quality volunteers, though nearly half of respondents (46%) reported that finding or recruiting quality volunteers is a challenge.

24. Staffing capacity



Notes: This figure shows results from question 7 of the survey of staff, volunteers, and board members.

Food distribution

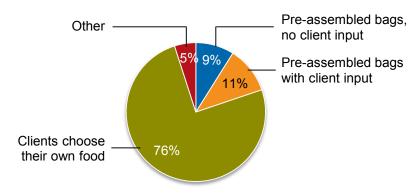
Key findings

- Most respondents (staff, volunteers, and board members) described their food shelf's food distribution model as a client choice model, with choices frequently guided by per-category item limits and/or shopping lists.
- Most respondents are satisfied with their current food distribution model, and very few respondents expected their distribution model to change in the next year.
- Respondents generally expressed satisfaction with the number of clients currently served by their food shelves, but about one-third said they could serve more clients (or provide a more nutritious selection of foods) if they had more display and storage space for produce.

Methods of distributing food

As shown in Figure 25, three-quarters of respondents (76%) said their food shelves allow clients to choose their own food (often subject to some limits, which are described below). Of the remainder, similar proportions of respondents reported that they give clients pre-assembled bags that take client preferences into account (11%) or pre-assembled bags with no client input (9%).

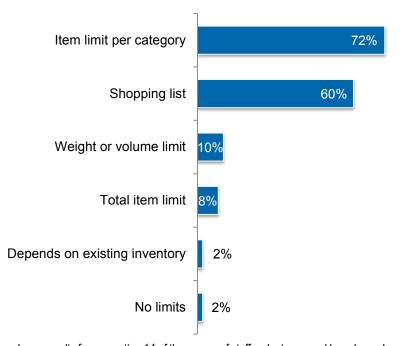
25. Which of the following best describes your food shelf's current process of distributing food to clients? (N=66)



Notes: This figure shows results from question 14 of the survey of staff, volunteers, and board members. Among the 5 percent of respondents who said their food shelf uses some other distribution model, all described models that are some form of client choice, limited by a list of available items.

Of the respondents who described their food distribution model as client choice, nearly all reported that their clients' food choices are guided by some structure or limits. Most respondents (72%) characterized their client choice model as being guided by an item limit within each food category (Figure 26). As respondents were permitted to select more than one structure that guides their client choice model, 3 in 5 respondents also reported that their client choice model uses a shopping list. Only a few respondents said that client choices were constrained by weight or volume limits (10%) or a total item limit (8%).

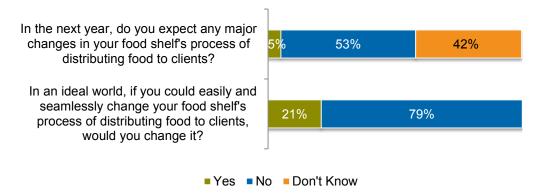
26. Which of the following structures do you use to guide or limit the items that clients may choose? (N=50)



Notes: This figure shows results from question 14 of the survey of staff, volunteers, and board members. Totals will equal more than 100% because respondents could choose more than one answer.

The majority of staff, volunteer, and board respondents were satisfied with their food shelf's current method of distributing food to clients (Figure 27). Almost 8 in 10 respondents (79%) indicated that they would not change their food shelf's process of distributing food to clients, even if they could do so easily and seamlessly. Very few respondents (5%) expect changes in their food shelf's distribution process in the coming year.

27. Future changes in food distribution model



Notes: This figure shows results from questions 15-16 of the survey of staff, volunteers, and board members.

Nearly half of respondents reported that there are no significant barriers to changing their food distribution process (Table 28). The most commonly cited barrier was that of physical space (the food shelf did not have enough physical space to accommodate a change). Other barriers included not having enough staff or volunteers to make the change, not having enough resources, either money or food. A few respondents reported that their clients liked the distribution process as is, thus there was no reason to change.

28. From your perspective, what are the most significant barriers to changing your food shelf's process of distributing food to clients? (N=66)

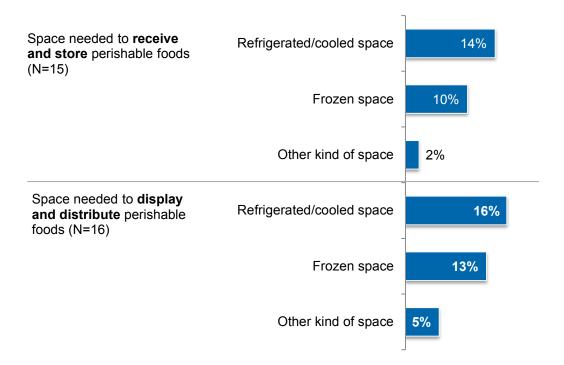
	N
There are no significant barriers	30
We do not have enough physical space	15
We do not have enough staff or volunteers	8
There is not enough money/funding	5
We do not have enough food	4
Our clients like what we do/there is no reason to change	2
Our clients have problems with transportation/mobility	1
We have too many clients to change our process	1

Notes: This figure shows results from question 17 of the survey of staff, volunteers, and board members.

Physical capacity to store, receive, display, and distribute foods

Most food shelf staff, volunteers, and board members reported that their food shelves had enough cooled, refrigerated, and frozen capacity to both receive and store (84%) and display and distribute (83%) perishable foods. Of those who indicated that they needed more space, almost all said that they needed more refrigerated space (Figure 29).

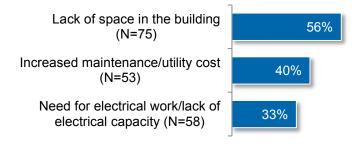
29. What kind of space do you need more of?



Notes: This figure shows results from questions 26-27 of the survey of staff, volunteers, and board members.

These respondents also noted a number of building-related barriers to acquiring more cooled, refrigerated, or frozen space (Figure 30). More than half (59%) reported that the lack of physical space altogether is a barrier. Increased utility and electrical cost was cited as a barrier by 40% of respondents, while the need for electrical work (or lack of electrical capacity) was noted by one-third of respondents.

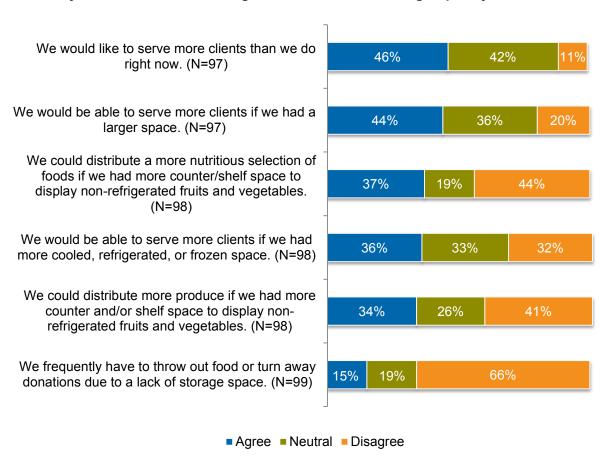
30. Do you have any of the following building-related barriers to acquiring more cooled, refrigerated, or frozen space?



Notes: This figure shows results from question 28 of the survey of staff, volunteers, and board members.

As shown in Figure 31, almost half of respondents (46%) said their food shelves would like to serve more clients than they do, and that they would be able to serve more clients if they had more space (44%). On the other hand, respondents were fairly evenly split when asked about their ability to distribute more produce or a more nutritious selection of food if they had more display space, an indication of the variation in space constraints across sites. Only 15% of respondents agreed that they frequently have to throw out food or turn away donations due to a lack of space.

31. Physical barriers to serving more clients/increasing capacity



Notes: This figure shows results from question 29 of the survey of staff, volunteers, and board members.

Serving diverse populations

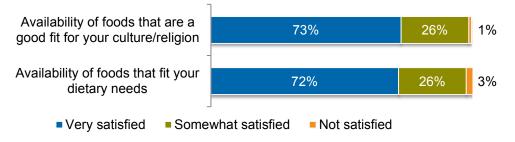
Key findings

- Clients are generally satisfied with the availability of foods that fit their culture, religion, and dietary needs
- The vast majority of clients feel welcome and respected at their food shelf and would recommend their food shelf to others.
- Just over half of staff, volunteer, and board respondents said their food shelf offers culturally specific foods. Most of these are foods specifically for Hispanic/Latino clients.

Client perspectives

The vast majority (99%) of clients indicated that they were either very satisfied or somewhat satisfied with the availability of foods at their food shelf that were a good fit for their culture or religion (Figure 32). Almost as many (97%) reported that they were either very satisfied or somewhat satisfied with the availability of foods that fit their dietary needs.

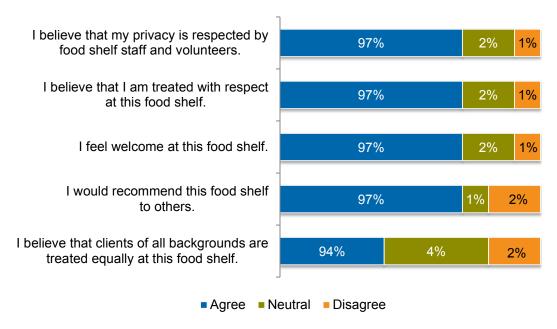
32. Client satisfaction with food availability (N=459-460)



Notes: This figure shows results from client survey questions 4c-d.

Overall, clients were satisfied with the practices of the food shelf (Figure 33). Almost all of the clients surveyed felt that their privacy is respected by food shelf staff, that they are treated with respect, that they feel welcome, and that clients of all backgrounds are treated equally.

33. Client perceptions of food shelf environment (N=467-470)



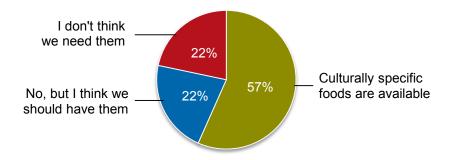
Notes: This figure shows results from client survey question 3.

Board, staff, and volunteer perspectives

Culturally specific foods

Over half (57%) of staff, volunteers, and board members reported that culturally specific food items are usually available at their food shelf (Figure 34). Of the remainder that did not offer culturally specific foods, equal proportions believed that they should and don't need to (22% for both).

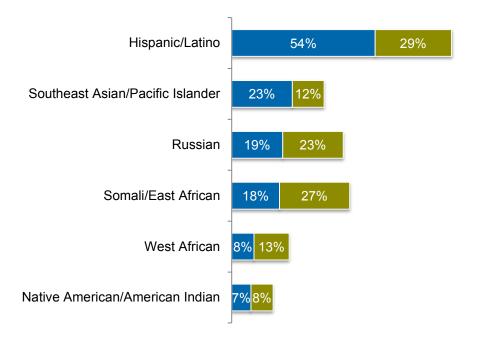
34. Are culturally specific foods usually available at this food shelf?



Notes: This figure shows results from question 18 of the survey of staff, volunteers, and board members.

According to respondents, Hispanic/Latino foods are most commonly available; 54 percent of respondents indicated that their food shelves supplied Hispanic/Latino foods (Figure 35). This is also the most commonly desired type of culturally specific food, with 29 percent of respondents indicating that they wish this type of food were available to clients. Other types of food provided include Southeast Asian or Pacific Islander (23% of respondents reported that their food shelves provided this type), Russian (19%) and Somali or East African (18%). Other desired types of culturally specific food include Somali or East African (27% of respondents wished this type of food were available), Russian (23%) and West African (13%).

35. Which culturally specific foods are available?



- This type of culturally specific food is available
- Respondent would like this type of culturally specific food to be available

Notes: This figure shows results from question 18 of the survey of staff, volunteers, and board members.

When asked about potential barriers to providing culturally specific foods to clients, one-quarter of respondents indicated that there are no challenges (Figure 36). The most common theme among the rest of the responses is that food shelves are limited by the donations they receive, and that culturally specific foods are either too expensive to purchase or not available for purchase at all. See the table below for a summary of the themes that emerged from this question (remember that N equals the number of mentions of a theme, as one individual could have mentioned more than one theme in their comments).

36. What (if anything) makes it difficult to provide culturally specific foods for clients? (N=64)

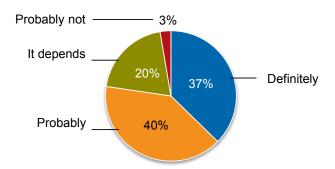
	N
There are no challenges	16
We are limited by donations/people don't know what to donate	15
Culturally specific food is not available to purchase	8
Price/cost of food is too high	10
Staff don't know what to get; lack client suggestions	6
Misalignment between supply and demand	3
Not enough clients from particular ethnic/cultural groups	3
Too many cultural/ethnic groups to supply them all	1
Not enough space	1
Food handling/food safety issues	1

Notes: This figure shows results from question 18 of the survey of staff, volunteers, and board members.

Language support

The level of language support reported at the surveyed Dakota County food shelves seems to dovetail with the language needs of the clients surveyed. Most web survey respondents (77%) indicated that a new client who speaks no English would either "definitely" or "probably" be able to navigate enrollment processes and services at their food shelf (Figure 37). Approximately 20 percent of the respondents said "it depends"; what it depends on includes the language that the client speaks, if there is a staff person or volunteer available who speaks the target language, and if the client brings someone along who can translate into English.

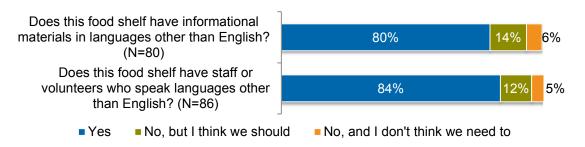
37. If a new client speaks no English, could she navigate your enrollment process and services? (N=75)



Notes: This figure shows results from question 19 of the survey of staff, volunteers, and board members. Full survey question: If a new client walks into this food shelf by herself and speaks no English (though she does speak one of the other common languages in your area), could she navigate your enrollment process and services?

Overall, most of the staff, volunteers, and board members surveyed (84%) specified that they have staff or volunteers at their food shelf who speak a language other than English, with a similar proportion (80%) reporting that they have informational materials available in languages other than English (Figure 38).

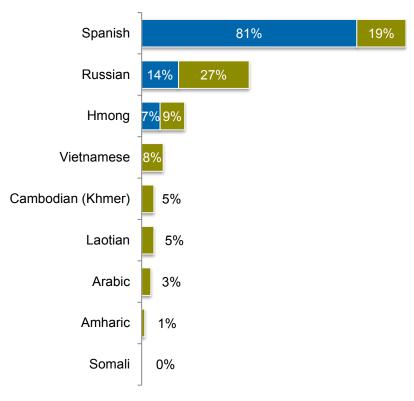
38. Non-English communication



Notes: This figure shows results from questions 21-22 of the survey of staff, volunteers, and board members.

Eighty one percent of survey respondents reported that their food shelf had staff or volunteers that speak Spanish, and 19 percent of respondents said that they would like to have staff or volunteers that speak Spanish (Figure 39). Other languages spoken by staff and volunteers include Russian and Hmong. Other languages that web survey respondents would like staff and volunteers to speak include many of the most common languages in Minnesota: Russian, Hmong, and Vietnamese.

39. Availability of (and need for) speakers of non-English languages

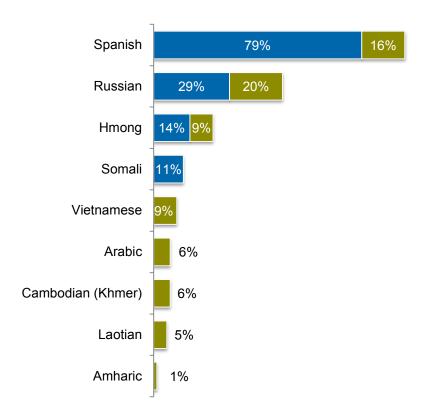


- Staff or volunteers speak this language
- Respondent would like food shelf to have staff/volunteers who speak this language

Notes: This figure shows results from question 22 of the survey of staff, volunteers, and board members.

As with languages spoken, the majority of respondents (79%) indicated that they had informational materials available for clients in Spanish (Figure 40). Respondents also specified that materials were available in Russian, Hmong, and Somali. In addition to these, a few respondents shared that they would like materials to be available in Vietnamese, Arabic, Cambodian, Laotian, and Amharic.

40. Availability of (and need for) materials in non-English languages



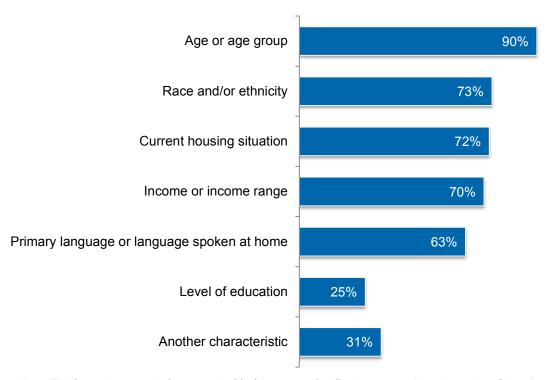
- Materials are available in this language
- Respondent would like materials in this language

Notes: This figure shows results from question 21 of the survey of staff, volunteers, and board members.

Demographics tracked at food shelf

As shown in Figure 41, almost all web survey respondents (90%) indicated that their food shelves tracked client age (either specific age or age group data, such as child/adult/senior). Nearly three quarters of respondents reported that their food shelves tracked client race and/or ethnicity (73%) and current housing situation (72%). Seven in 10 respondents reported that they track income, either as a specific number or as a range.

41. Which of the following characteristics of clients are tracked at this food shelf? (N=44-61)



Notes: This figure shows results from question 20 of the survey of staff, volunteers, and board members. Other client characteristics tracked include household size, food shelf statistics (such as order history or frequency of visits), location, and gender.

Issues to consider

The results of the client survey have clearly shown that food shelf clients would like to provide more healthy foods for their families. More than 9 in 10 clients said they would like to provide more fresh fruits and vegetables for their families if they could, and 7 in 10 said that someone in their household suffers from a diet-related health problem. Unfortunately, clients struggle to access fruits and vegetables; nearly two-thirds of clients say their families cannot afford fresh fruits and vegetables.

The results of the client survey also indicate that Dakota County food shelves may be an important source of fruits and vegetables (and healthy foods more generally) for food shelf clients. Most clients reported that half or more of their food comes from the food shelf, and nearly three-quarters (75%) of clients said they were very satisfied with the availability of healthy foods at their food shelf. On the other hand, most clients said they would like their food shelf to increase the availability of healthy whole foods like proteins, fruits and vegetables, and dairy.

Survey results from food shelf staff, volunteers, and board members indicate that, like their clients, food shelves are restricted by the relatively high cost of providing healthy foods. While food shelf staff, volunteers, and board members consistently expressed support for a healthy/fresh food approach at their food shelf (even if their food shelf does not currently have one), most of these respondents acknowledged the very real cost barrier. Cost is a factor not just in purchasing the fruits and vegetables, but in purchasing and maintaining the necessary refrigeration equipment, and even in affording a large enough building to receive, store, display, and distribute these items.]

Despite these challenges, food shelf staff, volunteers, and board members identified several strategies that their food shelves currently use to create healthier food environments. Retail rescue, healthy food drives, and gathering donations from local gardens were among the healthy food procurement strategies most commonly practiced. Many respondents said their food shelves also used some food distribution strategies, including allowing extra client visits just for produce pick-up. For food shelves with a client choice distribution model, most also said they encourage their staff and volunteers to guide clients in choosing healthy foods.

These survey results also highlighted several opportunities for strategies that food shelf staff, volunteers, and board members would like to see implemented at their food shelf. For example, more than half of respondents said they would like their food shelf to start educating donors on the need for healthy foods, and more than one-third would like to see

more partnerships with local food producers (either by purchasing CSA shares or working with a local farmers market).

Staff, volunteers, and board members also identified several strategies on the food distribution side that would help to increase the distribution of healthy foods. For food shelves with a client choice distribution model, visual cues and colorful signage to draw attention to healthy foods might be a popular and low-cost option to increase client selections of healthy foods. For all food shelves, providing recipe cards or instructions for unfamiliar healthy foods was a frequently suggested strategy, and many recommended surveying clients (or continuing to do so) to better cater to their healthy food preferences.

Appendix I: Client Survey Form

Your response to this survey will help us to understand our clients' needs and preferences so we can improve food programs at this food shelf and others. The survey will take about 10 minutes to complete. Your answers will not be attached to your name and you will not be identified to anyone. Everyone's answers, with no names, will be kept by the public health department to help them improve programs. You do not have to fill out this survey if you do not want to. You will still receive food even if you do not complete the survey.

About how much of your food comes from this food shelf each month?

	□¹ Less than half □² About half □³ More than half □⁴ Nearly all					
2.	Do you also get food from other food shelves or communi	ty meal pro	grams?			
	b. How much of your food comes from □¹ Less than half □² About half □³ More than half □⁴ Nearly all □² No, I do not get food from other food shelves or come					
3.	Please tell us how strongly you agree or disagree with the	following s	statemer	nts.		
		Strongly agree	Agree	Neutral Not sure		Strongly disagree
a.	I believe that clients of all backgrounds are treated equally at this food shelf	1	2	3	4	5
b.	I believe that my privacy is respected by food shelf staff and volunteers	1	2	3	4	5
c.	I believe that I am treated with respect at this food shelf.	1	2	3	4	5
d.	I feel welcome at this food shelf	1	2	3	4	5
e.	I would recommend this food shelf to others	1	2	3		2
4. Ho	Please tell us how satisfied are you with the following asp at this food shelf? w satisfied are you with	ects of the	,	d progra	ms availab Somewhat	Not
	the number of different kinds of food?		Ju			
	the quality of food?				2	3
c.	the availability of foods that are a good fit for your culture a	and religion	n?	1	2	3
d.	the availability of foods that fit your dietary needs?	<u>U</u>		1	2	3
e.	the availability of healthy foods at the food shelf?			1	2	3
f.	the availability of programs (like garden programs or cooking that emphasize healthy food?	ng classes)		1	2	3

1.

5.	Please tell us how much you agree or disagree with the	following s	tatements	S.		
		Strongly agree	Agree	Neutral/ Not sure	Disagree	Strongly disagree
a.	I would like to provide more fresh fruits and vegetables for n family if I could	ny 🔲 1	2	3	4	5
b.	Someone in my household knows how to prepare many fruits and vegetables	S 🔲 1	2	3	4	5
c.	My family is too busy to use fruits and vegetables in most of our meals	1	2	3	4	5
d.	There is a grocery store near my house that sells a variety of fruits and vegetables	1	2	3	4	5
e.	My family generally likes to eat fruits and vegetables	1	2	3	4	5
f.	It is hard for me to get fresh fruits and vegetables for my family	1	2	3	4	5
g.	My family can't afford fresh fruits and vegetables	1	2	3	4	5
6.	If you could change the selection of foods available at t	his food she	olf what w	ould vou	obongo?	
0.	if you could change the selection of foods available at t	ilis lood sile		ve more	Have less	Would not
Wo	ould you change the selection of:			ailable	available	change
a.	Proteins (meat, fish, beans)			1	2	3
b.	Fresh fruits and vegetables			1	2	3
c.	Dairy (milk, butter, yogurt)			1	2	3
d.	Eggs			1	2	3
e.	Whole grains (brown rice, wheat bread, etc.)			1	2	3
f.	Pastries (donuts/cakes/cookies)			<u></u> 1	2	3
g.	Ramen/canned pasta			1	2	3
h.	Candy/soda			1	2	3
i.	Chips/other salty bagged snacks			1	2	3
<u>j</u> .	White bread (sliced, hot dog buns, hamburger buns)			1	2	3
k.	Other (which item?)			1	2	3
D	and a second and the second se	!!!!ь !!! 4 4		f 4 -		
	ember, your answers to these questions do not affect you					
7.	Do you receive SNAP benefits (food stamps)?				eason for y CHECK ONE	
	☐¹ Yes ☐² No, I am not eligible	4		•	nsufficient i	•
	□ No, I am eligible, but I don't get them	•	mporary jo			
	□⁴ I do not know if I am eligible	•	expected		dexpense	
8.	Do you or does someone in your household		rmanently		·	
	receive WIC benefits?	□ ⁵ Te	mporary h	ealth prob	lem	
	□¹ Yes	\Box^6 Ex	perienced	a disaste	r	
	\square^2 No, we are not eligible	□ ⁷	Other (P	lease spe	cify:	
	□³ No, we are eligible, but don't get them□⁴ I do not know if we are eligible					

	e last questions are to make sure we have asked a your other responses, they will be kept private. You	wide range of people to tell us what they think. As can skip any question that you do not want to answer	er
10.11.	In what year were you born?(Year) Were you born in the United States? □¹ Yes □² No → 11a. In what country were you born?	18. What language do you speak most at home? □¹ English □² Spanish □³ Hmong □⁴ Somali □⁵ Vietnamese □⁶ Russian	
12.	What is your gender? □¹ Male □² Female □³ Other	□ Arabic □ Amharic □ Other language (Please specify: □ Other language (Pl)
13.	Are you of Hispanic or Latino origin? □¹ Yes □² No	income in 2014 from all earners and all sources before taxes? □¹ Under \$10,000 □² \$10,000 - \$19,999	3,
14.	Which of the following describes your race? (CHECK ALL THAT APPLY) □¹ American Indian or Alaska Native □² Black, African or African American □³ Asian or Pacific Islander □⁴ White □⁵ Other (Please specify:	□³ \$20,000 - \$29,999 □⁴ \$30,000 - \$44,999 □⁵ \$45,000 - \$59,999 □⁶ \$60,000 or more □⁻ Prefer not to answer This last question asks about common health concerns that you or a member of your	
15.	What is the highest level of education you have completed? (CHECK ONE) □¹ Did not complete high school □² High school diploma/ GED	household may have. Knowing more about the health concerns of families who use this food shelf will help guide our selection of foods. 20. Has a doctor or other health care professional	al
	□³ Trade/Vocational school□⁴ Some college	ever said that you or someone in your househo	
	□ 5 Associate degree		No 2
	 □ Bachelor's degree □ Graduate/professional degree 		2
16.	Including yourself, how many adults (age 18 or older) live in your household?		2
17.	Number of adults in household How many children (age 17 or younger) live in your household?		2
	Number of children in household		

Appendix II: Web Survey for Food Shelf Staff, Volunteers, and Board

This study is being conducted by Wilder Research on behalf of Dakota County Public Health (DCPH). It aims to learn about the interest in and feasibility of implementing a "healthy food approach" (a focus on increasing the availability of fresh fruits and vegetables for food shelf clients) in food shelves in Dakota County. This survey addresses a wide variety of questions about your food shelf and your role in it. With your help in completing this survey, DCPH hopes to improve their understanding of food shelf structures and policies, along with the interest in and barriers to a healthy/fresh foods approach.

Your responses to this survey will be combined by Wilder Research with the responses of staff, volunteers, and Board members at this food shelf and the others in Dakota County to produce a county-wide report. This report will not include any information that can identify you personally, and Wilder will not use direct quotes unless you give permission to do so. Your food shelf will also be given a site-specific summary of the responses from staff, volunteers, and Board members at your food shelf.

In addition to the county-wide report, in order to help DCPH to understand the unique combination of circumstances at each food shelf, DCPH (as well as their contractor, The Open Door) will receive de-identified summary results for each food shelf. For example, they would see that at Food Shelf A, five respondents strongly agreed on question 2, but only three strongly agreed on question 3. The Open Door will **not** know the name of Food Shelf A. In this way, DCPH and The Open Door can better understand the ways that they can be most helpful, without needing to know which set of results belongs to which food shelf.

You will not be asked for your name at any point in the survey, only the name of your food shelf and your role(s) there. While The Open Door will only receive de-identified information for each food shelf, DCPH will receive the full survey dataset, including all individual responses and the food shelf name. This data set will be kept by DCPH, and may be shared with the Minnesota Department of Health, solely for the purposes of program improvement, and no data or reports will be released by them that would identify any individual respondent or food shelf.

This survey should take approximately 5-15 minutes, depending on your role in the organization.

NAME.	What is the name of the food shelf where you work or volunteer? (If you work, volunteer, or serve on
the boar	d for more than one food shelf, please enter the name of the food shelf that was listed in your invitation
email.)	

Throughout this survey, please think only of the food shelf listed above and not of any other food shelves that you may be involved with.

First, we have a few questions about your role at <<site name>>. 1. In your role at <<site name>>, do your duties regularly include any of the following? Do you... Yes No a. Order food from food bank(s) \square^2 b. Perform other food procurement duties \square^2 (coordinating donations, organizing food drives, etc.) c. Recruit, schedule, or organize volunteers \square^2 d. Stock food \square^2 e. Oversee food stocking \square^2 2. How long have you been involved with this food shelf (as a volunteer, staff member, board member, or any other role with regular, scheduled involvement)? □¹ Less than 6 months \Box ² 6 – 11 months \square ³ At least 1 year but less than 3 years ☐⁴ At least 3 years but less than 6 years ☐⁵ At least 6 years but less than 10 years ☐ At least 10 years but less than 15 years \square ⁷ 15 years or longer Which of the following best describes your current role in <<site name>>? (Select one. If more than one of these options fits your current role, please choose the one closest to the top of the list.) \square^1 Paid staff (full-time) □² Paid staff (part-time) \square^3 Board member **□**⁴ Volunteer ☐⁵ Other (please describe 4. (For volunteers and board) Why do you choose to work with this food shelf as a volunteer or board member?

STAFFING (ask staff and anyone who has responsibilities a, b, c, or e in question 1)

These next questions address current staffing and the role of staff and volunteers in your food shelf.

	P	aid staff	Volunteer	Both		N/A	Don't know
a.	Manage a food inventory budget		 2	3	(] -6	1 8
b.	Manage the food inventory (coordinating food procurement, retail rescue)		\square^2	\square^3	ſ	_ -6	 8
C.	Coordinate or manage food drives		\square^2	3] -6	8
d.	Manage volunteers (recruiting, training, scheduling, retaining)		\square^2	\square^3	ſ	_ -6	■8
e.	Supervise volunteers on a shift		\square^2	3] -6	8
f.	Supervise daily food shelf operations		\square^2	3] -6	8
7.	Please tell us how much you agree or disagree w	vith the follo Strongl agree		nents. Neutral/ Not sure	Disagree	Strongl disagre	•
a.	This food shelf has enough staff and volunteers t effectively serve our current clients	0	 2	3	1 4	5	7
b.	Finding or recruiting quality volunteers is a challenge for us			3	□ ⁴	5	□ ⁷
C.	Retaining quality volunteers is a challenge for us		1 2	3	1 4	5	1 7
d.	Staffing/volunteer limitations prevent us from expanding the number of clients we serve		 2	3	□ ⁴	5	□ ⁷
e.	Our team of staff and volunteers reflects the demographics of our clients		 2	3	1 4	 5	□ ⁷

At this food shelf, are the following duties typically fulfilled by a paid staff member or a volunteer?

6.

PROCUREMENT (this section is only for respondents who handle ordering or other procurement)

Next,	we have a few questions about	the sources of fo	ood received	by this food	shel	f during the	last year.			
8.	8. Are you responsible for food ordering or other procurement for your food shelf?									
	☐¹ Yes (Continue to 9) ☐² No (Skip to 13)									
9. dona	In the last year (since Junation or purchase?	e 2014), did	you receiv	e food fro	m th	e followin	g source	s through	n eithe	r
				Dona	tion	Purchase	Both	Neither	Don't	t know
а.	The Food Group (formerly	/ EFN)			J ¹	1 2	3	1 4		5
b.	Second Harvest Heartland	d] 1	 2	3	1 4		5
C.	Retail rescue (direct with	grocery store	s)]1	 2	3	1 4		5
d.	Retail rescue via Second	Harvest Hear	rtland]1	1 2	3	1 4		5
е.	Small local growers (less	than 100 lbs	per deliver	~y)	J 1	1 2	□ 3	1 4		5
f.	Large local growers (1 delivery)	00 lbs or mor	e per] 1	 2	□ 3	1 4	ſ] 5
g.	Local food drives]1	 2	3	1 4		5
h.	Shared food with other foo	od shelves]1	 2	3	1 4	[5
i.	Other (specify)]1	 2	3	1 4		5
10. I	How often do you order the	following foo At least once a week	ds from fo	od banks' 1-2 times per quarte	1	ndomize	order of i Less than once per year	We do	his	Don't know
a.	Fresh fruits and vegetables		 2	3		1 4	5		6	8
b.	Canned fruits and vegetables		 2	□ ³		1 4	 5		6	□8
C.	Frozen fruits and vegetables		 2	□ 3		1 4	5		6	■8
d.	Milk		 2	3		1 4	5		6	8
e.	Butter/yogurt/ cheese		1 2	3		1 4	 5		6	3 8
f.	Eggs		1 2	3		1 4	 5		6	3 8
g.	Meat/fish – fresh/frozen		1 2	3		1 4	5		6	8
h.	Meat/fish - canned		1 2	3		1 4	5		6	8
i.	Canned pasta/Ramen noodles		1 2	□ ³		1 4	5		6	□8
j.	Canned soup -		 2	3		1 4	5		6	8

condensed Canned soup -

hearty/chunky

k.

 \square^3

 \Box 4

 \square^5

 \Box 6

 \square^2

8

		At least once a week	1-3 times per month	1-2 times per quarter	1-3 times per year	Less than once per year	We do not order this item at all	Don't know
l.	Boxed dinners (skillet dinners, macaroni and cheese)	1		3	1 4	5	6	8
m.	Chips	1	 2	3	1 4	1 5	1 6	□ 8
n.	Cookies		 2	3	1 4	1 5	1 6	□8
0.	Bread		 2	3	1 4	1 5	1 6	□8
p.	Bakery sweets (cakes, pies, donuts)	□ ¹	 2	3	□4	5	□ 6	8
q.	Peanut butter		 2	3	1 4	1 5	1 6	3 8
r.	Dried beans/rice		 2	□ 3	1 4	1 5	1 6	3 8
S.	Pasta		\square^2	□ ³	1 4	5	1 6	 8
t.	Baking goods (flour, sugar, oil)		 2	□ 3	1 4	5	1 6	3 8

11. If you could change the selection of foods available from our local food bank(s), how would you change the availability of each of the following items? (*randomize order of items*)

		I would <i>not</i> change the availability of this item	I would like a larger selection of this item	I would like a smaller selection of this item	I would rather not have this item available at all	Don't know
a.	Fresh fruits and vegetables		_ 2	□ ³	□4	8
b.	Canned fruits and vegetables		1 2	3	1 4	□8
C.	Milk	□ ¹	□ ²	□ ³	 4	□8
d.	Butter/yogurt/ cheese	□ ¹	 2	 3	4	■8
e.	Eggs	□ ¹	 2	 3	4	■8
f.	Meat/fish	□ ¹	 2	□ ³	4	■8
g.	Canned pasta/Ramen noodles		1 2	 3	□4	1 8
h.	Canned soup - condensed		1 2	3	□4	□8
i.	Canned soup - hearty/chunky		1 2	3	1 4	□8
j.	Boxed dinners (skillet dinners, macaroni and cheese)			□3	□4	□8
k.	Chips	□ ¹	□ ²	□3	4	8
I.	Cookies		 2	□3	□4	□8

		I would <i>not</i> change the availability of this item	I would like a larger selection of this item	I would like a smaller selection of this item	I would rather not have this item available at all	Don't know
m.	Bread		□ ²	□ ³	 4	■8
n.	Bakery sweets (cakes, pies, donuts)		_ 2	3	□4	□8
0.	Peanut butter		 2	3	□4	■8
p.	Dried beans/rice		□ ²	3	□4	1 8
q.	Pasta		□ ²	□3	□4	1 8
r	Baking goods (flour, sugar, oil)		_ 2	3	□4	1 8

12. Please tell us how much you agree or disagree with the following statements.

	Strongly agree	Agree	Neutral/ Not sure	Disagree	Strongly disagree	Rather not answer
a. Since I started ordering food for this food shelf, I have made changes in our food orders to offer more healthy/fresh foods		1 2	3	□4	□5	7
b. If I wanted to, I could make changes in our food orders to offer more healthy/fresh foods		1 2	3	1 4	5	7

DISTRIBUTION

	like to learn a bit more about the system you			
	your duties include distributing food	to cl		ution process?
	Yes (Continue to 14)		\square^2 No (Skip to 18)	
the app iter nee	nich of the following best describes y e approach differs for particular group olies to most clients and most items. m, because the web survey will be particular. He was do consider, though, we clusive set of response options. Is the	os of) Not rogra hethe	nts or particular items, plea reviewers: don't get hung led to make the follow-up on his seems to offer a compro	ase choose the approach that up on the formatting of this questions only appear where ehensive and mutually
	Clients receive pre-assembled boxes/bags of food prepared with no client input →	b.	hich of the following best of termining the contents of tod? (Select one.)	lescribes your system for he pre-assembled boxes/bags o
			cereal, 3 vegetables, 1 Predetermined list of ite produce, 15 lbs cans, 6	ems, by weight (e.g., 5 lbs
			 No defined method, de Other system (please of 	cided as bags are packed lescribe)
	Clients receive pre-assembled ces/bags of food, customized to fit client's preferences	b.	hich of the following food p stomize bags? (Check all	•
	·		 Allow clients to choose Low sodium Low sugar 	individual items from list
			 Low fat Culturally specific foods 	
			6 Other (please describe	
_				
□ ³	Clients choose their own food →	b.	you use any of the follow ms that clients may choos	ing structures to guide or limit the e? (Check all that apply.)
			¹ Shopping list	
			Weight or volume limit	
			³ Total item limit	
			⁴ Item limit per category	
			Other limit (please desented of the control of t	cribe
			No limits)
\square^4	Other (Please describe			
)
1 8	³ Don't know			

	Yes, I would change it →	b.		chich of the following models would you change your less of distributing food to clients? (Select one.) Clients choose their own food Clients receive pre-assembled boxes/bags of food prepared with no client input Clients receive pre-assembled boxes/bags of food, customized to fit the client's preferences Other (please describe
□² □8 In th		lajor ch	nange	s in your food shelf's process of distributing food to
	Yes, I expect the process to nge →	b.	mod	these changes have taken effect, which of the following less will best describe your process of distributing food to the following states? (Select one.) Clients choose their own food Clients receive pre-assembled boxes/bags of food prepared with no client input Clients receive pre-assembled boxes/bags of food, customized to fit the client's preferences Other (please describe
□² □8 From	No, I do not expect any major che Don't know	•		ant barriers to changing your food shelf's process of

15.

SERVING DIVERSE CLIENT POPULATIONS (Staff and volunteers only)

Are culturally specific foods usually available at this food shelf? Yes → For which groups? b. Hispanic/Latino Native American/American Indian Somali/East African □⁴ Southeast Asian/Pacific Islander □⁵ Russian □⁶ West African Other (which group(s)?_____ c. Are there other types of culturally specific foods that you wish you could provide for clients? Yes (Which ones? Provide list) No No, but I think we should have b. For which groups? culturally specific foods available > \square^1 Hispanic/Latino Native American/American Indian Somali/East African Southeast Asian/Pacific Islander □⁵ Russian ☐⁶ West African \square ⁷ Other (which group(s)?____ No, and I don't think we need them Don't know 19. (Skip if respondent selects item 3 or "don't know" above.) What (if anything) makes it difficult to provide culturally specific foods for clients? \square^1 There are no challenges/barriers

	Do you track			Yes	No	Don't Know	
	a. Age (or a	age group, including yo	outh/adult/senior)		\square^2	□8	
	b. Race and	d/or ethnicity			\square^2	□8	
	c. Income (or income range/group	o)		\square^2	□8	
	d. Primary	language (or language	spoken at home)		\square^2	□8	
	e. Current l	housing situation			\square^2	□8	
	f. Level of	education			\square^2	□8	
	g. Other (pl	lease describe			\square^2	□8	
21. Doe English?	es this food sho	elf have informational	materials about the foo	d shelf in	any langi	uages other th	ıan
1	Yes →	c. Are there other la available?	se) e informationa	l materials
	No, but I thin	nk we should →	b. In which language 1 Spanish 2 Hmong 3 Somali 4 Russian 5 Amharic 6 Arabic 7 Vietnamese 8 Cambodian 1 Laotian 1 Other (which	(Khmer)	ge(s)?)
	No, and I do Don't know	on't think we need to					

20. To your knowledge, which of the following characteristics of clients are tracked at this food shelf?

<u> </u>	Yes →	b. In which lar	
		☐¹ Spani	
		☐² Hmor	
		□³ Soma □⁴ Russi	
		□⁴ Russi □⁵ Amha	
		☐ ⁶ Arabi	
			amese
			oodian (Khmer)
		□ ⁸ Laotia	
			(which language(s)?)
			her languages that you wish were spoken by a staff member or
		volunteer?	
		□¹ Yes (¹	Which ones? Provide list)
		□² No	
		k we should →	b. Which languages? 1
□ ³ □ ⁸	No, and I don	n't think we need	to

				,		self and speaks no English (though she does speak one of e navigate your enrollment process and services?
	1 2 3 3 4 5 6 8	Probably no Definitely n	ot ot rea serve			elf has very few residents who do not speak English
orogra		and/or policies?		ent advisory	boa	rd that oversees or helps to guide the food shelf's
		No → Don't know →		ld you like the Yes No Don't know		to be a client advisory board at this food shelf?
25. E		this food shelf	provide ar	ny other opp	ortur	nities for clients to guide the food shelf's programs and/or
] 1	Yes →			b.	You mentioned that this food shelf provides other opportunities for clients to guide the food shelf's programs and/or policies. Please briefly describe these opportunities.
<u>[</u>		No Don't know				

FOOD STORAGE CAPACITY

The next couple of questions are about this food shelf's capacity to receive, store, and distribute foods.

26.	stor			helf curre foods?	ently	have end	ough o	cooled, r	efrige	atec	l, and fro	zen capaci	ty to receive	and
		No →	b.		ou n	space do eed more Yes	refrig	gerated/d	cooled	stor	-	ee ?		
				b2 Do y		eed more Yes		en storaç No			ı't Know			
							of so				pace to re i't Know	eceive and	store perisha	able items'
27. disti	ribute			helf curre foods?	ently	have end	ough d	cooled, r	efrige	ated	I, and fro	zen capaci	ty to display	and
	2	No →	b.		ou n	space do eed more Yes	refrig		cooled	stor	age spac a't Know	ee ?		
				b2 Do y		eed more Yes		en storaç No	-		ı't Know			
				items?		Yes		me othe			pace to d n't Know	isplay and	distribute pe	rishable
28. froze	-	ou hav	e an			lescribe_	ing-r	elated b	arrier	s to	acquiring	more cool	ed, refrigerat	ed, or
		Do yo		ck f space ir	the	building					This is a barrier	This is NOT a barrier	Don't Know	
		b. No	eed fo	or electri	cal w	ork/lack	of ele	ctrical c	apacity	y	1	 2	□8	
		c. In	creas	ed maint	enan	ce or utili	ty cos	st				 2	□8	
		d. O	ther (please de	escrib	e)		1 2	□8	

	Strongly agree	Agree	Neutral/ Not sure	Disagree	Strongly disagree	Rather not answer
a. We frequently have to throw out food or turn away donations due to a lack of cooled, refrigerated, or frozen storage space.			□ ³	1 4	5	□ ⁷
b. We would like to serve more clients than we do right now.		1 2	3	□4	1 5	
c. We would be able to serve more clients if we had a larger space.		1 2	3	□4	1 5	
d. We would be able to serve more clients if we had more cooled, refrigerated, or frozen space.		1 2	3	□4	1 5	
e. We could distribute a more nutritious selection of foods if we had more cooled, refrigerated, or frozen space.			□ ³	□4	□5	7
f. We could distribute more produce if we had more counter and/or shelf space to display non-refrigerated fruits and vegetables			□ ³	□4	5	7
HEALTHY/FRESH FOODS This next set of questions asks about the current policies, practices, a food shelf. For purpose of the questions below, we'll define a "healthy prioritize ordering and distributing nutritious and fresh foods.	//fresh food a	pproach" a	s a set of po	olicies and/c	or practices	
30. If you had to choose, which of these is your higher	priority whe	en provid	ing food s	upport to	clients?	
□¹ Volume of food□² Nutritional quality of food						

31. Below are several healthy food practices used by some food shelves. Does your food shelf currently practice (or have plans to practice) any of the following healthy food approaches? (If your food shelf is currently in the process of developing one of these practices, please select, "We do not currently do this but want to do this in the future.")

	We currently do this	We do not currently do this but I wish we did	We do not do this and I don't think we need to	Don't
a. Purchase CSA shares for food shelf inventory	□ ¹	 2	□ 3	1 8
b. Purchase bulk produce from a farmers market or local farmer at wholesale cost		 2	3	8
c. Buy healthier versions of a category of food (e.g., popcorn or whole grain crackers instead of potato chips)		1 2	3	8
d. Glean seconds from local farms/farmers markets	1	 2	3	□8
e. Ask donors to sponsor CSA shares for your food shelf or match sponsors with specific food shelf clients/families			3	8
f. Collect donations from community and backyard gardeners (Plant an Extra Row, Giving Gardens)		 2	3	1 8
g. Set up an onsite garden and engage food shelf staff and volunteers in growing produce for the food shelf		 2	3	8
h. Set up garden plots where food shelf clients grow food for themselves		 2	3	8
i. Rescue fresh food from retail stores that can no longer be sold (retail rescue)		 2	3	8
j. Partner with local organizations, schools, businesses, and places of worship to host a healthy food drive or targeted food drives for specific items (e.g., spices, peanut butter, rice and beans)		 2	□ ³	8
k. Have a teaching kitchen at the food shelf where clients can prep and make meals or watch demonstrations		 2	3	8
I. Provide recipe cards or cooking preparation/instructions for unfamiliar foods		 2	□ ³	8
m. Encourage volunteers and staff to guide clients in healthy food choices		□ ²	□ ³	8
n. Use a visual cue system to promote healthy choices (e.g., 1, 2, 3 stars or Go, Slow, Whoa rating system)		\square^2	□ ³	1 8
o. Have extra produce distribution days (in addition to regular distributions)		 2	□ ³	8
p. Place colorful, easy to read signage on shelves and throughout the food shelf to highlight healthy food options (e.g., "Choose Me, I'm Healthy")		 2	3	8
q. Put healthy options first and at eye level	1	_ 2	3	□8
r. Incorporate "healthy" language and imagery in all organization communication and branding		1 2	3	1 8

	We currently do this	We do not currently do this but I wish we did	We do not do this and I don't think we need to	Don't
s. Educate donors on the need for healthy foods for food shelf clients and how it impacts their health	1		□ 3	■8
t. Conduct surveys of clients to identify what they want and share findings with staff, donors, and volunteers	□ ¹		□ ³	□8
u. Use item limits to allow clients to take home only a certain number of unhealthy items			□ ³	□8
v. Eliminate one or more unhealthy items from food inventory		 2	3	1 8
(that is, does this food shelf have any policies related to the nutred distributed by this food shelf)?	itionai quai	ity of food that is	ordered or	
D¹ Yes → b. Please briefly describe what your polinventory, staff and volunteer events	•	(incoming donation	ons, food shelf	
□² No				
□ ⁸ Don't know				

33. Please tell us how much you agree or disagree with the following statements. (*Break this series into multiple screens.*)

	Strongly agree	Agree	Neutral/ Not sure	Disagree	Strongly disagree	Rather not answer
a. IF YES above: I support this food shelf's healthy/fresh food approach.		1 2	3	1 4	5	7
b. IF NO above: I wish this food shelf had a healthy/fresh food approach		1 2	3	□4	5	7
c. IF NO above: It would be difficult to implement a healthy/fresh food approach at this food shelf	1	1 2	3	1 4	5	1 7
d. I am satisfied with the nutritional quality of the food we offer to our clients.		1 2	3	1 4	5	1 7
e. I believe our clients are satisfied with the nutritional quality of the food available to them.		 2	3	□4	□5	1 7
f. Our clients typically do not want fresh fruits and vegetables		\square^2	3	□ ⁴	5	7
g. Healthy/fresh foods are too expensive to prioritize in our limited budget		1 2	3	1 4	5	7
h. The local community around this food shelf is generally supportive of a healthy/fresh food approach at this food shelf		1 2	 3	1 4	5	1 7
 The Board of this food shelf is generally supportive of a healthy/fresh food approach at this food shelf 	1	1 2	3	1 4	□5	1 7
j. Our staff and volunteers are generally supportive of a healthy/fresh food approach at this food shelf		1 2	3	□4	5	7
k. I play a large role in shaping the overarching goals of this food shelf		 2	3	□4	□5	1 7
I. I have a good deal of influence the day-to-day operations of this food shelf		_ 2	3	□4	5	1 7

34.	Thinking about all of the issues covered in this survey and any others that you can think of, what are currently the one or two most significant barriers to implementing a healthy/fresh food approach at thi food shelf? (Require response to this question.)								
	☐¹ There are currently no challenges/barriers								
direc	In reporting the results of a survey like this one, we often find that the results are best illustrated using at quotes from the open-ended responses. Please select an option below to tell us how you would prefer we use your open-ended responses. Note that we will never include your name with the quote, and we include the name of your food shelf if you select the first option below.								
	☐¹ You may use direct quotes of my responses and include the name of my food shelf								
	☐² You may use direct quotes of my responses but do not include the name of my food shelf								
	☐³ Please do not use any direct quotes of my responses								
36.	Our goal was to capture the interest in and barriers to implementing a healthy/fresh foods approach in food shelves in Dakota County. Thinking about the questions we've asked in this survey, did we miss anything important? Were there other questions we should have asked? Please tell us in the space below.								