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# Obstacles Faced by Emergency Food Providers in Serving the Hungry of Connecticut

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# Obstacles Faced by Emergency Food Providers in Serving the Hungry of Connecticut



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## Summary of Findings

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As hunger continues to be documented in Connecticut, the role of emergency food providers is becoming increasingly important. In the spring of 1989, a random 25% sample of Connecticut emergency food providers was surveyed to identify obstacles they face in their efforts to feed people in need. Questionnaires were mailed to 93 facilities. Follow-up was conducted both by telephone and mail. Sixty-six (71%) facilities responded, 13 of which reported that they no longer provide food assistance.

Significant findings included:

- For 11 of the 17 food categories listed, more than half of the emergency providers who responded said that their supplies were not enough to meet needs. Foods for which supplies were most inadequate were, in order of rank, fresh fruits and vegetables; eggs; meats; coffee, sugar and spices; infant formula; infant foods; cheese; fruit juice; milk; potatoes; and canned fruit.
- More than half of the respondents perceived their storage facilities to be adequate, suggesting that this was not a reason for the limited food supplies.
- More than one third of the respondents said that the number of paid staff, and about the same number said the number of volunteers, was not enough to meet their needs (37% and 36%, respectively).
- Nearly two thirds of the respondents said that no training had been given to their staff in the previous year.
- Fifteen percent of the 52 responding facilities said they "rarely" or "never" provided information about other food assistance programs for which their guests may be eligible; 25% said they "sometimes" and 60% said they "always" provided this information. Follow-up, however, was rarely or never provided by 23% of these facilities, with 31% sometimes and 17% always providing follow-up; 29% did not respond to this question.
- Nearly four out of every five facilities reported that there are people in need who are not receiving their services. Pride was the main reason given, but lack of resources, transportation and child care were also listed.

These findings strongly suggest that more resources are needed by Connecticut emergency food providers. Finally, although these measures may help to alleviate hunger on an emergency basis, longer-term solutions should also be developed and supported to reduce hunger in Connecticut.

For further information, please contact Dr. Jean Ann Anliker (486-3635) or Laura Cohen (522-7762).

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## Introduction

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Estimates of the number of people in the United States who are either hungry or at serious risk of hunger have ranged from 20 million (1) to 46.5 million (2). Children are particularly vulnerable to hunger and malnutrition. As the percentage of children living in poverty has risen to as much as 34 to 40 percent in some Connecticut cities (3), concerns about the prevalence of hunger in this group have also increased. The Community Childhood Hunger Identification Project (CCHIP) conducted in New Haven, Connecticut, showed that 18% of families with children between the ages of one and eleven living in the Hill section of New Haven, "have a chronic hunger problem," with another 7% of families "at risk of developing a serious hunger problem" (4). About two thirds of these households reported at least one indicator of hunger.

A number of programs are available to provide food assistance to those in need, including Food Stamps, the USDA Food Distribution Program, the Special Supplemental Food Program for Women, Infants and Children (WIC), and Child Nutrition Programs such as School Lunch and School Breakfast. However, many people must rely on emergency sources of food during crises or when other assistance has been exhausted. Facilities which respond to these needs are soup kitchens, food pantries, and shelters. Most of these are privately funded and rely on donations of food, money, and volunteer time for their operation, although some foods are also available through state and federal programs.

Guests of emergency food programs have been described as predominantly male and living in single-person households (5). According to a survey conducted in Connecticut, however, the number of single mothers, young adults, and even children relying on these resources is increasing (6).

With the documentation of hunger in Connecticut and the growing reliance on emergency food programs (6), it is important to assess the resources of these facilities and obstacles they face as they strive to serve the needs of the hungry. Such an assessment is critical for identifying the specific needs of these programs, and enlisting the support of public and private sectors toward addressing those needs.

Given impetus by the Connecticut Anti-Hunger Coalition, this study was designed with the following objectives:

- 1) evaluate emergency food providers' perceptions of the adequacy of their food and beverage supplies relative to the needs of their guests;

- 2) evaluate the adequacy of other resources, including equipment, storage facilities, staff, and volunteers;
- 3) evaluate the amount of information and follow-up emergency food providers give to their guests concerning other food assistance programs for which they may be eligible, and barriers to providing this information;
- 4) assess needs for staff and volunteer training; and
- 5) disseminate this information to individuals, agencies and organizations so that programs serving the hungry can be supported.



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## Methodology

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A questionnaire (Appendix) was developed to describe emergency food facilities and their scope of service, their participation in the State Supplemental Nutrition Assistance Program (SSNAP), and to examine the adequacy of their resources as described in the objectives. The questionnaire was mailed to the directors of each of the facilities with a cover letter explaining that someone would call to record the data by telephone. Between one and two weeks later, the emergency food providers were called. It was often difficult to make contact because many facilities operate only part-time and operating hours can be very busy. Follow-up copies of the survey were mailed out if the provider indicated that they had not received it, lost it, or if there had been a change of address. After three attempts to collect data by telephone from the facilities, efforts were discontinued.

A random sample of 25% of the emergency food providers in Connecticut was selected. This sample was representative of Connecticut facilities with regard to region, community size, type of facility and whether or not they received the State Supplemental Nutrition Assistance Program. Of the 93 providers contacted, surveys were completed by 53 (57%). An additional 13 facilities (14%) responded by indicating that they no longer provide emergency food assistance; therefore, 66 (71%) out of the 93 were represented.

Because the objectives concerned identifying needs, much of the data presented in this paper are descriptive in nature. Relationships between the adequacy of food supplies and participation in the SSNAP program, and between adequacy of food supplies and adequacy of storage facilities, were each examined with chi-square analysis. In this way factors associated with food adequacy could be evaluated. Since some emergency food providers responded by mail rather than telephone, some questions were occasionally left unanswered. There were also questions which were not answered because they did not apply to certain facilities. For example, if a facility said that it "never" provided information to guests about other food assistance programs for which they may be eligible, then the question about follow-up for this was not relevant. Similarly, for some foods or equipment, questions about adequacy were not applicable to all types of facilities. In all analyses, cases for which data were missing were excluded.

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## Results

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Of the 53 facilities who responded, 29 centers provided food baskets, 14 provided hot meals, 7 provided both, and 3 facilities operated only during holiday seasons. The number of food baskets provided per week by the food pantries ranged from 1 to 2160 (median = 12), with 11 of these providers stating that it "varied highly." The number of meals served per week by the soup kitchens ranged from 4 to 3620 (median = 168.5), with five stating that this "varied highly." About half (49%) of the emergency food providers offered services 5 days per week and about 1/3 (35%) were open seven days per week.

Of the 48 facilities who responded to the question, "Are you aware of the State Supplemental Nutrition Assistance Program (SSNAP)?," 41 (85%) said "yes," 6 (13%) said "no," and 1 (2%) said "don't know." Twenty-nine (60%) reported they already received SSNAP foods. SSNAP is a special state-funded program established in 1987 to provide high-protein foods such as tuna, ground beef, stews and soup, dried beans and peas, and peanut butter to eligible facilities.

### Adequacy of food supplies

A series of questions was asked, to determine the adequacy of food supplies. For each food category, administrators rated supplies as "always," "usually," "sometimes," "rarely," or "never" adequate. Weighted means were calculated for each food by multiplying the response frequencies by assigned values (always = 5 to never = 1).

For most of the foods listed, a greater number of providers said their supplies were inadequate to meet needs ("never," "rarely," or "sometimes" enough) than the number of providers who said that supplies were adequate ("usually" or "always" enough). Foods for which supplies were most inadequate were, in order of rank, fresh fruits and vegetables, eggs, meats, coffee and sugar, infant formula, and infant foods (Table I). At the other end of the continuum, canned vegetables, bread and rice were most often adequate.

In a 1988 retrospective study, facilities who received SSNAP foods reported increases in the adequacy of peanut butter, tuna fish, meats, stew, chili, and beef as a result of this program. In the present survey, chi-square analysis was conducted to determine whether food supplies (enough or not enough) were perceived to be more adequate for facilities who received SSNAP foods, compared to those of facilities who did not. Facilities who did not respond to questions about food adequacy, and those who indicated that

supplies of some foods were not applicable to them, were eliminated from the analysis of those foods.

When all remaining facilities were considered ( $N = 50$ ), chi-square analysis showed that there was no significant difference in the adequacy reported by SSNAP recipients and SSNAP non-recipients for meats, tuna, dried beans, peanut butter, canned vegetables, rice, cheese, milk, canned fruit juice, potatoes, and bread. The first six of these (meats, tuna, beans, peanut butter, and canned vegetables) are available through SSNAP. Of the latter six foods, cheese and powdered dry milk are available under the USDA Food Distribution Program. Facilities which received SSNAP, however, reported significantly less adequate supplies of some foods, including eggs ( $p = .047$ ); infant formula ( $p = .003$ ); infant foods ( $p = .018$ ); and coffee, sugar, and spices ( $p = .029$ ). Fresh fruits and vegetables were also less adequate for SSNAP recipients, although this chi-square statistic was not quite significant ( $p = .062$ ). None of these foods are provided by SSNAP, so that these may be less accessible to facilities with limited food supplies.

One possible explanation for this pattern is that food providers most in need of supplemental foods may be applying for SSNAP, thereby bringing their supplies of SSNAP foods up to the level of those providers who do not seek SSNAP assistance. Support for this explanation also comes from the fact that, although SSNAP is distributed only three times per year, most of these surveys were conducted within a few weeks following the February distribution period. The availability of other food assistance programs, however, (such as the Temporary Emergency Food Assistance Program and Buying Clubs) could also have affected these results.

### **Adequacy of facilities**

Since storage space may limit both the amount of foods which emergency food providers handle and the overall services they offer, questions were asked to assess the adequacy of storage equipment and facilities. Results are shown in Table 2, where "very" and "somewhat" inadequate were categorized as "not adequate," and "adequate" and "more than adequate" were categorized as "adequate." Weighted means were also calculated, to determine relative needs.

To see whether the adequacy of food supplies was related to adequacy of facilities, chi-square analysis was used with the two classifications "adequate" or "not adequate" for each category of food by each category of facilities. Findings were as follows:

- 1). Adequacy of cooking facilities was significantly and positively associated with adequacy of meats ( $p = .011$ ), peanut butter ( $p = .022$ ), canned fruit ( $p = .043$ ), and canned vegetables ( $p = .006$ );
- 2). The adequacy of refrigerator space was significantly and positively associated with adequacy of meats ( $p = .028$ );
- 3). The adequacy of freezer space was not significantly associated with any foods; however, the chi-square statistic with meats was 2.91 ( $p = .088$ );
- 4). The adequacy of cooking facilities, refrigeration, freezer space and storage were not related to the type of facility (soup kitchen versus food pantry).

## **Staff and volunteers**

The number of staff and volunteers who worked at these emergency food sites was also evaluated. The number of paid staff ranged from 0 to 26 for the 45 facilities that responded to this question (median = 3). The range of volunteers, was 0 to 75 for the 41 facilities who answered this question (median = 5). More than one third of the respondents said that the number of paid staff, and about the same number said the number of volunteers, was not enough to meet needs (37% and 36%, respectively). Eight facilities reported having no paid staff, and nine reported no volunteers.

## **Information and follow-up**

Because guests of emergency food providers are often eligible for and in need of other food assistance programs such as Food Stamps, WIC, and The University of Connecticut Expanded Food and Nutrition Education Program (EFNEP), questions were included in this survey to determine whether information about these programs is provided to the guests. Of the 52 facilities that responded, 31 (60%) said they "always" provide information, 13 (25%) said they "sometimes" provide information, and 8 (15%) said they "rarely" or "never" provide this information. Of these same 52 facilities, 9 (17%) said they always, 16 (31%) said they sometimes, and 12 (23%) said they rarely or never provide follow-up to their guests concerning this information, while 15 (29%) did not respond. The barriers to providing this information, such as insufficient time, lack of follow-up contact, and lack of training or flyers about programs, are reported in Table 3. Twenty-five facilities were excluded from this table because they said they "always" provide information and reported no barriers; consequently, the total number of respondents is 28.

## **Training**

Needs for staff and volunteer training were also assessed. Of the 50 providers who answered the question, "Has anyone provided your staff with any training (e.g., information about food assistance programs, food safety, food preparation, or nutrition) in the past year?," 31 (62%) said "no." The other 19 reported receiving training on a variety of topics including basic nutrition (7), food preparation (6), food safety and sanitation (4), and food assistance programs (3). These training programs were provided by Foodshare (4), The University of Connecticut Cooperative Extension System (3), Food Stamp representatives (2), Catholic Charities (2), Social Services (2), and other community agencies and organizations. Twenty-four (52%) of the 45 facilities that responded to the question, "Would you like to have training for your staff in any of these areas?" said "yes." Topics for which training is desired included food safety (7), basic nutrition (7), food assistance programs or community resources (7), and food preparation or meal planning (5).

## **Obstacles to providing services**

When asked whether there are people in need of the services of these emergency food providers but who are not receiving them, 39 (78%) of the 50 respondents said "yes," 8 (16%) said "no," and 3 (6%) said "don't know." The obstacles to reaching people, which were identified through this survey, are listed in Table 4. The pride of the people in need was the main barrier given, followed by inadequate transportation.

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## Conclusions

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The data from this survey indicate that many emergency food providers report inadequate supplies of foods, in spite of the fact that more than half of the respondents perceived storage facilities to be generally adequate. The most likely explanation for this is that the emergency food providers simply do not have resources to obtain enough foods for their guests. If storage equipment and space had been reported to be inadequate, then the supplies of foods would have been limited by this constraint. For example, the supply of fresh meat which a provider has on hand cannot exceed the amount of refrigerator space available because of the high perishability of this product and issues of food safety. But when equipment and space are adequate, then other factors must be responsible for shortages of foods.

A second possible explanation for shortages of food in spite of adequate storage space is that some programs, such as SSNAP, which distribute foods to emergency providers, do so only a few times per year. This results in large variations in supplies, with high levels immediately after and low levels immediately before, distribution. The timing of surveys to assess adequacy of food supplies is, therefore, important. Since the surveys in this study were conducted within a few weeks following SSNAP food distribution, the reported food shortages are not simply a reflection of exhausted supplies. Instead they seem, again, to be an indication of the larger issue of insufficient resources. Other food distribution programs were not controlled for, however.

More than one third of the emergency food providers reported that the number of staff and volunteers are insufficient for providing services, and nearly two thirds said that no training had been given to these staff and volunteers in the past year. These emergency food providers are, however, providing information to guests about other food assistance programs for which they may be eligible. Only 15% said they "rarely" or "never" provide this service, with issues such as insufficient time, lack of opportunity for follow-up, the lack of flyers and application forms, and the lack of training about these programs listed as barriers.

Nearly 4 out of every 5 facilities reported that there are people in need who are not receiving their services. Although pride was the main reason given, lack of resources, transportation, and child care were also listed. If these additional hungry people were able to seek the assistance of the food providers, food supplies, facilities and staff and volunteers would become even more inad-

equate in meeting those needs. Work is needed to: 1) increase the resources of emergency food providers, including food supplies, staff and volunteers; 2) provide training about nutrition, food safety, and food assistance programs to staff and volunteers who work in these facilities; and 3) reduce the barriers which prevent the hungry from receiving needed assistance. Finally, although these measures may help to alleviate hunger on an emergency basis, longer-term solutions should be developed and supported to reduce hunger in Connecticut.

Table One

## Adequacy of Food Supplies

<i>Food category</i>	<i>Weighted mean*</i>	<i>Not enough** N %****</i>	<i>Enough*** N %</i>	<i>Not applicable N %</i>	<i>No response N</i>
Fresh fruits and vegetables	2.03	26(59.1)	5(11.4)	13(29.5)	9
Eggs	2.35	24(53.3)	7(15.6)	14(31.1)	8
Meats	2.45	29(59.2)	13(26.5)	7(14.3)	4
Coffee, sugar and spices	2.75	25(52.1)	15(31.3)	8(16.7)	5
Infant formula	2.78	23(51.1)	13(28.9)	9(20.0)	8
Infant foods	2.83	23(52.3)	13(29.5)	8(18.2)	9
Cheese	2.91	23(51.1)	11(24.4)	11(24.4)	8
Fruit juice	2.98	28(60.9)	14(30.4)	4( 8.7)	7
Milk	3.08	20(44.4)	17(37.8)	8(17.8)	8
Potatoes	3.09	20(47.6)	12(28.6)	10(23.8)	11
Canned fruit	3.34	21(45.7)	20(43.5)	5(10.9)	7
Peanut butter	3.47	19(41.3)	24(52.2)	3( 6.5)	7
Tuna	3.77	17(35.4)	27(56.3)	4( 8.3)	5
Dried beans and peas	3.80	13(27.7)	28(59.6)	6(12.8)	6
Canned vegetables	4.02	13(29.5)	28(63.6)	3( 6.8)	9
Bread	4.11	11(23.9)	25(54.3)	10(21.7)	7
Rice	4.19	11(23.9)	32(69.6)	3( 6.5)	7

\* Based on the following scale: 5 = always enough, 4 = usually enough, 3 = sometimes enough, 2 = rarely enough, 1 = never enough.

\*\* Not enough = Never, rarely, or sometimes enough

\*\*\* Enough = usually or always enough

\*\*\*\* Percentages are based on the number of respondents, which varied for each food category.



# Table Two

## Adequacy of Facilities

<i>Facilities</i>	<i>Weighted mean*</i>	<i>Not adequate** N %****</i>	<i>Adequate*** N %</i>	<i>Not applicable N %</i>	<i>No response N</i>
Refrigerators	2.54	17(37.0)	22(47.8)	7(15.2)	7
Freezers	2.68	14(29.8)	26(55.3)	7(14.9)	6
Shelf storage	2.80	16(35.6)	28(62.2)	1( 2.2)	8
Cooking facilities	2.89	7(17.1)	21(51.2)	13(31.7)	12
Seating capacity	2.96	8(22.2)	18(50.0)	10(27.8)	17
Waiting area	3.00	5(14.7)	17(50.0)	12(35.3)	19

\* Based on the following scale: 4 = more than adequate, 3 = adequate, 2 = somewhat inadequate, 1 = very inadequate.

\*\* Not adequate = very or somewhat inadequate

\*\*\* Adequate = adequate or more than adequate

\*\*\*\* Percentages are based on the number of respondents, which varied for each facility category.

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## Table Three

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### Barriers to Providing Information About Food Assistance Programs to Guests\*

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	<u>Yes</u> N %	<u>No</u> N %	<u>No Answer</u> N %
Insufficient time	12(42.9)	6(21.4)	10(35.7)
No follow-up contact with guests	11(39.3)	6(21.4)	11(39.3)
No training about programs	10(35.7)	8(28.6)	10(35.7)
No flyers about programs	10(35.7)	7(25.0)	11(39.3)
No application forms	6(21.4)	11(39.3)	11(39.3)
Information is confusing	4(14.3)	14(50.0)	10(35.7)
No space to talk to guests	1( 3.6)	16(57.1)	11(39.3)

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\* N = 28 facilities who did not "always" provide information, and reported barriers to doing so.

# Table Four

## Obstacles to Providing Services\*

	<u>Yes</u> <i>N %</i>	<u>No</u> <i>N %</i>	<u>Don't know</u> <i>N %</i>	<u>No answer</u> <i>N %</i>
Pride	35(66.0)	7(13.2)	7(13.2)	4( 7.5)
Inadequate transportation	31(58.5)	11(20.8)	8(15.1)	3( 5.7)
Guests not aware of facility	28(52.8)	10(18.9)	7(13.2)	8(15.1)
Inadequate resources	22(41.5)	16(30.2)	7(13.2)	8(15.1)
Hours of operation	14(26.4)	17(32.1)	9(17.0)	13(24.5)
Inadequate day care	13(24.5)	12(22.6)	15(28.3)	13(24.5)

\* *N = 53 facilities*

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# Appendix

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## Questionnaire for Emergency Food Providers

Date \_\_\_\_\_

### Introduction

The Connecticut Anti-Hunger Coalition is contacting a number of Emergency Food Providers throughout Connecticut in an effort to find ways in which we can support *your* efforts to meet the needs of the hungry. Please take a few minutes to answer these questions about the needs you see at your facility.

First, please complete the following, so we can be sure that our information is complete and up to date.

Name of facility \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Contact person \_\_\_\_\_

Is your agency a: (✓ Check any or all that apply):

Food pantry \_\_\_\_\_

Soup kitchen \_\_\_\_\_

Emergency shelter \_\_\_\_\_

Residential treatment facility \_\_\_\_\_

Other (specify) \_\_\_\_\_

If you provide meals, how many per week? \_\_\_\_\_

If you provide food baskets, how many per week? \_\_\_\_\_

How many days per week do you provide services? \_\_\_\_\_

Which days? \_\_\_\_\_

What are your hours of operation? \_\_\_\_\_

Ask the following two questions only if the facility is a pantry, soup kitchen, or shelter:

Are you aware of the State Supplemental Food Assistance Program, (often called SSNAP)? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If no, briefly explain.)

If you have not applied for SSNAP foods, would you be interested in receiving them? Yes \_\_\_\_\_ No \_\_\_\_\_ I already receive them \_\_\_\_\_

Have you heard of the Connecticut Anti-Hunger Coalition?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
(If no, briefly explain.)

Would you be interested in joining? Yes \_\_\_\_\_ No \_\_\_\_\_

Please tell me if your supply of each of the following foods or beverages is adequate for meeting the needs of your guests:

	<i>Never enough</i>	<i>Rarely enough</i>	<i>Sometimes enough</i>	<i>Often enough</i>	<i>Always enough</i>
Meats or poultry	_____	_____	_____	_____	_____
Tuna fish	_____	_____	_____	_____	_____
Dried beans or peas	_____	_____	_____	_____	_____
Peanut butter	_____	_____	_____	_____	_____
Eggs	_____	_____	_____	_____	_____
Cheese	_____	_____	_____	_____	_____
Milk	_____	_____	_____	_____	_____
Fruits, canned or frozen	_____	_____	_____	_____	_____
Fresh fruits and vegetables	_____	_____	_____	_____	_____
Potatoes	_____	_____	_____	_____	_____
Breads	_____	_____	_____	_____	_____
Rice, pasta	_____	_____	_____	_____	_____
Infant formula	_____	_____	_____	_____	_____
Infant foods	_____	_____	_____	_____	_____
Coffee, sugar, spices	_____	_____	_____	_____	_____
Other (Specify: _____)	_____	_____	_____	_____	_____

Please tell me about the adequacy of your facilities:

	<i>Very inadequate</i>	<i>Somewhat inadequate</i>	<i>Adequate</i>	<i>More than adequate</i>
Cooking facilities	_____	_____	_____	_____
Storage facilities	_____	_____	_____	_____
Refrigerator space	_____	_____	_____	_____
Freezer space	_____	_____	_____	_____
Seating space	_____	_____	_____	_____
Waiting area (for guests who may come early)	_____	_____	_____	_____
Other (specify: _____ )	_____	_____	_____	_____

How many volunteers work at your facility? \_\_\_\_\_

How many paid staff work at your facility? \_\_\_\_\_

Full time \_\_\_\_\_ Part-time \_\_\_\_\_

If part time, how many hours per week? \_\_\_\_\_

Please tell me whether or not you have enough staff and volunteers to meet the needs of your guests:

	<i>Not enough</i>	<i>Enough</i>	<i>More than enough</i>
Volunteers	_____	_____	_____
Paid Staff	_____	_____	_____

Do you, your staff, or your volunteers ever provide your guests with information about food assistance programs such as WIC, Food Stamps, School Lunch, School Breakfast, Child Summer Feeding, the Expanded Food and Nutrition Education Program (EFNEP), Senior Nutrition Programs, or Commodity Foods (TEFAP)?

Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

If Never, go directly to Question B. For other responses, complete Question A.

A. Do you, your staff, or your volunteers ever provide follow-up to your guests concerning their participation in food assistance programs?

Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

B. If you are not always able to provide this information or follow-up to your guests, what obstacles prevent you from doing so? (✓ Check Yes or No for each.)

	<i>Yes</i>	<i>No</i>
1. Not enough time	_____	_____
2. No application forms	_____	_____
3. No informational flyers	_____	_____
4. Training about these programs has never been offered to you.	_____	_____
5. Criteria for these programs is too confusing	_____	_____
6. Not enough space to talk to guests	_____	_____
7. People can't be contacted for follow-up	_____	_____
8. Other _____	_____	_____

Has anyone provided your staff with any training (e.g., information about food assistance programs, food safety, food preparation, or nutrition in the past year?) Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, on what topic(s)? \_\_\_\_\_

Who provided it? (e.g., Cooperative Extension System, Nutrition Education and Training Program, etc.) \_\_\_\_\_

Would you like to have training for your staff in any of these areas?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what topics? \_\_\_\_\_

Do you feel that there are people in your community who need your services but are not receiving them? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, which of the following do you think is an obstacle for these people? (✓ Check Yes or No for each.)

	<i>Yes</i>	<i>No</i>
1. Your resources are not sufficient to meet the total needs of the community.	_____	_____
2. People are not fully aware of your resources.	_____	_____
3. People don't participate because of pride.	_____	_____
4. Transportation is a problem.	_____	_____
5. Day care is not available.	_____	_____
6. The working poor can't get to your facility during operating hours.	_____	_____
7. Other (Please specify) _____		

**Thank you very much for your cooperation!**

02/89



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