



Nutrition in Housing

Micro-Report

July 2024

Key Takeaway

The Nutrition in Housing (NIH) program implemented by Share Our Strength — No Kid Hungry in collaboration with NHP Foundation and Mercy Housing strengthened existing partnerships and developed new nutrition-oriented programs to improve the food environment and nutrition knowledge in affordable housing settings within food deserts in four U.S. cities.

By leveraging Supplemental Nutrition Assistance Program (SNAP/EBT) funds to increase nutritious food access, increasing awareness about food quality and nutrition, and taking advantage of available resources, NIH shows promising results for enhancing the food environment and positively impacting overall nutrition and well-being for people living in affordable housing communities.

Nutrition in Housing Pilot Program

Led by Share Our Strength — No Kid Hungry, the Nutrition in Housing (NIH) program partners with affordable housing sites to adopt sustainable strategies and programs that increase access to healthy food and improve food security. In 2023, Share Our Strength worked with two affordable housing providers, NHP Foundation and Mercy Housing, to pilot this program across four sites in three states: Cleme Manor Apartments in Houston, TX; Esperanza Crossing Apartments in Esparto, CA; Gleason Park Apartments in Stockton, CA; and Savannah Gardens Apartments in Savannah, GA.

In each of the four sites, resident coordinators and a group of volunteer residents referred to as “wellness champions” implemented a range of NIH program strategies, continuing or enhancing existing programs and piloting new ideas (see **Table 1**). Strategies included afterschool youth programs with nutrition-related activities; community gardens; nutrition-related classes for adult residents; food pantries and distribution, including emergency pantries; farmer’s markets; new food delivery initiatives using Instacart Health Fresh Funds and Little Red Box; and Supplemental Nutrition Assistance Program (SNAP/EBT) enrollment support. In addition, each site engaged wellness champions to better connect with the residents (number varied at sites between 3-8). This micro-report highlights the effects of the NIH pilot in three main areas: food environment, SNAP enrollment and utilization, and health and well-being. Findings are drawn from a larger evaluation conducted by researchers at the Institute for Community Health and the Leah Zallman Center for Immigrant Health Research.

Table 1. NIH activities and interventions in the communities

	Esperanza Crossing (Esparto, CA)	Cleme Manor (Houston, TX)	Gleason Park (Stockton, CA)	Savannah Gardens (Savannah, GA)
After School Programming	•	•	•	•
Community Garden		•	•	
Cooking Demonstrations & Classes	•	•	•	•
Emergency Food Pantry		•		•
Farmer’s Market				•
Food Pantry/Distribution	•	•	•	
Instacart Health Fresh Funds/Little Red Box	•	•	•	•
SNAP Application Support	•	•	•	•

Key: New Activity Continued - Enhanced Activity Continued - Unchanged Activity

¹ SNAP is a federally funded, state-managed program that provides food benefits to low-income families to supplement their grocery budgets so that they can afford more nutritious food that is essential to health and well-being: <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>

Food Environment

All four NIH sites are located in “**food deserts**”² or “**food swamps**,” characterized by far distances to grocery stores with nutritious food options, a lack of public transportation, and/or an overabundance of fast food options. One resident coordinator said, “***It’s a food swamp because it’s swamped with fast food restaurants versus when you literally go 10 minutes away and it’s completely different. You have a plethora of options.***”³ A resident pointed out, “***Many grocers are difficult to get to on public transportation. Like, Jovie’s is not on a bus line. People with no transportation must go to Fiesta. Fiesta is close, but expensive.***” Although NIH was not designed to directly address structural issues such as transportation and the location and distribution of grocery stores, the program **enhanced the food environment** at each site by increasing staff capacity to focus on nutrition; **leveraging local partnerships**; providing direct **access to nutritious food** through food pantries, Instacart Health Fresh Funds and/or Little Red Box food delivery programs and youth programs; and growing food in **community gardens**.

Nearly **60% of the residents we surveyed across sites experienced food insecurity to some extent over the last year**, with 30% reporting very low food security.⁴ Food insecurity is defined as a “household-level economic and social condition of limited or uncertain access to adequate food” at some point during the prior year.⁵ One resident coordinator noted, “***Our kids that come to [the] program are always hungry. Starving. We cook here all the time, too. So, it’s very apparent that if they had more food, they would eat it.***” NIH staff noted that families often buy from food carts or purchase “convenient” grocery items, such as frozen prepared foods like “pizza bombs”⁶ instead of raw vegetables that need to be prepared. They explained that many families have multiple jobs or care for many children, so some youth spend time at home without supervision and often prepare their own meals. In addition to feeding kids after school, NIH staff expanded the food environment for youth by teaching families how to work with common ingredients to prepare simple healthy meals at home.



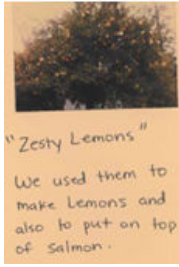
² Food desert defined by USDA as “census tracts where poverty rates are higher than or equal to 20% or median family income that does not exceed 80% statewide or metro-area median family income and at least 500 people or 33% of the population located more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket”. Dutko, Paula, Michele Ver Ploeg, and Tracey Farrigan. Characteristics and Influential Factors of Food Deserts, ERR-140, U.S. Department of Agriculture, Economic Research Service, August 2012.

³ ICH site visit data (four interviews with 10 resident coordinators and 11 focus groups with 53 residents).

⁴ ICH-NIH resident survey, including 96 residents who participated in the Instacart Health Fresh Funds and Little Red Box initiatives.

⁵ Economic Research Service, U.S. Department of Agriculture. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/definitions-of-food-security/>

⁶ ICH “Food in My Life” youth photo project, conducted as part of the larger NIH evaluation.



Many residents were proud of their ability to “make it work” and feed their families despite significant financial adversity. One wellness champion shared, ***“We make it work. My kids are healthy. They play football. They eat. They may not like what they’re eating, but they’re eating. Every night, there’s dinner—a hot plate—and they’re not going without.”*** NIH funding supplemented partner-run food pantries, adding resources so it was easier for families to “make it work.” Residents reported using free food from local food banks, churches, charities, and the residential office to supplement their often-meager budgets.

NIH partnered with Instacart to offer a new Instacart Health Fresh Funds initiative for a 12-month period at three sites — Esparto, Stockton, and Savannah. Fresh Funds is an online grocery stipend that allows entities, in this case NIH, to provide participants with funds to spend on specific categories (for this project, NIH enabled the funds to be used for fresh and frozen fruits and vegetables, dairy, healthy snacks, beans, and water).⁷ Recipients were provided a \$40 per month Fresh Funds digital stipend to shop for eligible items from local retailers via Instacart.⁸ Residents who enrolled in Instacart Health Fresh Funds also received a free one-year Instacart+ membership, which provides participants with free delivery on orders over \$35 and reduced service fees.

From August 2023 to April 2024, a total of 164 people redeemed Instacart Health Fresh Funds codes to create an Instacart account, and **116 people ordered food using Fresh Funds**.⁹ On average, participants spent the full \$40/month on Fresh Funds-eligible items. **Families spent a total of \$46,275 in total purchases**, of which \$26,490 were Fresh Funds-eligible items. As shown in Figure 1, a small percentage (between 11-26%) of families spent more than the \$40 stipend each month on Fresh Funds-eligible items. A wellness champion participating in the program highlighted:

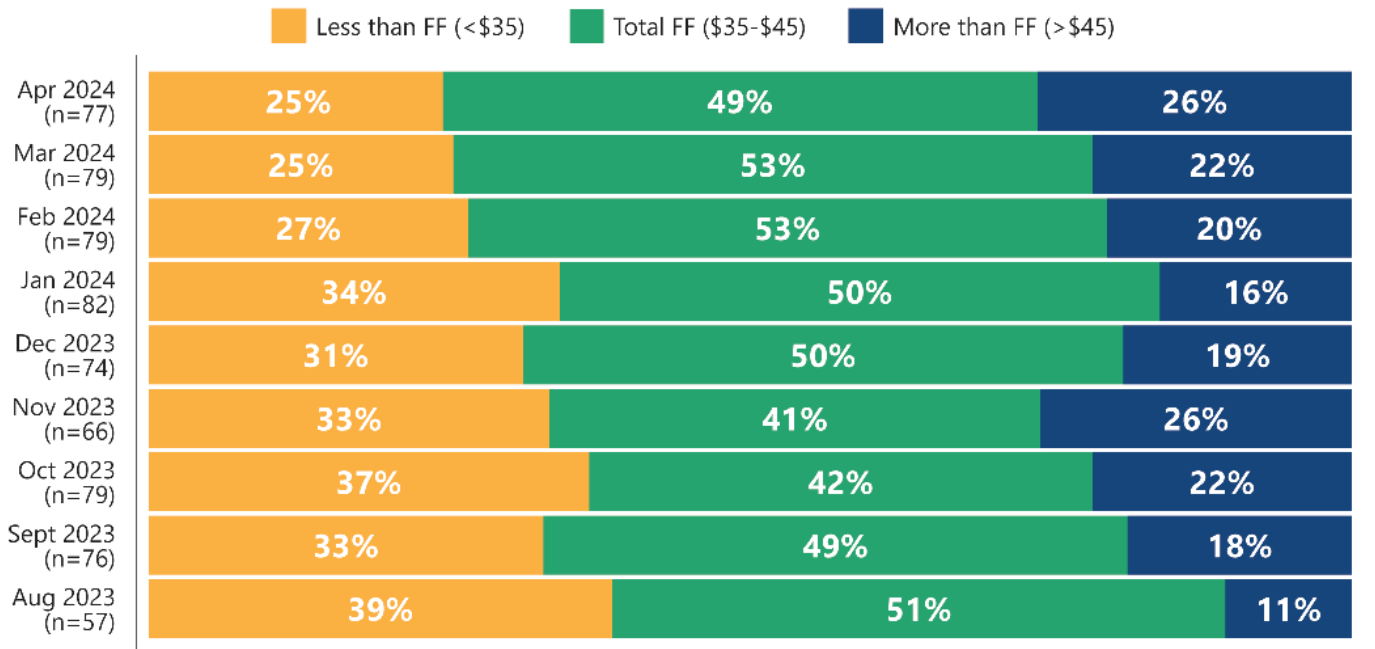
With the Instacart [program], that’s a blessing because I run out of food stamps mid-month. I totally run out and my kids need to eat. So I go to the food pantry to get food or [use] Instacart, it works. My kids love to get the watermelon to eat with the tajin.

⁷ Healthy snacks are nuts (including nut spreads), popcorn, beef jerky, fruit snack cups, and dried fruit.

⁸ Fresh Funds, Instacart. <https://www.instacart.com/help/section/360011264411/11033249880340>

⁹ Participation data received from Instacart Health Fresh Funds program reflect purchases from August 2023-April 2024.

Figure 1. Percent of Instacart Health Fresh Funds users by spending categories by month



The total Fresh Funds (FF) amount was \$40, the category was defined \$35-\$45 to consider additional fees and taxes
 n = total number of users who made purchases each month

Monthly food distribution at Esperanza Crossing in Esparto, CA

In a region known for agriculture, Esperanza Crossing residents still face food scarcity and insecurity and a lack of healthy food options. Residents prefer to shop at the nearest large city 14 miles away, where there are more affordable food merchants like Walmart and Food 4 Less, because local grocers are more expensive. Those without a car rely on a friend, neighbor, or the sole bus that passes by the town infrequently to go shopping.

Food distribution provided by Yolo County at Esperanza Crossing is a key source of food for families, especially at the end of the month when they run low on SNAP and other benefits. Staff strategically host the food distribution on site during the last week of the month to meet this need. Residents have taken on the responsibility of creatively supporting their neighbors in getting access to food. In focus groups, residents shared how they often pick up food for neighbors with disabilities or with full-time jobs. One wellness champion opened a social media account to share how they used the ingredients each month to create healthy meals so that everything would be used, especially items that were unfamiliar to residents.

You go to the food bank and you never know what you're going to get, and it's good stuff, but you don't know what it is, and you don't know what to do with it. It's like, great . . . [And with Facebook], it's just, like, recipes, food, this is what I'm making this week. It could be, like, a fun, casual thing, but you have the recipe there. That gives people the opportunity to, like, make things, because these big recipe books, they can't understand. They can't understand the food we have access to, but we, as a community, know the food we have access to.

- Wellness Champion

The ability of NIH programs to impact the food environment varied from site to site based on contextual factors such as size, rural/urban environment, and existing partnerships. For example, the larger sites in Houston and Savannah had **access to more partnerships because of their location**, and NIH funding gave staff the **additional capacity to coordinate activities and leverage these partnerships**. However, resident engagement was challenging in the larger sites, with staff reporting that it was often the same families who participate in activities. Participatory programming was more viable in Gleason Park, where resident coordinators had **longstanding ties with residents**. In rural Esperanza Crossing, reaching families with disabilities was easier because of the **tight-knit community**. One resident described picking up extra groceries for a neighbor with disabilities: *“I pick up for my neighbor, ‘cause he’s disabled. I mean, we’re both disabled . . . so when I come to the food handout, I usually pick up for him.”* The wellness champions engaged at each site shifted the environment by adding community voice and power to nutrition activities and programs.

Lastly, **NIH funding altered the built food environment** in two of the sites, where they **created partnerships to develop preexisting or new community gardens**. Resident coordinators view community gardens as a way to subsidize the cost of purchasing expensive produce and bolster the diets of their community members, with one sharing, *“That’s another [reason] why we’re having a garden too, so they can get those vegetables and fruits that are costly.”*



Community Garden at Cleme Manor Apartments in Houston, TX

The community garden at Cleme Manor was developed in partnership with a local organization called Urban Harvest. Last year, Urban Harvest supported Cleme Manor with construction, maintenance, and garden education once a month. During the next planting season, Cleme Manor will take on the management of these tasks and Urban Harvest will continue to do a quarterly check-in.

The garden program was well-received by the community, and youth are particularly invested in the project. Focus group participants explained that youth and their parents were excited about the garden, especially when it was harvest time. Youth harvested different vegetables and proudly brought them home to prepare. One parent shared, *“My son brought eggplants home and cooked them.”*

Resident coordinators viewed the community garden as a way to get youth talking about healthy foods and their food environment. They also recognized the garden as an opportunity to subsidize the cost of purchasing expensive produce and bolster the diets of their community members.

SNAP Application and Utilization

The cost of food (and the rising costs of housing and other living expenses) is a major contributor to resident food insecurity in all four NIH sites. Many people hold jobs and work to provide for their families and are still unable to afford increasingly expensive food:

Estoy trabajando y piensa uno que tiene suficiente dinero para comprar. Pero en realidad, vas a la tienda con 200 dólares . . . Somos tres en mi casa y 200 dólares a veces la semana, o sea no es nada. // I'm working and I think I have enough money to buy. But in reality, you go to the store with 200 dollars . . . There are three of us in my house and 200 dollars sometimes a week, so I mean it's nothing.

NIH contributed to a **slight increase in SNAP applications across sites**, and provided ongoing support so that residents could maintain or understand changes in their SNAP benefits. Almost all residents, wellness champions, and coordinators estimated that over 70% of residents in their communities qualify for SNAP benefits. It is important to consider that the four sites are located in USDA-identified food deserts, with the percentage of people living in poverty ranging from 12-50% and residents being predominantly people of color.¹⁰ Resident coordinators put **significant time and resources** into making sure that information about SNAP benefits and enrollment is distributed in the community. They noted hosting office hours, bringing resources into health fairs, and using mass marketing campaigns through text messages and mail to assure they reach all the residents. Resident coordinators also brought in external partners to the sites on a regular basis to help residents with more complex SNAP or other government benefit-related questions. One of the sites hired a new staff member to help with the program activities; this staff ended up being a great support for residents enrolling in SNAP, creating a regularly scheduled “SNAP day.”

Community-wide outreach activities were paired with one-on-one resident support. Many said that if a family needs SNAP benefits, they were most likely already enrolled. In addition to general enrollment support, resident coordinators spent time on family-specific questions and concerns. Some families required help gathering and submitting documents for redetermination. Some families expressed fear that their immigration status would be put in jeopardy if they received benefits (even though they were legally eligible), a well-documented fear stemming from the chilling effects of the public charge rule.¹¹ One resident said,

¹⁰ United States Census Bureau. <https://www.census.gov/en.html>

¹¹ Santos, J., Touw, S., Chun, D., Goodwin, N., & Goldberg, B. (2024). *From fear to trust: Community-led solutions to increase food access in immigrant communities*. <https://immigranthealth.org/publication/from-fear-to-trust/>

También iba yo a agarrar ayuda humanitaria, pero como yo estaba arreglando mis documentos, no me fue bueno, pues, agarrar ayuda monetaria. // I was also going to get humanitarian aid, but since I was arranging my documents, it wasn't good for me to get monetary aid.

For some families, the amount of SNAP benefits that they qualify for is not enough to justify the **administrative burden** on their end. Residents described being given a hard time by the benefits employees or not having their paperwork submitted on time by the office although the residents believed they had. Many have lost benefits temporarily because of these administrative issues. Lastly, residents noted **SNAP's strict eligibility rules**, including income restraints and job requirements. Some explained how a \$1/hour raise in their jobs cut their SNAP benefits, but the raise was not sufficient to allow them to feed their families.

NIH activities provide a natural setting for resident coordinators to engage with families about their food security strategies and needs. As one resident coordinator explained, *"When I was doing pop-up grocery one of them told me, 'Oh, I need to go to the pop-up grocery, because they took my SNAP away.' That's how we find out."* As this quote illustrates, SNAP is one of many resources that families draw on to meet their nutrition needs. Residents also work hard to stretch their food budget by buying items on sale; using coupons and discount cards; and consuming inexpensive, dense foods like beans and cabbage from free food distributions or local grocers.



Cooking Classes at Gleason Park in Stockton, CA

Gleason Park offers two different kinds of nutrition classes that are conducted in English and Spanish to benefit as many residents as possible. One class runs every week and includes six different sessions every time. This is tailored to adults and focuses on overall health and wellness, budgeting, and taking advantage of food that people have at home. The other class is held once a month by Catholic Charities, when the organization does its food distribution and uses the distributed food to cook a healthy recipe.

Resident coordinators amplify these activities by posting calendar activities and flyers and sending messages. Despite various outreach activities, they described struggling to get the community engaged at times in the classes. Offering them in English and Spanish has increased the number of people who enroll, but it is not possible to offer all of them in both languages.

Residents that have attended both classes were very happy with them. They appreciated learning new ways to cook the food they get from food distributions, particularly fresh produce and vegetables. They enjoyed the time they spent in the classes and the variety of topics, since they are different every week. Resident coordinators, wellness champions, and residents think that offering multigenerational classes that include children and teaching them how to prepare food with their families would be a great opportunity to create healthier eating habits.

The NIH pilot was not designed to change eligibility guidelines or other structural barriers related to SNAP, including neighborhood stores that do not accept EBT cards as a form of payment. One wellness champion shared,

When [the store] first opened up, they didn't do food stamps because the other man [store salesperson] who did food stamps, his son was letting everybody get everything on food stamps, even stuff you can't buy on food stamps. So, they stopped him from getting food stamps.

NIH successfully encouraged SNAP recipients to **leverage their benefits** in several ways: by doubling their dollars at pop-up markets or farmer's markets, and by supplementing SNAP dollars with Instacart Health Fresh Funds. Twenty-two percent of Instacart Health Fresh Funds participants also used EBT to purchase items through Instacart, with a total of \$8,890 spent using SNAP/EBT during the pilot. The analysis did not confirm whether or not SNAP dollars were spent on Fresh Funds eligible items; however, it is possible that the Instacart Health Fresh Funds program incentivized SNAP recipients to use their benefits to incorporate healthier foods into their diet and provided support as families learned through cooking classes (described below) how to eat well using their SNAP benefits. Notably, a 2022 study conducted by the University of Kentucky on behalf of Share Our Strength and with support from Instacart found that families with SNAP who shopped online reported that the ability to shop online increased the number of fruits and vegetables purchased without adding to the overall grocery bill.¹²

Health and Well-being

NIH contributed to the health and well-being of families by **offering classes, increasing access to nutritious ingredients and meals, and creatively balancing cultural preferences with available resources**. They also helped to demonstrate that it is possible to eat healthily on a limited budget, in response to a common feeling that healthy living is for people with more resources. As one resident said, ***"Why [do I think it's so hard to get enough healthy foods around here]? 'Cause it's a luxury. Being healthy is a luxury now."***

NIH honored the varied food preferences of communities living in affordable housing by supporting access to culturally relevant and regionally specific diets. Youth photos represented foods that were culturally significant, such as traditional Mexican dishes, low-country seafood, barbecue, and different cultural ways of using corn (e.g., from grilling corn on the cob to using it to make cornmeal).

¹² No Kid Hungry. (2022). *New research report: Online shopping for low-income and SNAP families*. <https://www.nokidhungry.org/sites/default/files/2022-09/NKH-Instacart-Online-Shopping-Micro-Report-v2.pdf>

Ingredients for culturally specific meals were not always available to residents through local grocery stores and food distributions, so NIH staff balanced that by providing requested ingredients whenever possible and offering **learning opportunities** so residents could build knowledge about **how to cook with common healthy ingredients**.

NIH-supported staff focused on getting as much nutritious food as possible into the hands of families. Some food pantries and distributions offered nutritious options on a regular basis, while others were less reliable in terms of providing fresh food and balanced ingredients. One food bank provided specific support for individuals living with diabetes and other chronic diseases. A wellness champion shared,

The food bank offered me the boxes for people who have diabetes. I have diabetes so they offered [to bring me a] box to get vegetables they put in. I love peanut butter. They put peanut butter and they put the watermelon.

This is my favorite because we were ~~barbecue~~ barbecue



Grits
Grilled Shrimp
Eggs

Nutrition demonstrations and cooking classes were a key offering at each site and were incorporated into the youth afterschool programs as well. Often collaborating with outside instructors, **resident coordinators introduced nutritious meal ideas that featured budget-friendly and readily available ingredients**. A wellness champion offered,

Last week, we made a great salad, but today it was a salad that had blueberries in it, wild rice, corn, onions. And then we made a little, call it a little dressing, out of lemon and honey—a vinaigrette—and just whipping it all up together.

To maximize time and increase value, coordinators also incorporated **product giveaways** and **simple fitness activities** like stretching and walking as part of class offerings. Some staff also provided **printed recipes with food distributions** to empower residents to prepare meals in their homes.

Afterschool Youth Program at Savannah Gardens Apartments in Savannah, GA

Food—especially soul food and seafood—are a large part of Savannah’s culture. The youth at Savannah Gardens grow up with norms such as pre-sweetened drinks, large portions of Southern comfort food, and locally sourced fried seafood while also experiencing food insecurity. Savannah Gardens staff leverage youths’ cultural food pride to motivate and encourage them to develop their own relationship with nutritious, healthy food in their daily afterschool program. The NIH-funded nutrition specialist incorporated nutrition education into the afterschool program. Local partner Open Hands demonstrated how the children could substitute oranges for salty snacks, use ground turkey instead of beef, add carrots and beans into their favorite taco meal, and more.

Because of NIH’s sustained focus on nutrition, staff now offer high protein and nutritious vegetable and fruit options to participants along with their favorite sweet and salty treats to supplement their intake of healthy foods. Staff skillfully balance supportive relationships while motivating the youth to try new things. When offered a Nutri-Grain bar, one child said, **“I never had it, I don’t like it.”** **But the staff member challenged him: “How do you know? You haven’t even tried it,”** and because he was in a safe and trusting environment, he tried it. Now, he asks for a Nutri-Grain bar every day after school.

The afterschool program serves as a natural pathway for family engagement. Resident coordinators encourage the youth to be messengers, offering them information to take home to their parents about SNAP, Fresh Funds, the food pantry, and other events. Staff are also strategically engaging families by modifying some of the residents’ favorite foods--preparing them in healthier ways--and serving them at community events to spread awareness. One shared, **“Instead of doing fried chicken, maybe we can do something grilled or a little more health conscious.”**

Unlike other NIH sites that offered the Instacart Health Fresh Funds program, Cleme Manor resident coordinators partnered with a local grocer called Little Red Box and facilitated a meal kit program. The program provided participants with a detailed recipe and the required ingredients each month. Meal kit distribution was coupled with an optional cooking demonstration. Participation in this program varied throughout the course of the six-month program. In total, the program distributed 284 kits to 71 residents over six months (May-Oct 2023).

As shown in **Table 2**, over half of all Instacart Health Fresh Funds and Little Red Box survey participants **felt the program benefited their family by increasing their fruit and vegetable intake and decreasing stress around paying for food.** In addition, when asked about the impact the program had on their health and well-being, over half of the program participants reported **feeling less stressed, having more energy, and having better health overall.**¹³

¹³ ICH-NIH resident survey, including 96 residents who participated in the Fresh Fund and Little Red Box initiatives.

Table 2. Nutrition, well-being and satisfaction outcomes of food delivery service programs

	Instacart Health Fresh Funds (n=67)	Little Red Box (n=29)
How has the food delivery program helped families?*		
I feel I have more time to spend with my family	31%	31%
I feel less stressed about paying for food	57%	55%
We drink more water	36%	28%
We eat more fruits and vegetables	52%	59%
We spend less in transportation	57%	34%
How has the food delivery program impacted your health and wellbeing?*		
I feel less stressed	60%	52%
I enjoy doing activities I did not enjoy before	16%	31%
I feel more hopeful about life	28%	41%
I have more energy	28%	48%
My health is better	30%	48%
What did you enjoy about the food delivery program?*		
Additional fruit and vegetable for my family	57%	52%
Additional healthy meals for my family	46%	59%
Food being delivered to my doorstep	84%	48%

*Participants could indicate all that apply, this means they could pick one or more of the statements presented. The total percentages might add to more than 100%

The Nutrition in Housing (NIH) pilot was designed as a place-based program to improve the food environment in affordable housing communities located in food deserts. Residents in each of the four initial pilot sites faced challenges accessing adequate, affordable, culturally relevant, and nutritious food to feed their families. Our mixed methods evaluation found that NIH bolstered each affordable housing agency’s existing resources and partnerships, adding capacity to connect residents with expanded food pantry hours, new markets, and government programs (SNAP/EBT) to address food insecurity. The sites also experimented with resident leadership, a new food delivery service system (either Instacart Health Fresh Funds or Little Red Box), and cooking classes with youth and/or adults. Overall, this small but necessary intervention strengthened the food environment in each community by shifting the focus away from access to food and towards access to nutritious food, supporting SNAP enrollment and usage, and promoting health and well-being among the residents. To continue addressing the root causes of food insecurity would require sustained funding, additional data and evaluation, broader policy and systems change work, and advocacy.

Evaluation Methods

Findings for this report are drawn from a larger mixed methods evaluation conducted by researchers at the Institute for Community Health (ICH) and the Leah Zallman Center for Immigrant Health Research (LZC). ICH/LZC collected data from different sources to understand the experience and impact of the NIH project on the food environment, SNAP enrollment and utilization, and nutrition and well-being of residents at the four sites. The evaluation design was co-developed with the NIH team. Through in-person site visits, in February 2024, the ICH/LZC team collected qualitative data via semi-structured interviews and focus groups. Additionally, to incorporate youth voices, we implemented a youth photo project for children ages 7 to 12. We collected quantitative data through surveys and Instacart purchase reports.

Qualitative methods:

Observational data from site visits: The ICH/LZC team visited each partner site to conduct qualitative data collection, tour the apartment neighborhoods, and observe any activities at each site.

Semi-structured interviews with resident coordinators: The ICH/LZC team conducted four interviews with 10 resident coordinators across the four sites. We discussed their perceived impact of the NIH program on the community, the empowerment strategies for wellness champions, and factors that contributed to success and different challenges faced.

Focus groups with residents and wellness champions: ICH/LZC conducted 11 focus groups with a total of 53 residents and wellness champions across the sites. These focus groups aimed to understand the residents' perception of food insecurity in their communities and the impacts of the different program activities. Residents were recruited by the resident coordinators through targeted marketing. Focus groups were conducted in both English and Spanish.

"Food in my life" youth photo project: 36 youth were recruited and given KODAK cameras to take photographs of the "food in their lives" across the four sites across three weeks in January and February 2024. 162 pictures were included in the analysis. The cameras were accompanied by a child-friendly guide providing directions on how to use the cameras and the kind of pictures youth should take.

Focus groups and interviews were recorded and transcribed with participant consent, maintaining anonymity of participants. Detailed notes were taken for focus groups and interviews that were not recorded. A code tree was developed based on the research questions and questions on the guides and the transcripts were coded using the qualitative analysis software Dedoose 9.2.7. A thematic analysis was conducted for all data, including the photos, that allowed us to summarize the main outcomes and implementation measures. We also compared the information across sites to understand common barriers and facilitators.

Quantitative methods:

Survey of Instacart Health Fresh Funds and Little Red Box program participants: A non-random, non-representative sample of 200 residents who participated in either in the Instacart Health Fresh Funds or the Little Red Box program were invited to participate in an electronic survey designed by ICH/LZC and the NIH team between February 19th and March 14th, 2024. Survey included the following domains: a) SNAP/EBT enrollment and utilization, b) impact of Instacart Health Fresh Funds and Little Red Box programs on health and well-being, c) food insecurity perception, and d) demographic characteristics. The response rate was 48% and descriptive findings are presented throughout this report.

Instacart Health Fresh Funds purchase report: ICH/LZC received data from Instacart on the total number of codes redeemed, the number of users and total dollar amount spent using Fresh Funds and/or EBT/SNAP, and the total dollar amount spent on all items and Fresh Funds-eligible items. Additionally, we received data on individual Fresh Funds-eligible item purchases on a monthly basis. Throughout this report, we present summary statistics of the total number of participants, dollar amount spent, and monthly spending patterns on Fresh Funds-eligible items from from August 2023 to April 2024. Data include participants from both California sites and Savannah, GA. While the pilot was implemented for one year starting in June 2023, the data included in this analysis are from August 2023 to April 2024 to include the overlap of sites and accommodate the evaluation timeline. A total of 164 individuals redeemed Instacart Health Fresh Funds codes, with 71% making at least one purchase between August 2023 and April 2024.



No child should go hungry in America. But millions of kids in the United States live with hunger. No Kid Hungry is working to end childhood hunger by helping launch and improve programs that give all kids the healthy food they need to thrive. This is a problem we know how to solve. No Kid Hungry is a campaign of Share Our Strength, an organization committed to ending hunger and poverty.

Share Our Strength thanks Instacart, which generously supported the Esperanza Crossing (Esparto, CA) and Gleason Park (Stockton, CA) sites with a philanthropic investment. Through its Instacart Health initiative, Instacart is committed to using food as a tool to improve individual and community health.

To learn more, please visit: <https://www.nokidhungry.org/>



The Institute for Community Health (ICH) is a nonprofit consulting organization that provides participatory evaluation, applied research, assessment, planning, training, and technical assistance. ICH helps healthcare institutions, government agencies, and community-based organizations improve their services and maximize program impact.

To learn more, please visit: <https://icomunityhealth.org/>



The Leah Zallman Center for Immigrant Health Research (LZC) is a center at the Institute for Community Health (ICH) that conducts rigorous, mixed methods research at the intersections of immigrant justice, economic justice, and health justice. Launched in 2022, the mission of the Leah Zallman Center is to partner with immigrant communities, advocates, policymakers, and social and health systems on actionable research to improve immigrant health and well-being.

To learn more, please visit: <https://immigranthealth.org/>