Healthiest Cities and Counties Grant

Community Survey on Food Access

Food Assistance Programs

- Over the past year, have you had concerns about not having enough money to buy adequate healthy foods for you (and your family)?
  Yes_____ No _____

- Would you find it helpful to receive guidance from a health care professional in the local hospital or health center to help you get connected to food programs such as food stamps, WIC, and Senior Meals?

  Yes_____ No_____ (if no, can you explain below)
  _____
  _____
  _____

- If a doctor or health provider at the hospital or health center gave you a link to sign up for a food assistance program, would you be likely to follow through?
  Yes _____ No _____

- If no, what would make it difficult? Check all below that would apply.

  Lack of transportation _____
  Lack of time/or difficult schedule _____
  Language barrier _____
  Not comfortable applying _____
  Not interested _____
  No online access _____

- What would be the best way your health provider can get you linked to a food assistance program? Check all answers that apply. (SNAP/Food Stamps, WIC, and/or Senior Meals)

  Provide a phone number _____
  Provide a website link _____
  Connect me to a Case Manager or Agency that can guide me through the process _____

  Vouchers for Farmers Market

- If a health provider at the hospital or health center gave you a voucher for free fruits or vegetables at the local farmers market, would you be able to use it?

  Yes_____ No_____ If no, please check all answers below that apply

Transportation too difficult/or not available _____
Children or family responsibilities, hard to leave house _____
Job schedule _____
Not familiar with cooking with vegetables _____
Concern about being out during COVID-19 _____
Not interested _____

- Would you participate in a nutrition and cooking class as part of receiving the farmers market voucher? The class teaches how to cook simple healthy meals on a budget?

  Yes _____ No _____

- If yes, would you participate virtually, using a computer link? Yes _____ No _____, or

- I would prefer participating in an in-person class at the market? Yes _____ No _____

- If you would not participate, why not?

  No time _____
  Do not have access to computer _____
  Job schedule _____
  Family responsibilities _____
  I already know how to cook healthy _____
  Not interested _____

  What is the town or city where you live? _____

  If you would like to be contacted to give us further input on this project, please list your name, phone #, and email:
  _____
  _____

  If you have any questions about this project, please call Meg Oakes, 845-360-6691.