



Iowa State Nutrition Action Council (SNAC) Focus Group Report

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Introduction

The Iowa Department of Health and Human Services (HHS) Bureau of Nutrition and Physical Activity leads the Iowa Healthy Eating Active Living (HEAL) Partnership, previously known as Iowa Nutrition Network Partnership. The Iowa HEAL Partnership convenes partner organizations from across the state who develop, lead and implement nutrition programming and projects, to work together to ensure all Iowans are food and nutrition secure. In 2023, the Iowa HEAL Partnership completed a strategic planning process, informed by an environmental scan, key informant interviews with state-level experts, surveys with Supplemental Nutrition Assistance Program (SNAP) – Education (SNAP-Ed) implementing and state agencies and surveys and interviews with Iowa public health and health care professionals. The purpose of the resultant *Iowa HEAL Partnership Strategic Plan* is to “achieve nutrition security for all Iowans through actionable policy, systems and environmental (PSE) change strategies for the Iowa HEAL Partnership to implement collaboratively.”

The strategic plan includes the five goals listed below and corresponding strategies to guide the work of the Iowa HEAL Partnership in advancing its vision that “[e]very Iowan has equitable access to affordable, nutritious and culturally relevant foods.”

Exhibit 1. Goals of the Iowa HEAL Partnership Strategic Plan

- 1 Expand partnerships and maximize engagement with various sectors influencing the food system.
- 2 Center the lived experience of populations who are impacted by food and nutrition insecurity in decision-making.
- 3 Use data purposefully to guide decision-making and demonstrate outcomes.
- 4 Support innovation of new approaches and streamlined efforts to expand the reach and impact of statewide and local activities working in sectors that influence the food system.
- 5 Educate and inform various audiences in Iowa about the importance of food and nutrition.

The second goal of the strategic plan is to center decision-making around the lived experience of populations who are impacted by food and nutrition insecurity. People with lived experience are those directly affected by a policy or public health issue and the strategies that aim to address those issues. They are critical partners in designing, implementing and evaluating research and programs.¹ Iowa HEAL Partnership aims to learn from people with lived experience in the communities served before developing and implementing programs to reduce barriers and improve access to food and nutrition resources.

In 2024, Iowa HHS contracted with Altarum Institute (Altarum), a non-profit research and consulting organization, to conduct a series of focus group discussions with Iowans who have experience with food and nutrition insecurity. The purpose of these focus groups was to learn more about food insecure Iowan's experiences and to understand what barriers they face to accessing affordable, nutritious and culturally relevant foods. In addition, we sought to assess how the *Iowa HEAL Partnership Strategic Plan* resonates with this audience and identify any areas missing from the current plan.



¹U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. "What Does it Look Like to Equitably Engage People with Lived Experience?" by Grace Guerrero Ramirez, Lauren Amos, Diana McCallum, Kate Bradley, Nkemdirí Wheatley, Ryan Ruggiero, Tonyka McKinney, Scott Baumgartner, Roger De Leon, Helena Girouard, Janine McMahon, Wilnisha Sutton, Laura Erickson and Amanda Benton. Washington, District of Columbia: 2022.

Methodology

Participant Recruitment

Iowa HHS staff worked with community partners across Iowa to recruit eligible participants for focus group discussions, four of which would be held virtually and one which would be held in person in Des Moines with the facilitator being remote. Eligible participants included Iowa residents who were 18 years of age or older, spoke English and were eligible for SNAP. A partner information sheet was provided to community partners to support the recruitment process (**Appendix A**). The partner information sheet provided an overview of the project, eligible participant information and a description of the role of partners and their staff. Community partners were asked to post a recruitment flyer (**Appendix B**) in an area visible to members of the community (not online or on social media) and invite participants to sign up for a 60-minute focus group for which they could receive a \$50 Walmart gift card. Interested individuals signed up for the focus groups through one of two methods:

- 1) A paper sign-up sheet at community partner locations, where interested participants provided their name, email, mobile number, preferred contact mode and best time of day to be reached. Partners scanned and emailed the completed sign-up sheets to Iowa HHS staff, who then inputted the information into a master tracking spreadsheet to share with Altarum.
- 2) Scanned the QR code on the recruitment flyer, which led them to a SurveyMonkey site, where they provided the same contact information, and Iowa HHS staff then inputted the information into a master tracking spreadsheet to share with Altarum.

Altarum then followed up with all potential participants on the master tracking spreadsheet and sent them a unique link to a brief online survey (**Appendix C**). The purpose of this screening survey was to confirm participants met the eligibility criteria, as well as collect participant preferences for focus group date and time. After confirming eligibility and preferences, Altarum contacted participants to confirm the focus group date and time. In addition, for virtual focus groups, Altarum sent a Zoom meeting link to join the focus group and an informational sheet on how to join a Zoom meeting. For the in-person group, Altarum sent the meeting address. Two days before the focus group sessions, Altarum sent reminder notices via email. Later, after experiencing low participation rates, Altarum also sent reminder notices on the day of the focus group discussions.

Focus Group Facilitation Guide

Altarum developed a focus group guide in partnership with Iowa HHS staff (**Appendix D**) for facilitators to use when conducting the focus groups. The discussion questions centered around four key areas: perceptions of health, access to food, access to services and informing strategic plan goals and strategies. The following research questions were developed to help inform the facilitation guide:

- ▶ How are Iowans with lower incomes impacted by the goals and objectives of the *Iowa HEAL Partnership Strategic Plan* in their daily experiences?
- ▶ What, if any, barriers and needs relative to food and nutrition security are missing from the *Iowa HEAL Partnership Strategic Plan*?

Demographic Survey

Altarum developed a brief survey to capture demographic information about focus group participants, including age, sex, household composition and participation in assistance programs (**Appendix E**). The survey was programmed in LimeSurvey. Participants were given a link to complete the online demographic survey at the conclusion of each focus group.

Data Collection

Between June 18 and July 10 of 2024, Altarum conducted five virtual and one hybrid focus group with participants in-person in Des Moines and Altarum staff remote via Zoom. A total of 26 participants from across the state participated in a focus group, representing urban, suburban and rural communities. All groups were facilitated by an Altarum researcher and upon consent, the sessions were recorded for transcription. Participants were encouraged to provide their thoughts and feelings on the themes in the discussion guide and the facilitator worked to ensure every person was able to contribute. **Exhibit 2** provides a detail of dates and number of participants for each focus group conducted.

Exhibit 2. Focus Group Sessions and Participants.

Date	Focus Group Type	Number of Participants
June 18	Virtual	4
June 20	Virtual	7
July 2	In-Person	2
July 2	Virtual	5
July 10	Virtual	8

Data Analysis

Focus group recordings were professionally transcribed and uploaded into NVivo 11 (QSR International) qualitative analysis software. A hierarchical coding structure was developed, which enabled the examination of broad themes, as well as specific topics within those themes. The initial coding structure was based on the key areas of the interview guide. Particular attention was paid to recurring ideas and thoughts, as well as opposing viewpoints. Altarum used a double coding method where two researchers coded the transcripts independently, compared output and then resolved any areas of misalignment. When appropriate, verbatim comments were identified to illustrate themes and variations and included in relevant places within this report. Quantitative responses to the demographic survey were tabulated and reported in aggregate form.



Participant Demographics

Twenty-two of the 26 participants completed the demographic survey. The majority (95%) of focus group participants were female (**Exhibit 3**), and just under one fifth (18%) identified as Latino or Hispanic ethnicity (**Exhibit 4**). Most participants identified as White (82%), and less identified as Asian (9%) and Black or African American (5%) (**Exhibit 5**).

Exhibit 3. Participant Gender (n=22)

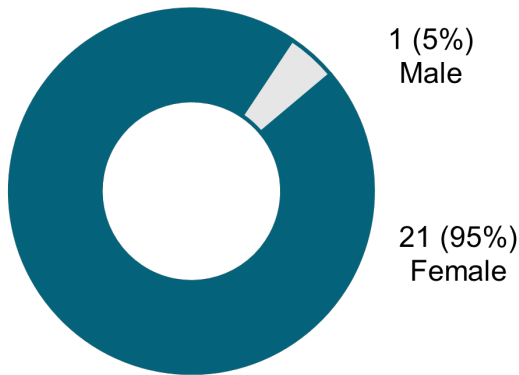


Exhibit 4. Participant Hispanic or Latino Ethnicity (n=22)

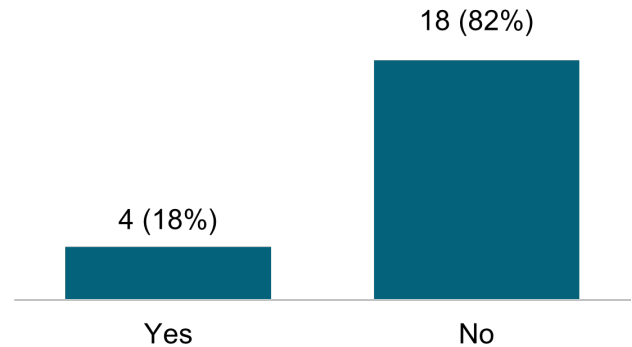
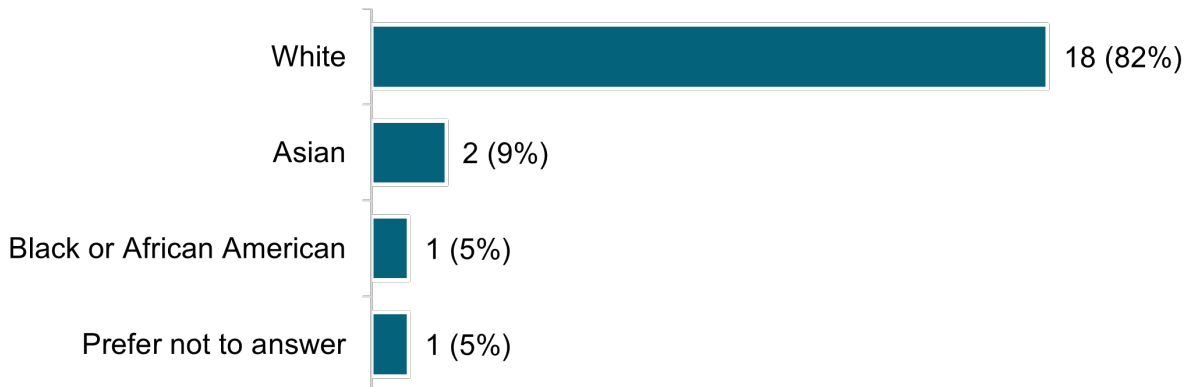


Exhibit 5. Participant Race (n=22)



Approximately half (55%) of participants were aged 25 to 44 years (**Exhibit 6**). The average participant age was 40, and participants' ages ranged from 20 to 60 years. Over two-thirds (68%) of participants had children living in their household (**Exhibit 7**). Of the participants with children in the household, most reported having one or two children in the household, with only 20 percent of participants reporting having four or more children in the household (**Exhibit 8**). The majority (41%) were living in households with one adult (**Exhibit 9**).

Exhibit 6. Participant Age (n=22)

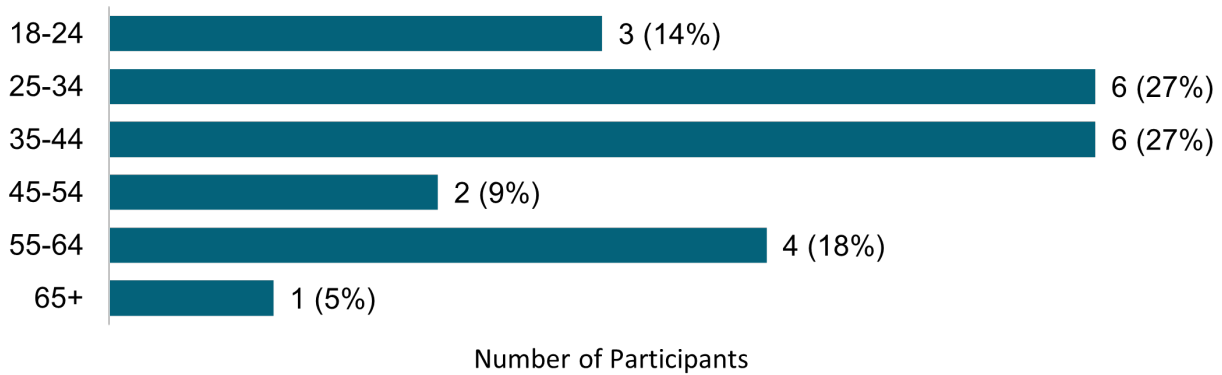


Exhibit 7. Percent of Households with Children (n=22)

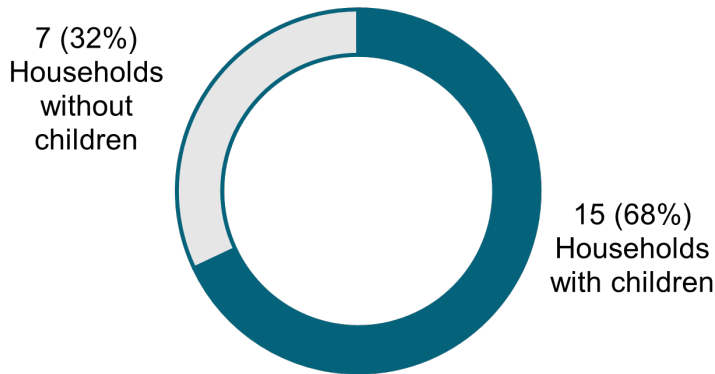


Exhibit 8. Number of Children in Households with Children (n=15)

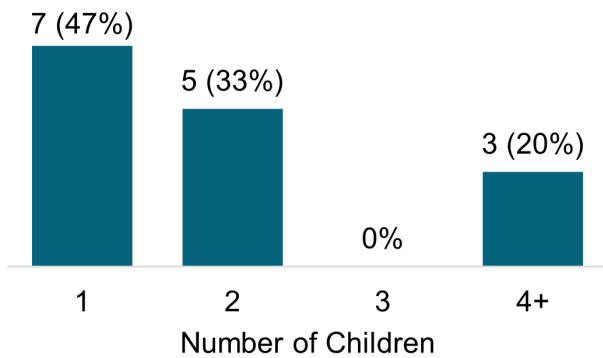
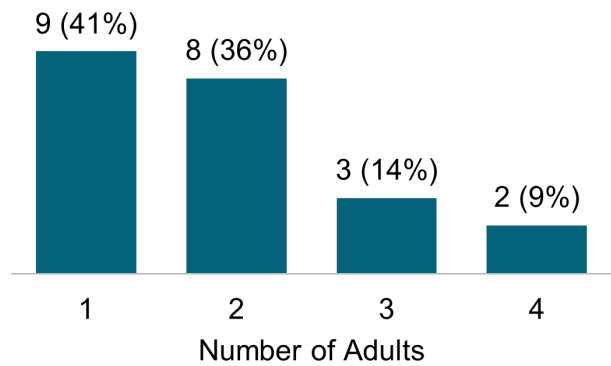
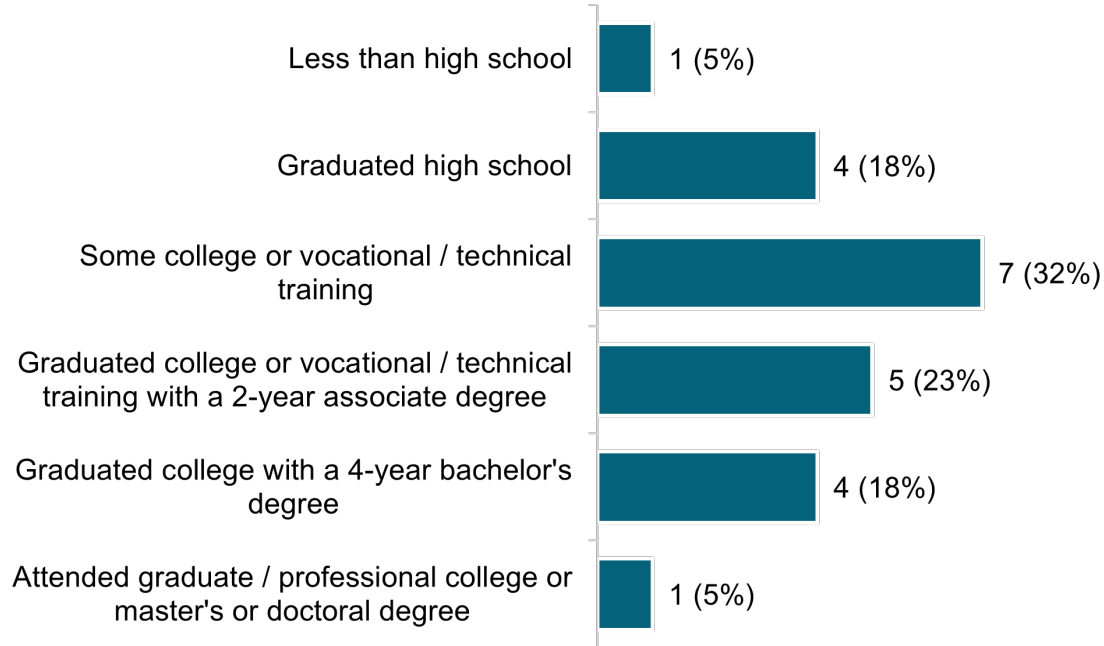


Exhibit 9. Number of Adults in the Household (n=22)



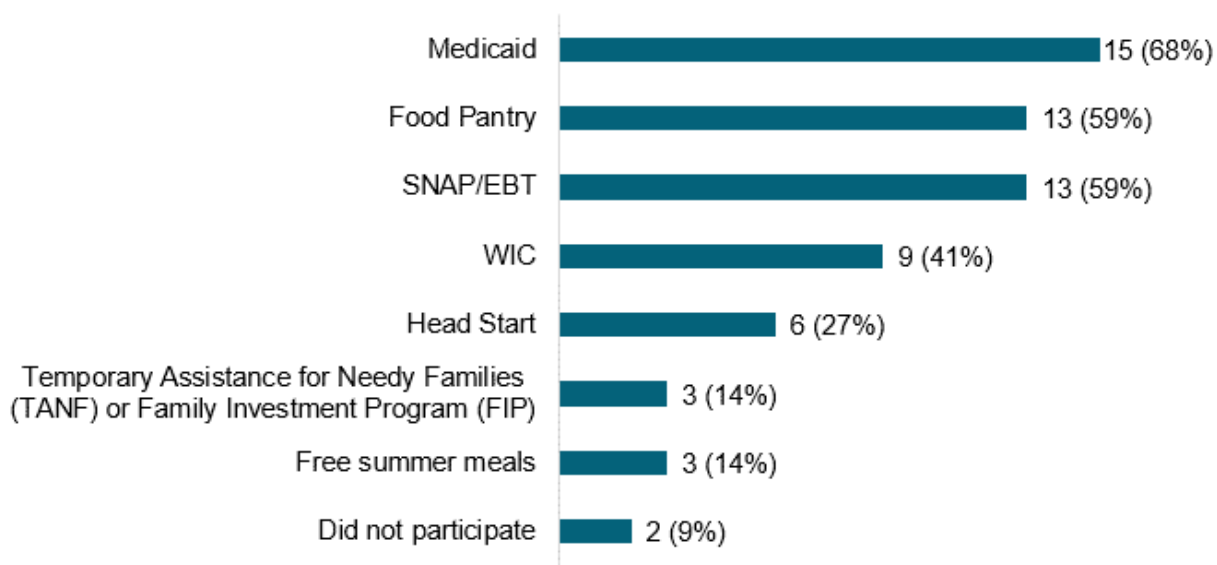
Participants were varied in their education levels, with most reporting some college or vocational training (32%), and almost a quarter reporting graduating with a 2-year associate degree (23%). Fewer reported graduating with a 4-year degree (18%) or attending graduate work (5%). Almost one out of five (18%) graduated from high school, while fewer (5%) reported less than a high school education (**Exhibit 10**).

Exhibit 10. Participant Education Level (n=22)



Most focus group participants (91%) reported participating in an assistance program, with Medicaid being the most utilized (68%), followed by SNAP/Electronic Benefits Transfer (SNAP/EBT) and food pantries (59%), and just over four in 10 reported participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (41%). Smaller numbers of participants reported participating in other programs as detailed in **Exhibit 11**.

Exhibit 11. Household Participation in Assistance Programs (n=22)



Focus Group Findings

Perceptions of Health

To frame discussions of health and healthy eating, focus group participants were asked about their perceptions of health and definition of “being healthy”. Participants highlighted that being healthy encompassed physical, mental and social health. Many focused their responses on physical health, and described feeling their healthiest when they ate healthy food and took time to be physically active. A few participants also indicated that being healthy involved managing chronic conditions, such as diabetes, and having access to quality health care.

“Being healthy for me is having access to healthy foods, having the time to cook those foods and maintaining some kind of physical activity in your life. I don’t – I can’t say I do all of those things, but that’s what being healthy means to me.”

“It’s so in line with everything, your mental health, your sleep habits [and] your behavioral concerns. It really is the base of everything if you want to be able to have the room for moving your life forward or in a better direction.”

Participants also described their definition of “eating healthy.” Many participants noted that fruits, vegetables and protein were key components of a healthy diet. Several participants described reading food labels and counting calories to identify healthy foods. A few participants noted that eating healthy was expensive.

“To me, healthy eating is, again, fruits and vegetables but also protein. I’m a label reader. People just don’t realize how much artificial stuff is in things that you wouldn’t think are there.”

Participants’ perceptions of how easy or difficult it was to eat healthy were discussed and rated on a scale of 1 (hard), 2 (not hard or easy) or 3 (easy). Most focus group participants rated eating healthy as either (1) hard or (2) not hard or easy. Participants noted their ability to eat healthy varied by their access to healthy groceries and available time to prepare healthy foods. A few participants noted that the difficulty of eating healthy depended on how motivated they were to eat healthy.

“I’d say it depends on the circumstances at the time. Sometimes it’s easy, and sometimes it’s very hard to almost impossible. Now, come fall, there’s not much in the line of pantry goods that are fresh and healthy.”



Key facilitators to being healthy and eating a healthy diet were identified, including access to food assistance programs and education about healthy eating. Several participants described distinct programs that helped increase access to food in their communities. Food pantries, community fridges, school food programs and local food rescue programs were described as important resources. However, several participants noted that these programs were insufficient to address community need. Existing programs lacked sufficient healthy food items, particularly items that met specific dietary needs, such as gluten-free options. A few programs have scaled back and provide services on a less frequent basis. Additionally, several programs that provided food for the community had been discontinued.

“Where I work, we actually receive food. I think it’s called food rescue and it’s food that’s, for example, it comes from Hy-Vee and Trader Joe’s and they used to come every week. They used to come on Thursday and Friday and brought quite a selection of food and that was very helpful in our community for people that needed that little extra.”

A few participants also described how knowledge about healthy eating could be a facilitator to feeding their families. This was particularly described as a facilitator among participants who had children.

“The education I think is out there these days. At least about getting your nutrients and stuff, like it’s accessible. When it was just me and my two girls, I can fill us all up with vegetables and stuff.”

Significant discussion focused around barriers to eating healthy. The primary barrier to eating healthy was affordability of healthy foods. Many participants noted that recent price increases in food restricted their access to healthy foods. The escalating price of fruits and vegetables was highlighted as a barrier.

“The biggest thing is just money. I mean, the food prices have gone up so much, even at Aldi’s. I was just there today and noticed that there’s increases in prices. So, I don’t know. As far as the community, if the community can make the prices cheaper in the grocery store, that would be very helpful, but I don’t think that’s possible.”

A few participants who had specific dietary restrictions, such as gluten intolerances, noted that eating healthy on a budget was particularly challenging and food assistance resources, such as food pantries, have limited options that met their or their family members’ needs.

“We have an autistic son. We have four different food allergies. ... I strive to provide him with gluten-free foods, dairy-free [and] appropriate proteins, every single month trying at the food bank. Most of the food at the food bank he cannot eat. If he does eat those, he has behavior issues, he will have skin issues [and] he will have gastrointestinal issues. Every single month for the entire nine years of his life, I have struggled to feed him.”

Further, some participants described limited access to grocery stores with affordable, fresh produce. Several participants reported driving up to one hour to neighboring cities to purchase healthy foods. Food access challenges were exacerbated for those with limited transportation options, especially those living in rural communities.

“The local grocery store that’s in my town is extremely expensive, so we have to drive an hour away, and anybody in my town that doesn’t have transportation, then that just limits their food because the place is extremely expensive”

In addition to access to healthy foods, several participants described how preparing healthy food was more time-consuming than purchasing or preparing processed convenience foods. Time and energy to prepare healthy meals were noted as barriers by participants with children and those with disabilities.

“The energy it takes to cook a whole foods healthy meal, it can be too much some days, and I – it’s much easier to just open a packet and throw something in the oven or the microwave. So, yes, there’s a lot of barriers that come with eating healthy, time sometimes being one of the biggest ones.”

Finally, several participants noted that their family or cultural traditions centered around less healthful foods. A few participants described how in their African or Latino heritage, their families prepared foods using large quantities of oil. Several participants described how they had to overcome established habits of eating foods that were high in fat or sugar.

“For my son like I said in Africa, we mostly use—we use too much of oil, and we cannot eat food without oil. We use too much oil and then it’s not easy for us to stop, but I – like I said, I’m doing my best to strive to make everything according to my health. So, eating food according to what I’m supposed to eat, and I avoid a lot of sugar, like salt, like spices, those things that are very, very bad in our culture.”



Access to Foods

TYPICAL FOODS

Participants were asked to describe the most important foods for themselves and their households. Fresh fruits and vegetables were described as primary staples in most households. Additionally, many indicated that meat was a primary staple, including chicken and ground beef.

“If I have good fruits and vegetables and a meat, I can do about anything with that so they’re better for me than the bread even though I love the bread. Yes, just me personally, like I said. It doesn’t have to be expensive meat or expensive fruits and vegetables. Seriously, I can remember growing up. I don’t remember us ever eating cauliflower or broccoli or eggplant or any of that stuff. We had the corn and the beans and the peas and just the stuff that could be grown in the garden.”

Participants indicated that familial taste preferences were a primary influence on the food they typically have available at home. Several participants described purchasing foods that were convenient and would be enjoyed by their entire family. A range of taste preferences were reported, with some indicating that their family preferred fruits and vegetables, some indicating meat as a top priority and others reporting that their family, particularly children, preferred fast food.

“Things that are really important in my household for my kids are snackable fruits and vegetables; so, cucumbers, mini cucumbers [and] watermelon. That’s how I kind of beat that curve that people are talking about with having food readily available. So, if I can slice up multiple things, so maybe I have two or three options kind of ready to go and then packing those on if we’re driving into the store or we have to go somewhere for the day and things like that. Trying to keep a little cooler available with those kinds of fresh things in a Tupperware or things like that, just so that it’s not costing money while on the run but also providing something a little bit more healthy.”

Additionally, a few participants described having cultural foods on hand as typical foods.

“My house is mostly, it’s our culture food, so we eat some injeras. It’s a dip called aplos, but we use mostly salad and vegetables and some nuts for snacks.”

Finally, access to foods was a primary influence on the foods that participants typically consumed. Many participants reported adapting their diet based on the foods that they could afford at the grocery store and secure through local food assistance programs or gardens.

“Everything’s super expensive, and they don’t really have very many options for fresh produce around here, and I’d have to drive almost an hour away to get to a grocery store that would have something like that. Then I have kids, and the kids, they don’t eat certain things, and so I just kind of throw things together when I can that would have some kind of healthy stuff in it to try to get them to eat it... Especially with how expensive things are, too, produce and – you can go to McDonald’s and get something cheap, and you go to a grocery store and you see the prices and they’re so expensive, it’s just really hard with the prices.”

Participants described that some community members struggled accessing food benefit programs and were especially concerned about children’s access to nutritious food.

“I don’t have a little kid but it’s like I have children in the community who I see who aren’t eating and so I go out and I get food for them sometimes too. It just kind of feels like there’s so many of us who are in survival mode, like I’ll take care of you when I can, you take care of me when you can, and it’s just like what happened to the integrity of just giving us the resources so we could take care of ourselves.”

SHOPPING PATTERNS & ACCESS TO DESIRED GROCERIES

Focus group participants described seeking a range of sources to access their desired groceries. Most participants reported shopping at chain grocery stores, including Aldi, Walmart, Save-A-Lot, Fareway and Hy-Vee. Several participants also shopped at Dollar General, though a lack of access to fresh produce was noted. A few participants shopped at local specialty grocery stores to purchase items needed to prepare cultural staples. A few participants reported using local food pantries. However, selection was limited and they needed to seek out other sources to fill their needs.



“The only grocery store in my town is Hy-Vee but because of the price and the quality of food, I choose to actually drive to the next town over and go to Aldi. They just have a lot more of the medicinal foods that I am able to eat there and the price point is so much more – the prices are so much better at Aldi. I can get a lot more bang for my buck there.”

Several participants described comparing prices across stores to maximize their grocery budgets. A few recommended using grocery store apps to identify the sales.

“I have all the apps for the grocery stores. I can pull up Price Chopper, Cash Saver, Aldi, Fareway, Hy-Vee and Walmart. I do very little at Walmart because I find that I really don’t save. I would say Cash Saver has about the best because they have a Sunday sale, and usually that’s when I go if I need something. It’s hit or miss with these stores. Sometimes Hy-Vee has a deal where I can get something that’s pretty reasonable. So, I have to juggle.”

ACCESS TO HOME OR COMMUNITY GARDEN

Some participants reported access to a home or community garden. Access came in a variety of forms, including at their house or apartment, at family members’ or friends’ gardens or through a shared community garden. Participants reported varying degrees of confidence in gardening, with some participants reporting growing a variety of produce and others struggling to keep their plants alive.

“I started actually two years ago. We bought a house and I have kind of like not a big garden but it’s kind of small, but I am growing cucumbers, tomatoes, hot peppers, watermelon, potatoes, onions and carrots.”

Facilitators to gardening included access to space to garden and access to seeds and gardening resources. A few participants shared that they had purchased seeds with their SNAP benefits and suggested that this was a helpful resource for those interested in gardening.

“I did buy plants and seeds with my food stamps [SNAP] for this month or like last month and the month before, and I do have tomatoes producing off of several of my tomato plants. So, that’s great.”



Across focus groups, participants were very interested in learning more about available gardening resources. Participants expressed significant interest in educational resources, particularly guides that indicated when to start seeds, when to plant seedlings and how to care for plants. Lack of knowledge and confidence in the success of planting seeds and seedlings were noted as barriers for several participants.

“If maybe there was a pamphlet or something that had like the vegetable, when you’re supposed to plant it, how much you’re supposed to water it [and] how to take care of it. If there was instructions on all of that, and then maybe they had provided some seeds or just say what kind of vegetables and what kind of sunlight they need.”

Participants were also interested in seeds and gardening tools and supplies. Participants who lived in apartments or had mobility constraints expressed interest in raised beds and pots with soil.

“Well, for some of the people that live in apartments, there’s vertical gardening or different starter kits or something for them like pots, and you can definitely grow quite a bit in pots. Then, for those who have like yards, maybe once a year being able to get like soil or mulch from the beginning, even just a class on gardening would be pretty awesome.”

Access to Services

FOOD-RELATED PROGRAMMING

Participants identified a range of food-related programming that provide needed resources and nutrition education in their community. Several food access programs were identified, including pantries, church meals, school food programs, community gardens, Meals on Wheels, soup kitchens and free food boxes.

“We have, I think a total of 15 pantries around Marshall County that usually they get filled up every day, and each pantry gets like a gift card and they go and do buy like cheap stuff at the store that’s like on sale, and then from there, they fill out the pantries. So, I’m part of that, but there’s also an organization called House of Compassion that also helps out with food, and then there’s also Salvation Army here in the community as well.”

Several participants also described nutrition education classes provided through Iowa State University Extension and the Hawkeye Area Community Action Program (HACAP). Topics covered included shopping on a budget, nutrition and child development.

“I take different classes with HACAP. One time, the nutrition class, and other times it’s about developing with kids, different themes about how you can teach your kids for and start to train them to go to the bathroom, for teaching your kids for it, for training for – and start to read.”

Overall, participants spoke positively about the existing programs provided in the community. However, several participants noted that gaps in food access persist. Participants explained that some programs had been discontinued or scaled down their capacity. Concerns were expressed about increasing community needs due to rising costs and, in one community, a projected plant closure.

“I still think that’s probably not enough and we have – I’m going to tell you where I live because we have a Tyson plant going out and so we’re going to have probably about 1,000 workers that are out of a job here in less than two weeks. So, the community is really going to have a big hit with that.”

Further, participants identified transportation and access to required documentation as barriers to accessing many food access programs.

“If somebody doesn’t have a vehicle, they can’t, unless they have somebody to give a ride or somebody that will pick up and deliver for them. They don’t have access to it. I used to work with a couple of families that didn’t have a vehicle so they took their child in the stroller to try to get food there and they would not let them. They wouldn’t let them take it because, I suppose they figured it was too heavy with the child in the stroller. They weren’t able to get anything which was too bad because, obviously, mom really needed it.”

SNAP

Several focus group participants reported currently or previously participating in SNAP. Participants valued resources provided by SNAP; however, several participants noted that it could be challenging to maintain eligibility. Several participants were on the cusp of income eligibility, with a few no longer

eligible to receive SNAP benefits. Some participants recommended revisiting the income threshold due to rising costs.

“I’m not eligible and it makes it really hard because I’m barely over the guideline but it’s like I also don’t – like I can’t get daycare assistance. I’m not eligible for anything and so that makes it really, really hard. I think that needs to be changed. I think they need to be reviewed because they just aren’t reasonable. The costs are all going up.”

Several participants noted that the application process was burdensome and could be a deterrent for themselves and those in their community who were eligible and needed additional resources. Participants also described dissatisfaction with the customer service provided by program staff, reporting significant delays in receiving benefits.

“I will say I do think that there are some steps being taken in the right direction because I know several years ago when I was on SNAP, I no longer qualify, but when I did, it was an absolute pain in the tuchus to try and get your application in because like you couldn’t do in-person visits, but at the same time, in order to do the application, it needed to be online, but you couldn’t do it through a mobile, like you had to be on a computer. Not everyone has a computer.”

Informing Strategic Plan Goals and Strategies

DESIRED FOOD-RELATED PROGRAMMING

Participants expressed enthusiastic interest in additional food-related programs. Many participants indicated that nutrition education classes, particularly those that taught participants how to prepare healthy meals on a budget, would be valuable. A few participants indicated that pairing education with resources would be especially helpful. Participants recommended pairing education with SNAP benefits or coupons to purchase the ingredients needed to make meals that are prepared during the class sessions.

“I think it would be really cool to have those classes have – and I think one of the ladies, I think it was [focus group participant] said that they get something from taking the classes. I think incentive, giving people an incentive to take those classes whether just – we just had [a] coupon for some healthy foods or something even. That makes it like a little more fun and more engaging, too, I think. So, it’s like, oh, if I learn this stuff, then I get to go apply it at the store with this coupon I have.”



Several participants expressed interest in expanding access to fresh produce. Participants suggested expanding farmers market vouchers to additional populations and increasing the value of farmers market vouchers.

“I can say for sure farmers market hands down would be invaluable. I used that when I was on WIC at the farmers market, and it was one of the best things.”

Finally, a few participants suggested addressing transportation barriers to either food access programs or to grocery stores with affordable, healthy options. A few participants noted that traveling to more affordable stores could be a barrier, especially with rising gas prices.

“We need transportation to bigger towns that have more stores and bigger stores that have more of the varieties that we need.”

DESIRED HEALTH-RELATED PROGRAMMING

Participants described a few health-related programs in their community, including programs that provided diapers and personal hygiene items as well as child development classes. Participants expressed interest in a range of health-related programming, including nutrition, preparing healthy meals and mental health. Participants suggested that local experts, such as nutritionists and representatives from local colleges, could lead the classes and provide trusted information. A few participants expressed interest in classes that included a socialization component.

“I think most of the counties have a faculty or something, and they could certainly use the local colleges, that maybe if it was partnered, it would also hit a broader market of people. You know what I mean? Like not just people who are looking at Iowa State’s online kind of thing, what’s a class I can take, or whatever. I know that would be helpful for me. It would be kind of a good partnership maybe.”

Several participants identified a need for improved communication about the available programs and resources. Participants noted that there are a range of programs provided through local agencies and non-profits, but community members lack information about where to seek needed resources. Participants suggested improved outreach and communications could be a more sustainable model than funding new programs.

“I think what would be really helpful, moving forward, is having health professionals consistently outreach and getting into the community to find those individuals who need to connect with other resources... the best way to help people is to really just connect them to the resources, make sure that they can do it on a consistent basis and make sure that it’s right for them.”

DESIRED HEALTH-RELATED INFORMATION

Across focus groups, participants were interested in receiving more health-related information. Participants were interested in learning more about healthy meal preparation, farming and food- and health-related benefit programs, such as Medicaid. Several participants indicated interest in health-related programming for children and their caregivers.

“I went through parent training with my son, there was a thing they taught me about children trying different foods five times or different ways and things like that. So, I think education in that form would be insanely beneficial for the parents trying to feed their children a balanced diet that can help in all of those areas. And the adverse effects I think are really important. If people were more aware of the adverse effects of the foods that are cheaper, they would make a different decision.”

Trusted sources of information for sharing health-related information included doctors, dietitians, farmers and WIC staff. However, a few participants indicated mistrust of health care providers and government staff. When prompted, participants identified a range of communication methods for receiving health-related information, including email, text and social media, as well as through trusted community sources, including schools and food pantries.

INTEREST IN IOWA HHS SERVICES

Overall, focus group participants were interested in learning more about Iowa HHS services, particularly those that could improve their health and access to nutritious foods. Many participants reported high needs in their communities and indicated that increased public support could help address health disparities.

“I think that Iowa can really take a stance to think that if they provide better nutrition for the people in their state, they will also have lower obesity rates, less people on medication, less children with behavior issues, classroom, learning disabilities, so on and so forth. So, I really do see this as a way broader issue spanning across almost everything that we struggle with as a state and across the country.”



Conclusions and Recommendations

The purpose of these focus groups was to learn more about food insecure Iowan's experiences and to understand what barriers they face when accessing affordable, nutritious and culturally relevant foods. In addition, we sought to understand how the *Iowa HEAL Partnership Strategic Plan* resonates with this audience and identify any areas missing from the current plan. Focus group participants shared their lived experiences with food and nutrition insecurity and opportunities for improving access. As highlighted below, participants recommended expanding existing food access partnerships and programming, increasing awareness and education around food and nutrition topics and supporting increased food access by increasing food access programs, expanding gardening access and streamlining existing programming. The following conclusions align with the goals and strategies laid out in the *Iowa HEAL Partnership Strategic Plan*.

Limited access to affordable, nutritious foods continues to be a barrier to healthy eating for some Iowans, especially individuals with limited transportation options and those living in rural communities.

Participants discussed rising prices as a critical barrier and talked about smart shopping habits to improve affordability, such as using apps to compare prices, planning meals and shopping around for sales and store coupons. Some reported driving long distances to shop at larger stores with more options and lower prices, while others shared that access to affordable transportation had limited their shopping to local stores with limited selection and higher prices.

Food choices are influenced by convenience, acceptance by family members, price and accessibility.

Familial taste preferences and health goals influenced the foods participants typically purchased and prepared, with fruits and vegetables and protein foods such as meat and chicken being the most commonly available in households. Participants shop at a variety of stores including chains such as Aldi, Walmart, Save-a Lot, Fareway and Hy-Vee.

There is a need for additional food assistance programs to increase food access and promote food and nutrition security. While participants were aware of food assistance programs in their communities, they reported that some programs were either operating in diminished capacity or were discontinued.

Participants were aware of WIC and SNAP and local food pantries, community fridges, school food programs and food rescue programs. SNAP is a valued resource, but current eligibility guidelines and program rules can make it challenging to enroll and maintain participation. Suggestions for improvements included increasing the income eligibility guidelines, streamlining the application process to be less burdensome and improving customer services provided by program staff.

There is interest in home and community gardens and resources such as classes, educational guides and assistance acquiring seeds and gardening tools and supplies.

Gardens were viewed positively, and many participants were interested in starting or expanding their gardens. Participants described a hesitancy to invest their limited resources on seeds and gardening supplies when they were not confident with their current abilities to successfully grow produce and gain a return on their investment. Increasing gardening knowledge through educational programs and providing seeds and gardening tools can provide community members with a hands-on means to increase access to fresh produce.

Participants are interested in food and nutrition education, particularly classes on how to prepare healthy meals on a budget. The information could be presented by a trusted community member, such as a nutritionist or local college instructor.

Participants were interested in participating in educational classes on healthy eating, meal planning and budgeting. They were especially interested in learning from local experts. The pairing of education and resources was suggested to improve knowledge and access. For example, distributing items or coupons to purchase the ingredients needed to make meals that are prepared during the class sessions.

Participants confirmed interest in health- and nutrition-related programming and identified the need to increase program outreach and communication about current programs available in their communities.

While participants stated that there are a range of programs available through local agencies and non-profits, they also shared that many community members do not know about them or how to access them. Participants suggested increasing outreach and developing an online resource or other central repository of available food and health resources available in local communities.

Limitations

While the design of this study and the usage of unique links to the online screening survey were intended to prevent fraudulent participation in the focus groups, invalid participants were identified in the focus groups. In those instances when the participant could not be removed from the group, participant responses were not included in analysis. However, their responses during focus groups may have influenced some feedback received from other participants.

Additionally, the dependency of recruitment on community partners may have contributed to challenges with focus group recruitment. While the findings from these focus groups offer insights into the experiences of SNAP-eligible individuals to access affordable, culturally appropriate foods and health information, it only represents a small portion of those eligible or who have participated in the program and is not intended to be generalized to the larger population of eligible participants or the community at large.



Appendix A: Partner Information Sheet

Discussion Group Overview

Iowa Department of Health and Health and Human Services has partnered with Altarum, a health research company, to conduct discussion groups with Iowans who have lower incomes to learn more about their experiences with food and nutrition security and to understand what barriers they face when accessing affordable, nutritious, culturally appropriate foods. Discussion groups will be conducted with SNAP-eligible adults (over age 18). A total of five discussion groups will be conducted in English, one of which will be in-person and four of which will be virtual. Discussion group attendees will be asked about buying, cooking, and eating foods that are good for their health.



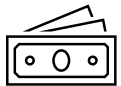
Who can participate?

Iowa residents aged 18 and older who are SNAP-Eligible



How long will each discussion group last?

The discussion group will last 60 minutes (including welcoming participants to the group, reviewing the information sheet, responding to the discussion group questions, and completing a brief demographic survey).



Incentives

Altarum will send discussion group attendees a \$50 Walmart gift card after the discussion group.

Role of Local Partners and Staff

- Post the discussion group recruitment flyer in an area visible to members of the community (please do not post electronically or place on social media sites).
- Recruit discussion group participants and invite anyone who is interested in attending a discussion group to sign-up on the “Discussion Group Sign-Up Form.” Participants **MUST sign-up** and be confirmed to attend the group.
 - Please **do not share the date and time** with people who have not signed up to attend.
- Review the following details with anyone who signs up for the discussion group:
 - Let them know they will receive a text or email with a survey from the Altarum evaluation team to see if the project is a good fit and confirm their availability. They should indicate on the sign-up form how they want to be contacted by Altarum. Close to the date of the discussion group, Altarum will also remind them of the discussion group details and confirm they are participating.

For the in-person group:

- Review day, time and location of the discussion group.
- Childcare will be provided if necessary.

For the virtual groups:

- Ensure they have a device with a camera and microphone to participate in the virtual group discussion. We are asking all participants to have their cameras on during the discussion.
- Let them know the discussion will take place over Zoom and that Altarum will be sending a Zoom information sheet to assist them.

For in-person and virtual groups:

- Scan and email the sign-up form to Laura Paulsen at Iowa HHS: laura.paulsen@idph.iowa.gov
 - Please do not wait until the form is completely filled to scan and email it in. Instead, you can send it to Laura every few days or when 4-5 new names have been added to the list.
 - The Altarum evaluation team will let you know when to stop recruiting.

Questions?

Contact: laura.paulsen@idph.iowa.gov or Altarum at: iowadiscussiongroups@altarum.org

Appendix B: Outreach Flyer




WE WANT TO HEAR FROM YOU!

Are you someone who struggles to purchase enough food each month?

Do you have an interest in nutrition and health?

If you answered “yes” to these questions, we want to hear from you. Please join us for an online group discussion about buying, cooking, and eating healthy foods. The Iowa Department of Health and Human Services has partnered with Altarum, a health research company, to hold these 60-minute virtual discussion groups. Everyone who attends a discussion group will receive a \$50 Walmart gift card.



Who can participate?

Iowa residents aged 18 and older. Must have a device with a camera and microphone to participate.

Compensation

Everyone who participates in a discussion will receive a \$50 Walmart gift card and must be confirmed in advance.

Interested in participating? Provide your information on the signup sheet.

Want more information? Contact Altarum at: iowadiscussiongroups@altarum.org

Text from Flyer Image

We want to hear from you!

Are you someone who struggles to purchase enough food each month? Do you have an interest in nutrition and health?

If you answered “yes” to these questions, we want to hear from you. Please join us for an online group discussion about buying, cooking, and eating healthy foods. The Iowa Department of Health and Human Services has partnered with Altarum, a health research company, to hold these 60-minute virtual discussion groups. Everyone who attends a discussion group will receive a \$50 Walmart gift card.

Who can participate?

Iowa residents aged 18 and older. Must have a device with a camera and microphone to participate.

Compensation

Everyone who participates in a discussion will receive a **\$50 Walmart gift card and must be confirmed in advance.**

Interested in participating? Provide your information on the signup sheet.

Want more information? Contact Altarum at: iowadiscussiongroups@altarum.org

Appendix C: Discussion Group Screening Survey

Thank you for your interest in attending a discussion group about buying, cooking and eating foods that are good for your health. We are interested in hearing about your experiences with having enough affordable healthy food to eat as well as any barriers you face in accessing affordable, culturally appropriate foods and health information. Iowa Department of Health and Human Services has partnered with Altarum, a health research company, for this project.

We will be conducting a total of five discussion groups. One will be held in person, and four discussion groups will be held virtually (online) through Zoom. Each discussion group will last one hour, will have up to ten individuals and will be audio recorded for note taking purposes. All of your answers will be kept private. Your participation in a discussion group is voluntary, and will not affect your status with Iowa Department of Health and Human Services.

You must have a device with a camera and microphone to participate. If you choose to attend a discussion group, you will be mailed a \$50 Walmart gift card* afterwards as a thank you for your participation. Please complete this brief survey so we can tell whether this discussion group is a good fit.

Click 'Next' to begin the survey.

*You must be 18 years or older to take the survey. To receive your gift card, you must provide a valid physical address and email address at the end of the survey. Your contact information will not be linked to your survey responses. Please allow 4-6 weeks to receive your gift card. Neither Altarum nor Iowa Department of Health and Human Services is responsible for undeliverable mail.

1. What is your age?
 - Under 18 years **[If selected, "Disqualification" screen]**
 - 18-29 years
 - 30-39 years
 - 40-49 years
 - 50-59 years
 - 60 or more years
2. Did you or other members of your household participate in any of the following programs in the past year? (select all that apply)
 - Food pantry
 - Head Start
 - Iowa Family Development and Self Sufficiency (FaDSS) program
 - Iowa Family Investment Program (FIP)
 - Lighting and Heating Assistance Program (LIHEAP)
 - Medicaid
 - Medicare
 - National School Lunch Program (NSLP)
 - SNAP / EBT (formerly Food Stamps)
 - Subsidized housing
 - Summer Food Service Program (SFSP) (free summer meals and snacks to children)

- Temporary Assistance for Needy Families (TANF) or Family Assistance Program (temporary cash aid, job training services)
- Women, Infants, and Children (WIC) program
- I did not take part in any of these programs

3. Do you live in Iowa?

- Yes
- No **[If selected, "Disqualification" screen]**

Below are two statements that people have made about their food situation. Please indicate whether the statement was often true, sometimes true, or never true for you or your household in the last 12 months.

4. Within the past 12 months we worried whether our food would run out before we got money to buy more.
- Often true
 - Sometimes true
 - Never true
5. Within the past 12 months the food we bought just didn't last and we didn't have money to get more.
- Often true
 - Sometimes true
 - Never true

[Programming Note: On Q5 and Q6, if respondent selects "Never True" for both questions, then have survey end with the message, "You are not eligible to participate in the discussion groups. Thank you."]

6. Below are the dates and times of the discussion groups scheduled for this project. Please select all of the discussion groups that you are available to attend. If chosen for this project, you will only be scheduled to attend one discussion group.
- Discussion Group 1: Date and Time
 - Discussion Group 2: Date and Time
 - Discussion Group 3: Date and Time
 - Discussion Group 4: Date and Time
 - In-person Group: Date and Time and Location

If you qualify for a discussion group, Altarum staff will follow-up with you to provide more information and schedule the discussion. If you take part in the discussion group, you will receive a \$50 Walmart gift card by mail from Altarum within 4-6 weeks after completing the discussion group. Contact information will be used for scheduling the discussion group and to provide the gift card following participation in the discussion group.

- Your contact information will not be shared with Iowa Department of Health and Human Services for any purposes outside of this study.
- Altarum is not responsible for undeliverable mail.
- By entering your cell phone number, you consent to receiving phone calls or text messages from Altarum about this project. You may opt out of receiving text messages at any time by replying STOP.

Please supply your contact information below.

First name:
Last name:
Address:
City:
State:
Zip code:
Email address:
Cell phone number (with area code):

Thank you for participating in this project! Your feedback is important to us. If you are selected for a discussion group, someone from Altarum will contact you in the next several weeks. If you have questions about the study, please call the Altarum Help Desk at [phone] or by email at IowaDiscussionGroups@Altarum.org.

Disqualification

We're sorry, you are not eligible to participate in this project. If you believe you received this message in error, please call the **Survey Coordinator at Altarum at: IowaDiscussionGroups@Altarum.org**.

Appendix D: Facilitators Guide

INTRODUCTION [5 MINUTES]

Welcome everyone! Thank you for joining us for today's discussion group. We are excited to have you all here. My name is [INSERT NAME] and I'm joined by my colleague [INSERT NAME]. We work for Altarum. Altarum is a non-profit research and consulting organization that focuses on improving health, especially for underserved populations. We have been working with Iowa Department of Health and Human Services for the past two years on a variety of projects aimed at improving healthy eating in Iowa. The purpose of our discussion today is to hear about your experiences with having enough healthy food to eat that you can afford and what barriers you face in accessing affordable, culturally appropriate foods and health information.

The information that you share with us today will be combined with information we are gathering through four other discussion groups and used to develop a report for Iowa Health and Human Services. Your input is very important to us.

Before we begin, I would like to point out a few details about our discussion. We will be using first names only today. Everything you say during this session is private and we ask that you please not share information discussed today outside of this group. Your name will not appear anywhere in the report. Nothing said today will be attached to your name at any point and nothing that you say will affect your participation in programs implemented by the Iowa Department of Health and Human Services. Please share your honest thoughts and experiences with us.

For Virtual Group: On the screen are a few Zoom features that may be used during the discussion group: mute, camera, chat, emoji.

Now, I am going to cover a few housekeeping details and ground rules for today's discussion.

- Your participation in this focus group is voluntary, which means that you do not have to answer a question if you do not want to, or you may choose to leave the discussion at any time.
- There are no right or wrong answers – we value all opinions and feedback.
- It's important that we hear from everyone – all your opinions are valuable. So please speak up, even if everyone else in the group is agreeing on something and you're the only person who disagrees.
- It would be helpful to have only one person talk at a time. If two people talk at once, we won't be able to hear your valuable input. We may remind you of this during the group discussion.
- For your participation in today's discussion, each of you will receive a \$50 Walmart gift card. Please allow up to four weeks to receive the gift card by mail.
- Our group discussion will last about an hour. To make sure that I don't keep you any longer than our allocated time, I might sometimes interrupt you to keep the discussions focused or move us along to a new topic.
- **Virtual Only:** We would appreciate if everyone could please turn their camera on during the discussion. Video will not be recorded but seeing everyone will help us monitor the group. We

will be audio recording today's discussions to ensure we capture your feedback correctly in our notes and that we do not miss anything important.

Does everyone agree to participate in the discussion group, including the audio recording of our discussion today? Do you have any questions for me before we get started? If there are no questions, we will begin. Please feel free to ask any questions throughout the conversation today if something comes up.

[Facilitator Note: Start recording of focus group at this point.]

ICE BREAKER [5 MINUTES]

To get to know each other, let's go around the room. Please introduce yourself and tell me what is a favorite food that you like to prepare or eat.

PERCEPTION OF HEALTH [10 MINUTES]

Let's talk about what it means to be healthy.

1. What does "being healthy" mean to you?
2. What comes to mind when you think of eating healthy?
3. On a scale of 1 (hard), 2 (not hard or easy), 3 (easy), how easy or hard is it to eat healthy?
4. What factors in your life make it difficult for you to eat a healthy diet?
 - a. What could be changed in your community to help you and your family eat more healthfully?

ACCESS TO FOOD [10 MINUTES]

Let's talk more about the foods that you and your family like to eat.

5. What foods are the most important in your household?
6. What kind of things affect the food that you typically have at home?
7. Where do you usually shop for groceries and why? (PROBE: big stores like Walmart or Target, grocery stores like Hy-Vee, Fareway or Aldi, or smaller grocery stores that you might find just in your town. Other examples include Dollar Stores, corner stores or convenience stores.)
 - a. Are there any foods that are not offered where you usually shop for groceries that you would like to see?
8. Do you currently grow your own food at home or participate in a community garden?
 - a. Is there anything Iowa HHS could provide you to assist you in your gardening? (e.g., provide seeds, gardening tips or lessons, help find community garden spaces)

ACCESS TO SERVICES [10 MINUTES]

We would now like to hear about programs or services in your community that help people gain access healthy foods.

9. Are there certain programs or services in your community that you are aware of that help people who don't have enough food get access to the types of foods that they want to eat?
 - a. What makes it easy or difficult to get food through these services or programs?
 - b. [PROBE: 'You mentioned SNAP' or if not mentioned, 'What about SNAP?'] Are you aware of any challenges people experience accessing food through SNAP or their EBT card? (SNAP used to be called the food stamps program).
 - c. Are there any barriers to applying for SNAP benefits?

INFORMING STRATEGIC PLAN GOALS & STRATEGIES [15 MINUTES]

One of the goals of Iowa Department of Health and Human Services is to address hunger in Iowa and help individuals and families eat healthier. They are working with a variety of partners to implement programs that create healthier communities. Examples of this may include a Veggie Voucher program that gives families with lower incomes vouchers to buy locally grown produce at the farmers market and Double Up Food Bucks, a program that matches your fruit and veggie purchases dollar for dollar when using SNAP or EBT benefits. Other examples might include community gardens and providing healthy foods in schools and childcare centers.

10. What health-related programs are most needed in your community?
11. What type of health-related information are you most interested in?
 - a. What are the best ways to provide that health-related information to you and others in your community? [Probes: virtual vs. in-person, group classes, texting]
 - b. Who do you trust to provide this type of information to you?
12. What types of changes would be most impactful in your community to help families eat healthier? (Probe: community garden)
13. Aside from what we have already discussed, can you think of another approach that would help people access healthy food?
14. Are you interested in learning more about the progress Iowa Department of Health and Human Services and its partners are making in addressing hunger in Iowa?
 - a. If yes, what information would be of interest to you?
 - b. What would be the best way to share this information with you?

CONCLUSION [5 MINUTES]

15. What other suggestions or comments do you have about healthy eating in Iowa that we have not already discussed?

Thank you for your time and thoughtful feedback. We learned a lot from our discussion today. Your responses are appreciated. Altarum will deliver your \$50 gift card within 4-6 weeks.

[Facilitator Note: Stop recording of focus group at this point and administer demographic survey.]

Appendix E: Demographic Survey

These questions are about you and your household. You can skip questions if you prefer not to answer. Your answers won't be linked to anything discussed in the group. Please don't put your name on the survey.

1. What is your age?
2. Including yourself, how many adults aged 18 or older currently live in your home?
3. How many children aged 17 or younger currently live in your home?
4. What is your gender? (mark one)
 - Female
 - Male
 - Non-binary
 - Transgender
 - Prefer to self-describe:
 - Prefer not to answer
5. Are you Latino(a) or Hispanic? (mark one)
 - Yes
 - No
 - Prefer not to answer
6. What is your race? (mark all that apply)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Other
 - Prefer not to answer
7. What is the highest level in school that you completed? (mark one)
 - Less than high school
 - Graduated high school
 - Some college or vocational / technical training
 - Graduated college or vocational / technical training with a 2-year associate degree
 - Graduated college with a 4-year bachelor's degree
 - Attended graduate / professional college for master's or doctorate degree
 - Prefer not to answer

8. Did you or other members of your household participate in any of the following programs in the past year? (mark all that apply)

- SNAP / EBT (formerly Food Stamps)
- WIC
- Free summer meals
- Head Start
- Food Pantry
- Medicaid
- TANF or Family Assistance Program (temporary cash assistance, job training services)
- Did not participate in any of these programs
- Prefer not to answer