

Evaluation Report for Christopher's Kitchen

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Abstract

This evaluation report on Christopher's Kitchen (CK), a hospital food pantry, reports on findings from a mixed methods approach combining surveys and qualitative follow-up interviews conducted via phone with hospital staff and caregivers. Evaluating hospital food pantries is of paramount public health relevance as it assesses their effectiveness in addressing food insecurity, directly impacting the nutritional well-being of patients and their families. This evaluation contributes crucial insights to improve pantry options, aligning with broader public health efforts to promote equitable access to nutritional support within healthcare settings.

The mixed methods design allows for a nuanced exploration of the experiences and perceptions of both hospital staff and caregivers, providing a general view of the food pantry's role and effectiveness. Initial surveys included open-ended questions, allowing participants to provide insights and suggestions, and were distributed to hospital staff and caregivers to assess their awareness, utilization, and satisfaction with CK's services.

Qualitative follow-up interviews were also conducted via phone with a subset of willing participants to delve deeper into their perspectives and experiences. This component aims to capture the contextual factors that may not be fully addressed in the quantitative survey data. Participants were encouraged to elaborate on their responses, share specific instances, and provide suggestions for improvement.

Findings indicate that many respondents learned about CK through hospital staff, with nurses and patient care technicians playing a prominent role in disseminating information. Caregivers also shared their awareness of CK through word-of-mouth, emphasizing the importance of interpersonal connections in promoting the pantry's services. Notably, respondents appreciated the microwave-friendly food options available, though suggestions for improvements included diversifying the food and beverage offerings, introducing organic options, and expanding the range of choices for more substantial meals.

Findings from this evaluation of Christopher's Kitchen contribute to a broader understanding of CK's efforts, providing valuable information for potential enhancements and improvements to better meet the diverse needs of hospital staff and caregivers relying on the food pantry services.

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1.0 Purpose of Evaluation

Christopher's Kitchen (CK) is an Allegheny County-based nonprofit that serves hospitals by delivering food bags and maintaining food pantries with their partners. In May 2023, CK requested a graduate student from the University of Pittsburgh to evaluate their services. I collaborated with a representative from a hospital in Allegheny County, CK, and hospital staff. CK is interested in assessing their food delivery program in hospitals' pediatric ICU (PICU). They aim to learn who uses this program, how caregivers use the services offered and determine if receiving food pantry services has impacted their decision-making abilities. CK is also interested in finding out how many families know about their program and using this information to improve their reach in the PICU. This essay explores the process of an evaluation project that aimed to learn how CK can assist hospitals in understanding better services provided by CK and ways to promote services to patient caregivers.

1.1 Scope of Evaluation

This essay focuses on evaluation efforts with one hospital food pantry in Allegheny County through surveys to evaluate Pediatric Intensive Care Unit (PICU) staff feedback on the services provided by Christopher's Kitchen. The survey explored various topics, including who is responsible for informing patient families about the food bags, when staff informs patients about food bags, challenges, and valuable materials to promote Christopher's Kitchen services. The aim is to learn how Christopher's Kitchen can assist hospital staff in understanding the benefits

provided by Christopher's Kitchen, as well as ways to promote services to patient caregivers. Throughout this report, "parent" and "caregiver" will be used interchangeably to encompass individuals providing care and support for children in hospital settings.

2.0 Background

Hunger and food insecurity persist in the United States despite the country's wealth. In 2022, 12.8% (17 million) of Americans, including children, were identified as food insecure. The 2022 prevalence of food insecurity was significantly higher than the 10.2 percent (13.5 million) in 2021 (USDA 2022). This issue emphasizes the need for policy measures, community initiatives, and public awareness to ensure that no American goes to bed hungry. Combating this problem requires coordinated efforts, government support, and increased public attention to address this critical public health issue (Feeding America 2022).

Hospital-based food pantries have emerged as a vital resource in the healthcare landscape, offering critical support to patients, their families, and the community (Lundeen et al., 2017; Greenthal et al., 2019; Mirsky et al., 2021; Feeding America, 2023). These food pantries, often situated within or near healthcare facilities, directly respond to the persistent issue of food insecurity, which affects countless individuals (Bertmann et al., 2021). One of the primary objectives of hospital-based food pantries is to address the nutritional needs of patients and their families (Greenthal et al., 2019). Food insecurity, the uncertainty of obtaining sufficient and nourishing meals, is a pressing concern and can significantly impact health outcomes (Gundersen & Ziliak 2015). Hospital pantries provide a lifeline by offering free or low-cost access to nutritious food, reducing the stress and challenges associated with obtaining proper nourishment during difficult times (Echevarria et al., 2011).

Hospital food pantries play a significant role in preventing avoidable health complications and readmissions. By ensuring that patients have access to healthy food, these initiatives contribute to better health management and recovery, ultimately reducing the strain on healthcare systems

and improving patient outcomes (Sastre et al., 2021). Furthermore, hospital-based food pantries promote the importance of a well-balanced diet and nutrition education. They provide patients and their families with the knowledge to make healthier food choices, which is integral in preventing and managing chronic diseases. This educational component aligns with a holistic approach to healthcare, recognizing that medical interventions and social and environmental factors do not solely determine health.

2.1 Parenting Stress in a Hospital Setting

Parents with children in hospitals often experience heightened levels of stress and emotional strain from seeing their child suffer in combination with challenges associated with navigating complex medical environments (Santacroce 2002; Diaz-Caneja et al., 2005). Parents worry about their child's well-being, disruption of daily routines, and uncertainties about the future contribute to a significant burden on parents during these difficult times (Terp & Sjostrom-Strand 2007), and can lead to feelings of depression, insecurity, and anxiety (Ryzewska et al., 2021; Franck et al., 2015).

Even outside of a hospital setting, elevated parental stress is linked to negative impacts on the well-being of children, influencing their emotional and behavioral development and overall health outcomes (Uddin et al., 2020; Crosswell et al., 2022). Furthermore, parental stress can lead to inconsistent parenting, making it difficult for children to understand and predict their parents' responses (Nomaguchi & Milkie 2020). When parents experience high levels of stress, whether due to work pressures, financial concerns, or relationship issues, their ability to provide practical, nurturing, and consistent care for their children can be compromised (Sandstrom & Huerta 2013).

2.2 Evaluation

The primary purpose of program evaluation in public health is to gauge program effectiveness, maintain accountability, and guide informed decision-making, ultimately leading to better health outcomes for communities and populations (Rabarison et al., 2015). Evaluation may promote accountability and transparency by reporting progress and outcomes, fostering public trust, and responsible resource allocation (CDC 2011). Evaluation can inform evidence-based decision-making, guiding decision-making, promoting the adoption of practices with proven efficacy, ultimately enhancing the health and well-being of communities (Titler 2008; CDC 2011; CDC, 2023). Moreover, evaluation can facilitate accountability by establishing a clear framework for assessing a pantry's outcomes and determining whether it aligns with a hospital's goals and mission. A well-executed program evaluation can ultimately enhance the sustainability and success of hospital food pantry initiatives.

2.3 Evaluating Hospital Food Pantries

Evaluating the experiences of both staff and families is crucial for understanding the effectiveness and impact of programs or services (Prior & Campbell 2018; Locock et al., 2020). This dual perspective can provide valuable insights into the dynamics of interactions within a healthcare or service-oriented setting, fostering improvements that cater to the needs and concerns of all stakeholders (Varni et al., 2004). By examining staff experiences in hospital based food pantries, administrators can identify potential sources of burnout, job satisfaction, and areas for professional development, ultimately enhancing the overall workplace environment (Bogaert et

al., 2009; Kelly et al., 2021). Simultaneously, understanding the perspectives of families in settings like hospitals allows for identifying gaps in services, areas for improvement in communication, and tailoring support mechanisms to meet the diverse needs of those receiving care (Bucknall et al., 2020).

Patient and family feedback is also a valuable part of the evaluation process. Understanding their experiences and needs can help shape programs to serve the target population better (Greenthal et al., 2019). Surveys, focus groups, and interviews can capture this data (DePuccio et al., 2022). Assessing reach, food quality, health outcomes, cost-effectiveness, and patient feedback can help optimize these programs, ensuring they effectively address food insecurity and enhance the well-being of patients and their communities. It can also provide the evidence needed to secure support and resources for sustaining these vital initiatives within the healthcare system (Greenthal et al., 2019; Health Care Without Harm 2018; Reinoso et al., 2022).

2.4 Description of Agency

Christopher's Kitchen is a nonprofit organization that was founded in 2017 after the tragic death of the founder's 16-year-old stepson, Christopher. After seeing other families in the hospital, she realized many could not feed themselves while their children were hospitalized. The founder met with staff at the hospital at which Christopher had died, to initiate the idea of a hospital food pantry to ensure families and caregivers had consistent access to food while in the hospital. With a dedication to honoring the memory of Christopher, CK opened a food pantry, which seeks to provide caretakers adequate access to food while their child is in the PICU (christopherskitchen.org 2022). Perishable items in each food pantry include protein bars, cereals,

instant oatmeal, Gatorade, fruit snacks, popcorn, frozen breakfast sandwiches, Lunchables, and fruit cups. Maintaining the pantry and delivering food bags has been made possible with an all-volunteer staff, donations from family and friends, and grants from partners in Pennsylvania.

CK operates three food pantries on different floors at one children's hospital in Allegheny County. CK is also increasing its services in a neonatal intensive care unit at a women's hospital in Allegheny County, with plans to open in December 2023. In addition to the pantries, CK provides food bags biweekly to both the PICU and the emergency department. The food pantries receive between 35 and 50 packages of individual servings of food twice a week. The hospital staff provides CK with a checklist to let them know what items to replenish before each delivery.

At the core of its mission, the organization believes that consistent access to food is a fundamental right. CK strives to positively impact individuals and families facing economic challenges with food and drink while they wait with their children in hospital settings. The primary objective of CK is to establish a community-based food pantry in hospital settings to ensure caretakers have access to free food while their child is in the hospital. CK also seeks to decrease parents' stress levels in challenging situations by providing accessible and free food. Ensuring parents are nourished reduces their stress on locating and purchasing food in the hospital. Therefore, they are more present to provide better care to their children. Methods

This evaluation employed a mixed-methods approach, combining surveys and telephone interviews to comprehensively assess and understand the impact of CK's hospital food pantry. In preparation for the survey, I collaborated with one of CK's board Members and hospital staff to develop survey questions. We also met with hospital social workers to review the survey and ensure questions were relevant and appropriate for the target audience. We created two surveys, one each for hospital staff and caregivers, and gathered them electronically via Qualtrics and

printed surveys distributed by social workers. Surveys were collected from August 2022 to October 2022. Data was anonymized to ensure participant privacy. Hospital staff surveys included questions on whether they inform patients of CK services, challenges for reporting patients about services, materials, or tools to assist in promoting services, and suggestions on improving the process of receiving and distributing food pantry services. Caregiver surveys included questions to determine if they used or were aware of CK food pantry services if the food pantry services assisted with food needs if hospital staff shared information on CK services, food quality, stress levels, and suggestions to improve CK services. Upon completing the survey at discharge, parents/caregivers were provided an option at the end of the study to indicate interest in answering follow-up questions via telephone.

I conducted qualitative interviews with parents of children discharged from the PICU in November 2022. The interviews focused on how caregivers were referred to CK services, whether they utilized the food pantry, and suggestions to improve food pantry options. Social workers played a pivotal role in enhancing my credibility by connecting caregivers with me for the follow-up interviews. Interviews were recorded on my phone after obtaining explicit consent from caregivers, ensuring comprehensive and accurate documentation. The recordings were in a password-protected file that was only accessible to me and were destroyed upon completing the evaluation report. The importance of documentation is paramount in qualitative methods, as detailed and accurate records of the research process, including data collection, coding, and analysis, enhance transparency, credibility, reproducibility, and the overall trustworthiness of the findings. Rigorous documentation establishes the credibility of qualitative research and facilitates the critical evaluation of methods and results by researchers and peer reviewers (Tolley et al., 2016).

I coded to identify recurring themes and patterns related to the provision and utilization of pantry services. This thematic coding enabled me to stay ‘close’ to the data, synthesizing transparently and facilitating the development of new concepts and ideas (Thomas & Harden, 2008; Tolley et al., 2016). Through an iterative process, codes were refined and organized into broader themes such as accessibility, quality of food, and impact on caregiver well-being. Interviews were coded until saturation (when no new themes were emerging) to ensure a comprehensive understanding of the complexities surrounding the effectiveness and challenges of CK services (Tollet et al., 2016).

3.0 Limitations

This evaluation has several limitations. First, the small and narrow sample size of parents with children in the PICU does not represent the hospital's broader population. Characteristics and stress levels are also very different compared to parents of a child on a general hospital floor. This evaluation focuses on one food pantry, and findings are not generalizable to other hospital food pantries. Self-selection bias must also be considered, as these individuals who chose to use the hospital food pantry may have different characteristics than those who do not. The exact number of distributed surveys remains unknown as the survey was posted in a public space, making it challenging to track the total dissemination and potentially introducing uncertainty into the representativeness of the collected data. It is also important to note that the time families are in the PICU varies, averaging from two to nineteen days (Pollack et al., 2018), adding variability to their experience of the food pantry not captured in this evaluation. This evaluation only covers a short period and was not designed to capture the long-term effects of the food pantry on health outcomes or overall well-being.

4.0 Results

4.1 Hospital Staff Surveys

A mixture of PICU medical doctors, registered nurses, and patient care technicians responded to the survey distributed by hospital social workers and posted throughout the PICU. The CK evaluation team received 28 survey responses via Qualtrics from hospital staff. (See Appendix A for the complete survey provided to the hospital staff).

4.1.1 Informing Family Members of CK Services

Results indicated that most hospital staff (12) told family members of CK services on admission. The subsequent most common survey response revealed that hospital staff (4) frequently relay information about food pantry services to caregivers during the unit tour. Survey results show that another frequent practice among hospital staff (2) is informing caregivers about food pantry services when they enter the room.

Q: After a patient is admitted to the hospital, when do you inform the patient's family about the Christopher's Kitchen food pantry services?

Table 1

Response	#
On admission	12

During the tour of the unit. After the admission assessment and interview are complete.	4
As soon as I go into the rooms	2
In the middle of the night or within 24 hours	1
I try to let the families know about the pantry and the food available for them	1
Off shifts and if they haven't eaten	1

4.1.2 Challenges of Informing Patient Families about CK Services

Staff challenges in informing families about CK services were mixed. Just under a third of respondents indicated they had no challenges. However, two thirds (13/21) indicated a range of challenges the most frequent of which was insufficient time to notify all families. Other challenges include the food supply in the pantry, which is often low, with limited options and patients arriving exhausted and wanting to sleep immediately.

Q: What challenges, if any, do you experience in your efforts when informing patient families about the Christopher's Kitchen food pantry services?

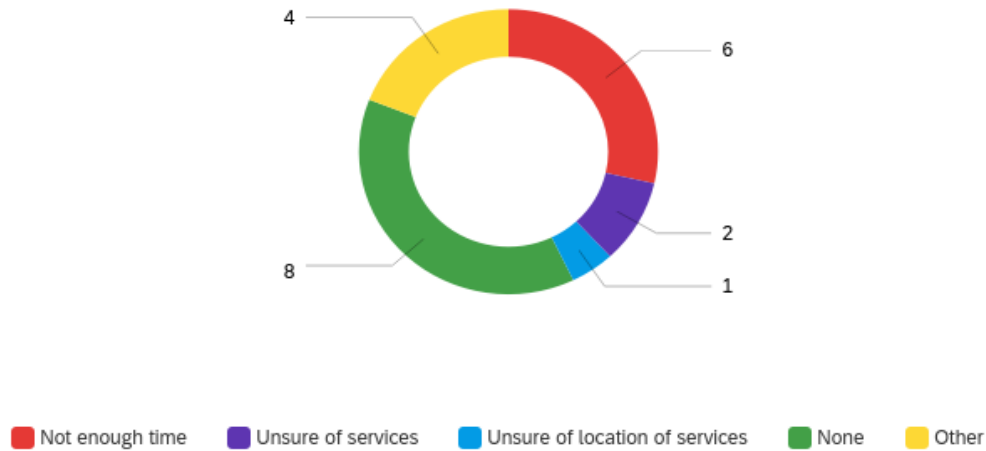


Figure 1: Survey Responses to Challenges

4.1.3 Materials/tools to assist in promoting CK Food Pantry Services

The survey allowed participants to have more than one response to this specific question. Therefore, the total number of respondents to the question is unknown. The most common response (12) indicated that informational brochures, flyers for hospital rooms, posters, or displays in common areas could effectively convey the details of the CK food pantry. Respondents (5) also suggested that providing information about CK services via flyers placed in hospital rooms would also be beneficial in promoting CK services. The third most common response (2) emphasizes the necessity of stocking the pantry with plates, bowls, and silverware. Other responses indicated the need for more substantial meals, a consistent food supply, and hiring admission teams.

What materials/tools would be useful to assist you in promoting the Christopher’s Kitchen food bag services?

Table 2

Response	#
Maybe a sheet or card to hand out with information telling families about Christopher’s Kitchen and the food pantry location	12
Maybe a flier/sign for the room?	5
To have it stocked with plates, bowls, and silverware	2
More consistent food supply	1
Hiring an admission team (we used to have one)	1
More substantial options--meals as opposed to simply snacks!	1
Total responses	22

4.1.4 Improving Food Pantry Services

When soliciting suggestions for improving CK services, the question was open-ended to allow hospital staff to provide specific feedback on potential enhancements to the food pantry. Volunteers offering food to families is a valuable suggestion. Staff also noted that families appreciate microwave-friendly food options like Easy Mac, pasta, soups, and oatmeal. Respondents also suggested adding additional items, including freezer foods, more substantial meals, a more comprehensive range of beverages, allergy-free products, and CK-specific volunteers to promote services (perhaps to lessen the burden on hospital staff).

Q: Do you have any suggestions on how to improve the process of receiving and distributing the Christopher’s Kitchen food pantry services or the actual products in the pantry?

- More freezer foods, Easy Mac is a favorite among families and patients.
- Volunteers to offer food to the families
- Families appreciate the things they can make in the microwave--pasta, soups, oatmeal, etc.
There are other snack options throughout the hospital, but not as many choices are available when parents want things that feel like meals--especially outside of cafeteria hours.
- More beverages! Specifically, a water fountain or something
- It has been a help to a lot of families. Maybe some more allergy-free products.
- Sometimes some odd items in the pantry such as a can of black beans but other than that we love it!
- I think this is an excellent service.
- I think the pantry is great, and a lot of families really appreciate it!

4.2 Family/Caregivers Survey Results

The CK team received six paper surveys and 18 survey responses via Qualtrics. (See Appendix B for the complete survey provided to the families/caregivers).

4.2.1 Awareness of CK Food Pantry Services

Respondents learned of the food pantry in a variety of ways. Over half of the respondents (57%) indicated a nurse (23.53%) or patient care technician (23.53%) informed them of CK services. Caregivers also discovered information about the hospital food pantry through interpersonal connections, with some learning about the services from other hospital patients and

their families (5.88%). Additionally, others learned about the pantry through direct communication with hospital staff (11.76%). ‘Other’ responses to how caregivers learned about the hospital food pantry included instances where they discovered the pantry independently in the kitchen or because it was located across from their hospital room.

Q: Could you please tell us how you heard about Christopher’s Kitchen?

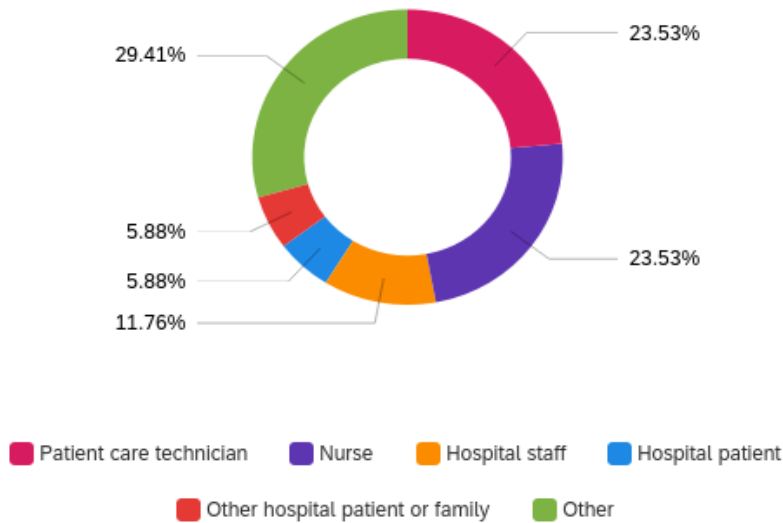


Figure 2: Survey Responses to Learning about CK Services

4.2.2 Addressing Food Needs During Hospital Stay

Most respondents (40%) indicated that the CK food pantry met some of their food needs during their stay. The subsequent most common response highlighted that the hospital food pantry fulfilled minimal food needs during their hospital stay (30%), while others suggested it met all their food needs (20%). A small percentage noted that the food pantry did not meet their needs

during their hospital stay (10%). The qualitative portion of this evaluation further elaborates an in-depth understanding of how CK did/did not meet family food needs.

Q: If you have used Christopher’s Kitchen, to what extent did they meet your food needs during your hospital stay?

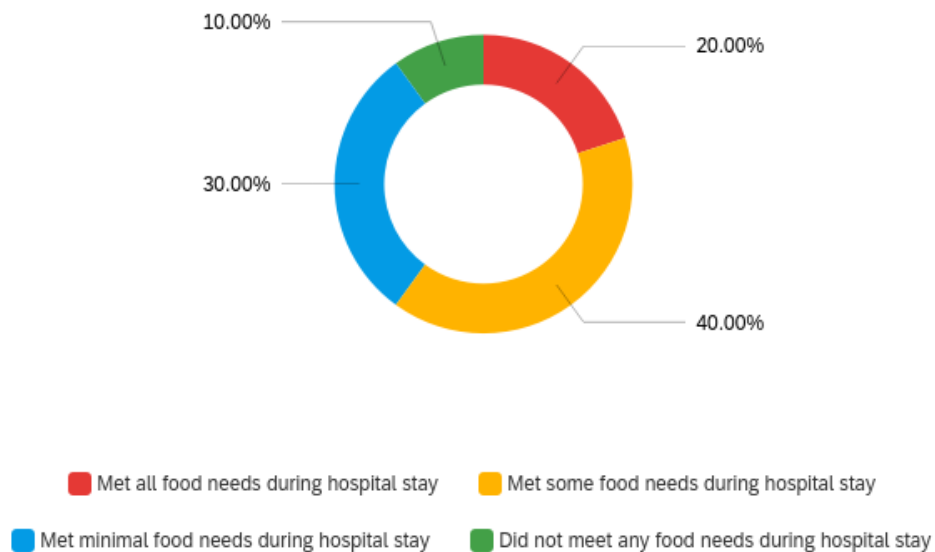


Figure 3: Survey Responses to How CK Addressed their Food Needs

4.2.3 Food Access

The survey asked respondents to describe their access to food during their time at the hospital. Most respondents (38.1%) indicated they had enough food but not the kinds they wanted, while others confirmed they had enough of the types of food they wanted to eat (33.3%). A small percentage (14.29%) said they needed more food, while others (4%) preferred not to answer.

Q: Which of these statements best describes your family’s access to food while staying at the hospital?

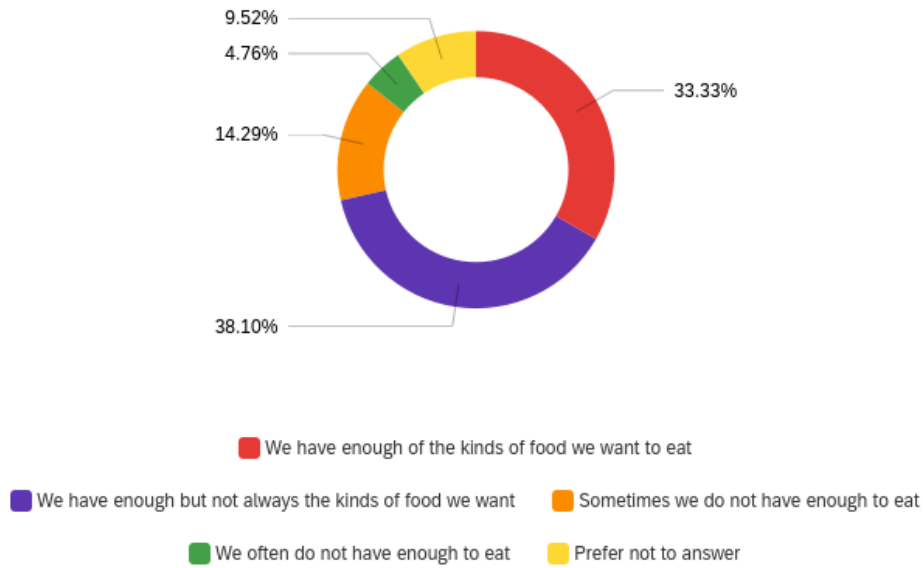


Figure 4: Survey Responses to Caregiver Access to Food

4.2.4 Parent Stress during Hospital Stay.

Nearly a quarter of respondents (23.8%/5 people) indicated significantly reduced stress levels due to pantry services. Only 38% indicated not having a change in stress levels, while the remaining 62% indicated significant, moderate or mild reduced levels of stress.

Q: What impact did the food pantry services provided by Christopher’s Kitchen have on your stress during your time in the hospital?

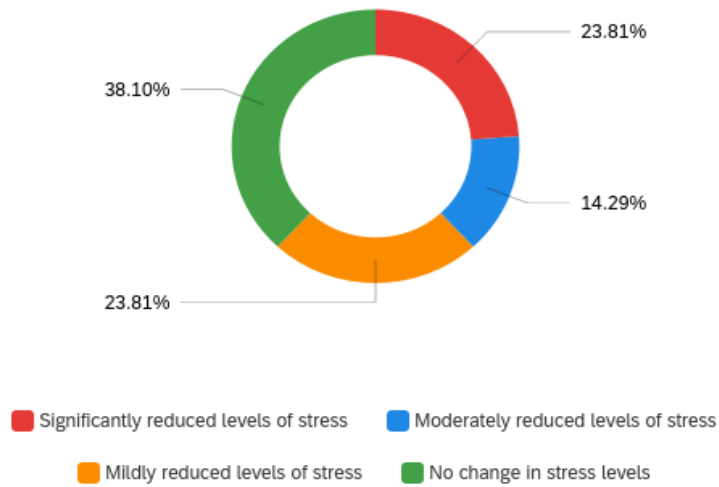


Figure 5: Survey Response to How Services Impacted Stress

4.2.5 Qualitative Results from Families/Caregivers that Utilized CK Services

The survey's final question sought participants' willingness to engage in a phone interview for a more in-depth discussion and elaboration on their responses, providing an opportunity for richer insights and a deeper understanding of their experiences. Out of all survey participants, 10 expressed willingness to engage in further discussions, and I successfully conducted phone interviews with five individuals. Phone conversations averaged from 20-45 minutes.

During qualitative interviews, caregivers shared their experiences accessing CK services. Some claimed hospital staff escorted them to the pantry, showcasing efforts to raise awareness. Some caregivers, however, refrained from using the services due to perceived complexities in the process and concerns about the availability of unhealthy food items. Noteworthy caregiver suggestions for improvement included a desire for more substantial meal options, an expanded array of drink choices, and a consistent stocking of utensils in the pantry. Caregivers also

emphasized the need for improving staff awareness to ensure that families in need are well-informed about the available food pantry resources as well as increasing signage throughout the hospital floors.

Caregiver Interview Feedback

Table 3

Theme	Subtheme	Descriptive Examples
How caregivers were referred to CK services	Staff referrals	<ul style="list-style-type: none"> Caregivers were provided a paper on CK services, and staff escorted them to the pantry
	Visual aids	<ul style="list-style-type: none"> Saw small signs on hospital floor about CK
Why some caregivers did not utilize CK services	Options were unhealthy	<ul style="list-style-type: none"> Too many processed foods
	Not what caregivers were looking for	<ul style="list-style-type: none"> Mostly small snacks were available and were looking for something more substantial
Caregiver suggestions to improve food pantry options	More substantial and tastier meal choices	<ul style="list-style-type: none"> Include canned meals such as Chef Boyardee (lasagna and ravioli) Soups (chicken noodle and chili) Try to include more healthy/organic options More hearty, shelf-stable meals
	Expand drink choices	<ul style="list-style-type: none"> Tea mixtures to throw into water bottles (Lipton tea)
	Healthier options	<ul style="list-style-type: none"> Applesauce, carrot sticks, grapes, apple slices (items that have a longer shelf life)
	Ensure utensils are consistently stocked	<ul style="list-style-type: none"> When trying to eat ramen, no forks were available and had to ask a nurse to find one
	Hot meal service	<ul style="list-style-type: none"> If possible, have CK do a hot meal service (eg.- chicken with mashed potatoes and salad) for families (perhaps during the holidays)

Caregiver suggestions to increase awareness of CK services	Increase the presence of signs advertising CK services	<ul style="list-style-type: none"> • Suggest putting signs on the whiteboards in hospital rooms because caregivers are constantly looking at that area • Make signs bolder with bigger text
	Increase staff awareness	<ul style="list-style-type: none"> • Have nurses mention services during their rounds

5.0 Discussion

5.1 Impact on Stress

This evaluation highlights the work of the CK hospital food pantry and services for parents and caregivers during stressful times. Parental stress during a child's hospitalization is an integral part of parents' experience, which is well noted in several public health studies (Gurtovenki et al., 2020; Toledano-Toledano et al., 2020; Commodari, 2010). Examining parent stress in hospital settings and food access is vital, as it directly impacts the overall well-being of families, influencing the emotional resilience of parents and, consequently, the support system available to a hospitalized child during a critical time (Zdun-Ryzewska et al., 2021). Understanding these issues ensures a more holistic and compassionate approach to care (Knox & Hayes 1983; Hilliard et al., 2011; Zdun-Ryzewska et al., 2021).

The CK evaluation illuminated parent experiences with CK and impact of services on parent stress levels, with over a third (38%) indicating that the services either significantly (23.8%) or moderately (14%) reduced their stress. In hospital settings, specifically in the PICU, the importance of access to food cannot be overstated, as it can play a critical role in supporting parents during the medical care of their critically ill children. While some parents claimed that the food pantry had no discernible effect on their stress levels, acknowledging these varying perspectives underscores the complexity of stress management in healthcare settings, suggesting a valuable avenue for future evaluation efforts to specifically address and reduce stress levels for parents with children in the PICU. Parenting stress in the PICU setting may be especially severe as families navigate the emotional and logistical challenges of having a child in critical condition. Future

evaluation efforts can also further enhance their scope by incorporating a validated measurement scale to systematically assess food security, providing a more nuanced understanding of the impact and effectiveness of hospital food pantry services on addressing nutritional needs during critical healthcare moments.

This evaluation underscores that offering parents access to food through the hospital food pantry emerges as a source of support, recognizing the significance of this provision in alleviating challenges during a particularly trying period.

5.2 Quality of Food

While this evaluation did not explore the quality of the food provided, we learned from staff and caregivers concerns and suggestions around this topic. Assessing the nutritional value and diversity of food offerings ensures that pantries effectively address the specific dietary needs of patients and families (Health Care Without Harm 2018). A well-balanced, nutritious selection of food contributes to better health outcomes and the prevention of chronic diseases (Gundersend & Ziliak 2015). Enhancing the quality and variety of food and drinks within the CK food pantry may be achieved by introducing more substantial and tastier meal choices, and providing a diverse selection that caters to different dietary preferences and cultural backgrounds. Including organic options would address the demand for healthier and environmentally conscious food choices. Budget constraints may pose challenges in affording organic or healthier foods; nevertheless, CK can leverage advertising to emphasize the importance of receiving such items as donations when people contribute to the CK food bank. By raising awareness about the specific need for healthier

items during donation drives, CK can encourage the community to contribute in a targeted and impactful way.

CK faces the ongoing challenge of sustaining its food pantries due to a shortage of volunteers, making it difficult to manage and distribute resources efficiently. The limited volunteer base poses a bottleneck in the organization's ability to meet the increasing demand for its services, emphasizing the need for community involvement to ensure the smooth functioning of CK's food pantries. While expressing overall positivity towards the pantry, occasional unconventional items, such as a can of black beans, suggest an opportunity for refining and aligning the pantry's inventory with the families it serves. To better serve caretakers and parents utilizing the food pantries, CK should consider the cultural demographics of the community, tailoring their offerings to align with diverse dietary preferences. By understanding and incorporating cultural nuances into their assistance programs, CK can enhance the effectiveness and inclusivity of their support, ensuring that the provided resources align with the unique needs of the families they serve. Additionally, expanding the drink choices to include a healthier and more realistic range of options, such as low-sugar or noncaffeinated items, would contribute to a more comprehensive and satisfying support system for individuals and families relying on CK's services.

5.3 Access and Effectiveness

Evaluating hospital-based food pantry programs can be valuable for assessing their impact, accessibility, and effectiveness (Greenthal et al., 2019). This involves understanding the needs and perspectives of stakeholders, improvement strategies, and the coverage of the pantry's reach (Eicher-Miller 2020). While this evaluation primarily centered on gathering feedback from

hospital staff and caregivers regarding CK's food pantry services, conducting additional food pantry evaluations can enhance the understanding of local needs and inform targeted efforts to address food insecurity while simultaneously providing insights for designing programs that effectively alleviate caretaker stress (Greenthalet et al.; 2019; Eicher-Miller 2020; Reinoso et al., 2022). Hospital food pantries aim to reduce food insecurity and improve patients' and their communities' overall health and well-being (An et al., 2019; Health Care Without Harm 2018).

This evaluation highlights the need for clear and accessible information to enhance the effectiveness of in-hospital food support service. Hospital staff may need help to inform family members about food pantry services due to time constraints caused by their busy schedules and patient care demands. This limitation underscores the importance of streamlining communication processes or providing additional resources to ensure that families in need know of available support services during their time at the hospital. Ensuring materials to promote food pantry services are readily available within hospital settings may be pivotal for raising awareness among staff and families. The fact that 20% of caregivers claimed that the CK food pantry met all their food needs underscores the impact of CK's efforts in providing substantial support to caregivers, demonstrating the positive outcomes of the organization's initiatives. This highlights the role CK can play in supporting caregivers with children in the PICU.

Recommendations based on survey responses from hospital staff include developing information packets for caregivers about the pantry, materials for staff to understand pantry locations better, monitoring and maintaining a consistent food supply, providing more microwaveable meals and favorite foods (e.g., Pasta, soups, oatmeal), including more foods for those with dietary restrictions and providing more beverage options. Survey results revealed that caregivers recommended limiting foods with artificial ingredients, emphasizing a preference for

healthier and more natural options within the hospital food pantry. Additionally, caregivers suggested incorporating microwave-friendly plastic or paper bowls, underscoring the importance of practicality in food preparation during hospital stays and emphasizing the need for widespread awareness among hospital staff to ensure effective communication about the services provided by Christopher's Kitchen to caregivers. Food-specific options expand to include perishable healthy options such as dried fruit, trail mix, fruit cups, oatmeal, canned tuna, canned soups, whole-grain granola bars, and whole-wheat crackers.

This evaluation suggests that a hospital food pantry service can effectively meet parents' food needs during stays by providing readily accessible (and potentially) nutritious options for families. Enhancing the CK food pantry services can involve implementing clear communication strategies, comprehensive staff training, and efficient coordination with pantry organizers to ensure accessibility, awareness, and a seamless process for families in need. This support ensures that caregivers receive essential nourishment at no cost and contributes to an environment prioritizing their well-being, allowing them to be more fully present with their children and the caregiving team.

5.4 Public Health Significance

CK's work holds public health significance as it provides an essential, and for some the only, source of food options for caregivers while their children are in the PICU. Program evaluation provides a structured process to assess the effectiveness and efficiency of health initiatives and interventions. This evaluation of the CK hospital food pantry offers an assessment of staff and caregiver experiences and the utilization of services, offering valuable insights into the

effectiveness of the intervention and opportunities for improvement. This can inform CK efforts, and potentially hospital efforts, to enhance the quality of their food assistance programs and better meet the needs of patients' families, in support of patients. Examining outcomes, identifying improvement areas, and validating successful strategies can help organizations adequately allocate their resources (Linnan & Steckler 2002).

6.0 Conclusions

Findings from this mixed methods evaluation reveal multifaceted dynamics of the CK food pantry's services, highlighting both positive aspects and areas for improvement. Caregiver feedback, ranging from positive experiences to suggestions for enhancing pantry offerings and improving awareness, underscores the nuanced role CK plays in supporting families during challenging hospital stays. The evaluation highlights the pivotal relationship between food access and stress levels, offering insights for future initiatives to address food insecurity and overall well-being within healthcare settings. These findings provide a foundation for refining and optimizing hospital food pantry services, ensuring they continue to serve as a vital source of support and nourishment for families navigating healthcare challenges.

Appendix A

Hospital Staff Survey

1. What is your role at in the PICU?
 - a. MD
 - b. RN
 - c. APCT
 - d. HUC
 - e. APP
 - f. Other: _____
2. Are you responsible for informing people about the Christopher's Kitchen food bags?
(Yes/No/Not sure)
3. When, after hospital admissions, do you inform people about the Christopher's Kitchen food bags? (Open ended)
4. What challenges, if any, do you experience in your efforts when informing people about the Christopher's Kitchen food bags (i.e. not enough time, unsure of services, unsure of location of services? (Open ended)
5. What materials/tools would be useful to assist you in promoting the Christopher's Kitchen food bag services? (Open ended)
6. Do you have any suggestions on how to improve the process of receiving and distributing the Christopher's Kitchen food bags or the actual products in the bags? (Open Ended)

Appendix B

Survey for Christopher's Kitchen Families/Caregivers

- 1- What is your household zip code?
- 2- Prior to receiving this survey, had you heard about the food pantry services provided by Christopher's Kitchen?
 - a. Yes
 - b. No
 - c. Not sure
- 3- If yes, could you please tell us how you heard about services provided by Christopher's Kitchen?
 - a. Patient care Technician
 - b. Nurse
 - c. Social worker
 - d. Physician
 - e. Unit Coordinator
 - f. Hospital staff
 - g. Hospital patient
 - h. Other hospital patients or family
 - i. Other (fill in the blank): _____
- 4- During your visit in the hospital, have you used the services provided by Christopher's Kitchen?
 - a. Yes
 - b. No
 - c. Not sure
- 5- If you have used Christopher's Kitchen, to what extent did they meet your food needs during your hospital stay?
 - a. Met all food needs during hospital stay
 - b. Met some food needs during hospital stay

- c. Met minimal food needs during hospital stay
 - d. Did not meet any food needs during hospital stay
- 6- If you have not used Christopher's Kitchen, would you please share why?
- a. Didn't know about it
 - b. Didn't need it
 - c. Didn't like the food options
 - d. Didn't feel hungry
 - e. A different reason: _____ (open ended in qualtrics)
- 7- Which of these statements best describes your family's access to food while staying at the hospital?
- a. We have enough of the kinds of food we want to eat
 - b. We have enough but not always the kinds of food we want
 - c. Sometimes we do not have enough to eat
 - d. We often do not have enough to eat
 - e. Prefer not to answer
- 8- Did hospital staff provide information on how to get access to food in the hospital?
- a. Yes
 - b. No
- 9- How would you rate your level of stress since your child has been in the hospital?
- a. Very stressed
 - b. Stressed
 - c. Somewhat stressed
 - d. Not stressed
- 10- What impact did the food pantry services provided by Christopher's Kitchen have on your stress during your time in the hospital?
- a. Significantly reduced levels of stress
 - b. Moderately reduced levels of stress
 - c. Mildly reduced levels of stress
 - d. No change in levels of stress
- 11- Did you have the proper utensils to eat the food provided by Christopher's Kitchen?
- a. Yes
 - b. No

12- If you did not have the proper utensils to eat the food provided by the food pantry, please specify what utensils would be useful for Christopher's Kitchen to provide?

13- Please rate the quality of food provided by Christopher's Kitchen

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

14- Do you have any suggestions how to improve the quality of food provided by Christopher's Kitchen? _____

15- Please rate the variety of food provided by Christopher's Kitchen:

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

16- Do you have any suggestions how to improve the variety of food provided by Christopher's Kitchen? _____

17- Would you be willing to take another survey after your child is discharged?

- a. Yes
- b. No

18- If yes, what is your phone number so we may contact you:

For more information about what we do, how you can contact us and/or support our mission, you can find us at www.christopherskitchen.org. Thank you so much for taking the time to complete this survey

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