



# INDIANA UNIVERSITY

## Informed Consent

You are being invited to participate in this research study because you are a leader of a non-profit organization that provides food and other essential goods and services to people in need.

This survey is part of a study being conducted IUPUI Human-Computer Interaction Graduate Students: Mayank Saxena, Vishal Phalke and Yukta Karkera, with research support from Teresa Bennett, Assistant Vice Chancellor for the IUPUI Office of Community Engagement.

Your responses will assist the researchers to understand the ways people in Central Indiana access food and essential resources. The information gathered from your responses will be used to design new systems and improve upon existing systems.

The survey should only take 10-15 minutes to complete. Responding to the survey is voluntary and you may choose not to take part in this study. If you agree to participate, some parts of the survey are required, and some will allow you to skip the questions. You may leave/end the survey at any time. If you do not agree to participate or choose to leave/end the survey early you will not be penalized or lose any benefits.

This research is intended for individuals 18 years of age and older. The researchers will protect your information and make every effort to de-identify and keep your personal information confidential. However, while we cannot guarantee absolute confidentiality, your specific responses will be known only to the researchers. No information which could identify you will be

shared with the public or in publications about this study. Audio and video recordings made during interviews will be accessible only to the research team. There are no risks to participating in this survey.

The last question in the survey, we will offer you the opportunity to participate in a 30-45-minute interview to be scheduled in November 2022.

If you have questions about the survey and research goals, or you encounter a problem with the research, contact the researcher, Yukta Karkera at 317-389-9190 or via email at [ykarkera@iu.edu](mailto:ykarkera@iu.edu).

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Research Protection Program office at 800-696-2949 or at [irb@iu.edu](mailto:irb@iu.edu). If you agree to participate in the survey, please click the box below:

Yes, I understand

No, I do not approve

## Demographics

Please tell us a little about yourself and your organization.

Name of your organization

What is your role at the organization?

Executive

Program Manager

Administrative

Board Member

Volunteer

Other

How many years have you been at the organization?

1 to 5

6 to 10

11 to 15

16 to 20

21 to 25

26 to 30

30 to 40

more than 40

## What is your sex/gender?

Female

Male

Transgender

Gender Non-conforming

Other

Prefer not to answer

## What is your race/ethnicity?

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White non-Hispanic

Other

## How many years has your organization been serving the community?

1 to 10

11 to 20

21 to 30

31 to 40

41 to 50

more than 50

Select the primary groups of clients that your organization directly serves? (Select all that apply)

Children

Youth

Adult

Elderly

People with physical disabilities

People with mental disabilities

Other

What services does your organization provide to children? (Select all that apply)

Education

Social services

Daycare

Jobs programs

Food programs

Transportation

Residential housing

Mental health support

Addictions support

Physical health support

Health clinic

Home health care

Other

What services does your organization provide to youth? (Select all that apply)

Education

Social services

Daycare

Jobs programs

Food programs

Transportation

Residential housing

Mental health support

Addictions support

Physical health support

Health clinic

Home health care

Other

What services does your organization provide to adults? (Select all that apply)

Education

Social services

Daycare

Jobs programs

Food programs

Transportation

Residential housing

Mental health support

Addictions support

Physical health support

Health clinic

Home health care

Other

What services does your organization provide to the elderly? (Select all that apply)

Education

Social services

Daycare

Jobs programs

Food programs

Transportation

Residential housing

Mental health support

Addictions support

Physical health support

Health clinic

Home health care

Other

What services does your organization provide to people with physical disabilities? (Select all that apply)

Education

Social services

Daycare

Jobs programs

Food programs

Transportation

Residential housing

Mental health support

Addictions support

Physical health support

Health clinic

Home health care

Other



What services does your organization provide to people with mental disabilities? (Select all that apply)

Education

Social services

Daycare

Jobs programs

Food programs

Transportation

Residential housing

Mental health support

Addictions support

Physical health support

Health clinic

Home health care

Other

What services does your organization provide to the other primary group? (Select all that apply)

Education

Social services

Daycare

Jobs programs

Food programs

Transportation

Residential housing

Mental health support

Addictions support

Physical health support

Health clinic

Home health care

Other

Approximately, how many clients do you serve monthly?

1 to 100

101 to 250

251 to 400

401 to 550

551 to 700

If more than 700, mention below

What zip code is your community in?

Which zip codes does your community serve? (If multiple, write them and separate with a comma)

What, if any, technology resources do you make available to your clients? If none, choose N/A. (Select all that apply)

My organization makes Internet available to clients

My organization makes computers available to clients

Other

N/A

## Questions regarding deliveries received by the organization

In this section, we would like to understand how you buy, receive, and distribute food and other essential resources and services to make available to your clients.

Does your organization receive food or essential resources for direct distribution to the clients?

Yes

No

Tell us all the sources you use to buy goods and services for your client. (Select all that apply)

Local department stores

Local grocery stores

Online department/retail stores

E-commerce services (such as Amazon)

Other

What are the most common items delivered to your organization for distribution to your clients?

Groceries

Medicines

Prepared food

Retail products

Electronics

Hygiene products (Such as - toothbrushes, toothpaste, toilet paper, etc. )

Other

On average, how many times every month do you have items delivered to your organization for distribution to your clients?

1 to 5

6 to 10

11 to 15

16 to 20

21 to 25

26 to 30

More than 30

Does your organization receive federal / state assistance to serve your clients?

Yes

No

What federal/state assistance does your organization receive to serve your clients? (Select all that apply)

Supplemental Nutrition Assistance Program (SNAP)

Welfare or Temporary Assistance for Needy Families (TANF)

Medicaid and Children's Health Insurance Program (CHIP)

WIC Nutrition Program for Women, Infants, and Children

Senior Farmers' Market Nutrition Program

Commodity Supplemental Food Program

National School Lunch Program

School Breakfast Program

Other

## Questions regarding deliveries received by the client

In this section, we would like to understand how you make food and other essential resources and services available to your clients.

What are the most common items that you provide to your clients? (Select all that apply)

Groceries

Medicines

Prepared food

Retail products

Electronics

Hygiene products (Such as - toothbrushes, toothpaste, toilet paper, etc. )

Other

Do you accept any vouchers directly from your clients?

Yes

No

Please list any/all vouchers your organization accepts from clients.

How does your organization provide services to the clients?  
(Select all that apply) - branch - is yes for home delivery - why do you choose to deliver

	Always	Usually	About half the time	Sometimes	Never
In-person pickup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curb side pickup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Always	Usually	About half the time	Sometimes	Never
Other <div></div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tell us why do you choose to provide services using the in-person pickup to the clients? (Select all that apply)

- Bridging the distance to services
- Aids in reducing amount spent on delivery fees
- Reducing delivery time
- Convenient for the client
- Clients lack of means of transportation
- Other

Tell us why do you choose to provide services using the curb side pickup to the clients? (Select all that apply)

- Bridging the distance to services
- Aids in reducing amount spent on delivery fees
- Reducing delivery time



Convenient for the client

Clients lack of means of transportation

Other

Tell us why do you choose to provide services using home delivery to the clients? (Select all that apply)

Bridging the distance to services

Aids in reducing amount spent on delivery fees

Reducing delivery time

Convenient for the client

Clients lack of means of transportation

Other

Tell us why do you choose to provide services using the other method you mentioned to the clients? (Select all that apply)

Bridging the distance to services

Aids in reducing amount spent on delivery fees

Reducing delivery time

Convenient for the client

Clients lack of means of transportation

Other

## Specifics

In this section, we will ask you for your final thoughts and willingness to participate in an interview to help us understand your access to the resources better

Is there anything else that you would want to tell us about access to food and other essential resources?

If you would like to participate in an interview to share more information about challenges providing food and other essential resources to your clients, please submit your contact information below.

Name

Phone Number

E- mail address

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