

Master of Public Health Field Experience Report

EVALUATION OF INTERNET AND SOCIAL MEDIA ACCESS AND USAGE AMONG WIC CLIENTS

By

JUDITH SEMPA

Submitted in partial fulfillment of the requirements for the degree

MASTER OF PUBLIC HEALTH

Graduate Committee:

DR. TANDALAYO KIDD
DR. RIC ROSENKRANZ
DR. NANCY MUTURI
DR. KOUSHIK ADHIKARI

Field Experience Site:

Riley County Research and Extension office

Field Experience Preceptor:

Ginny Barnard, MPH, CBE

KANSAS STATE UNIVERSITY
Manhattan, Kansas

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Table of Contents

List of Figures.....	iii
Acknowledgements	iv
Dedication.....	v
Field Experience Report.....	1
Introduction	1
Assessment of internet use among WIC clients	2
Community Outreach Field activities.....	3
Focus and scope of work.....	4
Learning objectives.....	6
Activities performed	8
Assessment of internet and social media use among WIC clients	8
Community outreach field activities	10
Products developed.....	12
The Adobe voice application (app).....	12
Alignment with Public Health Core competencies	13
Conclusion	14
References.....	20
Appendix	23
Technology Survey Questionnaire.....	23

List of Figures

Figure 1: organizational structure of K-State Research and Extension Office..... **Error!
Bookmark not defined.**

Figure 2: Age range of participants (percentages) **Error! Bookmark not defined.**

Figure 3: Participants use of internet to access nutrition information (percentages) 15

Figure 4: Type of Nutrition information accessed over the Internet (percentages) 16

Figure 5: social media sites frequented by participants (percentages)..... 16

Figure 6: Percentages of participants using social media to access nutrition information
..... 17

Figure 7: Most frequented social media sites (percentages) 17

Figure 8: Participant preferred media platform for receiving future health information
(percentages) 18

Figure 9: Gender distribution of participants (percentages)..... 18

Figure 10: frequency of computer access among participants (percentages) 19

Figure 11: Frequency of internet use (percentages) 19

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My family back home in Uganda, for their support, encouragement, love and prayers. I love you all.

Dedication

To Yeshua, who is the source of wisdom and knowledge, and without whom, this work wouldn't be possible.

Field Experience Report

Introduction

Kansas State University was founded as a land-grant institution with a mission to conduct research and disseminate information to the community. To fulfill the MPH requirements, I had my field experience while undertaking a project sponsored by the Kansas Expanded Food and Nutrition Education Program (EFNEP). EFNEP is a Federal community outreach program that operates through the 1862 and 1890 Land-Grant Universities (LGUs) in every state. Its objectives are to improve diet quality, physical activity, food resource management, food safety and the food security; of low-income families and low-income youth (<https://nifa.usda.gov/program/expanded-food-and-nutrition-education-program-efnep>). For this project, EFNEP partnered with the Riley County Family and Child Resource Center WIC program. WIC stands for special supplemental nutrition program for women, infants and children. Required hours were completed between May and July, 2015.

The goal of the K-State Research and Extension office is to empower the population and provide evidence-based research findings and programs to the community. To achieve its objectives of providing resources and materials on agriculture, economics, youth development, family science and business among other vital topics, the office partners with various colleges at Kansas state University. These include the Colleges of: Arts and Sciences, Engineering, Human Ecology, and Veterinary Medicine.

The Riley County Research and Extension office is run by the county extension Director who works with extension agents in family and consumer sciences, horticulture,

Youth development and agriculture (Riley County, 2014). The Riley County Extension office also participates in the Flint Hills Wellness Coalition with a community partnership increasing access to healthier food options, increasing physical activity, creating a tobacco-free environment (Riley County, 2014).

My supervisor Virginia Barnard, holds a graduate degree in Public Health from Kansas State University, and is the Family and Consumers Agent for the Riley County Extension office. Her work involves nutrition, food safety, healthy lifestyle and overall wellbeing. During my field experience, I got an opportunity to take part in some of her projects that fall under the aforementioned areas.

For my field experience, my major project was to assess the use of internet and social media among WIC (women, infants, and children Food and Nutrition Service) clients, receiving services from the Riley County Family and Child Resource Center. To follow this up, I designed a video using Adobe voice, an application on the Apple operating system used for mobile devices. In addition to this project, I was also involved in community outreach field activities undertaken by the Extension office, under Ginny's supervision.

Assessment of internet use among WIC clients

This was a project under the Expanded Food and Nutrition Program (EFNEP). EFNEP is a Federal Community outreach program whose priority areas include: diet quality and physical activity; food resource management; food safety; and food security. The goal of this particular project was to assess internet and social media access among WIC clients, receiving services from the Riley County Family and Child Resource Center. In addition to assessing internet and social media access, the project

also aimed to evaluate the potential for health professionals to interact and share health information with WIC clients.

Community Outreach Field activities

As part of my field experience, I was engaged in a couple of community outreach activities, which are a key component of the Riley County K-State Extension office. The first community I was a part of was at Saint Mary's Academy and College, located in St Mary's, KS, which is about 25 miles west of Topeka. Food safety is a growing issue of public concern in the US, especially after a number of food safety incidents. According to the CDC (2016), 1 in 6 Americans (48 million) get sick, of these 128,000 are hospitalized and 3000 die of foodborne diseases. The leading causes of foodborne illnesses and deaths include: Norovirus, Salmonella, Clostridium Perfringens, Campylobacter and Staphylococcus. The leading food sources of contamination are eggs, poultry, beef, dairy, pork, finfish, fruits and nuts among others (www.cdc.gov/foodsafety).

The next community outreach program I was involved with was a demonstrative cooking session that took place in Ogden. Ogden is a small close-knit community between Manhattan and Fort Riley, with a population of 2000, and a per capita income of \$18,464 (www.ogden-ks.gov). The target audience was a group of moms and care takers with their children, whose ages ranged between 5 and 11 years, and resided within the Ogden area. The key message of the session was incorporating healthy food ingredients to traditional recipes. Both parents and children were actively engaged in this interactive cooking session, and raised several questions which were aptly answered.

I was also a part of another community engagement program that targeted parents and children living within the Manhattan area. The session aimed to teach the audience about herbs and their application in healthful food recipes. Nutrition is one of the major modifiable determinants of chronic diseases such as type 2 diabetes, heart disease and cancer among others. Story and colleagues (2008) attribute changes in Americans' dietary patterns in the past few decades, to changes in the food system and food and eating environments, which stem from technological advances and evolving agricultural policies. As a result, more processed and convenience foods are widely available at relatively low prices; and this in turn has driven overweight and obesity rates to astronomical levels, among both children and adults in the U.S.

Focus and scope of work

Before embarking on my field experience, Ginny briefed me about the EFNEP technology survey and its objectives, and I quickly got interested in the project and therefore chose to take it up.

Ginny put me in touch with an EFNEP Nutrition Assistant, who was already involved with the project, and she introduced me to staff at the Riley County Family and Child Resource Center. The staff were very helpful and not only provided information about their clients' appointment times but also introduced us to their clients. The survey questionnaires had previously been developed and consisted of 31 questions that probed about Internet and social media access, and more specifically their utilization in seeking health and nutrition-related information. The project objective was to collect this information and then utilize it in development of interactive health communication tools

such as websites, videos and applications (also known as apps) that would make safe and science-based nutrition and health-related information accessible to WIC clients via the internet or mobile devices.

Interactive health communication has 6 specific functions which include: relaying both generalized and individualized information in form of websites, online services or phone-based applications; facilitating informed decision making by fostering communication among health care professionals and patients, which helps patients understand prevention, diagnosis and management of various health conditions; promoting healthy behaviors at both the individual and community level; promoting peer information exchange and emotional support through discussions on specific health conditions, need and perspectives, with others who have similar issues; promoting self-care and management of health problems without direct interventions from health care professionals; and managing demand for health services by providing answers to specific health questions through computer-assisted phone advice systems, interactive voice response systems and electronic consultation with health care advisers (Brennan et al., Buhle et al., 1994; 1995; stretcher et al., 1994). According to Balas et al. 1997, although interactive health communication applications have the potential to improve health, they also have the potential to cause harm. The increase in use of interactive health communication applications raises legitimate questions pertaining to their quality, cost and potential to cause harm. Inaccurate health information or poorly designed applications have the potentials to cause detrimental outcomes including inappropriate treatment and delays in seeking necessary medical attention. This is coupled with misleading claims for medical products. Therefore, there's need for health professionals

to actively engage in interactive health communications applications, in order to ensure their quality, safety and effectiveness (Shiffman et al., 2000).

In addition to the main project, I was involved in community outreach projects involving food preparation staff at St Mary's college, and parents along with their children in various learning exercises. I particularly enjoyed these activities because they directly involved the community, and families in particular. Working with young people was one of my interests and passing on relevant science-based information to young children is an investment in the next generation.

Learning objectives

The first objective was to develop an understanding and acquire skills in working with the public; while gathering information and during the community outreach programs. I was stationed at the Riley County Family and Child Resource Center, for about two and a half weeks, and had to interact with both the staff (mostly administrators, nutritionists and dieticians) and their clients. I obtained information about clients' appointment schedules from the staff and this enabled me to plan ahead of time. In addition, I had to be practical, given most of the potential respondents had young children, I had to help carry and watch over them, while their parents filled out the questionnaires. For some clients, friendly conversation before handing out questionnaires was necessary to answer any questions about the survey.

The second objective was to analyze the collected data and interpret it to determine the extent of internet use, and the potential social media platforms that could be used by the health care professionals to disseminate nutrition and health-related

information to their clients. The analysis revealed the most frequented social media sites, and the kind of health-related information sought over the internet. In addition, the most frequented social media sites, and the health-related information sought on these platforms were brought to light.

The third objective was to understand and get involved in community outreach programs that included demonstrative nutrition education sessions. This objective was met through three community events that I was involved with Ginny's supervision.

Activities performed

Assessment of internet and social media use among WIC clients

The WIC program provides Federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to the age of five who may be at nutritional risk. It is designed to improve dietary quality both through subsidizing nutrient dense foods and through nutrition education. Currently, the program reaches about half of all infants in the US, and mothers, in addition to 25% of preschool children (Herman et al., 2008).

My duties involved explaining study objectives and handing out both the consent form and questionnaires to the clients, and answering their questions regarding the exercise. The Questionnaires were developed to collect data regarding the various technology avenues WIC clients had access to, which could be used as interactive health communication tools by the WIC office. In this global information age, both professionals and consumers are continuously engaging in interactive health information communication via the internet. Robinson et al. (1998) define interactive health communication as “the interaction of an individual consumer, patient, caregiver or professional with or through an electronic device or communication technology to access or transmit health information or to receive guidance and support on a health-related issue.” Interactive health communication applications may include operational communication and software programs or modules geared towards users. One of the

major functions of interactive health communication is information seeking by health consumers (Cline & Haynes, 2001).

The main objective was to get at least 100 WIC clients to fill out the questionnaires, and this took us about two and a half weeks. The questionnaires probed respondents about several things including: how often they used computers, and where they accessed the computers; if they used phone messaging services; how often they used the internet, and the devices they used to access the internet; whether they used the internet to look up health or nutrition-related information; the nutrition and or health-related topics they mostly looked up on the internet; their use of social media sites and the specific social media sites they most frequented for nutrition and health-related information; and also their most preferred social media platform for receiving nutrition and health-related information in the future. In addition, demographic information relating to age, social economic status and level of education attained; was collected. I analyzed the data using SPSS version 22.0 (IBM Corp., Armonk, NY, 2013). Figure 2 shows majority (over 49%) of the participants were aged between 25-34 years, and were therefore youthful. Majority (over 84%) of the participants accessed nutrition information via the internet (figure 3); and about 65% of these sought information relating to food recipes, healthy eating tips, exercise tips, food safety and food budgeting as shown in figure 4. The data revealed that most of the respondents accessed more than one social media site (figure 5), and over 68% (figure 6) accessed nutrition-related information using those sites; with Facebook being the most frequented (42.6 % of respondents) site (figure 7). When probed about their preferred media

platform for receiving regular nutrition and health-related messages, about 49% opted for websites, Facebook posts and emails (figure 8).

Community outreach field activities

The objective of the two hour long food safety education session, was to disseminate information relating to food safety among food preparation staff at the college. Retailers and food industries are continually sourcing their products from all over the globe, and this requires food businesses to place more emphasis on quality and safety control (Trienekens & Zuurbier, 2008). The central message rotated around five key behavioral constructs: practicing personal hygiene; cooking foods adequately; avoiding cross contamination, keeping foods at safe temperatures; and avoiding food from unsafe sources. In addition to the five key constructs, information about the various potential biological, physical and chemical food hazards was provided to the staff. The last 15 to 20 minutes of each session were reserved for interaction and questions from the audience.

The other community outreach program I was involved with was a demonstrative cooking session that took place in Ogden. The target audience was a group of mothers and care takers with their children, whose ages ranged between 5 and 11 years, who resided within the Ogden area. The central message was about incorporating healthy food ingredients to traditional food recipes. Both parents and children were actively engaged in this interactive cooking session, and raised several questions which were aptly answered.

I was also a part of another community engagement program that targeted parents and children living within the Manhattan area. The session aimed to teach the audience about herbs and their application in healthy food recipes. Research shows that nutrition is one of the major modifiable determinants of chronic diseases such as type 2 diabetes, heart disease and cancer. Story and colleagues (2008) attribute changes in Americans' dietary patterns in the past few decades, to changes in the food system and food and eating environments, which stem from technological advances and evolving agricultural policies. As a result, more processed and convenience foods are widely available at relatively low prices; and this in turn has driven overweight and obesity rates among both children and adults in the U.S, to astronomical levels (Gootman et al., 2006). Those in attendance (mostly parents and children between 5 and 11 years) were also given take home handouts with information about various types of herbs, in addition to herb seed samples that they could plant at home. Tapsell and colleagues (2006) in their medical journal supplement, highlight the key benefits of herbs which include: lowering LDL cholesterol levels, preventing cancer, improving both psychological and cognitive function, preventing inflammation, among others.

Products developed

The Adobe voice video

After looking at the results of the statistical analysis and realizing that most WIC clients were technology and social media savvy, and that many would be interested in accessing health and nutrition-related information on the internet; I developed a video. The video was created using Adobe voice which is available in the apple store, and is basically intended to create explainer videos. I had recently learned about the health benefits of ground flaxseeds and therefore chose to share this information using the application. In the video I briefly explained the benefits of consuming ground flaxseeds daily, and how to add flaxseeds to their recipes. In the future, short videos with evidence-based scientific Health and Nutrition messages may be made available as interactive health communication tools, between health care providers and their clients. The video can be found at this website: <https://spark.adobe.com/video/gpAZ>

Alignment with Public Health Core competencies

The field experience component of the MPH program provides an opportunity to acquire more practical knowledge and experience in addition to an opportunity to utilize the core skills derived from the core competence areas. With regard to biostatistics, collecting data and utilizing statistical packages to analyze the data enabled me to determine the most commonly accessed (hence most likely to be adopted) technological platforms for disseminating both health and nutrition related information. I was also able to determine client access to internet and extent of social media utilization with regard to access to health and nutrition information.

Epidemiology is related to distribution and determinants of disease and other factors relating to health. During my field experience, I engaged in food safety and nutrition education activities, whose core objective was to prevent and control both foodborne illnesses and also improve quality of health through improved nutrition. Both these activities empowered the audiences with knowledge to prevent and avoid diseases associated with poor food safety techniques and poor dietary choices.

Environmental health is another core competency area of public health, and my engagement in food safety related activities tied in with environmental health. Engaging in knowledge dissemination with regard to food safety among food handling staff, not only helped me brush up on my food safety knowledge but equipped me with skills on how to disseminate such information to any given audience.

The fourth core competency area is healthcare administration. Working on a project involving various stakeholders gave me a glimpse of what can be achieved

through inter-agency cooperation; with regard to improving community health. In addition, interacting with both administrators and staff of the K-State research extension office and the Riley County Family and Child Resource Center, increased my understanding of the various roles played by both agencies within the Riley county community.

Knowledge and skills acquired from Social and behavioral sciences as a core competency area of public health, came in handy as I interacted with various community members during the field outreach programs. That is having an understanding of the factors that impact human behaviors and consequently food choices, helped me understand how the nutrition education messages need to be deigned and packaged.

Conclusion

I'm grateful for the opportunity to have been part of an exciting project, and to make a small contribution towards improving lives. Be it in the form of answering questions of curious kids about my home in Africa, or in answering Health/Nutrition related questions. Making the lives of my fellow human beings better is my life-goal and the reason I pursued Public Health, and I hope I'll continue to learn and make small meaningful contributions. I'm so grateful to my professors and supervisors who have mentored me and energized me to pursue the goal of making life better for our fellow human beings.

Figure 1: Age range of participants (percentages)

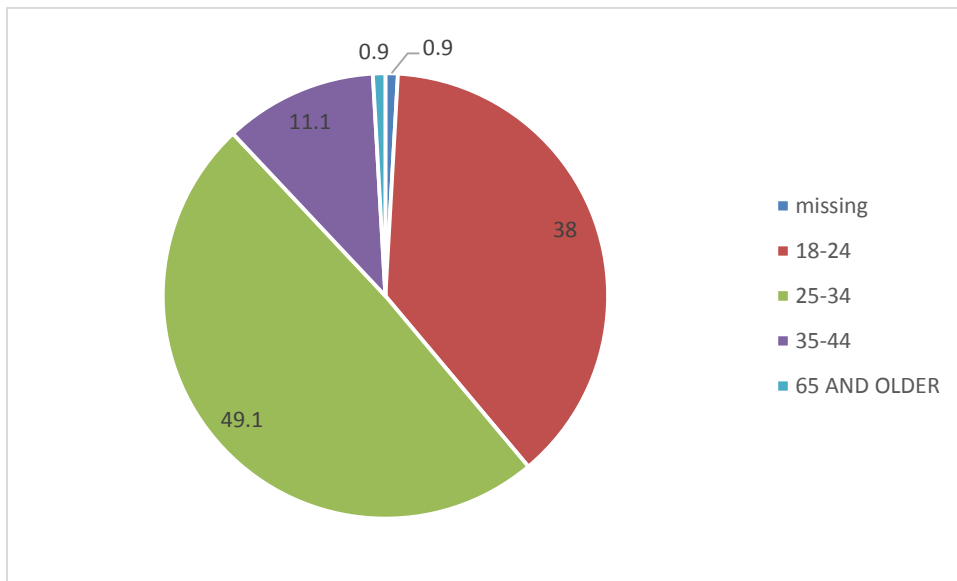


Figure 2: Participants use of internet to access nutrition information (percentages)

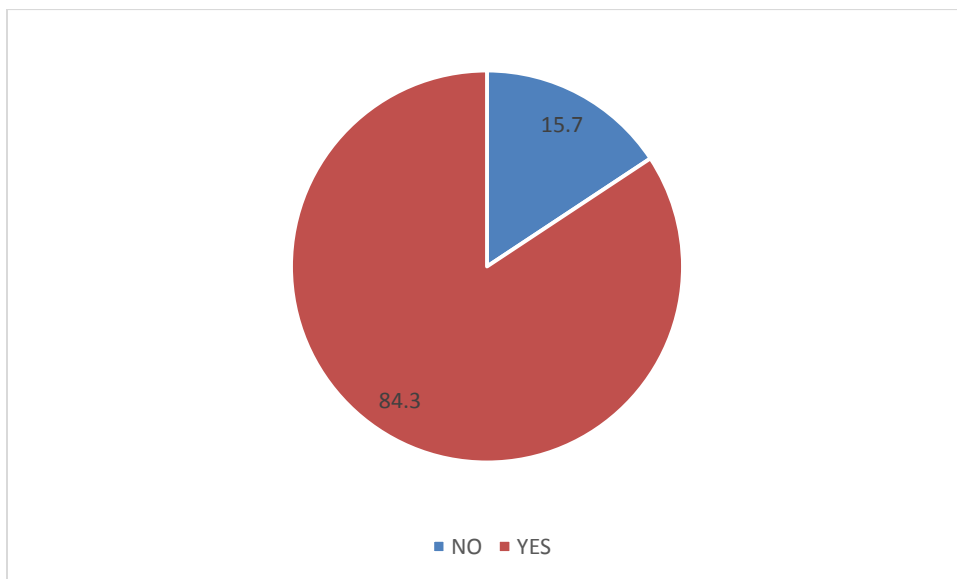


Figure 3: Type of Nutrition information accessed over the internet (percentages)

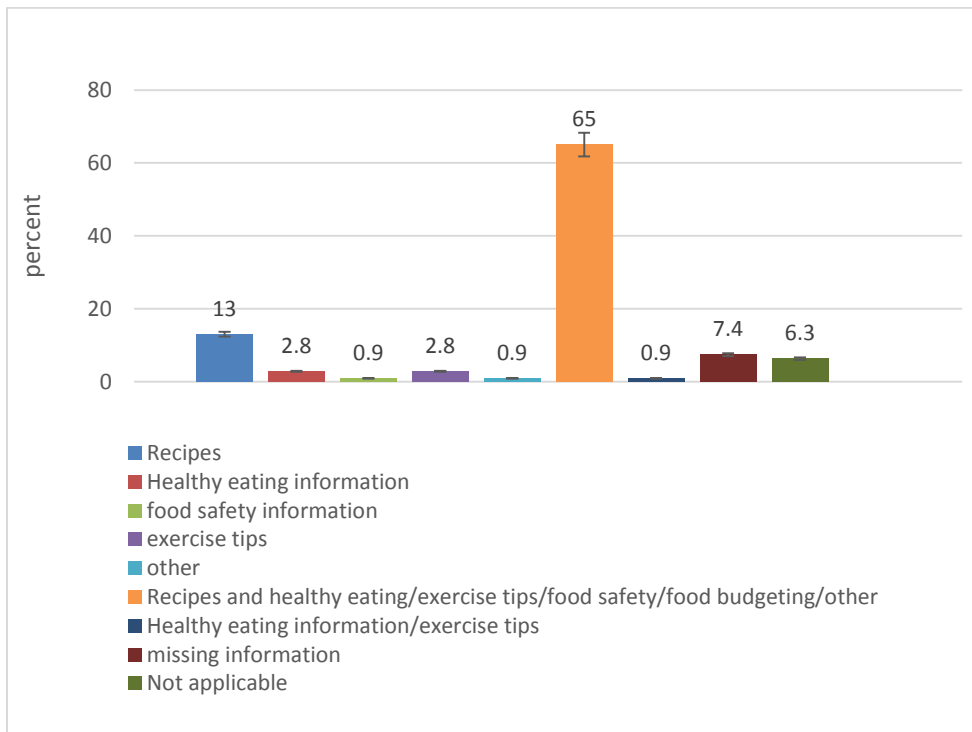


Figure 4: social media sites frequented by participants (percentages)

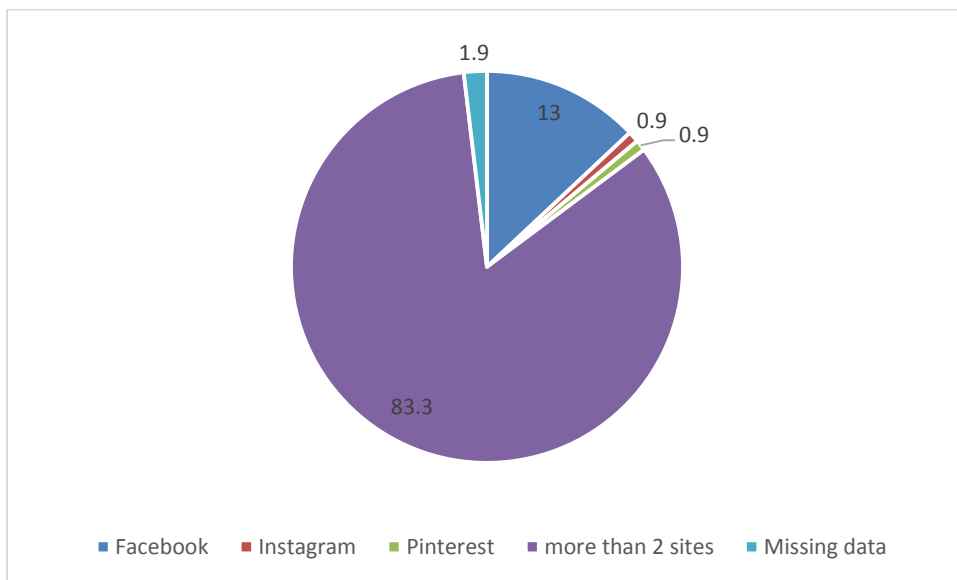


Figure 5: Percentages of participants using social media to access nutrition information

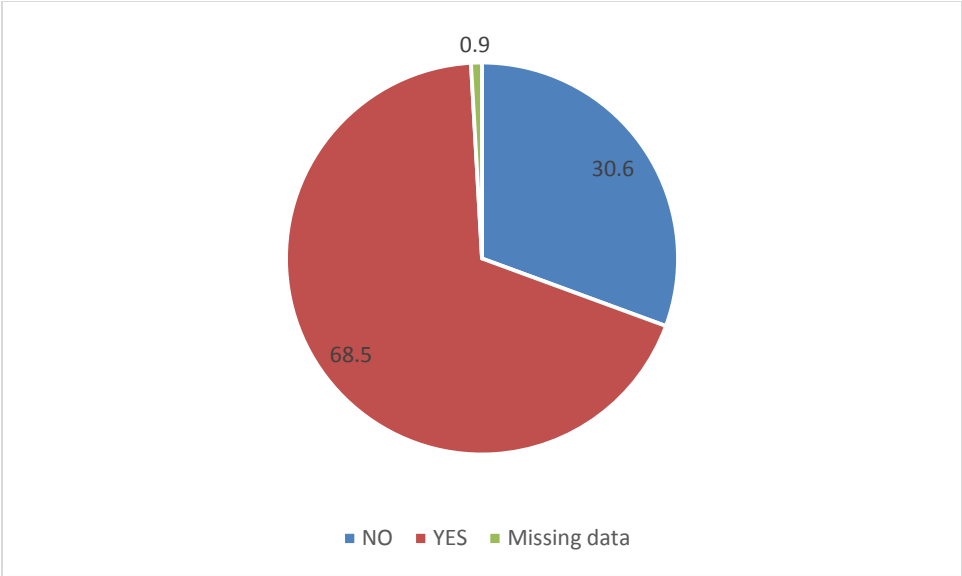


Figure 6: Most frequented social media sites (percentages)

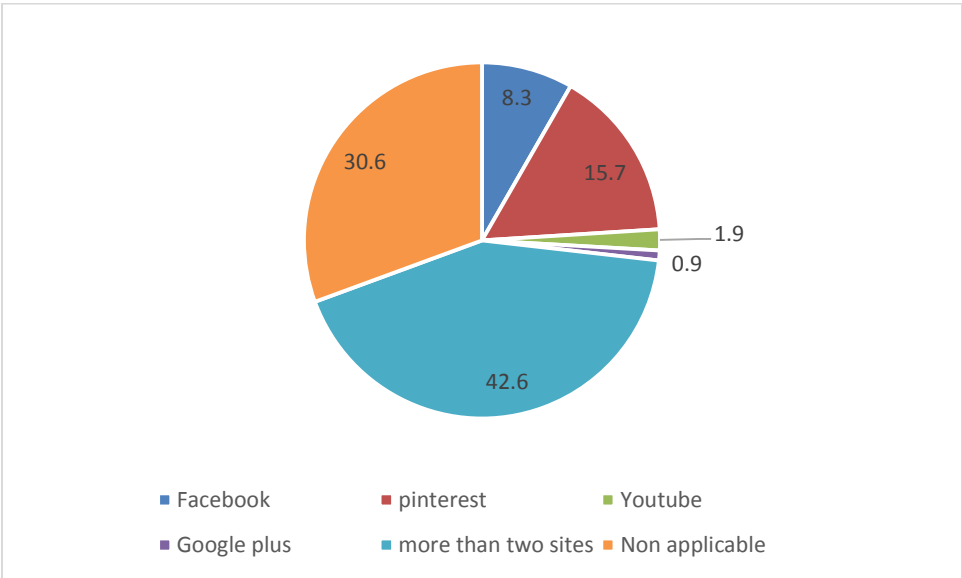


Figure 7: Participant preferred media platform for receiving future health information (percentages)

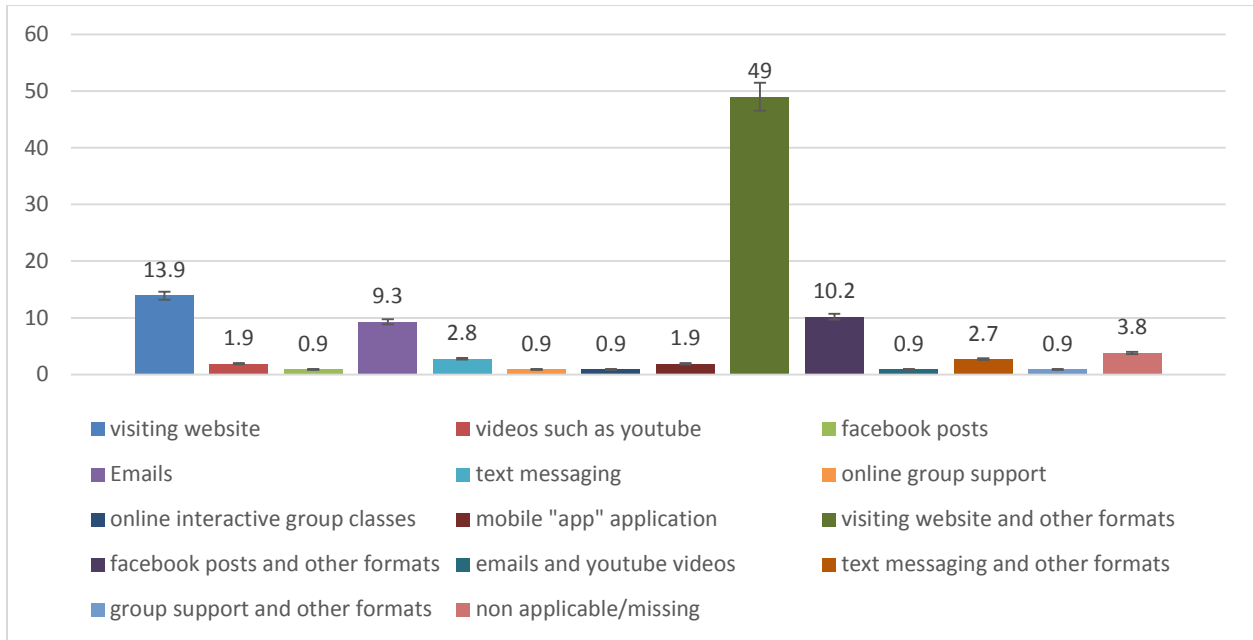


Figure 8: Gender distribution of participants (percentages)

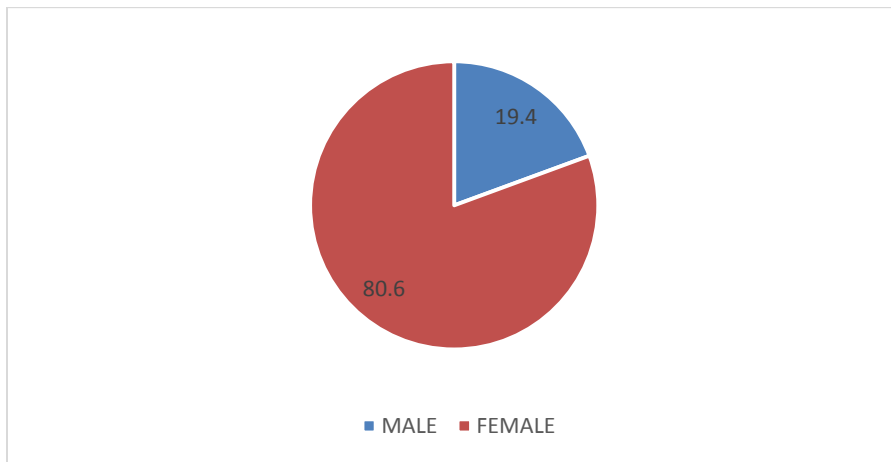


Figure 9: frequency of computer access among participants (percentages)

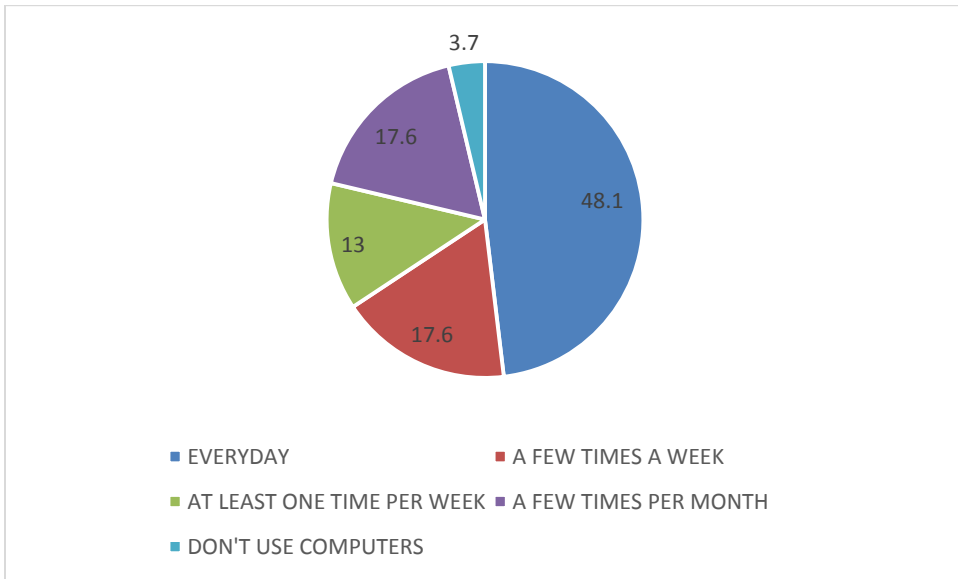
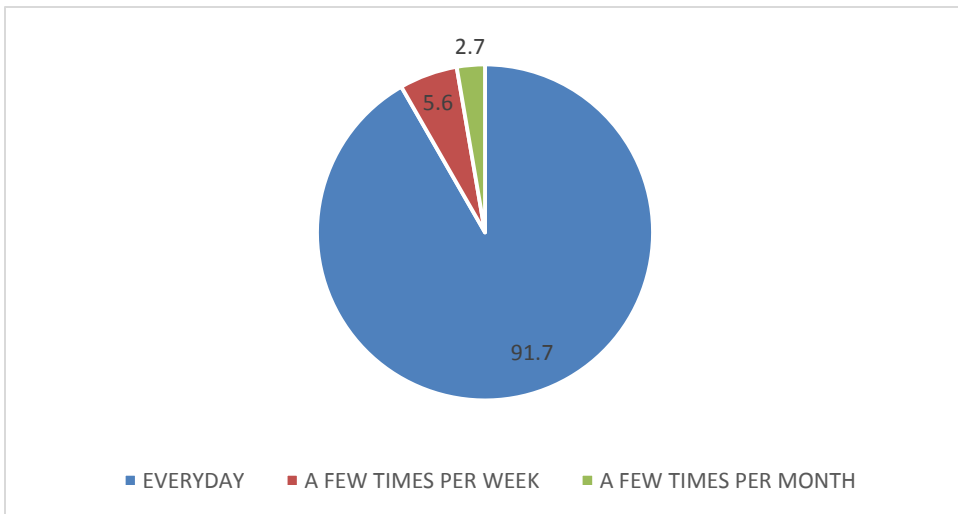


Figure 10: Frequency of internet use (percentages)



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www.ogde-ks.gov

Appendix

Technology Survey Questionnaire



Expanded Food and Nutrition Education Program (EFNEP) Client Technology Use Survey

This survey will ask about forms of technology and social media that you may use. We will use the results of this survey to help plan future nutrition education programs for EFNEP. This survey is voluntary and your answers will be confidential. Responses will not be identified by individuals. All responses will be compiled and analyzed as a group.

Section 1: Computer Use

1. How Often Do You Use a Computer (Desktop or Laptop)?
 - a. Every day
 - b. A few times per week
 - c. At least one time per week
 - d. A few times per month or less
 - e. Do not use computers

2. Do you have a computer that you use where you currently live?
 - a. Yes
 - b. No

3. Where do you most often use a computer? Please check all that apply.
 - a. Home
 - b. Other family member's or friend's home
 - c. Work
 - d. Library
 - e. School

- f. Store or restaurant
- g. Other

Section 2: Phone Use

4. Do you have a landline telephone where you live?
 - a. Yes
 - b. No

5. Do you have a mobile phone with active service?
 - a. Yes
 - b. No

6. Do you send and get text messages from a mobile phone?
 - a. Yes
 - b. No

7. Do you have a Smart phone that can download and use applications (“apps”)?
 - a. Yes
 - b. No

8. If you answered “yes” to question 7, what type of Smart Phone do you use?
 - a. iPhone
 - b. Android (such as Samsung, HTC, LG, Google Nexus, Nokia)
 - c. Other

Section 3: Internet Use

9. How often do you use the Internet?
 - a. Every day
 - b. A few times per week
 - c. At least one time per week
 - d. A few times per month or less
 - e. Do not use the Internet

10. What device do you use to access the Internet? Please check all that apply.
 - a. Computer (desktop or laptop)
 - b. Mobile Phone
 - c. Tablet (such as iPad, iPad Mini, Kindle Fire, or Samsung Galaxy)

11. Do you use high-speed internet where you live?
 - a. Yes

- b. No
- c. I don't know

12. If you access the Internet with more than one device, which do you use the most often?

- a. Computer
- b. Mobile phone
- c. Tablet

13. Where do you most often use the Internet? Please check all that apply.

- a. Home
- b. Other family member's or friend's home
- c. Work
- d. Library
- e. School
- f. Other

14. Do you use the Internet currently to look up or read about nutrition or food information?

- a. Yes
- b. No

15. If you answered "yes" to question 14, please select what you have used the Internet to learn more about in the past month (select all that apply):

- a. Recipes.
 - b. Healthy eating information.
 - c. Exercise tips.
 - d. Food safety information.
 - e. Food budgeting information.
 - f. Other (Please explain):
-

16. Have you made changes to your eating or health habits as a result of the information you found on the internet?

- a. Yes
- b. No

Section 4: Social Media Use

17. Do you use social media sites, such as Facebook, Twitter, Instagram, or Pinterest?
- Yes
 - No
18. Select which social media sites that you use at least weekly (select all that apply):
- Facebook
 - Twitter
 - Pinterest
 - Instagram
 - YouTube
 - Google Plus
 - Snapchat
 - Other (Please explain): _____
19. Select which social media sites that you use mostly for social interaction, such as staying in touch with family and friends (select all that apply):
- Facebook
 - Twitter
 - Pinterest
 - Instagram
 - YouTube
 - Google Plus
 - Snapchat
 - Other (Please explain): _____
20. Do you use any social media sites currently to look up or read about nutrition or food information, such as ideas for healthy eating, exercise, or recipes?
- Yes
 - No
21. If you answered “yes” to question 20, select which social media sites you use to look up or read about nutrition or food information (select all that apply):
- Facebook
 - Twitter
 - Pinterest
 - YouTube
 - Google Plus

- f. Other (Please explain): _____
22. If you answered “yes” to question 20, please select what you have used social media to learn more about in the past month:
- a. Recipes.
 - b. Healthy eating information.
 - c. Exercise tips.
 - d. Food safety information.
 - e. Food budgeting information.
 - f. Other (Please explain):

23. Have you made changes to your eating or health habits as a result of the information you found on social media?
- a. Yes
 - b. No

Section 5: Other

24. If you were to receive nutrition education in a method other than a classroom setting (using a form of technology), what format would you like to receive this in? Please select all that apply.
- a. Visiting a website
 - b. Facebook posts
 - c. Emails
 - d. Videos, such as YouTube or Vimeo
 - e. Online games
 - f. Twitter posts
 - g. Text messaging
 - h. Phone calls
 - i. Group support, such as online group chats or message boards
 - j. Online interactive group classes, such as lessons that include video chats
 - k. Mobile application (“app”) on phone
25. If you were to receive nutrition education via email, social media posts, or text messages, how many messages per week would you like to receive?
- a. 1-2 messages
 - b. 2-4 messages
 - c. More than 4 messages

26. What is your preferred language?

- a. English
- b. Spanish
- c. Both English and Spanish
- d. Other (Please explain): _____

27. What is your gender?

- a. Male
- b. Female

28. What is your age range?

- a. 18-24
- b. 25-34
- c. 35-44
- d. 45-54
- e. 55-64
- f. 65 and older

29. How would you describe the area that you live?

- a. Farm
- b. Towns under 10,000 people and rural non-farms
- c. Towns and cities of 10,000 to 50,000 people and their suburbs
- d. Suburbs of cities over 50,000 people
- e. Central cities over 50,000

30. What income range does your combined household receive per year?

- a. \$24,999 or less
- b. \$25,000 to \$49,999
- c. \$50,000 or higher

31. What is your highest level of education?

- a. Less than 8th grade
- b. 8th grade
- c. Some high school
- d. High school diploma or GED
- e. Some college

- f. Associate's degree
- g. Bachelor's degree
- h. Master's degree or higher