

Master of Public Health
Integrative Learning Experience Report

***IMPROVING ACCESS TO GOOD NUTRITION IN RILEY
COUNTY, KANSAS***

by

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submitted in partial fulfillment of the requirements for the degree

MASTER OF PUBLIC HEALTH

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Summary

According to Feeding America, 40,044,000 or 12.5% of Americans are food insecure (“Map the Meal Gap”, 2019.) If you were to look at the state of Kansas, specifically Riley County, you see that food insecurity is a huge concern. In 2017, Riley County had a food insecurity prevalence of 17.5% calculating to 13,240 individuals struggling to access food (“Map the Meal Gap”, 2019). Other factors to consider with a food insecure population are chronic health outcomes and increased food waste due to lack of food skills and education.

The public health issue, stated above, was my area of focus during my time with the Flint Hills Wellness Coalition (FHWC), specifically the Nutrition Workgroup and Food and Farm Council (FFC) of Riley County and the City of Manhattan. While interning with FHWC, I learned about the Riley County food system needs and gaps, from previously collected data. The purpose of assessing that data was to make recommendations or action steps on how we can create a more healthful food system in Riley County. I also gathered a valuable experience and understanding of the complexity of community work, adaptive leadership skills and the efforts it takes to capacity build sustainable community partners, in order to better the local food system.

Subject Keywords: Flint Hills Wellness Coalition, Food and Farm Council, Food Insecurity, Capacity Building

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Chapter 1 - Literature Review

Food and Farm Council/Food Policy Council

Food and Farm Councils (FFC) or Food Policy Councils (FPC) have been in America for less than 50 years. The FFC/FPC first started in 1982 in Knoxville, Tennessee and since then, many FFC/FPC have developed at the local, state and regional levels across the United States (Harper, 2009). The purpose of developing a FFC/FPC is to improve the local food system together, rather than individually. “A local food system is a collaborative network that integrates sustainable food production, processing, distribution, consumption, and waste management in order to enhance the environmental, economic, and social health of a particular area” (Collaborative, 2019). Every FFC/FPC will approach their local food systems differently, as needs and gaps in a local food system will vary. Essentially, these groups will work across sectors, engaging with government policy and programs, grassroots/non-profit projects, local businesses and food workers, in order to improve their local food system and aim to identify and propose innovative solutions to improve local or state food systems, spurring local economic development and making food systems more environmentally sustainable and socially just (Harper, 2009).

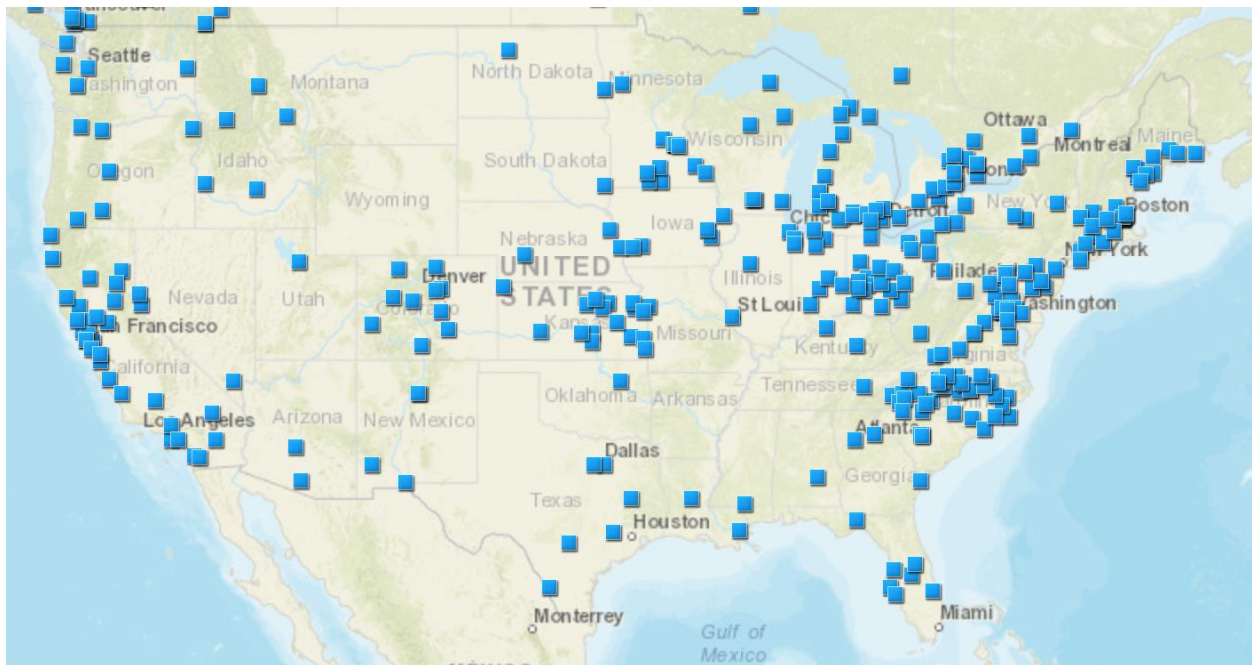


Figure 1.1 Representation of the 293 Local Food and Farm Councils Across America 2020 (JH Bloomberg School of Public Health, 2019)

Food and Farm Council of Riley County and the City of Manhattan

The FFC of Riley County and the City of Manhattan was founded in August 2018 and the City and County appointed 15 members to the council. This council also falls under the Flint Hills Wellness Coalition (FWHC). “The mission of the FFC is to provide a forum for local food issues and a platform for coordinated actions to create a more healthful food system. To accomplish this the Council must:

- Identify and prioritize needs and make recommendations that promote, support, and strengthen access to local, healthy, safe, affordable food.
- Educate and advise the City/County Commissions on local food system needs.
- Provide a forum for people involved in different parts of the local food system and local government officials for fostering collaborative, coordinated actions to improve our local food system” (LLC, O.R., 2020).

Similar to what was stated above, the goal of the FFC of Riley County and the City of Manhattan is “to have an effective and equitable local food system that integrates sustainable food production, processing, distribution, consumption, and waste management in order to enhance the environmental, economic, and social health of this community” (LLC, O.R., 2020).



Figure 1.2 Logo for Food and Farm Council of Riley County and the City of Manhattan

In order to create a sustainable and improved local food system, capacity building with community partners was the first step for this FFC. Community partner interviews were conducted for the first nine months of 2019 and from those interviews, over 50 FFC community partners, from various backgrounds related to food systems, were discovered (LLC, O.R., 2020).

Additional to the FFC Community Partners, the local food system priority issues were discovered as well. They are the following:

- Food Waste
- Food Insecurity
- Food Skills, Food Safety and Nutrition Education

These three priorities have been broken down into three Community Action Teams (CATs) and the FFC members and FFC Community Partners are working towards community initiatives, projects and programs to create a more healthful food system in Riley County and the City of Manhattan (LLC, O.R., 2020).

The three local food system priority issues, listed above, were the public health issues I focused on while interning at the FWHC and with the FFC. My main engagement was with the Food Insecurity CAT but all three priority issues interconnect, especially with nutrition education. The coalition's purpose is to work with residents and groups throughout Riley County and the City of Manhattan to mature community norms that will ultimately support healthy behaviors and environments. There are five active workgroups in the coalition, and they are, "Active Transportation, Mental Health, Access and Coordination of Services, Advancing Health Equity and Nutrition". The mission that these groups work towards is, "to create a healthy, equitable community for our residents through policy, environmental, and personal change" (LLC, O.R., 2018). While interning with this organization, my biggest project was working with the FFC to help capacity build a Community Partners, engage with FFC members and Partners and help make progress on CATs community projects and initiatives through conversations and actions.

Literature Review

For my literature review, I focused on the public health concern of food insecurity. Food insecurity can be defined as, "a lack of consistent access for enough food for an active, healthy life" (What Is Food Insecurity, 2020). The US Department of Agriculture (USDA), (2019) breaks down food insecurity into four categories:

- High Food Security: no reported indications of food-access problems or limitations.
- Marginal Food Security: one or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.
- Low Food Security: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.

- Very Low Food Security: Reports of multiple indications of disrupted eating patterns and reduced food intake.

I first looked at the USDA's report of *Household Food Insecurity in the United States in 2018* authored by Coleman-Jensen *et al.* (2019). This report measured food insecurity by utilizing the annual survey conducted by the U.S. Census Bureau and the USDA's Economic Research Service (ERS) sponsors and analyzes the Food Security Supplement survey. The 2018 survey covered 37,300 households, comprising a representative sample of about 130 million U.S. households (Coleman-Jensen *et al.*, 2019). The 18-question house food security survey was used to measure food insecurity, as well as low-food insecurity. To be categorized as food insecure, participants answered at least three of the first ten questions as food insecure and to be categorized as low-food security, participants answered at least six of the first ten questions as food insecure. Coleman-Jensen *et al.* (2019), main findings from this survey included a decrease in prevalence of food insecurity (11.1%), for the first time since 2007. Of the 11.1% of food insecure households (14.3 million households), 4.3% of the households were found to be very low food insecure households. This report also found that 7.1% of households with children were food insecure. It is important to realize that these percentages are for households, not individuals. Members of each household can experience food insecurity more severely than others and vice versa. For example, parents may suffer more severely than their children because they make sure their children are fed before themselves.

I was interested to look at literature as it relates to food pantries/banks and their efforts to addressing food insecurity. The first article I looked at was a systematic review that analyzed the role food banks have in addressing food insecurity (Bazerghi *et al.*, 2016). Bazerghi *et al.* (2016), had three main objectives for this review and they were; 1. If food banks are providing sufficient food to negate hunger and food insecurity, 2. To investigate if food bank programs are meeting the nutritional needs of clients and 3. To identify if food banks are meeting the needs to maximize food insecurity outcomes. There were 35 articles included in this review, with most of them being cross-sectional studies ($n=33$), one was longitudinal and the other was randomized controlled trial (RCT). The inclusion criteria were that the study had to report the food security status of food bank clients, the nutritional quality of foods being distributed and/or consumed by food bank clients, and/or client needs in relation to foods being distributed (Bazerghi *et al.*, 2016). Also, 14 studies examined food security, 13 analyzed nutritional intake, and 24 considered clients' needs and choices in relation to food bank use. This review by Bazerghi *et al.*

(2016), brought insight to why food banks are not meeting clients' needs or greatly reducing food insecurity. Food banks are facing some difficulties when it comes to addressing clients' needs: 1) The number of client usage is increasing; 2) The number of food bank donations are decreasing; and 3) Food bank staff/volunteers are not always trained or educated in nutrition and cannot provide adequate education to the clients. Because of these difficulties, high quality and nutritious foods are not always provided to clients and lack of nutrition education can result to poor health outcomes.

A handful of limitations to this study include, missing data or underreporting data from surveys, 24-hour food recall bias, and poor response rates and discussions of results for the cross-sectional studies. On the other hand, the longitudinal and RCT had a low participant dropout rate and no reported dropouts, respectively (Bazerghi *et al.*, 2016). This systematic review, conducted by Bazerghi *et al.* (2016), allowed us to better understand how food banks can better serve their clients. Providing an accessible space, nutritious and adequate foods, as well as nutrition education to clients so they can learn how to properly prepare low-cost meals and fuel their bodies, is essential to help reduce food insecurity.

Another article that I reviewed was conducted by Yao *et al.* (2013), and it was titled, *Food Pantry Nutrition Education about Whole Grains and Self-Efficacy*. This was a quasi-experimental 4-week study that wanted to see the impact of a nutrition-education intervention on pantry users' perceptions about increasing their intake of whole grain foods and as well as their self-efficacy in choosing whole grain foods and preparing them. The theoretical framework used in this study was the Social Cognitive Theory. Self-efficacy, a central construct of the theory, is an individual's belief in his or her capacity to execute behaviors necessary to produce specific performance attainments (Carey, 2020). A chicken-and-whole-grain pasta recipe was chosen because it was on the school-lunch menu and also available through the SNAP-Ed website (Yao *et al.*, 2013).

The intervention group ($n=205$) were participants that tasted the chicken and whole grain pasta dish and also given the recipe and ingredients to prepare at home. The control group ($n=204$) participants tasted the dish while at the pantry but did not receive the intervention to make it at home. Participants in the intervention group completed verbal interviews before the intervention and one week and one month after the intervention. Inclusion criteria was anyone who was 18 years or older and responsible for preparing food at home (Yao *et al.*, 2013).

Perception on whole grain food consumption and self-efficacy in choosing and preparing whole grain foods were measured with a 3-point Linkert scale. The data were analyzed using a SAS version 9.2 for Windows, significance was set at $\alpha=0.05$. Logistic regression was conducted to test the proportion difference in perception of whole-grain food consumption between the intervention- and control groups after controlling for age, meal preparation experience, family size, and number of children under the age of 18 years. Multiple linear regression was conducted to analyze intervention effects of self- efficacy in choosing and preparing whole-grain foods (Yao *et al.*, 2013).

Yao *et al* (2013), found that when compared to the control group, the intervention group was 2.8 times more likely to agree that their families whole grain food consumption increased over the month-long intervention. They found that the intervention group 78% of families increased their whole grain food consumption, while the control group had 51% increase whole grain consumption. The authors also found that the mean score for self-efficacy of choosing and preparing whole-grain foods for the intervention group was 8.2 ($SD = 1.2$) and for the control group, 7.6 ($SD = 1.6$), with a range of scores from 3-9, resulting in an indication that the nutrition-education intervention had a significant positive effect on self-efficacy.

Although this theory-based nutrition education intervention had a positive impact on the food pantry participants, there were a number of limitations to this study. The study was very short and only asked follow-up questions one month after the intervention was over. Ideally, to see if there was an actually long-term impact, another follow-up should have been set at six months. Because of limited resources, there was also no randomization to the groups in this study. A randomized controlled trial would strengthen the study. Another limit to this study was that the population was mainly females with a mean age of 41. It is hard to generalize the findings of this study to a larger population due to the characteristics of the sample size and the short follow-up.

These two studies showed the importance of implementing nutrition education in the food bank setting. The *Position of the Academy of Nutrition and Dietetics: Food Insecurity in the United States*, provided a position statement that also agrees with the above studies and nutrition education being implemented as a strategy to reduce food insecurity by stating, “To achieve food security, effective interventions are needed, along with adequate funding for, and increased utilization of, food and nutrition assistance programs; inclusion of nutrition education in such

programs; strategies to support individual and household economic stability; and research to measure impact on food insecurity and health-related outcomes” (Holben *et al.*,2017). Another important statement from Holben *et al.* (2017), was that to build and sustain solutions to achieve food security and promote health, Registered Dietitian Nutritionists, should engage in outreach efforts to build partnerships with all organizations that are included in a local food system and provide their knowledge and expertise.

I found this position statement to be very relevant to what the FFC of Riley County and the City of Manhattan are doing, as it relates to building and sustaining partnerships to improve the local food system. There are a handful of registered dietitians that are part of the FFC members and community partners: One being, Vickie L. James, RDN, LD, who was also my mentor through my time at the FHWC. Vickie is a healthy eating/active living consultant with her own private practice, C.H.A.N.G.E. 4Good. Many know Vickie as the creator, and national director of Healthy Kids Challenge (HKC), an award-winning national nonprofit with a school/community-based approach for childrens’ health. Vickie volunteers her time serving her alma mater, Kansas State University, where she earned her degree in dietetics. She has taken on the role of establishing a city and county appointed Food and Farm Council of Riley County and the City of Manhattan, Kansas. She led a community task force for a year to build awareness, support and a vision for forming a Council before even going to the Commissions. The fifteen-member Council serves as advisors to both the City and County Commissioners and the hub for communication and networking in bringing partners together. The Council completed interviews with over 75 local nonprofits, civic organizations, local producers, local restaurant owners, business owners, and decision makers in the health and food industry. This work led to the creation of Community Action Teams (CATS) focusing on 3 priority food system issues: food insecurity, education (food skills, nutrition, and food safety) and waste reduction.

Chapter 2 - Learning Objectives and Project Description

My time at FHWC began in May 2019 and went through March 2020. I started my internship with the Nutrition Workgroup, but then most of my work transitioned over to the Food and Farm Council (FFC) of Riley County and the City of Manhattan. My mentor was Vickie L. James, RDN, LD., and she is the Coordinator of the FFC. During our first meeting together, we discussed my interests within public health community work and tasks that would best fit those interests. From that discussion, we were able to identify key learning objectives and initial projects and tasks that I would be able to complete. Through this experience, I learned that community work is extremely complex, projects can pause at any given time and adapting to any obstacle is highly important to continually make progress on public health initiatives. The learning objectives for my experience included:

- Understand the complexity of a local food and farm council and how stakeholders of all different backgrounds can help improve a local food system.
- Understand the importance of capacity building of stakeholders for a sustainable future.
- Competence in evaluation, categorization and interpretation of qualitative data.
- Identify unhealthy behaviors within a specific community.
- Illustrate health marketing and promotional tools.

When I first started my internship at the FHWC, I took some time to understand the mission and structure of the coalition as a whole. The FHWC has five active workgroups in the coalition, and they are, “Active Transportation, Mental Health, Access and Coordination of Services, Advancing Health Equity and Nutrition”. The mission that these groups work towards is, “to create a healthy, equitable community for our residents through policy, environmental, and personal change” (LLC, O.R., 2018). Once I had a clear understanding of their mission and purpose, I was able to provide impactful suggests and input while attending meetings. Attending meetings was a huge component of my internship. I regularly attended monthly meetings for the Nutrition Workgroup, the FFC and eventually Community Action Teams (CATs) meetings and if I was not able to attend, I read meeting minutes to stay up to date. Although I was not a city or county appointed FFC member, engaging in these meetings was fundamental for my overall success and growth throughout this internship because it also allowed me to learn what tasks needed to be done for the FFC or Nutrition Workgroup to move forward. Effective

communication with Vickie, coalition members and FFC community partners helped everyone stay connected, up to date with the initiatives being worked on and the progress being made.

One of my first projects was to learn about what the food system needs were for Riley County and the City of Manhattan. I looked at previous data that were collected, from community focus groups and the *2018 Riley County Community Food System Assessment* and created a summarized PowerPoint (Appendix). This PowerPoint illustrated key findings and recommendations for the community moving forward. By analyzing this collected data, it allowed me to identify unhealthy behaviors related to food and how community members access, buy, recycle and use food as well. A series of focus groups were conducted by MPH candidate and peer, Ariana Achakzai, within the International Student population. I was able to analyze and translate that series of focus groups into an infographic. The following showcases how I took qualitative data and translated it into a readable document.

How important is it for you to eat healthy food? Local food?	If cost wasn't a barrier, what would be the biggest barrier to eating healthy?	What is most important to you about our food options in Manhattan?	Where do you get your food?	How do you get there?	What would you like to see changed?	How easy or how difficult is it for you to eat 5 servings of f/v?	What is your most common reason for throwing food away?	Do you recycle?	Do you know about CC?	Are you lacking any utensils?	Any more feedback?
Very important, don't have time to go to farmers market due to busy life plus it is expensive. However, never tried farmers market	Time to prepare food and be more creative with different vegetables.	Happy with it, does not face problem.	Aldi is first option because it is cheaper with good quality, second Hyvee because of the points for gas and sales they have, and third is Dillions. Go to second Friday of the month to KSU to buy food lefted from Farmers market.	personal car	Comfortable with current system. Ready to volunteer and help the students to go grocery shops the day she also go there.	It is difficult. Busy daily routine life make it difficult to complete this requirements. Currently on diet and lost weight which helped to adapt better healthy food choice. Have to follow family requirements, kids are preferring eat pizza, pancake, etc. Can food in USA has less Sodium compare to her home country.	Mostly the left over, because it was processed a lot at home (cooked for long time in oven, etc). But trying to avoid food waste as much as possible.	Do recycling, the trash company do it	Yes, and use it twice a month		
Very important but it is difficult to get the food someone looking for. Facing difficulties in finding and getting "Halal meat" locally. Able to find in Walmart and Manhattan meat market but it is expensive. Vegetables are easy to get however not locally.	Lack of the time due to busy academic life. Therefore, prepare food for whole week on weekend.	Restaurants with healthy food options are expensive. Tap water and bottled water are not meeting the quality back at home.	Usually go to Walmart, and Hyvee	own car, because public transportation system is a bit weak	There is no any mediterian restaurants	Difficult, not feeling comfortable eat at class while most the day spent in class. Frozen have lots of Sodium. Trying to avoid lots of processed food.		Don't do because apartment complex does not have the recycling system			
Important eat healthy. Better to get local food. Once went to farmers market but difficult go there due to lack of transport. It would be good to get some fresh vegetables near to campus.	Getting the food, transportation, accessibility, and availability	Able to find food items looking for in Asian market, most of the time it is frozen but still happy with the quality after cooking it. Fresh fish is very expensive in Walmart and other grocery stores.	Dillions and Walmart for grocery. Asian market for fish, Manhattan meat market for "Halal meat".	To get to Asian market have to rely on friends because bus is not going there. using Uber to get to Manhattan meat market. ATA bus go to Manhattan meat market but you have to wait for one hour to return.	Getting Halal meat is difficult. Having a butcher shop near by would help a lot.	difficult but manageable, however, difficult because busy academic life.	Trying to avoid it, threw only if it spoiled. If something about it spoiled, cut it and defreeze it.	Jardine only have for cutboard but not for plastic. Lack of space, lack trash can for different items recycling	Yes, used only once and never returned because one or two of the items was out of date.	Bought what was lacking	Would be there any reflection and action taken after this discussions
Very important	Food in Manhattan is different especially vegetables, therefore, just stick to familiar food. Transportation is big barrier, don't want to bother other people.	Facing difficulties in finding food available at home (fish) and also ingredients for a dish and don't want subsidise it with other ingredients. Finding fresh food not frozen.	Primarily Walmart	depends on friends to help buy the grocery, ATA bus stop is far away at home.	Mini market near to campus	make smoothie and steam vegetables	trying to avoid it, specially fruits by making smoothie. Vegetables from Farmers market has short life, they spoil after two days.	The house owner pay for trash does not recycle	yes, and use regularly and really help with financial problems. Like the coupon for dairy		

Figure 2.1 Example of Data Acquired by Ariana Achakzai from International Student Focus Group.

K-State International Student Focus Group Consolidation - Spring 2019

Riley County Food Assessment

Problems with Food Access

International Students expressed that there were lack of variety, taste and diversity in food options in the community. It is difficult to find Halal meat and foods at a reasonable price. A lack of education, transportation and time were also barriers.



Barriers to Eating Healthy



Key Interests

International Students are interested in lowering their food waste but lack education on how to properly store foods, buy/cook the appropriate amounts and how to prepare their foods correctly.

Students Who Recycle



Biggest barrier to recycling is **lack of education** on what to recycle and where.

Moving Forward

- Enhance nutrition education and basic cooking skills.
- Provide food safety and food waste resources.
- Increase awareness of the K-State Recycling services on campus.
- Increase awareness of free public transportation for KSU Students.
- Advocate for more cultural and diverse foods for international students.

Figure 2.2 Acquired focus group data, translated into a readable infographic.

Throughout my time at the FHWC, I was responsible for updating the Nutrition Workgroup or FFC webpage, to display current committee work and initiatives, as well as providing relevant and educational resources and information through the FHWC Facebook page. This responsibility allowed me to develop my health marketing and promotional skills by communicating audience-appropriate public health content. Content that was provided through the Facebook page, included community resources but not limited to, free meal sites, USD 383 nutrition programs (Appendix) and transportation, as well as educational pieces on food insecurity, food waste and nutritional education. An example would be posting a flyer with the schedule of the daily Manhattan Common Table Meals or an educational piece on how lowering the sale tax rate on food in Kansas could decrease the burden for the food insecure population. I

was also tasked with creating a PowerPoint for a community initiative called Kitchen Restore (Appendix). The purpose of the PowerPoint was to educate community members on what Kitchen Restore is, the impact of rehoming basic kitchen supplies to individuals and families in need and how to donate to this initiative.

The biggest project I worked on throughout my time with the FHWC, was assisting with organization and capacity building the FFC Community Partners. There were many responsibilities within this project, but it allowed me to develop a huge appreciation of the complexity of community work and learn how to adapt to obstacles that were thrown our way. First, I was responsible for creating a spreadsheet to collect conducted partner interviews and input the data. The purpose of conducting these interviews was strictly to find out the populations being served by community businesses and organizations, their services provided and their needs and gaps that they struggle with. Once the partner interviews were completed and I inputted the data, I was able to analyze, interpret and translate that data into an easy to read flyer.

1	Interviewer	Person Interviewed	Title	Organization/Business/Group
2	Brittany T. Dennis	Breva Spencer	Maternal Child Health Supervisor	Riley County Health Department
3	Tracy Sabo	Pastor Sandy Ferguson	United Methodist Church (UMC) - Pastor for Randolph, Leonardville, Swede Creek and ?)	UMC
4	Julie Gibbs	Megan Katt	Health Education	Wellcat Ambassadors Peer Educators/Lafene Health
5	Julie Gibbs	Megan Maransani	Assistant Director of the KSU REC	REC/Wellness Coalition/Campus Farmer's Market
6	Brittany T. Dennis	Jane Freyenberger	WIC Supervisor	Riley County Health Department
7	Gregg Eyestone	Dr. Jeremy Cowan	KSU Assistant Professor, Sustainable Food Production	Kansas State University
8	Gregg Eyestone	Linda Teener	Executive Director	UFM Community Learning Center/Community Gardens
9	Maureen Olewnik	Sandy Procter	Asst. Professor, Extension Specialist	Kansas State University
10	Maureen Olewnik	Kelly Loub	Co-Owner	Little Apple Brewing Co.
11	Vickie James	Maribeth Kieffer	Executive Director	Flint Hills Breadbasket
12	Kirsten Spear	Kirsten Spear	Pastry Chef	One Egg Group: Bourbon&Baker, Harry's, Tallgrass Tap House
13	Maureen Olewnik	Maureen Olewnik	Coordinator, Global Food System, KSU	Kansas State University
14	Kirsten Spear	Jennifer Bixby	Membership Manage GSKSMO	Girl Scouts Service Unit 704
15	Kirsten Spear	Matt Curtis	Troop 75 Scouts BSA (Boy Scouts of America)	Scouts BSA (formally Boy Scouts)
16	Jacquie Mack	Margaret T. Abbott	Nutrition Coordinator	Friendship Meals
17	Sharon Davis	Betty Banaka	Food Pantry Coordinator	First United Methodist Church
18	Sharon Davis	Dixie Jones	Coordinator	Grace Baptist Food Pantry
19	Sharon Davis	Marilee Whelan	Food Pantry Coordinator	1st Lutheran Church Food Pantry
20	Sharon Davis	Diane Deaver	Co-Director of Food Pantry	Seven Dolars Food Pantry
21	Sharon Davis	Jaudy Rayl	Food Pantry Coordinator	1st Presbyterian Food Pantry
22	Kristen Spear	Samantha Ellison	Director of Sales	Four Points Sheraton
23	Sharolyn Jackson	Ron and Chris Wilson	Owners	Lazy T Ranch
24	Brittany T. Dennis	Kevin Sauer & Amber Howells	Kevin: Associate Professor - FNDH & Amber: Instructor FNDH	Kansas State University Dietetics Program
25	Jacquie Mack	Almaz Rafael	Clinical Nutrition Manager	Via Christi Hospital - Touchpoint
26	Jacquie Mack	Jacquie Mack	Account Executive	Home Health and Home Aid
27	Stephanie Smith	Trent Jones	Director	Boys and Girls Club
28	Katrina	Josh Stockman	General Manager	Chili's
29	Katrina	Shad Allen	General Manager	Olive Garden
30	Katrina	Jayme Minton	N/A	Meadowlark Hills
31	Katrina	Katrina Marshall	General Manager	Longhorn Steakhouse
32	Carol Barta	People's Board	N/A	People's Board
33	Carol Barta	Beth Klug	Executive Director	Shepherds Crossing
34	Carol Barta	Prairie Wood Retreat	N/A	Prairie Wood Retreat
35	Vickie James	Naci Pelis	Admission Counselor	Flint Hills Job Corp Center
36	Vickie James	Erin Bishop	Food Pantry Coordinator	Cats' Cupboard
37	Julie Gibbs	Wade Radina	Owner	Radina's
38	Vickie James	Krystal Lantz	Eastern Adult Rehab Services Supervisor	Pawnee Mental Health
39	Vickie James	Tracy Emery	Coordinator	FIT Closet
40	Vickie James	Michael Wilson	Mobility Manager	aTa Bus Transit - Flint Hills Coordinator Transit District
41	Vickie James	Katheryn Gregerson	President	Food Recovery Network at K-State
42	Vickie James	Melissa Atchison, Ann Smit, Renne Gassmann	Chair, Secretary, Former Secretary	Common Table
43	Vickie James	Margot Hutchinson, Matt Fast	Catering Manager, Store Managerial Director	HyVee
44	Vickie James	Deb Nuss	FHWC Chair	Flint Hill Wellness Coalition and Everybody Counts (EC)
45	Rachel&Ariana	Anna Beatty	General Manager	Panera (East Side Location)
46	Rachel&Ariana	Alyssa Sisk	General Manager	Chipotle Mexican Grill
47	Vickie James	Heidi Tanner	Agency Services Manager	Harvesters
48	Vickie James	Gregg Eyestone / Megan D.	N/A	Extension Programs
49	Vickie James	Ben McKenna	MPH	Fort Riley Department of Public Health
50	Rachel&Ariana	Ashley Napier	Marketing Manager	Chick-Fil-A
51	Rachel&Ariana	Rich	Manager	Rock-A-Belly
52	Rachel&Ariana	Andy Streeter	General Manager	Vista

Figure 2.3 Example of Partner Interviews compiled into a spreadsheet.

Once the interviews were completed and analyzed, the FFC's circle of concern for the community was created; food insecurity, nutrition education and food waste. The next step was to invite all partners to the first FFC Partner Summit meeting. For this meeting, I was responsible for creating the RSVP flyer, sign-in sheets and then keeping track of the RSVP responses. During the meeting, all partners were able to address which area of concern associated with their current work and/or interest. From that collected information, I was also responsible for creating a flyer that showcases our Partners at a Glance (Appendix). It informed who the FFC partners were, but also their area of interest. An additional tool that I created for the FFC was a document that included all educational materials or resources that I had made throughout my time as an intern with the FHWC. This document has a table that includes the material I made and what that material can be used for. Each item is able to be updated/edited as information changes (Appendix). For example, I had the responsibility to evaluate the Kansas state sales tax rate on food and see the impact it would make for the food insecure population of Riley County, if the sales tax were to be decreases or eliminated. This information was compiled into a flyer for the FFC to use to educate individuals and advocate for policy change.

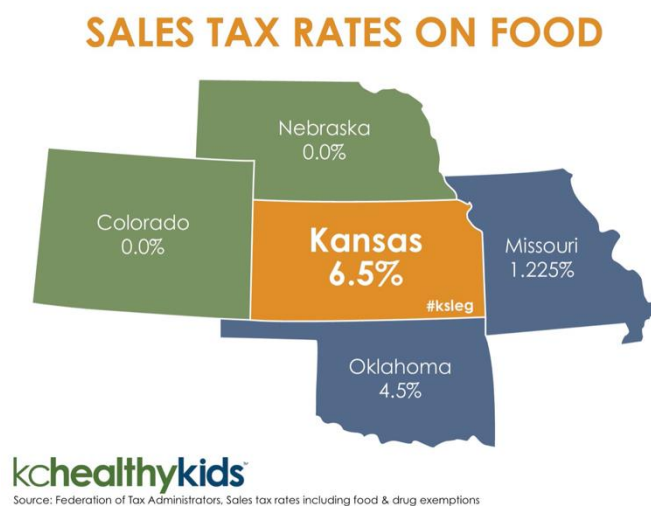


Figure 2.4 Sales Tax Rates on Food for Kansas and surrounding states.

Chapter 3 - Results

From the various projects that I completed through my internship with the FHWC, I found out what the needs and gaps of Riley County and the City of Manhattan's food system were and provided suggests on next steps towards a sustainable and more healthful local food system. Understanding these needs and gaps, allowed the FFC to address them and move towards improving the local food system with dedicated FFC community partners.

3.1 FFC of Riley County and the City of Manhattan, Food Assessment and Data Collection Collaboration

After assessing the *2018 Riley County Community Food System Assessment* and previously conducted focus groups within the community, I found qualitative data to make recommendations to improve the local food system. These recommendations cannot be generalized to the whole population of Riley County as important wants and needs of the whole community. Both the assessment and focus groups lacked male representation and did not include a well diverse population. Overall, the assessment and focus group did provide qualitative findings and insight on where to begin with improving the local food system.

For the *2018 Riley County Community Food System Assessment*, 385 individuals fully completed the survey. The majority of the participants were female, white and had a household income of \$65,000 or more, even though the range of income was \$20,000 to over \$65,000. Key findings from this survey are presented below (Figure 3.1).

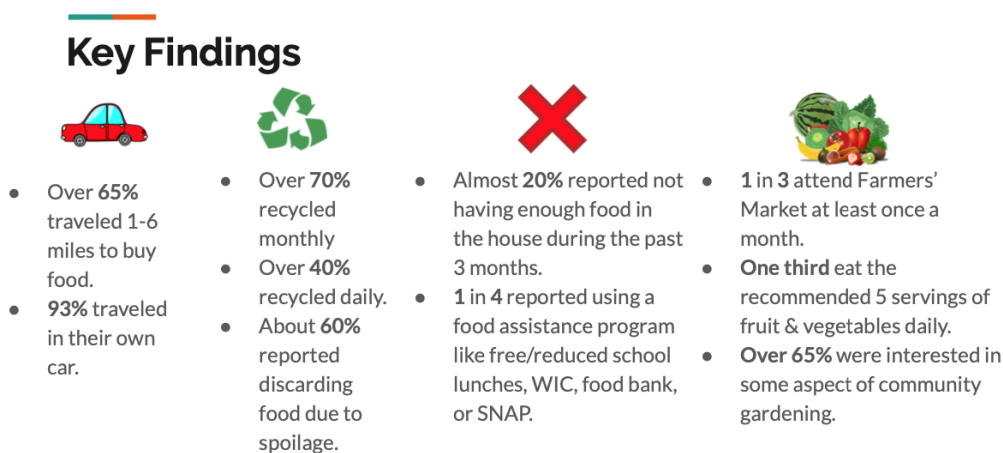


Figure 3.1 2018 Riley County Community Food System Assessment Key Findings

From these key findings, I produced recommendations on initiatives and programs that would improve the local food system. Those findings included the following:

- Enhance nutrition education and nutrition skills.
- Increase percentage of qualifying people to utilize federal assistance programs to help reduce food insecurity.
- Expand public transportation for better accessibility and routes.
- Implement a County or City-wide recycling and/or composting program.
- Make available educational tools for food waste reduction.

I also assessed the qualitative data received from a handful of focus groups that were conducted in the community. The groups and individuals that took part in these discussions were THRIVE of the Flint Hills, parents of Lee and Northview school students, Riley County Fair participants, K-State students/international students and Farmers' Market Shoppers and Vendors. Two limitations to be aware of are a lack of male representation and some participants do not reside in Riley County but still provided input. Key interests and barriers discovered from the focus groups are highlighted below (Table 3.1).

Key Interests	Barriers
Creating community gardens	Lack of transportation/access to food
Reducing food waste	Lack of time and money
A local farmers market on Fort Riley	Lack of nutrition education

Table 3.1 Focus Group Key Interests and Barriers

From the key interests and barriers associated with food, I produced recommendations on initiatives and programs that would improve the local food system. Those findings included the following:

- Enhance nutrition education and basic cooking skills.
- Provide food safety and food waste resources.
- Increase awareness of available reduced cost or free food.
- Increase awareness of public transportation in the area.
- Assist with finding space for more neighborhood gardens.
- Advocate for more cultural and diverse foods for international students.
- Assist Fort Riley in developing a Farmers' Market.

3.2 Evaluating the Kansas Sale Tax Rate on Food

According to Feeding America, Riley County has a 17.5% food insecurity rate, compared to the national average of 12.5%, with 13,240 individuals being food insecure. (“Map the Meal Gap”, 2019) One way to create a more healthful food system is to advocate for policy change. Understanding that Riley County is heavily impacted by food insecurity and that the FFC wants to decrease the number of food insecure Riley County residents, Vickie showed me the sales tax rate on food in Kansas and the surrounding states. Currently, Kansas Sale Tax Rate on Food is 6.5% and in surrounding state the sales tax rate on food is 1.225% in Missouri, 0% in Colorado and Nebraska and 4.5% in Oklahoma. (Change Kansas’ Grocery Tax, 2019) I wanted to learn more about this suggested policy change and how it would benefit the health of our community members. Advocating for policy change is always a good place to start, so I went to <https://www.kchealthykids.org/change-kansas-grocery-tax/> and learned that the FFC can start advocating for this change by bringing awareness to the topic and talking to our legislator.

I was interested on the impact that this policy change would have on Riley County residents, if the sales tax rate on food was lowered or eliminated. Riley County residents currently have an 8.95% sales tax rate that includes the following: 6.5% Kansas sales tax, 1.0% Both Riley County/Pottawatomie County retail sales tax, 1.0% City of Manhattan sales tax, 0.25% quality of life tax, 0.20% street maintenance sale tax (Manhattan Taxes). Eliminating the Kansas sales tax would drop the Riley County sales tax to 2.45%, allowing residents to access adequate and nutritious foods easier because of cheaper costs. Figure 3.2 shows us the Riley County population, the percentage of individuals living in poverty, food insecurity and with chronic diseases in 2017. Lowering the Kansas Sales tax can lessen the burden for the 13,240- food insecure and 16,653 individuals living in poverty and decrease the chronic disease prevalence in Riley County, by providing more healthful food options at a lower price and stimulate economic growth for local vendors and grocers.

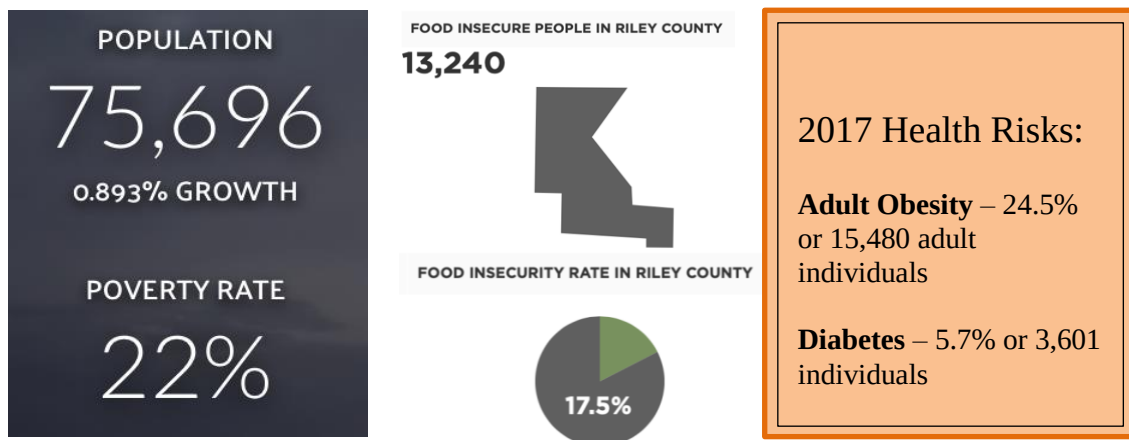


Figure 3.2 Riley County population, Poverty, Food Insecurity and Chronic disease rates in 2017.

3.3 Food and Farm Council Community Partners

Once all of the FFC partner interviews were completed and inputted in the “Interview Collection” excel spreadsheet, I was able to analyze the qualitative data. Of the 75 conducted interviews, 62 businesses and organizations said yes to becoming a FFC Community Partner; an 82.6% yes response rate. Figure 3.3 breaks down the type of organization or business that became a FFC Community Partner. Important gaps and needs found from the interview were the following:

- Lack of **transportation and convenient routes** to community resources and retail operations.
- A **community-wide referral system** to easily guide community members to resources, dietitians, nutrition education, etc.
- Lack of **marketing, advertising and promotion** effectively.
- Concern with **food safety and a lack of education and training** for safe food handling.
- Interests in expanding **community gardens and providing more cooking classes**.
- A more **sustainable food recovery system** for the community, for years to come.

Based off the qualitative data compiled from the Partner Interviews, the FFC was able to distinguish the “Circle of Concern” as three priorities – *food insecurity, food waste and food skills, food safety, nutrition education*, to better the local food system. During the first Partner Summit Meeting, the FFC had new partners engage in what priority best fit their interests or work and had them join that Community Action Team (CATs). Figure 3.4 shows the percentage of how many FFC Community Partners joined each priority.

FFC COMMUNITY PARTNERS

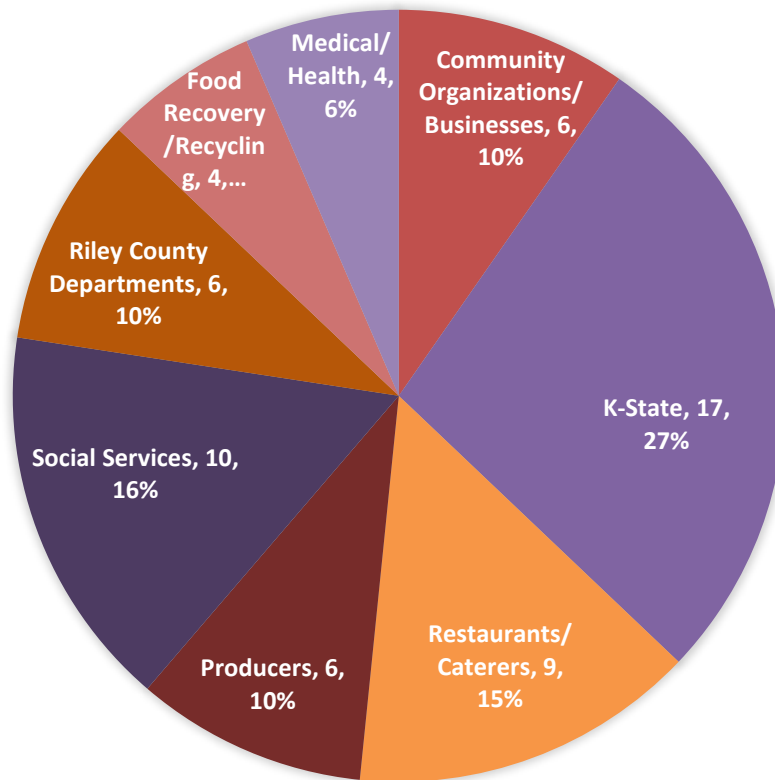


Figure 3.3 Percentage of type of organization/business that became a Food and Farm Council Community Partner

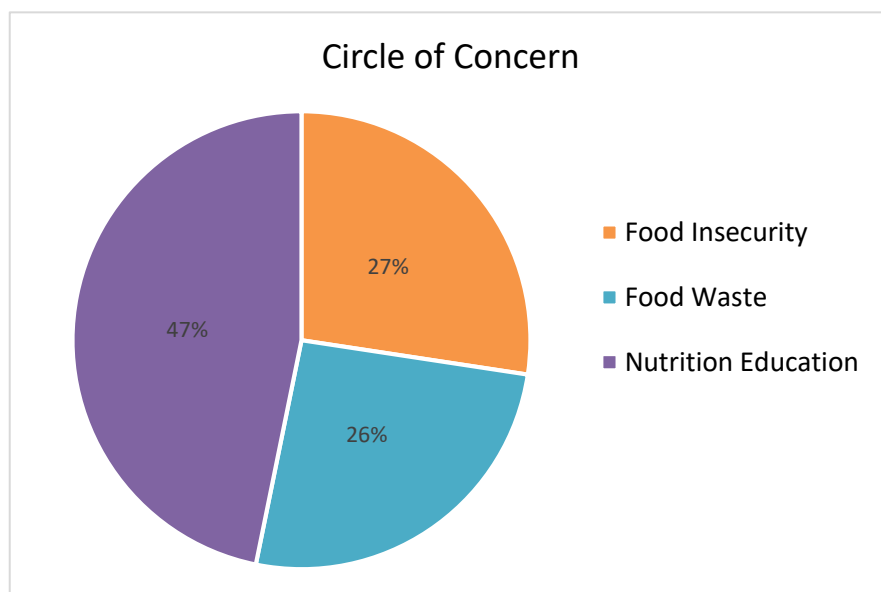


Figure 3.4 Percentage of Food and Farm Council Community Partners joining their Circle of Concern priority/interest

Original FFC Community Partners attended the first Partner Summit Meeting in September 2019. As the community became more aware of the FFC efforts, more interested individuals have attended and engaged in meetings/initiatives. Fast forward to today, three Community Action Teams (CATs) have been formed and those CATs have developed sub-committees to work on certain projects and community-wide initiatives. Figure 3.5 displays the breakdown of how the FHWC has gotten to CATs and their committee work. Once the CATs were developed, I attended all three-monthly meeting but decided to continue working with the Food Insecurity CAT, specifically how to expand or increase meal sites in the county/city.

The last result or outcome I gained from my internship experience at the FHWC and with the FFC was that community work is not all technical but often times is really challenging and adaptive work. There is not a linear line of actions to take in order to create a sustainable community change. I have learned from first-hand experience that community initiatives can come to a complete pause and then pick speed back up. I have also learned that you have to be able to adapt to these obstacles in order to continue making progress on projects and initiatives. Vickie mentored me and allowed me to develop integrating my technical principles, like my public health knowledge and weave them with adaptive leadership skills. This personal

developmental outcome from this internship experience is highly rewarding for me and future as a community public health worker.

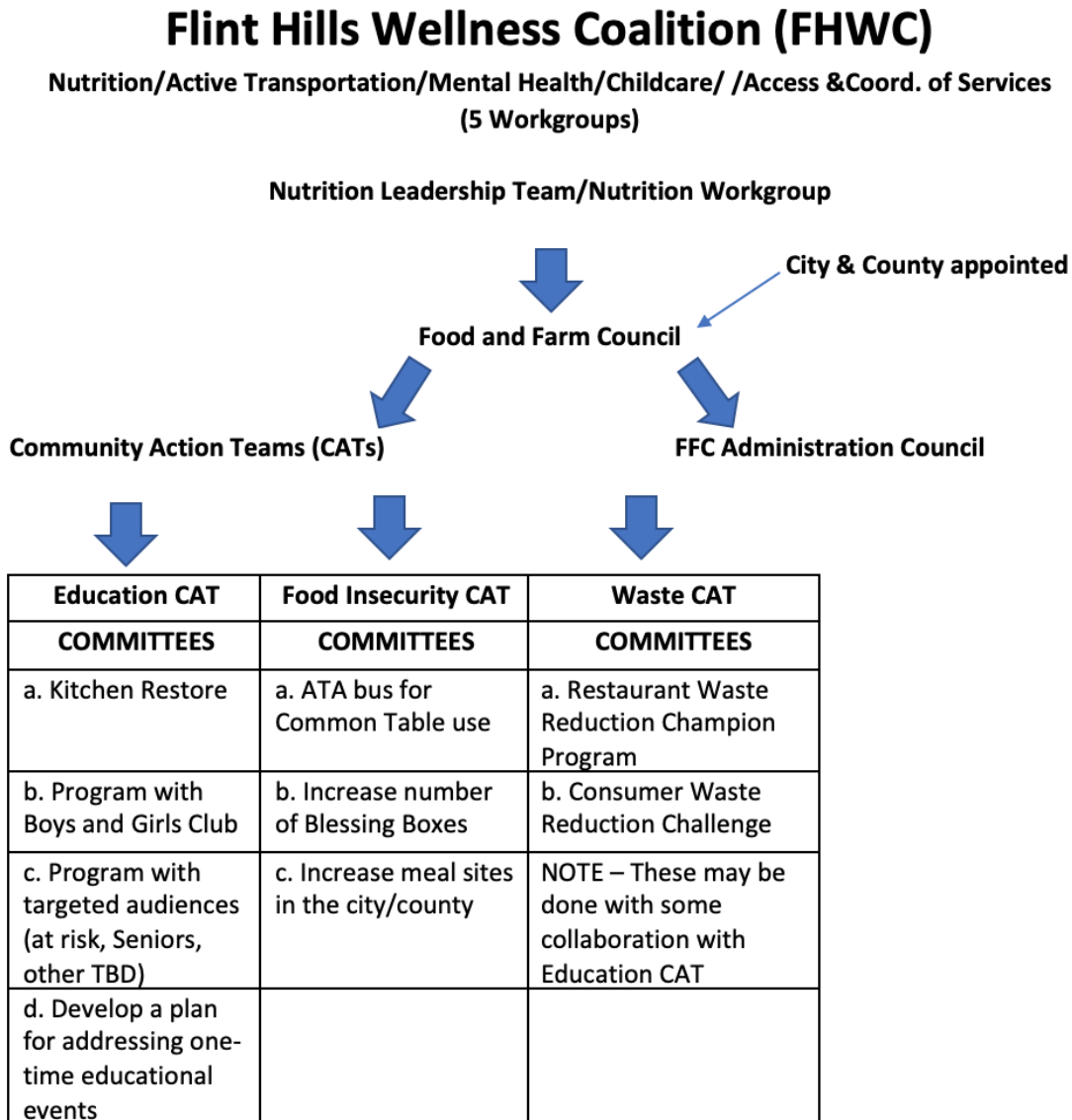


Figure 3.5 Flint Hills Wellness Coalition Organization Chart

Chapter 4 - Discussion

Going into this internship experience, I was unaware of the concept, food and farm council, and I did not fully understand every aspect that goes into a local food system. I never looked at how the individual pieces of a food system fit together, but rather their own identity. Each step of the food system has its own individual purpose but from this integrated learning experience, I learned that, in order to improve the Riley County food system, we need to look at all aspects of how this community produces, buys, eats and throws away food. This experience allowed me to explore and dive into a new avenue of public health and community work that I have never been able to experience. Community work, within a coalition is very complex and adaptive, but also a very rewarding field to work in.

One of my first tasks was to assess data from a previously conducted food assessment done in Riley County, in 2018. I also assess qualitative data from focus groups that were conducted in the community. The purpose of this task was to consolidate the data into a PowerPoint that summarized key take a ways, barriers and recommendations for moving towards an improved food system. What I learned from this task was many of the individuals that took part of these food assessments were white, middle aged females that were not living close to the poverty line. A limitation to this data set was that it is hard to generalize the needs of the community when a diverse population is not taking part in the assessment collection, also the sample size was low. Although the data is valuable and provided insight to the local food systems needs and gaps, I recommended that when a new food assessment survey comes out or focus groups are being conducted, that it targets a more diverse population so the needs of the community can be more generalized.

Before starting this internship, I was aware of a big public health issue in this community, food insecurity. What I was able to learn and understand through this internship are the programs put in place to help combat food insecurity, as well as the USD 383 federal and state nutrition programs that are in place to assist children in need. Riley County has one of the higher rates of childhood food insecurity as well, with it being 18% in 2017 (Map the Meal Gap, 2019). Stephanie Smith, the USD 383 Food Service Director and FFC Member, shared that the USD 383 school district is currently participating in 11 federally funded programs to help feed children. There are also free meal programs like Common Table Meals that are provided all seven days a week or the Ogden Community meal once a month, for anyone in need of a meal or

sense of community. Aside from community programs being offered, another way to help combat food insecurity or reduce the burden of food insecurity is through policy change. I was able to evaluate the Kansas State Grocery Tax and the impact it could potentially make on Riley County individuals, if it was lowered or eliminated fully. I did not know that the surrounding states of Kansas have significantly lower or no sales tax in their state. I was also unaware of the advocacy being done at the state level for the sales tax to be changed. From this experience and throughout my coursework, I learned that policy can play a big role in implementing healthy behavior changes. I also learned that while practicing public health and dedicating time to community work, it is important to stay aware of what active advocacy topics and policy changes are occurring at the local, state and national levels.

Being able to experience the complexity of a FFC and their network of Community Partners was invaluable to my experience. After digesting the concept of a FFC and local food system, as well as how the FFC of Riley County and the City of Manhattan functions, I was able to collect, enter and analyze 75 partner interviews that the FFC conducted. These interviews were essential in gathering community needs and gaps as it relates to the food system but also gaining community support, awareness and partners. From these interviews, I found that the three priorities issues for this community were food insecurity, food waste and nutrition education. These three priority issues were made into Community Action Teams (CATs) and all partners that were interviewed, were invited to join the first Partner Summit meeting. During that first meeting, partners engaged in their priority of choice, that best fit their interests or line of work. Having community partners choose their CATs group was a more sustainable, capacity building approach, rather than assigning partners to a group.

By attending meetings for all three CATs group, I found a constant theme and that was the importance of nutrition education and how to best incorporate the knowledge of nutrition educators and dietitians in the community initiatives and projects being worked on. That theme also lines up with the recommendation Holben *et al.* (2017) made in the *Position of the Academy of Nutrition and Dietetics: Food Insecurity in the United States*, “Registered Dietitian Nutritionists and Nutrition and Dietetics Technicians, Registered, play key roles in addressing food insecurity and are uniquely positioned to make valuable contributions through competent and collaborative practice, provision of comprehensive food and nutrition education and training, innovative research related to all aspects of food insecurity, and advocacy efforts at the local,

state, regional, and national levels”. Even though the FFC is divided up into three priority groups of food insecurity, food waste and nutrition education, they are not divided topics at all. These issues are separate but to make an impact on a local food system, you have to go full circle and utilize all of your resources. The Nutrition Education CAT is heavily utilized by the Food Insecurity CAT and Waste CAT and is an essential resource for educational materials and nutrition curriculum that is used for community initiatives and projects. What I learned from this experience is that there are numerous, adequate resources and materials to be used and that recreating the wheel is unnecessary and, in some cases can be a waste of time.

The projects I completed, while interning with the FHWC has assisted the FFC tremendously over the last 10 months. When I started, outreach to potential community partners and interviews were just getting started. Now there are three active CATs and initiatives being brought into this community to address needs and gaps. Being able to collaborate and engage with community members, producers, restaurant owners, educators and more, was a strength of this project. Their guidance, expertise and insight with their part of the food system gave me an appreciation to the food system as a whole. A limitation to this project was how new the FFC was to the community. Many interactions with local restaurants and businesses were unsure about joining because they had no idea what the FFC purpose was. I am excited to see how the FFC continues to develop and sustain community partners to improve the local food system of Riley County and the City of Manhattan, KS.

Chapter 5 - Competencies

Student Attainment of MPH Foundational Competencies

Competency 4: Interpret results of data analysis for public health research, policy or practice.

To properly fulfil this competency, I created an excel spreadsheet, collected FFC Partner interviews and inputted and interpreted the data that were collected. The FFC Partner interviews were conducted to gain insight on community businesses and organizations and learn how their work fits into a local food system, what their primary services are and what challenges they face. The FFC Partner Interviews were conducted from the start of 2019 to September 2019. In total, there were 58 interviews collected from local restaurants, food assistant services, free meal sites, non-profits, trash/recycling centers and more. While interpreting data, I found out who the population that our FFC Partners serve was, the overall gaps and needs of this population and what steps need to be taken to move Riley County and the City of Manhattan towards a more healthful food system. This task gave me the opportunity to translate this valuable information into a flyer and infographic. This information can be used for future research, public policy and public health practice to write grants and implement policy change for healthy behaviors in order to improve our local food system.

Competency 7: Assess population needs, assets and capacities that affect communities' health.

To properly fulfill this competency, I looked at previously collected data by the Flint Hills Wellness Coalition; from the *Riley County Food System Assessment Survey 2018* and focus groups throughout our community as well as Kansas State University international students. This task not only allowed me to assess the population, but it also allowed me to better understand the gaps and needs of Riley County and the City of Manhattan, as it relates to our local food system. Along with assessing data, I was able to translate the findings into a PowerPoint presentation and show key findings, limitations and what needs to be done in order to decrease the gaps, needs and wants of the community. As well as a separate flyer to showcase the International student needs, gaps and wants.

Competency 15: Evaluate policies for their impact on public health and health equity.

To properly fulfil this competency, I evaluated the sales tax rate on food in Kansas and then compare it to the surrounding states. Kansas currently has a 6.5% sales tax rate on food, while surrounding states, Colorado and Nebraska have 0.0%, Oklahoma has 4.5% and Missouri

has a 1.225% sales tax rate on food. If Kansas lowered this sales tax or even eliminated it, I was able to understand the impacts it would have for the food insecure individuals and households in Riley County

Competency 19: Communicate audience-appropriate public health content, both in writing and through oral presentation.

To properly fulfil this competency, I posted relevant and audience appropriate nutrition and public health content to the Flint Hills Wellness Coalition Facebook page, as well as kept the Nutrition Workgroup and Food and Farm Council tabs up to date on the FHWC website. The Facebook content was to inform community members of free resources that are available to them, as well as use informational articles on food insecurity, food waste and nutrition education. By providing educational pieces and resources, there is potential for individuals to engage in ways to reduce waste, think about the food insecurity in this community, as well as absorb some nutrition education. It was also highly important to keep the website content up to date, so the audience utilizing it could have the most current information on what community initiatives that those groups are working on. I created a PowerPoint for the Kitchen Restore community initiative to educate the community on the why this initiative is important to this community and how it will impact many individuals.

Competency 21: Perform effectively on interprofessional teams.

Throughout my internship, I did not have an office to report to and complete work at. This remote experience was extremely valuable to me because it enhanced my communication skills, through email and phone, as well as my organization skills. Working heavily with the Food and Farm Council, I attended many monthly meetings. Whether those meetings were, one on ones with Vickie James (who advised me), monthly coalition meetings, partner summit meetings and eventually attending Community Action Teams (CATs) Meetings and taking part in committee work. I was able to collaborate with many community partners, on how to move forward and progress with community initiatives, take meeting minutes and provide feedback and thoughts on the structure of certain events. Community partners that I have worked with include but are not limited to, aTa Bus, Common Table, K-State Research and Extension, USD 383 and more.

Table 5.1 Summary of MPH Foundational Competencies

Number and Competency		Description
4	Interpret results of data analysis for public health research, policy or practice.	The FFC and I conducted interviews with stakeholders in the community. I inputted data and interpreted the results of 58 partner interviews. I produced an infographic and flyer based on the findings.
7	Assess population needs, assets and capacities that affect communities' health.	I was able to assess population needs from previously conducted food assessment surveys and focus groups in the community.
15	Evaluate policies for their impact on public health and health equity.	I was able to evaluate the sales tax rate on food in Kansas and then compare it to the surrounding states. This allowed me to see the potential impact could be in Riley County, if the sales tax on food was lowered in Kansas.
19	Communicate audience-appropriate public health content, both in writing and through oral presentation.	I was able to post relatable, public health nutrition content on the FHWC Facebook site and manage website updates as well. The Kitchen Restore presentation was another project created to inform various groups throughout the community about the initiative. It was clear, concise and easy to understand.
21	Perform effectively on interprofessional teams.	Most of my time was spent at monthly coalition meetings, as well as collaborating with FFC members and community partners. Having clear, effective conversations and emails were a key aspect to making progress on various tasks or initiatives.

Table 5.2 MPH Foundational Competencies and Course Taught In

22 Public Health Foundational Competencies Course Mapping		MPH 701	MPH 720	MPH 754	MPH 802	MPH 818
Evidence-based Approaches to Public Health						
1. Apply epidemiological methods to the breadth of settings and situations in public health practice		x		x		
2. Select quantitative and qualitative data collection methods appropriate for a given public health context		x	x	x		
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate		x	x	x		
4. Interpret results of data analysis for public health research, policy or practice		x		x		
Public Health and Health Care Systems						
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings			x			

22 Public Health Foundational Competencies Course Mapping	MPH 701	MPH 720	MPH 754	MPH 802	MPH 818
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels					x
Planning and Management to Promote Health					
7. Assess population needs, assets and capacities that affect communities' health		x		x	
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs					x
9. Design a population-based policy, program, project or intervention			x		
10. Explain basic principles and tools of budget and resource management		x	x		
11. Select methods to evaluate public health programs	x	x	x		
Policy in Public Health					
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence		x	x	x	
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes		x		x	
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations		x			x
15. Evaluate policies for their impact on public health and health equity		x		x	
Leadership					
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making		x			x
17. Apply negotiation and mediation skills to address organizational or community challenges		x			
Communication					
18. Select communication strategies for different audiences and sectors	DMP 815, FNDH 880 or KIN 796				
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	DMP 815, FNDH 880 or KIN 796				
20. Describe the importance of cultural competence in communicating public health content		x			x
Interprofessional Practice					
21. Perform effectively on interprofessional teams		x			x
Systems Thinking					
22. Apply systems thinking tools to a public health issue			x	x	

Student Attainment of MPH Emphasis Area Competencies

Competency 2: Compare and relate research into practice

During this internship I gathered Riley County and the City of Manhattan data related to the local food system. The food assessment data and focus group data, along with food insecurity county statistics, provided an understanding of the community's largest local food systems gaps and needs. This information was valued because it provided insight for the FFC on what the community members needs are and how the FFC could address those needs in order to improve

the food system. I provided an audience-appropriate content, in PowerPoint form for the FFC to utilize how it best fits their needs.

Competency 3: Population-based health administration

Attending meetings and collaborating with community professionals within different areas of Riley County and the City of Manhattan, I was able to observe the administration of population-based food, nutrition and health services, especially in a community work setting. To better assist the population of Riley County and the City of Manhattan, I provided a summary of the community food assessment data to improve the local food system. To help capacity build this administration, I compiled all conducted interviews with community organization and business, analyzed the data and reported key findings back to the FFC.

Table 5.3 Summary of MPH Emphasis Area Competencies

MPH Emphasis Area: Public Health Nutrition		
Number and Competency		Description
1	Information literacy of public health nutrition	Inform public health practice through analysis of evidence-based policy, systems and environmental changes.
2	Compare and relate research into practice	Examine chronic disease surveillance, policy, program planning and evaluation, and program management, in the context of public health nutrition.
3	Population-based health administration	Critically examine population-based nutrition programs.
4	Analysis of human nutrition principles	Examine epidemiological concepts of human nutrition in order to improve population health and reduce disease risk.
5	Analysis of nutrition epidemiology	Describe criteria for validity in nutritional epidemiology methodology.

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Appendix

K-State International Student Focus Group Consolidation - Spring 2019 Riley County Food Assessment

Problems with Food Access

International Students expressed that there were lack of variety, taste and diversity in food options in the community. It is difficult to find Halal meat and foods at a reasonable price. A lack of education, transportation and time were also barriers.



Key Interests

International Students are interested in lowering their food waste but lack education on how to properly store foods, buy/cook the appropriate amounts and how to prepare their foods correctly.

Barriers to Eating Healthy



Students Who Recycle



Biggest barrier to recycling is **lack of education** on what to recycle and where.

Moving Forward

- Enhance nutrition education and basic cooking skills.
- Provide food safety and food waste resources.
- Increase awareness of the K-State Recycling services on campus.
- Increase awareness of free public transportation for KSU Students.
- Advocate for more cultural and diverse foods for international students.

Appendix Figure 1: Kansas State International Student Infographic

Riley County Community Food Survey - January 2018

Appendix Figure 2: Food Assessment and Data Collection PowerPoint

The Food & Farm Council Task Force initiated a food survey to **gain insight into how Riley County residents access, buy, recycle, & use food**. The information will be used to better understand Riley County's food system, educate stakeholders, and improve policies and procedures to meet the demands. Surveys were available online & at local organizations. Over **425 surveys** were collected from **13 neighborhoods** in Riley County including rural areas.

This report was prepared by Barbara LaClair, of LaClair Consulting Services, under contractual agreement with the Flint Hills Wellness Coalition of Riley County, Kansas.



Appendix Figure 2: Food Assessment and Data Collection PowerPoint Continued

Demographics of Survey

The results of this survey are not greatly diverse. The majority of participants were white, females and while household income ranged from less than \$20,000 to over \$65,000, the majority of participants had a household income over \$65,000.

Gender	Percent	Count
Female	83.0%	338
Male	15.0%	61
Prefer not to answer	2.0%	8
	Totals	407

Income Range	Percent	Count
Less than \$20,000	15.3%	59
\$20,000 to \$34,999	15.3%	59
\$35,000 to \$49,999	16.6%	64
\$50,000 to \$64,999	12.5%	48
\$65,000 or more	40.3%	155
	Totals	385

Appendix Figure 2: Food Assessment and Data Collection PowerPoint Continued

Demographics of Survey Continued

Race/Ethnicity Category	Percent	Count
White	87.3%	356
Black or African American	3.2%	13
Latino/ Hispanic	2.7%	11
Asian or Pacific Islander	2.7%	11
American Indian/ Alaska Native	1.0%	4
Multiracial	2.5%	10
Other - Write In (both said "International")	0.5%	2
Prefer not to answer	4.2%	17

Age Group	Percent	Count
Less than 18 years	0.5%	2
18 to 29 years	18.6%	76
30 to 49 years	39.0%	159
50 to 64 years	24.0%	98
65 years or older	17.9%	73
	Totals	408

Appendix Figure 2: Food Assessment and Data Collection PowerPoint Continued

Key Findings



- Over **65%** traveled 1-6 miles to buy food.
- **93%** traveled in their own car.



- Over **70%** recycled monthly
- Over **40%** recycled daily.
- About **60%** reported discarding food due to spoilage.



- Almost **20%** reported not having enough food in the house during the past 3 months.
- **1 in 4** reported using a food assistance program like free/reduced school lunches, WIC, food bank, or SNAP.



- **1 in 3** attend Farmers' Market at least once a month.
- **One third** eat the recommended 5 servings of fruit & vegetables daily.
- **Over 65%** were interested in some aspect of community gardening.

Appendix Figure 2: Food Assessment and Data Collection PowerPoint Continued

Recommendations Moving Forward

- **Enhance** nutrition education and nutrition skills.
- **Increase** percentage of qualifying people to utilize federal assistance programs to help reduce food insecurity.
- **Expand** public transportation for better accessibility and routes.
- **Implement** a County or City wide recycling and/or composting program.
- **Make available** educational tools for food waste reduction.

Limitations

- The population was not well represented to match the demographics of the community.

Appendix Figure 2: Food Assessment and Data Collection PowerPoint Continued

Riley County Food Assessment - Consolidated Report of Area Focus Groups 2018

Appendix Figure 2: Food Assessment and Data Collection PowerPoint Continued

Populations We Surveyed

- THRIVE of the Flint Hills
- Parents of Lee and Northview schools
- Riley County Fair Participants
- K-State Students
- Farmers' Market Shoppers and Vendors

Key Interests

- Community Gardens
 - Parents of Lee Elementary and Northview Elementary were mostly interested in neighborhood gardens and delivery of fresh produce to the area.
 - Adults who attended Riley County Fair were also interested in community gardens.

Appendix Figure 2: Food Assessment and Data Collection PowerPoint Continued

Problems with Food Access

- Many K-State Students mentioned many barriers to getting food, they included the following.
 - *Lack of communication, access, transportation and education.*

Barriers to Eating Healthy

- Time
- Money



Fort Riley citizens identified a local **Farmer's Market** as their greatest need.

Appendix Figure 2: Food Assessment and Data Collection PowerPoint Continued

Recommendations Summary

- Enhance nutrition education, to include **skills**.
- Increase awareness of **available reduced cost or free food**.
- Increase awareness of **public transportation** in the area.
- Secure funding/space for more **neighborhood gardens**.
- Assist Fort Riley in developing a **Farmers' Market**.

Limitations

- Some of the groups lacked male perspective
- Some respondents, who were interviewed, were not from Riley County Area.

Appendix Figure 2: Food Assessment and Data Collection PowerPoint Continued

Recommendations Summary

- **Enhance** nutrition education, to include **skills**.
- **Increase** awareness of **available reduced cost or free food**.
- **Increase** awareness of **public transportation** in the area.
- **Secure** funding/space for more **neighborhood gardens**.
- **Assist** Fort Riley in developing a **Farmers' Market**.

Limitations

- Some of the groups lacked male perspective
- Some respondents, who were interviewed, were not from Riley County Area.

Appendix Figure 2: Food Assessment and Data Collection PowerPoint Continued

K-State International Student Focus Groups, Spring 2019



Appendix Figure 2: Food Assessment and Data Collection PowerPoint Continued

- It is difficult to find Halal meat and foods at a reasonable price.
- A lack of education, transportation and time were also barriers.

The biggest barriers to eating healthy are time and money.



Appendix Figure 2: Food Assessment and Data Collection PowerPoint Continued

Frequency	Percentage
Never	10%
Often	90%

Lowering their food waste but lack education on

- how to properly store foods,
- buy/cook the appropriate amounts
- how to prepare their foods correctly.



Appendix Figure 2: Food Assessment and Data Collection PowerPoint Continued

Moving Forward

- **Enhance** nutrition education and basic cooking skills.
- **Provide** food safety and food waste resources.
- **Increase** awareness of the K-State Recycling services on campus.
- **Increase** awareness of free public transportation for KSU Students.
- **Advocate** for more cultural and diverse foods for international students.

Appendix Figure 2: Food Assessment and Data Collection PowerPoint Continued

Materials	What it can be used for
Riley County Food Assessment and Focus Groups PowerPoint	Educational tool to address the need of the community and implement programs/initiatives. Can be used to showcase the need for an assessment more diverse population of the community.
International Student 2019 Focus Groups Infographic	Educational tool for K-State, when addressing the needs of international students and how to better their experience at K-State.
USD 383 Nutrition Two-Page Flyer	Educational tool for families in the USD 383 district. Tool to educate the community on programs being offered via FB, community events, etc.
Summit PowerPoint	For the Partner Summit meeting, layout for future Summits.
Food and Farm Council Sign in Sheets	Utilized at all meetings, to track attendance and report on minutes.
Partners at a Glance Document	This can be used to showcase all community partners involved in creating a healthful local food system. It can also be used as a tool to help recruit new partners as well.
Sales Tax Rate on Food Flyer	This tool can be used to educate the community and influence politicians/lobbyists on the need to reduce the sales tax rate on food and the impact it can have on the food insecure/poverty population.
Kitchen Restore PowerPoint	Used to educate community members on what Kitchen Restore is, why it is being implemented in this community and how to donate kitchen items to be restored and redistribute to families/individuals in need.

Appendix Figure 3: Table for FFC Members to understand what materials can be used for what tasks, events, etc.

How Changing the Kansas' Grocery Tax will benefit Riley County

Currently, Kansas Sale Tax Rate on Food is 6.5% and in surrounding state the sales tax rate on food is 1.225% in Missouri, 0% in Colorado and Nebraska and 4.5% in Oklahoma.

Kansas Sale Tax + Riley County Sales Tax = 8.95%

In 2017,



An average family of four spends about \$1000 on groceries each month. In many places, Kansans pay up to 10% in taxes, which adds up to \$100 every month = \$1200 a year!

Lowering the Kansas Sales Tax can

- Lessen the burden for the 13,240-food insecure and 16,653 individuals living in poverty.
- Decrease the chronic disease prevalence in Riley County, especially obesity.
- Stimulate economic growth for local vendors and grocers.

<https://www.kchealthykids.org/change-kansas-grocery-tax/>
<https://map.feedingamerica.org/county/2017/overall/kansas/county/riley>
<https://datausa.io/profile/geo/riley-county-ks#health>

Appendix Figure 4: Kansas Grocery Store Sales Tax

1	Interviewer	Person Interviewed	Title	Organization/Business/Group
2	Brittany T. Dennis	Breva Spencer	Maternal Child Health Supervisor	Riley County Health Department
3	Tracy Sabo	Pastor Sandy Ferguson	United Methodist Church (UMC) - Pastor for Randolph, Leonardville, Swede Creek and ?)	UMC
4	Julie Gibbs	Megan Katt	Health Education	Wellcat Ambassadors Peer Educators/Lafene Health
5	Julie Gibbs	Megan Maransani	Assistant Director of the KSU REC	REC/Wellness Coalition/Campus Farmer's Market
6	Brittany T. Dennis	Jane Freyenberger	WIC Supervisor	Riley County Health Department
7	Gregg Eyestone	Dr. Jeremy Cowan	KSU Assistant Professor, Sustainable Food Production	Kansas State University
8	Gregg Eyestone	Linda Teener	Executive Director	UFM Community Learning Center/Community Gardens
9	Maureen Olewnik	Sandy Procter	Asst. Professor, Extension Specialist	Kansas State University
10	Maureen Olewnik	Kelly Loub	Co-Owner	Little Apple Brewing Co.
11	Vickie James	Maribeth Kieffer	Executive Director	Flint Hills Breadbasket
12	Kirsten Spear	Kirsten Spear	Pastry Chef	One Egg Group: Bourbon&Baker, Harry's, Tallgrass Tap House
13	Maureen Olewnik	Maureen Olewnik	Coordinator, Global Food System, KSU	Kansas State University
14	Kirsten Spear	Jennifer Bixby	Membership Manage GSKSMO	Girl Scouts Service Unit 704
15	Kirsten Spear	Matt Curtis	Troop 75 Scouts BSA (Boy Scouts of America)	Scouts BSA (formally Boy Scouts)
16	Jacque Mack	Margaret T. Abbott	Nutrition Coordinator	Friendship Meals
17	Sharon Davis	Betty Banaka	Food Pantry Coordinator	First United Methodist Church
18	Sharon Davis	Dixie Jones	Coordinator	Grace Baptist Food Pantry
19	Sharon Davis	Marlee Whelan	Food Pantry Coordinator	1st Lutheran Church Food Pantry
20	Sharon Davis	Diane Deaver	Co-Director of Food Pantry	Seven Dolars Food Pantry
21	Sharon Davis	Jaudy Rayl	Food Pantry Coordinator	1st Presbyterian Food Pantry
22	Kristen Spear	Samantha Ellison	Director of Sales	Four Points Sheraton
23	Sharon Jackson	Ron and Chris Wilson	Owners	Lazy T Ranch
24	Brittany T. Dennis	Kevin: Sauer & Amber Howells	Kevin: Associate Professor - FNDH & Amber: Instructor FNDH	Kansas State University Dietetics Program
25	Jacque Mack	Almaz Rufael	Clinical Nutrition Manager	Via Christi Hospital - Touchpoint
26	Jacque Mack	Jacque Mack	Account Executive	Home Health and Home Aid
27	Stephanie Smith	Trent Jones	Director	Boys and Girls Club
28	Katrina	Josh Stockman	General Manager	Chill's
29	Katrina	Shad Allen	General Manager	Olive Garden
30	Katrina	Jayne Minton	N/A	Meadowlark Hills
31	Katrina	Katrina Marshall	General Manager	Longhorn Steakhouse
32	Carol Bada	Carol Bada	N/A	People's Bank

Appendix Figure 5: FFC Partner Interview Spreadsheet: Interview Information

1	Location: Street Address	Hours/Days of Service
2	Riley County Health Department Family & Child Resource Center (FCRC): 2101 Claflin Rd. Manhattan, KS 66502	M,T,W 8am-5pm, Thurs 8am - 7pm, Friday 8am-3pm
3	Randolph UMC 105 East Garrison Randolph, KS 66554	N/A
4	Lafene Health Center - 1105 Sunset Ave Manhattan, KS 66502	40+ a week
5	REC Services - 1831 Olympic Street, Manhattan, KS 66506	Monday - Sunday; hours vary
6	Riley County Health Department - 2101 Claflin Rd. Manhattan, KS 66502; Ft. Riley - 650 Huebner Rd., Ft. Riley, KS 66442	MHK: M,T,W 8am-5pm; TH 8am-7pm; F 8am-3pm. FT.Riley: M,T,W 8am-5pm; TH 8:30am-3:30pm.
7	KSU 1712 Claflin Road, 2021 Throckmorton Plant Science Center	N/A
8	UFM - 1221 Thurston Street, Manhattan, KS 66502	8 am - 5 pm, Monday - Friday
9	KSU - 204 Justin Hall	varied, but generally 8am-5pm, Monday - Friday
10	Little Apple Brewery Company - 1110 Westloop Plaza	Monday - Sunday; 11 am - 11 pm
11	Flint Hills Breadbasket - 904 Yuma, Manhattan, KS	For client use and new first time clients: Monday-Friday 9-11:30am The church pantry is for those who qualify and all paperwork is comp
12	1. Bourbon&Baker 312 Poyntz Ave, Manhattan, KS 66502 2. Harry's 418 Poyntz Ave, Manhattan, KS 66502 3. Tallgrass Tap House	N/A
13	1601 Vattier St. 14E Fairchild Hall (KSU)	varied, but generally 8am-5pm, Monday - Friday
14	Girl Scouts Service Unit 704 - Physical office is in Kansas City with a regional office in Topeka	Does not have office hours or a store front.
15	Troop 75 Scouts BSA (Boy Scouts of America) - no street address	Hours are variable and depend on troop.
16	301 4th Street Manhattan, KS 66502	7-1 and 8:30-4pm
17	Allen Lee Center, 61 Humboldt Manhattan, KS	Mondays from 1-3:30 pm
18	2901 Dickens Ave Manhattan, KS 66502	Tuesdays from 1-3:30 pm
19	930 Poyntz Ave. North Side, Manhattan KS 66502	Wednesdays from 1-3:30 pm
20	731 Pierre Street, Manhattan KS 66502 (rear of building)	Thursdays from 1-3:30 pm
21	801 Leavenworth St. Manhattan, KS 66502	Fridays from 9:30 am to Noon.
22	530 Richards Dr. Manhattan, KS 66502	Restaurants and catering office have variable hours.
23	2103 Zeanade Rd, Manhattan, KS 66502	Varies; by appointment
24	KSU 105 Justin Hall, Manhattan, KS 66506	N/A
25	1832 College Ave, Manhattan, KS 66502	0600-1900 with snacks available 24 hours.
26	Home Health and Home Aid - no address provided	8 am to 5 pm, 24 hours on call
27	220 S 5th Street Manhattan, KS	Varies by site location and time of year. Most locations open at 7:30 am when school starts until after school at 6 pm. Summer hours are
28	N/A	N/A
29	N/A	N/A
30	2121 Meadowlark Road	6 am - 8 pm
31	505 Tuttle Creek Blvd	Su-TH 11am-10pm and F-SA 11am-11pm
32	16 Ft. Riley Blvd	10 am - 8 pm Su-Fri and 9 am - 8 pm Sat
33	621 Humbolt Street, Manhattan, KS	N/A
34	1484 Wildcat Creek Rd, Manhattan, KS, 66503	N/A
35	4620 Eureka Dr. Manhattan, KS, 66503	8-5, Students are 24/7

Appendix Figure 5: FFC Partner Interview Spreadsheet: Business/Organization

- 1 **What food system related services does your organization provide?**
- 2 Nutrition Education (Eating Healthy), Cooking Demonstration: demonstrated how to make it and then they got to taste the product. BAM did partner with WIC to do a Nutrition Class specific to moms, but it wasn't well attended. Not a lot for postpartum for follow-ups.
- 3 Helps support food bank in Riley, KS. Purchases food at Short Stop (convenience store in Randolph) for people in need. At times, have shelf stable foods at the church in Randolph. Monthly, no cost meals for whole community (Randolph - 3rd Wednesday of the month)
- 4 Nutrition Education and Cooking Classes
- 5 Marketing
- 6 **Nutrition Education**-Initial appointment and one year certification requires 2 appointments. Dietitian will assign the topic based on conversations. Starting solids when baby is 9 months, pregnancy and nutrition. WIC health channel with short videos regarding nutrition etc
- 7 Growing/education/research-local food sticker. Campus Farmers Market, produce stand at 17th and Claflin. CSA, KSU Dining.
- 8 Community Garden Space and Organize classes on growing and food preparation.
- 9 Sandy is mostly focused on statewide outreach through K-State Extension. She works closely with maternal, infant, elderly and low income citizens of Kansas on nutrition education.
- 10 Restaurant. No other services offered. In the past, **provided meals to the Emergency Shelter (ES)** which was fresh and complete (protein, vegetable, greens and dessert). They stopped doing this due to poor scheduling on the part of the ES. There was overlap in del
- 11 *Only operate on donations, no fed or state funding, fundraiser 2-3x/month. *First visit eligibility form completed, updated annually, can get foods that day and bring back paperwork if need to look up something. *First visit have front room and pantry access and then g
- 12 Food is purchased through US foods, Sysco, farmer direct foods (local), 4-star hydroponics (local), and Piccalilli Farms (local). Food is cooked on site, served, and food waste is disposed.
- 13 My position is to monitor and review food related research and teaching at KSU, then identify and encourage potential interdisciplinary collaboration in tackling major food related challenges. These challenges can be as local as urban gardening, as technical as new CR
- 14 Girl Scout programming provides **education** about healthy food preparation, being active, and becoming involved citizens.
- 15 Food education, Scouts BSA has several merit badges relating to food. The cooking badge is now required for Eagle Scouts, which I think is really interesting. Learning to prepare food is now seen as a required skill (good stuff there!). Matt Curtis recommend that I refer
- 16 Meals on Wheels (Friendship Meals) Lunches are prepared in kitchen of Riley Senior Center. The cost is \$3.50 for 60+ y/o and \$5.25 full pay for under 60 year olds. Hot meals are delivered Mon-Friday from 10:30 am - 2 pm and only delivered within city limits, with freezer
- 17 No cost meals on Wed/Sat. - part of Common Table. Shelf stable and perishable foods at no cost. Recycling and Food Recovery through Common Table.
- 18 Shelf stable and perishable foods at no cost.
- 19 No cost meals provided through Common Table meals on Thursday and Friday (separate from Food Pantry). Shelf stable and perishable foods at no cost.
- 20 Shelf stable and perishable foods at no cost. (milk, meat, etc.). Gardening and produce comes from parishioners. Recycling. Food recovery from the grocery stores goes straight to FHBB. All of our data from our pantry goes back to FHBB. Seven Dollars Pantry purchase
- 21 No cost meals, not through the food pantry but through Common Table - Breakfast on Wednesday Mornings at 7:30 am and Dinner Tuesday evenings. Shelf stable and perishable foods at no cost. Recycling. Food Recovery - Breakfast leftovers go to the Emergency Shi
- 22 Restaurant (inside of hotel) and catering.
- 23 Food service operation service - Catering, mostly on site. Restaurant - Catering by appointment. Retail of other merchandise - Fudge, popcorn in the future. Gardening/growing and Food Recovery - some is donated to the Emergency Shelter.
- 24 Nutrition Education. *Note-Could the SDA(Student Dietetic Association) become a consistent partner with the Nutrition&Cooking Skills Education SWAT Team? SDA is a more passive group, but that doesn't mean they can't be inspired. Perhaps we can recruit from SDA.
- 25 Primary food services for inpatient - provides 3 meals plus snacks. Cost for meals are incorporated in hospital fees. Their guest that are required in room -(mother/father/family of child) are complimentary. All 3 meals are delivered directly to patient's room. Cafe open for me
- 26 We don't directly provide food services to our clients but we do provide resources. If patient need meal preparation we would provide resources of Home Aids to purchase in most cases and prepare meals. We do provide nutritional guidance to individuals with certain he
- 27 CACFP snacks in Marlatt, 5th Street, Wamego, Anthony but nothing consistent. Used to have a plot at the community garden. One week during summer now. This year we planted tomato plants at 5th Street. Recycling topic. STEM grant currently focused on water clea
- 28 Drops off food to the Breadbasket when done with promos about every 3 months.
- 29 Breadbasket and Soups Sauces.
- 30 Groceries for sale, provide low cost meals to hospital and hospice. Some residents donate meal plan to emergency shelter. Medicaid meals. Take to emergency shelter if leftover food.
- 31 Donate to the Breadbasket weekly.
- 32 A full scale program, uses photos for del. food bank

[illegible]

1	What other groups are you currently partnering with related to these services?
2	Via Christi, WIC, Women's Health Group. Refer to Parents as Teachers, Life Choice Ministries, Infant Toddler Services
3	Short Stop in Randolph - they will charge the church for food that those in need pick up. Havester's. Food Bank in Riley. School-UMC provide a hot meal to middle school student athletes before home games. There is not enough time to go home and eat before games
4	Nutrition Workgroup, Flint Hills Wellness Coalition, Cats' Cupboard, Wildcat Wellness Coalition
5	N/A
6	Fl. Riley at the Hospital (they serve the dependents of the soliders...pediatric clinic, OB clinic, OT) OB and Labor and delivery are referring down to WIC and pediatric clinic. Client load has increased by 20% since last year at this time. 50% of those who c
7	S.A.V.E Farm and Riley County Extension
8	County Extension, Cats' Cupboard and Flint Hills Breadbasket.
9	Church Lady's Group. Serving evening meals with several churches in town. She sits on several statewide boards. Child Nutrition Wellness Advisory Board. KS Food Security Council (this council reviews WICK, Childhood Nutrition Wellness, Harvest, KS Appleseed).
10	Piccalilli Farm and Farmers Market
11	*Aldi, Walmart, HyVee, Dillons, Target, Radin'a East and Westside Markets, Dunkin Donuts, Public Hall, Bluestem Bistro, Chipotle, Mrs. Powells, Daras East, Short Stop, Longhorns, Olive Garden, Dairy Queens (2), Van Zile, Kramer, Derby, Petco for pet food. *Food musi
12	*We buy seasonal produce from Piccalilli farm and 4-star hydroponics, and some of our flours from farmer direct foods. We're interested in expanding to buying from other local sources. So far the biggest hurdle has been being able to get local produce consistently. All c
13	I have an advisory team representing all colleges on campus and many departments. I also partner with outside organizations like, FFC, KS Dept. of Ag, DC based organizations (both government and corporate based).
14	We have partnered with groups at Kansas State for education relating to healthy living.
15	Troop 75 participates in the Scouting for Food program, which collects for BreadBasket. They are also on rotation with Common Table.
16	*Northern Area Agency on Aging - has supervising department, oversight over meal program, however, Riley Senior Center is unique to other Meals on Wheels as the Riley Center has a meal nutrition coordinator separate from venter management. The Center also has :
17	Flint Hills Bread Basket and Harvesters, once yearly for inspection.
18	N/A
19	Flint Hills Bread Basket. Not yet with Harvesters, but they have requested a meeting.
20	Flint Hills Bread Basket. Harvesters is at the FHBB but they do come to the pantry once a year for food safety inspections and Harvesters receives monthly reports.
21	Flint Hills Bread Basket - all under Harvesters.
22	None currently.
23	Food Recovery: Partner with 1st Presbyterian Church - Whenever possible, leftover food is donated to be used for youth meals, breakfasts, etc. Sometimes food is donated to be used with services offered through Common Table. Chris assured me that they work very h
24	Megan Katt (Dianna Schalles) Wellcat Ambassadors - Started Farmer's Market at the Union, a lot of students will find this group. Peer education in regards to health. (Pre-med etc.) Cheryl Johnson with KDHE School Nutrition programs (collected data, come to c
25	*Riley County Extension Office - Collaborate with them. *Meet with Local Farmers - goal is to buy food from local resources. Once a month on Wednesday, they use local produce in cooking demo. *American Heart Association - Go Red for Women Movement to end hear
26	Hospitals, Physicians, Nursing Home - Long+Short Term, Assisted Living, Senior Citizens Center, Independent Senior Living, Area Agency on Aging, Mental Health, Health Departments.
27	Beach Museum, Extension John Jobe STEM Activities, Pawnee workers at some sites. Starting to work with Big Brother, Big Sisters. RCPD.
28	No.
29	No one.
30	N/A
31	N/A
32	Local produce
◀ ▶	Interview Information
	BusinessOrganization (Question
	Question #2
	Question #3
	Question #4
	Questions #5
	Question #6
	Question #7
	Question #8
	Que
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Appendix Figure 5: FFC Partner Interview Spreadsheet: What other groups are you currently partnering with related to these services?

1	Any groups you are not partnering with but potentially see as beneficial and feasible to partner with?										
2	Hy-Vee: Meal Planning or Meal Prep (Whole 30 Meals) would probably have to get a grant to support this.										
3	She was sure there was, but could not think of any off the top of her head. She talked about the summer feeding programs and wishing she knew how to figure this out.										
4	Flint Hills Breadbasket, Church groups on/off campus.										
5	Farmers' Market (local) / more students who sell/produce.										
6	Outreach efforts leave a lot of desired. 10 employees and 2 clinics. An outreach team has been put into place. Getting a list of people in the community that every month they are making contact with. Make sure they have WIC's brochures. World Friendship - a group										
7	Cultivate KC, Kansas Permaculture Institute, Kansas Rural Center.										
8	N/A										
9	She stated that she could do more locally on health - possibly working with the Flint Hills clinic on nutrition and hunger education.										
10	School cafeteria food - work with school districts on how to make better meals. Work with elementary/Jr. High/High School/Boys and Girls Club, etc to teach how to shop, kitchen skills, etc. Not just through 383, but other organizations where partnership sh										
11	Need to expand to the small, rural Riley county communities. More restaurants and caterers get involved, IF will agree to family size and freeze foods.										
12	We are interested in potentially donating or volunteering with Common Table. After reaching out to them, we learned that they plan to have food education (a ways down the road it sounds like, but a very neat idea!) as part of their service. We have expressed that we w										
13	There are many, many state based, country based, and international organizations that I reach out to as need arises, and groups are identified. I have interaction with the KSU Olathe campus where urban farming, farmers market and small scale food safety activities are										
14	None that we can think of.										
15	No. Matt noted that every activity they do is part of a larger council. The troops in Manhattan (they're 6-7) are in the Konza district, which is part of the Coronado Council.										
16	Banks, Insurance Companies and Community Businesses.										
17	N/A										
18	N/A										
19	N/A										
20	N/A										
21	N/A										
22	Samantha Ellison is interested in learning more about food recovery, but is unsure of who is out there in our community, doing what. We had a short discussion about Common Table and the Bread Basket, and I think they would be receptive to learning more.										
23	N/A										
24	Time necessary to establish projects and partnerships is the problem. There is not anyone that they wouldn't work with. Primary Connectors (Employers) Supervised Practice Sites, Some access sites to get relevant experience. Ascension Via Christi (meet with new admir										
25	Food and Farm Council - would like to be a part of the group and work in the community.										
26	N/A										
27	Currently lacking in food access for families. FIT Closet and Rockhills Church.										
28	Personally with K of C. Partnering with BreadBasket. Staff donated to FIT Closet.										
29	No.										
30	Lion's Club Summer Meal Program and Senior Center.										
31	Common Table										
32	IFEM, Kansas Healthy Food Initiative, Santa Teresa										
◀ ▶	Interview Information	BusinessOrganization (Question	Question #2	Question #3	Question #4	Questions #5	Question #6	Question #7	Question #8	Que	+

Appendix Figure 5: FFC Partner Interview Spreadsheet: Any groups you are not partnering with but potentially see as beneficial and feasible to partner with?

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What gaps and needs do you see with your existing services?

There should be a better way to refer to dietitians if they are high risk. It has to go through OB. Wish we could refer them directly. May be a cost associated with referring them back to their O.B. Would like to have a dietitian on staff part time to focus on nutrition education.

Serving or assisting older single adults to eat healthy. Some find it very difficult to cook for one person, especially if a man is widowed. Pastor Sandy initiated 'Let's Do Lunch' at Nelson's Landing the 4th Thursday for anyone wanting to get together - specifically targeting older adults.

Getting the audience - convincing people there's a need and walking with other groups that have same issues.

Marketing and getting vendors.

Biggest concern is to make sure we keep the clients (retention and recruitment) who are the most effective organizations to partner with to make sure we're getting referrals. Position ourselves at State and National Meetings. Trying to do some outreach at Wal-Mart...and other places.

Connection to the community, both KSU and Manhattan and Becoming fully operational and then marketing.

Teaching kitchen - have submitted grants to create and More gardeners using the Community Garden space.

There are gaps on campus and in town. We need an 'umbrella' pulling well meaning hunger efforts together and managed. Perhaps this could be done with an instructor position on campus. (MO comment - we talked a lot about the lack of organization and the need for a coordinator).

Reconsider activities of the past and forward moving - are there better ways to participate. Reengage when appropriate.

*Seniors need a cart system because they often walk and too hard to transport foods buy they like the autonomy of being independent. *Better communication and networking to share about the Breadbasket, how to use, etc.

On food waste: We don't have much food waste that isn't the type of waste from someone's plate. The bakery freezes day old breads and delivers them to the Breadbasket once a month. We don't really have any other way of donating unusable food, though I think we could.

My ask is very broad and it becomes a little overwhelming on how and where to focus. Major focus of research and education on campus is geared toward technological advancement and larger scale farming and ranching practices, however, there is a growing effort on the part of the university to become more sustainable.

We are always looking for volunteers - both leaders and those who want to be involved with the wider leadership in our service unit.

None noted.

Disabled under 60 years old currently do not qualify for delivery. Friendship meals cannot help them because they are not covered by the Older American Act. **Maybe KanCare could do something.**

We do not get enough clients on a Monday - usually 2 families or singles (about 5). We could use more volunteers; starts with a church request.

None.

N/A

None right now. Harvesters does produce - donates via FHBB. The church provides funds to pantry and Seven Dollars Family Budget Shop pays for electrical, gas, etc. (utilities).

Can't think of any. They have a small church that works with them, with funding Zeandale Community Church.

None noted.

Lazy T is a licensed operation and she wants everyone that works there to take ServeSafe training. They hire a number of people who have worked at Derby Food Center on campus so they have been trained in safe food handling practice. This is very important to Champaign County.

Nutrition education/Student Services - Students may perceive access to clinical exposure (in-patient, out-patient and community) they don't have exposure until they get into supervised practice. Budget is the concern.

There are not many places in the community that caters to modified diets. Nutritional values are low and sodium values are high - foods are energy intensified but not nutrient intense.

Being able to help the uninsured more often. Some Home Health Agencies provide charities - Angels Care Home Health will provide charity on a case by case review.

Because they are grant funded, aren't able to do as much actual interest of kids. Parents would love if they could stay open later - no funding. Transportation - no bussing home.

Don't see any.

If it's finished, use it or lose it. Frozen and bagged for the BreadBasket. Don't do lasagna or any of that anymore. Promo items are also donated.

Repurposing of leftovers and logistics of safe holding.

Some food is not utilized that could be. Not sure if those that get our food from the Breadbasket, know what to do with it.

Meals programs as a deliverable budget task of student.

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Interview Information

BusinessOrganization (Question

Question #2

Question #3

Question #4

Questions #5

Question #6

Question #7

Question #8

Questions #9

+

Appendix Figure 5: FFC Partner Interview Spreadsheet: What gaps and needs do you see with your existing services?

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What other services or activities do you provide beyond those related to the food system?

BAM-Basics of PRegnancy, Health Eating and Exercise, Labor and Delivery, Baby and What to Expect during Breastfeeding, How to Care for your Baby and keeping them safe, Recognizing symptoms. Home Visits. There are brochures, but social media is a much better way to reach people.

Gas Cards. Socialization and fellowship. Transportation to appointments. After school programs.

Other education and CPR/FA Training

Nutrition Education (@ some markets)

Nutrition Service. Referrals to MCH. Healthcare-KanCare, Clinic, Dentists. Referrals to Shepard's Crossing.

N/A

Teen Mentoring, Educational Programming and Facilitate programs such as Talk20MHK at the public library, 2 times a year.

Nutrition Education, Maternal, infant and elderly state wide.

N/A

*Donation of toiletries by individuals but not stores. *Baby foods go to Catholic Charities. *A Thanksgiving and a Christmas meal and baskets are prepared.

We partner with local charities for fundraising. We focus on local charities having to do with children's health/wellness and hunger issues. Restaurants are frequently asked for donations, so this helps us focus how we're able to help.

My sole focus is the complex of food system.

Girl Scout programs are focused in the areas of STEM, Outdoor Experiences, Entrepreneurship/Financial Literacy, Civic Engagement and Life Skills.

From the website: "Scouts BSA is a year-round program for youth 11-17 years old that provides fun, adventure, learning, challenge, and responsibility to help them become the best version of themselves."

Volunteers make visits to patrons who are unable to get out of their home (homebound). EX: Individuals returning hme from hospital or rehab. Volunteers visit, keep them in the loop and in return are able to keep tabs on a person. Volunteers will do a 3-page assessment.

N/A

N/A

N/A

N/A

N/A

Full service hotel.

N/A

Professional and Life Preparation, not just teaching to the subject matter and letting the students teach them. Developing and show the importance of maintaining a relationship after.

N/A

Provide Community Classrooms - Teach on different topics each month - Provide free blood pressure checks and blood glucose check each month - Volunteer in Community when needed. Adopted independent Senior Living and provide meals throughout the year alone.

N/A

Occasionally give giftcards to nonprofits for donations.

Not much.

Community garden for residents.

N/A

Non-food items

◀▶

Interview Information

BusinessOrganization (Question

Question #2

Question #3

Question #4

Questions #5

Question #6

Question #7

Question #8

Questions #9

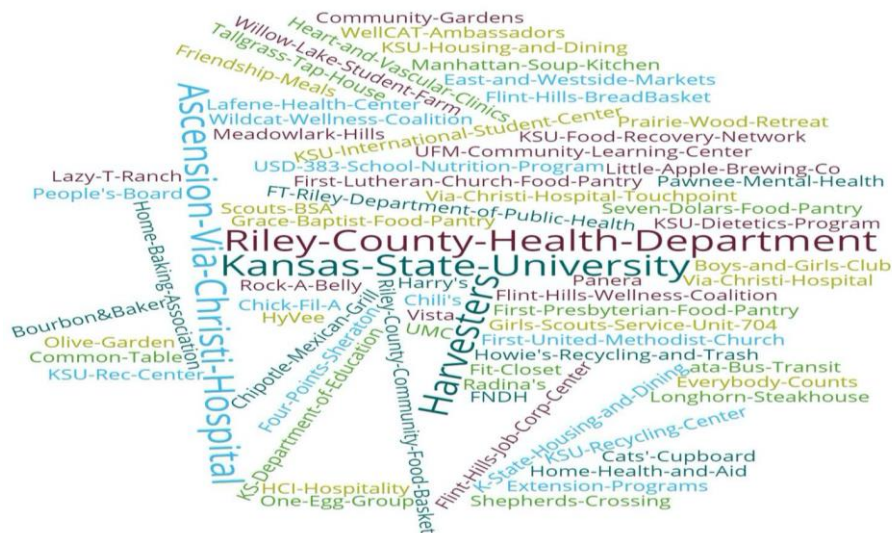
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Appendix Figure 5: FFC Partner Interview Spreadsheet: What other services or activities do you provide beyond those related to the food system?

1	Pertinent other information you'd like to provide (What have I not asked you that I need to know?)
2	Perinatal grant to help those who are undocumented, no insurance. These are being reached via word of mouth, if they present at the Women's Health Group they are referred here. Perinatal Grant has a committee. Additional resources in the community-Common Table
3	Could not think of anything.
4	N/A
5	N/A
6	Different needs in the community such as transportation and mental health are being worked on, but the staff is sometimes uncomfortable asking these questions. We don't ask specifically to get that information. Mental Health Referrals. There is potential with staff to be
7	N/A
8	Consultations on starting community gardens.
9	N/A
10	N/A
11	"We will help anyone the first time in the door but then must do paperwork or no more. *ATA Bus routes are greatly improving access to Breadbasket. *Need more volunteers, more donations, both more needs in summer time. *Need to build a donor base that is ongoing
12	Nothing I can think of!
13	N/A
14	N/A
15	Matt has seen a big push towards STEM activities and trade skills in the last few years. Some trade skills might reference jobs in the food system in the future as this side of programming expands.
16	Food that is discarded is not recorded. No issue with food spoilage - occasionally milk as it come in with the late date. They are equipped with freezers and refrigeration. Community Garden on 3rd and Leavenworth. person can apply to Area Agency on Aging for vouchers
17	N/A
18	N/A
19	N/A
20	N/A
21	N/A
22	Samantha notes that Chris is very good at managing and reducing food waste.
23	N/A
24	7/9/19 2nd Interview - Discussed how to get students involved. Kevin and Amber will be key contacts and provide them with the following - fliers, emails, social media posts, etc. to distribute via classes, dietetic student groups and other networks. Lacey's Catering is having
25	No
26	N/A
27	Always looking for ways to educate students and families.
28	N/A
29	Not much else they could do that's not already doing.
30	Would like to host cooking classes/meal prep classes/good price points. Accessible aTa bus stop.
31	N/A
32	N/A
33	N/A
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There have been 75 interviews conducted throughout Riley County and the City of Manhattan.



Food Related Services provided in the Community...

- Nutrition Education and Community Resources provided.
- Restaurants and Food Retail Operations.
- Free Community Meals, Several Food Bank sites and Low-cost Meals available.
- Food Recovery for Community Meals, Left-over food donated to the Flint Hills Breadbasket.
- Community Gardening and Fresh, Local Produce options in the community.

Who takes part in these Food Services...

- Riley County and Manhattan residents
- Kansas State University community
- W.I.C. Participants
- Low-income Families
- In-Patient and Out-Patients
- Fort Riley Families and Soldiers
- Elderly Population
- General Public

Appendix Figure 6: Interview Summary

Gaps and Needs Found

- Lack of **transportation and convenient routes** to community resources and retail operations.
- A **community-wide referral system** to easily guide community members to resources, dietitians, nutrition education, etc.
- Lack of **marketing, advertising and promotion** effectively.
- Concern with **food safety and a lack of education and training** for safe food handling.
- Interests in expanding **community gardens and providing more cooking classes**.
- A more **sustainable food recovery system** for the community, for years to come.

Moving Forward to create a more healthful food system...

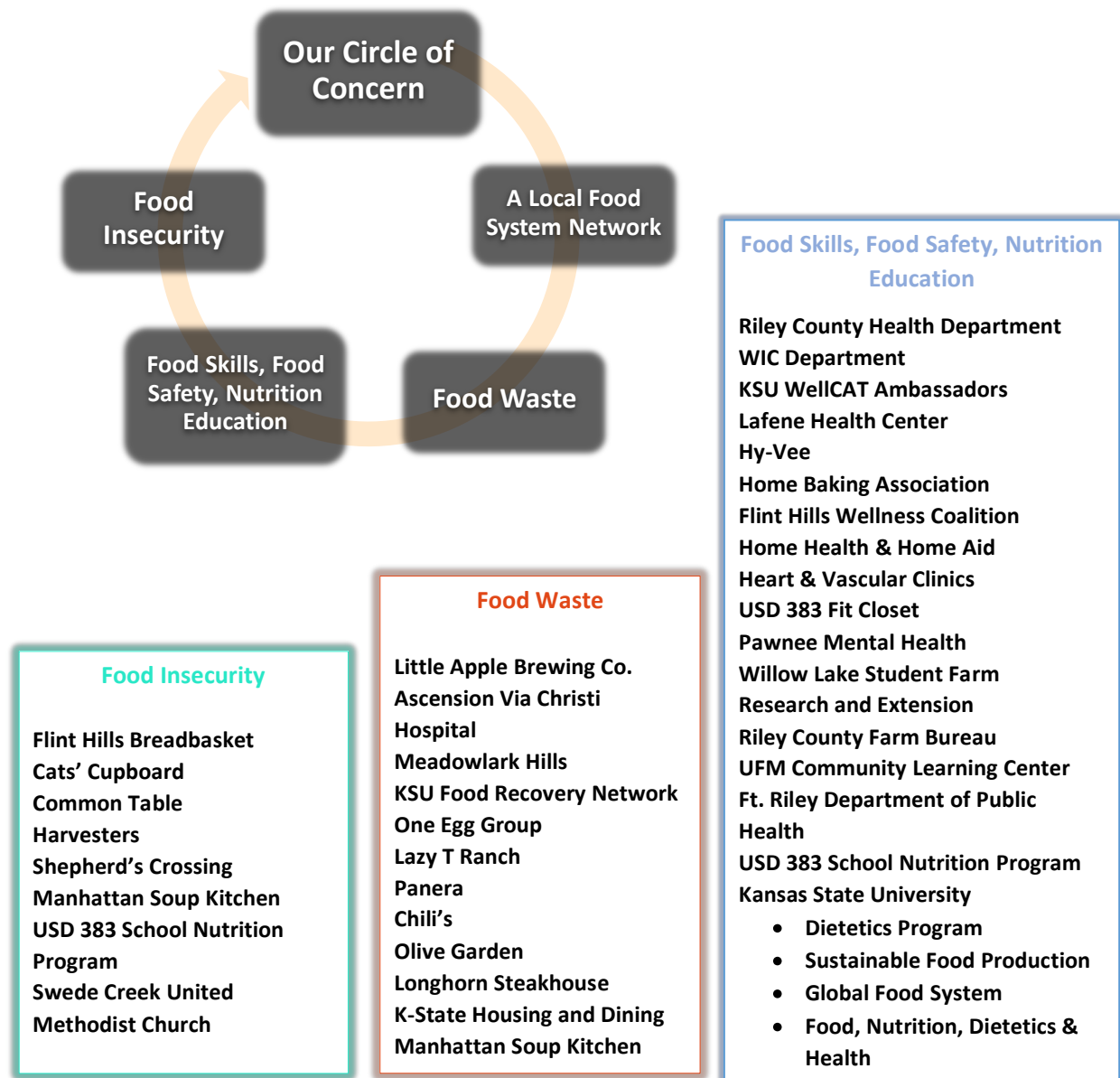
- Create a local food system network with key stakeholders and partners to create a positive impact on the Riley County and the City of Manhattan's food system.
- Enhance nutrition education, cooking classes, education on how to reduce waste and food waste for the community.
- Incorporate a better community-wide food recovery system.
- Advocate for a more efficient public transit system, so more community resources can be utilized.



Appendix Figure 6: Interview Summary Continued

Our Food and Farm Council

Partners at a Glance



Appendix Figure 7: Partners at a Glance

CHILD NUTRITION DEPARTMENT OF USD 383

A summary of the programs currently administrated through the child nutrition department of USD 383. For any questions or if you would like to know more, contact Stephanie Smith at stephaniesm@usd383.org.

1 NATIONAL SCHOOL BREAKFAST PROGRAM (NSBP)

Breakfast is offered each morning school is in session at all schools. The breakfast meals must follow USDA guidelines and are currently part of the offer program. Current student participation in the breakfast program is 1300 breakfasts per day.

2 NATIONAL SCHOOL LUNCH PROGRAM (NSLP)

Lunch is offered each day school is in session for a full day at all schools. The lunch meals must follow USDA guidelines and are currently part of the offer program. Current student participation in the lunch program for USD 383 is 3622 lunches per day.

3 SPECIAL MILK PROGRAM (SMP)

Provides reimbursement at the average cost per ½ pint from our supplier for free students that are not able to participate in either the breakfast or lunch program. **Currently Ogden participates in this program for their half day preschool students** that do not have access to breakfast or lunch to reduce the costs for the preschool associated with serving a snack to those students.

4 FRESH FRUITS & VEGETABLE PROGRAM (FFVP)

For those elementary schools having high percentages of free and reduced students (typically a school must be above 60% free/reduced to be considered). The program provides funding to reimburse food and labor costs associated with providing students a fresh fruit or fresh vegetable snack either in the mid-morning or mid-afternoon separate from breakfast or lunch. The purpose of the program is to expose students from low income families to a variety of fresh fruits and vegetables. A nutrition education component is also provided during the snack time to further expose students to the benefits of eating fresh fruits and vegetables.

5 SUMMER FOOD SERVICE PROGRAM (SFSP)

Provides nutritious meals to help children in low-income areas. Currently the district operates summer feeding sites in those schools that qualify for an "open" site and that have other programs during the summer. "Open" sites allow anyone ages 1-18 to be fed at no charge. To be eligible to be an "open" site the school must have an enrollment with at least 50% free & reduced or be in an area that qualifies as low income according to census data. This summer Bluemont, Lee, Northview and Ogden serve both breakfast and lunch while East Campus, Theodore Roosevelt and Woodrow Wilson serve lunch only. Non-school sites included Boys and Girls club at breakfast and afternoon snack and the Douglas Center for afternoon snack during their tutoring program in July. Frank Bergman also serves as a meal site for breakfast and lunch but is set up as an enrolled site as they do not qualify to be an open site. When a location doesn't qualify to be open due to not meeting the free/reduced eligibility criteria a site may opt to be an enrolled site. An enrolled site then can feed all students enrolled in a summer program at the site at the free rate if at least 50% of the students enrolled in the summer program at that site are eligible for free/reduced lunches. **Currently we are serving an average of 450 breakfasts, 950 lunches and 100 afternoon snacks each day.**

Appendix Figure 8: USD 383 Nutrition Food Service

6 WELLNESS POLICY

The district currently has a wellness plan and committee. This committee typically meets three times per year. The majority of schools have a minimum of one wellness leader per building. An updated wellness plan was board approved on June 5th.

7 AT RISK AFTER SCHOOL MEALS

The At-Risk After-school Meals component of the CACFP offers Federal funding to After-school programs that serve a meal to children in low-income areas. To qualify for the reimbursement, the meals must meet nutritional standards and must be served to students enrolled in after school programs that include an education or enrichment component. To qualify for the program the school must be at least 51% free or reduced which means that all students participating can be claimed in the free for all category. Those schools that currently have At Risk After-school Meals; or Super Snacks as we refer to it; include Bluemont, Lee, Northview, Ogden and Eisenhower. **Currently 450 suppers (super snacks) are served each day.**

8 AFTER SCHOOL SNACK PROGRAM

A component of the NSLP offers Federal funding to After-school programs that serve a snack to children after school. To qualify for the reimbursement, the snacks must meet nutritional standards and must be served to students enrolled in after school programs that include an education or enrichment component. **Currently Frank Bergman elementary participates in this program and roughly 68 snacks are served each school day.**

9 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

A federal program that provides reimbursement for meals and snacks served to children in preschool centers. The program meals must follow guidelines set by the USDA. **Currently we do this program for breakfast, lunch and AM and PM snacks at Eugene Field and College Hill Early Learning Centers.** Program regulations prohibit families from bringing in outside food into those centers so all students participate in all meals.

10 NUTRITION EDUCATION IN THE CLASSROOM

During the **2015-16 school year** the department was awarded a \$25,000 grant from the Academy of Nutrition and Dietetics to purchase and begin a nutrition education program for **all second graders in the district.** With the funds, the Organwise Guys curriculum was purchased by our department and we were able to implement monthly hour long presentations to all second graders. **In 2017-18 we expanded to include 3 lessons for kindergarten classrooms** that were interested. During the **2018-19 school year we expanded into fourth grade classrooms.** Topics range from simple hand washing and MyPlate and the food groups at the kindergarten level to reading a nutrition label and being mindful of the media on our food choices at the fourth grade level.

11 FARM TO PLATE INITIATIONS

During the 2018-19 school year the department purchased a tower garden for the West Campus cafeteria. The produce grown on the tower was utilized in the school meal program. The department also collaborated with the culinary teacher at both East and West and was able to utilize the excess grown from their tower gardens in the school meal programs as well at both East and West Campus High Schools. Plans are underway to add a tower at both Susan B Anthony Middle School and Marlatt Elementary for the 2019-20 school year and to collaborate with the district green teams and Boys and Girls club at those locations to do hands on growing with students as well.

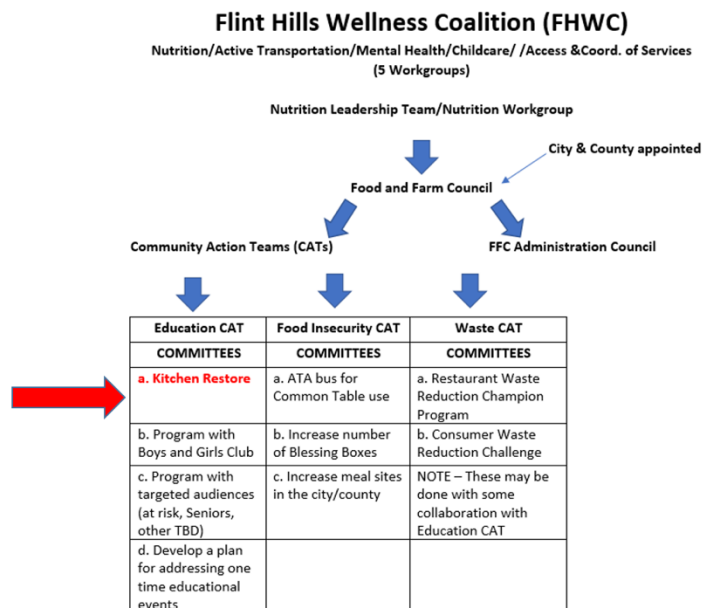
Appendix Figure 8: USD 383 Nutrition Food Service Continued

Kitchen Restore

A community initiative developed by the Education Community Action Team (CAT)



Appendix Figure 9: Kitchen Restore PowerPoint



Appendix Figure 9: Kitchen Restore PowerPoint Continued

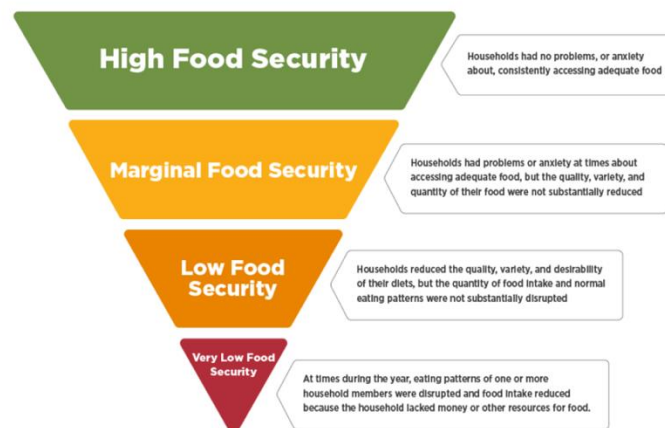
Background

- According to Feeding America, “In 2017, 17.5% individuals of Riley County were found to be food insecure”.
- According to Manhattan Emergency Shelter, Inc. (MESI), “During 2016, 571 homeless individuals, including 115 children, stayed in the Caroline Peine Transitional Center”.
 - “MESI served 707 unduplicated individuals in 2016”.
- “At any given time, USD 383 has over 100 families transitioning from homelessness to housing”.



Appendix Figure 9: Kitchen Restore PowerPoint Continued

What *IS* Food Insecurity



Source: Adapted from the USDA Economic Research Service.

Appendix Figure 9: Kitchen Restore PowerPoint Continued

What is Kitchen Restore?

- An initiative to engage with community members to donate gently used or new household kitchen supplies and equipment.
- Donated items will be restored and distributed to individuals and families in need.
- The purpose of this initiative is
 - To provide those in need with basic kitchen equipment for safe preparation and storage of meals.
 - To provide nutrition education and increase food skills.



Appendix Figure 9: Kitchen Restore PowerPoint Continued

Kitchen Restore Currently

- Storage location - St. Patricks Parish Church - Ogden, KS
- Distribution - Ogden Common Table Community Meal
- Creation of Starter Kits
 - Totes are filled with basic kitchen equipment and provided for redistribution through Shepherd's Crossing and USD 383 FIT (Families in transition, a program that assists families from being homeless into more stable housing.)
 - \$100 to create a Starter Kit.



Appendix Figure 9: Kitchen Restore PowerPoint Continued

How to support this initiative #1

- Donate gently used kitchen equipment at the following locations:
 - **First United Methodist Church (FUMC)** – 612 Poyntz Ave
 - **Riley County Extension Office** – 110 Courthouse Plaza, 2nd Floor
 - **NE Area Extension Office** – 1107 Throckmorton Hall

Appendix Figure 9: Kitchen Restore PowerPoint Continued

Items we can accept

- Working small electrical appliances: microwave ovens, griddles, skillets, slow cookers, hand mixers (include use guides if available)
- Stove top cookware: Dutch ovens, small and large saucepans, soup pots
- Oven bake ware: bread pans, cookie sheet pans, 9x13 and square pans, casserole baking dishes, pie pans, pizza pans
- Mixing bowls
- Colanders
- Mixing and serving spoons, spatulas, ladles
- Measuring tools – dry cups, liquid cups, measuring spoons
- Handheld can openers
- Knives-- utility, paring, bread and serrated slicing
- Storage containers and lids
- Cutting boards (prefer new)
- Potholders/Dish towels
- NO single use wares, please



Appendix Figure 9: Kitchen Restore PowerPoint Continued

How to support this initiative #2

- Monetary donations will be used for purchasing kitchen equipment for **Starter Kits** to support individuals and families transitioning from homelessness to a home.
- Checks can be written to **Riley County Health Department** – 2030 Tecumseh Road Manhattan, KS 66502. **Memo:** Kitchen Restore Fund



Appendix Figure 9: Kitchen Restore PowerPoint Continued

How to support this initiative #3

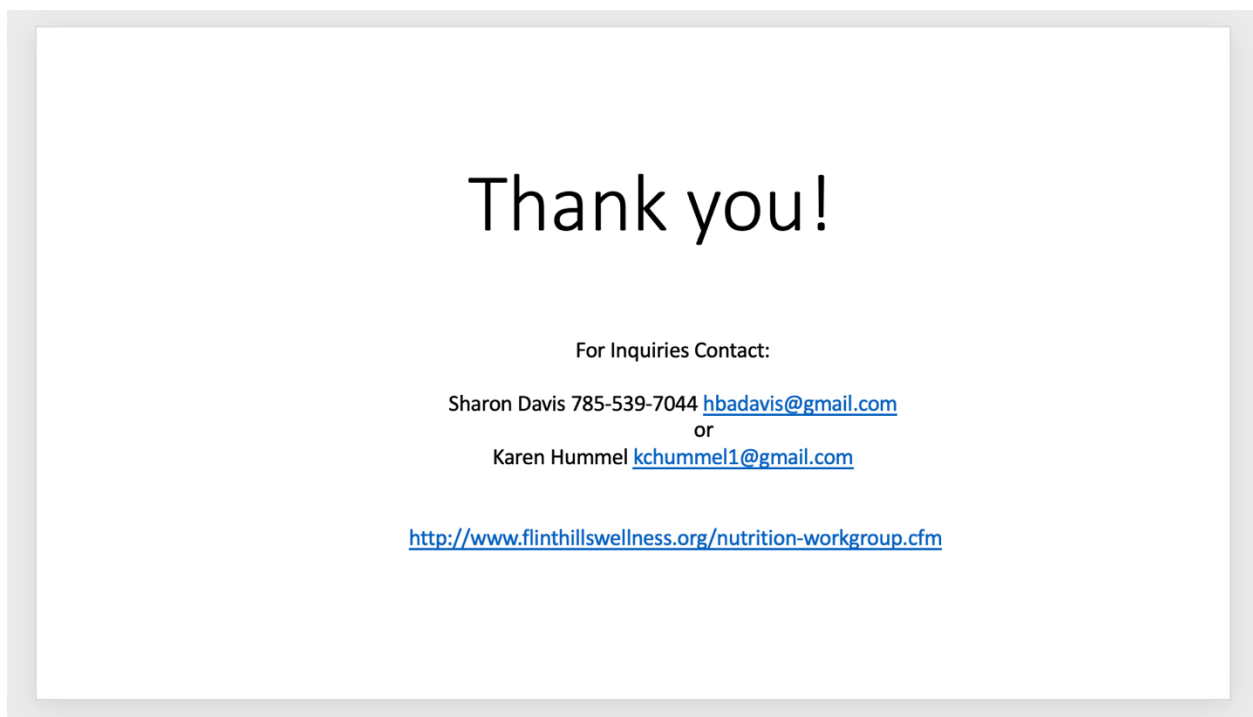
- Can you help us find a space in Manhattan?
 - Storage space
 - Kitchen area to clean items/educational site
 - Distribution site



Appendix Figure 9: Kitchen Restore PowerPoint Continued



Appendix Figure 9: Kitchen Restore PowerPoint Continued



Appendix Figure 9: Kitchen Restore PowerPoint Continued