Overcoming Food Barriers for Equitable Food Access

Lisa Koch  
KU Urban Planning | Groundswell Consulting

Matt Kleinmann  
KU Architecture | Community Health Council of WYCO
Agenda

1. Why are you here? How can we help?
2. Defining the problem with Lisa
3. How Matt found a solution
4. Funding opportunities, research tools and other cool stuff
5. Let’s brainstorm
Food access looks different in every community...
3 steps...

1. **WHAT** what is the food access problem?
2. **WHO** who is target audience of this problem?
3. **HOW** how is transportation impeding access?
The WHAT...

NORTH LAWRENCE

Convenience store
Dollar General
Convenience store
Let’s look at the WHO

Kansas Health Matters makes this very easy!

What do we want to know?

What are the inequities in your community?

AND

are those inequities a determinant of health outcomes?
Receive data at the tract, city, county or state level.

The website has aggregated numerous sources of data (census/ACS, BRFSS, Dept of Agriculture, etc) in an easy to use tool. For YOU!
Adults who are Sedentary

Census Tract: 20045000100

20.2%

Compared to:

- U.S. Census Tracts: 23.7%
- U.S. Value: 23.7%
- HP 2020 Target: 32.6%

Source: CDC - 500 Cities Project
Measurement period: 2014
Maintained by: Conduent Healthy Communities Institute
Last update: January 2017

Technical note: Sub-county small area estimates use state and county data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) in tandem with demographic data for census tracts and cities. It is not appropriate to use this data for evaluation purposes.
<table>
<thead>
<tr>
<th>Environment / Built Environment</th>
<th>VALUE</th>
<th>COMPARED TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with Low Access to a Grocery Store (% of Total Pop)</td>
<td>19.4%</td>
<td>KS Census Tracts</td>
</tr>
<tr>
<td>Household with No Car and Low Access to a Grocery Store</td>
<td>2.5%</td>
<td>KS Census Tracts</td>
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<tr>
<td>Low-Income and Low Access to a Grocery Store</td>
<td>24.4%</td>
<td>KS Census Tracts</td>
</tr>
<tr>
<td>People 65+ with Low Access to a Grocery Store (% of Total Pop)</td>
<td>17.8%</td>
<td>KS Census Tracts</td>
</tr>
<tr>
<td>People with Low Access to a Grocery Store</td>
<td>81.4%</td>
<td>KS Census Tracts</td>
</tr>
</tbody>
</table>
Households without a Vehicle

Census Tract: 20001952600

2.6%

Source: American Community Survey
Maintained by: Conduent Healthy Communities Institute
Last update: January 2017

Graph Selections

INDICATOR VALUES
- Change over Time

2009-2013: 3.0%
Confidence Interval: 1.0% – 5.0%


percent

STATE PUBLIC HEALTH PREPAREDNESS REGIONS COUNTRIES CITIES (CENSUS PLACES) ZIP CODES CENSUS TRACTS

SELECT A COMPARISON

UBPL 758 760
For the purpose of time today, I showed you outcomes...

There are many items available on the website. Health outcomes (heart disease, diabetes, asthma and others are listed).

Also listed is data about population subgroups. Including income, age, gender, race, ethnicity, marital status, home ownership status and others.

Use this information to make your data analysis more valid and your recommended actions more likely to succeed.
So now to the HOW...

In the North Lawrence example, the nearest grocery store that sells fruits and veggies is over two miles away. It crosses barriers including a river and requires the traveler to make their way down a busy state highway. The entire distance has sidewalks, but that doesn’t mean you’d recommend that walk.

What about transit? It requires one transfer and 45 minutes one way. For two miles. There is paratransit for those who qualify. Or ridehailing.

The HOW is hard.

We can make plans to improve transportation, but we also need to consider the food access portion. That’s where Matt comes in.
“More than 33 million US adults reported that they did not have adequate access to food in 2011, a food insecurity rate of 14.5 percent.”

“The exhaustion of food budgets at the end of the month could be an important driver of health inequities.”

“Policy solutions could include improving stable access to nutrition throughout the month for people with limited incomes and raising awareness of the health risks of food insecurity.”
Table 1.

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year Published</th>
<th>Type</th>
<th>Department</th>
<th>Publication</th>
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<tbody>
<tr>
<td>Alyiola et al.</td>
<td>2013</td>
<td>Study</td>
<td>Univ. of Arkansas</td>
<td>American Journal of Agricultural Economics</td>
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<tr>
<td>Black, Moon, &amp; Baird</td>
<td>2015</td>
<td>Literature Review</td>
<td>Univ. of Washington</td>
<td>Health &amp; Place</td>
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<tr>
<td>Boden et al.</td>
<td>2018</td>
<td>Study</td>
<td>Community Health Sciences</td>
<td>Public Health Nutrition</td>
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<tr>
<td>Breyer &amp; Voss-Andreae</td>
<td>2013</td>
<td>Study</td>
<td>Portland State Univ.</td>
<td>Health &amp; Place</td>
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<tr>
<td>Dubowitz et al.</td>
<td>2010</td>
<td>Study</td>
<td>Public Health</td>
<td>Health, Education, and Behavior</td>
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<tr>
<td>Franklin</td>
<td>2005</td>
<td>Editorial</td>
<td>Public Health</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Hendrickson, Smith, &amp; Eikemurry</td>
<td>2006</td>
<td>Study</td>
<td>Univ. of California, Berkeley</td>
<td>Agriculture and Human Values</td>
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<tr>
<td>Hillier et al.</td>
<td>2012</td>
<td>Study</td>
<td>Planning, Public Health, Medicine, Design</td>
<td>Journal of Nutrition Education and Behavior</td>
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<tr>
<td>Mabachi &amp; Kimmamar</td>
<td>2012</td>
<td>Study</td>
<td>Family Medicine</td>
<td>Progress in Community Healthy</td>
</tr>
<tr>
<td>Nebeling et al.</td>
<td>2007</td>
<td>Editorial</td>
<td>n/a</td>
<td>American Journal of Preventative Medicine</td>
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<tr>
<td>Rose &amp; Richards</td>
<td>2004</td>
<td>Study</td>
<td>Community Health Sciences</td>
<td>Public Health Nutrition</td>
</tr>
<tr>
<td>Treuhaft &amp; Kappyn</td>
<td>2010</td>
<td>Literature Review</td>
<td>Tulane U.</td>
<td>PolicyLink and The Food Trust</td>
</tr>
<tr>
<td>Walker, Kane, &amp; Burke</td>
<td>2010</td>
<td>Literature Review</td>
<td>Behavioral and Community Health U.</td>
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Table 2.

<table>
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<tr>
<th>Author(s)</th>
<th>Year Published</th>
<th>Focus</th>
<th>Methods</th>
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<tbody>
<tr>
<td>Alyiola et al.</td>
<td>2013</td>
<td>Socioeconomic and economic determinants of food deserts.</td>
<td>Measured distances from census block centroids to nearest grocery stores. Compared data to national American Community Survey.</td>
</tr>
<tr>
<td>Black, Moon, &amp; Baird</td>
<td>2015</td>
<td>Review of food access articles.</td>
<td>10 out of 123 articles reviewed included. Focused findings on neighborhood investigations in food environments.</td>
</tr>
<tr>
<td>Boden et al.</td>
<td>2018</td>
<td>Neighborhood and in-store availability measured to determine food access.</td>
<td>Food store shelf space assessments conducted to determine in-store availability of fresh food in neighborhood stores. Resident surveys compared with in-store assessments to determine relationship of availability to store type.</td>
</tr>
<tr>
<td>Dubowitz et al.</td>
<td>2015</td>
<td>A longitudinal quasi-experimental study that sets a baseline for an anticipated new grocery store in the community.</td>
<td>Conducted household interviews to determine where residents shopped for food. Conducted food assessments to measure quality and availability of nearby food.</td>
</tr>
<tr>
<td>Franklin</td>
<td>2005</td>
<td>The quality of the built environment is linked to the quality of public health.</td>
<td>Provided historical perspective on public health and planning.</td>
</tr>
<tr>
<td>Hendrickson, Smith, &amp; Eikemurry</td>
<td>2008</td>
<td>Food access surveys in urban and rural Minnesota communities.</td>
<td>Compared the results of food surveys and found groups of low-income food consumers to grocery store surveys of available shelf space for fruits and vegetables.</td>
</tr>
<tr>
<td>Hillier et al.</td>
<td>2012</td>
<td>Food store surveys in Philadelphia.</td>
<td>Pre and post-intervention assessments of using Nutrition Environment Measure Survey for stores, before and after changes to WIC packaging.</td>
</tr>
<tr>
<td>Mabachi &amp; Kimmamar</td>
<td>2012</td>
<td>Food access surveys in Kansas City, KS.</td>
<td>Highlighted challenges of food access research within communities. Used CBPR methods to survey residents to promote development of greater food access.</td>
</tr>
<tr>
<td>Nebeling et al.</td>
<td>2007</td>
<td>Summary of dietary awareness, successful programs, and need for research in food environment and policies.</td>
<td>Compared studies summarizing decline in daily vegetable intake in America between 1996 and 2003.</td>
</tr>
<tr>
<td>Treuhaft &amp; Kappyn</td>
<td>2015</td>
<td>Review and bibliography of food access articles and policies.</td>
<td>132 out of 168 articles reviewed included as comprehensive database on Food Access Research. Intentionally included 'grey literature' from community groups, including 71 non-peer reviewed articles.</td>
</tr>
<tr>
<td>Walker, Kane, &amp; Burke</td>
<td>2010</td>
<td>Review of food access articles.</td>
<td>31 out of 52 articles reviewed through keyword searches of &quot;food desert&quot; and &quot;food access&quot;.</td>
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</tbody>
</table>
Who is affected?

What is the food environment like?

How difficult is it to get to healthy food?

How affordable is it?
The consequences for low-income minority communities living in neighborhoods that have been socioeconomically depressed is that they are then disproportionately vulnerable to limited food access (Mabachi & Kimminau, 2012; Treuhaft & Karpyn, 2010).

Not owning a car also puts individuals at greater risk for low food access, putting a needed emphasis on improving food access for low-income individuals that are reliant upon walking, bicycling, ride-sharing, and public transportation (Dubowitz et al., 2015; Rose & Richards, 2004).

Neighborhood-level environmental factors are making it exceedingly difficult for minority residents living in economically disadvantaged communities to make healthy food choices based upon what is available to them in their surrounding food environment (Black, Moon, & Baird, 2014; Rose & Richards, 2004).
From the evidence, this appears to be true; studies are demonstrating that low-income residents living closer to supermarkets consistently have a lower body mass index (BMI), and lower rates of chronic disease (Black, et al., 2010)...

A New Orleans, a study demonstrated that having more fresh vegetables within one hundred meters of a home correlated to an increase in vegetable intake. For each additional meter of shelf space dedicated to produce in nearby small food stores, researchers found a 0.35 serving increase in reported daily vegetable intake (Bodor et al., 2008)...

Part of the challenge is that larger grocery stores often choose not to relocate to more urban areas because extensive land acquisition costs are required to assemble what are typically fragmented parcels, potentially unsuitable to build upon (Walker, Keane, & Burke, 2010)...

Who is affected?
- low-income minority communities
- low-access (no car).
- economically depressed areas.

What is the food environment like?
- proximity lowers BMI & chronic D.
- nearby store increase F&V intake.
- large stores are not locating in urban areas due to high dev. costs.

How difficult is it to get to healthy food?

How affordable is it?

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- low-income minority communities
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What is the food environment like?
- proximity lowers BMI & chronic D.
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- large stores are not locating in urban areas due to high dev. costs.

How difficult is it to get to healthy food?
- the built environment in low-income communities can be a barrier.
- our existing zoning and public transportation systems aren’t helping.

How affordable is it?
- the built environment in low-income communities can be a barrier.
- our existing zoning and public transportation systems aren’t helping.

...The safety conditions of neighborhoods – such as broken sidewalks, inadequate lighting, and perceptions of safety – have been found to be an impediment to accessing healthy food within low-income neighborhoods (Walker, et al., 2010).

...Many low-income households do not have access to cars and may find public transportation systems impractical in providing convenient access to basic necessitates such as grocery stores (Hendrickson, Smith, & Eikenberry, 2006; Frumkin, 2005).

...For larger food shopping trips, low-income residents get to supermarkets through a variety of transportation routes, while having a smaller local grocery in their neighborhood may allow for important interim food shopping trips and more frequent access to perishable foods such as fruits and vegetables (Bodor et al.; Dubowitz et al.).
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- proximity lowers BMI & chronic D.
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How difficult is it to get to healthy food?
- the built environment in low-income communities can be a barrier.
- our existing zoning and public transportation systems aren’t helping.

How affordable is it?
- WIC stores are an important factor.
- Local grocery costs can be a barrier.

WIC requires affiliated grocery stores to stock certain amounts of food stuffs that are considered essential to raising a healthy family, including fresh produce. Almost half of all infants and a quarter of children under the age of four live in households that qualify for vouchers under WIC (Hillier et al., 2012).

An additional challenge is understanding the fresh produce purchasing habits for low-income women using WIC vouchers, how WIC vouchers influence which food store they choose to shop at, and what are food shopping experiences like while shopping within the food store and on the way to the food store (Hillier et al., 2012; Bodor et al., 2008).

In support of proximity as a primary factor, one study found that 90% of survey respondents reported lack of access to a reasonably priced supermarket as a barrier (Rose & Richards, 2004).
1. Map It Out

- What’s available?
1. Map It Out

- What’s available?
- Who is affected?

31%

Of households in Wyandotte County that have 3 or more people have 1 car or less.¹

0.9 miles

Is the national average distance that households on SNAP without a car travel to their preferred grocery store.²

21,359

Residents of Wyandotte County are considered to have low income and limited access to a grocery store.³

One out of every four children in Wyandotte County is considered to be food insecure, defined as a lack of consistent access to food.⁴
A bus ride to Save-A-Lot would take 34 minutes each way from Parkwood.

A bus ride to Sunfresh would take 38-59 minutes each way from Parkwood.

A bus ride to Rio Bravo would take 39 minutes each way.

It would take 56 minutes to walk to Rio Bravo.

12,800 Residents live within 1 mile of Parkwood Park.

1. Map It Out

- What’s available?
- Who is affected?
- What is the experience?
1. Map It Out
   • What’s available?
   • Who is affected?
   • What is the experience?

2. Identify Barriers
   • Who is already present?
1. Map It Out
   • What’s available?
   • Who is affected?
   • What is the experience?

2. Identify Barriers
   • Who is already present?
   • What is their challenge?

“New members are required to purchase 15 shares of stock.

The cost of stock in 2015 is $1,915 per share.”

For any store to carry AWG, they must first pay:

$1,915 x 15 = $28,725
1. Map It Out
   • What’s available?
   • Who is affected?
   • What is the experience?

2. Identify Barriers
   • Who is already present?
   • What is their challenge?
   • What is mutually beneficial?
1. Map It Out
   • What’s available?
   • Who is affected?
   • What is the experience?

2. Identify Barriers
   • Who is already present?
   • What is their challenge?
   • What is mutually beneficial?

3. Go to The People
   • Make it participatory
1. Map It Out
- What's available?
- Who is affected?
- What is the experience?

2. Identify Barriers
- Who is already present?
- What is their challenge?
- What is mutually beneficial?

3. Go to The People
- Make it participatory
- Build your evidence

**Question 1:**
Participants were given five $1 bills and one $5 bill of monopoly money and asked to distribute it according to what they'd buy on the Mobile Market. They were instructed that their $5 bill amounted to a 'must-have item'.

**Question 2:**
Participants were asked what locations they'd like the Mobile Market to go to. The question was open-ended, and they were allowed as many locations as they wanted.

**Question 3:**
Participants were asked how often they'd shop at four new food retail options if they were all available today. All four options relate to current efforts underway to improve food access in Wyandotte County.

**Question 4:**
Participants were asked how they'd like to connect to the Mobile Market to learn about hours and locations.

* Areas zoned for Business are the only locations currently allowed for by zoning ordinances.

* Billboards and ‘Noticing It’ were not original categories, but added by the participants.
1. Map It Out
   • What’s available?
   • Who is affected?
   • What is the experience?

2. Identify Barriers
   • Who is already present?
   • What is their challenge?
   • What is mutually beneficial?

3. Go to The People
   • Make it participatory
   • Build your evidence
   • Share those stories
1. Map It Out
   • What’s available?
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   • What is the experience?

2. Identify Barriers
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   • What is their challenge?
   • What is mutually beneficial?

3. Go to The People
   • Make it participatory
   • Build your evidence
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4. Build Relationships
   • Prototype & iterate
1. Map It Out
   • What’s available?
   • Who is affected?
   • What is the experience?

2. Identify Barriers
   • Who is already present?
   • What is their challenge?
   • What is mutually beneficial?

3. Go to The People
   • Make it participatory
   • Build your evidence
   • Share those stories

4. Build Relationships
   • Prototype & iterate
   • Advocate for policy change

Mobile Market Ordinance
District 3 Example: Cyrus K Holliday

Nearest grocery store: 5 minute drive, 17 minute bus ride, and 26 minute walk.

Population: within 1/4 mi: 787 within 1/2 mi: 3,921

Currently Not Allowed

1. (Rendering) Cyrus K Holliday Parking Lot - Zoned RP-5: Planned Apartment District
1. Map It Out
   • What’s available?
   • Who is affected?
   • What is the experience?
2. Identify Barriers
   • Who is already present?
   • What is their challenge?
   • What is mutually beneficial?
3. Go to The People
   • Make it participatory
   • Build your evidence
   • Share those stories
4. Build Relationships
   • Prototype & iterate
   • Advocate for policy change
   • Make it sustainable

KCK Mobile Market Community Council Interest Form

We want residents to help run the KCK Mobile Market
Come join the effort!

A collaborative team of community partners is rolling out the KCK Mobile Market in Kansas City, Kansas this spring. The KCK Mobile Market aims to improve food access for Kansas City, Kansas residents by bringing fresh, affordable food directly to neighborhoods.

We believe by working together our local community can create better options for accessing food. That’s why we are forming a community-governance council (The KCK Mobile Market Community Council). The Community Council will meet regularly throughout the year to guide the future of the KCK Mobile Market. This will include making decisions on branding, schedules, routes, locations, available food items, and long-term sustainability.

NourishKC - a local food access non-profit - will own and staff the market, while a locally-owned grocery store will stock the vehicle with fresh food options and basic essentials at an affordable price. The KCK Mobile Market will make daily stops throughout KCK, and items will be available to be purchased with cash, credit card, WIC, and SNAP/EBT.

Help us gauge your interest in getting involved by filling out and signing the form on the back of this sheet and we’ll contact you. Your information is confidential and will not be shared.

Once complete, please return this form before March 1st, 2018 by mail or during regular business hours to the Community Health Council of Wyandotte County, 803 Armstrong Ave., Kansas City, Kansas, 66101. You can also submit the form electronically on the KCK Mobile Market Facebook page or directly at bit.ly/KCKmobilemarket

If you have any questions, feel free to ask us on Facebook (@thekckmobilemarket), email us at kckmobilemarket@gmail.com, or call us at (913) 371-9298 (ext. 1) or at (816) 800-0882.

We look forward to meeting you!

Please complete the interest form on the back >>>
So what can be done?
<table>
<thead>
<tr>
<th>Store Typology</th>
<th>New Construction</th>
<th>Renovation</th>
<th>Improvements</th>
<th>Retrofit</th>
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<tbody>
<tr>
<td>Size SF</td>
<td>30,000</td>
<td>12,000</td>
<td>4,000</td>
<td>24 foot-long truck</td>
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<tr>
<td>Size $</td>
<td>$9,000,000</td>
<td>$500,000</td>
<td>$10,000</td>
<td>$41,500</td>
</tr>
<tr>
<td>Density (person/1/4 mile/site)</td>
<td>665 / 2,481 / 15,352</td>
<td>666 / 2,079 / 8,386</td>
<td>837 / 2,982 / 13,752</td>
<td>~722 / ~2,514 / ~12,497</td>
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<tr>
<td>Locations</td>
<td>1 Location</td>
<td>1 Location</td>
<td>1 Location</td>
<td>20 Locations</td>
</tr>
<tr>
<td>Cost per person (person/1/4 mile/site)</td>
<td>$586</td>
<td>$60</td>
<td>$0.73</td>
<td>$0.17</td>
</tr>
</tbody>
</table>
Metro Market in St. Louis

CSA / Urban Farming

Harvester’s in Topeka

Mobile Pantry

Rolling Grocer in KC

Convenience Store on Wheels

KCK Mobile Market

A Healthier Mobile Market

Easy to Drive and Park

Year-round Availability

Economically Sustainable

Groceries with Dignity

Disability Accessible

What Community Wants

Affordability is Key

Serves Areas of Most Need

Not Increasing T2 Diabetes

Connected Health Network
“Greater fresh vegetable availability within 100 meters of a residence was a positive predictor of vegetable intake; each additional meter of shelf space was associated with 0.35 servings per day of increased intake.”

Research Resources:

**Kansas Health Matters:**
Visualize data on health and wellness at the area, city, county, region and state levels.
[www.kansashealthmatters.org](http://www.kansashealthmatters.org)

**K-State Rural Grocery Initiative:**
Kansas-based rural grocery research and advocacy organization.

**Missouri Census Data Center:**
An easy to use tool to determine population within a certain radius of any location.
[http://mdc.missouri.edu/websas/caps10c.html](http://mdc.missouri.edu/websas/caps10c.html)

**Nutrition Environment Surveys:**
Food environment measurement tools and research for different food environments.
[http://www.med.upenn.edu/nems/measures.shtml](http://www.med.upenn.edu/nems/measures.shtml)

**The Food Trust:**
A national authority that publishes accessible food access research.
[http://thefoodtrust.org/](http://thefoodtrust.org/)

**Feeding America Map:**
County-level map for food insecurity details.
[http://map.feedingamerica.org](http://map.feedingamerica.org)

**Public Health Law Center:**
Can assist with technical expertise regarding food-related policies.

**USDA Food Access Atlas:**
Maps that provide overview of low-income/access areas (Food Deserts).

**KCK Food Assessment:**
Audit of KCK food systems, including transportation issues.

**Funding Resources:**

**Kansas Healthy Food Initiative:**
$4.2 Million in Grants & Loans

“A public-private partnership that aims to increase access to affordable fresh food to improve the health and economic development of Kansans and their communities. The KHFI provides technical assistance for those seeking to strengthen access to healthy foods as well as financing through a mix of loans and grants to develop new or renovate fresh food retail in underserved communities throughout Kansas. The program works to bridge informational and financing gaps faced by healthy food stakeholders and food retailers operating in low- to moderate-income areas.”
[http://kansashealthyfood.org/](http://kansashealthyfood.org/)

**USDA Community Food Projects**
Annual Competitive Grants

“The goals of the CFP are to: Meet the food needs of low-income individuals through food distribution, community outreach to assist in participation in Federally assisted nutrition programs, or improving access to food as part of a comprehensive service; Increase the self-reliance of communities; Promote local food access, farm, and nutrition issues; and Meet specific state, local or neighborhood food and agricultural needs including: Equipment necessary for the operation of a project; Planning for long-term solutions; or The creation of innovative marketing that benefits producers and low-income consumers.”

**Healthy Food Access Act:**
One-Time Tax Credits/Grants

“Food providers who service low access communities could submit applications to the Treasury Department for certification as a “Special Access Food Provider (SAFP).” With this designation, providers would receive specified tax credits or grants for servicing food deserts based on the following structure: New Store Construction (15% tax credit); Retrofit (10% tax credit); Food Bank (15% tax credit); & Non-Profit Temporary Access Merchants, including mobile markets (grants for 10% of operating costs).”
Breakout Session: Overcoming Transportation Barriers for Equitable Food Access

With Lisa Koch, AICP, Groundswell Consulting, LLC, and Matt Kleinmann, Doctoral Student, University of Kansas, School of Architecture, Design and Planning; Researcher, Community Health Council of Wyandotte County

lisa@groundswellconsulting.net    matt.kleinmann@gmail.com

Question prompts for tackling equitable food access in your community:

1. What and where are the grocery/convenience stores in your area?
_____________________________________________________________________________________
_____________________________________________________________________________________

2. What are the transportation modes in your community to get to and from these food stores?
_____________________________________________________________________________________
_____________________________________________________________________________________

3. What are the barriers/challenges involved in consumers getting to these stores?
_____________________________________________________________________________________
_____________________________________________________________________________________

4. Who may be most impacted (user groups by age, disability status, physical fitness, race, ethnicity, etc.) by the food and transportation choices, and how can you engage them?
_____________________________________________________________________________________
_____________________________________________________________________________________

5. What are some ways you could push through those barriers to get better food access to consumers in your area? Consider innovative options.
_____________________________________________________________________________________
_____________________________________________________________________________________

6. What organizations or individuals in your community may have the capacity to help to overcome barriers to better food access?
_____________________________________________________________________________________
_____________________________________________________________________________________