ASSESSING LOCAL FOOD ACCESS

A STARTER KIT FOR COMMUNITIES
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PROJECT PARTNERS

Madison County Local Food Network is a non-profit in Indiana with the mission to create a more vibrant community that provides equitable access to affordable and nutritious foods to all Madison County residents.

Purdue Agricultural Economics specializes in a wide array of issues from development, trade, macroeconomics policy implications, agribusiness, production and consumption all the way to environmental and resource issues. It ranks 4th in the world for its academic programs and contribution to the field.

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SUGGESTED CITATION

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Local food systems stand as vital parts of community growth and sustainability. However, they can only reach their full potential of efficacy if a community positions them as accessible among all residents. The United States Department of Agriculture (USDA) defines local and regional food systems as “place-specific clusters of agricultural producers of all kinds — farmers, ranchers, fishers — along with consumers and institutions engaged in producing, processing, distributing, and selling foods.” The USDA notes that the term “local food” has been loosely defined in the past. To some consumers, local refers to food sourced within a certain distance or local ownership of a farm - regardless of place. Others may interpret local as meaning “natural, organic, or specialty foods.” economic growth and nutrition security among residents. For the purposes of this toolkit, local food refers to food grown and distributed within a community that contributes to place-specific economic growth and nutrition security among residents.

Nutrition security refers to “consistent access to the safe, healthy, affordable foods essential to optimal health and well-being. Nutrition security builds on food security by focusing on how the quality of our diets can help reduce diet-related diseases. It also emphasizes equity and tackling long-standing health disparities” (United States Department of Agriculture. (n.d.). Our commitment to enhancing food and nutrition security. USDA. https://www.usda.gov/nutrition-security).
Along with the vibrancy local food systems can spur in communities, it can present a challenge of unequal access to goods in the marketplace due to gentrification-based gaps in willingness and ability to pay; this inequality squeezes out a key, yet often forgotten, demographic of consumers. Conversely, an underdeveloped local food system fails to provide the goods residents demand resulting in retail leakage that cuts down their opportunity for economic growth and development. To combat both extremes, communities must evaluate their local food sectors’ assets and blind spots to achieve equitable food access among residents and overall prolonged vitality.

Enter this toolkit - a community development practitioner’s guide to assessing local food systems. This research-backed manual exists to provide communities with the tools for understanding their local food sector’s strengths and opportunities for growth - particularly as it relates to expanding food access for low-income consumers. The following resources include existing data about food access and local food development, an example case study evaluating accessibility within a community’s local food sector, and a research framework for developing applied community-based projects on local food access.

ii Retail leakage means that “market demand is greater than the supply; consumers are leaving the area to shop for products and services that are unavailable locally; therefore, demand is ‘leaking’ out of the area” (Esri. (2009, August). Discover retail opportunities with Esri’s retail marketplace data. Esri. https://www.esri.com/news/arcwatch/0809/retail-marketplace-data.html).

2 THE STATE OF FOOD ACCESS WITHIN LOCAL FOOD SYSTEMS

Local food systems and food insecurity continue to be intersecting areas of interest among researchers, community development practitioners, and policymakers. The subsequent review of literature confirms that key problems perpetuate food insecurity within U.S. communities and offers solutions through a local-food-systems-based approach. Local food access research largely focuses on food availability, cost, community development and economic impact, and policy.

2.1 Availability (Supply) vs. Affordability (Demand)

The term “food desert” first emerged in the 1990s as a result of a U.K. government-based task force studying nutritional disparities. Today, the United States Department of Agriculture (USDA) officially defines it as “low-income census tracts with a substantial number or share of residents with low levels of access to retail outlets selling healthy and affordable foods.” This definition follows the Low Income and Low Access (LILA) model. It defines low income as a census tract with a poverty rate of 20% or higher, or its median household income below 80% of the state average. Low access refers to an area where at least 500 people or 33% of the population live over one mile from a food store in urban centers or over 10 miles away in rural areas.

Boosting food supply has been a mainstream method to remedy food deserts. Many communities have focused on recruiting grocery stores while both enjoying and providing incentives - like tax breaks - for entering the community. However, emerging economic research shows that pumping communities with greater food supply by subsidizing grocery stores does not affect food security or healthy eating patterns. Instead, supermarkets stand as the greatest beneficiaries due to the increase in consumer spending that tends to follow. This consumer spending rise does not consistently lead to healthier food purchasing among households as many big box stores wield a high ratio of processed foods to healthy options; in a 2021 report of 2018 data, the USDA confirmed that 61% of SNAP beneficiaries agree. These insights challenge current legislation that provides incentives to grocery stores serving a USDA zoned “food desert”, particularly those provided through the $300 million USDA Healthy Food Financing Initiative. In fact, the data indicate a need for addressing demand rather than supply. Researchers suggest that increasing incentives for Supplemental Nutrition Assistance Program (SNAP) benefits are among the most efficient ways to do this while...
2 THE STATE OF FOOD ACCESS WITHIN LOCAL FOOD SYSTEMS

closing the nutrition gap between high and low-income earners\(^{16}\). Expanding the SNAP benefits budget by 15% would completely close the nutrition gap\(^{17}\). These results beg the question of, “what if government and community programs prioritized making healthy food more affordable as opposed to more available?” as the real systemic cause of food insecurity is poverty.

2.2 Community Development & Economic Impact

Other research focused on local food accessibility stress the importance of resident-driven food programs; returning agency to community members makes the systems more sustainable rather than prescriptive\(^{18}\). Additionally, this method increases the likelihood of residents getting their food needs addressed by bringing goods like Culturally Appropriate Foods (CAF) and more into the marketplace\(^{19}\). Community Supported Agriculture (CSA) programs that include pick-up sites or buying clubs significantly reduce nutrition insecurity within both urban and rural populations\(^{20}\). Community gardens equally bolster access to healthy food especially when purposefully placed in low-income neighborhoods and affordable housing communities\(^{21}\). Research suggests that while it is helpful to expand local food access through subsidized CSA shares, offering SNAP incentives at farmers markets, or earning food through on-farm volunteer programs, they usually require extra effort or behavior change from the consumer. This calls into question the reliability of such a local food access model. Along with a multi-system food access approach, communities must restructure food policy.

A southeastern North Carolina community developed an exemplar local food market program called Feast Down East (FDE)\(^{22}\) to link low-income consumers with local limited resource growers and thus enhanced access to healthy, budget-friendly, culturally appropriate foods\(^{23}\). FDE recognizes that mainstream farmers markets tend to attract affluent, largely white, residents\(^{24}\) - which impose barriers upon low-income consumers - as a result, they provide a purposeful opportunity for residents to access local, nutritious food. The program focused on creating a democratic system that would serve consumers and stimulate the growth of small farms and food businesses. FDE positions markets in low-access neighborhoods, distributes recipes at the markets point of sale while offering nutrition and food preparation classes. Residents play an active role in decision-making processes related to planning, operating, and promoting the market. FDE reports an economic multiplier effect of approximately $50 million due to local food sales, food and farm-related job creation, and both public and private support. Further assessment data showed that place and structural inequality were the most significant barriers to residents shopping at local outlets\(^{25}\) emphasizing the need for intentional programs like FDE.

2.3 Policy

Today’s political infrastructure does not address the root causes of hunger and food insecurity in a way that prompts lower rates or ideal health outcomes\(^{26}\). Research suggests core issues exist within public and private food assistance programs. The government derives SNAP allowances per household from the Thrifty Food Plan (TFP)\(^{iv}\) data - a framework first established in the 1960’s to calculate adequate nutrition for a family of four (then called the Economy Food Plan) . Between 2006 and 2021, the TFP assumed food to make up 30% of household expenses\(^{27}\). However, this approximation did not account for discrepancies in cost of living among other expenses. For example, adhering to the TFP did not sustain families in larger cities where it cost about 44% higher than the maximum SNAP allowance\(^{28}\). Although the USDA updated the TFP in August of 2021 to enhance SNAP’s impact, it only increased monthly benefits by $36.30 per person per household . This breaks down as just an additional $1.20 per person per day; its insignificant amount provides similar potential for continued food insecurity among low-income consumers.

\(iv\) For more information, visit https://www.fns.usda.gov/snap/thriftyfoodplan
Equally, private food assistance programs within communities do not always contribute to sustainable food security. Their action can deflect the state’s responsibility to ensure that residents receive the political support they need for food security\textsuperscript{29}. Researchers say “their presence allows a grossly deficient public response to limp along without massive outrage at people starving in a relatively wealthy country\textsuperscript{30,31,32}. Furthermore, food bank conglomerates distributing goods among local pantries benefit from donations by some of the nation’s largest food manufacturers — that then receive tax write-offs. As a result of the close ties between food manufacturing and food policy, anti-hunger organizations may experience conflicting interests — based on their direct benefit from food manufacturers — and an impeded ability to support or oppose legislation that affects the quality of food access among food insecure consumers\textsuperscript{33}.

To prevent political oversight from impacting local food systems, research suggests that communities can most effectively enhance access to their food sector by forming a food policy council\textsuperscript{34}. The John Hopkins Center for a Livable Future keeps a data base of local food policy organizations nationwide; according to their count, action groups exist only exist in 11 of Indiana’s 92 counties\textsuperscript{v}. Communities can bring about sustainable food security change by restructuring policy locally then working up through the state and national levels. This perspective is key as the United Nations Food and Agricultural Organization (FAO) reports only 29 countries explicitly including the right to food in their constitutions\textsuperscript{vi} — of which the United States is not a part.

Sustained policy change requires reliable data. Although federal and private food assistance groups track data trends related to food insecurity and regional food, disaggregating the data to understand a specific community remains a challenge\textsuperscript{35,36}. As a result, communities need to individually evaluate their area’s state of food access and local food availability, particularly among vulnerable residents. In conjunction with the literature, the case study and toolkit provide an avenue to fill such a gap by measuring local food accessibility to achieve food justice\textsuperscript{vii}.

\textsuperscript{v} For more information, visit https://www.foodpolicynetworks.org/councils/fpc-map/
\textsuperscript{vi} Learn more at https://www.fao.org/right-to-food-around-the-globe/constitutional-level-of-recognition/en/
\textsuperscript{vii} Food Justice refers to “the right of communities everywhere to produce, process, distribute, access, and eat good food regardless of race, class, gender, ethnicity, citizenship, ability, religion, or community.” (Institute for Agriculture and Trade Policy. (2012, October 18). Draft principles of food justice. IATP. https://www.iatp.org/documents/draft-principles-of-food-justice).

\section*{2.4 ADDITIONAL RESOURCES}

\begin{itemize}
\item \textbf{The Economics of Local Food Systems Toolkit - 2016}
\item \textbf{Principles of Food Justice - Institute for Agriculture and Trade Policy}
\item \textbf{The Anti-Racist Farmers Market Toolkit}
\item \textbf{Michigan State University Annotated Bibliography on Structural Racism Present in the U.S. Food System}
\item \textbf{USDA Food Access Research Atlas}
\item \textbf{National Association of State Departments of Agriculture (NASDA) Food Security Toolkit}
\end{itemize}
3  CASE STUDY:

ASSESSING LOCAL FOOD ACCESS

IN ANDERSON, INDIANA
3 CASE STUDY: ASSESSING LOCAL FOOD ACCESS IN ANDERSON, INDIANA

3.1 Approach

This study exists to understand the extent of local food availability within the city of Anderson, Indiana and evaluate its level of accessibility to low-income residents. The project centers on Anderson as city leadership has placed an emphasis on enhancing its local food sector and its geographic location - like extensive surrounding farmland - gives it the potential to offer locally grown food to the community. However, a gap exists between Anderson’s local food opportunities and its residents who need food most. As a result, the study aimed to address two questions: 1) To what extent is local food a viable solution for food insecurity in Anderson? 2) What are the consumer needs and demands of low-income consumers as it pertains to local food? Furthermore, the research aims to provide local farmers, community food legislators, and private food assistance organizations with insights to generate greater food accessibility.


3.2 Study Area

Prior to initiating the project, the research team collected preliminary data to assess the validity of such a study. By collecting qualitative information through conversations, key themes outlined some of Anderson’s needs, current local Madison County initiatives, and specific organizations active in local food and access space. Furthermore, a data snapshot of Anderson provided key insights about the community to inform the research process. Anderson, Indiana serves as the seat or capital of Madison County and has a rich manufacturing history. Within today’s economy, Anderson carries a food & beverage store retail leakage of $2,717,806.21 – this assesses unmet demand in Anderson. In essence, residents must travel outside of the community to acquire the goods the seek; consequently, Anderson loses the potential for $2.7 million to stimulate their local economy. On the consumer side, Anderson’s average per capita income is $20,777 annually and their median household income is $32,480.42 per year. Based on this data, 23% of households live below the poverty line - this statistic distinguishes Anderson’s poverty rate as approximately 10% higher than the Indiana state and Madison County average. Madison County carries a SNAP eligibility rate of 29.7% and, based on Anderson’s poverty level, it’s likely to assume more eligible consumers live in Anderson as opposed to other towns within the county. Additionally, the USDA Economic Research Service (ERS) reports that much of Anderson falls within the most severe rating of food access in terms of distance as a significant amount of their urban residents live over 1 mile from a food store and 20 miles for rural residents as shown in Figure A.
3.3 DATA COLLECTION

3.2.1 Partner Recruitment

Before beginning formal data collection, the research team connected with local organizations prioritizing local food justice work. Initial connections with Madison County Purdue Extension led the study to officially partner with Madison County Local Food Network (MCLFN), a non-profit set on uniting efforts “to create a more vibrant community that provides equitable access to affordable and nutritious foods to all Madison County residents”\(^{ix}\). MCLFN played a critical role in providing feedback on the study’s scope and methodology based on their experiential knowledge of the locality. This ensured that the research process would be well-oriented for capturing community insights and yielding purposeful data for the community.

The study acquired data through a survey and focus group, capturing both quantitative and qualitative data. Collecting the two categories of data reason to fill out a clearer picture and narrative of the factors impacting local food access among low-income residents in Anderson.

3.3.1 Survey Design

Combining the research focus with the Anderson community’s needs prompted the beginning of the survey creation process. The research team provided a framework of questions about where residents purchase food - whether locally or non-locally (local in this context refers to food - perhaps turn this into a footnote) and others to understand consumer habits and spending patterns. The survey included skip logic early on; a resident would be asked if they purchased food at local outlets such as farmers markets, roadside stands, etc., and based on their answer they’d be given a certain set of questions oriented to that specific shopping habit.

The survey was offered to residents online via the Qualtrics software and printed out for paper use. MCLFN helped the team unite with other organizations focused fighting food insecurity in the area: THRIVE Anderson Impact Center, Community Hospital Anderson Diabetes Care Center, St. Mary’s Neighborhood Pantry, Salvation Army Food Pantry, Operation Love Ministries, and Helping Hands Food Pantry. All were vital partners in the subject recruitment process. The research team provided each partner with information on the survey distribution protocol, promotional materials such as social media posts and a QR code to encourage online survey participation, as well as pen and paper surveys for residents to take in person, if needed. The survey remained open to collect resident responses for six weeks.

3.3.2 Focus Group Protocol

Along with a survey instrument, the research team created a focus group protocol to capture qualitative insights about food access within the community. While it was initially intended for low-income residents, the focus group protocol pivoted for use with Anderson-based food security action groups made up of community members. This was the result of low subject recruitment among residents for the focus group. A likely reason for this could be that the research team moved the focus group online in response to the COVID-19 omicron variant. Still, the focus group framework captured key food justice leaders’ observations on community needs based on their work with low-income residents.

\(^{ix}\) Learn more at https://madcofood.org
3.4 DATA ANALYSIS & PREPARATION

CONTINUE TO SEE THE METHODOLOGY IN ACTION
3.4.1 Quantitative Data Collection

The following data reflect survey responses in the order questions were asked through the survey instrument.

Figure 1 indicates which census tract Anderson residents live, work, purchase food in, and receive healthcare in. Census tract 13 is the most concentrated across all activities (69.23%). According to the data, most participants live in census tract 13 (8, 15.38%), work in census tract 5 (5, 18.52%), purchase food in census tract 8 (12, 28.57%), bank in census tract 13 (11, 32.25%), and receive healthcare services in census tract 120 (11, 22.00%).

Figure 2: The survey asked participants to rank their value of acquiring and consuming locally grown food (Figure 2). Most responded as “neutral” - 34.67% of participants. However, in combining the affirmative answer choices, the data show that 49.33% of participants feel that locally sourcing their food is “somewhat” or “very important”. Of this total, 32.00% say it’s “very important” that their food is locally sourced. This outweighs the 16.00% total of participants who say locally sourced food is “somewhat unimportant” or “not important at all.

Figure 3: The survey asked participants to rank their value of acquiring and consuming locally grown food (Figure 2). Most responded as “neutral” - 34.67% of participants. However, in combining the affirmative answer choices, the data show that 49.33% of participants feel that locally sourcing their food is “somewhat” or “very important”. Of this total, 32.00% say it’s “very important” that their food is locally sourced. This outweighs the 16.00% total of participants who say locally sourced food is “somewhat unimportant” or “not important at all.

Figure 3 distinguishes the which percent of the sample shops at local outlets such as farmers markets and roadside stands. The data indicates that 46.67% of respondents do purchase food locally, while 53.33% do not. This information acts as a key indicator for recognizing potential accessibility issues for accessing local food.
Figure 4 shows the most significant barriers residents experience when seeking out local food options. Most (35.42%) do not know that local farmers markets exist. The second largest barriers are location or distance of the local market(s) and an inaccessible price point that is too expensive. 16.67% of the respondents found these barriers to be the most significant. The least significant barrier to shopping for local food was payment form (0.00%).

Figure 5 indicates which accessibility measures would motivate residents to visit farmers markets or other local food outlets most. Respondents ranked an accessible location as the most important (32.26%). This could take the form of a more centrally located market within the Anderson municipality or ensuring the market is closer to communities in need of healthy food options. Participants ranked discounts or SNAP/EBT/WIC incentives as the second most valuable accessibility measure (22.58%). The third most important motivator was enhanced vendor variety (16.13%). Other drivers such as longer market hours and market food preparation instructions were ranked by as most significant by 6.45% of participants, whereas transportation and ADA accommodations were most valued by 3.23% of respondents.

Figure 6 addresses how likely participants would shop for food likely if the most significant barriers they faced were removed. Most participants (45.83%) say it’s “very likely” they would, and 31.25% say it is “somewhat likely”. These affirmative responses total 77.08%, whereas 16.67% reflect the responses of “somewhat unlikely” or “very unlikely”. The least participants (6.25%) indicated that they were “neutral”.
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Figure 7: The survey asked participants who do shop for food locally (at farmers markets or roadside stands, etc.) where the market they attend is located (figure 7). 80.00% of respondents indicated Anderson, IN. 20.00% of participants seek out alternative markets in surrounding Indiana cities/towns such as Alexandria, Middletown, Pendleton, Daleville, Noblesville, and Chesterfield.

Figure 8 shows how often survey participants visit local farmers markets to acquire local food. Most respondents (35.14%) visit one time each month. 29.73% of participants visit 3-4 times per month. The third most popular farmers market shopping rate among participants was two times per month (27.03%). 8.11% of participants indicated “other” as their frequency. As most farmers markets and roadside stands are open once per week, it's likely to assume that participants in this category visit quite irregularly as opposed to once, twice or 3-4 times per month. One participant who indicated “other” as their choice, wrote “When I see one” as their open-ended response. In retrospect, this question should be changed to “On average do you visit local farmers markets and/or roadside stands?” — for survey clarity and consistency; the “Other” option should be omitted and replaced with “Less than once per month.”

Figure 9 indicates the types of good participants are mostly seeking out when acquiring food at local outlets. A total of 97.22% of participants say they are mostly purchasing produce such as fruits, vegetables, etc. The data show that 2.78% of participants are mostly purchasing proteins such as meat, eggs, etc. Respondents disclosed that they do not devote most of their local food purchasing to local sugars (0.00%), prepared foods (0.00%, or non-food items (0.00%).
Figure 10 illustrates the distribution of money spent by participants who purchase food at local outlets (farmers markets or roadside stands) per month. Most participants (41.67%) indicated that they spend between $1-20. The second most common spending pattern among respondents is $21-40 per month (36.11%). 13.89% of survey participants spend approximately $41-60. Only 5.56% of respondents spend between $61-80 per month, while 2.78% spend over $100 each month.

Figure 11 distinguishes whether respondents use SNAP/EBT or WIC/SFMNP benefits at local food outlets and how accessible it is to do so. Most participants (62.22%) do not use nutrition assistance programs at local outlets. Out of the nutrition assistance accessibility responses, 13.33% of participants did not know it was possible to use benefits at local food outlets. 8.89% of respondents say they're ineligible for benefits, and 4.44% of participants say they are unable to use benefits at the local outlets they frequent.

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**Electronic Benefits Transfer (EBT):** “An electronic system that allows a recipient to authorize transfer of their government benefits from a federal account to a retailer account to pay for products received. The 1996 Farm Bill required replacement of the SNAP paper coupon system (i.e. food stamps) by an EBT debit card system, which was rolled out on a state-by-state basis and completed in 2004” (Low et al., 2015).

**Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):** “Federal program administered by USDA Food and Nutrition Service that provides federal grants to states for supplemental foods, health care referrals and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk” (Low et al., 2015)

**Senior Farmers’ Market Nutrition Program (SFMNP):** Federal program that provides low-income seniors with nutrition benefits to acquire local foods from farmers markets, roadside stands and community support agriculture (CSA) (USDA, 2021).
Figure 12 illustrates which factors would most enhance participants’ experience at farmers markets and other local food outlets. Most participants (31.82%) say a more accessible location would enhance their experiences and 22.73% feel that both expanded market hours and greater vendor variety would improve their experience. 11.36% of respondents say discounts and SNAP/EBT or WIC/SFMNP incentives would enhance their local food shopping experience.

**Demographics of Survey Respondents**

Figure 13 models the distribution of transportation access among respondents. A total of 92.00% of participants have access to either a car or public transportation, 6.67% shared that they do not have access. 1.33% of respondents preferred not to disclose this information.

Figure 14: The survey asked participants to disclose their gender identity in a free response format (Figure 14). 61% of participants identify as female while 32% identify as male. 7% opted not to answer.
Graduate degree recipients totaled 8.00% of the sample. A total of 44.00% of participants have experienced post-secondary education.

Figure 16: The survey captured the level of school completed by participants (Figure 15). A total of 42.67% of respondents have achieved a high school diploma or GED, making it the most common level of educational attainment. Thereafter, 16.00% of participants indicated that they’ve completed at least some college. 10.67% of participants have completed a 2-year college degree, while 9.33% has completed a 4-year college degree.

Figure 16 shows the distribution of Hispanic, Latinx or Spanish origin among participants. Only 4% of respondents identify as such, 91% of respondents do not, and 5% preferred not to answer.

Figure 17: The survey asked participants how they identify by race in a select all that apply format. All participants selected a single option (Figure 17). Identifying as white or Caucasian was the most common response (61.33%). 26.67% of respondents identify as Black or African American, and 1.33% identify as American Indian or Alaska Native. 10.67% of respondents preferred not to answer.

Figure 17: The survey captured the level of school completed by participants (Figure 15). A total of 42.67% of respondents have achieved a high school diploma or GED, making it the most common level of educational attainment. Thereafter, 16.00% of participants indicated that they’ve completed at least some college. 10.67% of participants have completed a 2-year college degree, while 9.33% has completed a 4-year college degree.

Figure 18 shows how many people live in the household of each survey respondent. Most (29.33%) have four people in their household, and 25.33% have only two people in their household. The least common amount of people per household was six or more (4.00%).
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Figure 19: Out of the number of people per house, participants indicated how many of those individuals are younger than 18 years old (Figure 19). 39.71% of participants have zero minors in their home. A total of 22.06% households in the sample have two people under the age of 18. 17.65% of participants report having 1 minor at home, and the same number indicate having 2 minors at home.

Figure 20: The survey also asked the sample how many people in their household are under the age of 65 (Figure 20). Most participants (23.94%) reported zero people, and 19.72% answered 1 individual to be under the age of 65.

Figure 21 illustrates the distribution of annual household income among participants. According to the data, 52.00% of respondents have a household income of $24,000 or less. 17.33% make between $25,000 and $49,000. A total of 21.33% respondents chose not to answer.

Figure 22 indicates the employment status of survey participants. Most participants (26.67%) are employed full-time. Thereafter, 25.33% of respondents are retired, and 17.33% are employed part-time. 5.33% of participants are seeking opportunities, and the same number do not work for disability-related reasons.
3.4.2 Qualitative Data Collection

Qualitative data from the focus group did not reflect a robust sample. Unfortunately, only two representatives of community organizations participated. Nonetheless, key themes emerged consistent with other qualitative information that the research team gleaned throughout the study. The focus group distilled Anderson’s main local food challenges down to communication, lack of local government support, transportation, and sense of place.

Anderson boasts multiple grassroots organizations focused on food justice; however, a strong communication strategy has not been set to unite all organizations under one cohesive community movement. Although the Madison County Local Food Network established themselves in 2018 to grow the local food sector and fill in this gap, they recognize the difficulty of asking people of volunteer-led programs to spend extra time on a countywide network outside of their own projects. This barrier limits the community’s ability to move their food scene forward.

Moreover, Anderson’s local government has remained relatively inactive in leading local food efforts such as farmers markets, roadside stands, food fairs, community gardens, or building up other local food outlets or hubs. Nonetheless, the Anderson City Council passed the “Healthy Food Resolution” in 2019 agreeing to support growing “a local food system that provides everyone access to healthy and nutritious food, enhances ecology, and creates meaningful economic and civic opportunities.”

In evaluating the methodology of this case study, key factors present themselves as it relates to the data collection timeline, survey instrument, as well as involved research personnel and partners. The survey collected data from end of January through March; the study also recruited corresponding survey partners in November through December. Both months proved to be difficult time to recruit survey distribution partner as many anti-hunger and social services organization maintain busy calendars during the end-of-year holiday season. Equally, beginning the survey in January posed difficulty for subject recruitment process as many people tend to slowly ease into a new year.

To stave off such barriers, this study could be replicated during an alternate time of year — for example, during farmers market season when people may be more inclined to think about local food.
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The research team also recommends clarifying a few pieces related to the survey instrument. Communities implementing this project should clarify the definition of local food and reflect such distinction in the survey. This will enhance the integrity of the data as responders will have equal understanding of local food. In the case study, the survey did not clearly disclose the definition of local food. As a result, the research team grants that inconsistencies may have occurred due to leaving this open to participant interpretation. In the same vein, survey questions should be clear and concise; two questions were flagged (questions 8 and 11) for lacking clarity and have since been corrected (as shown in the toolkit resources section) for enhanced data collection. Additionally, the paper survey has been reformatted to accommodate the skip logic process. In future editions of this research, a participant will be required to physically turn the page when a skip login prompt (i.e., “If answered yes, skip to question 4 on page 5.”). Initially, the paper survey did not include a page break which limited people’s ability to recognize and adhere to the skip logic method. Because of this, the case study data includes some responses from participants who answered questions unintended for them. Nonetheless, most of the extra responses contributed key information, thus the data was maintained in the analysis. For increased clarity within the survey, the research team encourages expanding study personnel by involving an enumerator for enhanced understanding among participants.

3.6 RESULTS

Along with the survey and qualitative data shown above, this case study uncovered key insights about Anderson’s local food system through crosstabulation analysis.

Figure 23 evaluates the potential correlation of survey question 2 — “how important is it that your food is sourced locally” — and respondents’ household income. Out of the individuals who value local food, 530.51% make $24,000 or less per year; this salary option captures Anderson’s average per capita income of $20,777. Additionally, the data show that individuals earning less than $24,000 annually value local food more than any other category. From the whole sample, 50.85% value local food and another 20.34% feel neutral. This far outweighs the 11.86% that do not value local food. The preference of 12 respondents was omitted in this crosstabulation as they did not indicate their yearly household income.
Figure 24 shows the impact of SNAP/EBT or WIC/SFMNP use on residents’ local food value. Very few respondents use nutrition assistance at farmers markets. Some indicate that this is because they didn’t know Anderson’s local markets accepted SNAP/EBT or WIC/SFMNP. Only 7.48% report that they cannot use their benefits at the market. Interestingly, most consumers (14.02%) ineligible for nutrition assistance do not value local food. Based on respondents who view local food as a priority, 31.78% do not use benefits at the market. This could be for a variety of reasons including what the other answer choices reflect - not knowing benefits could be used, being unable to use them, or being ineligible. The research team recognizes that the “no” option should be omitted for clarity, so participants can easily provide a reason why they do not use nutrition benefits locally.

Figure 25a models the distribution of residents that do or do not acquire food locally by income bracket. Of the residents earning less than $24,000 per year, 46.15% shop locally and the other 53.85% do not. The exact same split occurs among the $25,000-$49,000 income group. The data reports that 100% of residents earning $100,000-$199,000 do not shop locally; however, this is misleading as it reflects the response of only one individual from the sample who’s yearly earnings fall within that category. Nonetheless, this distribution highlights the breakdown of where Anderson’s consumers may be purchasing food (i.e., locally or not locally).
Figure 25b acknowledges the same crosstabulation but breaks it down by shopping habit — acquiring food locally or not. Of the residents who do shop locally, 64.29% make $24,000 or less annually, 21.43% make between $25,000 and $49,000, and 14.29% make $50,000-$99,000. The break down is similar among those who do not shop locally. This analysis helps to better understand the consumer profile of shoppers which is important for building up a local food sector. Both distributions also confirm the aforementioned data as all respondents who reported valuing local food are captured in the “yes” category that they do, in fact, shop locally.

Figure 26 discloses the connection between SNAP/EBT or WIC/SFMNP use and shopping locally among residents. The largest share of residents (56.00%) who shop locally do not use nutrition assistance benefits — only 11% of residents do. According to this crosstabulation, the known barriers to using nutrition assistance benefits locally are due to residents not knowing they can or residents being unable to do so. Both issues present an opportunity for consumer education and a system or policy change. Careful attention should be given to promoting the opportunity for SNAP/EBT or WIC/SFMNP use among consumers. Equally, a system change can take the form of encouraging local food vendors to become certified to accept nutrition assistance payment forms and providing them with the education and tools to do so. Furthermore, Anderson could enact a policy change by enforcing that all local vendors be certified to accept SNAP/EBT or WIC/SFMNP payment methods.
Figure 27 breaks down how frequently residents shop locally. This crosstab captures question 8 — how often do you visit local farmers markets? — which was intended for those who denoted that they do shop at farmers markets in question 2 (N=35). However, this question includes responses from 7 participants who reported that they do not purchase food locally. This is likely the result of the fact that question 8 did include other types of local food outlets in the question (i.e., it only listed farmers markets). This could’ve also occurred based on a participant overriding the skip logic format via the paper survey. Nonetheless, figure 27 shows that most local food shoppers (35.48%) visit the farmers market once per month. Visiting a local food outlet 3-4 times per month proves to be the second highest frequency among shoppers (32.26%), while 29.03% shop locally twice per month.

Figure 28 distinguishes the average monthly expenditure among local food purchasers by income category calculated through a midpoint analysis. Residents earning $24,000 or less annually spend approximately $30.80 each month, and those making between $25,000 and $49,000 make an average purchase of $43.92 per month.
Figure 29 illustrates residents’ average monthly expenditure at local food outlets broken down by nutrition assistance use. Those who report using SNAP/EBT or WIC/SFMNP spend an average of $70.50 per month, higher than any other group in the sample. Residents who do not use nutrition benefits locally spend about $31.65. Shoppers who did not know they could use benefits spend about $35.75 monthly, and residents who cannot use their benefits spend around $30.75 on local food each month.

Figure 30 models the distribution of barriers non-local shopping residents face and their connection to the likelihood of those residents becoming local shoppers if the community removes said barriers. The analysis measures likeliness on a scale of 0 to 4. Making local food market hours more accessible ranks as the number one attendance motivator among residents. The second highest ranking motivator comes from participants not knowing local food outlets existed; this prompts a need for enhanced consumer education and promotion of local food within the community. Addressing high price points at the market create the third largest opportunity for enticing residents into local food markets. This could take the form of offering SNAP/EBT or WIC/SFMNP incentives among other ideas. The last two motivating factors prove to be addressing the placement of local markets (i.e., positioning the market directly in communities of need or in the most central city location) and transportation logistics (reimagining more accessible bus routes).

3.7 Discussion

The results indicate several opportunities for continued growth of Anderson’s local food systems. These include expanding consumer education of local foods and overall promotion of outlets within the community, enacting systems and/or policy changes to increase accessibility, increasing opportunities for SNAP/EBT or WIC/SFMNP use overall, and more. Along with critical insights for the Anderson community, this case study provides a structure for others to follow from project planning to data collection and analysis. This example also addresses lessons the research team learned to prevent community development practitioners from making the same mistakes. All communities should be equipped with the resources to evaluate their needs; continuing through this toolkit will help others seize that opportunity.
4.2 Seeking Approval for Research

Before you begin community research, it’s vital to earn approval from any research authorities. As the case study above ran through Purdue Extension and Agricultural Economics, the research team sought approval from Purdue University International Review Board (IRB) - the governing body that assesses the ethics of any research involving human subjects and grants or denies permission of such projects accordingly.

If you are an extension educator, work with your land-grant institution's research authority (IRB) using the suggestions and templates provided in this toolkit. Seeking approval from IRB is a required step in your research process.

If you are a community member, you may not be required to obtain research approval. However, carefully considering the following prompts can ensure you protect your research subjects, and therefore, it’s highly encouraged.

4.2.1 IRB Sample Submission

The IRB approval process can be long and requires thorough information about a research project. See below the IRB protocol submitted for the case study referenced above. It also provides key information on the structure of the Anderson food access project. Your organization can use this as an example and guide as you seek permission to continue with your project.
Indicate the following on your IRB application:

- List the individuals involved in the project
- Provide a short description of each research team members' role in the project
- Indicate where data collection will take place (i.e., electronic survey/online or community center, etc.)

Example Description of Audiovisual Data Collection

“As part of the research, the [research affiliate, ex. Purdue] team will conduct both focus groups and the survey. We will host one or two focus group (depending on the number of interested participants) in [Research location, ex. Anderson, IN] made up of neighborhood residents either in person or by Zoom based on COVID-19 rates. If in person, the focus group will be recorded using a voice recorder or will be recorded by Zoom if online. If the focus group is in-person, it will be hosted at the location of one of our 6 survey partners ([name(s) of survey site partners]). Focus group data will only be identifiable in recordings if people recognize voices (however these will not be shared). Personal identifiers will be removed in the transcripts. These recordings will be used to generate transcripts using Rev.com. Transcriptions will be made within 10 days of the focus groups. After transcriptions are made, recordings will be destroyed immediately. The data from the focus groups will be analyzed by the [research affiliate] team. The transcripts will be anonymized for use in the analysis. For example, names will be replaced with Speaker 1, Speaker 2, etc. for the transcript. The focus group transcript, listening session notes, and survey data will be stored in a secure [research affiliate] Box folder, only accessible to the [research affiliate] research team. All data will be stored in the Box folder for up to three years.”

Example Description of Potential Subject Risk

“The potential risk for harm is minimal. The survey will ask for neighborhood and demographic data. Through the survey analysis, the neighborhood data will be aggregated from specific neighborhood names to general areas with counts and percentages so that an individual’s information can not be identified. There will be no personal identifiers linked to data analysis by neighborhood. Focus group personal identifiers such as names, affiliations that may be shared during conversation will be removed from transcripts and the recordings will be destroyed once transcripts are created.”

Example Description of Data Security Methods

“All focus groups and the survey will be voluntary. We have partnered with food pantries and community services offices in [research location] to disseminate the survey by promoting it to their guests seeking services. The research team will provide partners with approximately 15 paper copies of the survey and a QR code to promote the link to the online version of the survey. [Research location] partners ([name(s) of survey site partners]) will distribute the online survey link on their email lists, which are voluntary to join based on past participation. Participants can opt-out of the list serves at any time. [Research location] partners will also promote a scannable QR code linked to the online version of the survey. The survey link will be posted on social media and websites associated with [Land-Grant Institution, if applicable] Extension, and the [research location] partners.

Anonymity through the survey will be completely maintained. Names and contact information of survey participants will not be tracked by the [research affiliate] team nor the food pantry/community services office partners. For the online survey, the Qualtrics IP tracing function will be turned off to prevent any traceability.
To protect the subjects and all data collected from the paper surveys, the research team will take the following steps and precautions. 1) The research team will mail [research location] survey partners the appropriate materials (approx. 15 paper surveys with the same number of [research affiliate] envelopes, a promotional page that includes a scannable QR code for promoting the online survey, information on how to promote the online version of the survey, and instructions to remind them of their role in study). 2) Survey partners will be instructed to provide in-person, paper survey participants with both the paper survey and a [research affiliate] envelope. The envelope’s purpose is to use as protective measure of the data and the survey participants. 3) Upon completing a paper survey, a participant will be instructed to seal their completed survey in a [research affiliate] envelope, and hand back to the survey partner personnel. 4) That survey partner will store the collected, envelope-sealed survey in a protected space in their office until the research team or a local [Land-Grant Institution] Extension staff person picks up the completed, sealed surveys. Paper surveys will be picked up from the survey location at either the end of the study or once the survey partner has distributed all paper surveys - whichever comes first. 5) Paper surveys sealed in envelopes will only be opened by the research team. If a local [Land-Grant Institution, if applicable] Extension staff person picks up the sealed surveys, they are only doing it to assist the research team, and they will keep the surveys protected in their office until delivering it to the research team.

For recruitment, the research team will craft an email and social media posts copied from the preamble language in the survey instrument. The recruitment information will be forwarded to potential participants on behalf of the research team through our partners: [name(s) of survey site partners]. All questions about the research will be directed to the research team. Focus groups will be conducted face-to-face unless the COVID-19 pandemic requires us to use Zoom for safety reasons. During the focus groups, introductions will be made, but not recorded. If an online focus group is conducted, participants will change their names to Speaker 1, Speaker 2, etc., referred to as such during the recording and only the audio will be retained to generate the transcript.

Example Research Summary

"According to USDA-ERS, [research location] has areas that meet the definition of food deserts. These areas have relatively high poverty rates and low accessibility to resources, which may adversely affect market potential. The [research location] local food access study will evaluate the needs and consumer demand of low-income consumers in the area and evaluate the potential for local food producers to better serve those needs by using a participatory, asset-based approach that seeks to determine and foster community understanding and buy-in.

We will conduct a survey for low-income residents/food insecure households using Qualtrics. Paper copies will be strategically located in the following locations: [name(s) of survey site partners that will house paper surveys]. The paper surveys will be distributed and collected by the the same partners. The Purdue research team or [Land-Grant Institution, if applicable] Extension Staff will collect the paper copies, and the research team will enter in the data into Qualtrics. The paper copies of the survey will be sealed in an envelope that can only be opened by the research team. Thus, data will be protected and unseen until viewed by the research team. The survey will be conducted using a list frame developed in collaboration with local partners. The survey will cover both the [parameters of research location] and will be open for approximately [research duration, ex. # of weeks, months, etc.]. The survey will be advertised through Anderson partners including [name(s) of survey site partners]. Methods of advertising will include Facebook, Twitter, e-mail, and newsletters. The survey will be available in Spanish. The questions have been translated,
including the introductory statement for voluntary participation and the research team’s contact information. The survey was translated by a [list the individual and their qualifications] who will also support the translation of the survey data. Open-ended questions make up a small percentage of the survey, so only a small percentage of the survey data will need to be translated. The translation assistance will only be required for the survey data - there will be no need to interact with subjects. Participation in this survey is voluntary. This survey is intended for adults 18 years and older. Answers will be kept confidential and will be released only as summaries where individual answers cannot be identified. The survey data will be stored on a secure Box server for up to three years. The survey should take approximately [# - note: we recommend 10-15 minutes] minutes to complete.

The [research affiliate] team will conduct both focus groups and the survey. We will host one or two focus group in [research location] made up of neighborhood residents either in person or by Zoom based on COVID-19 rates. If in person, the focus group will be recorded using a voice recorder or will be recorded by Zoom if online. Focus group data will only be identifiable in recordings if people recognize voices (however these will not be shared). Personal identifiers will be removed in the transcripts. These recordings will be used to generate transcripts using Rev.com. After transcriptions are made, recordings will be destroyed. The data from the focus groups will be analyzed by the [research affiliate] team. The transcripts will be anonymized for use in the analysis. The focus group transcript, listening session notes, and survey data will be stored in a secure [research affiliate] Box folder, only accessible to the research team. All data will be stored in the Box folder for up to three years.

The participation in this focus group is voluntary. This focus groups are intended for adults 18 years and older. The focus group will accommodate approximately 15 people and will take up to 1.5 hours to complete. If we have a response of more than 15 attendees, we will run one additional focus group for an additional 15 attendees.

If in-person, the sessions will be hosted at locations to be determined in collaboration with community partners on the east and west sides of the city for up to two hours. If using Zoom, we will host two times based on the recommendations from the community collaborator, [main community partner/ liaison, if applicable]. All data collected from the resident focus groups will be through written paper note cards (if in-person) or online note cards using Google Jamboard. For the resident focus groups, no personal identification will be collected, and no recordings will be made.

The researchers will not disclose anything that the focus group participants say. However, the researchers cannot control participant conversations after we conclude the focus group. The focus group data will be summarized so that specific names and locations cannot be attributed to individual responses.

4.2.2 Survey Partner Letters of Collaboration

IRB requires information about any organizations involved in the project that may encounter collected data. For example, the aforementioned case study asked community partners to disseminate and collect paper surveys (as also explained in the sample IRB submission). To properly evaluate research ethics, IRB must understand the purpose for individuals outside of the direct research team to come across data and how such a process will be managed. As a result, IRB requires those organizations to submit Letters of Collaboration — an official statement outlining the ways in which the partner will be involved in the study. See below a sample Letter of Collaboration used for the Anderson Case Study.
LETTERS OF COLLABORATION SAMPLE

Obtaining IRB Application Letters of Collaboration from External Sites

Prior to conducting research at an offsite location (e.g. school, daycare, medical facility, workplace, business, etc.) researchers must include a letter from an appropriate administrator or official permitting the research to take place (IRB Application Letter of Collaboration). The letter does not substitute for IRB review and approval, but instead is a critical part of an IRB application.

See the sample letter of collaboration on the next page.
Date: [Insert date]

Re: Letter of Cooperation For [Site name]

Dear [Name(s) of research personnel]

This letter confirms that I, as an authorized representative of [site name], allow [Name(s) of research personnel] access to conduct study related activities at the listed site(s), as discussed with the Principal Investigator and briefly outlined below, and which may commence when the Principal Investigator provides documentation of IRB approval for the proposed project.

Study Title: [Insert Study Title]

- **Study Activities Occurring at this Site:** [Site name] will distribute approximately 20 provided paper surveys to guests seeking services and will promote the online version of the survey via a provided QR code. If applicable, [Site name] may also provide a laptop/computer/tablet to guests who wish to take the online survey on-site. Additionally, [Site name] may be considered as eligible location to host a focus group of 8-10 participants. If [Site name] hosts a focus group, they may allow focus group participants to shop the food pantry on the same day.

- **Site(s) Support:** [Site name] will house and distribute 20 provided paper surveys by asking any guests if they'd like to participate. If applicable, [Site name] may also offer a device for participants to take the online version of the survey. [Site name] may have a table set up with survey materials (paper survey and QR code promotional page, writing utensils, tablet/laptop/computer for on-site online survey participation, etc.) for ease of participation. [Site name] may offer a space for hosting a focus group of 8-10 participants. [Site name] may collect paper surveys once a participant seals a completed survey in a provided envelope. [Site name] is authorized to post completed and sealed surveys.

- **Other:** [Site name] may deliver surveys in sealed envelopes to the [research personnel's office] or may allow [research personnel] to pick up the sealed surveys.

- **Anticipated End Date:** [Insert date]

I understand that any activities involving compliance with Health Insurance Portability and Accountability Act (HIPPA), Family Educational Rights and Privacy Act (FERPA), or other applicable regulations at this site must be addressed prior to granting permission to the University researcher to collect or receive data from the site. I am authorized to make this determination on my organization's behalf.

We understand that [Site Name]'s participation will only take place during the study's active IRB approval period. All study related activities must cease if IRB approval expires or is suspended. If we have any concerns related to this project, we will contact the Principal Investigator who can provide the information about the IRB approval. For concerns regarding IRB policy or human subject welfare, we may also contact the University IRB at [IRB email] ([IRB website]).
4.3 Data Collection Tools

4.3.1 Survey Distribution

Collecting prime data for your community requires a strong survey instrument. This toolkit provides the exact same survey used to capture data referenced in the case study. As acknowledged above, the survey instrument included a couple flaws in consistency and answer choice. The research team has corrected these issues so replicated studies has access to data with even greater integrity. The survey included below is formatted for paper use in both Spanish and English. It incorporates a few large gaps or page breaks to encourage that participants adhere to the skip logic design. The study team recommends inputting these questions into a survey software such as Qualtrics for additional accessibility and scope of data collection. Doing so will also help participants follow the skip logic format as that can be programmed in for responders to experience automatically.
Assessing Local Food Access in [City, State of research location]

As a resident of [research location], you were selected to participate in a survey. This survey focuses on accessibility to local food within the [research location] community. [Research affiliate], in partnership with [community partner/liason, if applicable], intends to measure the current state of healthy food availability in [research location] to inform community efforts focused on expanding access to local food and addressing food insecurity.

Your participation in this survey is voluntary. This survey is intended for [research location] residents who 18 years and older and may struggle with accessing food. Your answers will be kept confidential and will be released only as summaries. Your answers cannot be traced back to you. The survey data will be stored on a secure server for up to three years. The survey should take approximately [# - we recommend 10-15 minutes] minutes to complete. Please read each question carefully.

For information regarding this survey or the "[Insert Study Title]" study, please contact ________________ ([contact email address]) and ________________ ([contact email address]).

Thank you in advance for your help!

Scan the QR code below to take the survey online.

[Insert QR Code Here]

[Insert Research Affiliate's Equal Opportunity Clause Here]
Figure 1: Map of Anderson, IN Neighborhoods

Key:

3 = W 5th St / Delaware St
4 = W 8th St / S Madison Ave
5 = S Madison Ave / Dr Martin Luther King Jr Blvd
8 = Pearl St / E 29th St
9 = Columbus Ave / E 23rd St
10 = Irondale
11 = Eastern Heights / Anderson Univ.
12 = Fairfax / Glyn Ellen
13 = N Scatterfield Rd / Lindberg Rd
14 = Country Club Heights
15 = Woodlawn Heights
17 = River Forest
18.01 & 18.02 = Harmeson Heights
19.01 & 19.02 = Meadowbrook / Crestlawn
20 = Lowmandale 107 = Moonville
119 = City Center
120 = Brown St / W 29th St

Q1. In which census tract do you live, work, purchase food and receive banking and healthcare services? Indicate the census tract number below. Use Figure 1: Map of Anderson, IN Neighborhoods on pg. 2 for reference.

1. Which census tract do you live in? ________________________________
2. Which census tract do you work in? ________________________________
3. Which census tract do you purchase food in? __________________________
4. Which census tract do you bank in? _________________________________
5. Which census tract do you receive healthcare in? _______________________

[Insert a census tract map of your community; List each neighborhood's census tract number and name]
Q2. How important is it that your food is sourced locally? **Place an X in the appropriate circle.**

- ○ Not important at all
- ○ Somewhat unimportant
- ○ Neutral
- ○ Somewhat important
- ○ Very important

Q3. Do you shop at farmers markets/roadside stands? **Place an X in the appropriate circle.**

- ○ Yes
- ○ No

If **YES**, skip to Question 7 on page 5.

If **NO**, skip to Question 4 on page 4.
If answered NO in Question 3, start here:

Q4. What is the most significant barrier you experience in shopping at farmers markets/roadside stands?

Place an X in the appropriate circle.

- Location / Distance
- Lack of Transportation
- Price Point / Too expensive
- Market Hours / I’m unavailable during the date/time the market is open
- Payment form (e.g., cash only, no digital payment options, etc.)
- ADA compliance
- I didn’t know there were local farmers markets/roadside stands.
- Other (please specify)

Q5. What would motivate you to visit the farmers market?

Place an X in the appropriate circle.

- Longer market hours
- Accessible location
- Transportation
- Discounts or EBT/WIC incentives (ex. EBT/WIC double-up program)
- Instructions for how to prepare foods found at the market
- More payment options
- ADA accommodations (please specify)
- More vendors (please specify e.g., produce vendor, bakery vendor, etc.)
- Other (please specify)

Q6. If barriers to visiting the farmers market or purchasing fresh food were addressed (hours, location, transportation, etc.), how likely would you attend?

Place an X in the appropriate circle.

- Very Unlikely
- Somewhat unlikely
- Neutral
- Somewhat likely
- Very likely

Skip to Question 13 on page 6 to continue the survey.
Q7. Which town is the farmers market/roadside stand you shop at located? Include City and State. (ex. Anderson, IN)

, IN

Q8. On average, how often do you visit local farmers markets and/or roadside stands?

Place an X in the appropriate circle.

O Less than once per month

O Once per month

O Twice per month

O 3-4 times per month

Q9. What do you mostly purchase (at least 50% of your purchases) at farmers markets?

Place an X in the appropriate circle.

O Produce (fruits, vegetables, etc.)

O Proteins (meat, eggs, etc.)

O Local Sugars (honey, maple syrup, etc.)

O Prepared Foods (jams, breads, baked goods, beverages, etc.)

O Non-Food Items (crafts, handmade goods, etc.)

Q10. How much money do you approximately spend at farmers markets per month?

Place an X in the appropriate circle.

O $1-20

O $21-40

O $41-60

O $61-80

O $81-100

O Over $100

Q11. Do you use SNAP/EBT or WIC/SFMNP benefits at the farmers market?

Place an X in the appropriate circle.

O Yes

O No, I did not know my farmers market accepted SNAP/EBT or WIC/SFMNP benefits.

O No, I cannot use my SNAP/EBT or WIC/SFMNP benefits at the market.

O No, I am ineligible for SNAP/EBT or WIC/SFMNP benefits.
Q12. What would enhance your farmers market shopping experience?
Place an X in the appropriate circle.

- Expand market hours
- Accessible location
- Discounts or EBT/WIC incentives (ex. EBT/WIC double-up program)
- Educational resources on how to prepare foods found at the market
- More vendors (please specify e.g., produce vendor, bakery vendor, etc.)
- Other (please specify)

Continue Survey Here:

Q13. Do you have access to vehicle transportation such as a car or public transportation?
Place an X in the appropriate circle.

- Yes
- No
- I prefer not to answer

Q14. What is your gender?

Q15. What is the highest level of school you have completed?
Place an X in the circle that correspond to the level.

- Some formal schooling
- 2-year college degree
- High school diploma/GED
- 4-year college degree
- Some college
- Graduate degree
- I prefer not to answer
- I prefer not to answer
4 ASSESSING FOOD ACCESS TOOLKIT: SPANISH SURVEY INSTRUMENT

Q16. Are you of Hispanic, Latinx, or Spanish origin? **Place an X in the appropriate circle**

O Yes
O No
O I prefer not to answer

Q17. What is your race?
Select all that apply. **Place an X in the appropriate circle(s).**

O Black or African American
O American Indian or Alaska Native
O Asian
O Native Hawaiian or Pacific Islander
O White
O I prefer not to answer

Q18. How many people live in your household? __________________________________________

Q19. How many people in your household are under 18 years old? _________________________

Q20. How many people in your household are under 65 years old? _________________________

Q21. What is your household annual income? **Place an X in the appropriate circle.**

O $24,000 or less
O $25,000-$49,000
O $50,000-$99,000
O $100,000-$199,000
O $200,000 or more
O I prefer not to answer

Q22. What is your employment status? **Place an X in the appropriate circle.**

O Full-time
O Part-time
O Student
O Seeking Opportunities
O Retired
O I prefer not to answer

Thank you for completing the survey!
Evaluación del acceso local a los alimentos en [City, State of Research Location]

Como residente de [City, State of Research Location], usted fue seleccionado para participar en esta encuesta. Esta encuesta se centra en la accesibilidad a los alimentos locales dentro de la comunidad de [City, State of Research Location]. El Departamento de Economía Agrícola de la Universidad de Purdue [Replace with name of research affiliate translated into Spanish], en asociación con la Red Local de Alimentos del Condado de Madison [Replace with name of community partner, if applicable, translated into Spanish], buscan de medir el estado actual de la disponibilidad de alimentos saludables en [City, State of Research Location] para informar los esfuerzos de la comunidad centrados en ampliar el acceso a los alimentos locales y abordar la inseguridad alimentaria.

Su participación en esta encuesta es voluntaria. Esta encuesta está destinada a adultos mayores de 18 años. Sus respuestas se mantendrán confidenciales y se publicarán solo como resúmenes. Por medio de sus respuestas usted no podrá ser rastreado. Los datos de la encuesta se almacenarán en un servidor seguro durante un período de hasta tres años. La encuesta debe tardar aproximadamente [# - we recommend 10-15 minutes] minutos en completarse. Por favor, lea cada pregunta cuidadosamente.

Para obtener información sobre esta encuesta o el estudio "Evaluación del acceso local a los alimentos en [City, State of Research Location]", comuníquese con el _______________ ([contact email address]) y______________ ([contact email address]).

¡Gracias de antemano por su ayuda!

Escanee el código QR que aparece a continuación para realizar la encuesta en línea.

[Insert QR Code Here]
Figura 1: Mapa de Anderson, barrios de IN

Key:

3 - W 5th St / Delaware St
4 - W 8th St / S Madison Ave
5 - S Madison Ave / Dr Martin Luther King Jr Blvd
8 - Pearl St / E 29th St
9 - Columbus Ave / E 23rd St
10 - Irondale
11 - Eastern Heights / Anderson Univ.
12 - Fairfax / Glyn Ellen
13 - N Scatterfield Rd / Lindberg Rd
14 - Country Club Heights
15 - Woodlawn Heights
17 - River Forest
18.01 & 18.02 - Harmeson Heights
19.01 & 19.02 - Meadowbrook / Crestlawn
20 - Lowmandale 107 = Moonville
119 = City Center
120 = Brown St / W 29th St

P1. ¿En qué sección censal vive, trabaja, compra alimentos, recibe servicios bancarios y de atención médica? Indique el número de sección censal a continuación. Use la Figura 1: Mapa de Anderson, IN Neighborhoods en pg. 2 como referencia.

1. ¿En qué sección censal vive? 
2. ¿En qué sección censal trabaja? 
3. ¿En qué sección censal compra alimento? 
4. ¿En qué sección censal recibe servicios bancarios? 
5. ¿En qué sección censal recibe atención médica?
P2. ¿Qué tan importante es que sus alimentos se obtengan localmente?

Marque con una X el círculo apropiado.

- O No es importante
- O Poco importante
- O Neutral
- O Algo importante
- O Muy importante

P3. ¿Compra en mercados de agricultores / puestos al borde de la carretera?

Marque con una X el círculo apropiado

- O Sí
- O No

Si marcó Sí, vaya a la pregunta 7 de la página 5.

Si marcó NO, vaya a la pregunta 4 de la página 4.
4 ASSESSING FOOD ACCESS TOOLKIT: SPANISH SURVEY INSTRUMENT

Si se responde NO en la pregunta 2, continúe aquí:

P4. ¿Cuál es la barrera más relevante que experimenta al comprar en los mercados de agricultores/ puestos al borde de la carretera? **Marque con una X el círculo apropiado.**

- O Ubicación / Distancia
- O Falta de medios de transporte
- O Precio / Demasiado caro
- O Horario del mercado / No estoy disponible durante el día / hora en que el mercado está abierto
- O Forma de pago (por ejemplo, solo en efectivo, sin opciones de pago digital, etc.)
- O Cumplimiento de la ADA
- O No sabía que había mercados de agricultores locales / puestos al borde de la carretera.
- O Otro (especifique)

P5. ¿Qué le motivaría a visitar el mercado de agricultores? **Marque con una X el círculo apropiado. o**

- O Horarios de mercado más largos
- O Ubicación accesible
- O Transporte
- O Descuentos o incentivos EBT/WIC (por ejemplo, programa de duplicación EBT / WIC)
- O Instrucciones sobre cómo preparar los alimentos que se encuentran en el mercado
- O Más opciones de pago
- O Adaptaciones de la ADA (especifique)
- O Más proveedores (especifique, por ejemplo, proveedor de productos, proveedor de panadería, etc.)
- O Otro (especifique)

P6. Si se abordaran las barreras para visitar el mercado de agricultores o comprar alimentos frescos (horarios, ubicación, transporte, etc.), ¿con qué probabilidad asistiría? **Marque con una X el círculo apropiado.**

- Muy poco probable
- Algo improbable
- Neutral
- Algo probable
- Muy probable

Vaya a la pregunta 13 en la página 6.
Si responde Sí en la pregunta 2, continúe aquí:

**P7.** En qué ciudad se encuentra el mercado de agricultores/ puesto al borde de la carretera en el que usted compra? Incluye ciudad y estado. *(ej. Anderson, IN)*

________________________ , IN

**P8.** En promedio, ¿con qué frecuencia visita los mercados locales de agricultores locales y/o los puestos al borde de la carretera? *Marque con una X el círculo apropiado.*

- O Menos de una vez al mes
- O Una vez al mes
- O Dos veces al mes
- O Tres o cuatro veces al mes

**P9.** ¿Qué compra principalmente (al menos el 50% de sus compras) en los mercados de agricultores? *Marque con una X el círculo apropiado.*

- O Productos agrícolas (frutas, verduras, etc.)
- O Proteínas (carne, huevos, etc.)
- O Azúcares locales (miel, jarabe de arce, etc.)
- O Alimentos preparados (mermeladas, panes, productos horneados, bebidas, etc.)
- O Productos no alimentarios (artesanías, productos hechos a mano, etc.)

**P10.** ¿Cuánto dinero gasta aproximadamente en los mercados de agricultores por mes? *Marque con una X el círculo apropiado.*

- O US$1-20
- O US$21-40
- O US$41-60
- O US$61-80
- O Más de US$100

**P11.** ¿Utiliza los beneficios de SNAP/EBT o WIC/SFMNP en el mercado de agricultores? *Marque con una X el círculo apropiado.*

- O Sí
- O No, No sabía que mi mercado de agricultores aceptaba los beneficios de SNAP / EBT o WIC / SFMNP.
- O No, No puedo usar mis beneficios snap/EBT o WIC/SFMNP en el mercado.
- O No, No soy elegible para los beneficios de SNAP/EBT o WIC/SFMNP.
4 ASSESSING FOOD ACCESS TOOLKIT: SPANISH SURVEY INSTRUMENT

P12. ¿Qué mejoraría su experiencia de compra en el mercado de agricultores?
Marque con una X el círculo apropiado.

O Ampliar los horarios de mercado.
O Ubicación accesible.
O Descuentos o incentivos EBT/WIC (por ejemplo, programa de duplicación EBT/WIC).
O Recursos educativos sobre cómo preparar alimentos que se encuentran en el mercado.
O Más proveedores (especifique, por ejemplo, proveedor de productos, proveedor de panadería, etc.)

O Otro (especifique) ________________________________

Continúe la encuesta aquí:

P13. ¿Tiene acceso al transporte de tránsito, como un automóvil o transporte público?
Coloque una X en el círculo apropiado.

O Sí
O No
O Prefiero no contestar

P14. ¿Cuál es su género?
________________________________________________

P15. ¿Cuál es el nivel más alto de escolaridad que ha completado?
Marque con una X el círculo que corresponda al nivel.

O Algo de educación formal
O Diploma de escuela secundaria / GED
O Título universitario incompleto
O Título universitario de 2 años
O Título universitario de 4 años
O Postgrado
O Prefiero no contestar
**P16.** ¿Es de origen hispano, latino o español? Marque con una X el círculo apropiado.

- Sí
- No
- Prefiero no contestar

**Q17.** ¿Cuál es su raza?
Seleccionar todas las opciones que correspondan. Marque con una X los círculos apropiados.

- Negro o afroamericano
- Indio americano o nativo de Alaska
- Asiático
- Hawaiano nativo o isleño del Pacífico
- Blanco
- Prefiero no contestar

**P18.** ¿Cuántas personas viven en su hogar? __________________________________________

**P19.** ¿Cuántas personas en su hogar son menores de 18 años? __________________________

**P20.** ¿Cuántas personas en su hogar son menores de 65 años? __________________________

**P21.** ¿Cuál es el ingreso anual de su hogar? Marque con una X el círculo apropiado.

- US$24,000 o menos
- US$25,000-$49,000
- US$50,000-$99,000
- US$100,000-$199,000
- US$200,000 o más
- Prefiero no contestar

**P22.** ¿Cuál es su situación laboral? Marque con una X el círculo apropiado.

- Jornada completa
- Tiempo parcial
- Estudiante
- Buscando oportunidades
- Jubilado
- Prefiero no contestar

Thank you for completing the survey!
Coordinating survey partners proves to be a vital task and part of the data collection process. They serve as an important gateway for residents to enter the project. Community practitioners should keep survey partners informed of their role throughout the project. The survey partner instructions sheet below communicates important information to the organizations assisting your team. Once subject recruitment and survey distribution begins, your partners should already know this information. Nonetheless, this collection of reminders is a helpful asset that unites relevant information for those working with you.
Assessing Local Food Access in [City, State of Research Location]

Survey Partner Instructions & Reminders

Hello! Thank you for the food justice work you do within Anderson and your willingness to be a part of this study. We’re excited to be working with you! This sheet includes important instructions and reminders about your role as a survey partner. Please reach out with any questions to [insert contact name] ([insert contact email]).

The survey is open from [Insert Start & End Date of Research Project]

This envelope includes the following:

- [#] English paper surveys
- [#] Spanish paper surveys
- [#] Blank [Research Affiliate] envelopes*
- [#] QR code promotional half sheets (to hand out at [on-site research location, ex. food pantries], etc.)
- 1 Instructions & Reminders sheet (this document)
- Your organization's signed Letter of Collaboration [template included on pages 26 & 27]

* For those who request a paper survey, provide them with a paper survey AND one [Research Affiliate] envelope. Completed surveys must be sealed in the [Research Affiliate] envelope by the participant before you collect them.

Instructions & Reminders

1. Who is the Survey For? & How to Attract Participants
   - This survey is intended for adults 18 years+ who are members of food insecure households. Please allow only 1 survey to be completed per household.
   - Please offer the survey (& mention the focus group) to anyone seeking services from your pantry/office.
   - We recommend setting up a separate table at your location that includes study materials: paper surveys, writing utensils, Purdue envelopes for completed surveys*, QR code promo sign, QR code promo half sheets, and, if applicable, a tablet/laptop/computer available for guests to take the survey online.

2. How to Collect Paper Surveys
   - Paper surveys must be completed on your location & collected by a representative of your organization upon the participant sealing the survey in a Purdue envelope.
   - Keep sealed, completed surveys together & store in a protected area of your office.
   - Purdue Research personnel (such as Claire Baney) or a Madison County Purdue Extension staff person will pick up completed surveys once your organization has run out or the study has ended, whichever comes first.

3. Survey Promotion
   - This envelope includes an 8.5x11 sign with QR code to display at your location.
   - Promote the online version of the survey via social media, your organization's email newsletter, blog, etc. Direct to potential survey participants or organizational partners who can promote the online version of the survey.
4 ASSESSING FOOD ACCESS TOOLKIT: RESIDENT FOCUS GROUP PROTOCOL

i. Stay tuned for pre-made social media posts created for you and sent from [insert contact name] ([insert contact email]).

• Link to for complete the survey online:
  i. Shortened Bitly link: [insert bitly web link]
  ii. Full link: [insert full web link]

4. Focus Group Promotion

• A focus Group will be held [Insert focus group location, ex. online or in-person at...] on the following dates:
  a. [Insert date & time of research focus group 1]
  b. [Insert date & time of research focus group 2, if applicable]

iii. Please promote the focus group at your location and online as well.

iv. Intended focus group participants are the same as the intended survey participants - adults 18 years+ who are residents of [research location] & members of food insecure households.

• Link to for participants to sign up for the focus group:
  i. Shortened Bitly link: [insert bitly web link]
  ii. Full link: [insert full web link]

iii. Upon signing up, participants will receive the Zoom link [if applicable] & further information about the focus group will be sent to them via email*.

  a. *Note: The name and email participants submit to the Focus Group registration form is the ONLY identifiable information recorded & for contact purposes only. Participants’ contact information will be destroyed immediately after the focus group occurs & their data will completely be untraceable to them. The Focus Group Registration form is entirely separate from the survey to maintain 100% anonymity.

• Blurb about the focus group - You are welcome to promote this information

  i. [Research affiliate] and [research community partner/liason, if applicable] will host an online focus group [insert focus group location] on [insert date & time of research focus group 1] and [insert date & time of research focus group 1] to better understand [research location] residents’ access to local food. The focus group intends to host and hear from residents of food insecure households to identify how [research location] and local food producers can better address the community’s needs. The data captured will be kept free of personal identifiers and published as part of the “Assessing Local Food in [research location]” study - a project intended to measure the current state of healthy food availability in [research location] and inform community efforts that expand local food access and address food insecurity. Interested focus group participants can sign up using via the following link [insert bitly web link] or by using the following QR code.

END OF SURVEY PARTNER INSTRUCTIONS
4.3.2 Focus Group Protocol

Collecting qualitative and quantitative data strengthens the overall results and findings of any study — the same is true for evaluating your community's accessibility of local food. This toolkit includes a framework of questions for use with residents — the study's target demographic — as well as local food producers and nutrition services providers. The research team recommends using PowerPoint slides to clearly organize the questions you’ll ask. Additionally, the focus groups should be recorded and transcribed for later analysis.

4.3.2.1 Resident & Consumer Listening Session

Assessing Local Food Access in [City, State of research location]
Focus Group/Resident Listening Session

Meeting date: [Insert date & time of research focus group 1]
Meeting location: [insert focus group location]
Invitees: [Research location] Residents
Attendees: [Space to list first names of attendees of focus group to assign them an speaker number]

Pre-meeting data collection
   Sign in sheet
   Anonymous and voluntary demographic sheet

Introductions
Name (transcribed as “Speaker 1, Speaker 2, etc. for anonymity), affiliation (if applicable)

Background and description of project:

[Research Affiliate], in collaboration with the [Research Partner Organization/Liaison, if applicable], is conducting a study entitled, Assessing Local Food Access in [Research Location]. The study assesses the needs and consumer demands of low-income residents of Anderson and how local food producers can increase local food security. The survey results will equip community stakeholders and local producers with information on how to expand local food accessibility to better serve the needs of food insecure households. The [Research Affiliate] team will provide [City, State of Research Location] with the following products:

- Agriculture and Food Industry Snapshot for the community;
- Consumer Snapshot for the Anderson, IN community;
- Focus group protocol and a summary of the feedback received from participants taking part in the session(s);
- Copy of the survey administered to low-income consumers in the community, and highlights of survey results; and
- Executive summary of key findings and recommendations.
Your participation in this focus group is voluntary. This focus group is intended for adults 18 years and older. The focus group will take up to 1.5 hours to complete. The researchers will not disclose anything that you have said. However, we cannot control participant conversations after we conclude the focus group. The focus group data will be summarized so that specific names and locations cannot be attributed to individual responses. I will record this meeting session for transcription to maintain the accuracy of the conversation. Personal information will be removed from the transcripts. Audio recordings will be deleted once the transcripts are complete. The transcript files and notes will be stored on a secure server for up to three years.

Are there any questions about the study before we get started? For any follow up questions, contact [insert contact name] ([insert contact email]).

Discussion Questions

Intro Questions - 10 minutes

1. Are local outlets (i.e., farmers markets, roadside stands, etc.) a viable option for purchasing healthy food for you/your household? Why or why not?
2. What percent of your monthly budget do you put towards food?

Transition Questions - 25 minutes

1. How would you describe the current state of access to healthy food options in Anderson?
2. Where do you find your vegetables and fruit right now?
   a. What are some vegetables, fruits and/or meats that you would like to have that you do not have the opportunity to buy now?
3. If you believe purchasing local food is important, why? If you believe purchasing local food is unimportant, why?
4. Is the local food & produce market easily accessible for people of all incomes in Anderson?
5. If the opportunity were more accessible than it is now, would you seek out local sources? Why or why not?
6. What are you willing to pay for local fruits, vegetables, meat options?
   a. What would make purchasing local food worth it to you?
7. Do you think it is worth it to use EBT/SNAP benefits for local foods? Why or why not?
   h. When using EBT/SNAP benefits, do you look to use it for cost effectiveness/quantity or nutrient density/quality?

Key Questions - 30 minutes

8. What barriers do you or community members experience when seeking out local food sources?
9. What strategies do you recommend local leaders consider to expand access to healthy, local food options?

Ending Question(s) - 10 minutes

10. What do you think is the MOST IMPORTANT action the community leaders and/or food producers should do to expand access to healthy, local food options?

Wrap Up

Thank participants for time. Summarize timeline and deliverables (listed above). For questions or follow up, please contact [insert contact name] ([insert contact email]).

Demographics – anonymous and voluntary

Qualtrics Link:

1. What year were you born? __________
2. What is your gender? ______________
3. What is the highest level of school you have completed?
   O Some formal schooling
   O High school diploma/GED
   O Some college
   O 2-year college degree
   O 4-year college degree
   O Graduate degree
   O I prefer not to answer

4. Are you of Hispanic, Latinx, or Spanish origin? 
   O Yes
   O No
   O I prefer not to answer

5. What is your race? Check all that apply.
   O Black or African American
   O American Indian or Alaska Native
   O Native Hawaiian or Pacific Islander
   O White
   O Some other race
   O I prefer not to answer

6. What is your household annual income?
   O $24,000 or less
   O $25,000 - $49,000
   O $50,000 - $99,000
   O $100,000 - $199,000
   O $200,000 or more
   O I prefer not to answer

7. What is the highest level of school you have completed?
   O Some formal schooling
   O High school diploma/GED
   O Some college
   O 2-year college degree
   O 4-year college degree
   O Graduate degree
   O I prefer not to answer

8. What is your employment status?
   O Full-time
   O Part-time
   O Seeking Opportunities
   O Retired
   O Student
   O Other ___________________________
4 ASSESSING FOOD ACCESS TOOLKIT: PARTNER FOCUS GROUP PROTOCOL

4.3.2.2 Producer & Provider Listening Session

Assessing Local Food Access in [City, State of research location]
Focus Group/Social Services Org. Listening Session

Meeting date: [Insert date & time of research focus group 1]
Meeting location: [insert focus group location]
Invitees: [Research location] Residents
Attendees: [Space to list first names of attendees of focus group to assign them an speaker number]

Pre meeting data collection

Sign in sheet (Zoom poll)
Anonymous and voluntary demographic sheet (Online)

Introductions
Name (transcribed as “Speaker 1, Speaker 2, etc. for anonymity), affiliation (if applicable)

Background and description of project:

[Research Affiliate], in collaboration with the [Research Partner Organization/Liasion, if applicable], is conducting a study entitled, Assessing Local Food Access in [Research Location]. The study assesses the needs and consumer demands of low-income residents of Anderson and how local food producers can increase local food security. The survey results will equip community stakeholders and local producers with information on how to expand local food accessibility to better serve the needs of food insecure households. The [Research Affiliate] team will provide [City, State of Research Location] with the following products:

- Agriculture and Food Industry Snapshot for the community;
- Consumer Snapshot for the Anderson, IN community;
- Focus group protocol and a summary of the feedback received from participants taking part in the session(s);
- Copy of the survey administered to low-income consumers in the community, and highlights of survey results; and
- Executive summary of key findings and recommendations

Your participation in this focus group is voluntary. This focus groups is intended for adults 18 years and older. The focus group will take up to 1.5 hours to complete.
The researchers will not disclose anything that you have said. However, we cannot control participant conversations after we conclude the focus group. The focus group data will be summarized so that specific names and locations cannot be attributed to individual responses. I will record this meeting session for transcription to maintain the accuracy of the conversation. Personal information will be removed from the transcripts. Audio recordings will be deleted once the transcripts are complete. The transcript files and notes will be stored on a secure server for up to three years.

Are there any questions about the study before we get started? For any follow up questions or comments, please contact [insert contact name] ([insert contact email]).

Discussion Questions

Intro Questions - 10 minutes

1. Are foods from local outlets (i.e., farmers markets, roadside stands, etc.) a viable option for your organization to provide or educate your clients about? Why or why not?
   a. What foods are the easiest to obtain or educate about? What foods are the hardest to obtain or educate about?
2. How many unique (non-repeat) clients do you serve monthly?
   a. How many repeat clients do you serve monthly?

Transition Questions - 25 minutes

3. How would you describe the current state of access to healthy food options in Anderson?
4. What are the most significant barriers that you find your clients experience when trying access healthy food options? (i.e. expense, transportation, EBT/SNAP or WIC accessibility, lack of awareness, etc.)
5. In terms of social determinants of food security, what role does class, race, geography and other factors play in influencing food security/insecurity outcomes in Anderson?
6. If you believe access to local food is important for Anderson residents, why? If you believe access to local food is unimportant for Anderson residents, why?
7. What would make the local food & produce market easily accessible for people of all incomes in Anderson?
8. What limitations does your organization experience when trying to alleviate food insecurity?
   a. Internal limitations?
   b. External limitations?
4 ASSESSING FOOD ACCESS TOOLKIT: PARTNER FOCUS GROUP PROTOCOL

Key Questions - 30 minutes

9. What barriers do you see residents experience when seeking out local food sources?

10. What makes a long-lasting, accessible local food system for all residents?

11. How could an accessible food system improve Anderson as a community?

12. What strategies do you recommend local leaders consider to expand access to healthy, local food options?

Ending Question(s) - 10 minutes

11. What do you think is the MOST IMPORTANT action the community leaders and/or food producers should do to expand access to healthy, local food options?

Wrap Up

Thank participants for time. Summarize timeline and deliverables (listed above). For questions or follow up, please contact [insert contact name] ([insert contact email]).

Demographics not necessary

END OF SAMPLE PRODUCER & PROVIDER FOCUS GROUP PROTOCOL

4.3.3 Research Participation Promotion

4.3.3.1 Sample Press Release

Community organizations should leverage as many resources as possible as they promote the study and data collection methods. A press release communicates important details about the study’s purpose, target demographics, and information on how to participate. Aside from sending the press release to local newswires, your research team can distribute the press release other community organizations so they can promote the study as well. See the sample press release used for the Anderson project on the next page.
FOR IMMEDIATE RELEASE

Purdue Agricultural Economics Research to Measure Local Food Access within Low-Income Communities.

WEST LAFAYETTE, Ind., Jan. 31, 2022 — The Purdue Department of Agricultural Economics will measure access to local food in Anderson, Indiana through a collaboration with the Madison County Local Food Network (MCLFN) beginning the week of Jan. 24, 2022.

Purdue Agricultural Economics intends to assess how locally grown food sources in Madison County, Ind. can meet the needs of low-income consumers. Undergraduate research student Claire Baney will lead the project in concert with MCLFN and Dr. Michael Wilcox, Program Leader of Purdue Extension Community Development.

The study seeks to identify the specific needs and consumer demands of economically disadvantaged households struggling with food insecurity - a community who's buying power is often overlooked in the marketplace. The research team has partnered will Anderson food pantries and community services offices to directly hear from these voices. The study's results will be shared publicly with the goal of expanding community food justice work and educating local producers on how their products can be more accessible.

“This study will help provide needed information into identifying gaps in the local food system, help to identify and meet individuals and families' food access needs, increase potential quality data to help increase potential funding coming into Madison County, and more,” says Chelsie Jaramillo, Community Wellness Coordinator at Madison County Purdue Extension.

The research team is committed to identifying better ways to expanding food access. “Across the U.S., disparities in socioeconomic status preclude people from accessing nutritious food that's healthy for them, the environment and local economies,” said undergraduate researcher Claire Baney, who is pursuing this project as an honors thesis. “Our task is to understand how we can remove barriers to food security in mutually beneficial ways that improve the livelihoods of farmers, farm workers, and food insecure communities alike.”

The survey will be open through [survey close date]. Study participants can take the online survey at [insert bitly link] or complete a paper survey by visiting participating locations within Anderson, Ind. Additionally, a focus group will be offered from [focus group 1 date, time & location] and [focus group 2 date, time & location]. Residents can register for the online focus group at [insert bitly link]. For questions on how to participate as a survey responder or focus group contributor contact [insert contact name] ([insert contact email]).

###

About Madison County Local Food Network [Replace with research affiliate/community partner boilerplate]

Madison County Local Food Network is a non-profit in Indiana with the mission to create a more vibrant community that provides equitable access to affordable and nutritious foods to all Madison County residents. For more information about MCLFN and how to get involved, visit https://madcofood.org

Writer, Media Contact: [insert contact name] ([insert contact email])

Source: [insert contact name] ([insert contact email])

[insert contact name] ([insert contact email])

END OF SAMPLE PRESS RELEASE
4.3.3.2 Sample Social Media Promotion

Aside from using a press release, social media serves as an effective tool for study promotion and subject recruitment. Partner organizations among others in your community can easily share posts created by your research team. On the next page, this toolkit provides a sample post strategy to use across platforms that can serve as your inspiration for a research-focused social media campaign.
Assessing Local Food Access in Anderson, IN
Survey Social Media Promotion
Week 1: January 24-28

Graphics (size based off intended social platform):

Targeted at prospective survey participants:
We want to hear from you! Madison County Local Food Network and Purdue Agricultural Economics are measuring the current state of healthy, local food access in Anderson with the goal of informing community efforts and expanding availability for food insecure residents. Share your voice by completing the anonymous survey here: [insert bitly link]

OR

Targeted at organizational partners who can also promote the survey (ex: use on LinkedIn, etc.)
Madison County Local Food Network and Purdue Agricultural Economics are measuring the current state of healthy, local food access in Anderson with the goal of informing community efforts and expanding availability for food insecure residents. Pass along this anonymous survey to highlight more important voices of our community! Survey: [insert bitly link]
Once the period of quantitative and qualitative data collection ends, your research team has reached the point for data analysis. Your organization should generate the distribution of results for all survey questions. Comparing these findings with secondary data (i.e., household income, per capita income, SNAP eligibility rate, local economic leakage, etc.) on your community fills out picture of your area’s rate of access to local food. Further examining the data through crosstabulations yield an even more critical analysis. As shown in the case study results section, the following crosstabulations provide the most important insights: local food value (Q2) X household income (Q21), local food value (Q2) X SNAP/EBT or WIC/SFMNP (Q11), shopping locally (Q3) X household income (Q21), shopping locally (Q3) X SNAP/EBT or WIC/SFMNP (Q11), shopping locally (Q3) X shopping frequency (Q8), average monthly expenditure (Q10) X household income (Q21), average monthly expenditure (Q10) X SNAP/EBT or WIC/SFMNP (Q11), and barriers faced (Q4) X likeliness to attend upon barrier removal (Q6). These insights tell the story of community food needs and ways your local food system can address them. Communities should evaluate the best means for applying their collected data and enacting research-backed change in the area. This could take the form of working with local government to enhance local food policy or repositioning the systems and regulations of your own organizations as it relates to food access.

Building up local food systems strengthen communities through enhancing economic vitality and quality nutrition among residents and creating even more opportunities for growth. As a communities develop, everyone plays a role in assessing and improving systems to ensure equitable access among all — especially its most vulnerable residents. Expanding access to local food proves to be an essential part of amplifying local food. As shown in the case study, devoting time to survey residents exposes needs that communities can develop simple solutions for. This toolkit provides communities with the resources to identify avenues in which they can improve for the good of all their residents.
3 Low et al. (2015).
8 Pleog, M., Nulph, D., & Williams, R. (2011)
REFERENCES


34 Anderson, 2013


40 Madison County Local Food Network. (n.d.).
About. https://madcofood.org/about/
41 City of Anderson Healthy Food Resolution, No. 1-19. ### Cong. https://drive.google.com/file/d/1JmYcqL-kRRqcQ6IlFD6_rr3GjOiller8-/view?fbclid=IwAR1AnHBn4XohxmZisvZvKKwDnGvtLaA-jwGQ_h_K4wEWW3b6P95wZpNILgk