

Community Health Needs Assessment Wichita Falls Area Food Bank



Prepared by:

**Mark Tibbetts
AmeriCorps VISTA
Health Partnership Organizer**

And

**Jessica Morath, MS, RD, LD
Nutrition Services Director**

April 1, 2015



Appendix

I.	Introduction.....	3-4
II.	Methodology.....	4-5
III.	Demographics.....	5-7
IV.	Adult Health Concerns.....	7
	1. Overweight/Obesity.....	7-8
	2. Diabetes.....	8-9
	3. Heart Conditions.....	9
	- High Blood Pressure.....	9-10
	- High Cholesterol.....	10
	- Mortality of Heart Disease and Stroke.....	11
	4. Mental Health.....	11-12
V.	Child Health/Nutrition Concerns.....	12
	1. Child Food Insecurity.....	12-13
	2. Childhood Obesity.....	13
VI.	Community Concerns.....	14
	1. Transportation.....	14-15
	2. Culture.....	15-16
	3. Limited Access to Fruits and Vegetables.....	16-18
VII.	Food Deserts.....	18-19
VIII.	Focus Group Results.....	20
	1. Agency Focus Group.....	20
	2. Client Focus Groups.....	21
	3. Kids Focus Group.....	21-22
IX.	Priority Areas.....	22
X.	In Summary.....	22-23
XI.	Acknowledgements.....	23-24
XII.	Bibliography.....	25-26

Introduction

Food banks began in the late 1960's to help respond to the increasing need for food assistance in the United States. Today, food banks revolve their mission around ending hunger. Providing food is just a piece of the puzzle. Helping provide low-income households with the opportunity to pursue physically, financially, and emotionally healthy lives¹ is a sustainable philosophy food banks are using to achieve their mission.

The Wichita Falls Area Food Bank (WFAFB) in conjunction with Feeding Texas and the AmeriCorps VISTA program partnered to conduct a Community Health Needs Assessment (CHNA) among the WFAFB's 12-county service area. A CHNA describes the development of well-established approaches to better understand the needs of a local population.² This will help determine how the WFAFB can better utilize resources and gain a holistic understanding of the clients they serve.

Food insecure clients who are often low income have an increased risk of developing chronic diseases due to many factors including limited food budgets, decreased access to nutritious foods and lack of access to preventative health services. According to the Hunger in America 2014 Food Bank Report conducted among the WFAFB's food insecure clients, 68.3% reported having to choose between paying for food and paying for medicine/medical care, a trade-off that further contributes to a decline in health status.³ The CHNA will focus on the health and nutrition related needs of the food insecure clients to learn more about the current state of affairs, determine priority areas in order to address needs and work towards improved client health. These movements are an effort to achieve an ultimate goal of increased self-

¹ Campbell, Elizabeth, Karen Webb, Michelle Ross, Patricia Crawford, Heather Hudson, and Ken Hecht. "Nutrition-Focused Food Banking."

² Shen, MPH, Pauline. "Tipppecanoe Community Health Needs Assessment." December 1, 2011.

³ Mills, Greg, Vericker, Tracy, Gearing Maeve E. Mendonca, Sybil. Zedlewski, Sheila. Weinfeld, Nancy. Montaquila, Jill. "Hunger in America 2014 Food Bank Report."

sufficiency among food insecure clients. The WFAFB will address identified health and nutrition related needs by working with current partner agencies and developing new partnerships with health care organizations in the community. Improved community health does not occur overnight but takes individuals, organizations and systems collectively working together to better serve the whole community to achieve a common goal.

Methodology

This assessment was completed in collaboration with many of the food banks partner agencies and food insecure clients. The WFAFB implemented two surveys; an Agency Survey and a Client Survey. The Agency Survey was created online utilizing QuestionPro software and sent by an email to all of the food banks agencies. This survey lasted 2 weeks, from December 21 to January 8 and 37 agencies participated. Second, the Client Survey was distributed in paper format at 13 food distributions, 9 of which were in Wichita County. Clients completed surveys onsite during food distribution times. This survey lasted one month from January 9 to February 4. A total of 263 client surveys were completed and results were compiled into QuestionPro. Valuable feedback was provided concerning the barriers to food security and state of food insecure clients. During this data collection process the food bank integrated itself into the community. They learned more about their clients and the clients learned more about the food bank. The primary data supported findings of secondary data collection in relations to disease and health concerns of the communities served. Secondary data consisted of various sources. The main sources used were Community Commons and the 2014 Hunger in America Study.

The food bank conducted several focus groups. One focus group consisted of food bank partner agency staff or volunteers and the other focus groups were made up of food bank clients.

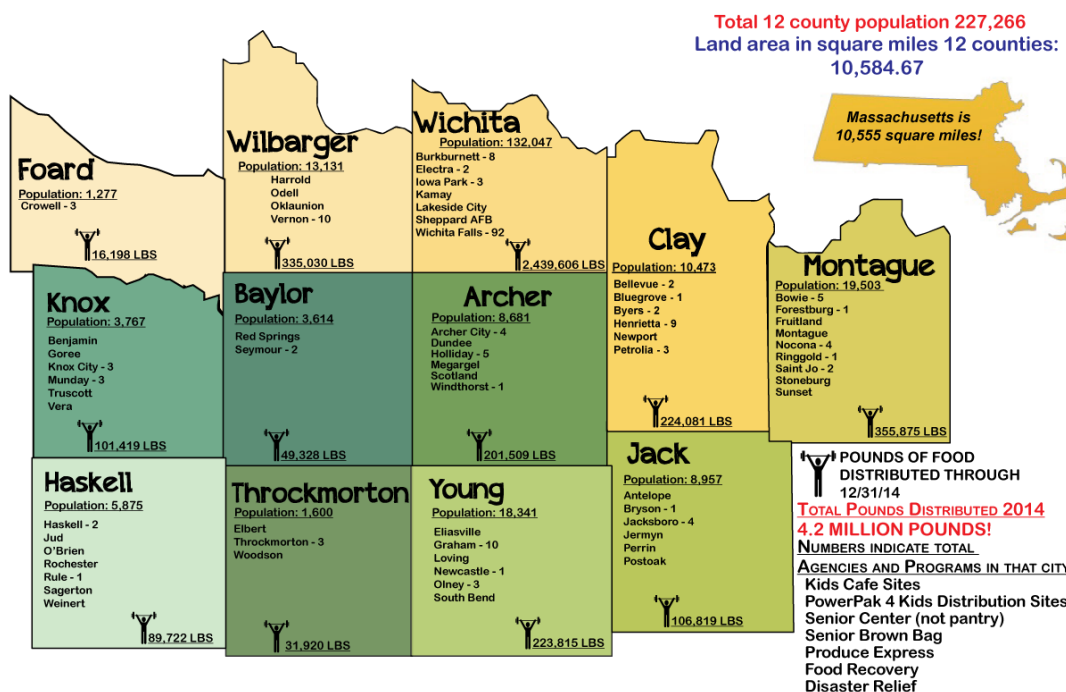
Questions focused on health/nutrition needs and barriers that prevent clients from maintaining good health and access to adequate healthcare. Agency representatives from the Sonshine House, Colonial Church, Clay County Mission Outreach, Youth Opportunities Center, Noah's Ark and Camp Fire participated in the agency focus group. The client focus groups were held at Colonial Church and Clay County Mission Outreach. Finally, the kid's focus group was held at Camp Fire. In total four focus groups were completed for the CHNA.

Three focus groups were conducted among food insecure clients. One group consisted of seven children from the Camp Fire after-school program. Second, with six clients from the Colonial Church food distribution. Finally, with 8 clients from Clay County Mission Outreach. Results from the surveys and focus groups helped to determine primary health concerns presented in this community health needs assessment.

Demographics

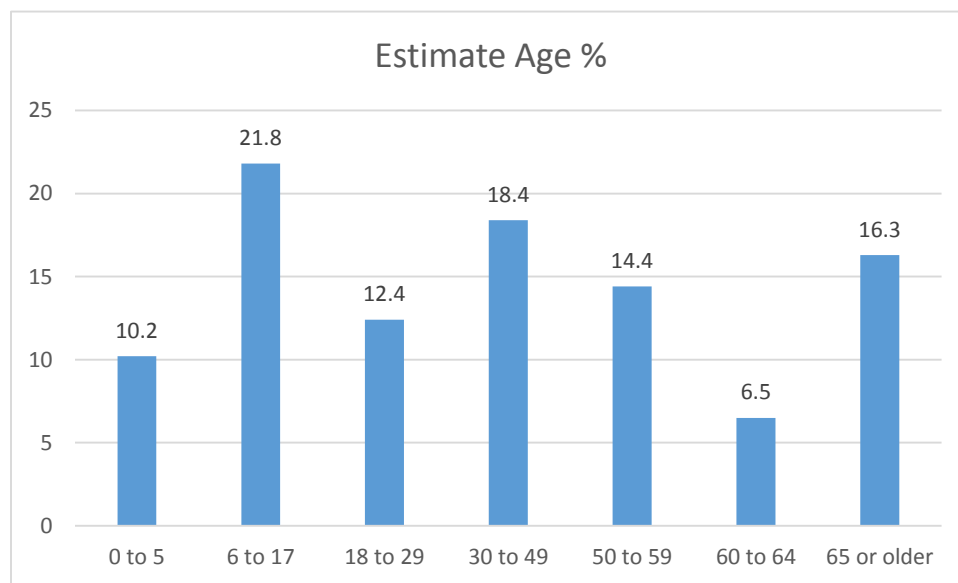
The geographic scope of the Wichita Falls Area Food Bank's 12 county service area is shown in figure 1.

Figure 1. Map of the Wichita Falls Area Food Bank 12 County Service Area



The total population of the WFAFB's 12 county service area is 231,489 people.⁴ According to the Hunger in America 2014 Food Bank Report, the Wichita Falls Area Food Bank and its agencies served 74,800 individual people in the twelve counties in 2013, 32% of the total population in the 12 counties.⁵ Within the service area there is an estimated 88,977 households,⁶ with an estimated average of 2.6 or 2 to 3 people per house hold. Among clients served by the WFAFB, 32% are less than 18 years of age and 23% are over 60 as shown in figure 2.

Figure 2. Estimated Age Percentage of clients served by Food Bank⁷



The unemployment rate is 3.5% with an estimated 3,919 people currently unemployed.⁸ In comparison, according to the US Bureau of Labor and Statistics, as of December 2014 the national average is 5.6%.⁹

⁴ "Texas Gazetteer." Maps, Data, Photos for 4,699 Locations. January 1, 2014.

⁵Mills, Greg, Vericker. Tracy, Gearing Maeve E. Mendonca, Sybil. Zedlewski, Sheila. Weinfeld, Nancy. Montaquila, Jill. "Hunger in America 2014 Food Bank Report." 1-58. Pg. iii

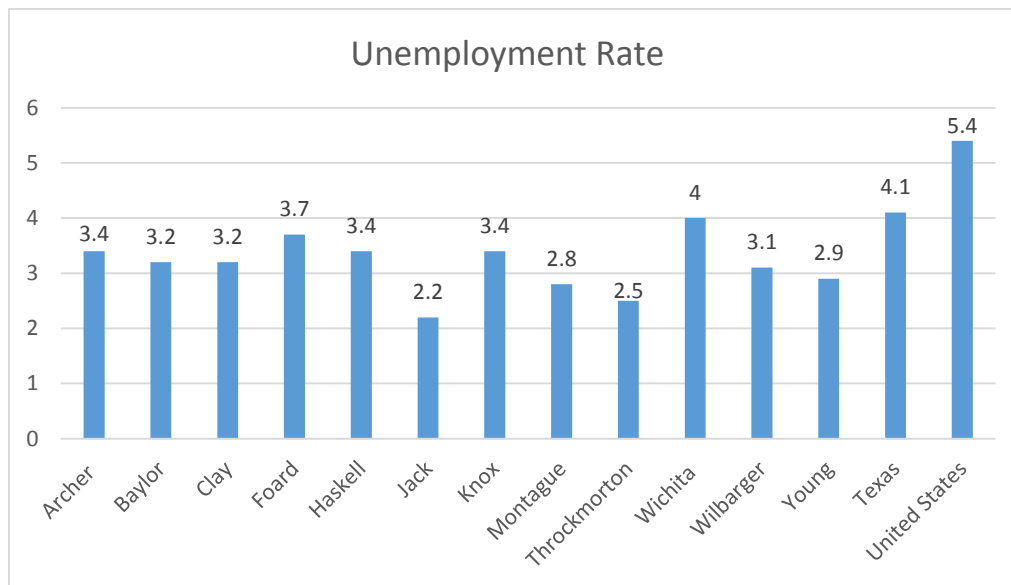
⁶ Texas Gazetteer

⁷ Mills, Greg, Vericker. Tracy, Gearing Maeve E. Mendonca, Sybil. Zedlewski, Sheila. Weinfeld, Nancy. Montaquila, Jill. "Hunger in America 2014 Food Bank Report."

⁸ "Community Commons." Unemployment Rate. December 2014

⁹ "Databases, Tables & Calculators by Subject." Bureau of Labor Statistics Data. January 23, 2015.

Figure 3. Unemployment Rates¹⁰



Adult Health Concerns

Based on primary and secondary data collected the identified health concerns surrounding food insecure clients of the Wichita Falls Area Food Bank are:

- Overweight/Obesity
- Diabetes
- Heart Conditions
- Mental Health

Overweight/Obesity

All counties in the food banks 12 county service area have rates above both state and national averages among individuals with having a body mass index (BMI) of 30.0 or higher.¹¹

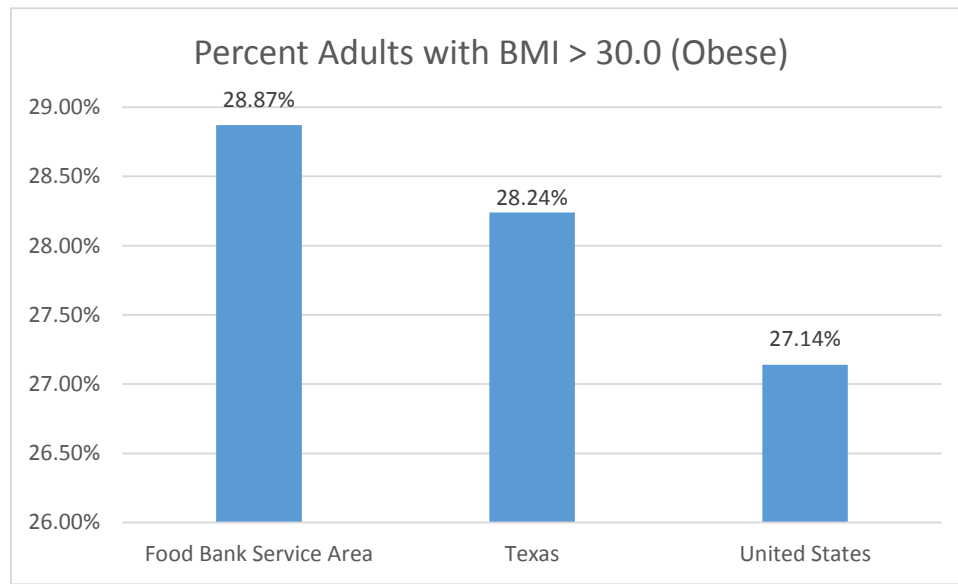
BMI is a measure of body fat applicable to adult men and women that is calculated based on a

¹⁰ "Community Commons." Unemployment Rate. December 2014

¹¹ "Community Commons." Obesity. January 1, 2011.

person's weight and height. A BMI of 25.0 – 29.9 is considered overweight and a BMI of 30.0 or higher is considered obese. Excess weight increases an individual's risk for developing certain diseases including heart disease, type 2 diabetes, breathing problems and certain cancers.

Figure 4. Percent Adults with BMI >30.0 ¹²



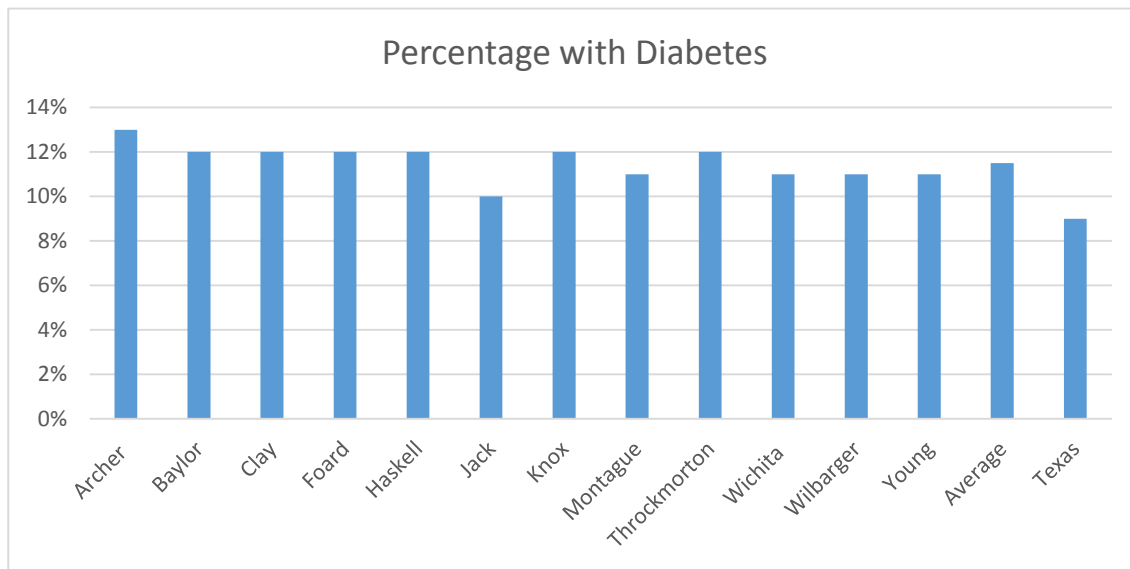
Diabetes

Much like obesity, diabetes in the food banks 12 county service area is slightly above both the state and national average as seen in figure 5. An estimated 11.5% of the WFAFB service area population has diabetes. One of the questions asked in the Client Survey was, "What do you see as the biggest health/nutrition related issue in your house hold?" Diabetes ranked second, after a lack of access to fruits and vegetables, with roughly 17% choosing this option. The Hunger in America 2014 Food Bank Report results indicated that 32% of clients reported at least one member in the household had diabetes.¹³

¹² "Community Commons." Obesity. January 1, 2011.

¹³ Mills, Greg, Vericker. Tracy, Gearing Maeve E. Mendonca, Sybil. Zedlewski, Sheila. Weinfeld, Nancy. Montaquila, Jill. "Hunger in America 2014 Food Bank Report."."pg. iii

Figure 5. Population with Diabetes¹⁴



Heart Conditions - High Blood Pressure, High Cholesterol, Mortality of Heart Disease and Stroke

According to the American Diabetes Association 1 in 3 American adults have high blood pressure and 2 in 3 people with diabetes report having high blood pressure or taking prescription medications to lower their blood pressure.¹⁵ High blood pressure increases a person's risk for serious health conditions that include a first heart attack, first stroke, chronic heart failure and kidney disease.¹⁶ Figure 6 shows that Wichita County, where the food bank is located, has higher rates of adults with high blood pressure than Texas or the United States. Among households within the food banks 12 county service area, 67% reported at least one member with high blood pressure¹⁷. Question 10 from the Client Survey asks, "Have you or anyone in your household been told by a doctor/health care provider that you have any of these conditions?"

¹⁴ County Health Rankings & Roadmaps." County Health Rankings & Roadmaps. January 1, 2015.

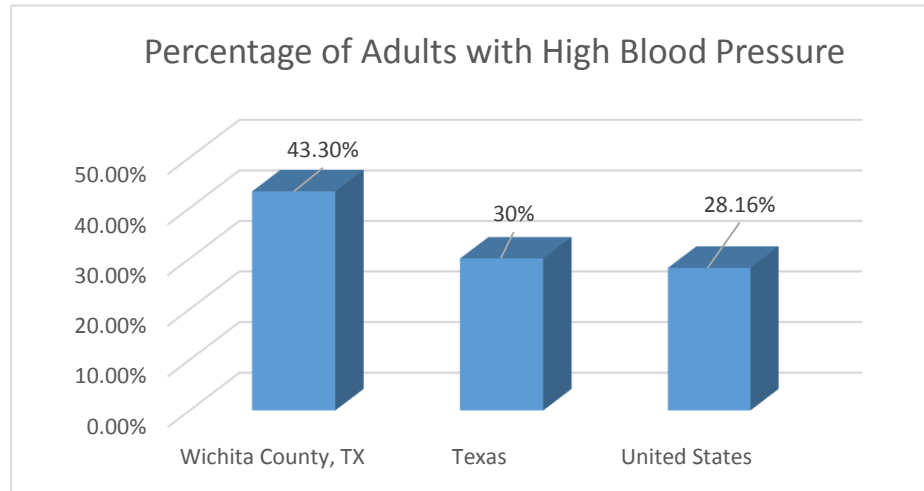
¹⁵ "High Blood Pressure." American Diabetes Association. September 24, 2014

¹⁶ "High Blood Pressure Facts." Centers for Disease Control and Prevention. February 19, 2015.

¹⁷ Mills, Greg, Vericker. Tracy, Gearing Maeve E. Mendonca, Sybil. Zedlewski, Sheila. Weinfeld, Nancy. Montaquila, Jill. "Hunger in America 2014 Food Bank Report."

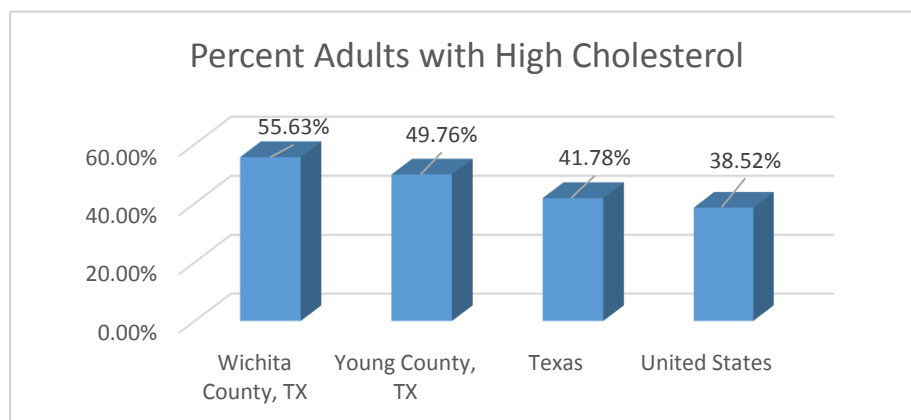
Roughly 24% of clients said at least one person in their household has been told by a doctor or health care provider that they have high blood pressure.

Figure 6. High Blood Pressure¹⁸



Additionally, the percentage of adults with high cholesterol is greater than the state and national level in both Wichita and Young County. Among the 12 counties, Wichita and Young were the only two with county data for cholesterol rates. In question 10 from the Client Survey, 12% said they or a member in their household has been told by a doctor or health care provider that they have high cholesterol. The CDC says, too much cholesterol can put a person at risk for heart disease and stroke, two of the leading causes of death in the United States.¹⁹

Figure 7. High Cholesterol Rates²⁰



¹⁸ "Community Commons." High Blood Pressure (Adult). January 1, 2012.

¹⁹ Centers for Disease Control and Prevention. February 28, 2014.

²⁰ Community Commons." High Cholesterol. January 1, 2012.

Heart disease and stroke mortality within the WFAFB service area is higher than both the state and national average. Among the 12 counties, Clay was the only county below the state and national average for heart disease and stroke mortality rates.

Figure 8. Heart Disease Death Rate.²¹

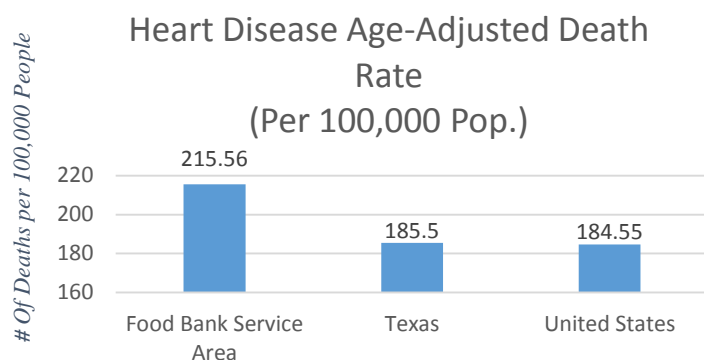
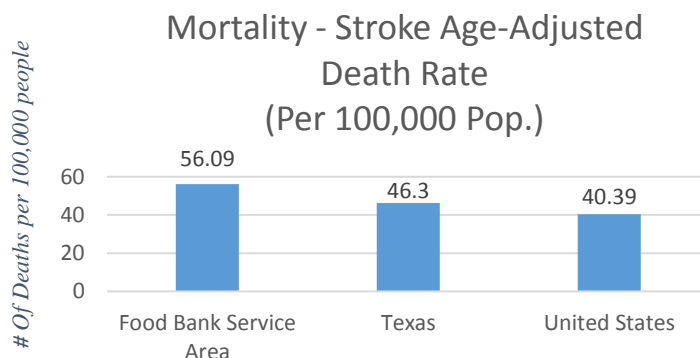


Figure 9. Stroke Death Rate²²



Mental Health

According to County Health Rankings, people experience poor mental health on an average of 3 out of every 30 days in Wichita County.²³ Poor mental health days represents an important part of health-related quality of life. The CDC defines mental health as, “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”²⁴ A person’s mental health can be determined by factors such as housing, safe neighborhoods, equitable jobs and wages, quality education, and equity in access to quality health care.²⁵

The Client Survey included questions about mental health. Fourteen percent of participants in the client survey said someone in their household has a mental health issue

²¹ Community Commons." Mortality - Heart Disease and Stroke. January 1, 2011.

²² Community Commons." Mortality - Heart Disease and Stroke. January 1, 2011.

²³ "County Health Rankings & Roadmaps." County Health Rankings & Roadmaps. January 1, 2015.

²⁴ "Mental Health Basics." Centers for Disease Control and Prevention. October 4, 2013.

²⁵ "Mental Health Basics." Centers for Disease Control and Prevention. October 4, 2013.

(excluding depression). Such mental health issues include post-traumatic stress disorder, anxiety, bipolar, and panic attacks. An additional 18% said at least one person in their household had depression.

Child Health and Nutrition Concerns

All previous data for the CHNA is focused on adults with no specific information related to children within the WFAFB 12 country service area. However, it is necessary to mention the devastating impact hunger can have on children growing up in food insecure homes.

- Child Food Insecurity
- Childhood Obesity

Child Food Insecurity

In the WFAFB's 12 County Service Area there is an estimated 53,591 children under the age of 18.²⁶ Roughly 32% of the total number of people served by the WFAFB are children.²⁷ According to the USDA, food insecurity is a condition in which, "consistent access to adequate food is limited by a lack of money and other resources at times during the year."²⁸ A child that does not have consistent access to adequate food is not getting the proper nutrients required to be healthy. Instead, many children in food insecure homes are supplied with inexpensive foods that are high in calories, fat and sugar. Feeding America said this about child hunger, "Not having enough of the right kinds of food can have serious implications for a child's physical and mental health, academic achievement and future economic prosperity."²⁹ Some of the physical signs and

²⁶ "Child Population by Age Group | KIDS COUNT Data Center." Child Population by Age Group | KIDS COUNT Data Center. January 1, 2013.

²⁷ Mills, Greg, Vericker. Tracy, Gearing Maeve E. Mendonca, Sybil. Zedlewski, Sheila. Weinfeld, Nancy. Montaquila, Jill. "Hunger in America 2014 Food Bank Report."

²⁸ "What Is Food Insecurity?" TFBN What Is Food Insecurity Comments. January 1, 2015.

²⁹ "Child Hunger." Feeding America. January 1, 2015.

consequences of hunger include fatigue, frequent illness, impaired growth and cognitive development to name a few. According to Child Trends, “Food insecurity is associated with higher rates of behavioral health problems in 3-year-olds; in school-aged children, psychosocial deficits, as well as higher anxiety and depression; and, in adolescents, higher rates of depressive disorder and suicidal symptoms.”³⁰ Behaviorally, food insecure children often have difficulty concentrating, nervousness and irritability. Ensuring all children have access to nutritious foods to maintain a healthy state is vital for the life of the child and for the future of this country.

Childhood Obesity

Obesity in children can have long-term effects on their health and well-being. According to the CDC, children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer and osteoarthritis.³¹ Reasons obesity may exist among food insecure children include disrupted meal patterns (inconsistent access may lead to overeating when food is available), family stress, the lack of access to healthy foods and excess consumption of foods high in fat, sugar and calories. Fighting childhood obesity is not an easy task, but it is very important so the child can live a happy, healthy life.

Community Concerns

The WFAFB collected data through client and agency focus groups and surveys. This process helped the food bank gain a better understanding of issues within the communities they serve. The major concerns repeatedly mentioned are as listed.

³⁰ "Food Insecurity." Child Trends. December 31, 2014.

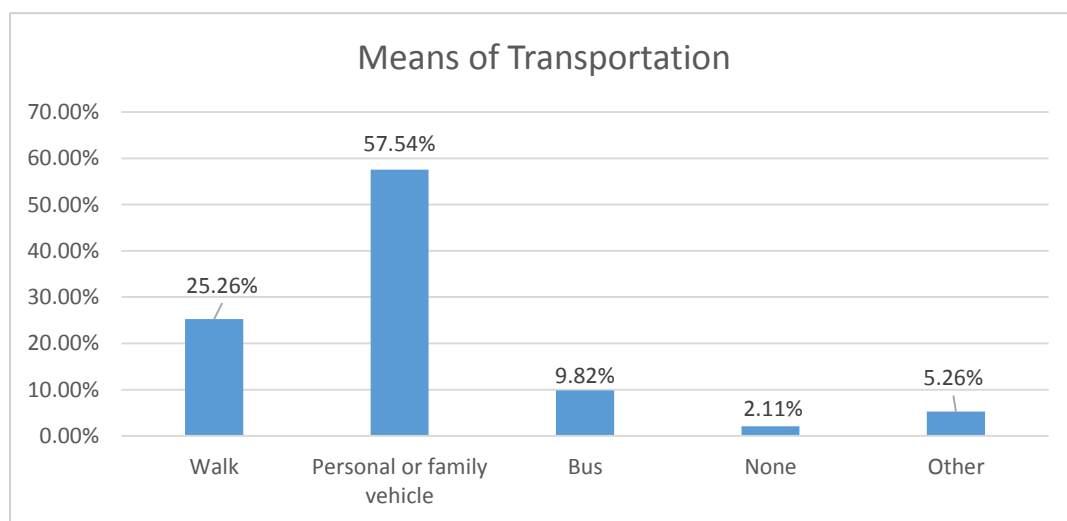
³¹ "Childhood Obesity Facts." Centers for Disease Control and Prevention. December 11, 2014.

- Transportation
- Culture
- Limited Access to Fruits and Vegetables

Transportation

Not having adequate means of transportation prohibits people from having access to nutritious foods and health care services. The most common concern highlighted in the focus groups and surveys is transportation. Many clients and agencies see transportation as a barrier to obtaining access to health and nutrition services. Concerns repeatedly mentioned were not owning a vehicle, the cost of gas, and relying on other means such as the public transportation system. According to information collected from food insecure clients, public transportation currently available does not seem to be adequately meeting the need. This is a barrier that makes having access to healthy foods more difficult. According to our Agency Survey, 21% of agencies believe transportation is a barrier when trying to address health and nutrition needs. In the Client Survey 25% reported having to walk as a means of transportation.

Figure 10. Means of Transportation³²



³² Tibbetts, Mark. Morath, Jessica. "WFAFB Client Survey." February 5, 2015

Those living in food desert communities without ready access to fresh, healthy and affordable food especially have trouble getting to a grocery store or health care facility. As a result food is purchased where available, such as convenient stores, whose supply of nutritious foods is limited.

Culture

Culture plays a large role in how a community functions. The anthropological definition of culture is the sum total of ways of living built up by a group of human beings and transmitted from one generation to another.³³ For example, if a child grew up eating fast food regularly because that was the most available and affordable food in their community, then that may impact their eating habits as adults and lead them to pass similar eating patterns on to their children.

Several layers of culture contribute to families needing food assistance. According to Hammond's Seven Nested Layers of Culture, a person's culture can change if any of the layers are altered. For example, changes in household income can lead to families needing to obtain food assistance or apply to government social outreach programs such as the Supplemental Nutrition Assistance Program (SNAP) These financial stressors that require the family to seek assistance may change a household's culture temporarily or permanently.

³³ "Culture." Dictionary.com. January 1, 2005.

Figure 11. Hammond's Seven Nested Layers of Culture³⁴

Hammond's Seven Nested Layers of Culture	
1.	Environment
2.	Economy
3.	Technology
4.	Religion/World View
5.	Language
6.	Social Structure
7.	Beliefs and Values

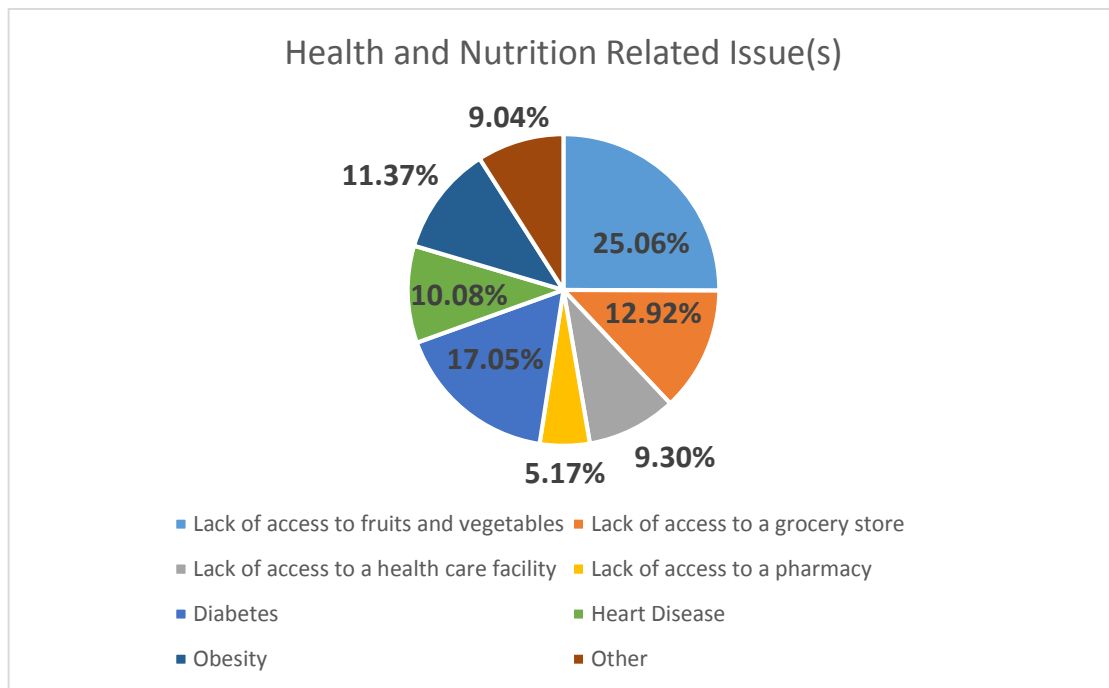
Eating behaviors change throughout a person's life time. In one of the three client focus groups conducted a gentlemen mentioned how his culture has changed economically. He used to eat beef growing up on a weekly basis. Forty years later his economic position has changed and now he can only afford chicken on a biweekly basis and eats mainly vegetables.

Limited Access to Fruits and Vegetables

Individuals who completed the client survey reported their biggest health or nutrition related issue in the household is the lack of access to fruits and vegetables. According to the Client Survey, 25% of clients said this was their biggest household issue.

³⁴ Kagawa-Singer, Marjorie PhD, MN, RN, FAAN, Dadia, Annalyn Valdez MPH, Yun, Mimi C. PhD, and Surbone, Antonella MD, PhD. "Cancer, Culture, and Health Disparities: Time to Chart a New Course?"

Figure 12. Client Household Health and Nutrition Related Issues³⁵

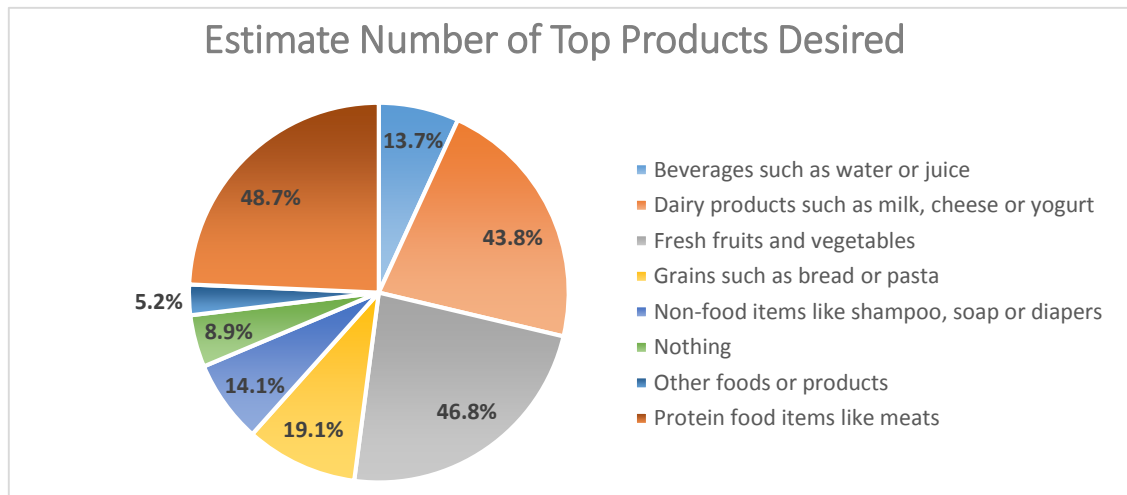


Research from the client focus group concluded that having to pay for medical supplies, bills or transportation impacts the decision of what food people buy and when they buy it. According to the Client Survey 44% of client participants said cost is getting in the way of buying healthier foods. Stigma often points to low-income individuals wanting to purchase unhealthy food items but research points the other way. Among WFAFB clients who participated in the Hunger in America 2014 report, 70% of clients reported purchasing inexpensive, unhealthy food as a coping strategy to hunger³⁶ yet the most desired food were items such as meats, dairy and fresh fruits and vegetables as shown in figure 13.

³⁵ Tibbetts, Mark. Morath, Jessica. "WFAFB Client Survey." February 5, 2015

³⁶ Mills, Greg, Vericker, Tracy, Gearing Maeve E. Mendonca, Sybil. Zedlewski, Sheila. Weinfeld, Nancy. Montaquila, Jill. "Hunger in America 2014 Food Bank Report." pg. 58

Figure 13. Top products desired by clients, but not currently receiving at program³⁷



In certain areas of the WFAFB 12 counties there is limited access to grocery stores. For example there is one grocery store in Clay County where there is an increase in cost among many food items, especially produce, compared to large supermarkets.³⁸ On the East side of Wichita Falls there are a few small grocery stores in the community that may not consistently sell nutritious foods.

Food Deserts

There are a number of food deserts in the food banks 12 county service area. Food deserts are areas that lack access to affordable fruits, vegetables, whole grains, low-fat milk, and other foods that make up the full range of a healthy diet. Living in a food desert area as shown in the maps below may cause food bank clients to have decreased access to healthy foods. Food is a basic human need and becomes an issue when people are not able to get nutritious foods to feed themselves or their families.

³⁷ Mills, Greg, Vericker, Tracy, Gearing Maeve E. Mendonca, Sybil. Zedlewski, Sheila. Weinfeld, Nancy. Montaquila, Jill. "Hunger in America 2014 Food Bank Report." pg. 49

³⁸ Tibbetts, Mark. Morath, Jessica. "Agency Focus Group Minutes." February 5, 2015

Figure 14. Wichita Falls Food Desert Map³⁹

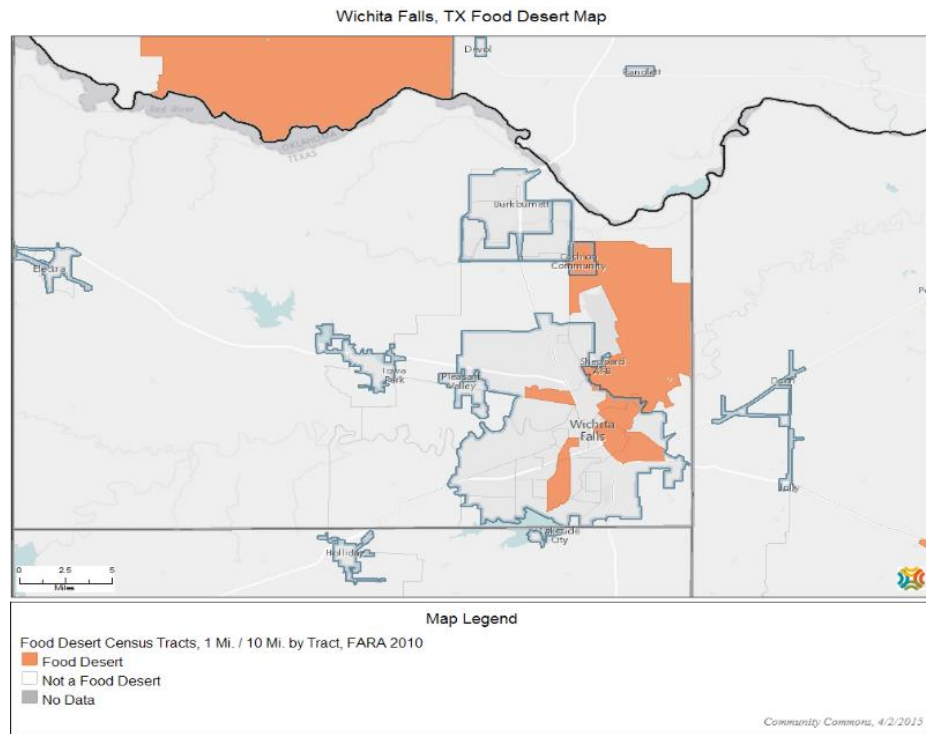
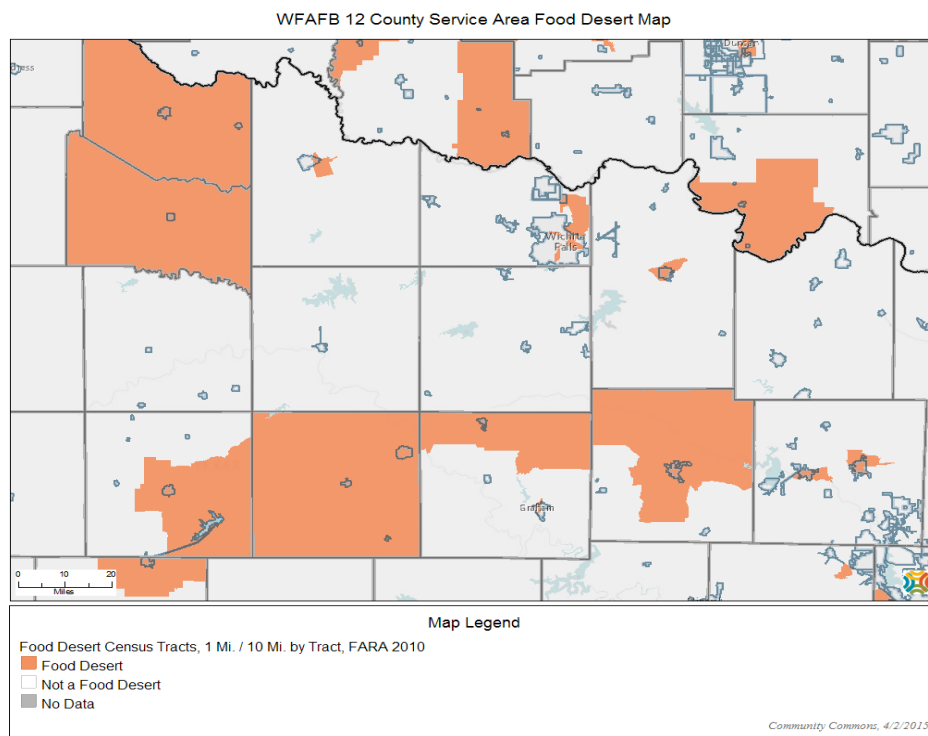


Figure 15. Wichita Falls Area Food Bank 12 County Service Area Food Desert



³⁹ Community Commons." Wichita Falls Food Desert Map. January 1, 2012.

Focus Group Results

Agency Focus Groups

There are many health/nutrition needs currently not being met for food insecure clients as stated by the participants of the agency focus group. During the agency focus group a variety of issues were discussed. Primary concerns included transportation, lack of clean water, lack of financial stability, increased number of clients, culture, and kids requesting extra food before they go home from their after school program.

Participants reported that food pantries have noticed an increase in families coming to receive food during distributions. The Sonshine House in Wichita Falls has noticed an increase of 175 households per month in March of 1999 to 233 households per month in March of 2015.

Participants in the focus group also mentioned that some of the client's going to these food distributions every week have challenges with transportation, a major barrier to addressing health and nutrition related issues. Colonial Church has seen a rise in people coming from the East side by bus to receive services. They get calls frequently for the need of transportation. This issue may prohibit people from having access to nutritious foods.

Client Focus Groups

A variety of issues were brought up in the client focus groups. A main theme mentioned throughout these focus groups was the need for healthy accessible foods to help treat and prevent chronic diseases or illnesses such as diabetes, obesity and high blood pressure. Many clients want to improve their overall health, but face barriers that prevent them from doing so. A variety of nutritious food is provided to clients at food distributions to help meet their immediate food needs. By going to the food pantries, clients are able to use money that would be used for food to

pay bills or other expenses they may have. The food budget is often the most flexible within a family. A person can go without food for a day but cannot go without paying rent without serious, immediate repercussions like eviction. One client stated, “Bringing health care workers to food distributions for vaccinations, taking blood pressure or answering any medical questions would help improve personal health.” This could save a client time and money from having to go to the doctor for small issues. Moving beyond the need for food assistance is also an issue. According to the client participants, some difficulties that perpetuate clients need for food assistance is the cost of living, personal finances, transportation, and healthy eating practices. These client focus groups highlight only a few voices and may not capture the full need of the community at large.

Kids Focus Group

As previously mentioned, seven children participated in the kids focus group at Camp Fire. This focus group gave the kids the opportunity to share their story in the fight against hunger. Most of the kids reported choosing healthy options, but some are unable to eat healthy food on a daily basis. Some of the families buy a mix of healthy and unhealthy foods. Foods that are most available in the household consist of milk, apple sauce, oranges and apples. Three of the seven children participants said, sometimes their parents do not have enough money to buy food when asked if they usually have foods such as fruits, vegetables and milk available to eat in their house. The children want to learn healthy cooking habits and how to make healthier snacks. When children learn healthy eating habits, they can take that knowledge with them into adulthood.

Priority Areas

The participation from the kids at Camp Fire along other agencies and clients helped form our priority areas. These three priority areas are based on the information gathered within this assessment along with the future goals of the WFAFB to help end hunger in their 12 county service area. The three priority areas of the Wichita Falls Area Food Bank are:

- 1) Improving food insecure clients' access to nutritious foods including fruits, vegetables, protein and dairy
- 2) Expanding nutrition education services to have a greater reach in WFAFB's 12 county service area
- 3) Increasing food insecure clients' access to health care services which support prevention and management of diet related chronic disease

The first priority is improving access to nutritious foods that will help people within the food desert areas obtain fresh fruits and vegetables. Many food insecure clients do not have the financial or transportation needs to leave their neighborhood and obtain nutritious foods. A mix between the financial and transportation concerns are challenges some client households have to face on a daily basis. Second, is for the food bank to expand nutrition education services. The WFAFB 12 county service area has elevated chronic disease rates. Supporting adults and children through nutrition education will help to increase knowledge as well as build skills that will aid in preventing and managing these chronic diseases. Within the Client Survey, 18% said they would like to learn how to cook healthier foods.⁴⁰ The final priority is to increase food insecure clients' access to health care services. 40% of participants in the client survey did not

⁴⁰ Tibbetts, Mark. Morath, Jessica. "WFAFB Client Survey."

own a personal vehicle, which creates a challenge for travel to a health care facility. Within the client focus groups some participants mentioned it would be beneficial for a health care worker to come to the food distributions and answer personal health questions or by taking blood pressure.

In Summary

The Wichita Falls Area Food Bank is helping in the fight against hunger and this assessment helped the WFAFB gain a better understand of their clients. The food bank is working to take a more holistic approach when reaching out to those we serve. Distributing only food is no longer a sustainable solution, but by forming new partnerships that offer services related to the food banks client's needs is a priority. Information collected in this assessment has helped provide the food bank a better idea of what programs and partnerships that could be initiated to address the health and nutrition needs of our clients.

There are various programs currently offered through the WFAFB to help fight hunger and provide education. One such program is through the Nutrition Services Department, which offers nutrition education and agency relations to food insecure clients of all ages. Nutrition Services provides direct nutrition education and cooking classes to individuals at schools, after school programs, food pantries and community groups. This program helps clients develop sustainable life skills and promotes better eating habits throughout life. Other programs offered for children are the PowerPak 4 Kids Backpack Program and Kids Cafe. Finally, the WFAFB offers the Senior Brown Bag Program, Senior and WIC Farmers' Market Nutrition Programs and Produce Express. Each program has a positive impact on the community. A primary goal of the

food bank is to build bridges through partnerships to help food insecure clients achieve self-sufficiency and improved health.

Acknowledgements

The Wichita Falls Area Food Bank Community Health Needs Assessment would not have happened without the wide spread support from the community. First, they would like to thank Feeding America, Feeding Texas and the AmeriCorps VISTA Program for helping to bring VISTA volunteers to the food bank. Second, thank you to all the agencies and clients that participated in the surveys and focus groups. Without the client's and agencies voice this CHNA would not have been possible. Finally, a big thank you goes to William Carter who helped facilitate the agency focus group and client focus group at Colonial Church. William Carter is the Nutrition/Chronic Disease Lead program Coordinator at the Wichita Falls-Wichita County Public Health District.

References

Secondary Sources

- "Texas Gazetteer." Maps, Data, Photos for 4,699 Locations. January 1, 2014. Accessed December 31, 2014. <http://texas.hometownlocator.com/>.
- "Community Health Needs Assessment (CHNA). Community Commons. January 1, 2011. Accessed January 22, 2015. <http://assessment.communitycommons.org/CHNA/report.aspx?page=6&id=607>.
- "Databases, Tables & Calculators by Subject." Bureau of Labor Statistics Data. January 23, 2015. Accessed January 23, 2015. <http://data.bls.gov/timeseries/LNS14000000>.
- "Diabetes and High Blood Pressure." WebMD. May 27, 2013. Accessed January 28, 2015. <http://www.webmd.com/hypertension-high-blood-pressure/guide/high-blood-pressure>.
- Shen, MPH, Pauline. "Tippecanoe Community Health Needs Assessment." December 1, 2011. Accessed February 2, 2015. http://www.tippecanoe.in.gov/egov/docs/1333551807_217376.pdf.
- "Community Health Assessments & Health Improvement Plans." Centers for Disease Control and Prevention. February 4, 2014. Accessed February 2, 2015. <http://www.cdc.gov/stltpublichealth/cha/plan.html>
- "Child Population by Age Group | KIDS COUNT Data Center." Child Population by Age Group | KIDS COUNT Data Center. January 1, 2013. Accessed February 9, 2015. <http://datacenter.kidscount.org/data/tables/6422-child-population-by-age->.
- "Child Food Insecurity | KIDS COUNT Data Center." Child Food Insecurity | KIDS COUNT Data Center. January 1, 2013. Accessed February 10, 2015.
- "Childhood Obesity Facts." Centers for Disease Control and Prevention. December 11, 2014. Accessed February 12, 2015.
- "High Blood Pressure." American Diabetes Association. September 24, 2014. Accessed February 12, 2015. <http://www.diabetes.org/are-you-at-risk/lower-your-risk/bloodpressure.html>.
- "Culture." Dictionary.com. January 1, 2005. Accessed February 13, 2015. <http://dictionary.reference.com/browse/culture?s=t>.
- "The Power of Prevention Chronic Disease . . . The Public Health Challenge of the 21st Century." Cdc.gov. January 1, 2009. Accessed February 13, 2015. <http://www.cdc.gov/chronicdisease/pdf/2009-power-of-prevention.pdf>.
- "Measuring Blood Pressure." Centers for Disease Control and Prevention. November 13, 2014. Accessed February 18, 2015. <http://www.cdc.gov/bloodpressure/measure.htm>.
- "What Is Food Insecurity?" TFBN What Is Food Insecurity Comments. January 1, 2015. Accessed March 19, 2015.

"Child Hunger." Feeding America. January 1, 2015. Accessed March 19, 2015.

Centers for Disease Control and Prevention. February 28, 2014. Accessed March 23, 2015.

"High Blood Pressure Facts." Centers for Disease Control and Prevention. February 19, 2015. Accessed March 23, 2015. <http://www.cdc.gov/bloodpressure/facts.htm>.

Centers for Disease Control and Prevention. February 28, 2014. Accessed March 23, 2015. <http://www.cdc.gov/cholesterol/>.

"County Health Rankings & Roadmaps." County Health Rankings & Roadmaps. January 1, 2015. Accessed March 23, 2015. <http://www.countyhealthrankings.org/app/texas/2014/rankings/wichita/county/outcomes/overall/snapshot>.

"Mental Health Basics." Centers for Disease Control and Prevention. October 4, 2013. Accessed March 23, 2015. <http://www.cdc.gov/mentalhealth/basics.htm>.

"Food Insecurity." Child Trends. December 31, 2014. Accessed April 8, 2015. <http://www.childtrends.org/?indicators=food-insecurity>.

Campbell, Elizabeth, Karen Webb, Michelle Ross, Patricia Crawford, Heather Hudson, and Ken Hecht. "Nutrition-Focused Food Banking." [Http://www.iom.edu/~media/Files/Perspectives-Files/2015/FoodBanking.pdf](http://www.iom.edu/~media/Files/Perspectives-Files/2015/FoodBanking.pdf). April 2, 2015. Accessed April 8, 2015. <http://www.iom.edu/~media/Files/Perspectives-Files/2015/FoodBanking.pdf>.

Primary Sources

Mills, Greg, Vericker, Tracy, Gearing Maeve E. Mendonca, Sybil. Zedlewski, Sheila. Weinfeld, Nancy. Montaquila, Jill. "Hunger in America 2014 Food Bank Report." 2014, 1-58.

Tibbetts, Mark. Morath, Jessica. "WFAFB Agency Survey." January 10, 2015

Tibbetts, Mark. Morath, Jessica. "WFAFB Client Survey." February 5, 2015

Tibbetts, Mark. Morath, Jessica. "Agency Focus Group Minutes." February 5, 2015