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A COMMUNITY OUTREACH PROJECT ASSISTING EVERGREEN ELEMENTARY
SCHOOL WITH STUDENTS' NUTRITIONAL NEEDS.

A MASTER'S THESIS SUBMITTED TO THE GRADUATE FACULTY GRADUATE
SCHOOL BETHEL UNIVERSITY

BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTERS OF SCIENCE IN PHYSICIAN ASSISTANT

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ABSTRACT

Nine months out of the year, students within the United States attend elementary school to be educated on English, mathematics, history, and other topics. The Anoka-Hennepin School District's philosophy of an elementary education highlights many important factors for success in school but neglects to highlight nutrition as one of the factors. The purpose of our community outreach project is aimed at reducing the stress of hunger for the students at Evergreen Elementary School (EES) by implementing a food drive. Through the food drive, the project team members were able to collect various donations including food, clothing items, and hygiene products for the children and their families at EES.

The food drive could be improved in future community outreach projects through the ability to extend the amount of time of the drive and have a central hub for a donation bin accessible to students and faculty daily.

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Chapter 1: Introduction

Introduction

Nine months out of the year, students within the United States (U.S.) attend elementary school to be educated on English, mathematics, history, and other topics. According to the Anoka-Hennepin School District website, the district's philosophy of an elementary education involves many factors including providing children a safe environment for learning and the ability to develop a foundation for learning. In all their focus, Anoka-Hennepin County school district does not highlight the importance of nutrition as a key aspect in helping students develop mentally and physically (Anoka-Hennepin School District, 2016). Many of the children attending school are from families below the poverty line, whose families can't afford to meet the nutritional needs of their children (Minnesota Department of Health, 2014). Consequently, students sit through class with empty or sugar filled stomachs that distract them from engaging in an outstanding education.

Academic performance in school is only one area impacted by nutritional deficiency. High-risk students are children who lack adequate daily nutrition. In addition, these high-risk students face an increased risk of developing more physical illnesses, mental illnesses, and emotional distress than their middle-class peers who are not high-risk (McEwen, 2012).

This community outreach project will focus on the issue of poverty by contributing food to the Evergreen Elementary World Culture School's (EES) "Den," an in-school food shelf, to help students and families who lack clothing or nutrition. EES is located in Brooklyn Park, MN, which is a part of the Anoka-Hennepin School District,

and EES has approximately 500 in its student population with large diversity of students. By contributing to the school's food shelf, this project aims to help reduce the stress that hunger brings to the children and their families and allow children to be more successful in their academic performance.

Background

Poverty is a portion of the population who lack resources for their daily needs, and it impacts millions of people each year (McCarty, 2016). McCarty in (2016), "Child Poverty in the United States: A Tale of Devastation and the Promise of Hope", concluded that 15.5 million children (21.1%) under the age of 18 lived in families that were below the poverty line. In Minnesota, 15% of children under the age of 18 lived in poverty in 2014 (Minnesota Department of Health, 2014). The poverty rates in Minnesota vary from county to county. Hennepin county, where EES is located, has one of the highest childhood poverty rates at 18% in Minnesota (Minnesota Department of Health, 2014).

According to Duncan, Magnuson, and Votruba-Drzal (2016), in "Moving Beyond Correlations in Assessing the Consequences of Poverty," children living in poverty-stricken families are more likely to experience a decrease in quality of education. Poverty directly impacts the academic outcomes of children in terms of achievement on standardized tests, years of completed schooling, and the level of degree attained (McCarty, 2016). Young developing children, whose families live under the U.S. poverty line, complete an average of 11.8 years of schooling. Meanwhile, a child whose family makes twice the poverty income completes an average of 14 years. Duncan's et al's (2016) review of multiple studies, showed that children living in poverty display gaps in their academic level in kindergarten, and by the age of 14, these children are one full year

behind their peers. Furthermore, the average earnings of an individual (30-70 years of age) who completed 11.8 years of school was \$17,900; versus an individual with 14 years of school was \$39,700 (Duncan et al., 2016). A child's success in school is strongly associated with other decisions that he or she makes in life such as civic engagement participation, and adult health (McCarty, 2016).

In addition to the effects on education of living under the poverty line, children also have an insufficient diet (McCarty, 2016). The Center for Nutrition Policy and Promotion created the MyPlate checklist, which clearly sets the guidelines for a daily intake of fruits, vegetables, grains, protein, and dairy. The report stated that children between the ages of 4-8 years old should have a target daily calorie range of 1200 to 2000, and children ages 9-13 years old should have a target of 1600 to 3200 calories/day (United States Department of Agriculture, 2016a). Sharma et al. performed a quasi-experimental study (2016), which evaluated first grade students and their families in 2013-2014 who participated in Brighter Bites, a program providing fresh fruits and vegetables to families. As hypothesized, the study concluded that an increase in access to a healthy diet encouraged these families to increase their intake of fruits and vegetables (Sharma et al., 2016). According to the 2015-2020 Dietary Guidelines, a healthy diet will encourage healthier lifestyles all-around, including those which lead to fewer illnesses and more time spent in school being educated (Office of Disease and Prevention and Healthy Promotion, 2015).

Children who grow up in poverty are at an increased risk of developing infectious and chronic diseases due to poor nutrition, lack of health insurance, and lack of health care (Angel & Angel, 2006). These disadvantages begin in infancy, with infants born into

poverty being at increased risk of low birth weight, which is a precursor for physical, cognitive, and emotional problems in the future (McCarty, 2016). Consequences of low birth weight include respiratory distress syndrome, hypoglycemia, jaundice, metabolic disorder, neurological disorders, and growth retardation (Angel & Angel, 2006). Infants born into poverty are at increased risk of infant mortality (McCarty, 2016). Children in poverty are more likely to develop obesity, asthma, and anemia and are less likely to be fully immunized (Angel & Angel, 2006). Children in poverty are also more likely to have vision and hearing impairments (Angel & Angel, 2006). Data indicates that children living in poverty are at a greater risk of experiencing more severe illnesses that have long-term effects (Angel & Angel, 2006).

In addition to the increased risk of developing physical health problems, children in poverty are at an increased risk of developing mental health problems such as attention deficit hyperactivity disorder (ADHD), conduct disorder, mood and anxiety disorders, and oppositional defiant disorder (McCarty, 2016). It has also been shown that children in poverty are more likely to face emotional and behavioral problems that may interfere with their development of social relationships. Emotional problems can have long-term consequences and may result in the development of antisocial behavior (Angel & Angel, 2006).

Problem Statement

In the Minnesota metro area, there are many low-income families whose children are often attending school hungry and face challenges with learning because of this hunger. Teachers and community members who work in low-income areas should be aware that this has been, and will continue to be, an issue. Teachers and community

members need additional assistance to provide necessary resources for these students and families. These resources will attempt to eliminate the physical and cognitive stresses of hunger.

Purpose of the Project

The purpose of this community-outreach project is to reduce the stressor of hunger that high-risk, poverty-stricken students in the Minnesota metro area face, by contributing to their meals. This project also is aimed at preventing future development of health problems among these high-risk students due to inadequate availability of nutritional foods.

Significance of the Problem

Hunger in students at EES has significance on brain development and the susceptibility of acquiring various disease states. Hunger influences learning and increases the risk of medical and emotional health problems. Healthcare providers can identify developmental risk factors of their pediatric patients who live in poverty and educate these patients about available local, state, and federal resources. Educators can work with their high-risk students and families to provide resources to help alleviate stressors on the student's brain development and performance in the classroom. Providers and educators should apply the knowledge gained from the findings of the project to the demographic of patients and students for the community in which they work.

Discussion of the Needs Assessment

EES is a community school that provides a food pantry, the Den, to its students and their families. The goal of the Den is to help relieve the burden of hunger for their students and their families (S. Ferber, personal communication, January 6, 2017). 7.1% of

Anoka County residents lived at or below 100% poverty from 2008-2012, which was \$23,050 for a family of four (Anoka County Community Health and Environmental Services, 2015). The Den not only provides a variety of food items for students to take home, but also toiletries, household items, and winter outerwear. Students and families have access to the Den during school days, where they are able to fill a box or bag with items. Approximately 15 families utilize the Den each month, with five of these families regularly utilizing the services monthly (S. Ferber, personal communication, January 6, 2017). EES has recently added community gardens that provide fresh produce, which is used to make meals for the students in the fall. Additionally, EES has partnered with a non-profit agency called Community Emergency Assistance Programs (CEAP) to provide fresh produce, meats, and dairy products to the students' families. EES is able to provide free breakfast to all students and free/reduced lunch to about 85% of the school's population (S. Ferber, personal communication, January 6, 2017). EES has the highest percentage qualified for free/reduced lunch in the Anoka-Hennepin School District (Anoka-Hennepin School District, 2016).

Definition of Terms

Listed below are the terms the community outreach project has chosen to define.

Den: EES's in-school food shelf.

Doubled-up: Two families, more than two adults and three children, who occupy one apartment illegally per Minnesota apartment laws (Saint Paul Minnesota, 2016).

High-risk: A person who lacks adequate daily nutrition and has an increased susceptibility of developing physical illness, mental illness, and emotional distress than their middle-class peers.

Poverty: “The proportion of the population for whom the resources they share with others in their household are not enough to meet their basic needs” (McCarty, 2016, p. 624).

Provider: A person working in healthcare including physician (MD and DO), physician assistant (PA), nurse practitioner (NP), registered nurse (RN).

Resources: Items recommended by the social worker from EES including specific nutritional and cultural food, school supplies, and toiletries.

Stressor: According to “Moving Beyond Correlations in Assessing the Consequences of Poverty,” a stressor is any environmental factor in a low-income family that creates physiological or emotional stress that can decrease the socioemotional and physical well being, cognitive growth, and academic development of a child (McCarty, 2016).

Students: Children between the ages of 4-11 years old in Kindergarten through 5th grade. This community project will be focusing on students that attend EES in Anoka, Minnesota.

Summary

Poverty, decreased education, and lack of nutrition are linked in preventing the young students to succeed to their fullest in school. This community outreach project will move to improve the students’ access to nutritional foods and will take away some of the burden of the grocery bills for these families of poverty in the EES community.

This project will encourage providers to educate their patients on ways to improve nutrition and access discounts and food drives. Introducing patients in poverty to free-clinics and other resources will help save costs, allowing more money to be contributed to a nutritional diet or for extra-curricular activities encouraging students to continue their education.

CHAPTER 2: LITERATURE REVIEW

Introduction

Research has supported that children growing up in poverty face a variety of disadvantages that impact all areas of their lives. This literature review focuses on adequate nutrition, establishing the poverty line, and poverty's impact on education, physical health, and mental health. High-risk children face many physical and mental health disadvantages that can interfere with their cognitive development and ability to learn (McCarty, 2016). Poverty is a major social predictor of child health that has a prolonged impact on the educational level attained, income, and health in adulthood (McCarty, 2016).

Adequate Nutrition

According to the Dietary Guidelines 2015-2020, a healthy eating habit with nutrition and physical activity will improve the health of every child (Office of Disease, Prevention, and Healthy Promotion, 2015). The New Dietary Guidelines were created to allow health professionals to assist individuals, two years old and older, in consuming a nutritionally adequate diet (Office of Disease Prevention and Healthy Promotion, 2015). United States Department of Agriculture (USDA) established checklists on the MyPlate website. These checklists are organized by ages and a calorie level, which is based on a person's height, weight, sex, and physical activity level (USDA, 2016b).

The MyPlate checklists established by the USDA are based on five categories of food and beverage, which include: fruits, vegetables, grains, protein, and dairy. Fruits are primarily described as fresh, whole fruits, but also include frozen, canned, or dried fruit (USDA, 2016a). Vegetables are defined as fresh, frozen, or canned, and should be

various colors such as dark green, red, and orange. Grains, specifically whole grains, are identified on the ingredient list of food products such as breads and cereal (USDA, 2016a). Protein is defined as a consumption of a variety of foods such as seafood, beans, nuts, soy products, eggs, and lean meats and poultry. Dairy is categorized as low-fat or fat-free milk or yogurt, including soy products such as soymilk (USDA, 2016a).

According to the USDA (2016a), a child between the ages of four to eight years old on a calorie level of 1200 calories is recommended to incorporate the five above categories in their daily diet in very specific quantities. The recommended quantity for fruit is one cup, which is defined as one cup of raw or cooked fruit, $\frac{1}{2}$ cup of dried fruit, or one cup of 100% fruit juice. The recommended quantity of vegetables is $1\frac{1}{2}$ cup, which is equivalent to $1\frac{1}{2}$ cups of raw or cooked vegetables, two cups of leafy salad greens, or one cup of 100% vegetable juice. The recommended amount of grains is four ounces, which is equal to four slices of whole grain bread, four ounces of ready-to-eat cereal, or two cups of cooked rice, pasta, or cereal. The recommended amount of protein is three ounces, which is described as three ounces of lean meat, poultry, or seafood; three eggs, three tablespoons of peanut butter, $\frac{3}{4}$ cup of cooked beans, or $1\frac{1}{2}$ cups of nuts or seeds. Lastly, the recommended amount of dairy is $2\frac{1}{2}$ cups, which is quantified as $2\frac{1}{2}$ cups of milk, yogurt, or fortified soy beverage, 3.75 ounces of natural cheese, or five ounces of processed cheese. A child with the above criteria is also recommended to limit their sodium intake per day to 1900 milligrams (mg), saturated fat intake per day to 13 grams, and “added sugars” intake per day to 30 grams. “Added sugars” is defined by the USDA as “sugars and syrups that are added to foods or beverages when they are processed or prepared” but excludes sugars, which are naturally present in foods such as

fruits or milk (USDA, 2016c, para. 1).

According to the USDA (2016b), a child between the ages of nine to thirteen on a calorie level of 2000 calories is recommended to incorporate these same five categories in their daily diet but at a different quantity than the above age group. The recommended quantity of fruit is two cups. The recommended quantity of vegetables is 2½ cups, which is two cups of raw or cooked vegetables, five cups of leafy salad greens, or 2½ cups of 100% vegetable juice. The recommended amount of grains is six ounces, which is described as six slices of whole grain bread, six ounces of ready-to-eat cereal, or three cups of rice, pasta, or cereal. The recommended amount of protein is 5.5 ounces, which is equivalent to 5.5 ounces of lean meat, poultry, or seafood, five eggs, 5.5 tablespoons of peanut butter, 1⅜ cups of cooked beans, or 2¾ cups of nuts or seeds. Lastly, the recommended amount of dairy is three cups, which is defined as three cups of milk, yogurt, or fortified soy beverage, 4.5 ounces of natural cheese, or six ounces of processed cheese. A child in this age group is recommended to limit the sodium intake to 220 mg per day, saturated fat to 22 grams per day, and added sugars to 50 grams per day.

Maintaining a healthy eating pattern throughout life will promote health and a healthy body weight (DeSalvo, 2016). The new 2015-2020 Dietary Guidelines promotes following the five guidelines to help maintain this eating pattern: “follow a healthy eating pattern across the lifespan; focus on variety, nutrient density, and amount; shift to healthier food and beverage choices; and support healthy eating patterns for all” (Office of Disease and Prevention and Healthy Promotion, 2015, figure ES-1). These dietary guidelines can assist health professionals, parents, and teachers in providing accessible and inexpensive ways to encourage healthy habits at home, school, work, and in the

community (DeSalvo, 2016).

The Poverty Line

Approximately 15.5 million children, in 2014, lived in poverty (Duncan et al., 2016). Children under 18 years old are more likely to live in poverty than any other age group (Angel & Angel, 2006). Poverty not only currently affects millions of the population but also has increased from 14% to 22% since the 1960's (Duncan et al., 2016). In the past 40 years, income inequality has grown substantially and is now back to levels that would be comparable to those during the Great Depression (McCarty, 2016). A study showed that children living in poverty in the U.S. have a more difficult time rising from poverty than children in other developed countries (McCarty, 2016). The rate of social mobility, the movement from one social class to another, in the U.S. has not changed since 1971 (McCarty, 2016).

According to the U.S. Census Bureau, the poverty threshold for a household of three, two parents and one child, is \$18,871. The poverty threshold for a household of four, two parents and two children, is \$24,257. The poverty threshold for a household of five, two parents and three children, is \$28,741. The poverty threshold for a household of six, two parents and four children, is \$32,542 (Duncan et al., 2016).

Most children will experience poverty for a limited amount of their childhood, but approximately 10% will live in persistent poverty throughout their childhood (Duncan et al., 2016). Children under the age of five encounter higher poverty rates (24%) than older children age 16-17 (18%) (McCarty, 2016). Furthermore, younger and colored children face higher rates of poverty (Duncan, 2016). Children of color experience poverty at almost 2.5 times the rate of white children (Duncan, 2016). A large portion of African

American and Hispanic children spend a portion of their childhood in poor, single-parent households (Angel & Angel, 2006). These minority groups face an increased risk of compromised health due to poverty and their minority group status (Angel & Angel, 2006). According to McCarty (2016), there are 5.7 million Hispanic children living in poverty, 4.9 million non-Hispanic white children in poverty, and 3.9 million African American children living in poverty in the U.S. In all ethnic groups, the highest percentage of children living in poverty is between the ages of zero to five (McCarty, 2016).

Education Impact

Children who live in poverty obtain lower educational scores than average (Duncan et al., 2016). Poverty is “a lack of economic resources” and “social exclusion” (Duncan et al., 2016, p. 2). Data supports a correlation between economically disadvantaged children and lower scores in both mathematics and reading skills compared to their classmates who do not live in poverty. Duncan et al. (2016) stated,

Moreover, when compared with individuals whose families had incomes of at least twice the poverty line during their early childhood, adults who were poor as children completed two fewer years of schooling, earned less than half as much, worked far fewer hours per year, received more food stamps, and were nearly three times likely to report health issues (p. 3).

Children who are raised in economically disadvantaged households face more daily stressors, and these stressors decrease the child’s academic development (Duncan et al., 2016).

Interventional financial programs or funding have shown inconsistent results in

raising economically disadvantaged children's test scores and total years of education. The findings from the U.S. Negative Income Tax Experiments, as cited in Duncan et al., (2016) showed a positive correlation between increased parental income with better outcomes in their children's educational achievement and completion level. The results of education achievement versus completion varied with age and parent's income. The findings indicated that parental income is more influential in the academic achievement of children than adolescents, while parental income has a larger role in young adults' years of education completion than children (Duncan et al., 2016).

More evidence from experimental welfare reform evaluations in the 1990s, which were used to provide parental employment incentive for poor, working parents via wage supplements, showed the impact of family income on education outcomes (Duncan et al., 2016). Welfare and anti-poverty programs (which increased the parent's income) showed a significant rise in the children's (between the ages of four to seven) achievement scores versus the unsupplemented children. Data on these children whose family received supplemental income displayed that an annual increase of \$3,500 showed an increase in education achievement scores of about one fifth of a standard deviation (Duncan et al., 2016). Furthermore, this study suggested that older ages of children (12 and 13 years old) appeared to have a decline in test scores after the implementation of the program. These puzzling results were attributed to factors, such as pressure from parents to take on younger child care, and therefore forcing the teens to take on responsibilities that interfered with their education (Duncan et al., 2016).

Two quasi-experiments, Duncan et al. (2016), have focused on the effects of tax credit expansions and a third experiment reviewed the effects of casino disbursements.

Both the tax credits and casino disbursement experiments focused on the impact of income on educational achievement and attendance in low income families. An increased tax income correlated with an increase in test scores among middle school aged children in low-income families. In the third experiment, after the opening of a casino, an additional \$6000 was given annually to each adult within a tribe in North Carolina. The results suggested that after six years of providing an additional \$6000 to each family, both high school graduation rates and attendance increased (Duncan et al., 2016). Summarizing the data, the middle school aged children's test scores increased with an increase in income, while high school students' test scores were not affected, but their attendance and graduation from high school increased (Duncan et al., 2016).

Furthermore, poverty and its impact on education affect the future of the child's family. According to Mihai, Titan, & Manea (2015),

...for the vast majority of children born in poverty, the chance of success in education is lower, therefore results a higher probability of failure of education.

Following this failure, their chances of success as an adult are limited, which can make us think of social exclusion (para. 1).

Growing up in poverty can determine whether a child will have the opportunity to obtain a college degree (Mihai et al., 2015). A post-education degree can greatly affect a secure economic future versus a continued life in poverty. Families struggling in poverty may not be able to forfeit the money earned from older children attending school versus working, and much less, be able to afford a college education (Mihai et al., 2015). The inability for children to complete a high school education or obtain a college degree hinders their future job prospects, decreases their financial income, and limits the

education opportunities for their future children. “Moreover, dropout because of poverty leads to the perpetuation of child poverty” (Mihai et al., 2015, para. 6).

Physical Health Impacts

Children who grow up in families living in poverty face an increased risk of developing infections, such as human immunodeficiency virus (HIV), poisoning from environmental pollutants, and other chronic diseases, such as type 2 diabetes (Angel & Angel, 2006). High-risk children encounter elevated risks from lead poisoning and other environmental pollutants after the first year of life. This is because families in poverty often live in old homes that do not meet the current building codes (Angel & Angel, 2006). The children are then exposed to the lead-based paint in the house and the lead in the plumbing (Angel & Angel, 2006). Other common causes of lead poisoning include polluted air, water, and soil (Mayo Clinic Staff, 2014). Exposure to toxic environmental pollutants, such as lead, can result in damage to the central nervous system, which in turn leads to neurological problems, including impaired hearing and poor motor coordination (Angel & Angel, 2006). Symptoms of lead poisoning usually do not occur until dangerously high levels of lead are detected in the blood. Symptoms in children can include developmental delays, difficulties in school, agitation, anorexia, weight loss, fatigue and malaise, abdominal pain, vomiting, and constipation (Mayo Clinic Staff, 2014).

High-risk children are more prone to acquire infectious diseases than their middle-class peers because they are less likely to be fully vaccinated against diseases including measles and rubella (Angel & Angel, 2006). Acquired immunodeficiency syndrome (AIDS) disproportionately victimizes children in poverty. “In 2001, African

American and Hispanic children comprised approximately one fourth of the population younger than age 15 years but accounted for more than three fourths of pediatric AIDS cases” (Angel & Angel, 2006, p. 159). This study also found AIDS to be among the leading causes of death for minority children (African Americans and Hispanics) between the ages of one and four (Angel & Angel, 2006).

Type 2 diabetes is a chronic condition that high-risk children face an increased risk of developing (Diabetes in Control, 2010). Individuals living in regions of high poverty have less access to fresh foods. These regions are commonly referred to as “food deserts” (Levine, 2011, para. 5). The lack of inadequate nutrition has led to increased levels of obesity among people living in poverty (Levine, 2011). According to Levine (2011), counties in the U.S. with the highest rates of poverty also have the highest rates of type 2 diabetes. Studies have shown that annual income below \$15,000 has twice the risk of being diagnosed with type 2 diabetes in men (Diabetes in Control, 2010). People living in poverty are not only more likely to develop this disease, but they are also more likely to develop the serious complications of poorly controlled type 2 diabetes, such as amputations, blindness, and cardiovascular disease (Diabetes in Control, 2010). The National Population Health Survey (NPHS) found that living in poverty at any time increased the likelihood of acquiring type 2 diabetes by 26% (Diabetes in Control, 2010). Although sedentary lifestyle, obesity, and other medical conditions still increase the risk for developing type 2 diabetes, studies show health-care professionals should be more attentive to socioeconomic status that leads to type 2 diabetes (Diabetes in Control, 2010).

Living in poverty contributes to the likelihood of obtaining type 2 diabetes in a

variety of ways. These families face a substantial number of barriers that need to be overcome in order to control their diabetes (Diabetes in Control, 2010). The chronic stress of inadequate housing and finances adversely affects health by raising cortisol levels. When the body is under stress it excretes the hormone cortisol. Cortisol is released to help the body deal with stress, but it also raises blood sugar levels and blood pressure (Diabetes in Control, 2010). Inadequate access to fresh, nutritious foods and physical exercise programs is also difficult for high-risk children living in poverty. Both healthy eating habits and regular exercise are important in regulating stress, managing weight, and consequently preventing type 2 diabetes (Diabetes in Control, 2010). The high costs of medical equipment and lack of health insurance prevents people living in poverty from being able to adequately manage type 2 diabetes. Many patients are forced to decide between buying groceries that help control their type 2 diabetes or paying their rent (Diabetes in Control, 2010).

Mental Health Impacts

The brain is the central organ of adaptation and stress including the stress of hunger (McEwen, 2012). Children raised in poverty face an increased risk of developing mental, emotional, and behavioral problems (Angel & Angel, 2006). According to McEwen (2012), “the chronic stress burden protects the body in the short turn and promotes adaptation, but in the long run, the burden of chronic stress causes changes in the brain and body that can lead to diseases” (p. 1). As cited in Angel & Angel (2006), the emotional and behavioral situations these high-risk children face, such as their minority group status, are serious enough to interfere with normal development of social functioning. Persistent childhood poverty has resulted in increasing levels of antisocial

behavior when compared to children from middle-class families or families that are episodically poor (Angel & Angel, 2006).

Mental health problems are more prevalent and the impacts are more extensive than physical health conditions (McCarty, 2016). Children living in poverty are at increased risk of developing the following mental health conditions: ADHD, oppositional defiant disorder, conduct disorder, and mood and anxiety disorders (McCarty, 2016). More specifically, depression is predominant in high-risk children who have had stressful early-life experiences such as low socioeconomic status, physical abuse, or emotional abuse (McEwen, 2012).

Additionally, the majority of high-risk children with mental health problems are not receiving mental health services (Angel & Angel, 2006). If these children receive any services at all, it is from a primary care provider, not a mental health provider due to inability to access additional resources (Angel & Angel, 2006). It is crucial that children receive adequate care for their mental health disorders because these disorders can restrict children's social competence and learning opportunities (McCarty, 2016). According to McEwen (2012), the goal for further research is to improve a child's well being by providing for an appreciation of health, positive effect of this health, self-efficacy, and self-esteem through a nurturing family environment.

Children who live in poverty are at a higher risk for behavioral problems (Duncan et al., 2016). Males who grew up in poverty were twice as likely to be arrested compared to those who grew up in an income double the poverty line (Duncan et al., 2016). Females under the age of 21 years old were at five times the risk to become pregnant out of marriage (Duncan et al., 2016). Approximately 7.8% of parents of children in poverty

stated their child struggled with emotional, mental, or behavioral issues, while only 4.6% of non-poor parents stated their child struggled with these same issues (Duncan et al., 2016). According to Duncan et al. (2016), there is a significant correlation between high-risk children negatively acting-out. Furthermore, these negative behaviors increased the likelihood of arrests, pregnancies, and other consequential behaviors that have correlated with children in poverty (Duncan et al., 2016).

In addition, the child's relationship with his or her parents impacts a child's mental health. With the added burden of parental financial difficulties, many times "high levels of psychological distress, including depressive and hostile feeling," can create an environment difficult for the well being of a child's mental health (Duncan et al., 2016, para. 13). The stress upon the parents can lead to harsher, disconnected, and less caring relationships with their child (Duncan et al., 2016). The mental stress from difficult family relationships can further lead to decreased performance in school and negatively affects the child's development (Duncan et al., 2016).

Summary

Children under the age of 18 make up the largest portion of the population living in poverty (McCarty, 2016). Children who grow up in families living in poverty face many additional stressors that negatively impact their lives such as poor nutrition leading to chronic illnesses and lack of focus on their education. Poverty negatively impacts children's physical health, mental health, nutrition, and level of educational attainment. Chapter 3 will discuss the methods to aid in providing the necessary resources for the students at EES to assist with the relief of the physical and cognitive stressors of hunger.

CHAPTER 3: METHODOLOGY

Introduction

The purpose of our community outreach project is aimed at reducing the stress of hunger for the students at Evergreen Elementary School (EES) by implementing a food drive. In addition, the food drive will aid in preventing the development of health problems among students with inadequate available nutrition. This project can also encourage teachers and providers working with high-risk children to take a more proactive approach in helping meet their nutritional needs.

Rationale for Project

Description of school. Upon discussion with EES's social worker, the project team members discovered that 50% of their approximately 500 students have English as their second language (ESL), meaning they were born speaking a language other than English (S. Ferber, personal communication, January 6, 2017). ESL students are expected to meet the same educational standards as their peers who were born speaking English after their first year of school in the United States. These educational requirements are an ambitious standard that teachers at the school are under pressure to meet, which results in a high turnover rate of teachers each year at the school. This past year, 40% of the EES teachers and staff left their employment with the school (S. Ferber, personal communication, January 6, 2017).

Before being able to meet the educational demands of the students, the teachers must first build a trusting relationship with each student. Many of the students at EES have not grown up in stable homes (S. Ferber, personal communication, January 6, 2017). Many of the students' families have moved multiple times or are doubled up, two

families living in one apartment so the total occupants is greater than two adults and three children (Saint Paul Minnesota, 2016). Many of the students and their families will move in and out of EES throughout the year due to housing issues. The continuous change in students' lives makes the time teachers spend building relationships with the students crucial to a successful education (S. Ferber, personal communication, January 6, 2017).

School's efforts to combat hunger. When EES switched to a community school four years ago, they added a food pantry at their school, called The Den, to be able to help relieve the burden of hunger for their students and families (S. Ferber, personal communication, January 6, 2017). From 2008-2012, 7.1% of Anoka County residents lived at or below the poverty line, which was \$23,050 for a family of four (Anoka County Community Health and Environmental Services, 2015). The Den provides not only a variety of food items available for students to take home, but also toiletries, household items, and winter outerwear (S. Ferber, personal communication, January 6, 2017). The Den is open during the school days for students and parents to receive a bag, box, or backpack of food and/or other items to care for and clothe their families. The Den is being utilized by approximately 15 families each month, and five of these families regularly utilize the services that the Den provides each month (S. Ferber, personal communication, January 6, 2017).

The Den provides almost any boxed or canned food item found in the grocery store. Over the past four years, the social workers at the school have been able to discover which items are most preferred by the students' families. These popular items include: macaroni and cheese, canned corn, cereal, chicken noodle soup, canned fruits, spaghetti noodles, instant mashed potatoes, ramen noodles, canned meat, SpaghettiO's®, rice,

granola bars, crackers, taco shells, and special treats such as cake, brownie, and muffin mixes (S. Ferber, personal communication, January 6, 2017). Over the past four years, the social workers have determined which food items are less likely to be utilized by families. These include tomato soup, canned cranberries and canned pumpkin pie. The Den provides household items including: dish soap, laundry detergent pods, toothbrushes, soap, toothpaste, toilet paper, shampoo, conditioner, facial tissue, and paper towels. EES decided to expand their food shelf to include these household items because food stamps don't cover all of the items (S. Ferber, personal communication, January 6, 2017).

During the winter, EES provides coats, hats, mittens, snow pants, and winter boots to their students who need them. EES requires students to wear these items for recess during the winter, so the school's social workers felt the school should try to provide these winter clothing items to their students. The students are encouraged to return the items when they outgrow them, so they can be washed and reused (S. Ferber, personal communication, January 6, 2017). Many of the students do not have these items of clothing because they live in apartments nearby and do not have a lot of outside play space at home. The students' families typically do not have the extra finances to buy all of these winter items. Approximately 50% of EES students and their families have recently immigrated to the U.S. from Liberia and several Eastern Asian countries and don't have any knowledge of Minnesota winter weather such as 7-8 months of cold weather under 60 degrees Fahrenheit (S. Ferber, personal communication, January 6, 2017).

EES has been able to expand their efforts to alleviate hunger for their students by starting a community garden at their school. A variety of vegetables are grown including

corn, potatoes, onions, and tomatoes. The garden is cared for during the summer, and the produce grown is used to make nutritious meals for the students in the fall. Through their school lunch program, any surplus produce the garden supplies is available for families to take home as needed. The social workers and the assistant principal at EES plant, care for, and harvest the produce during the school year and summer. Currently, four gardens are in place at EES, and four more are going to be added this coming spring (S. Ferber, personal communication, January 6, 2017).

EES has been able to partner with a non-profit agency in their area called Community Emergency Assistance Programs (CEAP). CEAP provides fresh produce, meats, and dairy products to school families in need. Once a month CEAP brings these foods to EES, and families are able to take these fresh foods home. The only requirement is that the families must have a student that attends EES. Each family receives one bag to fill per child in the family (S. Ferber, personal communication, January 6, 2017).

Currently, EES is able to provide free breakfast to all of the students. Social workers at EES informed us that at least 300 students consistently utilize the free breakfast daily. EES also offers free/reduced lunch to about 85% of the school's population (S. Ferber, personal communication, January 6, 2017). Most schools in the Anoka-Hennepin School District have less than 25% who utilize the free/reduced lunch program, therefore EES has the highest percentage of students who qualified for free/reduced lunch (Anoka-Hennepin School District, 2016).

Population

The approximate demographics of students at EES consists of: 9% white, 30% Latino, 30% from various Asian countries, and 30% Liberian. There are approximately

450 children in Kindergarten through 5th grade, and approximately 50 additional children in Pre-Kindergarten. Brooklyn Center is located in Anoka County and has a population of 30,000, and EES is in one of the four Brooklyn Center districts. Because of the large population within Brooklyn Center and the district divisions, children may have to transfer schools even if the family moves only a short distance. Moving between homes creates a large volume of children transferring into or out of EES each year. These children face many life changes: new housing, new school, new classmates, and new teachers (S. Ferber, personal communication, January 6, 2017).

Project Plan and Implementation

The first step to initiating this project was to find a school or community to collaborate with who lack resources. The project was discussed with the research coordinator, who advised us to reach out to the director of the Education Program at Bethel University. The director made a connection with EES's principal and social worker who were interested in working with this community outreach project's team. The plan was discussed with the social worker via email, and then a meeting was set up with her. During the meeting, the social worker described the needs of the school and provided a list of donation options that the students and their families needed (S. Ferber, personal communication, January 6, 2017). The social worker included the recommendation for donations through Walmart and Cub gift cards, and other money donations so that when certain supplies are low the social worker can purchase these items for the Den (S. Ferber, personal communication, January 6, 2017).

Permission was gained from the EES's social worker to work with the school (See Appendix A). Then, permission from Bethel University was obtained to use the main

campus and the Anderson Center for sites to promote the donation drive and collect the donations (See Appendix B). Bethel University's Biokinetics pre-PA club on the undergraduate campus was interested in working on the community service project (See Appendix C). Communication was established by contacting the faculty advisor of the club, who then discussed it with the club's members. The student President of the Biokinetics pre-PA club then was contacted and offered the club's help in donation solicitation.

Next, a date was established from April 2nd -18th, 2017, and promotional efforts, such as posters and email announcements, were created for the donation drive to provide information about the EES's community's needs and to encourage Bethel University's community to donate (See Appendix D and E). Posters and email announcements included the most common wanted food and household items as well as the need for full size toiletries such as shampoo and conditioner. The Biokinetics pre-PA club has taken on the tasks of securing a food drive location at Brushaber Commons on the Bethel University's main campus. They reserved a table to collect donations from 11 a.m. to 4 p.m. on April 3, 4, 7, 10, 11, 13, and 18 of 2017 and had members of the club tend to the table during these hours. The Biokinetics pre-PA club hung up flyers to advertise the food drive on the main campus and stored all donations until the end of the food drive. The project team members advocated for the EES's needs by communicating with their own families and personal communities to donate as well.

After securing a location and peers to help with the donation drive, the Biokinetics pre-PA club reserved table spaces at Bethel University's main campuses and the project team members set up a collection site at Bethel University's Anderson Center

to collect donations. Posters were posted and informational emails were sent out via the Bethel University's Announcement's moodle site. Then the donation drive collected for two weeks in early April.

At the conclusion of the two weeks, the donation bins were collected and sorted in order to exclude any expired foods. The donations were delivered to the Den at the EES. Lastly, the project team members assisted the social worker with organizing all the donations to make the Den easily accessible to all the students and their families at EES.

Project Tools

The project team members promoted the donation drives through posters, Bethel University email announcements, and word of mouth. The posters were displayed at the Bethel University's main campus and Anderson Center. Bethel University email announcements were sent out every Monday, Wednesday, and Friday. The announcements were placed in both CAS and CAPS/GS email announcements for two weeks prior to the event as well as throughout the entire drive. Lastly, the project team members personally communicated the food drive information to the PA class, their families, and the Bethel University's Biokinetics pre-PA club who helped run the tables at the main campus for collections.

With assistance from Leighton Broadcasting, the donation drive was able to also provide an incentive. For every five items donated, participants were able to write their name and email down to be entered into a drawing for two Minnesota Twins tickets to the May 17th game in Minneapolis (See Appendix F). At the end of the drive, the name slips were collected from all two sites and one name will be drawn. The winner was contacted and then presented with the two tickets.

Barriers to the project plan

Barriers to the project included: the collection of expired food or damaged goods, not receiving adequate donated foods or items, and the inability to receive permission or access to perform the drive. In the collecting of food, a possible problem exists that the donors were unaware of the expiration date of the food they donated. A potential was the toiletry items and winter clothing to be unusable or damaged. Any expired foods or poor quality clothing items were removed from the donations delivered to EES. Inadequate amount of donations could have potentially stemmed from inadequate advertising, potential miscommunications on the donation dates or donation items, Bethel University's students not having the funds or items to donate, or possibly another drive occurring within the same time frame. The project's plan was to make the donation dates and products well advertised. Direct communication with the Biokinetics pre-PA club and Bethel University's administration occurred to explain the specifics of the plan and desired outcome of the drive.

Lastly, receiving permission to contact the Bethel University's students and faculty to implement the drive was a potential barrier to the entire project. Without access to advertise on Bethel University's campus and set up a date for donation collection, the donation drive would not have been able to occur at Bethel University. Permission was received so both Bethel University's main campus and the Anderson Center were informed about the project's background, donation options, and the proposed dates of donation collection. The three barriers were anticipated in the project implementation, and plans have been outlined to address the barriers.

Summary

To address the poverty among the children at EES, the project team members implemented a drive at Bethel University's main campus and the Anderson Center. The children at EES face stressors such as English as a second language, inconsistent housing due to financial difficulties in the family, inadequate nutrition, and difficulties obtaining hygiene items and winter clothing. The project team members planned to implement a drive for food, hygiene items, and winter clothing to help alleviate the stress of hunger, provide basic hygiene items and help ensure the children have winter appropriate clothing. Through posters, communication with the pre-PA club, and setting up a donation date at Bethel University's campuses the project team members planned to assist in not only alleviating these deficits, but also creating awareness. Potential barriers to the project included the inability to receive access to Bethel University (including the Anderson Center), expired foods, damaged hygiene items, unusable winter clothing, or inadequate donations. The project team members planned to take the necessary steps to obtain permission for the drive and communicated the project's outcome goals to the donors.

CHAPTER 4: DISCUSSION

Introduction

This community outreach project served to assist EES's Den to provide more meals and hygiene products to their student community. Within this chapter is the discussion of the community outreach project's outcomes. The summary of the results will be discussed to evaluate the amount of donations. The limitations of the community outreach project will be acknowledged. Then, the future projects will address the plans to organize another food drive and how to overcome the limitations discussed.

Summary of Results

In the Minnesota metro area, many low-income families cannot afford adequate daily nutritional support to their children so often these children attend school hungry and face challenges with learning because of this lack of food. The teachers and community members who work with these low-income families should be aware that hunger will continue to be an issue. Teachers and community members need additional assistance to provide the necessary resources for these students and their families. These resources will attempt to eliminate the many physical and cognitive stresses of hunger.

This project was necessary because in Minnesota, 15% of children under the age of 18 lived in poverty in 2014 (Minnesota Department of Health, 2014). Many of these children are sitting in class with empty or sugar filled stomachs, which distracts them from engaging in their educations. EES is located in Hennepin County, which has one of the highest childhood poverty rates at 18% in Minnesota (Minnesota Department of Health, 2014). EES is a world culture school that caters to a diverse population of students, including many minority groups and many ESL students (S. Ferber, personal

communication, January 6, 2017).

The community outreach project was implemented by first establishing a school in need of food and other supplies for which a food drive would provide resources. Next, the project team members collaborated with EES to discuss their needs and obtain permission to donate to the Den. Then, the project team members obtained permission from both Bethel University's main campus and Anderson center to hold a food drive on these two campuses. After confirming written permission with both Bethel University and EES, the project team members collaborated with Bethel University's Biokinetics Pre-PA club to help promote and run the food drive at the main campus. The project team members next set a date for the food drive, and created promotional tools such as posters and email announcements and an incentive of a drawing for two Minnesota Twins tickets to encourage participation in the food drive. The project team members held the food drive for 16 days at both Bethel University's main campus and Anderson center. The donations were then picked up and organized to ensure that all expired items were eliminated prior to delivering the donations to EES. Lastly, the project team members delivered all the donations to EES before the school ended so all students had access to the Den prior to summer vacation.

The team members organized and counted the donation items. Table 1 below displays the number of each food, hygiene, or winter item donated to EES. The table excludes any expired or damaged items received.

Limitations

The project team encountered several limitations while carrying out the food drive. One limitation was that the Bethel University's Biokinetics Pre-PA club was

Table 1

EES Donation Results

Donations Collected	Number of Items
Breakfast Items	5
Cake Mixes	13
Canned Fruit	5
Canned Meat	9
Canned Soup	21
Canned Other	7
Canned Vegetables	51
Condiments	4
Frosting Containers	5
Hygiene/Toiletry Items	23
Iced Tea Bags	24
Noodles/Pasta/Rice Containers	58
Peanut Butter Jars	3
Snacks	19
Winter Clothing Items	7

unable to gain permission to place the collecting bins in Brushbar Commons on the main campus everyday. Bethel University's main campus also restricted the time that the collecting bins could be displayed by allowing the collecting bins to be displayed from 11 a.m. to 4 p.m. on April 3rd, 4th, 7th, 10th, 11th, 13th, and 18th of 2017. These restrictions made the food drive less accessible to the undergraduate students and created confusion among the undergraduate students about where they could drop off donations. Another

limitation to the food drive was that the project team had to discard five donations because they were expired. A third limitation was that the project team was unable to expand the food drive to include the University of Northwestern St. Paul's (UNWSP) campus. The project team had been communicating with the UNWSP's Tri-Beta Biology club about a possible collaboration. The UNWSP's Tri-Beta Biology club was unable to gain permission at the UNWSP's main campus in time for the food drive. A final limitation was that the project team was unable to collaborate with Bethel University's food service, Sodexo.

Further Projects

The project team members created a relationship between EES and Bethel University's PA program. In starting this project, the project team members hoped to encourage future Bethel University's PA cohorts to have a drive annually to support EES and its Den. The food drive could be performed at different times of year to help support the Den during its most needy times such as prior to Christmas and summer vacation. EES has proven to be one of the most disadvantaged elementary schools in Anoka-Hennepin School District so it is a population that will continue to have this need. In the future, the food drive should have a central location at Bethel University's main campus, such as Bethel University's Biokinetics office. This will allow students to drop off donations during every school day in addition to collecting donations a few times in Brushaber Commons.

Conclusion

The community project was designed to decrease the stress of hunger for the children at EES. Statistically, EES has one highest childhood poverty rates, at 18%, in

Minnesota (Minnesota Department of Health, 2014). EES has a large population of ESL students, culturally diverse children, and children transferring to/from EES. These factors can add additional stressors in the child's life along with hunger.

In the literature review, the project focused on nutritional disadvantages, childhood poverty, educational impacts, physical health impacts, and mental health impacts. These factors are linked in preventing the young students to succeed to their fullest in school (Duncan et al., 2016). This community outreach project addressed the nutritional disadvantages present in childhood poverty.

To address poverty at EES, the project team members implemented a drive at Bethel University's main campus and the Anderson Center. The drive included food donations, hygiene products, and winter clothing collected over a period of 16 days. The donations were inspected for expired or damaged goods and then delivered to EES's food shelf. Limitations to the project included: expired canned goods, inconvenient placement of the donation bins at Bethel campus, and the inability to gain permission from University of Northwestern St. Paul to implement a drive. Further project plans include future Bethel PA Program cohorts coordinating an annual drive and overcoming the limitations presented in our food drive.

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APPENDIX A

EES Permission Letter

From: Sara Ferber <sara.ferber@ahschools.us>

Date: Tue, Jan 10, 2017 at 12:53 PM

Subject: Re: Bethel PA Research

To: Nicole Roach <nmr59287@bethel.edu>

On behalf of Evergreen Park World Cultures Community School, I, Sara Ferber, give permission to Bethel University Physician Assistant students, Robin Audette, Megan Richter, and Nicole Roach, to conduct their Master's Research at this school with permission being granted to work with the school faculty and students.

If you have more questions, let me know.
Sara

APPENDIX B

Bethel University Permission Letters

"On behalf of Bethel University, I, Ryan Gunderson, give permission to Bethel University Physician Assistant Students: Robin Audette, Megan Richter, and Nicole Roach, to conduct their Master's Community Outreach Project at the Anderson Center."

Signature

Date

Ryan Gunderson
1-31-16

From: Miranda Powers <m-powers@bethel.edu>
Date: Mon, Jan 18, 2017 at 4:11 PM
Subject: Re: PA Program Community Outreach
Project
To: Robin Audette <roa47649@bethel.edu>

Hi Robin,

"On behalf of Bethel University, I, Miranda Powers, give permission to Bethel University Physician Assistant Students: Robin Audette, Megan Richter, and Nicole Roach, to conduct their Master's Community Outreach Project at our main campus and the Anderson Center."

Hope your project goes well!

Thanks,
Miranda

Miranda Powers, M.A. LPC
Associate Dean for Campus Engagement
Bethel University
m-powers@bethel.edu
651.635.8776

APPENDIX C

Cooperation for Bethel University Biokinetics Pre-PA Club

On Wed, Mar 1, 2017 at 3:02 PM, Emily Blankers <elb67439@bethel.edu>
wrote:

Hi Megan,

My name is Emily Blankers and I am the President of the Biokinetics Club. I
wanted to let you know that we would love to be able to help with your project!
Send any information necessary to me and I can get it out to the rest of the
group.

Have a great day!

Emily

APPENDIX D
Poster Announcements



Do you want to win two tickets to the MN Twins game on May 17th??

Here is how 😊

When: April 3rd – April 18th

Where: Donation sites are at Brushaber Commons and Anderson Center 2nd floor.

Every 5 items you donate, we will enter your name into a drawing for the Twins ticket.

The donations will be going to the brilliant students at **Evergreen World Culture Elementary School** in Anoka-Hennepin County School district.

Please see the following items that are usually low in stock at the school food shelf. We also will be accepting gently used **winter clothing** for these students.

Thank you for your donations! - Bethel's PA Program 😊



THE DEN

Food Items

Canned meats - tuna/chicken
 Spaghetti sauce
 Macaroni and cheese
 Ramen/Instant noodles
 Cereal/Oatmeal
 Instant mashed potatoes
 Peanut butter & Jelly
 Spaghetti noodles
 Canned soup or beef stew
 Canned vegetables - particularly corn
 Dried beans - pinto, great northern, black eyed peas
 Rice - any kind
 Rice or Pasta mixes (Rice-a-Roni)
 Dry stuffing (seasoned or unseasoned)
 Fruit cups/applesauce
 Canned fruit
 Seasonings and spices
 Sugar
 Flour
 Powdered/Shelf stable milk
 Cake/muffin mixes
 Cooking oil

Personal Hygiene

Shampoo/conditioner
 Deodorant
 Lotion
 Toothbrushes/toothpaste
 Toilet paper
 Kleenex
 Dish soap
 Laundry detergent pods
 Hand soap
 Body Wash

World Foods

Fufu flour
 Maggi Cubes
 Water chestnuts
 Bok Choy
 Soy Sauce/Oyster Sauce
 Coconut milk
 Tortillas
 Masa Harina
 Canned exotic fruits (hychee, etc)



EVERGREEN PARK
WORLD CULTURES COMMUNITY SCHOOL

APPENDIX E

Email Announcements

Bethel Email Announcements on 3/17; 3/20; 3/22; 3/24; 3/26

Win TWO tickets to the MN Twins on May 17th???

We are asking our Bethel Community to help!

In the Anoka-Hennepin County School District, hunger affects 18% of their youth, and, at Evergreen World Culture Elementary School, 85% of the student population are eligible for the free/reduced meals.

Food Drive Dates: April 3rd-April 18th [Every 5 items donated, your name will be entered into a drawing to win two MN Twins tickets]

Example donations: pasta, oatmeal, peanut butter, Ramen, canned meat/soup/vegetables/fruit, rice, beans, spices, sugar, flour, powdered milk, cake mixes, cooking oil; Fufu flour, Maggi cubes, water chestnuts, coconut milk, tortillas, Masa Harina, canned exotic fruits; shampoo, conditioner, lotion, toothbrush, toothpaste, paper towels, Kleenex, dish soap, laundry detergent pods

Please help these students so they focus on their education rather than their hungry stomachs.

Donation Boxes will be located at the Bethel Main Campus in the Brushaber Commons or on 2nd floor of the Anderson Center

Bethel Email Announcements on 3/28; 4/3

Donate Food and Win TWO MN Twins tickets!!

Bethel's Physician Assistant students are asking the Bethel Community to help!

Starting on Monday, April 3rd, we will be collecting food and/or household items to help the Evergreen World Culture Elementary School.

[For every 5 items donated, your name will be entered into a drawing to win two MN Twins tickets for May 17]

Just head over to Cub Foods today to buy 20 cans of Everyday Essential beans, vegetables, or fruit for \$10, which will get your name in the drawing FOUR times!!

Donation Boxes will be located in Brushaber Commons and on the 2nd floor of the Anderson Center

Bethel Email Announcements on 4/5; 4/7

We are asking our Bethel Community to help!

In the Anoka-Hennepin County School District, hunger affects 18% of their youth, and, at Evergreen World Culture Elementary School, 85% of the student population are eligible for the free/reduced meals.

Food Drive will end on Tuesday, April 18th [Every 5 items donated, fill out a name slip and put it in the ice cream bucket to win two MN Twins tickets]

Example Donations: canned soup, vegetables, fruits, or beans, cake mixes, pasta, ect.

We will also accept gently used “child-sized” winter outwear.

Donation Boxes will be located at the Bethel Main Campus in the Brushaber Commons or on 2nd floor of the Anderson Center

Bethel Email Announcements on 4/10; 4/12

Win TWO tickets to the MN Twins on May 17th???

We are asking our Bethel Community to help Evergreen World Culture Elementary School!

Food Drive will end on April 18th [Every 5 items donated, fill out a name slip and put it in the ice cream bucket to win two MN Twins tickets]

Example donations: pasta, oatmeal, peanut butter, Ramen, canned foods, rice, beans, spices, sugar, flour, powdered milk, cake mixes, cooking oil; Fufu flour, Maggi cubes, water chestnuts, coconut milk, tortillas, Masa Harina, canned exotic fruits; shampoo/conditioner, lotion, toothbrush/toothpaste, paper towels, Kleenex, dish soap, laundry detergent pods, gently used “child-sized” winter outwear.

Ask your family and friends to make donations over Easter break!

Any donations will help these students focus on their education rather than their hunger.

Donation Boxes will be located at the Bethel Main Campus in the Brushaber Commons or on 2nd floor of the Anderson Center

Bethel Email Announcements on 4/17

Donate Food for your Last Chance to Win Twin Tickets!

We are asking our Bethel Community to help!

In the Anoka-Hennepin County School District, hunger affects 18% of their youth, and, at Evergreen World Culture Elementary School, 85% of the student population are eligible for the free/reduced meals.

Food Drive ends SOON on April 18th [Every 5 items donated, fill out a name slip and put it in the ice cream bucket to win two MN Twins tickets]

Bring back items after the Easter break for your last chance to enter into this drawing for the two MN Twin tickets AND to help these students so they focus on their education rather than their hungry stomachs.

Donation Boxes will be located at the Bethel Main Campus in the Brushaber Commons or HC400 (Biokinetic's office front desk) or on 2nd floor of the Anderson Center

APPENDIX F

Name Slips

Name: _____ Name: _____ Name: _____
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