

Increase the number of new community venues/small food stores providing access to healthy foods and/or increase the number of existing community venues/small food stores providing enhanced access to healthy foods in socially vulnerable areas according to the [CDC/ATSDR Social Vulnerability Index](#).

### Expected Outcomes:

- Completion of a Community Food Assessment to identify healthy food access needs, and/or
- Increased number of new community venues\*/small food stores providing access to healthy foods, and/or
- Increased number of existing community venues\*/small food stores that provide enhanced access to healthy foods.

\* Community venues are defined as farmers' markets, farm stands, mobile markets, pop-up (produce) markets, food box programs, food pantries, and includes small food stores.

- For existing community venues (excludes pop-up markets, food pantries, and small food stores), enhanced access to healthy foods is demonstrated by increasing at least one of the following, where applicable:
  1. number of produce vendors at the venue (farmers' market).
  2. number of hours/days per week the venue is open.
  3. number of venues that accept Supplemental Nutrition Assistance Program (SNAP).
  4. number of locations the venue serves.
  5. transportation to the venue (Note: this includes development of bus routes, crosswalks, connectors to the venue but does NOT include provision of travel tokens/ bus vouchers).
  6. fruit and vegetable incentive program (Note: Healthy Communities funds cannot be used to pay for incentives, including food).

For food box programs and mobile markets, enhancements applicable as outcomes pertain to numbers 4 and 6 above: increasing the number of locations the venue serves or the venue newly offering an incentive program.

- A **pop-up (produce) market** can be reported as a new community venue providing access if it occurs at least 1x/month for at least four months in a year's time.
- Number of **food pantries** that provide healthy options.  
Current state program year requirements include:
  - 1 improvement in *Food Availability to Clients* section of the [Food Pantry Assessment](#)



- 1 improvement in an area of the [Food Pantry Assessment](#) other than the *Food Availability to Clients* section
- Number of **small food stores** that newly meet the North Carolina HFR Designation.

\*Interim outcomes for current state program year include:

- Increased number of retail venues that complete the HFR Assessment for Small Food Stores **AND**
- Increased number of retail venues meeting at least two new requirements of the HFR designation

Reminders:

- Promotion of venues is critical to implementation of healthy food access strategies but is not considered an outcome.
- Implementation of this strategy should focus on improving access to healthy foods for low-income populations.

### **Health Equity Planning Principals:**

Health disparities are often influenced by the different levels of access that people have to healthy foods. Food inequity can occur because communities with limitations in resources and income may not have access to high quality foods in their area. Projects should prioritize settings that provide food to individuals with lower incomes and/or limited access, not only offering healthy selections, but also making healthy items appealing and financially accessible to those with the greatest health disparities. Priority populations should be engaged in the planning, implementation, and evaluation of the strategy. This includes groups that have an increased susceptibility to adverse health outcomes and may be defined by demographic factors such as race/ethnicity, income level, age, gender, education attainment, marital status, or health care coverage status and/or geography such as a region of a state or a specific community. For example, people living in rural and isolated communities can experience food inequity due to the cost of transportation increasing the price of fresh fruits and vegetables.

### **Recommended Partners:**

• public health educators • community groups • local food councils or other community coalitions • community members that represent the population at greatest risk for health disparities related to nutrition • health organizations (e.g., hospitals) • cooperative extension • farmers • schools • local civic groups • faith communities • local chambers of commerce • hunger organizations • local government

### **Intervention Examples:**

A. The health department Coordinator and the local food council worked with a farmers' market in a public housing community to implement a SNAP-Electronic Benefits Transfer (SNAP-EBT) which allows SNAP customers to purchase SNAP eligible foods at farmers' markets. Through discussions with SNAP customers, they found the cost of produce was a barrier to shopping at the farmers' market. To make the



market offerings more affordable, partners reached out to the local hospital foundation for investment in the start of a fruit and vegetable incentive program where SNAP customers are provided with a \$10 produce coupon for every \$10 in produce purchased using their SNAP benefits. Reach of SNAP customers grew by 153 percent and the increased sales allowed the farmers' market to expand its services to other public housing communities.

- B. A community food pantry was interested in providing healthier options for its customers but didn't know where to start. Pantry staff reached out to the local health coalition for help. Coalition members assisted the food pantry staff with completing the food pantry assessment to identify areas where they could make improvements. The local cooperative extension agent assisted the food pantry staff in developing a healthy food list for donors in addition to identifying faith partners that were willing to coordinate donation and storage of produce gleaned from local farms in the area.
- C. A store owner was hesitant about stocking healthier food and beverages since she didn't think her customers would buy them. She offered a few healthy items but said they didn't sell well. Local community partners completed a store assessment and noted the few healthy items available in the store were hard to find. Partners then surveyed customers to identify healthier products they would be interested in buying and barriers to purchasing these items. The survey results indicated customers didn't know which products were considered healthy. Results also showed customers enjoyed eating fruits and vegetables but didn't feel confident in their ability to choose or cook a healthy meal. After reviewing the survey results, the store owner was willing to stock a few varieties of fruits and vegetables and a few specific items her customers mentioned. Community partners provided training to the store owner on how to properly place and promote healthier options in the store so that her customers could identify them. Partners purchased signage and promotional materials to showcase the healthier foods being offered. Partners also placed cards with easy recipes in the store along with grouped ingredients from the recipe for easy access to customers. These strategies, along with the local cooperative extension staff offering cooking demonstrations on how to prepare healthy meals with products found in the store, increased the sale of healthy foods.

### **Related Programs:**

Currently there are no related programs in the Chronic Disease and Injury Section.

### **Recommended Tools/Resources:**

- A. USDA SNAP – Farmers and Producers  
[www.fns.usda.gov/snap/farmer-producer](http://www.fns.usda.gov/snap/farmer-producer)
- B. Farmers Market Legal Toolkit – a guide for implementing SNAP EBT  
<https://farmersmarketlegaltoolkit.org/snap/legal-topics/becoming-a-retailer/how-do-i-apply/>
- C. Market Link – Point of Sale Devices for SNAP EBT Farmers' Markets  
<https://marketlink.org/eligibility>



- D. USDA SNAP-Ed  
<https://snaped.fns.usda.gov/>
- E. Gus Schumacher Nutrition Incentive Program (GusNIP)  
<https://nifa.usda.gov/funding-opportunity/gus-schumacher-nutrition-incentive-grant-program>
- F. Healthy Food Access – the Go-To Resource for Increasing Access to Healthy, Affordable Food - <https://www.healthyfoodaccess.org/>
- G. Equitable Food Systems Resource Guide  
<https://www.policylink.org/food-systems/equitable-food-systems-resource-guide>
- H. USDA Dietary Guidelines 2020-2025  
<https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials>
- I. The Healthy Food Pantry Assessment Toolkit Resource Guide  
[https://s3.wp.wsu.edu/uploads/sites/2088/2018/09/ResourceGuide\\_Updated\\_FINAL.pdf](https://s3.wp.wsu.edu/uploads/sites/2088/2018/09/ResourceGuide_Updated_FINAL.pdf)
- J. Safe and Healthy Food Pantries Project – University of Wisconsin-Madison  
<https://fyi.extension.wisc.edu/safehealthypantries/>
- K. USDA Community Food Security Assessment Toolkit  
<https://www.ers.usda.gov/publications/pub-details/?pubid=43179>
- L. CDC Resources for Community Food Assessments  
[https://www.cdc.gov/healthyplaces/healthtopics/healthyfood/community\\_assessment.htm](https://www.cdc.gov/healthyplaces/healthtopics/healthyfood/community_assessment.htm)

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- M. Healthier Food Retail: An Action Guide for Public Health Practitioners  
<https://www.cdc.gov/nutrition/resources-publications/healthier-food-retail.html>
- N. The National Corner Store Network  
<https://www.convenience.org/Topics/Community/National-Corner-Store-Network>
- O. USDA Food and Nutrition Service, Healthy Corner Stores, Making Corner Stores Healthier Places to Shop (June 2016)  
<https://snaped.fns.usda.gov/sites/default/files/resourcefinder/Healthy-Corner-Stores-Guide.pdf>  
The Food Trust's Why Sell Healthy Food? Stocking more healthy foods could mean better business for you.  
<https://www.eatsmartmovemorenc.com/wp-content/uploads/2019/08/phcsn-sell-healthy-guide.original.pdf>
- P. Prevention Research Center for Healthy Neighborhoods - Healthy Food Retail Implementation (September 2018)  
[https://prchn.org/wp-content/uploads/2020/06/PRCHN\\_Healthy-Food-Retail-Implementation-Guide5.pdf](https://prchn.org/wp-content/uploads/2020/06/PRCHN_Healthy-Food-Retail-Implementation-Guide5.pdf)



- Q. Providing Fresh Produce in Small Food Stores - Distribution Challenges & Solutions for Healthy Food Retail (2014)  
[www.changelabsolutions.org/sites/default/files/Fresh-Produce-Distribution-Small-Food-Stores\\_FINAL\\_20140131.pdf](http://www.changelabsolutions.org/sites/default/files/Fresh-Produce-Distribution-Small-Food-Stores_FINAL_20140131.pdf)
- R. Healthy Eating Research - Minimum Stocking Levels and Marketing Strategies of Healthful Foods for Small Retail Food Stores  
[http://healthyeatingresearch.org/wp-content/uploads/2016/02/her\\_minimum\\_stocking\\_final.pdf](http://healthyeatingresearch.org/wp-content/uploads/2016/02/her_minimum_stocking_final.pdf)
- S. The Food Trust – Bringing Incentives to Corner stores  
<https://thefoodtrust.org/wp-content/uploads/2022/07/NutritionIncentivesGuideFINAL-1.pdf>

### North Carolina Resources:

- A. A Guide to SNAP/EBT for N.C. Farmers Markets  
<https://rafiusa.org/wp-content/uploads/2018/03/SNAP-guide-final-small-for-web.pdf>
- B. Healthy Food Pantry Assessment Tool (**Adapted for use by the Healthy Communities Program** from the USDA National Institute of Food and Agriculture’s Healthy Food Pantry Assessment Tool)  
<https://www.dph.ncdhhs.gov/media/194/download?attachment>
- C. Healthy Food Pantry Toolkit – NCSU Cooperative Extension  
<https://localfood.ces.ncsu.edu/local-food-community-development/healthy-food-pantry-toolkit/>
- D. Examples of NC Food System Assessments  
<https://communityfoodstrategies.org/2020/06/10/examples-of-nc-food-assessments/>
- E. Community Food Assessment  
<https://localfood.ces.ncsu.edu/local-food-community-development/community-food-assessment/>
- F. UNC Health Promotion and Disease Prevention’s SNAP-Ed Toolkit  
<https://snapedtoolkit.org/>
- G. Carolina Hunger Initiative – nutrition education resources  
<https://carolinahungerinitiative.org/nutritioneducation/>

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- H. Healthy Food Retail Toolkit for Small Food Stores  
<https://www.eatsmartmovemorenc.com/resource/healthy-food-retail-toolkit/>
- I. North Carolina Healthy Food Retail Assessment/Designation Application (pdf) – for purpose of previewing online assessment/application for designation  
[www.eatsmartmovemorenc.com/wp-content/uploads/2019/08/nc\\_hfr\\_assessment\\_application.pdf](http://www.eatsmartmovemorenc.com/wp-content/uploads/2019/08/nc_hfr_assessment_application.pdf)
- J. North Carolina Healthy Food Retail Assessment and/or Designation Application (Online) – **REQUIRED for completion** of each store assessment and/or for applying for designation.  
[www.surveymonkey.com/r/NCHealthyFoodRetail](http://www.surveymonkey.com/r/NCHealthyFoodRetail)



- K. North Carolina Alliance for Health – A video of North Carolina Healthy Corner Stores  
- <https://www.youtube.com/watch?v=whEUnHbCtlg>

**Data Sources:**

Reviewing data from the following sources can assist you in identifying your priority population(s) for this specific strategy.

- A. Social Determinants of Health by Regions

<http://nc.maps.arcgis.com/apps/MapSeries/index.html?appid=def612b7025b44eaa1e0d7af43f4702b>

- B. USDA Economic Research Service

[www.ers.usda.gov/topics/food-choices-health/food-access/](http://www.ers.usda.gov/topics/food-choices-health/food-access/)

