Healthy Corner Stores
A Food Justice Solution Model

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PART 1: BASICS
- The Problem Defined: Food Access in the United States
- Food Deserts
- Mapping It Out: Food Deserts in the U.S.

PART 2: ACTIONS
- A Solution: Healthy Corner Stores
  - How To: Implementing a Corner Store

PART 3: SUCCESS
- Apache Health Stores
- Healthy Food Outlet project
- SEFA Healthy Retail Pilot Program
- Ontario Goes to Market
- References
I. BASICS
The Problem Defined: Food Access in the United States

The idea of the United States as a Western “land flowing with milk and honey,” with ample resources providing for all of American society, has become a myth that this country lost long ago. Starting with the displacement of Native American tribes to the arid Western states and continuing into the suburbanization of the 1950s, food access has been an issue of struggle for minority populations. Low-income, urban communities can’t maintain a well-balanced, nutritious diet with a lack of local access to healthy foods. According to the National Housing Institute, grocery stores are essential components of livable and well-functioning communities. Specific communities in the United States have been “red-lined” by supermarkets due to financial risk associated with poor, mostly minority neighborhoods. Providing such neighborhoods with more food access has many benefits, including—but not limited to—community economic growth, increased employment, and boosted intra-community relations; unfortunately, the dense history of limited food access and “food deserts” leaves much room for improvement within these communities.

During the suburbanization of America starting in the 1950s and extending into later decades, supermarkets followed their white, middle-class consumers to neighborhoods removed from urban environments. These supermarkets adapted their operations to meet new suburban landscapes. Stores in suburbia became larger and consolidated. Supercenters emerged as the primary source for food. Alternative grocery stores such as farmers markets and produce stands increased in number simultaneously, but remained an outlet for exclusively affluent communities.

Supermarkets fled from urban areas due to risks associated with a poor consumer base; this lack of recognition that poor communities still make up consumer populations left such neighborhoods with corner stores and fast food restaurants as their only food access option.

The issue isn’t broadly defined as access to food, but specifically access to healthy food options and the right to choose healthy foods over convenient store varieties. Lack of adequate transportation contributes to this issue. Fast food restaurants and convenient stores are located in certain areas due to specific demographics. Consumers in the lower socio-economic range are more apt to buy low-cost foods at low-cost food outlets. These are typically the least healthy options. Corner stores generally offer fewer healthy foods, primarily sugary drinks and calorie-dense snacks. They are poorly maintained and even sometimes charge higher prices than supermarkets. Nationally, low-income zip codes have 30% more convenience stores than those with higher incomes. The state of California, specifically, suffers greatly in terms of multiple corner store locations and lack of supermarkets in low-income neighborhoods.

According to the Center for Food and Justice at the Urban Environmental Policy Institute, middle and upper class communities in Los Angeles County have easy access to twice as many supermarkets per capita as low-income communities. While communities have three times as many supermarkets as predominantly black communities and twice as many as predominantly Latino communities. In January of 2007, the California Center for Public Health Advocacy released a study stating that California had more than four times as many fast food restaurants and convenience stores as supermarkets and
produce vendors. Communities within California are working with local advocacy groups to make serious changes in terms of retail food outlet distribution and ratios.

Food justice initiatives have sprouted up throughout the country. Food justice is defined as the freedom for a community to exercise their right to grow, sell, and eat healthy food. According to Just Food, a food justice advocacy group in New York, “people practicing food justice leads to a strong local food system, self-reliant communities, and a healthy environment.” Solutions to the grocery gap, as explained above, can provide profits for food retailers and social, economic, and health benefits for residents, their families, and their communities. High-poverty communities that suffer from low economic growth and related hardships can benefit from grocery store developments as they bring jobs for locals, capture dollars spent within the community, and increase local sales tax revenue. Indirect impacts of fresh food retailers include revitalization of the neighborhood housing markets, asset building for low-income homeowners, workforce training, and the appeal for new businesses to surround the store. PolicyLink, with the California Center for Public Health Advocacy and California Pan-Ethnic Health Network, sponsored Senate Bill 1329 in 2006 to address healthy food access. These groups proposed to bring together state and private dollars to create an Innovations Funds that could provide one-time assistance to help communities “develop creative, economically sustainable models to meet the healthy food needs of underserved residents.” The bill was voted down in 2006, but progress was still made.

Learning about healthy food access and “food deserts” within the United States is the first step in making significant changes to the current food distribution situation.

…What exactly is a “food desert?”
Food Desert

“Geographic areas where residents’ access to affordable, healthy food options, especially fresh fruits and vegetables, is restricted or nonexistent due to the absence of grocery stores within convenient traveling distance.”

-Food Empowerment Project
The USDA found that 5.7 million U.S. residents live over half a mile away from a supermarket and do not have access to a vehicle.
No Car and No Supermarket Within a Mile
The term “food deserts" was first used in the '90s to describe low-income areas with little access to affordable and nutritious food. Reviews of food desert literature have found that low income areas and regions with high proportions of minorities have fewer supermarkets per capita; these residents have to travel a further distance to obtain healthy food. The Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, provides nutrition assistance to eligible low-income individuals. Data from a National Food Stamp Program Survey showed SNAP participants were, on average, 1.8 miles from the nearest supermarket. The USDA found that 11.5 million people, or 4.1 percent of total U.S. population are low income people living in low income areas more than 1 mile away from a supermarket. However, distance is not the only important factor in determining access to food. More recently, the characteristics of a food desert have been expanded to include access to transportation. Taking transportation into consideration, the USDA found that 5.7 million U.S. residents live over half a mile away from a supermarket and do not have access to a vehicle. Despite a lack of access to mid and large-sized food stores, food deserts tend to have higher than average density of convenience stores. These stores are often stocked with alcohol, tobacco, sugar-sweetened beverages, and junk food and fail to carry nutritious food. SNAP participants who shopped at supermarkets bought more fruit, vegetables, and milk than those who did not frequently shop at supermarkets. According to the USDA, the majority of studies examining the relationship between store access and food intake have found better access to mid and large sized food outlets is associated with healthier food intakes. It is well known that food intake is a major factor in explaining disease rates such as diabetes and cardiovascular disease. Research has found that both easy access to unhealthy food, and lack of access to nutritious food contributes to obesity, the aforementioned health issues, and many other health problems.
II. ACTIONS
A Solution to Food Deserts: Healthy Corner Stores

In food deserts, convenience stores are often the only nearby places to buy food. Instead of using resources to build new supermarkets in low-income communities, determined groups can work with already established corner stores to include healthier food options. This transformation can actively promote food justice by replacing excessive tobacco, alcohol, and junk food intake with healthy food consumption in the community. Results from studies examining corner store healthy food initiatives have found that stocking and promoting healthier food items have increased sales of these items and therefore increased healthy food consumption.
### Advantages

- Working with existing infrastructure is much less expensive than opening a new store
- Supporting small businesses encourages economic development in low-income communities
- Reducing the dependence on alcohol and tobacco sales promotes healthier lifestyles for communities
- Increasing the supply of healthy foods facilitates healthy food choices and increases consumer demand
- Equal access to healthy foods for low income people reduces health disparities within communities
- Food access is a tool used to tackle larger social inequities and a way to facilitate justices directly in communities, starting with a staple of life

### Challenges

- Small stores must compete with price, quality and selection advantages of grocery stores
- Shelf space is limited and turnover is slow; small stores are risking profits by changing product selection
- Local consumers might feel exploited when corner stores raise the prices of products
- Small corner stores that operate as de facto liquor stores are often linked with crime and alcohol-related health problems, and this can provide tension when it comes to who chooses to shop at such locations
- Language and cultural barriers might interfere with financial or educational processes
- Small stores don’t have the means to publicize changes in their stores to community members

**Step #1** Gather a team for a program:

The team should consist of devoted and diversely qualified members of the community as well as advocates for a healthy corner store. The following are questions that the healthy corner store advocacy team should ask themselves before initiating the project:

- Is the community a food desert? Does it lack accessibility to healthy food?
- Does your community want healthier food? Does your community want to transform their corner stores?

**Staff Duties:**
- finding / inspecting stores
- representing the program in community and local government meetings
- managing outreach, recruiting evaluation, and assistance with store owners
- planning the strategy for the program
- continued work with stores to make sure they meet health standards and meet the needs of community members

It is important to have full-time staff in developing the healthy market. One staff member can work for many store projects.

**Step #2** Create a coalition: map community resources and develop strong partnerships

**Examples of Resources and Potential Partners:**

**Local Government**
- food policy director or coordinator
- mayor’s office + local elected officials
- local economic development departments
- local redevelopment agencies
- local departments of environment

**Universities**
- public health schools

**State Government**
- state health departments
- state departments of agriculture
- state economic development agencies
- State Women, Infants and Children (WIC) program staff

**Businesses**
- Local businesses
- Publicity and marketing companies
- Registered dietitians
- Chamber of commerce

**Organizations**
- nonprofit food justice and hunger relief organizations
- community based-organizations, action networks, and faith based organizations
- community health coalitions and partnerships
- produce grower’s associations and farmers’ cooperatives
- wholesale produce markets
- store owners’ associations
- grocery industry consultants on produce and design
How To: Evaluating a Location’s Intervention Type

**Step #3** Determine which locations are fit for a specific type of healthy corner store intervention:

Food deserts can be split into two main categories as defined by Change Lab Solutions

### General Small-Scale Intervention in Many Stores

**Typical Conditions:**
- Staff or volunteer based
- Densely populated urban neighborhood
- Excess amount of corner stores selling liquor, tobacco and snack food
- Community members are typically dependent on public transportation
- Nearest large supermarket 30+ minutes away

**Goal:** To bring more healthy foods to the corner stores at affordable price in hopes of reducing the alcohol, tobacco, and snack food sales.

### Detailed In-Depth Intervention in Few Stores

**Typical Conditions:**
- Limited staffing
- Low income suburban neighborhood
- Some small grocery stores
- Cheap chain supermarket which community members drive to

**Goal:** To develop programs and strategies that promote the eating and selling of healthy foods and to lower prices at local stores.
How To: Meeting the Needs of Community Members and Store Owners

Step #4 Evaluate the needs of customers and store owners

CUSTOMER NEEDS

It is very important to understand the needs of the community members when creating a healthy corner store. These needs not only include food and household products but also more general changes that customers would like to see in the area. Community organizations can help decide which stores would be the most successful as healthy corner stores. Support from community organizations can increase a store’s willingness to participate in transformation projects. Information can be gathered at neighborhood workshops or through surveys online, at community centers, outside of stores, or door-to-door.

Suggested questions for customers:
- Do you shop at your neighborhood small store? Why or why not?
- Which store do you shop at most? Why there?
- What do you buy?
- What products do you wish your local store would sell?
- Would you like to see any changes inside the store? Outside the store?
- Would you be interested in assisting with store outreach?

STORE OWNER NEEDS

It is equally important to consider the needs of the store owner in order to create a successful market. The goal of understanding the store owners’ needs is to gather information used to design the program rather than recruiting store owners. Information can be gathered through outreach to stores through a local business association or personal conversations. Successful program designers and recruiters typically have been the same race as the store owners, and have approached store owners in their native languages.

Suggested questions for store owners:
- What healthy food do you already offer in your store?
- Where do you buy the meat, bread, produce and dairy? Is it local?
- What are the obstacles to selling healthy foods?
- Do you want to sell healthy food? What are the benefits and/or consequences?
- What assistance would you want/need? What incentives?

For more questions to consider visit: http://changelabsolutions.org/publications/health-on-the-shelf
Giving retailers incentives to sell healthy food is a crucial part of the healthy corner store process. Stocking shelves with fresh produce might not easily fit in with the existing business models of established corner stores. Retailers must be assured of customer demand when it comes to changing their range of products. Corner stores must be willing to compromise some of their previous methods of selling foods with various agencies and advocacy groups in an effort to improve the overall quality of the community.

High profits and financial incentives from unhealthy food sources is what keeps retailers chained to these products. Food, tobacco, and alcohol companies compensate retailers for product placement and promotions; sacrificing financial rewards from such companies in order to make room for healthy food promotion is not something business owners are eagerly willing to do. Small stores make an average of $280 a month on snack food and candy financial incentives alone. Retailers will initially be hostile about holding fresh foods in their stores, as spoiled food is an immediate loss of money.

In-store nutrition education is important for employees, but can disrupt the current operations of a corner store. The demand from low-income communities may already be geared towards unhealthy food options, and therefore community education to instill a consumer base is necessary. Luckily, there are various ways that convenience store retailers can be incentivized to sell healthier foods:

- Governments could decide to reduce administrative requirements, fees, and taxes for selling healthier food options.
- The process of obtaining business permits or licenses for selling fresh foods could be expedited.
- Corner stores could be provided with free or low-cost equipment that is necessary for the selling of fresh foods that they might not already have on the floor. These include baskets or display racks for non-refrigerated produce and products.
- Corner stores could be offered priority access to competitive grant or loan programs run by local economic development agencies.
- In-store training would be incredibly important for business owners and employees and could be offered at a lower rate. These trainings include fresh produce handling, healthy product marketing, basic nutrition education, and cooking demonstrations.
- Agencies transforming corner stores could help inform the community of changes in the store’s stock, and therefore help to bring in consumers.
- Local farmers’ markets could be put in place for storeowners to sell their leftover produce to inhibit an immediate loss of money from spoiled produce.
How To: Establishing Financial Support for Healthy Corner Stores

Step #5 Gathering Financial Resources

Previous programs have spent between $10,000 and $20,000 per store, yet many communities do not have the resources to fund such programs. Communities working towards establishing a corner store can use a variety of resources as listed below.

Examples of Funding Options:

Government Funding:
- USDA’s Community Food Projects Competitive Grant Program provides $10,000-300,000 for 1-3 years. To apply visit: http://www.csrees.usda.gov/fo/communityfoodprojects.cfm
- “California Healthy Food Financing Initiative Council (CHFFIC) was established to provide financing for grocery stores and other forms of healthy food retail and distribution by providing capital to eligible applicants” (California State Treasurer’s Office) Questions? Contact: nrosales@treasurer.ca.gov

Public Health Department:
- Healthy eating is directly related to fighting chronic disease such as obesity. Public Health Departments can provide resources stemming from the chronic disease staff and funding. Resources include grants to communities to start obesity prevention and nutrition education programs. These programs can be implemented through healthy corner stores.

Additional available support:

Donations:
- private donations
- volunteers

Supermarket Industry:
- experts can be technical advisors to stores
- large supermarkets can donate foods to help kick start smaller corner stores, or create a business partnership with them.

Economic Development Agencies
- can help with business planning, permits, and licensing
- federal Community Development Block Grants
- local façade improvement programs

*Star Volunteers: "Food Guardians"*
“Food Guardians” are youth advocates in San Francisco giving 24 stores an individualized assessment analyzing food, alcohol, tobacco, environment, community engagement, and hiring standards. Youth groups can help survey residents to assess the needs of the community.
Step #6 Determining Healthy Corner Store Requirements

There is not one way to go about creating a healthy corner store, however it is useful to create a set of requirements for each project.

Standards should be made regarding the types of stores that should be used for the project (e.g. no chains, no specialized stores).

The project should also be in line with current nutritional standards; there should be regulations made as to the types of food products that need to be available (i.e. a store must stock a minimum amount of foods including protein, grains, dairy, fruits and vegetables).

Each category should have a subset of requirements. For example, to fulfill protein requirements a store must stock a minimum of three varieties of canned beans (with no additives) and at least one variety of nut butter with no sugar added.

In addition to healthy food requirements, a program must work to decrease unhealthy food options. Requirements should be made pertaining to the extraction and replacement of unhealthy products.

Other requirements are recommended for general store changes (e.g. a store should accept all SNAP benefits; work on promoting healthy eating; and track sales of healthy food).
How To: Promoting and Maintaining a Healthy Corner Store

**Step #7** Promoting Healthy Products to Customers
- Train store employees to promote the healthy corner store program to customers and to educate customers on the benefits of eating healthily
- Conduct cooking demonstrations in the stores and offer free samples to customers
- Train store employees and store owners in how to display fresh produce
- Put up signs and labels

**Step #8** Promoting the Store and Program to the Community
- Neighborhood health clinics and other community centers can advertise healthy corner stores and promote healthy eating
- Advertising the healthy corner store can be done through local newspapers, community newsletters, public radio stations, neighborhood listservs, local television stations and community blogs

**Step #9** Monitor + Evaluate the Program
- Consistent visits from the Program Coordinator making sure the store meets requirements
- Stores must renew their application for the healthy corner store program annually and meet the program’s standards
- Notice changes in what people purchase
- Keep encouraging stores to provide more healthy food options
Where does the food come from?

- The healthy corner store team will work with the storeowner to build relationships with other distributors and replace alcohol, tobacco, soda, and ‘junk’ foods with fresh produce.

- Stores get fresh produce from wholesale distributors or produce markets, large discount stores or buying clubs, supermarkets, and local farms or farmers’ markets.

- For stores which are not aware or do not have the means to identify and connect with other distribution options, support organizations can help them in finding distributors that offer healthier items at wholesale prices.
Examples of Healthy Corner Store Initiatives

This section details the framework of four distinct and uniquely successful corner store initiatives throughout the United States. The first of which is located in the White Mountains of Arizona and the last of which are located in California; Sonoma, San Francisco and Ontario, respectively. These examples are intended to provide readers with a more concrete understanding of how these processes come to fruition and what they look like once they are in existence. Simultaneously, it is our desire for these four locations to inspire and inform the personal ambitions of readers, food justice and environmental activists alike.
Apache Health Stores

WHERE: White Mountain/San Carlos Apache Reservations, Arizona

STATUS: The Apache program was disseminated to the Navajo Nation in 2008, where it is being implemented by the Navajo Special Diabetes Program.

PROGRAM BACKGROUND: This program was established in 2003 by the John Hopkins Bloomberg School of Public Health as a pilot trial to improve availability of healthy food options in stores and eating habits among residents of the White Mountain and SanCarlos Apache reservations in Arizona. Diabetes, obesity and heart disease are severe problems among this population and the Apache Healthy Stores Program was created to address these problems by working on issues of availability and habit formations.

RESEARCH PROCESS: Substantial formative research, including surveys and workshops, helped program staff to identify specific food items and nutrition messaging that would be culturally and economically acceptable to community members. Because the pool of food stores was limited, program staff conducted intervention activities in all types of stores on the reservations, including convenience stores and grocery stores.

PROGRAM METHODS: Specific healthy food items were promoted through six themed phases: snacks, breakfast, cooking with less fat, dinners, beverages, and fruit and vegetables. In exchange for stocking the promoted foods, program staff provided stores with free marketing materials, mass media publicity, and in-store cooking and nutrition workshops for customers. Along with encouraging storeowners to stock healthy food choices, staff labeled shelves to identify healthy foods. The aforementioned workshops included recipe cards and flyers and posters were placed on the premise to encourage specific habits and choices. Mass media publicity entailed radio announcements of key events and themes, newspaper ads, and a promotional video. Seven stores participated in total, and over 81 cooking demonstrations and taste tests were held.

FOR MORE INFORMATION: http://healthystores.org/projects/archive/apache-healthy-stores/
Healthy Food Outlet Project

WHERE: Sonoma County, California

STATUS: Active

PROGRAM BACKGROUND: This program, started in 2010, is a project of the Community Activity and Nutrition Coalition of Sonoma County and is administered by the Sonoma County Department of Health Services. The Healthy Food Outlet Project focuses on independent grocery stores in predominantly Latino areas of Sonoma County.

RESEARCH PROCESS: Using a food outlet assessment scorecard developed by the California Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention (CX3), this project focuses on helping store owners increase their score to a minimum of 75 out of 100 points, with the hope of addressing many aspects of a healthy store environment.

PROGRAM METHODS: This initiative’s methods include assessment and assistance of products stocked, marketing and promotion, store participation in food assistance programs, and improving safety and accessibility. The Healthy Food Outlet Project is currently working with 13 stores and is overseen by a subcommittee of residents, nutrition and health experts, and community stakeholders. Incentives provided to store owners include publicity and promotion of stores, healthy food advertising materials, connection to produce distributors, and mini-grants for display and storage equipment.

FOR MORE INFORMATION: http://www.sonoma-county.org/health/meetings/canc.asp

SEFA Healthy Retail Pilot Program

WHERE: San Francisco, California

STATUS: Active

PROGRAM BACKGROUND: This program, which grew out of an earlier healthy food retailer program called Good Neighbor, was started by a nonprofit youth development organization in the Bayview-Hunters Point neighborhood of San Francisco. The current program is funded through a Kaiser HEAL Zone grant and is administered by the San Francisco Department of Public Health and the Bayview Hunters Point Foundation in partnership with SEFA, a community-government partnership dedicated to improving food access in southeast regions of the city.

RESEARCH PROCESS: Program staff are targeting corner stores whose owners have a long tenure in the neighborhood and positive relations with residents.

PROGRAM METHODS: In order to participate, stores are required to stock healthier food, prominently display healthy options, provide nutrition information to customers, and improve the overall cleanliness and appearance of their stores. In exchange, young adults from the neighborhood called “food guardians” conduct community outreach activities to promote the store and bolster demand while stores receive technical assistance in produce handling and store design, display and storage equipment, and small business development training. Currently two stores are participating, and the department hopes to use lessons learned from this program to inform a citywide policy supporting healthy food retail in the near future.

FOR MORE INFORMATION: www.southeastfoodaccess.org; on food guardians http://southeastfoodaccess.org/food-guards/the-food-guardians
WHERE: Ontario, California

STATUS: Active

PROGRAM BACKGROUND: The Ontario Goes to Market project is run out the Pitzer College in Ontario Program, which seeks to help students learn social justice issues in the Inland Empire while expanding their understandings of community organizing, and efforts to enact change in the community. The Pitzer in Ontario program is looking to use this market makeover model across Ontario to create consumption-driven change in community health, with the hope that greater access to healthy fruits and vegetables will positively affect those who live in the neighborhood surrounding the Pronto Market.

RESEARCH PROCESS: The process included meetings and a variety of interactions, ensuring that the business owner stays connected and supportive of the project, that the staff support the venture and the possible changes that may occur as a result of this project to their working environments, and that the relationships that are established between the Market and local produce distributors will actually be providing products which the community is interested in buying. Second, analyzing the working definition of “healthy” food and produce, and additionally criticizing whether this definition fits into the lives of the Ontario community members. Third, maintaining the interest of the Pronto Market owner, employees, customers and surrounding community in the Market Makeover project as bureaucratic details with the funding provided by the HEAL zone grant are finalized.

PROGRAM METHODS: The project is collectively spearheaded by highly motivated and independent students from Pitzer College in Claremont, California. An intern takes on primary responsibilities for advancing the project under the supervision of various Ontario Program staff. Responsibilities include building relationships with the store owner, staff, and customers by spending significant time in and with the community surrounding Pronto Market, organizing promotional efforts (fliers, free samples, recipe cards) and producing related materials, communicating with City of Ontario regarding funding and incentive opportunities, coordinating mural design and painting, increasing community involvement, and producing signage for store. They are working with store owner Raja Adlakha who owns Pronto Market and Ontario SuperStop, which is nearby. Both markets have fridges installed and the fridges are stocked with produce.

FOR MORE INFORMATION: http://www.pitzer.edu/offices/ontario/community.asp
http://www.pitzer.edu/offices/ontario/documents/SimoneFine.pdf
References:

Photos
Cover & page 14: http://justbite.files.wordpress.com/2010/08/966282111_ytfwm-l.jpg
Pages 6 & 7: http://upload.wikimedia.org/wikipedia/commons/thumb/3/3c/Amargosa_desert.jpg/1280px-Amargosa_desert.jpg
Page 8: http://mediath.wikispaces.com/file/view/FoodDesert1.png/325632746/FoodDesert1.png
Page 15: http://www.healthycornerstores.org/tag/chicago
Page 21: http://www.deerfield.il.us/assets/1/farmers_market/Farmers_Market___July___2010_027.jpg
Page 25:  http://cdn.dailypainters.com/paintings/corner_store_85d244a9851103ce4ae5572f57ce130f.jpg

The Problem Defined: Food Access in the United States

Food Deserts

How To