

piloting healthy corner stores: a 5-county study to build best practices for healthy corner stores

by

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table of contents

1	summary
2	introduction and background
4	pilot study description
5	national and north carolina best practices
7	methods and phasing
10	county reports
17	findings
22	recommendations
26	references
27	appendix: county maps

Community Food Lab is a North Carolina-based design and consulting firm bringing design thinking together with local food systems to create healthy communities. Across a wide variety of projects we use design, advocacy, and engagement as tools to build lasting impact and meaningful opportunity within local foods systems.

Find out more about us, and stay tuned to our Healthy Corner Store efforts at communityfoodlab.org.



Los Primos Grocery's Healthy Aisle Project in Durham, sponsored by the Partnership for a Healthy Durham. An example of a healthy retail food display.

summary

Across the country and across the state of North Carolina, healthy corner stores are becoming recognized as opportunities to bring fresh and healthy food to areas that otherwise would have no or limited access to it. While the benefits of healthy corner stores can be impressive, there are also challenges to achieving a successful, sustainable healthy corner store conversion. Our pilot study, supported by Region 5 of the North Carolina Community Transformation Grant (NC CTG), explored multiple approaches, conditions, and stakeholders in a designed process to uncover essential, replicable features of Healthy Corner Store programs. After working with 5 North Carolina counties and respective health educators over 6 months, Community Food Lab built this report, a program guide and a toolkit all designed to support flexible, locally-oriented healthy corner store programs. These materials make up the Eat Good, Feel Good Healthy Corner Store program, and will support the future work of our project partners and will hopefully inform Healthy Corner Store dialogue throughout the state.

introduction and background

Access to healthy food is not guaranteed for all communities. Many families want to buy healthy foods, but these items can be hard to find if there is no grocery store nearby, or if transportation options are limited. These communities are located in areas referred to as food deserts. The USDA defines “Food Desert” as urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food. (1) These are areas often populated with fast food restaurants and convenience stores that offer few healthy, fresh, or staple food items.

Addressing issues created by inadequate access to healthy food and food deserts are both a national and statewide priority. In North Carolina, a final report released in April 2014 by the North Carolina General Assembly Committee on Food Desert Zones states:

“According to data available from the USDA Food Access Research Atlas, North Carolina has at least 349 food deserts across 80 counties. Over 1,544,044 residents live in these food desert zones. Residents living in food deserts are more likely to suffer from obesity, diabetes, cardiovascular disease, and other diet-related conditions, while simultaneously being more likely to be food insecure.” (2)

In food desert communities we find strikingly different examples of corner stores —sometimes called convenience stores, tiendas, country stores, or mini-marts. These small stores offer a unique opportunity to leverage existing infrastructure for new kinds of healthy food access in food desert neighborhoods.

The simple presence of these small stores, however, isn’t itself a significant health benefit for food deserts. Typically, small stores like this will stock few healthy items and lots of processed food, alcohol, and tobacco products. By increasing healthy food options in these stores, healthy corner stores are created that can in fact bring change to the food access landscape. Healthy corner stores have been shown to have many benefits, including increased consumption of healthy food, changes in food shopping behaviors, and new markets for local farmers. (3)

“access to healthy food
is not guaranteed for all communities”

what is the community transformation grant?

In 2011, the Centers for Disease Control and Prevention awarded the North Carolina Division of Public Health \$7.4 million as part of the U.S. Department of Health and Human Services' Community Transformation Grants (CTG). The intended goal of the grant was to support public health efforts in local communities to reduce chronic diseases, which are the leading cause of death and disability. (4) The long-term objective of the CTG funding was to create healthier communities by making healthy living easier and more affordable where people work, live, learn, and play. To do so, CTG programs focused specifically on expanding efforts in active living, healthy eating, tobacco-free living, and quality clinical and other preventive services.

Ten multi-county regions throughout North Carolina received funding from the Community Transformation Grant. Each NC CTG region was able to select the target areas they wanted to develop. Within the area of healthy eating, healthy corner stores have become a focus for many of the regions as a method of increasing healthy food access.



corner store interior, Caswell County

pilot study description



logo for the Eat Good, Feel Good healthy corner stores program



program guide cover

interruption of community transformation grant funding

study outcomes

This pilot study was designed as a short-term research, planning, and implementation tool to facilitate the development of a robust healthy corner store program for NC CTG Region 5. This region, which is one of ten in the state, is comprised of Caswell, Chatham, Durham, Guilford, Orange, Person, and Rockingham counties. The pilot study worked with five of these counties (Caswell, Chatham, Durham, Guilford, and Person) to build and refine a set of program guidelines and toolkit based on existing healthy corner store work and developed new projects over the study period. The pilot study coordinated participation of a range of stakeholders, including CTG regional staff, health educators from county health departments, corner store owners, and community organizations.

The value in undertaking this pilot study was in the ability to propose, test, and refine a variety of approaches in a variety of stores before launching a broad program. Instead of beginning a healthy corner stores program with a blanket approach, in which any assumptions or misunderstandings would be amplified across the entire region, this pilot allowed for effective feedback and adaptation within a small program. Because of the wide range of social, cultural, and economic contexts included within Region 5, allowance for flexibility is an important element of program sustainability, and this pilot allowed time to study and evaluate differences in context, approach, and outcome.

A major consideration in evaluating this pilot study must be the early termination of the CTG funding two years short of the anticipated end date. The pilot study was designed to be a tool that would eventually support decision-making for the next fiscal year of the grant. However, after the termination of CTG was announced midway through our study, it became apparent that the most effective use of our time and expertise was to create a comprehensive, model toolkit and set of program guidelines for the implementation of a healthy corner store program anywhere in CTG Region 5, and perhaps anywhere in North Carolina.

The results of this study are a guide and toolkit to support the development of Healthy Corner Stores. Branded the Eat Good, Feel Good Healthy Corner Store program, the guide and toolkit were designed in response to the findings and recommendations of this report.

national and north carolina best practices

Healthy corner stores are being converted at the city, county, state and national level throughout the United States, and more locally across North Carolina. Before creating an action plan for our CTG Region 5 Healthy Corner Store pilot study, we reviewed successful precedent work, identified the national leaders, and compiled a library of best practices.

Many healthy corner store initiatives in the United States can be traced to The Food Trust, a non-profit organization that currently works in dozens of states and at a national level to improve access to healthy, affordable food. The Food Trust was an early pioneer of healthy corner store conversions and worked with the Get Healthy Philly initiative in 2004 to help expand the Philadelphia Healthy Corner Store Network to more than 600 stores, emphasizing youth leadership. Many of their resources are shared online, and their “Sell Healthy Guide,” a collaboration with The Food Trust, is an excellent resource that we recommend as a great training and technical assistance tool and that we have included in our own Healthy Corner Store Program Guide. (5)

The Food Trust also established the National Healthy Corner Store Network, a resource directory with a plethora of ideas, toolkits, and program evaluations of corner store conversions. (5)

In our effort to collect best practices, we used the Healthy Corner Store Network as one source to identify and review the work of national leaders. We identified three conversion strategies that were effective because of their comprehensive frameworks and program toolkits: Philadelphia’s Healthy Corner Store Network, the Minneapolis Healthy Corner Store Program, and SE LA/ Public Matters.

The Minneapolis Healthy Corner Store Program provides an example of integrating grocery expertise and supply chain knowledge into a program. By working with a grocery store consultant as a project team member, the program was able to develop individual, store-specific opportunities for healthy food options and merchandizing. (6)

South L.A. Healthy Eating Active Communities paired with Public Matters, a social enterprise dedicated to civic engagement, to form Market Makeovers. This unique partnership has taken a creative design approach to reducing disparities in obesity and diabetes among South L.A.’s youth population. Community youth have been involved since the organization’s formation in 2007 and have helped produce the DVD, *Where Do I Get my Five?* Students wrote, shot and acted in this documentary about the challenges of healthy food access in South Los

Angeles. Since 2008, Public Matter has been focused on Market Makeovers, a dynamic, user-friendly online toolkit about the process of transforming small corner stores to carry healthier food choices. (7)

Shifting focus to North Carolina, we found excellent project examples within the CTG program. CTG Region 1, in western North Carolina, developed a strong brand and messaging campaign called MountainWise. The MountainWise campaign includes visually appealing marketing materials, compelling videos, a healthy corner store toolkit, and significant community outreach. We believe this work is a good example of how to engage community members and provide education about new and healthy food options available, as well as an example of the value of developing a common identity across a project area.

Pitt County, now part of CTG Region 10, was a recipient of the CDC Communities Putting Prevention to Work initiative in 2010 that was intended to support community programs that addressed obesity and tobacco use. As part of this initiative, Pitt County began working with healthy corner stores in 2011. The healthy corner store initiative in Pitt County has served as a strong model, especially as an example of best practice in a rural community. The Pitt County model combines individualized store planning with an emphasis on fresh produce availability by connecting stores with local farmers where possible. (8)

As a culmination of the current CTG funding in North Carolina, NC CTG Region 2 recently published a Healthy Corner Stores toolkit. This beautifully assembled document simplifies many aspects of healthy corner store programs, creating easy-to-follow project steps and clear explanations of various program elements.

methods and phasing

Over the course of the pilot study, several methods were used in developing our knowledge base, forming relationships and collaborating with stakeholders, learning about store progress, and compiling our findings to inform the development of a program guide and toolkit. Characteristic of our design thinking principles, the pilot study relied on an iterative learning and refining process to guide our work throughout its course.

We encouraged the local differences between counties to be a primary driver of building collaborative and diverse partnerships.

Where we could, we maintained a role of facilitator, allowing local choices to be made and direction to be found at the county level. We saw great value in allowing each county to recognize its own capability and to build its own speed and approach, in order to give us the greatest number of learning opportunities.

We divided the pilot study into four phases as a way to create manageable and incremental framework for the methods we used in our study. Because each county approached participation in the pilot study at different starting points and with different capacities (described in further detail in our county reports), it should be noted that the progress of the phases began to overlap as we worked to meet counties where they were individually.

phase 1: GROUNDWORK

We began this phase of the study by reviewing Healthy Corner Store projects throughout the United States and in other NC CTG regions. This literature review helped establish a baseline of best practices and enabled us to begin developing our own set of program guidelines.

Through a variety of visits to the participating counties, email correspondence, and phone calls with project leads, we began building relationships with health educators, community members, and CTG staff to establish conditions for effective communication, and to document the current status of each county's healthy corner store work.

With GIS support from a Guilford County epidemiologist, we created base maps of each county identifying food deserts, schools, and existing corner stores among other features to suggest potential areas for where to begin introducing the pilot study work. To identify corner stores within those potential areas, we used address-matched data where possible. This method provided a low level of confidence, so we supplemented it with Google map searches of 'convenience stores' to use as an overlay. These mapped locations, along with local knowledge, gave us maps that were useful in store identification in some counties.

phase 2: RECRUITMENT AND RELATIONSHIPS

An important step in this phase was our strategic review of each county's progress to date, identification of county assets and local knowledge, and our creation of individual plans to guide the pilot study work in each county. It quickly became apparent that the needs and assets of each county were quite different.

During this phase, we began discussions around recruitment of corner stores that showed a high potential for long-term success. These discussions were open-ended, prioritizing local knowledge and existing store development. In these meetings, Community Food Lab worked to maintain the role of facilitator, and not of direct project manager, allowing the natural distinctions between counties to be part of the study. Through this effort, we hoped to learn from five separate experiences, as opposed to implementing a single, top-down solution at the outset.

Community Food Lab shared with the CTG Region 5 counties tools for assessing candidate corner stores (some we developed for the study, some we borrowed from models in other NC CTG regions and from around the country). These included a food environment assessment tool, a storeowner interview guide, and a customer survey. We found that the tools we shared were often revised or adjusted by the counties to suit local needs and this was encouraged. As much as possible we solicited feedback on the revisions to support our iterative learning and refinement process.

We quickly began to recognize the importance of developing community partnerships and began to emphasize this. Through conversations, the development of informal talking points, and a one-page project description, we encouraged intentional development of relationships with community partners that could help support a local healthy corner store project. Where feasible, we helped facilitate discussions with community partners whose own objectives aligned with a healthy corner store program.

Community Food Lab visited each county to continue cultivating the relationships we'd established, and to learn the lay of the land. This included touring corner stores who expressed interest in participating as well as candidate corner stores not yet involved.

phase 3: MARKETING AND COMMUNICATIONS DEVELOPMENT

The primary objective of phase three was the development of marketing and communication materials for the project, in both a preliminary draft state for use during the pilot study, and a final version for inclusion in the project toolkit.

During this phase, we worked in parallel with an independent graphic designer also contracting with Region 5. Where possible, we provided design recommendations to the graphic designer along with content and copy for promotional material.

To allow feedback from the team, especially from the health educators, the graphic design process incorporated multiple points for review and comment, including in-person meetings and email correspondence. Community Food Lab helped steer portions of feedback discussions on challenges and obstacles that arose with branding a visual identity for a healthy corner store program for Region 5. Ultimately, county feedback called for a simple logo and marketing materials that could be branded for each individual county.

phase 4: REFINEMENT AND REFLECTION

Our final phase culminated in production of the Eat Good, Feel Good program. During this phase we reflected on the lessons of the pilot study to create recommendations, a program guide, and toolkits that could be used to implement future healthy corner store projects.

At the end of the pilot study in June 2014, we encouraged each study partner to provide feedback on their experiences throughout the pilot study, and to document the current state of the healthy corner store program in their county. The feedback gathered was incorporated into our findings, which were used to inform our recommendations. Feedback was also gathered on the draft toolkits produced and was used to help guide our final toolkit production.

Finally, as support for the publication of our report and the Eat Good, Feel Good healthy corner store program guide and toolkits Community Food Lab has offered to review the guide and toolkits with each county and provide assistance in implementing the next stages of a healthy corner store program.

county reports

This section details our work and observations with each of the five participant counties. Of particular importance is the understanding that each county came to the study at very different starting points, with a wide range of support to give to the effort.

To introduce the range of county status throughout the study, we have summarized each counties' development of Healthy Corner Stores in the matrix below.

COUNTY	BEFORE STUDY		PILOT STUDY (January 1 - June 1, 2014)			AT STUDY CONCLUSION	
	HEALTHY FOOD RETAIL ASSESSMENT	STORES IN PROGRESS	HEALTHY FOOD RETAIL ASSESSMENT	# ENGAGED COMMUNITY PARTNERS	# STORES CONTACTED	# STORES INVOLVED AT ANY STAGE	# STORES INTRODUCED NEW HEALTHY PRODUCTS
CASWELL	no	no	yes	1-2	4	4	0
CHATHAM	yes	yes	no	0-1	1	1	0
DURHAM	no	yes	yes	2	1	1	0
GUILFORD	yes	no	yes	1	2	1	1
PERSON	no	no	no	0	0	0	0

matrix of Healthy Corner Store development through the study period

Caswell County



Municipal area: Yanceyville
2012 Population: 23,217
Key study points:
Rural
Active Local Food Council
UNC student collaboration

Before Community Food Lab began working with Caswell County on the pilot study, a culture was already beginning to take root in the county that supports and promotes local food. An active group of engaged citizens and community partners formed a local food council (LFC) to discuss food access throughout the county. Early on, the LFC surveyed 150 residents about their awareness and interest in local food. The results of this survey provided a team of UNC Capstone students with a foundation as they began working with the county health department in 2013 to improve county residents' access to fresh produce.

As Community Food Lab began working with the county health department, the UNC student team had independently chosen to redirect their final deliverables from a community-based food distribution and nutrition program into a healthy corner stores research project. This led to a sharing of information and project objectives between the students and Community Food Lab. From January-April 2014 the UNC students, in collaboration with the county health department and members of the LFC, identified candidate corner stores, conducted preliminary surveys of food inventory in the corner stores, and conducted interviews with the corner store owners. Their food retail environment assessment tool, that they called an environmental scan, collected data on product, price, placement, and promotion of fresh produce in stores. A culmination of their findings was published in a final report in April 2014. This final report selected four corner stores that could be candidates for store conversions, based on selection criteria provided by the program guidelines established by Community Food Lab. The publication of the final report marked the end of the students' involvement with the pilot study.

At the time of publishing this report, leadership of the Healthy Corner Store program is anticipated to be championed by the LFC and the county health department. Each of the four selected corner stores agreed to participate in a Healthy Corner Store Program. The LFC and county health department will begin working with the participating stores to introduce new, healthy products to their inventory. In the meantime, each store has selected new display shelving provided by the county health department for stocking new, healthy products.

Chatham County



Municipal areas: Pittsboro, Siler City

2012 Population: 65,976

Key study points:

Significant Latino population

Previous intervention, ready to launch marketing campaign

UNC student groundwork

Delay due to County Health Assessment

Prior to Community Food Lab's partnership with Chatham County, the county health department in Chatham County was actively involved in two healthy food access projects. One of the projects was led by a team of UNC Practicum students who surveyed all food stores in Chatham County for availability of fresh produce, using an adapted version of both the Food Retail Outlet Survey Tool (FROST) and the Nutrition Environment Measures Survey (NEMS). Using the survey results as a baseline, the project created an inventory map of fresh produce available in corner stores, conducted interviews with store owners, and identified candidate corner stores in which to market healthy foods.

This work evolved into collaboration between the UNC students, the county healthy department, and a tienda (Latino corner store) in Siler City. The tienda, Loma Bonita, was chosen as the site of an intervention in customer purchase habits, using shopping baskets outfitted with "healthy food goes here" signs (in English and Spanish). The intervention led to surveyed changes in shopping behavior, although overall sample size was too low for confident interpretation. The diversity of this community allowed for the experience of store interventions, and possibly healthy corner stores, to be culturally and ethnically sensitive and appropriate.

When Community Food Lab visited Loma Bonita in February 2014, it was apparent that the tienda was already successfully selling several healthy products, and that the tienda could immediately benefit from marketing and promotional materials once they were created.

During this time, the county health department intended to start developing partnerships with community stakeholders and engaging additional stores in the project. However, this was not accomplished due to the prior commitment of completing a County Health Assessment. As a result, further development in the project slowed.

At the time of publishing this report, there has been no additional progress in Chatham County as the county health department hasn't been able to dedicate the time needed to begin implementing a healthy corner store program. The county health department anticipates implementing the program in earnest at the end of 2014.

Durham County



Municipal area: City of Durham

2012 Population: 279,641

Key study points:

Strong community partnerships

Youth engagement

Documentary video project

Durham County has a strong record of collaborations around public and community health issues, fostered in large part by the multi-stakeholder Partnership for Healthy Durham. As the Partnership has become more engaged with the community to support health interventions, new projects have emerged. In 2013, the Partnership launched a Healthy Aisles pilot project at an independent supermarket that replaced typically unhealthy food choices in a checkout aisle (candy, chips) with healthier choices (rice, beans, vegetables). This Healthy Aisles pilot was modeled after similar projects in other parts of the country.

Another project, independent from the work of the county health department, was led by Durham Together for Resilient Youth. The organization has built a network of “Good Neighbor” stores (150+ stores, more than half are corner stores) that have pledged not to sell tobacco or alcohol to minors. Of particular interest for our study, the initial Good Neighbor survey of these storeowners asked, among other questions, whether owners were interested in selling healthy food products in their stores. To date 50% of storeowners have said yes. Also, in thinking about the importance of community ownership of healthy solutions, a neighborhood resident was responsible for a majority of the survey work. She has since become a champion volunteer and exemplifies the success of a citizen advocate as a change agent.

In January 2014, as Community Food Lab began actively working on the healthy corner store program in Durham, the county health department was awarded grant funding for a video to document corner store conversions. The documentary project engages youth from the Good Neighbor Team, part of Durham Together for Resilient Youth to record conversations with youth peers about what healthy food is, why it matters, and how to get it in neighborhood corner stores. The documentary will also feature an actual store conversion, including the addition of new healthy products as well as store enhancements like a youth-painted mural.

Early in the spring, the store selection process was narrowed down to a single store.

The corner store selected had already participated in a multi-partner remodeling process supported by the City of Durham, a local community development corporation, and the owner of the store building. We helped direct the remodeling process, and as such knew the storeowner to be open to trying new ideas such as introducing more healthy food options. The connection with the store owner and the county health department was facilitated by Community Food Lab. Because of the grant opportunity with the youth video, the county health department saw advantages in working with just one store, and especially in working with an independently owned store, which yielded more autonomy for the store owner and room for the count health department to recommend store changes.

At the time of publishing this report, the county health department has started shooting the first part of the documentary, with youth interviews of their peers and other community members. The video and healthy corner store project has been slowed in Durham while the county health department has been waiting to fill a staff position that will directly support of this project. Also, with youth participation in the video, school calendars and breaks brought unavoidable delays. A store conversion is anticipated for July 2014.

Guilford County



Municipal area: High Point, Greensboro

2012 Population: 500,879

Key study points:

Civic interest in revitalization (High Point)

UNC-G students

Successful introduction of fresh produce

In 2013, two teams of UNC-Greensboro students conducted food inventory assessments on corner stores within Guilford County. This round of assessments completed in July 2013 established which corner stores, among other measures, would be willing to participate in healthy corner store conversions.

During the healthy corner store pilot study, CFL worked with the county health department and a student intern who assumed the role of project manager. Leading from the 2013 student surveys and subsequent mailings, two High Point stores were selected, both owned by the same person. Both stores are located in a food desert, and both have large, under-used spaces. Pending successful store conversions, the stores have the potential to become strong community assets, especially if existing spaces within the corner stores are reconfigured to support community meeting areas.

Only one of the candidate stores was selected for participating in the healthy corner store pilot study, due to the owner's limited time availability and his belief that one of his stores made a better candidate than the other.

Throughout the duration of the pilot study, the county health department and project manager returned valuable information about the store using the tools provided by Community Food Lab (including a food retail environment assessment tool and a storeowner interview). In a major success during the pilot study, the county health department facilitated a partnership with a local farmer to deliver several varieties of fresh produce to the corner store.

At the time of publishing this report, the store owner and local farmer have chosen to suspend selling produce at the store. The store has no air conditioning and the produce was spoiling quickly; as well, customers were commenting that the prices were too high. Both the farmer and owner intend to resolve these challenges. In the meantime, incentives like certified scales have been provided by the county health department to help merchandize fresh produce, and other healthy products are expected to be introduced in the near future.

Person County



Municipal area: Roxboro

2012 Population: 39,268

Key study points:

Rural

Challenges in building strong community partnerships

Few resources to devote to project

Prior to Community Food Lab beginning work on the healthy corner store pilot study, the county health department in Person County had primarily worked to develop the Person County Farmers' Market (PCFM). The PCFM was not as successful as hoped, in part because of the lack of customer demand for local foods, which could be attributed to the lack of education and community engagement around local food participation, and in part due to competition with a larger, more established farmers' market in a neighboring county.

In February 2014, we visited Person County to meet with the county health department. At that time, it was shared that because the county health department recently invested an extensive amount of time and resources toward the development of the PCFM, which represents an ongoing responsibility, the health department could maximize its effectiveness in the a new healthy corner stores project by waiting until Community Food Lab completed its pilot study and published the Healthy Corner Store Program Guide and Toolkits.

The program guide can be most beneficial to Person County by helping to spread awareness about local, healthy foods to build stakeholder interest before approaching candidate stores about participation in a healthy corner store program.

At the time of publishing this report, the county health department has begun identifying potential corner stores and community partners, though no contact has been made.

findings and discussion

In reviewing the findings of our study, we have organized topics for discussion into the following categories:

*coordinating communication,
staffing and rate of progress,
development of relationships,
unique store environments,
product sourcing and merchandizing,
using preliminary toolkit, and
metrics and evaluation*

The findings we discuss below have informed the recommendations we make in the next section.

coordinating communication

Within the scope of our pilot study, we directed our communication as much as possible through CTG regional coordinators, who would then communicate directly with county health departments. A similar process was adopted for our approach to advising the CTG graphic designer, as well as student groups who were partnering with county health departments in two locations. Our intention was that with a centralized communication framework we could best manage the large number of voices and county priorities that a diverse, regional pilot study such as ours necessitated. We expected that overall clarity would be provided and that Community Food Lab could devote more time to strategic planning and program development than on county-level project management such as organizing meetings and facilitating correspondence.

Upon reflection, however, we found that attempting to synchronize so many partners encumbered our communication process and the benefits of efficient communication and decision-making did not necessarily result. When coordinating meetings and calls with county health departments, our centralized communication system may have actually slowed the pace of our study. In the graphic design and marketing communication process, we found a similar situation.

When we were able to communicate directly and frequently with county-level project team members, such as with Guilford County's student intern or with a storeowner and health educator in Durham County, we were able to learn a great deal in a short amount time which helped progress the pilot study in those locations. These instances emerged from particular circumstances unique to both counties, not from an intention around creating new communication frameworks, and in each case revealed the importance of direct contact and reduced centralization.

staffing and rate of progress

Early on in the pilot study, we asked the CTG project team how they felt about creating a web-based forum to connect health educators of health departments in the participating counties with each other, to serve as a message board to share discoveries and progress, and to build a public face around the pilot study. The response was not enthusiastic, and as the discussion went on it became clear that the majority of county health educators felt too busy to provide regular feedback in addition to their current workload.

As we learned more about the resources and time available that each county could commit to this pilot study, we found that while sufficient funding was available through CTG funding for purchases of hard goods or services, the implementation of a healthy corner store program relied on county health departments and other project team members who had limited time to commit. We also learned that most of the county health educators juggled multiple projects and priorities, and often their ability to keep up with progress of the pilot study was hampered by external events in their respective county.

In one county, it was confirmed that not having dedicated staff to assume the role as project manager slowed down progress of the healthy corner store project. In another county, for a significant portion of our study period a countywide health assessment prevented staff from being able to commit adequate time toward further developing their healthy corner store project.

development of relationships

When beginning a pilot study involving multiple partners, visual guides can help align efforts and build agreement on target areas, which helps to build working relationships. County maps were used as a tool for bringing partners together around the pilot study. The maps, which showed schools, food deserts, areas of low socio-economic indicators, and locations of corner stores, sorted relevant information and allowed for quick, unanimous decisions to be made about geographic priorities.

Another benefit of the development of relationships occurs when first engaging a potentially skeptical store owner. Being able to develop relationships with community partners in early store conversations enabled some projects to move more quickly to the point of inspiring storeowner enthusiasm, or at least willingness for the storeowner to try something new. “I think a little more guidance from someone who is not from the health department will do wonders. It’s amazing how . . . barriers are raised (when people hear where I work).” -Durham County.

As the emphasis of our pilot study began to stress relationship building as a key area of development, we found county health departments affirming the

value of relationships in the sustainability of a healthy corner store program. Having learned from other community-based food projects in Person County, it was noted that “personal connections and contact is what is likely to foster participation and sustainability.” In Caswell County, an emerging local food council’s enthusiasm and collaboration offered a different example, in which a community of local food stakeholders provide the potential for strong and lasting relationships between storeowners and community partners.

As much as we are finding that multiple partners can add stability and capacity to a healthy corner store program, we also are finding that with multiple partners there is a risk of having “too many cooks in the kitchen,” especially in regards to project ownership. When concerns of leadership, territory, and communication emerged, we saw progress slow down as partners’ motivation was deflated. There is also a risk of partners showing early enthusiasm and then losing interest. Some health educators have been discouraged in the past because of a perceived lack of commitment from community partners. “I’ve had a few partners who’ve been excited about something at first, then when it comes down to them sustaining something it fizzles out.” -Person County.

Across our pilot study area, we found a wide range of store types and neighborhoods, and responses from storeowners. Because of the open-ended nature of our study, we encouraged county health departments to use local knowledge to explore leads on store recruitment in any areas of their county, not exclusively in food deserts. We saw this flexibility as a learning opportunity, and also as a way to admit that food desert conditions can flow beyond the bounds of a census tract.

The nine stores engaged during the course of the pilot study ranged from urban to rural and across a spread of diverse communities. All stores, except for one in Durham County, were independently owned. The diversity of these stores yielded unique experiences in each county, reflecting the individual personalities of owners and the local differences in their stores and clientele.

In some stores the progress of the pilot study was slowed because of storeowner considerations. In two cases, storeowners were out of town for extended periods. In another case, while a storeowner said he was open to the idea of participating in a healthy corner store program, he also showed some skepticism of the pilot study and at other times ambivalence. To resolve this, the storeowner seemed to require another project partner’s involvement to overcome his skepticism.

On the contrary, some storeowners contributed their own ideas and energy



displaying local farm produce in High Point

to the pilot study. One storeowner not only expressed a useful interpretation of “healthy food,” but also showed interest in his store becoming a community-gathering place. “The extra space where the pool tables are is the reason he bought the store in the first place; he wants it to be a space where community members can gather.” -Guilford County

product sourcing and merchandizing

Because of the limited number of stores that were able to actually begin stocking new healthy inventory during the pilot study, we have only one case to point to for discussion, which in particular illustrates sourcing and merchandizing of fresh produce. In this case, the storeowner in Guilford County stopped carrying fresh produce due to the lack of time available to source and purchase it, even though “the store used to be a full grocery store, so healthier products had always been sold.” During the pilot study the project team in Guilford County was successful in facilitating a relationship between the storeowner and a local farmer, which resulted in the delivery of eight varieties of fresh produce by the local farmer.

While other participating stores were not ready to begin adding new, healthy products to their inventory, guidelines were developed to help storeowners identify healthy products and for negotiating conversations with existing food vendors to inquire about what healthy products the vendors could provide that could be sold in the stores. When the corner stores were first evaluated in the beginning of the pilot study, almost every store was already selling some products that qualified as “healthy,” most often in the form of canned vegetables.

using preliminary toolkit

In designing our project, we developed and tested a draft toolkit that county health departments could begin using and provide feedback on throughout our study. We imagined that these draft tools would require modifications, and recognized the modifications would be significant learning opportunities for us.

We designed the tools as adaptable and editable documents, and encouraged the tools to be modified to best suit each county. We found that

the county health departments indeed often revised the tools we created. One tool in particular, the storeowner participation agreement, was approached differently by each health educator based on the culture of their county. Ranging from a memorandum of understanding (MOU) to only a handshake agreement about mutual interests, the agreement's level of formality (and adjustment of our document) depended on the health educator's perception of their county role and community role. We also learned that some county policies require that any document signed, even an informal agreement or MOU, be reviewed by the county attorney, which at times influenced the formality of the storeowner participation agreement.

We also found that some county health departments weren't comfortable with beginning to implement a healthy corner store program without a complete, polished program guide and toolkit. One expressed interest in having complete guidelines in hand before initiating conversations with community partners or storeowners about the pilot study.

metrics and evaluation

Because of the relatively short duration of our pilot study, we did not expect to see significant changes in customer purchasing behaviors, food access, or other food-related health indicators, and as such it was not a key part of our evaluation method in this pilot study. Instead, our qualitative, case-based research approach has valued diversity of experience and outcome, open dialogue, and the ability to learn from small, incremental decisions.

We focused specifically on the process of building relationships around the shared benefits of healthy corner stores, and putting into motion sustainable change that would support empowerment of community members and storeowners to make healthy decisions in their communities.

As we look back at our method and reflect on the issues of metrics, however, we are still faced with the question of how to evaluate success of a healthy corner store program, and how to evaluate the success of a specific healthy corner store. One of the key metrics used by the Food Trust is the number of converted stores, and this seems to be a useful measure to us. Also useful, depending on context, funding sources, and partners involved, would be measures of healthy food access, economic indicators, or healthy food purchasing behaviors.

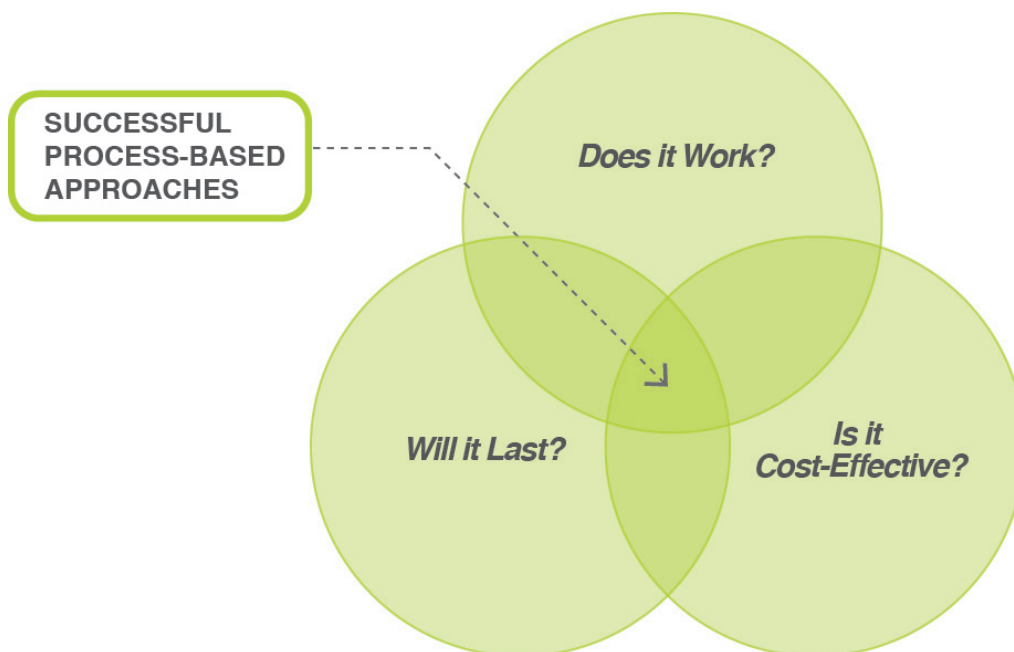
We do believe that evaluations of success are important in building outcomes-based strategy, and include considerations of metrics as a key recommendation. Based on the diversity of locations participating in our pilot study, however, we believe that metrics and evaluations are crucial elements best developed by each individual healthy corner store program in each county.

recommendations

Due to the diversity of CTG Region 5, we found that it was difficult to develop a regional identity or universal approach to the development of marketing and communication material for the Eat Good, Feel Good Healthy Corner Store program. Illustrated in as simple a thing as creating a logo for the program, identities of urban and rural places were difficult to consolidate. If the best examples of other healthy corner store programs had close connections to their place, and resulted in projects that drew strength from those connections, how could Region 5 build an entire program guide to support a Healthy Corner Store program for implementation in such diverse communities?

With this question in mind, we set out not only to design a pilot study that would inform the development of a Healthy Corner Store program in Region 5, but also to think about and recommend principles of successful programs. We encouraged county health departments to reach out to community partners, and to focus less on the number of healthy products on a shelf. We believe success comes from building relationships with storeowners to sustain a program that will be embraced by its community long into the future.

The central principle of our recommendations is a process-based approach. For Eat Good, Feel Good we have developed a toolkit and program guide that elaborate the steps needed to establish a Healthy Corner Store program, incorporating flexibility in the process to allow for unique expressions that respond to local conditions. Our findings support the need to allow local assets such as food councils or proactive storeowners to help steer the process. By creating a flexible toolkit and encouraging local responses, we hope to empower communities to build stable healthy corner store programs with lasting impact.



In this process-based approach, successful outcomes will be measured in three overlapping areas:

Does it Work? What are the primary metrics of success? Are essential indicators like food access and healthy food behaviors changed? Are project partners realizing their mission?

Will it Last? We must set the conditions for long-term viability: community buy-in, empowered and enthusiastic store owners, and most importantly a small business that can keep its doors open.

Is it Cost-Effective? With stretched budgets, any public health and community initiative must compete on a bottom-line basis against other proposals. New partnerships, resource alignment, and strategic incentives are encouraged throughout our guide.

supporting this approach, we developed the following list of recommendations:

develop community partnerships

Partnerships allow greater project capacity by sharing resources, building social capital, and aligning multiple efforts. They can connect diverse communities, and they can help build lasting impact. We believe that this is one of the most important steps in long term sustainability, yet it is most often overlooked. Progress can seem slow if you are focused on outcomes, but is immensely rewarding if you adopt a process-based approach that is rooted in the development of community partnerships.

build relationships around common goals

To help build lasting programs, work to find new partners who share common health or community goals, and spend time with existing partners to clarify areas of overlap. Focusing on shared interests keeps partners engaged and motivated to stay involved.

identify a project manager

We have found from our pilot study and research that a single, consistent point of contact for each store helps build trust in the program and provides consistent communication for effective relationships. Establishing a single project manager also streamlines internal communication, which helps to clarify project responsibilities and results in effective project leadership.

choose indicators of interest

At the start of your program, define the terms of success, so that you can begin tracking it before making interventions. Often community partners can help you determine what indicators matter to your project, if their mission and goals align with health factors that concern you. Keep in mind that the indicators you choose should be easy to measure.

see store owners as project champions

Don't underestimate the effect a storeowner can have on the project's success. Accept and move past when a storeowner or community partner is not interested in participation - trying to force a program can be discouraging and exhaust resources. Our experience shows that many storeowners are enthusiastic about participating in a Healthy Corner Store program, and again, the first step towards is investing in relationships with the storeowners.

keep interventions simple and gradual

Start with small, incremental changes and check in frequently to assess the viability of those changes. Every partner, including store owners, will pick up on the rhythms of the Healthy Corner Store Program at different speeds. By starting with simple interventions that require low investment, time allows for everyone to take ownership and make any needed changes to the program with lower effort. Also, keeping interventions simple and gradual provides time to evaluate partnerships and make changes to the project team as necessary. Allow room to discover whether the partnerships are good matches; not every store and partner are meant to work together.

store conversions aren't guaranteed

The project timeline in our toolkit uses a "Healthy Corner Store Conversion" as the marking point to recognize if a store has successfully adopted the program and can continue on its own, with fewer partner visits. This is the point at which the partners of a Healthy Corner Store Program can make confident and significant investments in store equipment or store upgrades.

It also helps to recognize stores that are not ready to sustain a store conversion because they may need more time or encouragement. Conversions aren't guaranteed. Sometimes stores or storeowners aren't good matches for several reasons and thus may discontinue their participation in a healthy corner Store program. We recommend this happen before a store conversion that results in investments in store equipment or upgrades.

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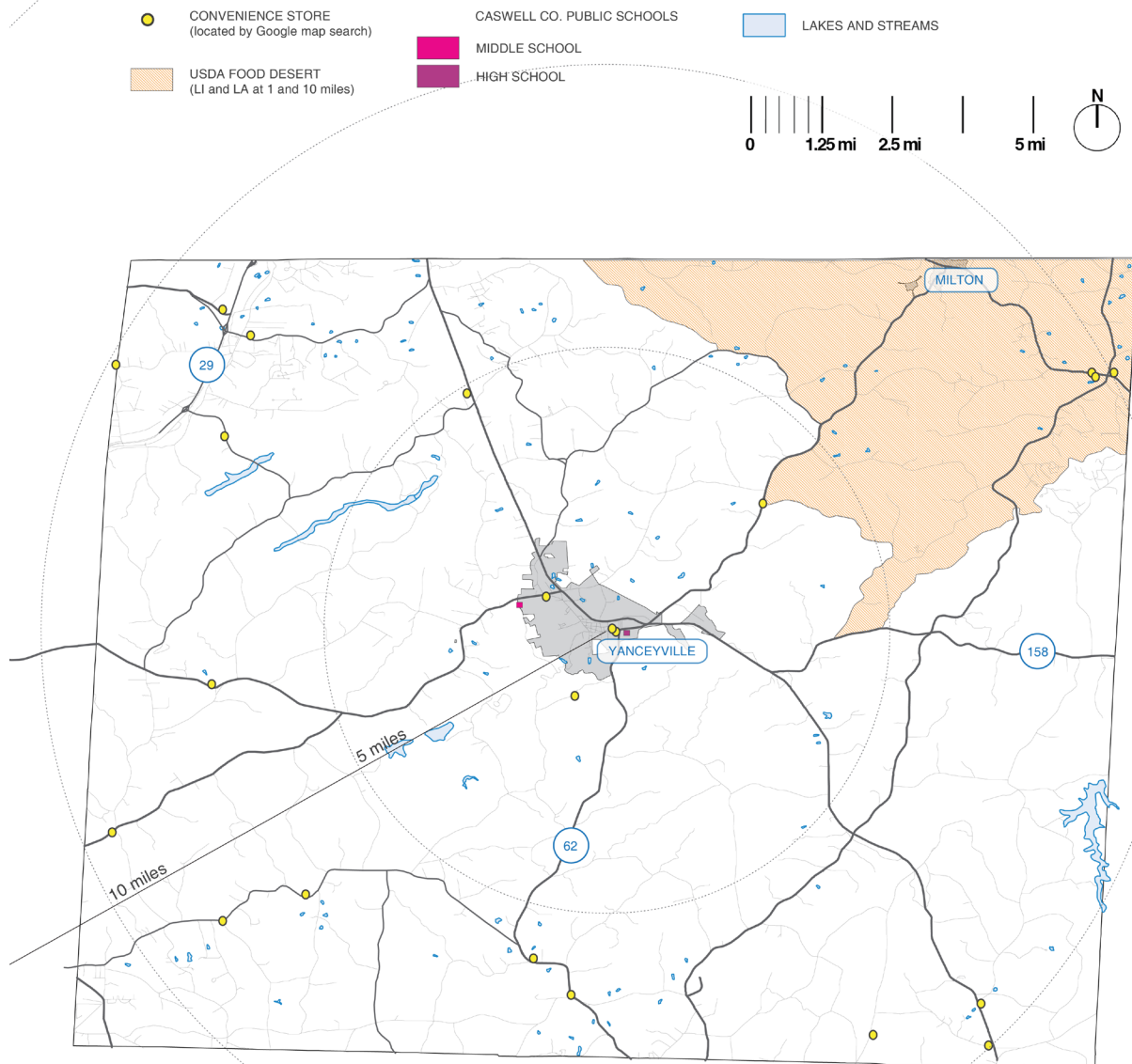
appendix: county maps

The maps on the following pages were produced to support corner store recruitment. Depending on the county's level of individual progress, these maps were more or less useful. The county-level maps were designed to help identify areas within a county to focus effort. In the cases where smaller areas were studied (Durham, Person) the maps were designed to help drive dialogue about pros and cons of particular store selection.

The maps were produced using GIS data provided by the Guilford County Health Department, food desert data from the USDA Food Access Research Atlas, additional corner store locations from Google Maps, and local knowledge of sites and conditions.

NC Community Transformation Grant Criteria for Healthy Corner Stores

Caswell County

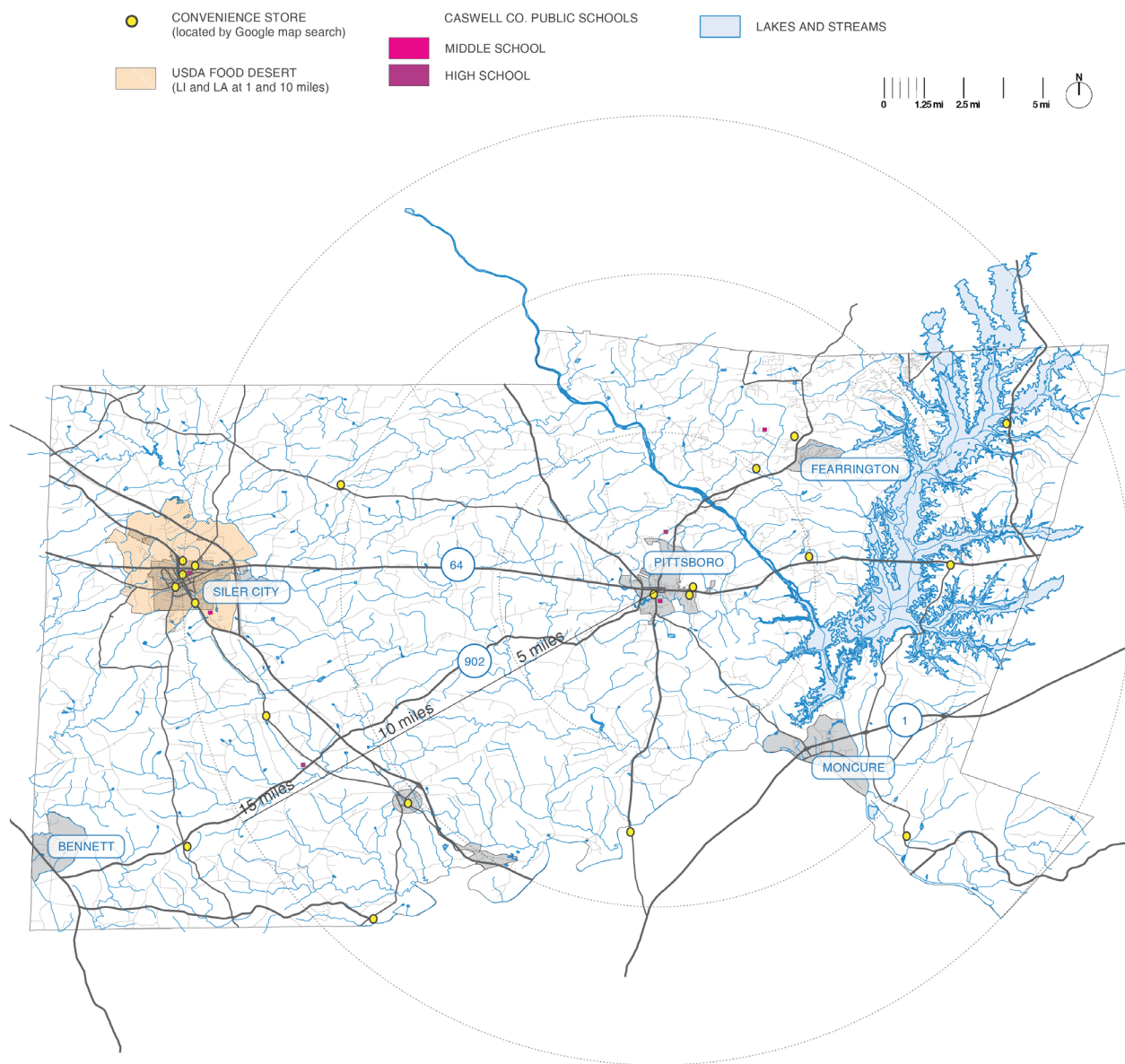


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CASWELL COUNTY NC



NC Community Transformation Grant Criteria for Healthy Corner Stores

Chatham County

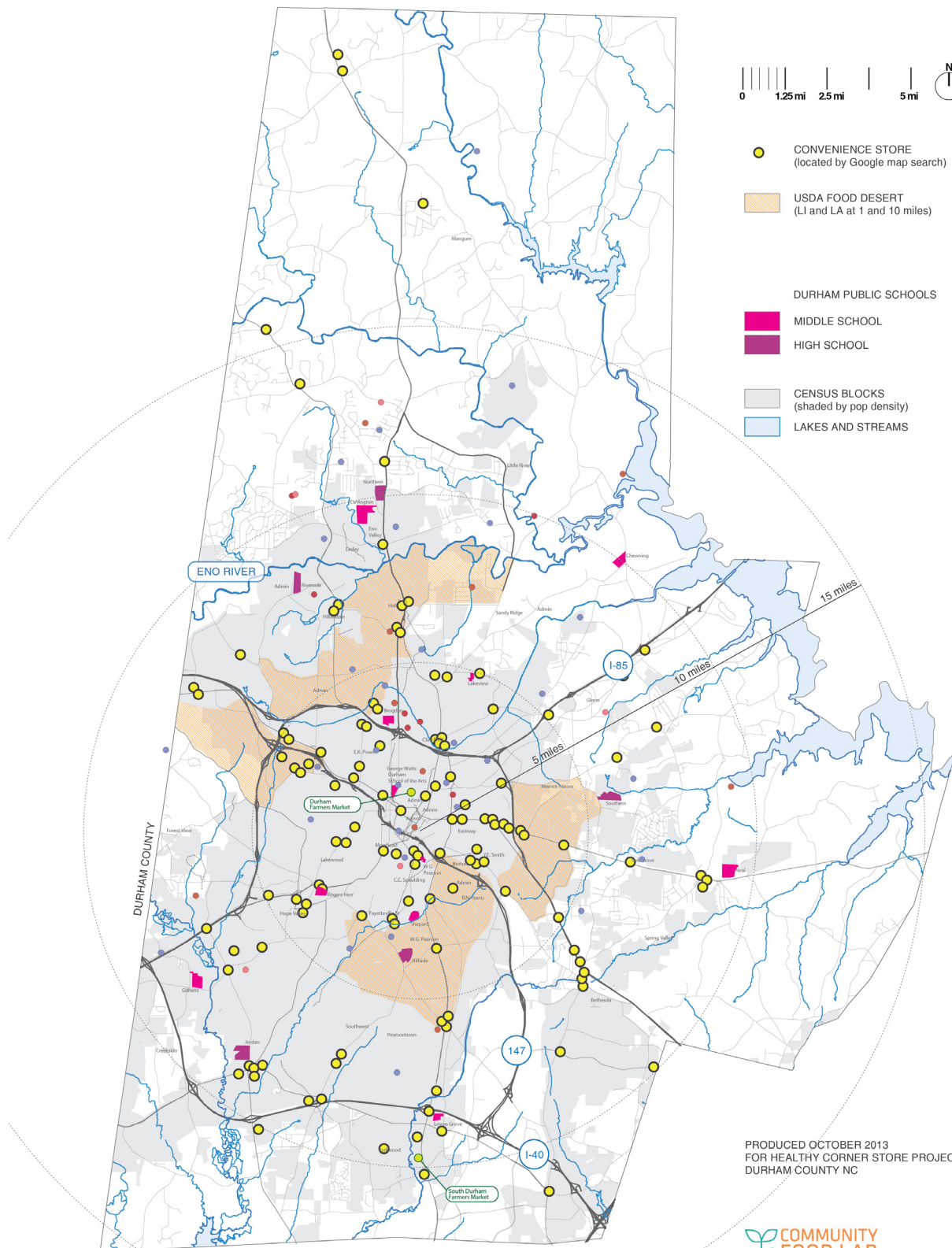


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CHATHAM COUNTY NC



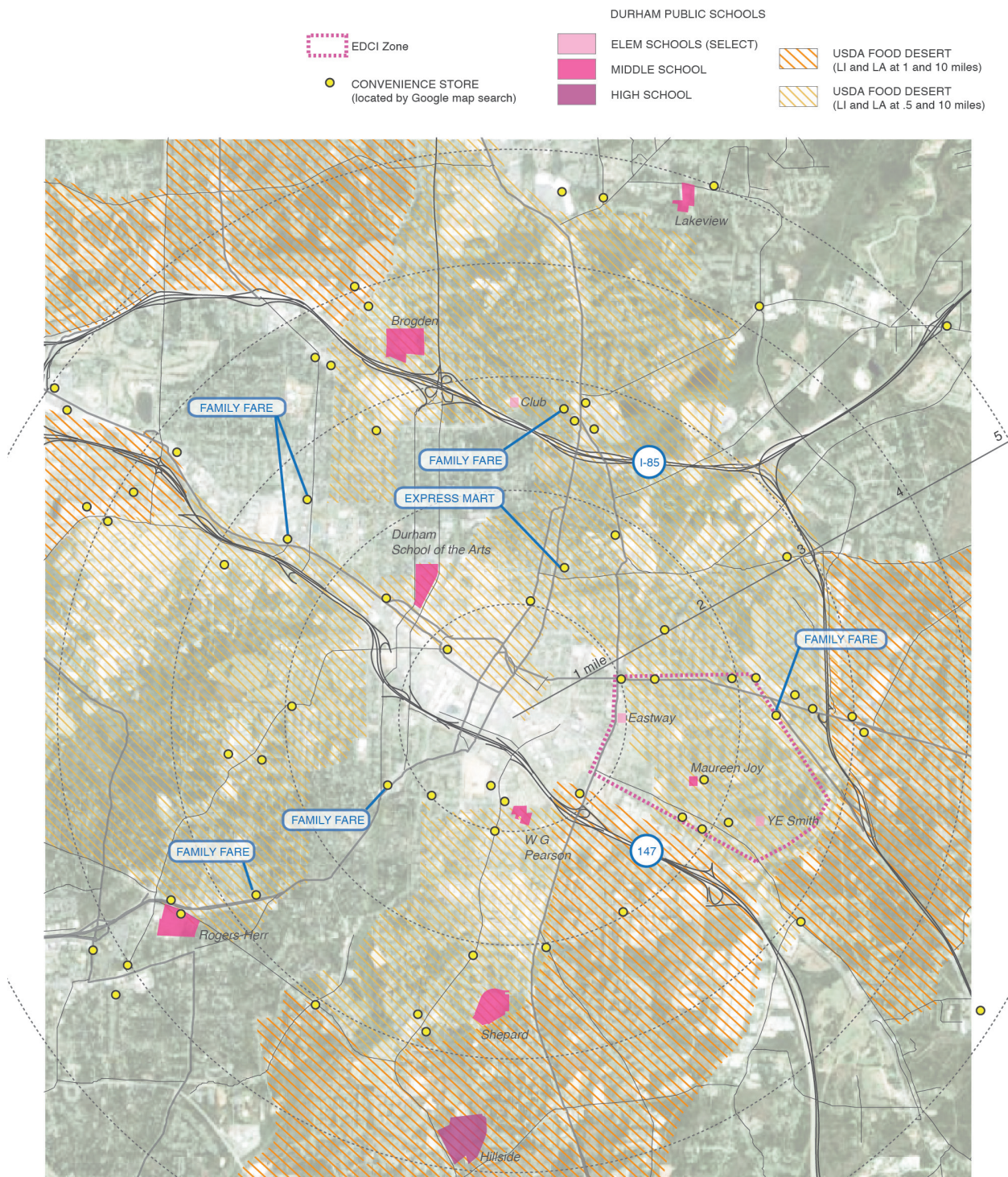
NC Community Transformation Grant Criteria for Healthy Corner Stores

Durham County



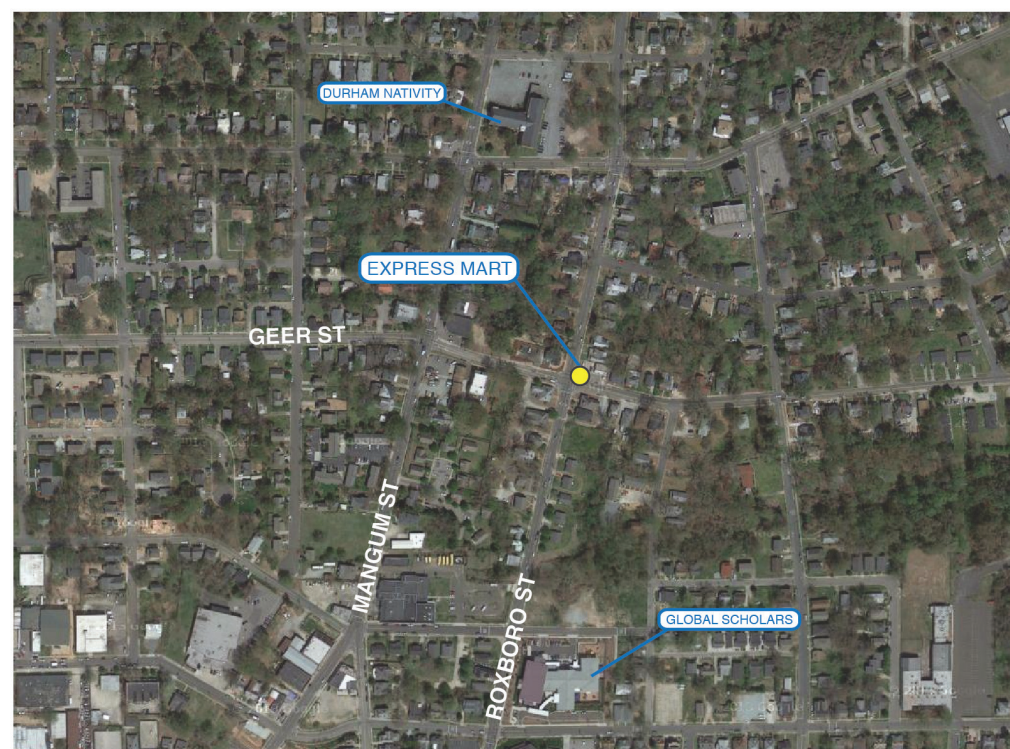
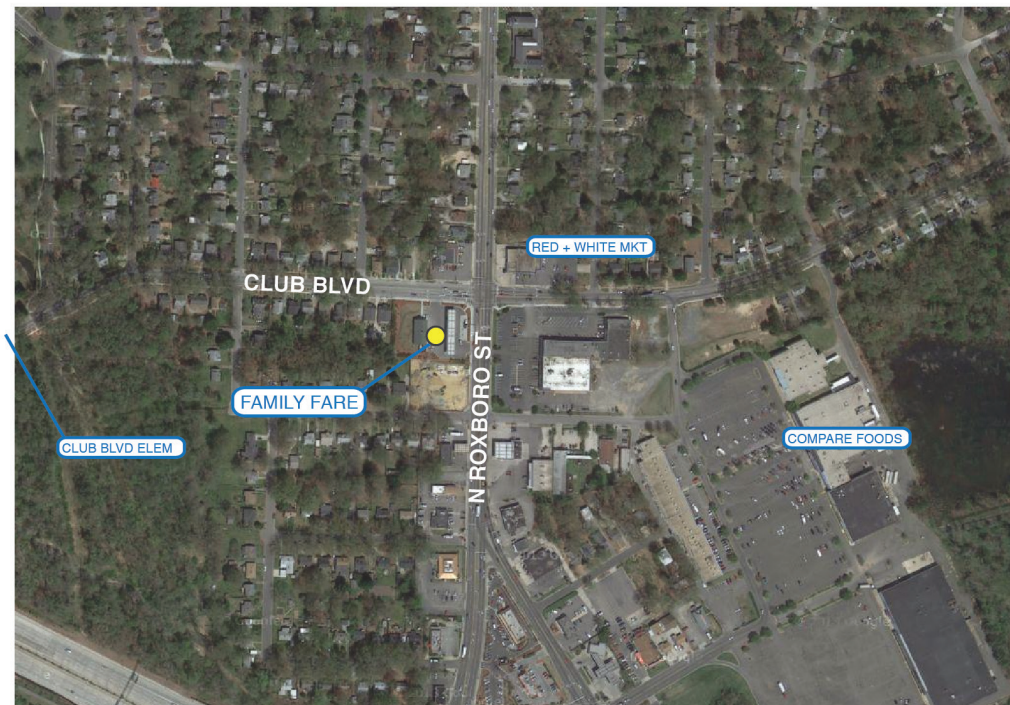
NC Community Transformation Grant Criteria for Healthy Corner Stores

Durham County



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DURHAM NC

NC Community Transformation Grant Healthy Corner Stores Durham County

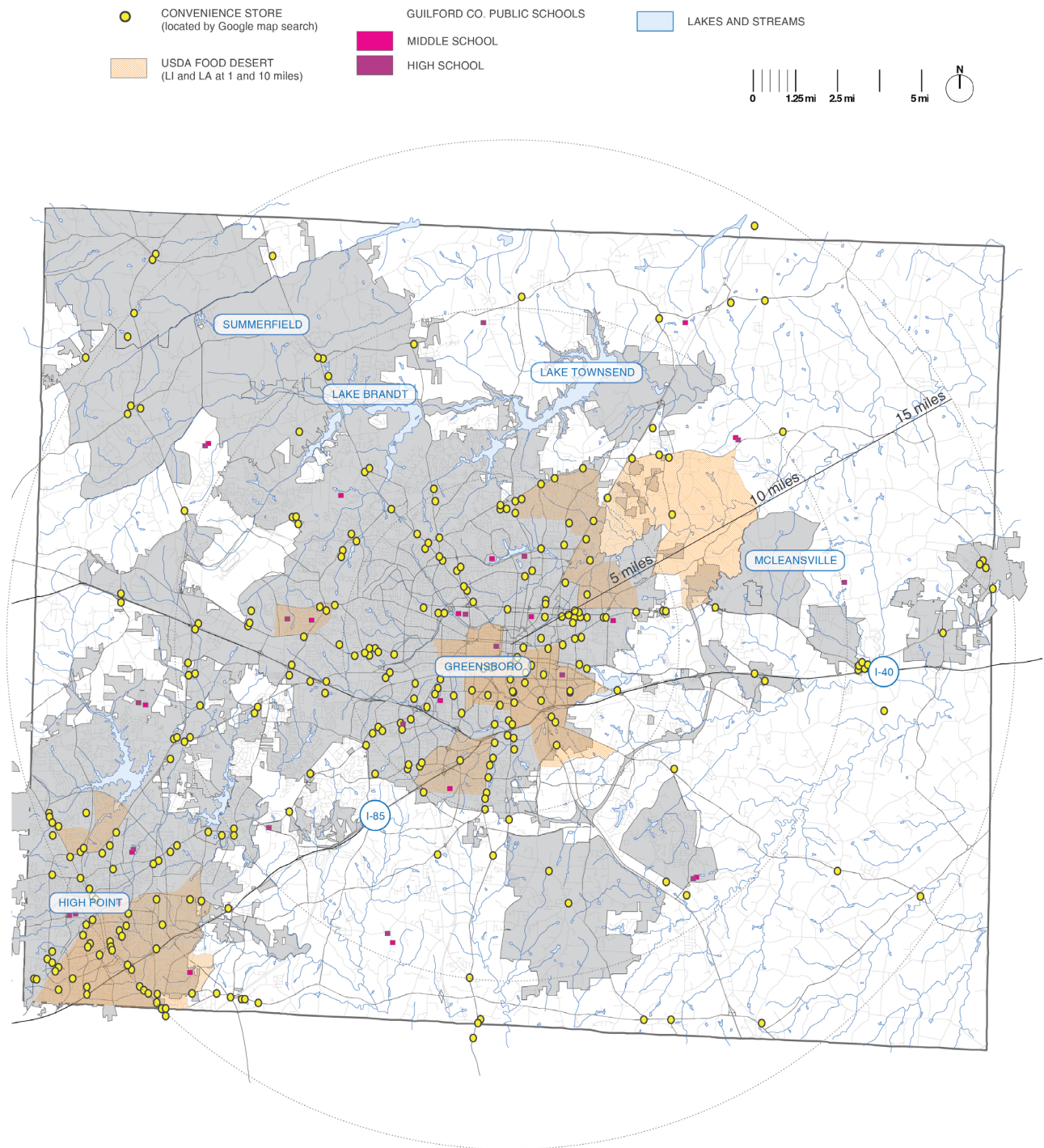


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DURHAM NC



NC Community Transformation Grant Criteria for Healthy Corner Stores

Guilford County

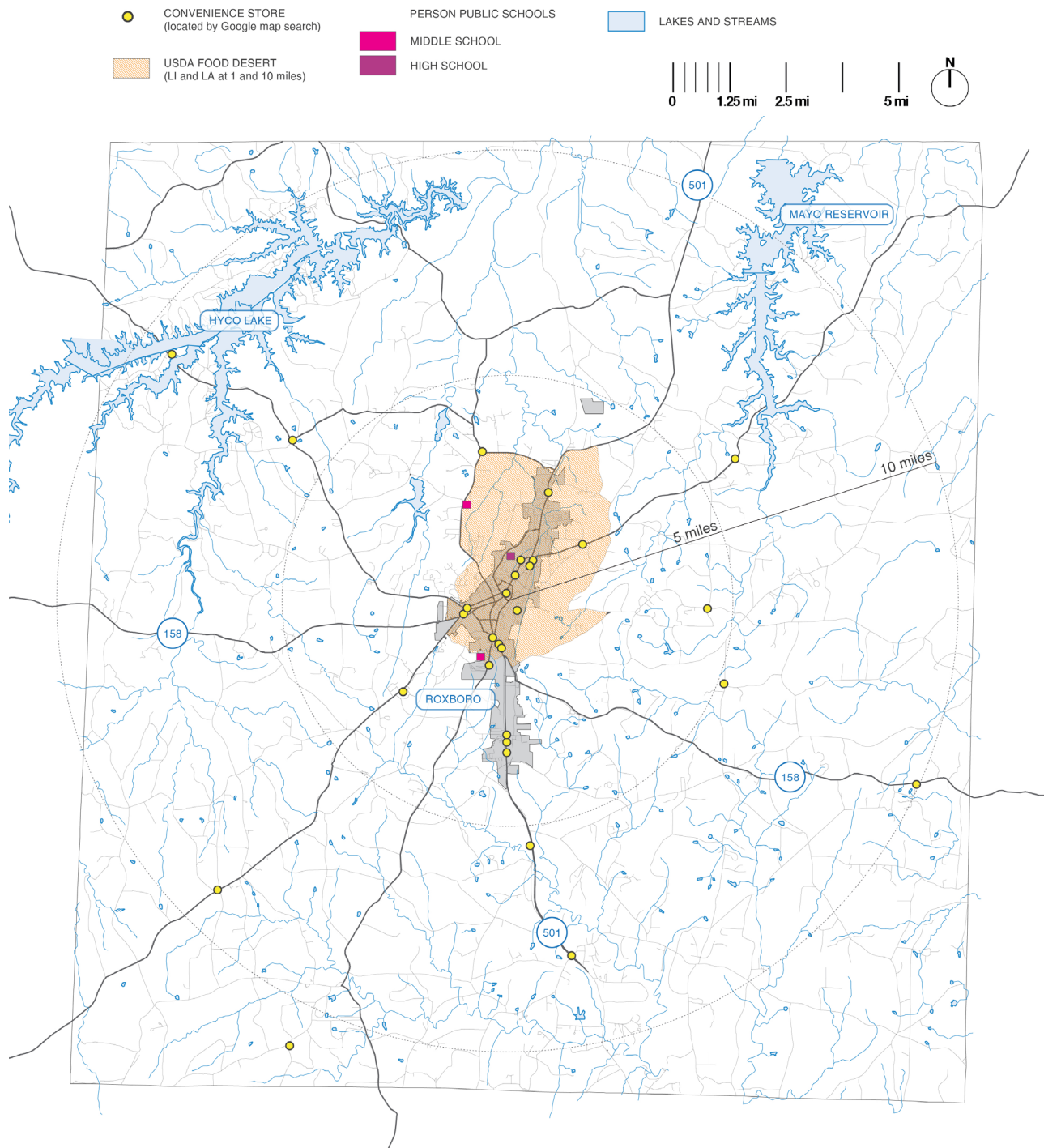


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GUILFORD COUNTY NC



NC Community Transformation Grant Criteria for Healthy Corner Stores

Person County



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PERSON COUNTY NC



NC Community Transformation Grant Criteria for Healthy Corner Stores

Person County - Roxboro

