

Example Strategies Promoting Access to Affordable, Healthy Food

Following are some example strategies for promoting access to affordable, healthy food. While these have been collected from the literature and are showing some promising potential, their inclusion on these pages does not imply they are a good fit for your community. Please use the links provided to learn more about the strategies. The strategies are organized into three categories:

Environment Strategies



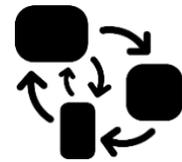
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Environment Strategies

Strategies to shift aspects of the physical, built, or social environment

Improve community healthy food environments



Develop food innovation districts to increase access

A food innovation district concentrates food-oriented businesses (farm to table restaurants and retail, farmer's markets), services (community kitchen, regional food hub, business incubators, healthy food assistance), and community activities (food festivals, cooking education, public spaces) in one geographic location. Small- and mid-size farms and food businesses within the local food sector typically do not have the "food system infrastructure" (e.g., large-scale storage, packaging, processing, and other facilities and services) to participate in complex global food supply chains that only deal in large volumes. Food Innovation Hubs address this issue by reducing the distance between farm and plate. These districts "promote a positive business environment, spur regional food system development, and increase access to local food" (Networks Northwest, n.d.).

<http://www.networksnorthwest.org/userfiles/filemanager/1734/>

Support expansion of healthy food retail in underserved communities

Grants, loans, financing programs, and technical assistance can incentivize the development of healthy food retail in underserved communities and expand market opportunities for farmers – especially given it can take between 5-7 years before initial investment costs of a typical new supermarket (\$8 million to \$25 million) are recovered. Some communities also use incentives like land use planning and zoning, economic development, and tax credits. Studies have found initiatives to promote healthy retail food development in underserved communities generate tax revenue, create jobs, improve wages, increase housing values, and potentially anchor other stores' economic activity (Alaimo, 2013; Manon, Church & Treering, 2015). The CDC (2013) also suggests providing support to help stores sell healthier options (e.g., staff training in handling perishable items, free local advertising).

https://sites.nationalacademies.org/cs/groups/dbassesite/documents/webpage/dbasse_084303.pdf

http://thefoodtrust.org/uploads/media_items/michigan-mapping-final.original.pdf

<https://www.cdc.gov/NCCDPHP/dch/pdf/HealthEquityGuide.pdf>

- **Example:** The city of Richmond, California, attracted a national discount grocery store to an urban retail center with adjacent affordable housing by offering an attractive incentive package. The incentive package included land sold at a reduced cost to the developer, a Federal Urban Development Action Grant of \$3.5 million for commercial development, a zoning designation that provided tax incentives, assistance in negotiations with State regulatory agencies, improvements to surrounding sidewalks, streetscape, and traffic signals; and concessions on design standards (Policy Link, 2016).

http://www.healthyfoodaccess.org/sites/default/files/Equitable-Food-Systems-FINAL-03-11-16_0.pdf

Example Strategies Promoting Access to Affordable, Healthy Food

Provide mobile food retail

Bring needed products, healthy food, opportunities, and/or cross-sector services and supports (e.g., health services, literacy supports, etc.) to areas with limited access. Provide online ordering and home delivery of healthy options for customers with transportation limitations. (CDC, 2013)

<https://www.cdc.gov/NCCDPHP/dch/pdf/HealthEquityGuide.pdf>

- **Example:** St. Louis MetroMarket is a mobile farmers market that sells produce to low-income neighborhoods that do not have grocery stores. The organization partnered with local hospitals to allow doctors to prescribe produce for children based on their level of hunger – the prescription can be used as a coupon at the MetroMarket. <https://www.globalcitizen.org/en/content/city-bus-mobile-farmers-market-access-fresh-produce/>

Expand farmers' markets in underserved neighborhoods

Provide incentives for the production, distribution, and procurement of foods from local farms; farmers' markets, community-supported agricultural programs, farm stands (Frieden, Dietz & Collins, 2010).

<http://content.healthaffairs.org/content/29/3/357.long>

- **Example:** Community partners in rural Southwest Georgia worked together to repurpose unused public land for farmer's markets. Disadvantaged farmers had new venues to sell their produce. When the market was ready to open, community activities, such as local high school band performances, were held to attract patrons. (CDC, 2013) <https://www.cdc.gov/NCCDPHP/dch/pdf/HealthEquityGuide.pdf>
- **Design Tip:** Locate farmers' markets in locations that are easy for people to access, such as schools, local hospital, worksites, and places accessible to public transportation (Miller, 2011; Wang & Qiu, 2016). www.phi.org/uploads/application/files/jpmrtjk4r5poqaz0sm2n11tlyiybkusw0mfjfsv0qxli98yin.pdf; <http://www.sciencedirect.com/science/article/pii/S0264275115300184>

Connect local farm and food production to local retailers to keep food dollars in community

This strategy can support local economic development through healthy food retail. Retailers in underserved communities may not understand how they can support and enhance local economic development. (CDC, 2013).

<https://www.cdc.gov/NCCDPHP/dch/pdf/HealthEquityGuide.pdf>

Support personal or community gardens in underserved communities

Research suggests people who grow gardens (and their household members) eat more vegetables than non-gardeners do, and the more vegetables they grow, the more they eat. Some communities encourage SNAP recipients to use their benefits to purchase seeds and plant starts to use in personal or community gardens (Alaimo, 2013).

https://sites.nationalacademies.org/cs/groups/dbassesite/documents/webpage/dbasse_084303.pdf

- **Example:** Detroit, Michigan, has one of the highest home foreclosure rates in the country, leading to increased abandoned buildings and boarded-up homes and as a result vandals and petty crime. An international nonprofit called Urban Farming partnered with the local county government to transform 20 abandoned properties into active fruit and vegetable garden plots that feed the homeless and improve the aesthetic appeal of city neighborhoods. Since establishing the gardens, residents report less vandalism and blight in their community and the local county government donates water to maintain the city gardens on an ongoing basis (Bear, 2008). <http://www.npr.org/templates/story/story.php?storyId=91354912>

Limit the density of fast-food establishments

Zoning restrictions can limit the density of fast-food establishments or can establish buffer zones between schools and recreation areas. Evidence that greater density of neighborhood fast-food outlets is associated with increased obesity suggests that zoning regulations are worthy of further study. Nonetheless, restrictions on fast-food establishments alone are likely to be insufficient because of the availability of less healthy food elsewhere (Frieden, Dietz & Collins, 2010). <http://content.healthaffairs.org/content/29/3/357.long>

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Limit children's exposure to advertising of unhealthy foods

Communities can limit children's exposure to advertisements of unhealthy foods and beverages through voluntary ad restrictions or through banning these ads. The United Kingdom, Norway, and Sweden have banned these advertisements (Norway and Sweden have actually banned all advertising directed at children under age twelve), and Australia is using voluntary self-regulation, including a phase-out of marketing of unhealthy food until later at night. The FTC proposed large-scale restrictions on television advertising to children in the 1970s, but these proposals were abandoned. However, there are thousands of pages of archived expert testimony available for groups interested in advocating around these issues (Elliott et al., 1981; Westen, 2006).

<http://digitalcommons.lmu.edu/cgi/viewcontent.cgi?article=2508&context=llr>

- **Example:** San Francisco County passed the Commercial Free Schools Act that prohibits the San Francisco Unified School District from entering into exclusive contracts with soft drink or snack food companies and restricts advertising of commercial products in the school district (Institute for Local Self-Reliance, 2009).

<https://ilsr.org/rule/advertising/2524-2/>

Improve healthy food environments in local settings and businesses

Provide easier access to clean drinking water to discourage soda consumption

Increasing the amount of water people drink can help limit weight gain among children, adolescents, and adults because it replaces sugar-sweetened beverages and reduces people's total calorie intake. Installing water fountains in public places and facilities (e.g., worksites, schools, government buildings, hospitals, etc.) can increase how much water people drink. Some communities passed regulations like the Healthy, Hunger-Free Kids Act of 2010 that requires schools participating in federally funded child nutrition programs to make water available during meals at no cost to students, and mandates childcare facilities provide free water throughout the day (Glickman et al., 2012). <https://www.ncbi.nlm.nih.gov/pubmed/24830053>



Provide more healthy food options on menus and vending machines

Workplaces, schools, hospitals, and other organizations can take simple steps to improve the food environment, such as phasing out sugary foods and drinks at staff meetings, adding more healthy options to cafeteria menus, and providing microwaves and refrigerators for staff.

- **School Example:** Bibb County, GA built a centralized kitchen for basic prep and cooking to ensure the county's 41 schools can serve healthy meals. The centralized model allows each school to serve healthier food options without investing in kitchen equipment or staffing changes. (CDC, 2013) <https://www.cdc.gov/NCCDPHP/dch/pdf/HealthEquityGuide.pdf>
- **School Example:** The Vista Unified School District of California implemented a vending machine policy that eliminated less healthy food options and replaced them with healthier choices at a local high school. Chips and candy were replaced with foods such as fresh fruits, vegetables, and yogurt; sodas were eliminated in favor of water, juices, and sports drinks. Vending machine sales increased significantly after policy implementation, from \$9,000 to \$41,000 annually (Coalition on Children and Weight San Diego, 2006). <http://sandiegohealth.org/disease/obesity/calltoactionfinalversion.pdf>
- **Hospital Example:** Fairview Hospital removed sugar-sweetened beverages off the patient menus and eliminated sugar drinks from the cafeteria and vending machines. The foodservice director noted the beverage distributor contract did not specify that sugar drinks must be sold, so he just changed his order to beverages without added sugar (CDC, 2015). https://www.cdc.gov/obesity/downloads/p2p/p2p_food_issue2.pdf
- **Hospital Example:** The Cleveland Clinic changed the way their cafeterias operated, taking away can openers in favor of knives, replacing 70% of what was served from processed foods to foods cooked by the kitchen staff themselves, and using citrus fruits to flavor foods instead of salt and other additives (CDC, 2015). https://www.cdc.gov/obesity/downloads/p2p/p2p_food_issue1.pdf

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- **Park Example:** Since 2006 California State Parks requires and supports park concessions to provide affordable, appealing, high-quality, pure, and organic foods at all State Park food venues.” (Blanck, 2012). <http://online.liebertpub.com/doi/abs/10.1089/chi.2012.0085.blan>

Promote fruits and vegetables at checkout aisles and point of purchase

Stores can increase produce sales with attractive, well-kept displays and placement of produce at checkout aisles (Frieden, Dietz & Collins, 2010). <http://content.healthaffairs.org/content/29/3/357.long>

- **Example:** In St. Paul, Minnesota, school adopting the “Five a Day Power Plus Program” provided an additional fruit item on days baked desserts were served to promote fruits and vegetables at point-of-purchase. Evaluation of the program found that fruit and vegetable consumption increased significantly among children in the intervention group as compared with a control group (Perry et al., 1998). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1508423/?tool=pmcentrez>

Provide clear calorie counts and healthy symbols on menus

Providing nutrition and calorie information directly on menus or menu boards allows people to more easily choose lower-calorie options. One study found that around a third of people who have this information said it affects their buying behavior and leads them to consume fewer calories. (Dumanovsky, Nonas, Huang, Silver & Bassett, 2009). <https://www.ncbi.nlm.nih.gov/pubmed/19343015> Organizations can also add signs or symbols to vending machines or cafeteria/snack bar menus denoting healthier food and beverage choices (Michigan Healthy Worksites DHEW Assessment, 2016) <http://www.mihealthtools.org/>

- **Example:** New York City implemented restaurant calorie labeling requirements in 2008 and as a result about one in six fast-food restaurant customers use posted calorie information (Dumanovsky, Nonas, Huang, Silver & Bassett, 2009). <https://www.ncbi.nlm.nih.gov/pubmed/19343015>

Help restaurants adopt healthier food selections as default on menus

Many smaller full-service and quick-service restaurants and catering trucks operate on thin margins of profit and may be reluctant to modify menus for fear of losing customers and revenue. Suggest changes to food preparation and selection that are not only healthy, but also cost-effective (e.g., offer whole beans in addition to refried beans, switch from lard and margarine to oils (directly cited from CDC, 2013)). Some companies have begun to make healthier options the default selection unless the customer requests otherwise. Other companies are beginning to offer healthier (lower-calorie) children’s meals (Directly Cited from Glickman et al., 2012). In 2011, the 19 large restaurant chains have agreed to provide at least one children’s meal option with no more than 600 calories (NRA, 2017). <https://www.cdc.gov/NCCDPHP/dch/pdf/HealthEquityGuide.pdf>
<https://www.ncbi.nlm.nih.gov/pubmed/24830053>
<http://www.restaurant.org/Industry-Impact/Food-Healthy-Living/Kids-LiveWell/About>

- **Example:** The Baltimore Healthy Carryout (BHC) Project worked with carryout restaurants in low-income neighborhoods to phase in more healthy options. BHC staff worked with restaurants to identify what healthy food options customers would want, supported them in adopting seasonal options to their menu, and helped with promotion. (CDC, 2013). <https://www.cdc.gov/NCCDPHP/dch/pdf/HealthEquityGuide.pdf>
- **Example:** After Disney began offering a healthier children’s meal as the default option at its theme parks in 2006, more than 50 percent of customers stayed with the healthier choice (The Walt Disney Company, 2011). https://ditm-twdc-us.storage.googleapis.com/FY10Disney_2010_CC_Report.pdf
- **Example:** In summer 2011, McDonald’s announced it would be including apples, a smaller portion of French fries, and 20 percent fewer calories overall in the “most popular” Happy Meals. (Directly cited from Glickman et al., 2012). <https://www.ncbi.nlm.nih.gov/pubmed/24830053>

Provide storage and preparation supports for employees to bring their own food

Help worksites provide food preparation and storage facilities for employees who bring their lunch/meals to work (Michigan Healthy Worksites DHEW Assessment, 2016) <http://www.mihealthtools.org/>

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Provide more nutritious and diverse meals at food pantries

Food packages distributed from food pantries often lack important nutrients, usually only provide enough for a family for 3 days, includes only a small percentage of the food available to households from SNAP and WIC, and is often past its expiration date and quickly spoils. Food pantries can work to expand their offerings to provide more nutritious and diverse meals, as well as ban unhealthy food such as soda and candy donations (Alaimo, 2013).

<http://kresge.org/sites/default/files/Preserving-affordable-housing-policy-tools-April-2015.pdf>

Policy Strategies

Strategies to shift policies, practices, or procedures

Align policies and practices with food access goals



Set standards for large institutions to provide healthy food

Help put in place nutrition and purchasing standards to align food practices with health goals.

- **Example:** In 2008, New York City became the first major city in the United States to set nutrition standards for all foods sold or served in city agencies, including schools, senior centers, homeless shelters, child care centers, afterschool programs, correctional facilities, public hospitals, and parks. The standards require city agencies to include two servings of fruits and vegetables in every lunch and dinner, phase out deep-frying, lower salt content, serve healthier beverages, and increase the amount of fiber in meals (Freudenberg & Silver, 2013). http://www.nycfoodpolicy.org/wp-content/uploads/2013/05/JOBS_WHOLEREPORT.pdf
- **Example:** In 2011, the Los Angeles Food Policy Council launched a Good Food Purchasing Pledge campaign to get large public and private institutions—those that spend more than \$1 million on food annually—to commit to purchasing in ways that encourage healthy eating, local economic development, worker rights and fair wages, environmental sustainability, and animal welfare. The Los Angeles Unified School District—, which serves 650,000 meals daily—signed on in fall 2012, right after the City of Los Angeles. The second-largest school district in the country now spends about half its \$125 million food budget locally (double the percentage in 2011), has purchased \$12 million in fruits and vegetables from local growers, and has created at least 150 new jobs. Similar campaigns are underway in communities across the country (Los Angeles Food Policy Council, 2017). <http://goodfoodla.org/policymaking/good-food-procurement/>

Help worksites shift policies to promote healthier food options

Help worksites create a written policy or formal communication that makes healthier food and beverage choices available during meeting and events where food/beverages are served. (Michigan Healthy Worksites DHEW Assessment, 2016) <http://www.mihealthtools.org/>

- **Example:** Fairview Hospital substituted traditional service of soda and cookies at staff meetings with pitchers of filtered water, unsweetened ice tea and fresh fruit (CDC, 2015). https://www.cdc.gov/obesity/downloads/p2p/p2p_food_issue2.pdf

Help schools and early childhood settings shift food policies related to fundraising and rewards

Help schools adopt policies to discourage the use of less healthy food as a reward and encourage fundraising activities that include healthy options. (CDC, 2013) <https://www.cdc.gov/NCCDPHP/dch/pdf/HealthEquityGuide.pdf>

- **Example:** Southern Nevada Health District provides training to childcare centers to embed new institutional policies related to healthy food. Centers were offered continuing education credits as incentive to engage in the process. (CDC, 2013) <https://www.cdc.gov/NCCDPHP/dch/pdf/HealthEquityGuide.pdf>

Shift restaurant practices to encourage healthy portion sizes

The Colorado Department of Public Health and Environment [CDPHE] implements the Small Steps for Healthy Leaps program to encourage restaurants to promote healthier food options for customers. One aspect of the program is the “Take 1/2 to Go” campaign, in which participating restaurants provide customers the option of placing half of

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their meal in a to-go box, while enjoying the other half at the restaurant (Colorado Department of Public Health, 2004). <http://hermes.cde.state.co.us/drupal/islandora/object/co%3A1589/datastream/OBJ/view>

Create incentives to promote healthy food options



Provide incentives to encourage venues to sell or provide healthy food

The Institute of Medicine recommends governments use incentives (e.g., tax incentives) to encourage and reward: 1) small food store owners in underserved areas to carry healthier, affordable food items; 2) food, beverage, and restaurant companies to develop, provide, and promote healthier beverages for children and adolescent; and 3) government programs and localities to provide healthy foods at competitive prices and limit calorie-dense, nutrient-poor foods (IOM, 2009).

<https://www.nap.edu/catalog/12674/local-government-actions-to-prevent-childhood-obesity>

- **Example:** The California Legislature Task Force on Diabetes and Obesity has recommended creating tax incentive programs to encourage employers to adopt workplace policies that make healthy eating easier for employees, as well as offering incentives to mobile carts within ½ mile of school campuses to offer healthy and restrict unhealthy foods (Greenwood, Crawford & Ortiz, 2009). <https://nature.berkeley.edu/site/forms/pdf/diabetes-obesity.pdf>
- **Example:** The Robert Wood Johnson Foundation Action Strategies Toolkit for state and local leaders encourages state and local policy makers, through financial or other incentives, to motivate restaurants to provide price reductions for healthier foods, and convenience stores and bodegas to provide affordable healthy options (RWJF, 2009). <http://www.rwjf.org/content/dam/farm/toolkits/toolkits/2009/rwjf40056>
- **Example:** CDC has recommended that communities provide incentives for food retailers to locate in underserved areas and offer healthy food and beverage choices (Khan et al., 2009). <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

Provide bonus vouchers through SNAP and WIC to increase healthy food purchasing power

Create programs that provide bonus vouchers that increase the value for purchases of fruit and vegetables at stores and farmers' markets under the Supplemental Nutrition Assistance Program and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (Alaimo, 2013; Bell, Mora, Hagan, Rubin & Karpyn, 2013; Frieden, Dietz & Collins, 2010).

https://sites.nationalacademies.org/cs/groups/dbassesite/documents/webpage/dbasse_084303.pdf ;

http://thefoodtrust.org/uploads/media_items/access-to-healthy-food.original.pdf ;

<http://content.healthaffairs.org/content/29/3/357.long>

- **Example:** Michigan's Double Up Food Bucks program, which provides people using SNAP benefits with a one-to-one match for fruits and vegetables, has served 200,000 families and more than 1,000 farmers, and returned more than \$5 million to the state economy (Policy Link, 2016). http://www.healthyfoodaccess.org/sites/default/files/Equitable-Food-Systems-FINAL-03-11-16_0.pdf

Expand eligibility policies to improve access to needed supports



Expand eligibility criteria for needed subsidized services and programs

Expand eligibility criteria restricting access to services, or advocate for expansion of needed policies.

- **Example:** The eligibility for South Dakota's CHIP program was increased from 140% to 200% of the federal poverty level and significantly raised the number of children eligible for free or low-cost health coverage. www.childrensdefense.org/site/PageServer?pagename=childhealth_chip_whatsworking_frontier

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Create disincentives to discourage unhealthy food options



Increase local taxes on unhealthy foods and beverages

In 2009, Institute of Medicine recommended local governments put policies in place (e.g., taxes, incentives, land use and zoning regulations) to discourage the consumption of calorie-dense, nutrient poor foods and beverages of minimal nutritional value, such as sugar-sweetened beverages. Some studies suggest a tax of 1 cent an ounce on sugar-sweetened beverages (roughly 10% price increase on a 12-ounce can) would likely be the single most effective measure to reverse the obesity epidemic. Such a tax could reduce average per capita consumption by 8,000 calories annually, potentially preventing about 2.3 pounds per year of weight gain (HM Government, 2016).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016_2_acc.pdf

- **Design Tip:** Using proceeds from these taxes to support obesity prevention (e.g., physical education in schools or farm-to-market incentives to increase fruit and vegetable consumption) could increase public support (HM Government, 2016).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016_2_acc.pdf

Eliminate subsidies and sale prices of unhealthy foods

Eliminate tax exemptions for soda and snack food to increase prices and reduce consumption (Frieden, Dietz & Collins, 2010). <http://content.healthaffairs.org/content/29/3/357.long>

System Strategies

Strategies to shift aspects of the community system

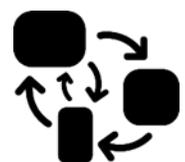
System Strategies address these key community system characteristics:

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RESOURCES

Human, financial, and social resources

Build people's knowledge and skills to utilize needed services and supports



Offer capacity-building to increase people's skills and confidence in buying and preparing healthy food

Embed these efforts into ongoing capacity-building processes to ensure sustainability. Ensure programs focused on similar outcomes have aligned curriculum, practices, and terms.

- **Example:** The Munson Community Health Program through the Shape Up North initiative offers cooking demonstrations and classes to residents referred through Munson Family Practices; as incentive, participants are eligible to receive up to \$100 in market coupons (\$25 per session) to purchase fresh fruits and vegetables, and gas cards were provided to participants to reduce transportation barriers.

<http://shapeupnorth.com/>

Example Strategies Promoting Access to Affordable, Healthy Food

Include information into regular mailings reaching residents

Talk with local businesses or organizations to embed key information about available services or targeted changes into regular communications such as gas bills, school report cards, and newsletters.

Partner with groups, organizations, or collaboratives with similar goals to increase visibility

Combine outreach efforts with groups pursuing similar goals to reach more settings and families.

Understand resident input about outreach language and how to best reach them with information

Gather input through direct service interactions, advisory boards, etc. Resident input can ensure outreach information is easy to understand (no jargon) and reaches residents through preferred channels (e.g., social media, direct touches, mail, texts/phone, etc.).

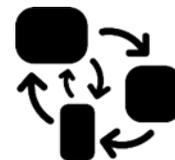
Build capacity and infrastructure for healthy food vendors

Use food businesses incubators to support food entrepreneurs

Food business incubators provide capital, training, financing, and infrastructure to help food entrepreneurs (including low-income entrepreneurs and entrepreneurs of color) launch or expand their businesses. Supporting cooperatives or other food enterprises that incorporate social goals into their missions (social enterprises, B Corps, etc.) can ensure quality jobs and other community benefits (Policy Link, 2016).

http://www.healthyfoodaccess.org/sites/default/files/Equitable-Food-Systems-FINAL-03-11-16_0.pdf

- **Example:** Minnesota's Latino Economic Development Center is investing in six immigrant owned food enterprises (a Latino tamale manufacturer, a commercial kitchen for Hmong growers, a produce warehouse, and several grocery stores) that will create more than 40 new full-time jobs and increase access to healthy food in two low-income, underserved areas. <http://www.healthyfoodaccess.org/node/46301>



CONNECTIONS

Relationships and exchanges between people and organizations

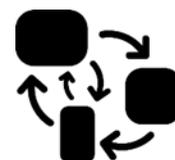
Connect residents and organizations with healthy food distributors

Connect farmers to institutional purchasers through Food Hubs

Food hubs provide aggregation, distribution, marketing, and transportation services that connect small farmers to large institutional purchasers (Policy Link, 2016).

http://www.healthyfoodaccess.org/sites/default/files/Equitable-Food-Systems-FINAL-03-11-16_0.pdf

- **Example:** The Common Market has helped connect more than 70 farms in rural Pennsylvania, New Jersey, and Delaware to 150 institutions, such as schools, hospitals, and senior centers, in the Philadelphia region (Healthy Food Access Portal, 2013). <http://www.healthyfoodaccess.org/resources-tools/library/profile-common-market>



Create systems to connect residents with surplus food or food donations.

Use technology and networks to connect organizations and residents with surplus food or food donations.

- **Example:** Apps like “Chowberry” connect non-profits with supermarkets that have food near end of shelf life (that they would otherwise throw away) so the organizations can distribute it to needy families (Samuelson, 2017). <http://time.com/collection-post/4684788/oscar-ekponimo-next-generation-leaders/>
- **Example:** [Food for Free](#), Cambridge, MA, redistributes food from restaurants, college campuses, and supermarkets that otherwise would be thrown out.
- **Example:** In New York City, [City Harvest](#) rescues 50 million pounds of food from restaurants, bakeries, supermarkets, manufacturers, and such that would have otherwise been wasted and delivers them for free to soup kitchens and shelters. <http://time.com/money/3913386/food-waste-feed-hungry/>

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Establish farm-to-school contracts to connect school cafeterias with local healthy food

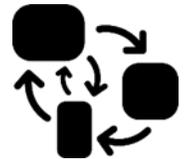
- **Example:** In 2005, Jefferson Elementary School, in Riverside, California, launched a farm-to-school salad bar program that provides elementary school students access to a daily salad bar stocked with a variety of locally grown produce as an alternative to the standard hot lunch. Two small, locally owned family farms, within 30 miles of the school, sell their produce at an affordable price and make weekly deliveries to the school. Since implementing the farm-to-school salad bar program, the Riverside school district has expanded the program to four additional elementary schools (Anupama, Kalb, & Beery, 2006).

<http://www.nhfarmtoschool.org/uploads/5/9/6/5/5965715/goinglocal.pdf>

Promote referrals to accessible, affordable healthy food

Engage local health care providers in “prescribing” families to engage in free programs and supports

- **Example:** In New Haven, CT local health care providers prescribe families with health risk factors to attend New Haven Farms’ free 20-week Wellness Program where families work on farm plots, learn how to prepare healthy vegetable meals using the produce they’ve helped to grow, and engage in healthy community meals. http://www.nytimes.com/2014/11/07/giving/what-the-doctor-ordered-urban-farming-.html?_r=3#story-continues-2



Engage service navigators

Engage service navigators through either formal settings or informal networks to help residents access needed services. Navigators can also help families prioritize which options are the best fit with their needs. Navigators can be trained volunteers, such as college students getting service hour credit.

- **Example:** Pregnancy to Employment in Washington State has social workers assess the health and social service needs and resources of expectant mothers and parents of infants and connect these families to services that may include medical care for mothers and infants, childcare, transportation assistance, job preparation, and classes on parenting, child development, nutrition, family planning, and life skills. <https://www.dshs.wa.gov/esa/chapter-5-pathways-employment/51-pregnancy-employment>

Embed coordinated assessment, intake forms, and referral processes

These shared processes can help to promote coordinated referrals across multiple settings that touch families.

- **Example:** The Children’s Services Council (CSC) of Palm Beach County, FL screens children from birth to early years for developmental, social, and behavioral issues using tools like the Ages and Stages Questionnaire. They then connect parents to one or more of a wide array of interventions through its strong network of organizational partners (e.g., Triple P, Incredible Years, Parent-Child Home Program, Nurse-Family Partnership, Centering Pregnancy, etc.). <http://www.bridgespan.org/getattachment/feb8d3d3-042c-4a7b-a828-3b5bda8283a9/Achieving-Kindergarten-Readiness-for-All-Our-Child.aspx>

Engage cross-sector providers and community stakeholders in making referrals during natural touches

For example, stakeholders like healthcare providers, clergy, hair salon stylists, grocery store checkout lines, and bank tellers can be great partners for referring families to opportunities and supports.

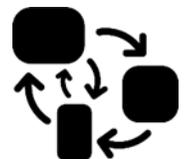
Use 211 to refer residents to opportunities, programs, and supports

This strategy can be used to distribute information to both residents and professionals. Ensure 211 is current and stakeholders are aware of this resource

Coordinate and align efforts to promote access to affordable, healthy food

Help settings adopt aligned transition processes

These processes can make it easier for residents to transition from one program to another.



Example Strategies Promoting Access to Affordable, Healthy Food

- **Example:** In some communities, hospitals partner with the Women, Infants, and Children Program (WIC) to put practices into place to ensure continuity of breastfeeding support for low-income mothers following discharge

Create a shared consent form

This strategy gives families the opportunity to give consent to information sharing across organizations given current policies such as HIPAA and FERPA.

Develop integrated electronic information systems/software

These systems make client information accessible to multiple organizations based on residents' consent

- **Example:** Healthy Beginnings out of Palm Beach, Florida, includes an integrated data system that tracks individual children as they move between providers in the service delivery network. <http://www.bridgespan.org/getattachment/feb8d3d3-042c-4a7b-a828-3b5bda8283a9/Achieving-Kindergarten-Readiness-for-All-Our-Child.aspx>

Leverage private sector support and public-private partnerships

These partnerships can expand the array of available services, programs, and supports.

- **Example:** The Illinois Facilities Fund is a community lender that provides low-interest loans and technical assistance to non-profits for facility renovation and construction. Public- and private-sector resources and expertise combine to support capital improvements. <http://www.iff.org/>

Braid funding across efforts

This strategy can create larger collective pots of funding to support expansion of needed services. Consider how to bundle these services together to maximize funding (see Components section for examples of bundling services)

- **Example:** In MI, the Great Start Readiness Program, Early Childhood Special Education, and Head Start have braided funds to cover the cost of preschool classrooms. These funds can be coordinated and allocated so that they are not overlapping and are able to fill any gaps. http://www.michigan.gov/documents/mde/Braided_Funding_in_Early_Childhood_Education_402501_7.pdf

MINDSETS

Shared attitudes, values, beliefs, and priorities

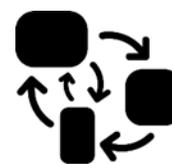
Shift mindsets around healthy food access

Social marketing campaigns to create new community attitudes around healthy food

Studies suggest social marketing/media campaigns that are carefully crafted, prototyped with end users, fully funded, highly targeted for specific audiences and goals, and sustained over a long period of time can have positive impacts on health behaviors. Many social marketing campaigns are emerging in recent years to shift people's attitudes around sugar-sweetened beverages (AAPD, 2010; Glickman et al., 2012).

<http://store.aapd.org/index.php/professional-resources/reference-manual.html> ; <https://www.ncbi.nlm.nih.gov/pubmed/24830053>

- **Example:** A campaign launched in in 2011 titled "Life's Sweeter with Fewer Sugary Drinks" aimed to decrease consumption of sugar-sweetened beverages (regular soda, fruit drinks with less than 100 percent juice, sweetened teas, lemonade, energy drinks, and sports drinks) to three cans per person per week by 2020. The campaign brings together health experts, civic organizations, youth groups, employers, hospitals, and government agencies to support these goals. The campaign has been embraced by the American Diabetes Association, the American Heart Association, the Center for Science in the Public Interest, and more than 100 local and national health organizations (Glickman, 2012). <https://www.ncbi.nlm.nih.gov/pubmed/24830053>
- **Design Tip:** "Hard-hitting" anti-tobacco ads that graphically show the human impact of tobacco-related disease are most effective in reducing tobacco use compared to "positive" ads, which have little to no impact



Example Strategies Promoting Access to Affordable, Healthy Food

on behavior. Advertising that is likely to be effective for obesity outcomes can be seen in New York City's recent anti-soda campaign that focused on harm caused by products and does not stigmatize individuals (Miller & Buhle, 2017). <http://www1.nyc.gov/site/doh/about/press/pr2017/pr065-17.page>

Support grass-roots, resident-driven advocacy campaigns

Support local residents in advocating for healthier food environments in their community. For example, support residents to approach local, state, or federal officials with information about needed shifts in community planning, budgeting, and infrastructure.

- **Example:** Michigan's Children Sandbox Party is the state's leading non-partisan grassroots advocacy network for children, youth and families. Their aim is to advance state policies, practices and investments that support health, development and learning from cradle to career. <http://www.michigansandboxparty.org/>

Remove separate, stigmatizing intake processes

Remove processes that could call out or discourage low-income residents for using subsidized supports or services (e.g., WIC, social services, housing vouchers, etc.). Work with stakeholders to identify efforts to prevent obvious identification of eligible students. Consider avoiding separate lines for competitive foods and food programs. Provide the same food options to all students. Explore a cashless point-of-sale system where all students have an account in a database. (CDC, 2013) <https://www.cdc.gov/NCCDPHP/dch/pdf/HealthEquityGuide.pdf>

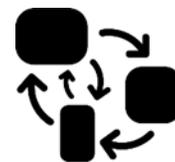
COMPONENTS

Range, quality, effectiveness, and accessibility of services, supports, and opportunities

Eliminate system barriers to accessing healthy food

Ensure all farmers markets accept food assistance vouchers

Encourage all farmers markets to accept SNAP benefits and Michigan's Double Up Food Bucks program (Policy Link, 2016). http://www.healthyfoodaccess.org/sites/default/files/Equitable-Food-Systems-FINAL-03-11-16_0.pdf



Reduce access barriers to federal food-assistance programs

Research suggests making SNAP offices more accessible is one of the most powerful and feasible strategies to increase the use of these benefits. This is important because in 2013 only 41% of Feeding America clients accessed SNAP benefits even though 88% were potentially eligible based on their income. The following system issues were found to affect the accessibility of SNAP:

- availability of SNAP offices, and hours of operation
- cumbersome application process
- inadequate application processing capacity and infrastructure
- limited personnel in SNAP offices and of state caseworkers
- limited community awareness
- inadequate funding

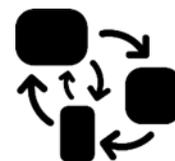
Stigma and negative perceptions among potential participants (Pinard et al., 2016).

<http://www.tandfonline.com/doi/abs/10.1080/19320248.2016.1146194>

Offer programming and supports at accessible times and locations

Co-locate multiple opportunities, cross-sector providers, or programs to improve access

For example, locate programming in neighborhood settings (e.g., churches, schools); a DHS worker within the schools; mental health providers in physician offices. Engage residents in identifying the best locations for these programs and providers.



Example Strategies Promoting Access to Affordable, Healthy Food

- **Example:** A high school in North Carolina has partnered with local organizations to provide a resources pantry where high school students in need can anonymously access basic resources like food, hygienic products, school supplies, and clothing. <http://www.wral.com/new-food-pantry-at-raleigh-high-school-serves-hungry-students/16093484/>
- **Example:** The Center for Family Life in Sunset Park, Brooklyn (New York), is the community nucleus for immigrant families who need help overcoming cultural, economic, and language barriers to help their children succeed in school. The hub provides intensive individual, family, and group counseling, neighborhood-based foster care, and emergency services such as crisis intervention, food, and clothing. Networking extends to the police, churches, and elected officials. www.cflsp.org

Have providers deliver bundled services, products, or opportunities

This helps to reduce the number of service visits residents need to make and to simultaneously meet multiple needs.

- **Example** For example, the Santa Clara County Public Health Department awarded mini-grants to community-based organizations to provide bundled tobacco cessation services to populations at high risk for tobacco use. These grants allowed cessation counseling, referrals, and nicotine replacement therapy offered on site in places like health care clinics, mental health facilities, and college campuses. <https://www.sccgov.org/sites/sccphd/en-us/healthproviders/tobaccoprevention/Pages/default.aspx>

Hire shared staff to provide services at multiple settings.

Combine resources to hire a staff that can rotate across settings.

Create satellite offices

Integrating satellite offices in neighborhoods where families live to improve access to needed services.

- **Example:** Children’s Hospital of Milwaukee opened clinics in neighborhoods where there were too few care providers to meet the primary care and dental needs of residents. Two of their clinics are located at sites already serving low-income families, including the YMCA. These sites provide health services to children AND caregivers.

Extend hours beyond traditional 9-5 schedules

Extended hours can make it easier for working families to participate.

- **Example** The [Chambliss Center for Children](https://www.wkkf.org/what-we-do/featured-work/chambliss-center-for-childrens-early-learning-program-provides-affordable-child-care-for-families) in Chattanooga, Tennessee makes it easy for parents who work second and third shifts or are in school to access high quality care for their children. They do this by offering affordable, high-quality learning environments, nutritious meals, school transportation and care 24 hours a day, 7 days a week, 365 days a year, for children ranging from 6 weeks to 12 years. <https://www.wkkf.org/what-we-do/featured-work/chambliss-center-for-childrens-early-learning-program-provides-affordable-child-care-for-families>

Offer opportunities, supports, or services during existing gathering times

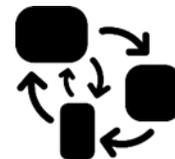
Offer time-limited resources, supports, and services (e.g., flu shots) during parent-teacher conferences, family nights, and other events where families naturally gather.

Simplify enrollment processes to improve accessibility

Simplify application processes to make it easier to enroll in programs.

For example, create a common application or common intake hub, reduce the number of intake step involved in the enrollment process, or develop intake applications as a phone app.

- **Example:** South Dakota simplified its CHIP and Medicaid application process by issuing a single card for both. www.childrensdefense.org/site/PageServer?pagename=childhealth_chip_whatsworking_frontier



Example Strategies Promoting Access to Affordable, Healthy Food

Create automatic enrollment processes

These automatic processes for recurring services to simplify the process and reduce potential gaps in services.

Leverage school-wide enrollment processes

This can make it easy for families to sign up for multiple supports or services.

Have volunteers help families fill out enrollment paperwork

This is particularly important for families with low literacy levels or who speak multiple languages.

Remove separate, stigmatizing intake processes

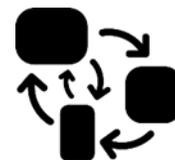
Remove processes that could call out or discourage low-income residents for using subsidized supports or services (e.g., WIC, social services, housing vouchers, etc.).

Improve affordability of supports, products, etc. to increase access

Adopt efficiency measures to reduce costs of providing healthy products, services and supports

For example, help settings with streamlining distribution, facilitating bulk purchasing by multiple stores, or finding comparably priced alternatives (e.g., offering whole beans in addition to refried beans at preschool centers to promote children's health). (CDC 2013) <https://www.cdc.gov/NCCDPHP/dch/pdf/HealthEquityGuide.pdf>

- **Example:** The Go Community Card was developed in collaboration with a group of fathers who identified community resources they could not easily afford for their families. Businesses partnered with the group to create discount cards for transport, activities, purchases, lessons and rentals. Bundle cards with continuously updated information on local activities. <http://enginegroup.co.uk/work/kcc-designing-services-with-dads>



Offer sliding fee scales or scholarships

These practices can make it more affordable for residents to engage in needed supports and services.

Coordinate third-party payments on behalf of families whenever possible

For example, utilize childcare subsidies or Medicaid to help fund needed services or programs.

POWER

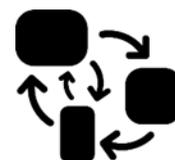
How decisions are made, who participates, whose voice matters

Engage diverse stakeholders in decision-making

Create resident action teams

These settings empower residents to design and implement action to promote targeted changes.

- **Example:** In Michigan, local parent coalitions serve as key partners in the Great Start Network. Parents meet to determine collective priorities, set goals for each year, and work with local services providers to design and implement collective efforts. Parent coalition members are key advocates on the issues of early childhood in their community <http://www.greatstartforkids.org/content/great-start-parent-coalition-overview>



Help organizations and efforts create opportunities to engage residents in decision-making.

Provide opportunities for residents to influence decisions on local changes (Miller, 2011).

<http://www.phi.org/uploads/application/files/jpmrtjk4r5poqaz0sm2n11tlyiybkusw0mfjfsv0qxli98yin.pdf>

Help organizations create internal opportunities for staff provide input and engage in decision-making.

For example, setting aside time during staff meetings or during annual review processes for staff to identify emerging issues related to targeted changes and design strategies to address them.