FRESH CONVENIENCE STORES: MAKING PRODUCE AFFORDABLE AND ACCESSIBLE

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SUMMARY

This report presents findings from a literature review of programs in North America that provide fresh produce in convenience stores. More specifically, this review sought to identify programs that utilized convenience stores as a channel through which to provide fresh produce and healthier food options at more accessible and affordable prices in lower-income neighbourhoods that were situated within food deserts. The main goal of this report was to contribute to the development and expansion of food access programming led by The SEED, a community food project based out of Guelph, Ontario.

Ten programs were selected for inclusion in this review based on the quality and quantity of available information. This report begins with a brief description of each program, followed by an overview of common themes, challenges, strategies, and recommendations.

Successful programs often drew upon a wide range of types and levels of support, such as: building strong relationships with storeowners; connecting storeowners with produce distributors; and actively involving community partners and youth in program development, implementation, and evaluation.

Findings from this report will be used to inform the coordination and creation of new social enterprises through The SEED that are meant to assist youth in education, employment, and/or training. Convenience stores represents a valuable opportunity to test out various strategies for improving access to affordable, healthy food in food desert areas on a small scale, while also being very scalable.
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INTRODUCTION

Improving access and availability of healthy foods is a major priority for many communities throughout North America. Convenience stores are an important part of urban and rural landscapes, and for communities that lack supermarkets and grocery stores, residents often depend on convenience stores and other small-scale retailers to purchase food (Food First NL, 2017; New Jersey Healthy Corner Store Task Force, 2016). Convenience store foods, however, are typically stocked based on long shelf-life and low wastage, meaning that fresher, healthier foods are often harder to come by (Burton Laurison, 2014). Increasing the quality and quantity of healthy foods in convenience stores can therefore lead to improved food access in underserved communities (Fry, Levitt, Ackerman, & Burton Laurison, 2013).

In an effort to build healthier communities and address the underlying issues of food insecurity and poverty in Guelph, Ontario, The SEED, a community food project, was established in 2013, and is operated through the Guelph Community Health Centre. The SEED offers a range of programming and services centered around three main pillars: Food Access; Food Literacy, and Outreach and Advocacy (The SEED, 2017b).

Presently, The SEED is focusing on further developing and expanding programming under its Food Access pillar, where current programs include: the Garden Fresh Box; Community Food Markets; support for Emergency Food Provision; and delivery of fresh produce to elementary schools (The SEED, 2017a). Building from the success of these programs in increasing equitable physical and financial access to healthy foods in Guelph, The SEED is continuing to look for new ways to target the City’s most underserved residents, particularly those residents living in food deserts.

Based on previous research conducted by The SEED that mapped food deserts in Guelph, it became apparent that convenience stores could be used as potential entry points for improving healthy food access within these areas. Subsequently, The SEED collaborated with the Research Shop at the University of Guelph to design and conduct a literature review on where similar programs exist in North America, and how they operate. Within the larger goal of building on the success and extending the reach of The SEED’s existing Food Access programming, this literature review aims to identify and evaluate existing food access programs that utilize convenience stores as channels through which to make fresh produce accessible and affordable in food desert areas in North America.
Questions that guided this literature review included:

- What is the structure of the program?
- What organization/company delivers the produce to the convenience stores?
- Where has this program been implemented?
- How does the program operate?
- Has this program/policy been evaluated? If so, what are the key lessons learned from this evaluation?
- Who is leading the program (provincial, federal, or municipal government, or NGO, etc.)?

To address these questions, resources including government reports, policy documents, and newspaper articles were used to select and gather information on relevant programs. Programs were selected for inclusion in this review based on the quality and quantity of information provided in response to the guiding questions. Common themes among the programs were then compared, contrasted, and synthesized.

Following an overview of the programs from Canada and the United States that were selected for inclusion in this literature review, common themes are presented and organized under six main categories:

1. Start-up procedures;
2. Product considerations;
3. Operations;
4. Evaluation and outcomes;
5. Common challenges;
KEY CONCEPTS AND DEFINITIONS

Food Desert
According to the Canadian Environmental Health Atlas ‘food deserts’ are neighborhoods where residents have little or no access to stores and/or restaurants that provide healthy and affordable foods. In most food desert areas there is little or no access to grocery stores. There is often an overabundance of unhealthy options. In most food desert areas, residents often rely on convenience stores or fast food restaurants as their main food sources. These geographical constraints inevitably impact residents’ dietary choice, and ultimately increase the likelihood of developing obesity or a chronic disease (Macintyre, 2002; and Canadian Environmental Health Atlas, 2017).

Low-income
According to Statistics Canada, a household is considered “low-income” if it spends 20 percent or more of its income on food, shelter and clothing and if income is less than half of the national median income – $22,133 for a single person, $38,335 for a family of three and $41,568 for a family of four (Statistics Canada, 2016).

Convenience Stores/Corner Stores
While there is no universal definition of “convenience store”, for the purposes of this literature review, stores had to meet these requirements: (i) less than 2,00 square feet; (ii) four aisles or less; and (iii) one cash register. The terms “corner store” and “convenience store” are used interchangeably throughout this report (Sandoval, Karpyn, & Aquilante, 2012).
INTRODUCTION TO INDIVIDUAL CASE STUDIES

In total, we conducted case studies on ten distinct healthy convenience store programs – five each from Canada and the United States. These programs were identified through online searches on community-based organization websites, municipal government websites, public health department websites, and newspaper databases for resources such as reports, evaluations, and news articles. Programs were selected to be featured as case studies in this review if sufficient information could be obtained from the corresponding resources to answer each of the guiding questions.

Canadian Case Studies

1. Good Food Corner Store Initiative – Ottawa, Ontario
Website: http://www.ottawapublichealth.ca/en/public-health-topics/healthy-eating-programs-and-services.aspx - What-is-a-Good-Food-Corner-Store

The Good Food Corner Store Initiative is an Ottawa Public Health project aimed at increasing availability of fresh produce (vegetables and fruits) and other staple food in convenience stores in food desert and low-income neighbourhoods that have limited access to grocery stores. Most low-income neighbourhoods in Ottawa have more convenience stores and less grocery stores and supermarkets per thousand people than the higher-income neighbourhoods. The main objective of this initiative is to encourage and support storeowners and customers to choose healthier options and in turn improve the health environment of low-income neighbourhoods.

A pilot version of this initiative was launched in 2017 with three stores located within food deserts and low-income areas throughout Ottawa. Participating stores sell a variety of fresh and healthy foods, including: fresh produce; whole grain products; dairy products; and meat alternatives. Plans are in place to use the sales data and lessons learned during the pilot to expand the initiative to other neighborhoods (Ottawa Public Health, 2017).

2. Healthy Corner Store Initiative – Toronto, Ontario
Website: http://tfpc.to/toronto-food/food-strategy-update-healthy-corner-store-project

The Healthy Corner Store Initiative was created by the Food Strategy Team at Toronto Public Health. Background research on food environments in Toronto, conducted by
Toronto Public Health, indicated that the main challenge to healthy food access was more due to poverty than to food deserts. This initiative aims to make fresh and healthy food accessible to more Toronto residents targeting low-income neighborhoods, while simultaneously supporting local economic development.

Through research using GIS mapping, the Food Strategy Team found that there was limited commercial space to open more supermarkets in most low-income and food desert neighborhoods. There was, however, an abundance of convenience stores whose existing retail space could be used to better serve the communities in terms of providing fresh produce and other healthier food options.

The pilot project was launched in 2014 in East Scarborough with the goal of encouraging a nearby convenience store to sell healthy and fresh produce that also met the needs of the culturally-diverse residents of two nearby high-rise apartment buildings. This particular store was selected due to its proximity to the two buildings. Additional stores are selected based on the characteristics of surrounding neighbourhoods.

The Food Strategy Team is developing a “How to” toolkit they hope to take to some of the other 2,000 convenience stores across the city with the intent of increasing store profits, although it is too soon to tell the effect on residents’ diets. Preliminary data from evaluations of this pilot project conducted through the University of Waterloo suggest that the changes at participating stores did not have a significant impact on residents’ consumption of fruits and vegetables or on overall food security. Researchers are still waiting for more detailed information (Hancock, 2017; Toronto Food Policy Council, 2017).

3. Projet Dépanneur Fraîcheur – Montréal, Quebec


Projet Dépanneur Fraîcheur is run through Montréal’s Health Department, and aims to provide residents living in food desert areas with healthy and affordable fruits and vegetables within walking distance.

Most food deserts and low-income neighborhoods in Montréal don’t have access to fresh produce. According to the Montréal Public Health Authority 40 percent of Montréal’s population does not have access to fresh and affordable fruits and vegetables. Accessibility, price and proximity are barriers when it comes to urban
dwellers acquiring fresh produce and it's a growing issue especially in the central parts of the city.

Four convenience stores, or dépanneurs, participated in the pilot project and the initiative is set to expand to around 900 additional stores located in low-income neighbourhoods, or areas where access to fresh produce is scarce (Dépanneurs Fraicheur, 2017).

4. Healthy Corner Stores NL – Newfoundland and Labrador
Website: http://www.foodfirstnl.ca/our-projects/healthy-corner-stores-nl

Healthy Corner Stores NL (HCSNL) is a partnership between Food First NL with the help of the Food Policy Lab at Memorial University, along with regional nutritionists and health promotion practitioners with Eastern Health. The HCSNL project is an effort to make good business sense for corner stores to improve their selection of quality affordable, healthier and local food.

The province of Newfoundland and Labrador has the highest number of convenience stores per capita in Canada, and the highest number of these stores are in the province’s rural and remote communities. Convenience stores are central to these communities, as they have always stocked a range of items like groceries, snacks and other products for everyday use. However, products are often stocked based on long shelf life and low wastage, so stores typically stock limited amounts of fresher, healthier foods (Food First NL: Annual Report 2015-2016, 2016; Food First NL, 2017).

The pilot project was launched in 2015 with one convenience store, and has since expanded with the help of the Pick Me Up campaign in 2016. This campaign was launched as part of the HCSNL project that promotes newly-introduced prepared food products and other healthier options in stores through effective merchandising.

5. Shoppers Drug Mart – Canada-wide
Website: https://www1.shoppersdrugmart.ca/en/food-and-home/fresh-food

Since Loblaw acquired Shoppers Drug Mart in 2013, the pharmacy chain has been testing sales of fresh meat, vegetables and fruits in densely populated, downtown urban areas.
Certain stores have undergone renovations to include small grocery sections with produce and Loblaw’s “President’s Choice” brand. The initiative has been launched in 34 locations across Canada, with 11 locations scheduled to be opened in Vancouver. The evaluation of the program indicates that the program is doing well – in the future there are plans to offer customers prepared meals in addition to fresh produce to meet current customer demands.

United States Case Studies

Website: [http://thefoodtrust.org/what-we-do/corner-store](http://thefoodtrust.org/what-we-do/corner-store)

Philadelphia’s *Healthy Corner Store Initiative* (HCSI) was developed by The Food Trust (a non-profit organization) in partnership with the Philadelphia Department of Public Health and their *Get Healthy Philly* initiative. The HCSI operates in convenience stores in communities that lack supermarkets and aims to motivate youth and adults to purchase healthier items using educational outreach programs and direct marketing in the stores. Today, this initiative serves as a model for increasing the availability of healthy food in convenience stores throughout North America.

The preliminary foundation for the HCSI was developed through the School Nutrition Policy Initiative (2002-2005). The SNPI combined nutrition education with improvements to the schools’ food environments, but did not address the food environment surrounding the schools, where corner stores are prevalent. As such, the HCSI was launched in 2004 with around 40 convenience stores and has since expanded to over 600 stores that comprise the *Healthy Corner Store Network* (HCSN).

Through a process of mapping, outreach, and marketing, the HSCI targets neighbourhoods with the highest rates of poverty and chronic diseases and the lowest access to healthy foods. Stores are assessed for their readiness to introduce healthy products and progressed from basic- to higher- levels of change through owner participation in trainings on business management and the profitable sale of healthy foods. The top priorities of the HSCI are to help stores maintain and expand sales of healthy foods while also providing customers with the information they need to make healthier choices (The Food Trust, 2012).
2. Healthy Corner Store Program – Washington, D.C.

Website: [http://www.dchunger.org/projects/cornerstore.html](http://www.dchunger.org/projects/cornerstore.html)

The Healthy Corner Store Program is led by D.C. Hunger Solutions, an initiative of the City’s Food Research and Action Center, in partnership with D.C. Central Kitchen and Zenful Bites – two community-based organizations. Focused on “food deserts” in low-income areas of D.C., the program works to increase access to fresh produce and other healthy foods in low-income neighbourhoods, while increasing store owners’ capacity and willingness to stock fresh and healthy foods.

In 2007, the pilot program was launched with three stores in two areas of the District that had the highest poverty and obesity rates, in addition to large food deserts. The second phase of the pilot began in 2011, and 12 more stores were recruited. Upon receiving additional funding in 2014, the program was expanded to 63 stores.

The program is built upon the belief that the government, store owners, and the community all have roles to play in creating healthier convenience stores, and contributes to solving the complex problem of insufficient access to healthy food in many low-income communities in D.C. Program operators lay out concrete criteria and steps for stores looking to participate, and adjust standards and criteria to reflect the specific needs of communities surrounding each participating store in addition to the insight of health and nutrition professionals (D.C. Hunger Solutions, 2008).

3. The Corner Store Initiative – Pitt County, North Carolina

The Corner Store Initiative is run through the Pitt County Health Department, and strives to introduce healthy options to small food stores in low-income neighbourhoods. County staffs work with researchers at East Carolina University to assess availability and quality of food in convenience stores, and identify potential barriers to introducing healthier options.

In 2011, County staff began working with researchers at East Carolina University to assess the availability and quality of food in convenience stores throughout the County, as well as potential barriers to offering healthier food.

The County has partnered with local planning departments to map convenience stores, schools, and housing developments in low-income areas. Staffs then work with storeowners to develop customized plans for introducing healthier food items based on
customer surveys and storeowners’ perceptions of demand. To keep produce prices down, participating storeowners are connected with a local farmers’ cooperative distribution hub. In the future, Pitt County hopes to form a “healthy store owner” association (Pitt County Health Department, 2017; Pitts et al., 2013).

4. Healthy in a Hurry – Louisville, Kentucky


The Louisville YMCA partnered with the Louisville Department of Public Health and Wellness as part of the mayor’s Healthy Hometown Initiative to develop the *Healthy in a Hurry Program*. The goal of the program is to help convenience stores supply and sell fresh produce in food desert areas.

Since launching the initiative with two stores in 2009, seven stores from across Louisville are currently participating. Program operators give preference to stores that have demonstrated commitments to their communities.

Central to the success of this program is its partnerships with neighbourhood associations and youth, who lead community surveys and outreach activities that contribute to evaluation and promotion of the program (Fry et al., 2013; YMCA of Greater Louisville, 2017).

5. Good. To Go. – San José, California

Website: [http://healthtrust.org/goodtogo/](http://healthtrust.org/goodtogo/)

In response to observed health disparities among communities of colour and low-income communities in Santa Clara County, the *Good. To Go.* (G2G) campaign was launched by The Health Trust Healthy Eating Initiative as part of its 5-year *Healthy Eating Strategy*. Within this strategy, The Health Trust implemented the *Healthy Cornerstore Program* (HCP). The other programs implemented through this strategy include: “Fresh Carts” mobile produce vending, urban agriculture, and farmers’ markets.

The Health Trust consulted with staff from The Food Trust in Pennsylvania to revise its existing model to fit the geographic and cultural context of San José. The HCP targets low-income communities and communities of colour that face disproportionate burdens of diet-related illness. The overall aim of this program is to encourage residents to
request, buy, and eat high-quality, fresh produce and healthy foods from a sustained network of engaged, motivated, and financially successful storeowners.

The HCP employs a multifaceted approach to achieving its aim. It is based on a tiered model that offers different levels of participation for stores depending on their needs and commitments. Stores can move through these levels at their discretion. In addition, the HCP engages the community around participating stores: their Neighbourhood Action Team is comprised of residents who provide educational and outreach activities to communities to promote awareness of the program, and healthier food choices (Healy & Zavaleta-Martin, 2015).

COMMON THEMES

Comparisons between Canada and the United States

Although the United States initiatives were foundational in the creation of pilot projects in Canada there are a number of distinctions between the Canadian and U.S. case studies. This review demonstrated that in the U.S., in addition to increasing individual/residents’ access to affordable fresh produce in low-income or food desert neighbourhoods, a major objective was to address health concerns such as obesity and other health related diseases due to the lack of access to affordable and healthy food options.

Start-up Procedures

- The majority of programs select stores based on their proximity to low-income communities and food desert areas. Additional criteria for participation used by certain programs included:

  - Store needed to be a small business and not a large retail store (Ottawa)
  - Store needed to be within an area that had higher rates of poverty and chronic diseases (D.C.)
  - In the U.S., some programs required stores to be Supplemental Nutrition Assistance Program (SNAP)- or WIC- certified, and/or accept food stamps (Philadelphia; Louisville)
  - Store needed to be well-maintained (Philadelphia)
• Length of time a store has existed in the neighbourhood (Louisville)
• Owner needed to be interested in longer-term change and improved health of their communities, beyond an interest in profits (NL; Philadelphia; NC)
• Store did not already offer fresh produce or other healthy options

Selection procedures included:
• Surveys and interviews with store owners to understand needs and interests (D.C.; NC; Louisville)
• Neighbourhood canvassing (Philadelphia; Toronto; Louisville)
• Customer intercept surveys to gain a sense of customer needs and demands, purchasing habits, as well as to generate a better understanding of the socioeconomic, health, and other distinct characteristics of specific communities (NC; Louisville; Toronto)
• Literature review and/or background research of neighbourhood to determine whether the neighborhood is fit for the program (Toronto; D.C.)

Most programs noted that participating stores did not stock produce before becoming involved. While many stores expressed keen interests in participating, additional incentives to encourage participation included:
• Free renovations (e.g. shelves, signage, labels, and floor repairs) and equipment (e.g. refrigeration) (Toronto; Louisville)
• Provision of implementation guides and marketing tools (Montréal; NL; NC)
• Training on business management (Pitt County; NC)
• Online toolkits that outlined strategies for encouraging customers to purchase more fresh produce, and for improving sales (Montréal)

Funding often came from a variety of sources. Many programs started small (e.g. with start-up funding from the local Public Health Unit for a pilot project), and after they were able to demonstrate success, they applied to larger grants for more funding. Funding and support for project expansion could come from:
Universities and other institutions (NL; Philadelphia)
Regional health departments (D.C.; Toronto; Montréal; NC)
Local not-for profit organizations interested in addressing food security challenges in their communities (Montréal; Toronto)
Other stakeholders and community partners interested in addressing food security challenges (Toronto)

- Alternatively, some programs offered opportunities for participating stores to apply for funding themselves internally through the program (Philadelphia; NC)

Product Considerations

- Product selection procedures were not always explicit, but most programs described how they provided participating stores with resources and training on how to purchase produce, set prices, stock, and market the produce. Additional means and considerations for selecting and identifying products included:
  - Conducting focus groups with youth to discuss common food needs and definitions of “healthy food” (Toronto)
  - Collaborative discussions between project coordinators and store owners (NL)
  - Connecting stores with urban gardens to determine what produce was available, and when (Philadelphia)
  - Based on availability at local food distribution hubs (D.C.)
  - Providing participating stores with lists of fresh produce that they must select from (Ottawa; Montréal)

- Some programs required participating stores to stock certain quantities of fresh produce, and/or source produce locally (Montréal; NL; D.C.)
- Other programs encouraged stores to price fresh produce lower than unhealthier items, such as chips
Operations

- Largely, participating store owners were responsible for operations, but many programs offered various forms of support, including:
  
  o Collaboration with wide networks of partners (such as community groups and local governments) to support operations (Toronto; Montréal; D.C.; Philadelphia)
  
  o Designating project coordinators to work directly with store owners, as well as to spread awareness of programs within communities (Toronto)
  
  o Volunteer teams (D.C.; San Jose)
  
  o Manuals and guidebooks that outlined procedures for purchasing and/or replenishing produce (Montréal)

- Stores were often required to sell produce at prices either comparable to, or lower than, local grocery stores. In some cases, storeowners were responsible for selecting and purchasing produce according to price and season. To support store owners in these efforts, programs provided various forms of training and resources, including:
  
  o Connections with wholesale suppliers and distributors that offer discounts (Philadelphia)

- Food delivery methods were also not always explicit, but stores described a few different approaches:
  
  o Depending on level of participation in the program, stores either received weekly or quarterly deliveries from one of the project partners (D.C.)
  
  o Local food co-ops delivered food as needed, and retrieved unsold produce to drop off at local food banks (Montréal)
  
  o Program staff purchased produce for replenishing based on order placed by storeowners (Ottawa; Toronto)
• Youth often served as important outreach and implementation partners. Programs involved youth in:
  o Conducting surveys and neighbourhood canvassing to help with identification and selection of stores (Philadelphia; Louisville; Toronto)

Evaluation and Outcomes

• Evaluations of programs should look for data that answers the following questions: 1) Did the program change what people purchase?; 2) Did the program affect sales at participating stores?; and 3) Did the program encourage stores to provide healthier options? (Fry et al., 2013)

• Evaluations are resource-intensive, and often involve partnerships with local health departments or academic institutions

• Overall, smaller stores often do not have systems in place to generate rigorous quantitative sales data. However, qualitative data (e.g. customer surveys, owner interviews, and observations within stores) can provide evaluators with valuable information about how the program is working and how it might be improved

• Most programs implemented a combination of internal and external evaluation mechanisms to obtain quantitative and/or qualitative data:
  o Collection of sales data and reports that track purchases of fresh produce (Louisville)
  o Regular store visits to check in with store owners, provide additional training and support as needed, and determine requirements for further expansion. In turn, store visits helped program staff to build relationships with store owners (D.C.; Philadelphia; Louisville)
  o Interviews with store owners and customers (D.C.)

• Some programs implemented additional strategies to gather customer feedback, such as:
  o Community events that introduced community members to the program, and allowed for firsthand, ongoing feedback opportunities (D.C.; Philadelphia)
Cooking demonstrations at stores and community events (D.C.)

Informal evaluations through word-of-mouth

• In North Carolina and Louisville, evaluations of each city’s respective programs have generated information to inform health policy, as well as regional government initiatives to improve availability, affordability, and accessibility of healthy foods across the states

Common Challenges

• Participating stores often did not have any infrastructure or experience to stock fresh produce, and had limited experience in marketing and promotion

• Many programs described variations of a “chicken and egg” dilemma, where store owners believed there was no demand for healthy food options and thus they would not make any profits, and consumers believed stores could not or would not sell healthy food options

• Store owners were often wary of unpredictable profits, and would only keep small quantities of produce for fear of not being able to sell it fast enough

• Limited free time of store owners made group training difficult, so training was often provided individually (i.e. requiring more time on part of the program staff)

• High store owner turnover meant that it could be difficult to keep programs going over the long term

Strategies and Recommendations

• Provide participating store owners with marketing and promotional material (e.g. signs, social media messaging, recipes, nutritional education opportunities, online toolkits, and cooking demonstrations)

• Provide training, resources, and business development strategies on how to purchase, price, and stock fresh produce (e.g. guidebooks, in-person support)

• Connect stores with networks of supporting partners and institutions (e.g. National Healthy Corner Stores Network in the U.S.)
• Develop a steering committee comprised of store owners, program staff, farmers, and suppliers – relationships with suppliers should be just as strong as relationships with store owners

• Build capacity of store owners to undertake internal and external improvements for selling fresh and healthy produce

• Develop program-specific criteria with concrete steps outlining what participation in the program involves, and also customize criteria to suit the needs and capacities of individual stores

• Couple straightforward plans with clear communication with participating store owners before, during, and after implementation of the program

• Work with local and regional governments to implement policies that work to increase low-income residents’ ability to access and take advantage of healthy food options at stores (e.g. food stamp programs)

• Work with local elementary and secondary schools to provide programming and activities to promote healthy purchasing behaviours

• Engage store owners as allies and work alongside them

• Provide small, gradual steps and implement program in phases. Phasing stores into the program allows for program staff to gauge store owners’ commitment to making changes while simultaneously building relationships, and allowing for time to adjust and offer support when needed

• Give stores the opportunity to apply for new infrastructure as needed (e.g. shelving, refrigeration, and other equipment)

• Develop written agreements with store owners, and have an exit plan

• It is often helpful to have a designated project manager to guide stores during and after they become involved in the program
CONCLUSION

The case studies highlighted in this review indicate that improving access to healthy food in convenience stores can be a catalyst for revitalizing neighborhoods and improving community health. Although there were many similarities in terms of program development, operations, challenges, and recommendations, it is clear that the success of each program depends on the extent to which local context is considered. There are many geographical, environmental, social, and health-related factors that influence barriers to food access, and likewise impact solutions for overcoming those barriers.

Findings from this review also demonstrate the importance of investing in people and places through building relationships with store owners, residents, suppliers, and project partners in order to support and guide successful program design and implementation. These findings can be used to inform and support The SEED’s ongoing and future programming to contribute to its goal of increasing access to fresh, high-quality produce among communities in food desert areas of Guelph.
REFERENCES


