Increase the number of new community venues providing access to healthy foods and/or the number of existing community venues providing enhanced access to healthy foods. This includes new efforts for implementation as a result of COVID-19. Healthy foods are defined by the USDA as nutrient-dense foods across and withing all food groups and are mentioned in the USDA's *Dietary Guidelines for Americans 2020-2025.*

Expected Outcomes:
- Completion of a Community Food Assessment to identify healthy food access needs, and/or
- Increased number of <u>new</u> community venues* providing access to healthy foods, and/or
- Increased number of <u>existing</u> community venues* that provide <u>enhanced</u> access to healthy foods.

* Community venues are defined as farmers' markets, farm stands, mobile markets, pop-up (produce) markets, Community Supported Agriculture programs (CSAs), and/or food pantries.

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

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

- A pop-up (produce) market can be reported as a new community venue providing access if it occurs at least 1x/month for at least four months in a year's time.

- Number of food pantries that provide healthy options.
  Current state program year requirements include:
    - 1 improvement in *Food Availability to Clients* section of the [Food Pantry Assessment](#)

- 1 improvement in an area of the [Food Pantry Assessment](#) other than the *Food Availability to Clients* section

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

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

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

Intervention Examples:
A. The health department Coordinator and the local food council worked with a farmers' market, in a public housing community, to implement a SNAP-Electronic Benefits Transfer (SNAP-EBT) which allows SNAP customers to purchase SNAP eligible foods at farmers' markets. Through discussions with SNAP customers, they found that the cost of produce was a barrier to shopping at the farmers' market. To make the market offerings more affordable, partners reached out to the local hospital foundation for investment in the start of a fruit and vegetable incentive program where SNAP customers are provided with a $10 produce coupon for every $10 in produce purchased using their SNAP benefits. Reach of SNAP customers grew by 153 percent and the increased sales allowed the farmers' market to expand its services to other public housing communities.
B. A community food pantry was interested in providing healthier options for its customers but didn't know where to start. Pantry staff reached out to the local health

coalition for help. Coalition members assisted the food pantry staff with completing the food pantry assessment to identify areas where they could make improvements. The local cooperative extension agent assisted the food pantry staff in developing a healthy food list for donors in addition to identifying faith partners that were willing to coordinate donation and storage of produce gleaned from local farms in the area.

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

Recommended Tools/Resources:
A. USDA SNAP – Farmers and Producers
   www.fns.usda.gov/snap/farmer-producer
B. USDA SNAP-Ed
   https://snaped.fns.usda.gov/
C. Gus Schumacher Nutrition Incentive Program
   https://nifa.usda.gov/funding-opportunity/gus-schumacher-nutrition-incentive-grant-program
D. The Healthy Food Pantry Assessment Toolkit Resource Guide
   https://s3.wp.wsu.edu/uploads/sites/2088/2018/09/ResourceGuide_Updated_FINAL.pdf
E. Safe and Healthy Food Pantries Project – University of Wisconsin-Madison
   https://fyi.extension.wisc.edu/safehealthypantries/
F. Equitable Food Systems Resource Guide
   https://www.policylink.org/food-systems/equitable-food-systems-resource-guide
G. USDA Dietary Guidelines 2020-2025 www.DietaryGuidelines.org
H. USDA Community Food Security Assessment Toolkit
   https://www.ers.usda.gov/publications/pub-details/?pubid=43179
I. CDC Resources for Community Food Assessments
   https://www.cdc.gov/healthyplaces/healthtopics/healthyfood/community_assessment.htm

North Carolina Resources:
A. Healthy Food Pantry Assessment Tool (Adapted from the USDA National Institute of Food and Agriculture's Healthy Food Pantry Assessment Tool)
   https://publichealth.nc.gov/chronicdiseaseandinjury/healthycommunities/docs/FoodPantryAssessment-FINAL-PA2approved.pdf
B. A Guide to SNAP/EBT for N.C. Farmers Markets
   https://rafiusa.org/wp-content/uploads/2018/03/SNAP-guide-final-small-for-web.pdf
C. Healthy Food Pantry Toolkit – NCSU Cooperative Extension
   https://localfood.ces.ncsu.edu/local-food-community-development/healthy-food-pantry-toolkit/
D. Examples of NC Food System Assessments
   https://communityfoodstrategies.org/2020/06/10/examples-of-nc-food-assessments/
E. Community Food Assessment

https://localfood.ces.ncsu.edu/local-food-community-development/community-food-assessment/

Data Sources:
Reviewing data from the following sources can assist you in identifying your priority population(s) for this specific strategy.
A. Social Determinants of Health by Regions
http://nc.maps.arcgis.com/apps/MapSeries/index.html?appid=def612b7025b44eaa1e0d7af43f4702b
B. USDA Economic Research Service
www.ers.usda.gov/topics/food-choices-health/food-access/