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The Value of Neighborhood Food Assessments

A neighborhood food assessment offers a unique opportunity to look at the current conditions of an area’s food environment. The assessment process looks at an aggregation of both primary and secondary data sources to help establish the context of food availability, quality, affordability, and whether or not a particular community faces any barriers to the consumption of healthy foods. Understanding the context of food access within a neighborhood is a critical step in developing successful policies and programs.

Food assessments offer a number of potential benefits for planners, public health officials, and community champions for improved health in a neighborhood:

- A food assessment process can lead to context sensitive projects that address actual needs and desires of residents.
- An assessment can help increase the efficiency of often limited funding by highlighting critical food access barriers within the community.
- Assessments have been used in many communities to serve as the foundation for project design and for the pilot testing of innovative ideas such as the conversion of vacant lots into community food centers, the creation of mobile markets, or opportunities for community infrastructure improvements.
- Additionally, a food assessment process can often be used to help inform legislators and policy makers about what issues are facing local residents, and what type of investments should be made in communities with the goal to build public health. By identifying current conditions of a neighborhood or community environment, one can rally advocates, leverage funding, and lobby for healthier change within communities.
- Perhaps most importantly, a community food assessment can open up opportunities for individuals and residents to have additional access to healthy foods. Healthy food consumption has been linked with many positive benefits including decreased rates of chronic diseases such as obesity, heart disease and diabetes, increased school performance, decreased medical and insurance costs, as well as longer, more active lifespans.

While an assessment process is not a requirement to make meaningful improvements to the health of neighborhood or community residents, the assessment process increases the likelihood of addressing the issues facing a community. Lastly spending time conducting a thoughtful community food assessment can increase the effectiveness of time and financial resources needed to improve health within a community.
## Toolkit Overview

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Step 1: Define the Study Area

What sets this tool apart from other similar assessment tools and approaches is the particular focus on the area of study. Most community food assessment tools look at a very broad scope of community coverage. The United States Department of Agriculture (USDA)\(^1\) has produced perhaps the most well-known guide to date, however the community environments described within that guide range anywhere from larger city districts to entire counties. The USDA tool, while very informative, does not address many of the issues that impact specific areas and smaller geographic locations such as the neighborhood. The major problem with assessing the food environment at a larger geographic area is that the data collected will not represent the specific issues and needs of a smaller geographical area or sub-unit of a community.

This toolkit attempts to highlight the specific needs of a neighborhood rather than identify larger trends in an area or regional. In order to identify the specific needs of a neighborhood, defining the boundaries of the area to be investigated is a first step. Often times a neighborhood association boundary can be used to get an idea of the area to be studied, however the best assessment results will come from drawing a boundary based on a series of informed and intentional decisions.

This guide leaves much of the area study selection up to the individual using the tool, however here are some suggestions that to consider in the neighborhood site selection process.

- Who is the study being prepared for? Does it need to fit within pre-determined boundaries to meet the needs of a comprehensive plan or similar document?
- What are the physical boundaries that define the neighborhood?
- Why is a particular neighborhood boundary laid out as it is?
- Does the area for study line up with any national, regional, or local data collection boundaries? Will adding a small section to a neighborhood boundary provide more accessible and easier to use data source such as a census tract?
- Are there any known area characteristics that would re-shape a boundary to be more representative of the actual population?

These questions are designed to help think about why a particular geographic area is being examined and if there is any way to draw the boundaries for the purposes of assessment that either make data collection easier or the final results more representative of the population in an area. Traditional boundaries established by local governments or other agencies can be problematic for a few reasons: predefined boundaries might not be drawn consistently, the boundary of the neighborhood could be outdated and no longer represent the population of when it was originally drawn, or were drawn arbitrarily by someone petitioning for association status.\(^2\)

Putting thought into the way the study area is defined will likely result in a final assessment that is both more representative, but also more meaningful to local policy makers and other who will champion changes.

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Step 2: Create a Coalition

A local food environment is influenced by a large number of independent agencies, private businesses, and governmental oversights that all play a role in determining the policies, prices, and availability of food available to neighborhood residents. Because of this inherent complexity, one of the most effective ways to conduct a meaningful assessment and make recommendations that could be adopted and implemented once the assessment process is finished, is to create a neighborhood food coalition to help assist in conducting the food assessment and bringing the recommendations of the assessment to fruition. The key to success in building a coalition hinges upon the inclusion of a broad range of actors who bring different perspectives and set of available resources to the assessment and intervention processes.

When constructing a neighborhood food assessment coalition, the following questions to determine who to invite to participate should be asked:

- Who are the key organizations that influence food and health policy within the neighborhood? Some examples include, the local public health association, schools, local and state governments, redevelopment agencies and developers. This group can help move and adjust policies and practices around the recommendations of the food assessment and offer a top down perspective on the community needs.
- Who are the primary food providers within and surrounding the neighborhood? This group includes local and national grocery stores, convenience stores, food assistance programs, restaurants, and schools.
- Are there any active neighborhood organizations such as a Neighborhood Association, volunteer groups, or other local committees that might be able to offer information and resources to your assessment?
- What groups are currently working on health interventions in the area? Are there individuals starting up community gardens, is there a health oriented committee with the City or County?
- What other health and planning related initiatives have taken place over the past few years?

Each neighborhood food assessment coalition will be unique and should be tailored to the context of the neighborhood. The Idaho Plan4Health Coalition membership consists of planners, public health officials, city officials and most importantly residents. The Idaho Plan4Health Coalition membership included, the City of Boise, The Idaho Chapter of the American Planning Association, The Idaho Chapter of the American Public Health Association, United Way, the Urban Land Institute, Boise Urban Garden School, the Vista neighborhood association, Boise State University, and Let’s Move Boise.

Individuals from these organizations participate in either the leadership team of the coalition or serve on advisory groups to help further the goals of improving health throughout the Vista neighborhood.

An important part of building a successful coalition and overall food assessment is to leverage any available planning and assessment resources that have been conducted within the neighborhood. The Idaho Plan4Health Coalition was able to build a partnership with two ongoing initiatives, the Urban Land Institute Corridor Study, and the City of Boise Energize Your Neighborhood program. These two initiatives made the assessment process much simpler through data sharing, additional communication with residents, and a shared knowledge base that informed many decisions made by the Idaho Plan4Health Coalition.
Step 3: Gather Neighborhood Place and Demographic Data

Step three of the food assessment tool highlights the data collection processes used in gaining and understanding of a community or neighborhood food context. An areas food environment is influenced by both the physical characteristics of the area and the characteristics of the people living within the area.

The data described in this step of the tool can be, in most cases collected without the need for primary data collection processes such as surveys, interviews, or focus groups. How the neighborhood study areas was defined in step 1 will play a role in what kind of data is available to for this section of the assessment process. Local and national agencies will be the primary source for data. The more recent and accurate the data that can be collected, the more precise the information will be for defining potential food access barriers in step four of this tool.

In this section of the assessment process, both population information, and place based information should be collected. Both physical and demographic data for the neighborhood study collected at this step, will inform Step 4 which will help assess potential barriers and additional data collection needs.

**Population Information**

This step shows descriptions and data collection methods for neighborhood population and demographic information. Understanding who lives in the neighborhood is a very important piece of understanding the overall food environment for the area. Along with demographic information this section also highlights the data collection processes for health specific information. Health data is included in this section as it is a descriptor for the area’s population and presents one more perspectives of who is living in this neighborhood area.

Table 1, seen on the following page, shows a comprehensive list of the population data collected in this step and can be printed and used as a check list for quick reference during this initial stage of the assessment process. In addition to listing each of the indicators to be collected, the matrix highlights the date the data was originally collected, the source of the information, and asks the question of whether or not the data is appropriate for the purposes of the neighborhood food assessment.

If information that is both recent and appropriate for the study area cannot be obtained, it is recommended that you conduct a primary data source collection process. Example tables for both demographic and place based indicators are shown on the following page.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Source</th>
<th>Date data was originally collected</th>
<th>Is the data appropriate?</th>
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<tbody>
<tr>
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<td>Age</td>
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<td>Education</td>
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<td>Employment</td>
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<tr>
<td>Housing information</td>
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<tr>
<td>Population size</td>
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<tr>
<td>Vehicle ownership rates</td>
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<tr>
<td>Transportation access</td>
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<tr>
<td><strong>Health Data</strong></td>
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<tr>
<td>Obesity rates</td>
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<td>Cardiovascular disease rates</td>
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<td>Diabetes rates</td>
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<td>Health insurance coverage</td>
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<td>Doctor and dentist visits</td>
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<tr>
<td>Vaccinations rates</td>
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<tr>
<td><strong>Open Space Data</strong></td>
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<tr>
<td>Amount of park acreage</td>
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<tr>
<td>Number of undeveloped parcels</td>
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<tr>
<td><strong>Agricultural Production Data</strong></td>
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<td>Parcels zoned for agricultural production</td>
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<td>Land used for agricultural production</td>
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<td><strong>Housing Data</strong></td>
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<tr>
<td>Number of owner occupied homes</td>
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<tr>
<td>Number of rental homes</td>
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<tr>
<td>Number of apartment units</td>
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<td></td>
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<tr>
<td>Number of other housing units*</td>
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</tbody>
</table>
Step 4: Collect Primary Source Data

This fourth step in the assessment process is to collect primary source data to the neighborhood. This fills in missing information and answers some core questions about the food environment of the study area. This data is often more specific to the area and goes beyond typical collection methods. This is where a large amount of project time and budget will be focused.

Suggestions for primary source collection methods to help gather important community data are as follows:

- A Neighborhood Food Survey
- A Grocery Store Price and Availability analysis
- A store layout and marketing analysis
- Key informant interviews
- An in-person neighborhood windshield survey and walk through

Each of these collection methods can help identify different aspects of the current neighborhood food environment. A sample of each of these tools can be found at the end of this document as appendices. These are by no means the only ways to collect context specific data. Each study area will be different so this is a starting point that can be supplemented and modified to better suit the needs of a specific neighborhood.

**Neighborhood Food Survey**

A neighborhood survey can be one of the most effectual tools to collect data that is not being collected by another agency. Since respondents can be asked any number of questions related to neighborhood health and the food environment, this tool offers a unique opportunity to get a workable data set for indicators that cannot be found about anywhere else. The survey process is often time consuming and expensive, and in order to be reliable, the survey must have a significant reach and random sampling. A sample neighborhood food survey is shown in appendix 3.

**Grocery Store Price and Availability Analysis**

This analysis tool collects data on the pricing and availability of food at local distribution locations and can help show if the most easily accessible food is perhaps overpriced for the community. This analysis is described in further detail in appendix 2. This tool requires an on the ground presence and despite attempts to mitigate this problem, the results can change at different time periods throughout the year. This tool allows the collection of both cost data for local retailers, but also for the availability of many healthy foods including a selection of culturally specific items.

**Store Layout and Marketing Analysis**

The layout and marketing strategy of a grocery retailer can have a significant effect on the consumption of healthy foods by area residents. This store analysis highlights potential barriers to healthy food consumption by identifying if stores are engaging in marketing behaviors to increase sales of unhealthy foods. Additionally, this analysis seeks to identify barriers to stores stocking a broad range of healthy and culturally relevant foods, which for many communities is an important factor to healthy food consumption. This is especially true for communities with broad ethnic diversity or significant refugee populations.
**Key Informant Interviews**

No amount of data collection can provide the same level of context specific knowledge as someone who is actively engaged with the neighborhood being evaluating. These individuals can be part of ongoing neighborhood efforts such as neighborhood associations, local religious or charitable groups, food program and assistance administrators, educational officials, or even just involved community members. These interviews are a great place to start identifying nuances of the neighborhood, locating additional resources, and can help gain a better understanding of what’s actually going on in the neighborhood. Among the questions to consider: Are there populations who are having difficulty accessing food that might not show up as traditionally food insecure groups? Are there any local champions who can take the study’s intervention strategies and turn them into neighborhood successes? What’s worked in the past and what was attempted but failed? These are all questions that can only be answered through engaging with key area stakeholders. A list of sample interview questions and discussion topics can be found in Appendix 4.

**Step 5: Identify Trends, Potential Barriers, and Opportunities**

From the data collected in both steps 3 and 4, you will be able to identify trends, potential barriers to healthy food consumption and opportunities for improvement and new strategies to overcome the barriers. This process is primarily done through qualitative analysis that looks for patterns, at risk populations, missing infrastructure, and narratives from any key informant interviews that were conducted. In order to help identify these barriers and opportunities, a SWOT analysis is recommended that looks at the strengths, weaknesses, opportunities and threats for each of the 4 categories (Security, Quality, Access, literacy and culture.

Assigning grades to each of the categories is a good way to provide condensed findings from the data collection processes that can be used to convey a message to the public, funders, a local board, or in print media. Giving these grades to each of the categories is not a precise science as it is difficult to fully understand a neighborhood context, however, the grades give an idea of where future investments should be made, and where available resources can be leveraged to the highest success.

The following example of this type of graded food environment comes from the Idaho Plan4Health Vista study and is shown below.
Vista's Food Score Card

Plan4Health assessed the Vista neighborhood’s food environment in four ways: food security, access to healthy and nutritious foods, quality of available food, and the level of food literacy (how likely and able are residents to shop for, prepare and eat healthy foods?) and culture (to what degree does food and nutrition contribute to the neighborhood’s sense of identity and social and commercial activities?). These four components of Vista’s food environment were scored and indicate the “food health” of the neighborhood. These grades guided the prioritization of the strategic actions identified on previous pages, and are intended to help match resources with the neighborhood’s greatest needs, and inspire projects that will have the biggest impact on improving the health of people living in Vista.

Security

While the Treasure Valley enjoys a robust food supply network, many Vista neighborhood residents experience significant food insecurity. Higher than average unemployment, poverty, and low median household incomes put many families at risk of being food insecure. Additionally, Plan4Health’s neighborhood survey results show that a striking 31% of respondents felt they did not have enough money to buy food at least once in the last three months. We can improve this grade by building on the existing work of organizations in the neighborhood, and by accomplishing actions identified on previous pages.

Access

Healthy foods are widely and readily available to Vista area residents. An Albertson’s grocery store is located in the neighborhood and the Boise Bench market, which sells local goods and produce, is just outside of the neighborhood. Additionally, there are numerous grocery stores within a 5-mile radius of Vista. Food access for Vista residents is limited mainly by transportation barriers, including a lack of bike lanes and sidewalks for people engaging in active transportation, as well as limited public transit options. For lower-income families, access is also limited by the higher cost of healthy foods in some stores. Lower cost alternatives such as farmer’s markets and backyard and community gardens can help improve access.

Quality

Vista neighborhood residents have access to healthy, high quality foods from local grocery stores, restaurants, corner markets, and specialty stores. The food available at these locations is typically high quality and is regularly restocked to ensure produce and healthy foods are fresh and appealing. Vista is also home to two school-led community garden projects and a significant number of backyard gardens that have positively improved the overall access to fresh quality foods in the community.

Literacy & Culture

This category of the food assessment is a reflection of the levels of education and personal habits of residents to choose and eat a healthy diet. Initial findings show that there is a culture of relatively unhealthy food consumption and a gap in knowledge of the effects of healthy eating on overall physical and emotional health. This category has received the grade of Incomplete to show the need for additional primary source data collection. Despite receiving an incomplete grade, the Idaho Plan4Health Coalition believes that the areas of culture and literacy offer the largest opportunity for improvement in the Vista neighborhood.
Step 6: Present Findings, Identify Barriers, and Prioritize Possible Solutions

Present Findings and Identify Barriers

Once the data, from the indicators listed in Steps 3 and 4, have been collected and aggregated into a usable format, it will need to be analyzed and presented in a way that is understandable and representative of the neighborhood food environment. The USDA has established a framework for the evaluation of community food assessment data that is useful in tailoring the data analysis to the end goal of the project. This framework can be applied to the data collected from the neighborhood. “The analytic approach used will reflect the purpose of the assessment. For example, if the goal is to understand how the community compares with the Nation, the analysis will focus on comparisons with national standards. If the key is to develop an action plan, the analysis and presentation will be community specific and will use graphic display. If the purpose is to develop a baseline of information, then a spreadsheet compilation may be all that is required.”

Once the most effective way to represent the data to meet the needs has been determined, a statistical profile will be used. In many cases, this might be a comparative analysis of like data in the neighborhood studied with other neighborhoods in the community, national data, or data of similar neighborhoods across a region. This comparative data will provide a baseline of interpretation to gauge potential strengths and weaknesses in the community food environment. This comparison can also be conducted as a time series for a particular neighborhood or community to see changes in the community food environment over time.

In many cases presenting the descriptive statistics of the neighborhood profile, from the indicators listed in step 5 of this report, will be enough to visually show gaps in food accessibility and highlight a baseline for strategic thinking regarding implementation and design strategies.

This is also the time to start examining trends and potential barriers that have been informed by the additional data collection processes. If any discrepancies within the neighborhood food environment that are barriers to the consumption of a healthy diet are identified, they should be added to a list. From this list, what kind of implementation strategies might be useful in addressing the barriers identified throughout the assessment process?

Prioritizing Solutions

After barriers to food access have been identified, strategies to reduce the negative effects of said barriers are analyzed. Not all barriers and existing conditions are created equally; some will require more immediate action, while others can be addressed over a longer period of time with small or large changes. The authors of this guide believe that there are three stages of strategies that should be considered when designing possible implementation strategies. The strategies fall into the following categories of complexity: (1) Simple and Short-term, designed to take advantage of small but effective actions. (2) Moderate interventions can work in the interim while longer term strategies are being developed and financed. (3) Complex and Long-term interventions are designed to make structural changes that would require significant shifts in current policy or beliefs. The example solutions and strategies recommended in the following section are labeled according to these stages of implementation.

3 USDA http://ers.usda.gov/media/327699/efan02013_1_.pdf
**Solution Examples**

These recommendations should serve as a guide in the strategy development process and should be tailored to meet the needs of a study neighborhood based upon analysis of the context from the early data collection and analysis sections of the report. This list of possible recommendations is not exhaustive and users are encouraged to develop new strategies and processes to meet the needs of a specific neighborhood. Sharing useful strategies are appreciated and the creators of this tool would appreciate hearing about them for future draft updates. Please send suggestions and inquiries to plan4healthidaho@gmail.com.

Plan4Health Idaho Vista Neighborhood Recommendation examples

**Implementation Rank: Complex**

1. **Consider reform to Idaho’s state sales tax to eliminate or decrease the taxes on all groceries, excluding candy and sugary drinks.** Idaho’s current tax law currently includes all groceries as part of the base sales tax. Idaho does offer the option to file for a grocery credit refund, which averages about $100 per person. However, only about 66,000 income-qualifying residents who weren’t required to file a tax return filed for a grocery credit refund in 2014. Also, if Idaho residents received federal food stamps, were in jail, or were in the U.S. illegally for part of the year, their refund is prorated to exclude the months those conditions applied. Reform should consider (1) lowering the cost of healthful groceries by decreasing or eliminating the sales tax on grocery items, excluding candy and sugary drinks; (2) increasing the amount of the grocery credit refund; (3) removing the adjustment for those receiving food stamps, incarcerated and/or residing in the U.S. illegally.

   https://tax.idaho.gov/i-1043.cfm
   https://tax.idaho.gov/n-feed.cfm?idd=534

**Implementation Rank: Moderate**

2. **Implement a “healthy corner store” program in Vista.** These programs, which work with existing retailers, aim to increase and incentivize marketing and sales of more healthful snacks, particularly to young children, and often in coordination with local schools. Pilot programs have been successful in places such as Philadelphia, Chattanooga and Cincinnati.

   http://www.healthycornerstores.org/
   http://www.plan4health.us/healthy-corner-stores/

3. **Pilot program serving whole food, majority plant-based school lunch at Whitney and Hawthorn Elementary once a week.** Evaluate program after 3 months to determine success and effectiveness of changing children and families’ approach to healthful eating, as well as impacts on school nutrition services budget and systems. Identify adjustments that would help the program succeed and operate more sustainably in the long-term, at more school sites.

4. **Develop additional pedestrian and bicycle infrastructure that allows and encourages active transportation,** particularly to food distribution locations (e.g., grocery stores, corner stores, products...
stands, etc.), many of which lie outside the Vista neighborhood. The recent Urban Land Institute (ULI) Vista Healthy Corridor study found that significant active transportation safety improvements were needed in Vista.

5. **Focus on ensuring that neighborhood-based employers are aware and taking advantage of and workplace employee wellness programs** that can reduce employer healthcare and absenteeism related costs while improving the health and quality of life of employees. Such programs include Idaho Department of Health and Welfare’s “IPAN” (Idaho Physical Activity and Nutrition) Program and Let’s Move Boise!, as well as corporate health services provided by health systems (St. Luke’s and St. Alphonsus) and health insurance providers. 
   [http://healthandwelfare.idaho.gov/Health/IdahoPhysicalActivityandNutrition(IPAN)]
   [www.letsmoveboise.com]

*Implementation Rank: Simple*

6. **Offer additional and more targeted cooking, shopping, and budgeting classes and incentivize participation** through a variety of community service programs. Pilot a program to link enrollment and completion of these courses with SNAP benefits, to double funding. Advertise in particular for family-focused classes at times convenient for working families.

7. **Work with food pantries to expand store hours so that patrons can shop more consistently and conveniently.** The Vista neighborhood food survey, conducted as part of this project, identified this as a particular barrier to some families who need it most.

8. **Continue to track neighborhood health data over time with an annual community survey.** Add questions on healthy foods and nutrition to regular City of Boise or Health Assessment survey. Consider research partnerships with universities to collect neighborhood-level data for Vista on an ongoing basis.

9. **Grow school garden and community garden programs throughout the neighborhood.** Additional community gardens can increase access to affordable healthy food for residents, while providing educational and cultural learning experiences.

10. **Continue to promote and fund programs aimed at providing food insecure students access to healthy foods, including the Idaho Food Bank’s Backpack program.** The Backpack program addresses food insecurity through direct assistance and serves over 1,800 students each week. Additional funding and support could increase the number of area students who benefit from these programs.
Appendix 1: Price Comparison Tool

The overview and templates provided in this appendix are intended to act as a guide for someone to take into local neighborhood grocery stores to conduct a comparative price analysis as part of the data collection process in assessing food affordability and availability. The templates and selection processes have been adapted from the CES Alaska Food Cost Survey\(^4\). The Food survey and Instructions sheet are attached as pdf's and can be found at https://www.uaf.edu/ces/hhfd/fcs/Food-Cost-Survey-2013.pdf.

**Store Selection**

A neighborhood food assessment is going to look at a more specific selection of stores than a larger community assessment, and as such the store selection process is going to be more targeted and less random. For the purposes of this neighborhood food analysis, it is recommended that you take the data collected earlier regarding the count of grocery stores within and outside of your neighborhood. It is important to have enough data points to do a significant comparison. For this neighborhood food assessment, we suggest that you survey each of the major grocery retailers present within your neighborhood boundary, at least one large and small grocery store within the 5-mile boundary and at least one large and small grocery store within the larger community area (10-mile boundary). If there are no grocery stores within the neighborhood boundary, a sampling of closest stores can be used as substitutes. This selection process should leave you with a minimum of six store surveys. If there are available resources to conduct additional store surveys it will produce a more representative sample of food pricing in the community.

**Data Collection**

This comparative analysis looks at the prices of a number of food items that are typically available at a grocery retailer. Since grocery stores stock different brands and quantities of goods it is important to establish a framework for item pricing during the store analysis. The following recommendations can be altered depending on the type of information you are trying to collect, however for the purposes of the neighborhood food assessment we suggest the following set of guidelines.

- Use the cheapest non-sale price of a good that is available in a standard quantity
- Avoid using the prices of bulk quantity goods
- If an item is on sale, look for the non-sale price
- If an item is priced in a different quantity than what is listed below on the template, write down the store price and attempt to convert it to a standard quantity during the coding process
- If available record the unit price as well as the package price
- Whenever possible use the same surveyor to reduce the variation in collection processes

If an item is not available in the store, record that item as missing. The number of goods missing from a store is an additional indicator to food accessibility that can be used elsewhere in the neighborhood food assessment.

Each store survey is estimated to take 30 minutes to an hour, so plan accordingly. It is also recommended that you inform the store manager that you are conducting this survey as a courtesy.

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\(^4\) https://www.uaf.edu/ces/hhfd/fcs/ Bret Luick, Foods and Nutrition Specialist, University of Alaska
Appendix 2: Store Layout and Marketing Analysis

This section highlights a quick process by which one can look at the layout of a grocery store, corner market, or other food distributor. This tool should be used for communities that have identified gaps in food accessibility from either an availability or cultural perspective. If an area is believed to be lacking in healthy food options, a store layout and marketing analysis can give you an insight into the shopping experiences of local residents and can answer the following questions.

- Is there an available selection of healthy foods?
- Are healthy foods displayed in prominent locations in the store?
- Is there a diversity of food selections in line with local needs and cultural desires?
- Is the store arranged in a way that is convenient for shoppers?
- Are there other barriers to healthy food selection present in the store?

Below you will find a worksheet that can be taken to any grocery retailer to help assess the layout, marketing, and availability of healthy foods. This worksheet was adapted from ideas presented in the Minneapolis Healthy Corner Store Program Visual Assessment. Please feel free to make any changes that might help you in the overall evaluation process.

---

Store Analysis Worksheet

Store Name_____________________________________________
Store Location___________________________________________
Manager Name__________________________________________
Contact Information______________________________________
____________________________________________________________________
____________________________________________________________________

How many square feet is the store?_________________________
Do you have a copy of the store layout?_____________________
If not, draw the store layout on the space provided below (include as many details as possible)
Questions

Does the store accept EBT or SNAP assistance?
  o Yes
  o No

Does the store accept WIC benefits?
  o Yes
  o No

Does the store have a deli or food production area?
  o Yes
  o No

Are there signs promoting fresh produce outside the store?
  o Yes
  o No

Are there signs promoting fresh produce inside the store?
  o Yes
  o No

On a scale of 1-5 how closely do you agree with the following statements (1 being strongly disagree and 5 being strongly agree) (Circle your response below)

The store promotes the consumption of healthy food

<table>
<thead>
<tr>
<th>1 Strongly disagree</th>
<th>2 Disagree</th>
<th>3 Neutral</th>
<th>4 Agree</th>
<th>5 Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
</table>

The store is well stocked

<table>
<thead>
<tr>
<th>1 Strongly disagree</th>
<th>2 Disagree</th>
<th>3 Neutral</th>
<th>4 Agree</th>
<th>5 Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
</table>

The store has a wide variety of fresh fruit available for purchase

<table>
<thead>
<tr>
<th>1 Strongly disagree</th>
<th>2 Disagree</th>
<th>3 Neutral</th>
<th>4 Agree</th>
<th>5 Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
</table>
The store has a wide variety of fresh vegetables available for purchase

<table>
<thead>
<tr>
<th>1 Strongly disagree</th>
<th>2 Disagree</th>
<th>3 Neutral</th>
<th>4 Agree</th>
<th>5 Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
</table>

The store stocks local produce

<table>
<thead>
<tr>
<th>1 Strongly disagree</th>
<th>2 Disagree</th>
<th>3 Neutral</th>
<th>4 Agree</th>
<th>5 Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
</table>

The store markets unhealthy or processed food at the registers

<table>
<thead>
<tr>
<th>1 Strongly disagree</th>
<th>2 Disagree</th>
<th>3 Neutral</th>
<th>4 Agree</th>
<th>5 Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
</table>

The store markets unhealthy or processed food at aisle endcaps

<table>
<thead>
<tr>
<th>1 Strongly disagree</th>
<th>2 Disagree</th>
<th>3 Neutral</th>
<th>4 Agree</th>
<th>5 Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
</table>

The store was clean

<table>
<thead>
<tr>
<th>1 Strongly disagree</th>
<th>2 Disagree</th>
<th>3 Neutral</th>
<th>4 Agree</th>
<th>5 Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
</table>

I felt safe shopping at this store

<table>
<thead>
<tr>
<th>1 Strongly disagree</th>
<th>2 Disagree</th>
<th>3 Neutral</th>
<th>4 Agree</th>
<th>5 Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
</table>

The store was well lit

<table>
<thead>
<tr>
<th>1 Strongly disagree</th>
<th>2 Disagree</th>
<th>3 Neutral</th>
<th>4 Agree</th>
<th>5 Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
</table>

The parking lot was clean

<table>
<thead>
<tr>
<th>1 Strongly disagree</th>
<th>2 Disagree</th>
<th>3 Neutral</th>
<th>4 Agree</th>
<th>5 Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
</table>
Manager Interview Questions

What kind of marketing approaches does the store take towards encouraging the consumption of healthy foods?

Are your cashiers required to upsell candy, soda, or other processed foods?

How is your store layout determined?

Are you willing to participate in a public awareness campaign on healthy foods?

Who do you feel is your largest demographic of customers?

Are you receptive to the requests for ethnic or specialty foods?

Please make any additional comments you might have on the back of this page.
Appendix 3: Sample Survey Questions

Due to the often-limited data available at the neighborhood level, one of the best ways to understand the nuances of the community is through a primary data collection processes. These processes are often expensive and time consuming, but offer a great way to gain a current understanding of who is living in an area as well as their consumption and employment patterns. The following survey questions can be used as a starting point for conducting a neighborhood survey that is centered on food and health at the neighborhood level.

These sample questions can easily be modified to meet the needs of the neighborhood at hand, or can be incorporated into a larger survey or outreach campaign. These questions are currently presented as they would be distributed through a door to door survey. The Plan4Health Idaho coalition utilized both an in person door to door approach, and an online version of the survey to increase the total reach and response rate.

Sample Survey Questions

1. What type of places do you purchase or get food? (check all that apply)
   - Grocery store
   - Farmers market
   - Fast food restaurants
   - Small neighborhood store (Boise Bench Market, India Market, etc.)
   - Warehouse store (Costco, Sams Club, etc.)
   - Convenience store (Jacksons, Maverick, Stinker, etc.)
   - Food Pantry
   - Other restaurant (not fast food)
   - Personal garden
   - Community garden
   - Food co-op store
   - Direct from farm (CSA programs)
   - Other (please specify):

2. Where do you do most of your grocery shopping?
   - Winco
   - Albertson's
   - Fred Meyer
   - Whole Foods
   - Boise Co-Op
   - Costco
   - Wal-Mart
   - Other (please specify):

----------------------------------------

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   - Other restaurant (not fast food)
   - Personal garden
   - Community garden
   - Food co-op store
   - Direct from farm (CSA programs)
   - Other (please specify):

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   - Albertson's
   - Fred Meyer
   - Whole Foods
   - Boise Co-Op
   - Costco
   - Wal-Mart
   - Other (please specify):

----------------------------------------
3. What are the main reasons you do most of your shopping at that location?
   □ Cost
   □ Location
   □ Variety
   □ Healthy food options
   □ Ethnic and cultural food selection
   □ Safe location
   □ Other (please specify):

4. How do you get to the location in which you do most of your shopping?
   □ I drive my own car
   □ I ride my bike
   □ I walk
   □ I take the bus or other public transportation
   □ I carpool with friends or family
   □ I borrow a car from a friend or family member

5. Do the stores you shop at have the types of foods you want (ethnic, organic, etc.)?
   □ Yes □ No

6. To what degree do the following issues affect your ability to eat healthy food?

<table>
<thead>
<tr>
<th>Issue</th>
<th>No influence</th>
<th>Not Much</th>
<th>Neutral</th>
<th>Somewhat</th>
<th>Very Large</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price of healthy foods</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of food in stores where I shop</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of healthy foods</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time to shop</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time to prepare food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of how to cook healthy foods</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food people I live with prefer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of the food my culture eats</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of equipment to prepare and store food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. **Within the past three months**, how often have you experienced the following?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Never</th>
<th>Once</th>
<th>2-3 times</th>
<th>4-5 times</th>
<th>6 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ran out of money before I was able to buy enough food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Went to food pantry or other places to get free food or meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. How often do you eat the following types of foods (on average)?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Once a week</th>
<th>2-3 times a week</th>
<th>Once a day</th>
<th>2-3 times a day</th>
<th>4 or more times a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole grains</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lean meats</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-fat dairy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beans/nuts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Which of the following would help you eat more healthy foods (check all that apply)?

- [ ] Coupons and price discounts
- [ ] More nearby farmers markets
- [ ] More healthy choices at the restaurants and fast food places
- [ ] Better food selection at the places where you shop
- [ ] Better food quality at the places where you shop
- [ ] More stores accepting food stamps and EBT credits
- [ ] Learning how to prepare more healthy foods
- [ ] More opportunities to grow my own food
- [ ] Access to a community garden
- [ ] Free or low cost public transportation or shuttles to local food stores
- [ ] Other (please specify) ______________________________________

10. How interested are you in learning about the following topics?

<table>
<thead>
<tr>
<th></th>
<th>Not Interested</th>
<th>Very little interest</th>
<th>Neutral or not sure</th>
<th>Some interest</th>
<th>Very interested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Growing your own food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in a community garden</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to cook with healthy foods</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to select healthy foods from the store</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to better budget for healthy food choices</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canning or preserving food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Would you be interested in attending a free nutrition and cooking education class in your community?

- [ ] Yes
- [ ] No
12. On average, how many meals do you eat out of the house on a typical week?
   - Less than once per week
   - Once per week
   - 2-3 times per week
   - 4-6 times per week
   - Other (please specify): ________________________________

13. When you eat a meal outside of the home, where are you most likely to get your food? (Choose 1)
   - I bring a meal I pre-prepared at home
   - I go to a fast food restaurant or drive through
   - I get food from a local restaurant (not fast food)
   - Other (please specify): ________________________________

14. How often do you prepare dinner at home (on average)?
   - Less than once per week
   - Once per week
   - 2-3 times per week
   - 4-6 times per week
   - I prepare dinner at home each night of the week

15. How often do you eat dinner at a restaurant (on average)?
   - Less than once per week
   - Once per week
   - 1-3 times per week
   - 3-6 times per week
   - I eat dinner at a restaurant each night of the week

16. How often does your family sit down to eat together (on average)?
   - Less than once per week
   - Once per week
   - 2-3 times per week
   - 4-6 times per week
   - My family sits down to eat together each night of the week

17. Do you normally eat breakfast in the morning?
   - Yes
   - No

18. How many sodas or other sweet beverages do you drink each week (on average)?
   - None
   - 1-2 per week
   - 3-4 per week
   - 5-7 per week
19. Do you grow food in a personal garden?  
   [ ] Yes  [ ] No

20. Would you be interested in participating in a community garden if one were available nearby?  
   [ ] Yes  [ ] No

21. Over the last three months, what percentage of your household's food supply came from either your garden or a community garden?  
   [ ] 0%  
   [ ] 1-25%  
   [ ] 26-50%  
   [ ] 51-75%  
   [ ] 76-100%

22. On a scale of 1-5 (1 = strongly agree and 5 = strongly disagree) how much do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>My neighborhood offers many opportunities to be physically active</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local sports clubs and other facilities in my neighborhood offer many opportunities to get exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is pleasant to walk in my neighborhood</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My neighborhood has heavy traffic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I often see other people walking in my neighborhood</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I often see other people exercise in my neighborhood (jogging, bicycling, or playing sports)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The people in my neighborhood are physically healthy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. How would you describe your overall health?  
   [ ] Excellent  
   [ ] Very good  
   [ ] Good  
   [ ] Fair  
   [ ] Poor  
   [ ] I prefer not to answer this question
24. On a scale of 1-5, 1 = very regularly and 5 = very irregularly or never, how often do you engage in the following preventative healthcare measures?

<table>
<thead>
<tr>
<th></th>
<th>1 Very Regularly</th>
<th>2 Regularly</th>
<th>3 Somewhat regularly</th>
<th>4 Somewhat irregularly</th>
<th>5 Very irregularly or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness check-ups with a primary care provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental cleanings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatologist visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optometrist check ups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25. What is your gender?
- [ ] Male
- [ ] Female
- [ ] I prefer not to answer this question

26. What is your ethnicity?
- [ ] American Indian, Eskimo or Aleut
- [ ] Black or African American
- [ ] Hispanic or Latino
- [ ] Other (please specify): ______________________
- [ ] Asian or Pacific Islander
- [ ] White or Caucasian

27. What is your household's annual income?
- [ ] Less than $20,000
- [ ] $20,001 - $30,000
- [ ] $30,001 - $40,000
- [ ] $40,001 - $50,000
- [ ] I prefer not to answer this question
- [ ] $50,001 - $60,000
- [ ] $60,001 - $70,000
- [ ] $70,001 - $80,000
- [ ] $80,001 - $90,000
- [ ] Greater than $90,000

27. What is your age?
- [ ] 18-24
- [ ] 25-34
- [ ] 35-45
- [ ] 45-54
- [ ] 55-64
- [ ] 65 or older
- [ ] I prefer not to answer this question

28. How many people are in your household?
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6 or more
- [ ] I prefer not to answer this question
29. How long have you lived in the Vista neighborhood?
   □ Less than one year
   □ 1 - 3 years
   □ 3 - 5 years
   □ 5 - 10 years
   □ More than 10 years
   □ I prefer not to answer this question

30. Do you rent or own your home?
   □ I rent my home
   □ I own my home
   □ I prefer not to answer this question

32. How many people under the age of 18 are in your household?
   □ 0
   □ 1
   □ 2
   □ 3
   □ 4
   □ 5
   □ 6 or more
   □ I prefer not to answer this question

Thanks you for completing the Plan4Health survey. If you want to learn about the results of this survey, or stay connected to project updates please leave us your email address.

Optional:

Email Address: ___________________________________________
Appendix 4: Key Informant Interviews – Example Questions for Program Administrators

1. Description of the programs serving the Neighborhood?
2. How are the programs administered?
3. Who is served by the program? Are there eligibility requirements?
4. How many individuals are served in the City and specifically, in the Vista Neighborhood?
5. Do you have a sense of the number of people who would benefit from your service, but are not served?
6. Have you seen an increase or decrease in the number of people you serve in the last few years?
7. How do people learn about your programs?
8. Who coordinates the activities?
9. Do you assess each program for its effectiveness?
10. What is the funding source(s) for each program?
11. Do you coordinate your activities with other organizations and/or gov't agencies? How do you avoid redundancy with other organizations?