

Partnering with Local Governments to Create Healthy Food Retail Policy



This toolkit is a comprehensive resource to help communities partner with local governments for the purpose of improving the food retail environment. It is designed for communities interested in building a healthy food retail resolution.

WELCOME TO THE HEALTHY FOOD RETAIL TOOLKIT!

This toolkit is a comprehensive resource to help communities partner with local governments for the purpose of improving the food retail environment. It is designed for communities interested in building a healthy food retail resolution. What does it mean to build a healthy food retail resolution? Read on to find out!

What’s Inside?

Healthy Food Retail 101.....

We start by defining healthy food retail and identifying what it looks like in Oklahoma.

Supply, Demand, and the Food Retail Environment.....

We introduce a framework for understanding the factors that affect access to healthy food in a community. This section includes a worksheet to help communities apply the framework to their food retail environment. It also includes a checklist of Healthy Living Outcomes that address food access.

What Can Local Government Do?.....

We share examples of ways local governments nationwide are getting involved to improve the food retail environment.

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Building Your Own Healthy Food Retail Resolution.....

This section provides communities with an overview of the required and customizable elements of the sample healthy food retail resolution. It includes a cheatsheet to the different parts of the resolution.

Sample Healthy Food Retail Resolution.....

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HEALTHY FOOD RETAIL 101

What is healthy food retail?

Community members can access food from many places: stores, school cafeterias, workplace vending machines, food banks, farmers' markets, community gardens, and more. This toolkit focuses on **food retail outlets**. Food retail outlets include brick-and-mortar outlets like convenience, grocery, and dollar stores; pop-up venues like farmers' markets and farm stands; and mobile markets that regularly stop at predetermined locations on a fixed schedule.

Healthy food retail refers broadly to outlets that stock healthy foods and beverages and promote, place, and price them competitively compared with unhealthy foods and beverages.

The **food retail environment** refers broadly to the location, number, density, and type of food retail outlets in a community, along with the products sold and how they are promoted, placed, and priced in the store.

What does healthy food retail look like in Oklahoma?

An overwhelming proportion of Oklahomans have insufficient access to healthy food retail outlets. Research from the Centers for Disease Control and Prevention shows that almost 40 percent of Oklahomans live in areas without a single healthy food retailer. An additional 30 percent of Oklahomans live in areas where there are more unhealthy food retailers, such as fast food outlets and convenience stores, than healthy food retailers, such as supermarkets.¹ Only 4 percent of Oklahomans live in areas where there are more healthy food retailers than unhealthy food retailers.¹

Why does healthy food retail matter in Oklahoma?

More than two-thirds of adults² and more than one-third of children³ in Oklahoma are overweight or obese. Poor diet is a major cause of obesity, and research shows that few Oklahomans have a nutritious diet. Fifty percent of adults and 44 percent of adolescents in Oklahoma report eating fruits less than once a day.⁴ Twenty-seven percent of adults and 40 percent of adolescents in Oklahoma report eating vegetables less than once a day.⁴

There is an opportunity to fight obesity and its related health consequences – such as heart disease, stroke, cancer, and diabetes⁵ – by improving the food retail environment in Oklahoma.

TIP

Communities should work on increasing access to healthy food in multiple settings, not just in food retail outlets, in order to have the greatest impact on health. The checklist on page 9 shows all the Healthy Living Outcomes that affect healthy food access. Communities can use this checklist to coordinate their food access work.



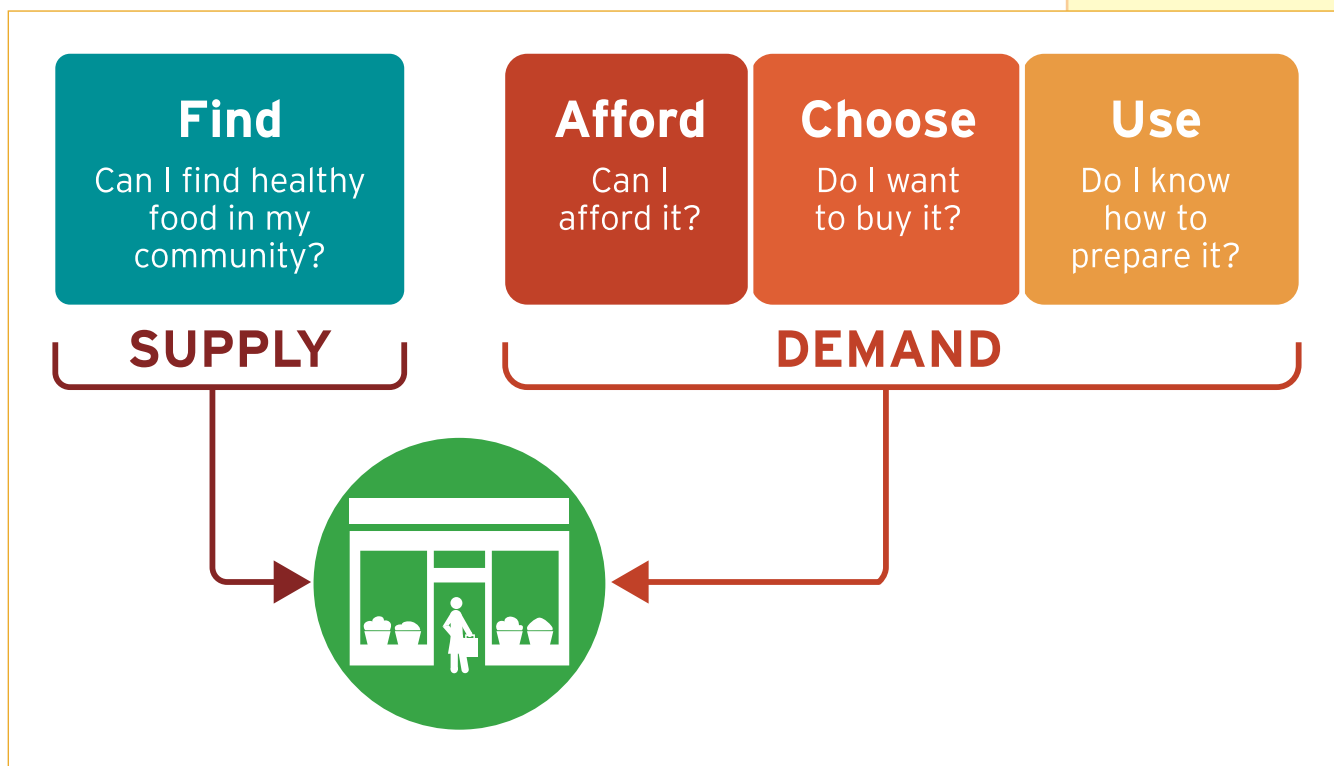
SUPPLY, DEMAND, AND THE FOOD RETAIL ENVIRONMENT

At its most basic level, the food retail environment is shaped by the supply of and demand for healthy food in a community. If there's an inadequate supply of nutritious food, then it's hard for community members to eat healthy. If there's insufficient demand for nutritious food, then it's hard for food retailers to stock healthy items instead of other foods or products that community members buy. Both supply and demand can be addressed in the food retail environment. Retailers can improve the supply by selling healthy food. And they can improve demand by promoting, placing, and pricing healthy food competitively and working with partners to educate community members about healthy food.

The **Find-Afford-Choose-Use framework** is a tool for understanding whether a community has an adequate supply of and demand for healthy food, and, if not, where the obstacles lie. The framework poses four questions:

- Can community members **find** healthy food?
- Can community members **afford** healthy food?
- Do community members **choose** healthy food?
- Can community members **use** healthy food?

The answers to these questions provide a detailed picture of the state of healthy food access in a community. There are many reasons that community members may – or may not – be able to find, afford, choose, or use healthy food. Read on to learn about the different factors that affect the Find-Afford-Choose-Use framework!



FIND: Can community members *find* healthy food?



Location: Are food retail outlets located nearby?

In some areas, food retail outlets are far away from homes, worksites, or other places that community members visit regularly. Food retail outlet location is important because people who live near a grocery store are more likely to be a healthy weight and eat the recommended amounts of fruits and vegetables than people who live far away from a store.^{6,7}



Availability: Do food retail outlets sell healthy food?

Small food-retailers, such as convenience stores and gas stations, usually have fewer healthy options (e.g., fresh produce, whole grains) than do larger grocery stores.^{8,9} Low-income areas, in particular, experience this lack of healthy options.¹⁰



Distribution: Can healthy food get to the community?

Distribution companies that carry healthy food typically work with large retail outlets, such as supermarkets, in populous areas. Their business sample and standard practices, such as delivering in bulk or requiring a hefty delivery fee, make it challenging for them to service small food-retailers or remote areas. Distribution is one of the most difficult barriers for small food-retailers to overcome when they want to offer healthier options.^{11–13}



Transportation: Can community members get to food retail outlets?

Getting to food retail outlets can be a big challenge.^{14–16} Families without cars in urban areas may need to take multiple buses or walk or bike in unsafe areas to get to a food retail outlet. Public transportation is quite limited in most suburban and rural areas, leaving people who don't have cars with few places to buy their food. When it is easier to get to healthy food retail outlets, community members can keep their transportation costs low and spend more money in the local economy.

AFFORD: Can community members *afford* healthy food?



Food insecurity: Is healthy food affordable?

For families on a budget, cost is a key factor in determining what types of food to buy at the store. Cost is a particular concern for the one in six Oklahomans who lives in poverty.¹⁷ According to some analyses, healthy foods, such as fruits and vegetables, tend to cost more per calorie than unhealthy foods.^{18,19} People often cite the high cost of healthy food as a barrier to buying it.^{20,21}



Nutrition assistance benefits: Are eligible community members and stores enrolled?

Participating in nutrition assistance benefit programs – such as the Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) – puts more money in the pockets of low-income families when they go to the grocery store. Yet one-fifth of Oklahoma families eligible for SNAP are not enrolled.²² These programs also support access to healthier foods. After revisions to the WIC program set higher health standards for eligible foods in 2009, the availability and variety of healthy foods increased dramatically in small food-retailers that accept WIC.²³ Small food-retailers believe the changes to WIC have increased their overall sales.²⁴



This toolkit uses icons to signify various factors that affect the food retail environment. For example,  signifies the availability of healthy foods, and  signifies transportation. Communities can refer to these icons as handy visual guides to help them navigate the toolkit.

CHOOSE: Do community members *choose* healthy food?



Marketing: Are healthy items placed and promoted competitively?

The way something is marketed – for example, where it sits on the shelves, whether it is on sale, how it is packaged, or how it is promoted – can affect whether a person wants to buy it. Something as simple as improving the location of healthy food in a food retail outlet can increase sales.²⁵



Signage: Are there signs for healthy food?

Small food-retailers, such as convenience stores and gas stations, typically post signs for unhealthy items – junk food and tobacco, for example – on the windows, walls, and shelves. Adding signs that indicate which foods are healthy options can increase sales of healthy foods.²⁶



Cultural preference: Do community members want to buy and eat the healthy food available?

Children's food preferences – whether for healthy or unhealthy foods – are largely driven by familiarity.^{27–29} This preference for what is familiar carries over into adulthood. Food preferences vary widely by culture of origin. A community does not have access to healthy foods if the healthy foods offered are not culturally appropriate. The availability of healthy, culturally appropriate foods (e.g., whole-grain tortillas in a predominantly Mexican-American community) can help families make healthier choices.

USE: Can community members *use* healthy food?



Shopping skills: Do community members know how to shop for healthy food?

Community members may not know how to select healthy foods when they go to the store. For example, they may not know where to find certain types of food or how to read a nutrition label. Less than half of SNAP participants have sufficient nutrition literacy to understand the information on a nutrition label.³⁰



Food preparation skills: Do community members know how to prepare healthy food?

Only about 42 percent of men and 68 percent of women say that they cook at home.³¹ Compared with families in the 1960s, those who do cook spend significantly less time doing so.³¹ Women spend half as much time cooking now as they did in the 1960s, a reflection of the fact that more women work outside the home today and have less time available for meal preparation.³¹ While more men cook today than they did 50 years ago, men still spend significantly less time cooking than women do.³¹ Another possible reason people cook less is that they do not know how.³¹ In a 2003 survey, only one in four U.S. high school students said she or he had taken a Family and Consumer Sciences (FACS, formerly known as Home Economics) course.³² At the time of the survey, Oklahoma did not have any state- or local-level requirements for FACS instruction. Community members who do not know how to cook the healthy food available will likely choose and buy food that they know how to prepare or don't need to prepare.



Economic development and the food retail environment

The term “economic development” refers to a range of activities that help build and sustain a healthy economy. Here are a few examples of economic development activities that simultaneously improve healthy food access and economic opportunities for residents:



Developing a new grocery store doesn't just mean community members will have a new place to buy produce; it also creates new jobs and tax revenue for the local government.



A transit program that links neighborhoods with a shopping district may also improve access to jobs for local residents.



Improving participation in SNAP can have significant ripple effects throughout a local economy, increasing sales for retailers and farmers.³³

A healthy food retail environment can attract employers. Poor access to healthy food results in poor community health, which means that the current and future workforce is less healthy. Employers are paying attention to the health of the workforce: Healthcare costs to employers have risen 72 percent since 2000,³⁴ and poor health costs employers \$1,685 per employee per year.³⁵ When businesses look for new locations, they are increasingly looking at workforce health. Healthy food access can mean wealth and health for Oklahoma.

TIP

Economic development is a powerful motivator for most local governments and community leaders. Communities should consider how strategies that will improve healthy food access can be tied to economic development.



Throughout this toolkit, strategies with a potential economic benefit are highlighted with this icon.



HEALTHY LIVING OUTCOMES THAT IMPROVE ACCESS TO HEALTHY FOOD

The Find-Afford-Choose-Use framework demonstrates that improving access to healthy food requires a comprehensive, community-wide approach. The checklist of Healthy Living Outcomes on the next page lists Outcomes that improve access to healthy food in communities, businesses, schools, and governments. Communities can use the checklist to think about how to coordinate their work across these Outcomes. Required Outcomes are **highlighted in green** and include links to resources that can assist communities in achieving them.

All grantees are required to work on a healthy food retail resolution (G3). Community support is essential for policy change, and it may be unrealistic for some communities to start crafting a healthy food retail resolution without first increasing awareness and building relationships with stakeholders. Grantees are also required to improve the nutritional profile of foods offered in stores and businesses (B5). Working on B5 should lay the groundwork for building store owner and community support for a healthy food retail resolution.

TIP

The Food Availability and Marketing Survey (FAMS) is a tool for communities working on B5. FAMS measures the food retail environment. When communities work on G3, they can use FAMS data to describe the food retail environment – and the problem that needs to be solved – to stakeholders. Another resource for communities working on B5 is The Business Case for Healthy Food Retail in Small Food Stores. It explains why selling healthy food is a good business idea. When communities work on G3, they can use this fact sheet and its accompanying infographic to build relationships with retailers, whose support will be key to building momentum for policy change.



CHECKLIST FOR HEALTHY LIVING OUTCOMES THAT IMPROVE ACCESS TO HEALTHY FOOD



Availability

- ☐ **B5: Improve the nutritional profile of foods offered in stores (grocery stores, convenience stores, etc.) and businesses.**

Resource: The Business Case for Healthy Food Retail in Small Food Stores (Fact Sheet and Infographic)

- ☐ **C2: Adopt and implement policies to improve the nutritional profile of foods available in an Institution/Organization.**

***Includes provisions for employees and patrons*

Resources: Sample Wellness Policy Toolkit for Oklahoma Child Care Facilities, Sample Wellness Policy Toolkit for Oklahoma Congregations

- ☐ **S1: Adopt and implement policies to improve the nutritional profile of foods available on school campuses.**

***Includes provisions for faculty, students, and guests*

Resource: Wellness Policy Toolkit for Oklahoma Schools

- ☐ **B1: Adopt and implement a workplace wellness policy that includes support for tobacco-free living, healthy eating, and active living.**

***Includes employees and patrons*

- ☐ **G2: Adopt and implement enforceable policies, ordinances, or legal codes, as applicable, that establish nutrition standards and promote healthy options for food and beverages sold in public places, including vending machines, cafeterias, and concession stands, as well as at events.**

- ☐ **G9: Adopt and implement enforceable policies, ordinances, or legal codes, as applicable, that improve the nutritional profile of food in restaurants.**

- ☐ **S3: Adopt a policy that sets nutrition standards, requires physical activity, and/or limits screen time in school-based child care settings and after-school programs.**

- ☐ **S7: Adopt and implement policies that improve the nutrition environment in schools as well as the community at large, such as policies that establish school and community gardens, farmers' markets or farm stands on school grounds, or a farm-to-school program.**



Transportation

- ☐ **G4: Adopt and implement enforceable policies, ordinances or legal codes, as applicable, that encourage active living and transportation through changes to land use, urban design, and transportation (e.g., Complete Streets policies; pedestrian, bicycle, or parks/trails plans; design guidelines; and incorporation of such policies into master plans), and encourage children and their families to walk, bike, and roll to school.**

Resource: Active Living & Transportation Playbook



Location

- ☐ **G8: Amend local zoning code to restrict the number, location, and/or density of fast food outlets near schools and playgrounds.**
- ☐ **G10: Adopt and implement enforceable policies, ordinances, or legal codes, as applicable, that support and promote farmers' markets, and that increase their accessibility for low-income residents.**
- ☐ **G11: Adopt and implement enforceable policies, ordinances, or legal codes, as applicable, that support and promote community gardens and urban agriculture.**
- ☐ **C7: Host farmers' markets and urban agriculture sites that are accessible to clients and the community at large (e.g., urban farms, community gardens, school gardens, etc.).**



Marketing

- ☐ **S6: Adopt and implement a policy limiting the marketing of prohibited foods and beverages on school campuses.**



Signage

- ☐ **G12: Adopt and implement a content-neutral signage law that restricts advertising on store windows.**

WHAT BARRIERS TO FOOD ACCESS EXIST IN YOUR COMMUNITY?

Each community's food retail environment is unique. Use this checklist to identify the barriers to healthy food access in your community. Consult your community's Food Availability and Marketing Survey (FAMS) data, as well as other retail data sources available to your community. Once you've identified the barriers, you can focus your healthy food retail resolution on eliminating them.

Consult this worksheet when you start to build your own healthy food retail resolution!

THE FIND-AFFORD-CHOOSE-USE FRAMEWORK

	Yes	No. This is a barrier in my community.	I don't know. I need to gather more information.
FIND: Can community members find healthy food?			
 Location Are food retail outlets located nearby?	☐	☐	☐
 Availability Do food retail outlets sell healthy food?	☐	☐	☐
 Distribution Can healthy food get to the community?	☐	☐	☐
 Transportation Can community members get to food retail outlets?	☐	☐	☐
AFFORD: Can community members afford healthy food?			
 Food insecurity Is healthy food affordable?	☐	☐	☐
 Nutrition assistance benefits Are eligible community members and stores enrolled?	☐	☐	☐
CHOOSE: Do community members choose healthy food?			
 Marketing Are healthy items placed and promoted competitively?	☐	☐	☐
 Signage Are there signs for healthy food?	☐	☐	☐
 Cultural preference Do community members want to buy and eat the healthy food available?	☐	☐	☐
USE: Can community members use healthy food?			
 Shopping skills Do community members know how to shop for healthy food?	☐	☐	☐
 Food preparation skills Do community members know how to prepare healthy food?	☐	☐	☐

DATA TIP

Communities can use the Food Availability and Marketing Survey (FAMS) to assess their food retail environment. FAMS assesses each of the factors below, except for shopping skills and food preparation skills. FAMS is associated with the B5 Outcome: Improve the nutritional profile of foods offered in stores and businesses.

DATA TIPS

- Consult the USDA database of SNAP-eligible stores and the Oklahoma State Department of Health WIC Program when assessing nutrition assistance benefits.
- Consult Community Nutrition Education Program (CNEP) and Oklahoma Cooperative Extension Family and Consumer Sciences (FCS) Educators when assessing cultural preference, shopping skills, and food preparation skills.

WHAT CAN LOCAL GOVERNMENT DO?

Now that we've identified the many factors that affect healthy food access in a community, it's natural to wonder what can be done about it. In this section, we share examples of different ways that local government agencies have improved their community's food retail environment. In some cases, we highlight an example from a state government agency.

FIND: Can community members *find* healthy food?



LOCATION: New Orleans, LA

The City of New Orleans' Fresh Food Retailers Initiative provides forgivable and/or low-interest loans to businesses that bring healthy food to underserved neighborhoods. The initiative is a public-private partnership, jointly funded by the City and HOPE Enterprise Corporation, a nonprofit community development institution.³⁶ To date, the \$14 million initiative has funded four grocery store operators.³⁷



AVAILABILITY: Lucas County, OH

Through Toledo's Healthy Corner Store Initiative, Toledo-Lucas County Health Department established a memorandum of understanding (MOU) with Save Way Market, a corner store in South Toledo. In the MOU, Save Way Market agreed to stock a certain number of types of produce. In return, the health department provided a produce stand and signage to promote the new fruit and vegetable offerings. Six months after implementing this initiative, Save Way Market had increased its produce sales and WIC voucher redemptions.³⁸



DISTRIBUTION: Minnesota

Minnesota requires WIC-certified stores to carry fresh produce to maintain their certification, which is challenging for some small stores. The Minnesota Department of Health WIC Program partnered with the Institute for Agriculture and Trade Policy (IATP) to bring fresh produce to small, WIC-certified stores in rural areas. IATP created a system that allows small stores to order fresh produce through their distributor's existing system. The distributor then places one bulk order with a produce vendor. Once the produce is delivered to the distributor, the distributor brings the produce to the small stores along with the rest of its food delivery. This system allows small stores to order only the quantity of fresh produce they can sell – as few as six oranges, in some cases.³⁹



TRANSPORTATION: Lynchburg, VA

The Lynchburg Health Department partnered with the Greater Lynchburg Transit Company and the Lynchburg Food Policy Council to offer free weekly bus rides to a grocery store. The bus departs from an affordable housing development where many residents do not have access to a personal vehicle. Partial funding for this initiative comes from the Live Healthy Lynchburg Initiative, which includes the Virginia Department of Health and the Greater Lynchburg Community Trust.^{40,41}



AFFORD: Can community members *afford* healthy food?



FOOD INSECURITY: Oklahoma

The Oklahoma Department of Human Services, Chickasaw Nation, and Osage Tribe of Oklahoma run the Senior Farmers' Market Nutrition Program (SFMNP). This federally funded program operates in nine counties: Adair, Cherokee, Cleveland, Logan, Muskogee, Oklahoma, Okmulgee, Pottawatomie, and Tulsa.⁴² Between 2009 and 2015, the State of Oklahoma, Chickasaw Nation, and Osage Nation received a total of \$1.98 million in federal funds for SFMNP.⁴³ Seniors who meet the program's income requirements receive \$50 in coupons to spend at participating farmers' markets during the growing season from April through September.^{44,45} According to Zach Root at the Oklahoma Department of Human Services, more than 90 percent of the coupons issued in the State of Oklahoma are redeemed.



NUTRITION ASSISTANCE BENEFITS: Lane County, OR

The Lane County Community & Economic Development Division supports the SNAP incentive program at a local farmers' market. The Division provided \$5,000 to be used in the market's dollar-for-dollar match of SNAP customers' purchases, increasing low-income shoppers' purchasing power and creating more activity in the local economy. The funds came from the state's lottery.⁴⁶



CHOOSE: Do community members choose healthy food?



MARKETING: Mid-Ohio Valley, WV

The Mid-Ohio Valley Health Department got local store owners and managers to agree to put healthy options in at least one checkout aisle. Instead of chips and candy, the healthy checkout aisles feature healthy items, such as fresh fruits, vegetables, and bottled water, as well as items like sunscreen and jump ropes to promote physical activity.^{47,48} The improved placement of these healthy options has proven popular with customers and store managers alike. Customers, particularly those with children, appreciate that they can wait in line without the distraction of unhealthy snacks. And store managers report that they have to restock the healthy checkout aisles frequently, indicating that the aisles may have tapped into a new source of revenue.⁴⁷



SIGNAGE: Louisville, KY

In 2009, the Louisville Department of Public Health and Wellness launched a healthy corner store program with the support of community partners.^{49,50} The program, called Healthy-in-a-Hurry, worked with small food-retailers in two low-income neighborhoods. In exchange for the small food-retailers agreeing to stock and promote healthy foods, the program offered incentives, such as signage, marketing, and technical assistance. Subsequently, six stores posted signs for healthy, WIC-approved items,⁵¹ while other stores replaced beer signs with Healthy-in-a-Hurry signs.⁵² In 2012, partially thanks to this program, Louisville won the Childhood Obesity Prevention award at the U.S. Conference of Mayors meeting.⁵³



CULTURAL PREFERENCE: Baltimore, MD

Replacing unhealthy corner store offerings with healthier options was one of the goals of Baltimore Healthy Stores (BHS), a healthy corner store initiative that brought together state and local health officials as well as local community groups. To ensure the healthier options would be acceptable to low-income African-Americans in East Baltimore, researchers organized focus groups in which community members voted on the healthy alternatives they preferred. Sales of the preferred healthier options increased during the BHS program.⁵⁴

USE: Can community members use healthy food?



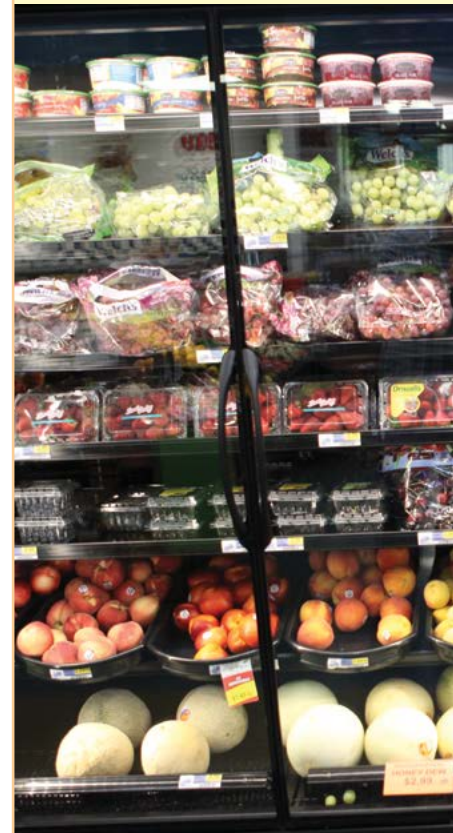
SHOPPING SKILLS: Lawrence, KS

The Lawrence-Douglas County Health Department offers grocery store tours to local residents who want to learn how to eat healthy food on a budget. The tours, which are free and open to the public, cover concepts like produce seasonality, unit pricing, and how to read food labels. Participants receive recipes, reusable bags, and a \$10 store gift card at the end of the tour.⁵⁵



FOOD PREPARATION SKILLS: Springfield, MO

The Springfield-Greene County Health Department provides free monthly cooking classes to the community. The “Farm 2 Table Cooking Classes” demonstrate how to prepare healthy food, focusing on recipes that use fresh ingredients. Participants get to taste the food and take home the demonstrated recipe. The classes are held in partnership with the Springfield-Greene Parks Department and the Springfield Urban Agriculture Coalition.⁵⁶



WHY USE POLICY?

Local governments have multiple tools at their disposal for improving the food retail environment. The most important tool is crafting, adopting, and implementing policy. A policy is (1) a written statement that reflects the values and decisions of a public body or private organization; (2) binding and enforceable; and (3) broadly applicable to a geographic area, type of institution or physical space, and/or group of people. Policies are useful when changes need to apply consistently, over time, in order for a community's goal to be achieved. Many public health policies have made healthy environments the norm, from regulating lead paint in homes to fluoridating water in communities. However, policy change can be challenging because it takes community support, political will, time, and funding to adopt and implement a policy.

What is a resolution?

A resolution is a policy that is adopted by a legislative body, such as a city council or county commission. Resolutions are generally used to do one or more of the following:

- set official government policy
- issue commendations
- direct internal government operations
- establish a taskforce or committee to study an issue and propose next steps
- suggest desirable actions for businesses and other nongovernmental organizations that are not legally bound to follow a resolution's directives
- accomplish short-term tasks

While resolutions do not become part of a municipal code, they do make the government's intent official on particular issues. The disadvantage of resolutions is that they carry little enforcement power in the event that they are not complied with. Usually, a resolution is procedurally easier to enact than an ordinance,⁵⁷ which is a legally binding policy.

Despite their downsides, resolutions can be useful policy tools. The trick is to use them wisely and to craft strong, action-oriented resolutions. A robust resolution will direct specific government agencies, departments, or officials to accomplish specific tasks within a specific time period. It will establish a taskforce responsible for ensuring that all the tasks are accomplished on time. The taskforce will have specific reporting requirements and be accountable to the legislative body that adopted the resolution.

An action-oriented resolution is a good policy option for communities that are just starting to work on an issue. It can build momentum and political will for stronger policies in the future.

TIP

Policies can be made by both public and private institutions. For example, a city council can pass an ordinance that affects everyone in the city. A business can adopt a policy that affects its employees and customers. In this toolkit, we're focusing specifically on policies made by local governments, such as a city council.



GETTING STARTED ON A HEALTHY FOOD RETAIL RESOLUTION

What does the sample healthy food retail resolution do?

The sample healthy food retail resolution on page 18 is action-oriented. It does the following:

- states a commitment to improving the food retail environment
- directs departments to review existing data about the community's food retail environment
- directs departments to undertake specific actions that will improve the retail environment, based on the findings from the review of existing data
- identifies a lead contact from each department and enumerates their responsibilities
- establishes a Healthy Food Retail Taskforce to monitor and advance the actions laid out in the resolution
- establishes reporting requirements for the Healthy Food Retail Taskforce

The sample healthy food retail resolution responds to specific needs in each community. Every community's food retail environment looks different, and the resolution allows each community to tailor the resolution to address their own unique needs.

What is the Healthy Food Retail Taskforce?

A taskforce is a group of experts that is convened temporarily to accomplish a specific objective. A taskforce is action-oriented by nature; its purpose is to get something done.⁵⁸ The sample healthy food retail resolution creates a taskforce to ensure that the actions outlined in the resolution are completed.

The taskforce established through the healthy food retail resolution will do the following:

- provide a forum for departmental collaboration
- make sure that each department understands the action(s) that it is responsible for as well as the timeline for completing those actions, and require each department to designate a lead contact
- monitor departments' progress toward completing the actions they are responsible for
- help departments identify ways to get around roadblocks
- synthesize the information presented by departments after the actions are completed, and present the synthesis to the local legislative body
- advise the local legislative body on further investment and action, including short-term, medium-term, and long-term recommendations for changes to policies, practices, and procedures that will result in improvements to healthy food access and health outcomes

Does a healthy food retail resolution look different in rural communities?

The healthy food retail resolution is appropriate for jurisdictions that have departments capable of carrying out the tasks outlined in the resolution. However, some rural communities may have only one or two officials, and a small number of local departments. We have developed a separate sample healthy food retail resolution for these communities, which appears in the Appendix on page 28. In the alternate resolution, a taskforce is created to carry out the tasks listed in the resolution – rather than to oversee departments responsible for carrying out tasks – and a leader is appointed to ensure that the taskforce completes the tasks. Both versions of the resolution include the same tasks; the only difference is the body responsible for completing them.

TIP

Each grantee's path toward adopting a healthy food retail resolution will look different, depending on the readiness of the community. It may take several months or even several years before a community is ready and willing to adopt a healthy food retail resolution. Community support is crucial to adopting and implementing a resolution.



BUILDING YOUR OWN HEALTHY FOOD RETAIL RESOLUTION

The sample healthy food retail resolution is designed to accommodate communities with different food retail environments. It contains a mix of required and customizable elements. The required elements ensure that each resolution is strong and action-oriented. The customizable elements ensure that each resolution is tailored to a community's specific food retail environment. Communities ready to begin building a healthy food retail resolution should follow these steps:

1. **Review the sample resolution on page 18.** The sample resolution includes all of the required elements and indicates the places where communities can plug in customizable elements. Policy language can get confusing, so we've included a handy cheatsheet on page 17 to help you understand the different parts of the resolution.
2. **Use the worksheet on page 10.** This tool can help you determine which food access factors need improvement and, therefore, which ones your resolution should address. The worksheet will help you tailor the resolution to your community.
3. **Review the list of customizable elements on page 22.** These elements are organized into Find, Afford, Choose, and Use categories. In order to address the food retail environment in a comprehensive and meaningful way, each resolution must include one element from Find, Afford, Choose, and Use.
4. **Plug them in!** Insert your custom elements into the sample resolution.

TIP

Communities should use assessment findings and work with the Center for the Advancement of Wellness to choose appropriate elements and plug them into the sample resolution.



HEALTHY FOOD RETAIL RESOLUTION CHEATSHEET

Policy language can be confusing, especially if you're not used to it. Here's a cheatsheet that describes the different parts of the sample healthy food retail resolution.

- **Findings.** Every resolution starts with a findings section, which makes the case for that resolution with scientific evidence and community examples. This section provides facts about the food retail environment and health in Oklahoma, and leaves space for communities to add local facts.
- **Commitment.** This section declares a city's or town's commitment to a healthy food retail environment.
- **Definition.** This section defines healthy food retail for the purpose of the resolution.
- **Taskforce.** This section establishes a Healthy Food Retail Taskforce.
- **Composition.** This section details Taskforce membership requirements.
- **Term.** This section gives guidance on the start date, frequency of meetings, and term of the Taskforce.
- **Duties.** This section lists the Taskforce's specific responsibilities to ensure that the resolution is advanced.
- **Assessment.** This section directs local departments to review existing assessments of the food retail environment.

These sections of the resolution are customizable. Communities can assign one or more tasks, depending on the specific needs of their food retail environment. They can choose from a list of elements that starts on page 22.

FIND. This section directs local departments to take action to help community members find healthy food.

AFFORD. This section directs local departments to take action to help community members afford healthy food.

CHOOSE. This section directs local departments to take action to help community members choose healthy food to purchase.

USE. This section directs local departments to take action to help community members use and prepare healthy food.

Resolution translator

This sample resolution has three key characteristics:

- **WHEREAS statements.** These statements start with the word "whereas" and are found in the findings section of a resolution. These statements use scientific evidence, facts, and local information to explain why the resolution is important.
- **BE IT RESOLVED statements.** These statements start with the phrase "Be it resolved" or a variation of that phrase. These statements explain what the local governing body intends to do to address the issue.
- **COMMENTS.** Comment boxes appear throughout the resolution. Comments are directed at people crafting the resolution, and contain information that explains why a statement is important or what to consider when tailoring the statement. Comments do not appear in the final resolution that a governing body votes on.

SAMPLE HEALTHY FOOD RETAIL RESOLUTION

FINDINGS

WHEREAS, the [Legislative Body] is obligated to protect the health, safety, and well-being of the residents of [City/County].

WHEREAS, the health and well-being of the residents of [City/County] are critical for a prosperous and sustainable [City/County].

WHEREAS, more than two in three adults and more than one in three children in Oklahoma are overweight or obese.^{5,6} Obesity is a chronic condition associated with heart disease, stroke, cancer, and diabetes – preventable diseases that are among the leading causes of death in the United States.⁵⁹ Oklahoma has one of the highest rates of type 2 diabetes in the country.⁶⁰ [Insert statistics specific to City/County.]

WHEREAS, poor diet is one of the main causes of obesity.

WHEREAS, research shows that few Oklahomans have a nutritious diet. Fifty percent of adults and 44 percent of adolescents in Oklahoma report eating fruits less than once a day.⁴ Twenty-seven percent of adults and 40 percent of adolescents in Oklahoma report eating vegetables less than once a day.⁴ [Insert statistics specific to City/County.]

WHEREAS, studies show an association between access to healthy food and better health outcomes, such as lower rates of obesity, diabetes, and other chronic diseases.⁶¹⁻⁶⁸

WHEREAS, Oklahomans have poor access to healthy food. Almost 40 percent of Oklahomans live in areas without a single healthy food retailer.¹ An additional 30 percent of Oklahomans live in areas where there are more unhealthy food retailers, such as fast food outlets and convenience stores, than healthy food retailers, such as supermarkets.¹ Only 4 percent of Oklahomans live in areas where there are more healthy food retailers than unhealthy food retailers.¹ [Insert statistics specific to City/County.]

WHEREAS, employers care about the health of the community and workforce. Across the country, employers are increasingly including workforce health in decisions about where to locate new sites.⁶⁹ [Insert statistics specific to City/County.]

WHEREAS, the annual cost to Oklahoma in medical bills, workers' compensation, and lost productivity for overweight, obesity, and physical inactivity exceeds \$854 million.⁷⁰ [Insert statistics specific to City/County.]

WHEREAS, improving access to healthy food retail has economic benefits. If every Oklahoman eligible for the Supplemental Nutrition Assistance Program enrolled, the state would see \$[x million] in additional economic activity.⁷¹⁻⁷³ [Insert statistics specific to City/County.]

WHEREAS, [insert facts or examples specific to City/County here].

COMMENT: The Findings section explains why the resolution is important. You can add statistics that are specific to your community to make an even stronger case for improving the food retail environment. To find community-level information, check the websites of your local or state Health Department, Department of Commerce, Planning Department or Commission, or Department of Human Services for reports and data.

COMMITMENT

THEREFORE BE IT RESOLVED that the [Legislative Body] of [City/County] hereby recognizes that the food retail environment has a substantial impact on the health and well-being of our citizens and the environment and economy of [City/County]. In light of the foregoing findings, [City/County] commits to doing all it can to improve the food retail environment, especially in [City/County's] most underserved areas.

BE IT FURTHER RESOLVED that the [Legislative Body] of [City/County] resolves to direct all local departments named in this resolution to take all of the actions set forth in this resolution.

DEFINITIONS

For the purposes of this resolution, "food retailer" means the following:

- any food outlet operating in a fixed location, including a grocery store, dollar store, corner store, convenience store, and farmers' market;
- a mobile food-market that regularly stops at predetermined locations on a fixed schedule; or
- any other retailer whose business is primarily made up of sales of food and non-food grocery products intended for preparation, use, or consumption off the retailer's premises.

For the purposes of this resolution, "healthy food retailer" means the following:

- a food retailer as described above that stocks healthy foods and beverages and promotes, places, and prices them competitively compared with unhealthy foods and beverages.

SAMPLE HEALTHY FOOD RETAIL RESOLUTION (Continued)

TASKFORCE

The [Legislative Body] establishes a Healthy Food Retail Taskforce to monitor and advance the actions directed by this resolution. The Taskforce shall report to the [Legislative Body].

All [agencies/departments/offices/branches] identified in this resolution shall report to the Taskforce. Each department shall designate a contact and submit contact information to the Taskforce by [deadline]. Each designated contact shall be responsible for overseeing agency or department actions and reporting to the Taskforce about those actions.

COMMENT: It is important to designate a body with accountability, otherwise the intent and purpose of this resolution may never come to fruition. It is equally important to designate specific contacts within each agency or department.

COMMENT: A Taskforce is a group of experts that is convened temporarily to accomplish a specific objective. A Taskforce is action-oriented by nature; its purpose is to get something done.

COMPOSITION

The Taskforce shall include a minimum of [2] members and a maximum of [5] members. The Taskforce shall be composed of the directors or their designees of the following [agencies/departments/offices/branches]: [Pick from the agencies listed here, and/or add others not listed: Economic Development, Planning, Mayor's Office, Public Safety, Law Enforcement, Code Enforcement].

[Identify lead agency or department] shall lead the Taskforce.

COMMENT: It is important to assign a leader of the Taskforce to ensure that an individual is accountable to the governing body and responsible for the progress of the Taskforce.

The Taskforce shall also include at least [3] community stakeholders that work on healthy food access issues. A representative from each of the following stakeholder groups shall be invited to participate in the Taskforce: [Pick from the groups listed here, and/or add others not listed: county health department, chamber of commerce, community advocates, distributors, farmers, food retailers, small-business owners, registered dietitians].

The [Legislative Body] directs [insert here lead agency] to provide staff and operational support to the Taskforce.

COMMENT: It is important to choose Taskforce members who are committed to the outcome and have the authority to get things done. Here are key questions to consider: Who are the actual stakeholders in this issue? Who are the policymakers, decision makers, and others whose permission, support, or membership is necessary to get things done? Who will actually carry out the changes or reforms that your Taskforce succeeds in establishing?⁵⁸

TERM

The Taskforce is convened temporarily until the actions listed in this resolution are complete. The Taskforce shall hold its first meeting by [deadline] and will meet [monthly/every two months/quarterly] for [insert defined term period].

DUTIES

The Taskforce shall do the following:

- Develop bylaws and a workplan for the life of the Taskforce within two months of the first meeting.
- Ensure that each [agency/department/office/branch] identified in this resolution understands the task(s) that it is responsible for, understands the timeline for completing tasks, and identifies the lead contact at the agency or department by [deadline].
- Monitor [agency/department/office/branch] progress toward completing the tasks it is responsible for.
- Help advance [agency/department/office/branch] progress by identifying solutions to barriers and obstacles.
- Synthesize the information presented by [agencies/departments/offices/branches], once tasks are complete, by [deadline].
- Present a report to the [Legislative Body] by [deadline]. At a minimum, this report shall include i) a summary of the work, findings, and recommendations of each [agency/department/office/branch]; ii) an analysis of the work, findings, and recommendations, including a list of the most feasible recommendations; and iii) a proposal for next steps, including steps to share this information with the community.

COMMENT: Requiring the Taskforce to report back to the governing body ensures accountability and increases the likelihood of a successful Healthy Food Retail Taskforce.

SAMPLE HEALTHY FOOD RETAIL RESOLUTION (Continued)

ASSESSMENT

The [Legislative Body] directs the [insert here specific agency, department, office, or branch] to review and synthesize existing assessments of the food retail environment, such as the Food Availability and Marketing Survey, by [deadline], in order to understand the food environment, including the regulatory environment.

The [Legislative Body] directs the [insert here specific agency, department, office, or branch] to share its synthesis with the [Legislative Body] by [deadline].

COMMENT: To get started, communities should identify government agencies and nonprofit organizations that work on issues affecting the food retail environment. These agencies and organizations may have conducted recent assessments of the food retail environment, or assessments of factors that affect the food retail environment. For example, the local food bank and its affiliated organizations may have information on the number of food-insecure residents in a community.

FIND

The [Legislative Body] recognizes the need for residents to have physical access to healthy food retail outlets.

The [Legislative Body] directs the [insert here specific agency, department, office, or branch] to [insert at least one option from FIND here] by [deadline].

The [insert here specific agency, department, office, or branch] must report back to the Taskforce on the results by [deadline].

AFFORD

The [Legislative Body] recognizes the need for residents to be able to afford healthy food sold at food retail outlets.

The [Legislative Body] directs the [insert here specific agency, department, office, or branch] to [insert at least one option from AFFORD here] by [deadline].

The [insert here specific agency, department, office, or branch] must report back to the Taskforce on the results by [deadline].

CHOOSE

The [Legislative Body] recognizes the need for residents to want to purchase and consume the healthy food sold at food retail outlets.

The [Legislative Body] directs the [insert here specific agency, department, office, or branch] to [insert at least one option from CHOOSE here] by [deadline].

The [insert here specific agency, department, office, or branch] must report back to the Taskforce on the results by [deadline].

USE

The [Legislative Body] recognizes the need for residents to be able to identify and prepare healthy food sold at food retail outlets.

The [Legislative Body] directs the [insert here specific agency, department, office, or branch] to [insert at least one option from USE here] by [deadline].

The [insert here specific agency, department, office, or branch] must report back to the Taskforce on the results by [deadline].

COMMENT: Each clause in this resolution includes a deadline. Communities should choose deadlines that take into account the constraints of each agency, department, office, and branch, while ensuring that the tasks are completed in a timely manner. Timelines should also seek to build on the momentum created by passing this resolution.

SAMPLE LANGUAGE FOR CUSTOMIZABLE ELEMENTS

This section contains sample language for the customizable elements that can be added to a healthy food retail resolution. Communities should work with the Center for the Advancement of Wellness to choose the elements most appropriate for them.

How to use this section

- Each of the following pages contains two elements that communities can add to their resolution.
- Communities must include *ALL* of the sample language associated with the elements they choose.
- To ensure that all resolutions are strong and action-oriented, each element contains three tasks: (1) **scanning** for barriers, existing programs and policies that address the barriers, and community interest in developing a program to address barriers; (2) **promoting** existing programs and policies so that community members can take advantage of them; and (3) **recommending** funding sources, administrative actions, and policies that could support or improve the food retail environment.
- In order to improve the food retail environment in a comprehensive and meaningful way, a resolution must include at least one element that addresses each piece of the Find-Afford-Choose-Use framework:
 - **FIND** includes location, availability, distribution, and transportation (pages 22–23).
 - **AFFORD** includes food insecurity and nutrition assistance benefits (pages 24–25).
 - **CHOOSE** includes marketing, signage, and cultural preference (pages 25–26).
 - **USE** includes shopping skills and food preparation skills (pages 26–27).

TIP

SNAP: Supplemental Nutrition Assistance Program

WIC: Special Supplemental Nutrition Program for Women, Infants, and Children

SFNMP: Senior Farmers' Market Nutrition Program



☐ Add this element to the resolution



SCAN

- Identify regulatory barriers that prevent healthy food retailers from being located near residents' homes, residents' worksites, and other places residents visit regularly (e.g., lack of economic development incentives).
- Identify existing programs and policies that improve the location, number, and/or density of healthy food retailers (e.g., economic development incentives for new healthy food retailers, zoning incentives for healthy food retailers).
- Work with stakeholders to learn about and gauge interest in developing a program to improve the location, number, and/or density of healthy food retailers (e.g., offer economic development incentives to healthy food retailers that locate in underserved neighborhoods).

PROMOTE

- Promote existing programs and policies that improve the convenience of healthy food retailer locations on appropriate websites and/or in other appropriate publications.

RECOMMEND

- Recommend public and private funding sources that can be used to address barriers to the location of healthy food retailers; support existing programs that improve the convenience of healthy food retailer locations; and/or launch and support a program to improve the convenience of the location of healthy food retailers.
- Recommend administrative actions and policies that will address barriers to the location of healthy food retailers; support existing programs that improve the convenience of healthy food retailer locations; and/or develop a program to improve the location of healthy food retailers.

☐ Add this element to the resolution



SCAN

- Identify barriers that prevent retailers from stocking healthy food (e.g., retailers don't think customers will buy healthy food, retailers don't know how to merchandize fresh produce, distributors charge high prices).
- Identify existing programs and policies that improve the availability of healthy food in retail venues (e.g., providing technical assistance to retailers who stock healthy food).
- Work with stakeholders to learn about and gauge interest in developing a program that helps retailers stock healthy food (e.g., offer incentives, such as technical assistance, to healthy food retailers that stock healthy food).

PROMOTE

- Promote existing programs and policies that improve the availability of healthy food in retail venues on appropriate websites and/or in other appropriate publications.

RECOMMEND

- Recommend public and private funding sources that can be used to address barriers to stocking healthy food in retail venues; support existing programs that improve the availability of healthy food in retail venues; and/or launch and support a program that helps retailers stock healthy food.
- Recommend administrative actions and policies that will address barriers to stocking healthy food in retail venues; support existing programs that improve the availability of healthy food in retail venues; and/or develop a program that helps retailers stock healthy food.

☐ Add this element to the resolution

DISTRIBUTION

SCAN

- Identify barriers that prevent distributors from distributing healthy food to retailers, especially retailers that accept nutrition assistance benefits (e.g., small food-retailers can't meet the minimum purchasing requirements).
- Identify existing programs and policies that improve healthy food distribution options for food retailers (e.g., shared purchasing agreements among small food-retailers).
- Work with stakeholders to learn about and gauge interest in developing a program to improve healthy food distribution options for food retailers (e.g., help small food-retailers partner with a school, hospital, or other large food buyer to add their orders to the larger order).

PROMOTE

- Promote existing programs and policies that improve healthy food distribution options for food retailers on appropriate websites and/or in other appropriate publications.

RECOMMEND

- Recommend public and private funding sources that can be used to address barriers to distributing healthy food to retailers, especially retailers that accept nutrition assistance benefits; support existing programs that improve healthy food distribution options for food retailers; and/or launch and support a program to improve healthy food distribution options for food retailers.
- Recommend administrative actions and policies that will address barriers to distributing healthy food to retailers, especially retailers that accept nutrition assistance benefits; support existing programs that improve healthy food distribution options for food retailers; and/or develop a program to improve healthy food distribution options for food retailers.

☐ Add this element to the resolution

TRANSPORTATION

SCAN

- Identify barriers that prevent residents from traveling to healthy food retailers from their homes, their worksites, or places they visit regularly, especially among community members who are enrolled in nutrition assistance benefit programs (e.g., low rates of car ownership).
- Identify existing programs and policies that improve transportation options to healthy food retailers (e.g., operating a shuttle to farmers' markets).
- Work with stakeholders to learn about and gauge interest in developing a program to improve transportation options to healthy food retailers (e.g., shuttles for seniors to farmers' markets that accept Senior Farmers' Market Nutrition Program benefits).

PROMOTE

- Promote existing programs and policies that improve transportation options to healthy food retailers on appropriate websites and/or in other appropriate publications.

RECOMMEND

- Recommend public and private funding sources that can be used to address barriers to traveling to healthy food retailers, especially among community members who are enrolled in nutrition assistance benefit programs; support existing programs that improve transportation options to healthy food retailers; and/or launch and support a program to improve transportation options to healthy food retailers.
- Recommend administrative actions and policies that will address barriers to traveling to healthy food retailers, especially among community members who are enrolled in nutrition assistance benefit programs; support existing programs that improve transportation options to healthy food retailers; and/or develop a program to improve transportation options to healthy food retailers.

☐ Add this element to the resolution



FOOD INSECURITY

SCAN

- Identify barriers to achieving food security (e.g., low wages, high price of healthy food compared with unhealthy food).
- Identify existing programs and policies that improve food security (e.g., regular price promotions on healthy food, SNAP matching programs).
- Work with stakeholders to learn about and gauge interest in developing a program or policy to improve food security (e.g., offer a SNAP-matching program in farmers' markets and brick-and-mortar retail venues).

PROMOTE

- Promote existing programs and policies that improve food security on appropriate websites and/or in other appropriate publications.

RECOMMEND

- Recommend public and private funding sources that can be used to address barriers to food security; support existing programs that improve food security; and/or launch and support a program to improve food security.
- Recommend administrative actions and policies that will address barriers to food security; support existing programs that improve food security; and/or develop a program to improve food security.

☐ Add this element to the resolution



FOOD ASSISTANCE BENEFITS: RESIDENT ENROLLMENT

SCAN

- Determine how many eligible residents are enrolled in food assistance benefits programs, such as SNAP, WIC, and SFMNP.
- Identify barriers that prevent eligible residents from enrolling in food assistance benefit programs, such as SNAP, WIC, and SFMNP (e.g., stigma associated with using food assistance benefits).
- Identify existing programs and policies that increase enrollment in food assistance benefit programs, such as SNAP, WIC and SFMNP (e.g., offering enrollment services at the hospital, library, and food bank).
- Work with stakeholders to learn about and gauge interest in developing a program to encourage eligible residents to enroll in food assistance benefit programs, such as SNAP, WIC, and SFMNP (e.g., a media campaign featuring local celebrities).

PROMOTE

- Promote existing programs and policies that increase enrollment in food assistance benefit programs on appropriate websites and/or in other appropriate publications.

RECOMMEND

- Recommend public and private funding sources that can be used to address barriers that prevent eligible residents from enrolling in food assistance benefit programs; support existing programs that increase enrollment in food assistance benefit programs; and/or launch and support a program to encourage eligible residents to enroll in food assistance benefit programs, such as SNAP, WIC, and SFMNP.
- Recommend administrative actions and policies that will address barriers that prevent eligible residents from enrolling in food assistance benefit programs; support existing programs that increase enrollment in food assistance benefit programs; and/or develop a program to encourage eligible residents to enroll in food assistance benefit programs, such as SNAP, WIC, and SFMNP.

☐ Add this element to the resolution



FOOD ASSISTANCE BENEFITS: RETAILER PARTICIPATION

SCAN

- Determine how many eligible food retailers participate in food assistance benefits programs, such as SNAP and SFMNP.
- Identify barriers that prevent eligible food retailers from participating in food assistance benefit programs, such as SNAP and SFMNP (e.g., the administrative burden of applying).
- Identify existing programs and policies that increase retailer participation in food assistance benefit programs, such as SNAP and SFMNP (e.g., outreach to retailers).
- Work with stakeholders to learn about and gauge interest in developing a program to increase retailer participation in food assistance benefit programs, such as SNAP and SFMNP (e.g., offering technical assistance on how to fill out applications).

PROMOTE

- Promote existing programs and policies that increase retailer participation in food assistance benefit programs on appropriate websites (e.g., chamber of commerce) and/or in other appropriate publications (e.g., business license application materials).

RECOMMEND

- Recommend public and private funding sources that can be used to address barriers that prevent eligible food retailers from participating in food assistance benefit programs; support existing programs that increase retailer participation in food assistance benefit programs; and/or launch and support a program to increase retailer participation in food assistance benefit programs, such as SNAP and SFMNP.
- Recommend administrative actions and policies that will address barriers that prevent eligible food retailers from participating in food assistance benefit programs; support existing programs that increase retailer participation in food assistance benefit programs; and/or develop a program to increase retailer participation in food assistance benefit programs, such as SNAP and SFMNP.

☐ Add this element to the resolution



MARKETING

SCAN

- Identify barriers that prevent food retailers from marketing healthy food (e.g., lack of marketing knowledge or materials, industry contracts).
- Identify existing programs and policies that improve the marketing of healthy food in retail venues (e.g., by placing healthy food at eye-level, creating a healthy checkout aisle).
- Work with stakeholders, including government attorneys, to learn about and gauge interest in developing program to improve the marketing of healthy food in retail venues (e.g., offer incentives to retailers that implement a healthy checkout aisle).

PROMOTE

- Promote existing programs and policies that improve the marketing of healthy food in retail venues on appropriate websites and/or in other appropriate publications.

RECOMMEND

- Recommend public and private funding sources that can be used to address barriers to marketing healthy food in retail venues; support existing programs that improve the marketing of healthy food in retail venues; and/or launch and support a program to improve the marketing of healthy food in retail venues.
- Recommend administrative actions and policies that will address barriers to marketing healthy food in retail venues; support existing programs that improve the marketing of healthy food in retail venues; and/or develop a program to improve the marketing of healthy food in retail venues.

TIP

Marketing includes where a product is placed in a store, whether it is promoted, and how it is packaged.

☐ Add this element to the resolution



SIGNAGE

SCAN

- Identify barriers that prevent retailers from implementing signage for healthy food in retail venues (e.g., lack of signs or other materials).
- Identify existing programs and policies that improve the signage for healthy food in retail venues (e.g., by placing signs for healthy items in windows, on shelves, or near the register).
- Work with stakeholders to learn about and gauge interest in developing a program to improve the signage for healthy food in retail venues (e.g., offer incentives, such as free signage, to retailers that post signs for healthy food near the checkout).

PROMOTE

- Promote existing programs and policies that improve the signage for healthy food in retail venues on appropriate websites and/or in other appropriate publications.

RECOMMEND

- Recommend public and private funding sources that can be used to address barriers to implementing signage for healthy food in retail venues; support existing programs that improve signage for healthy food in retail venues; and/or launch and support a program to improve the signage for healthy food in retail venues.
- Recommend administrative actions and policies that will address barriers to implementing signage for healthy food in retail venues; support existing programs that improve the signage for healthy food in retail venues; and/or develop a program to improve the signage for healthy food in retail venues.

☐ Add this element to the resolution



CULTURAL PREFERENCE

SCAN

- Identify the healthy foods that residents are familiar with and want to purchase.
- Identify barriers that prevent retailers from stocking healthy food familiar and desirable to residents (e.g., retailers don't know which healthy food items are familiar to residents, distribution barriers).
- Identify existing programs and policies that increase the availability of healthy food that residents are familiar with and want to purchase.
- Work with stakeholders to learn about and gauge interest in developing a program to increase the availability of healthy food that customers are familiar with and desire (e.g., offer incentives to retailers who implement and respond to a suggestion box that customers can use to suggest healthy food that they would purchase).

PROMOTE

- Promote existing programs and policies that increase the availability of healthy food that customers are familiar with on appropriate websites and/or in other appropriate publications.

RECOMMEND

- Recommend public and private funding sources that can be used to address barriers to stocking healthy food that customers are familiar with; support existing programs that increase the availability of healthy food that customers are familiar with; and/or launch and support a program to increase the availability of healthy food that customers are familiar with.
- Recommend administrative actions and policies that will address barriers to stocking healthy food that customers are familiar with; support existing programs that increase the availability of healthy food that customers are familiar with; and/or develop a program to increase the availability of healthy food that customers are familiar with.

☐ Add this element to the resolution



SHOPPING SKILLS

SCAN

- Identify barriers that prevent residents from shopping for healthy food (e.g., residents don't know how to read a nutrition label).
- Identify existing programs and policies that educate community members about healthy shopping (e.g., by operating store tour classes).
- Work with stakeholders to learn about and gauge interest in developing a program to educate community members about healthy shopping (e.g., hosting SNAP-Ed demonstrations at healthy food retail venues on a regular basis).

PROMOTE

- Promote existing programs and policies that educate community members about healthy shopping in retail venues on appropriate websites and/or in other appropriate publications.

RECOMMEND

- Recommend public and private funding sources that can be used to address barriers to shopping for healthy food; support existing programs that educate community members about healthy shopping; and/or launch and support a program to educate community members about healthy shopping.
- Recommend administrative actions and policies that will address barriers to shopping for healthy food; support existing programs that educate community members about healthy shopping; and/or develop a program to educate community members about healthy shopping.

☐ Add this element to the resolution



FOOD PREPARATION SKILLS

SCAN

- Identify barriers that prevent residents from preparing healthy food at home (e.g., residents don't have the skills or equipment to cook healthy food at home, residents perceive that it takes too much time to prepare healthy food).
- Identify existing programs and policies that educate community members about preparing healthy food (e.g., by hosting cooking demonstrations).
- Work with stakeholders to learn about and gauge interest in developing a program to educate community members about preparing healthy food (e.g., host cooking classes at community organizations immediately following programming).

PROMOTE

- Promote existing programs and policies that educate community members about preparing healthy food on appropriate websites and/or in other appropriate publications.

RECOMMEND

- Recommend public and private funding sources that can be used to address barriers to preparing healthy food at home; support existing programs that educate community members about healthy food preparation; and/or launch and support a program to educate community members about healthy food preparation.
- Recommend administrative actions and policies that will address barriers to preparing healthy food at home; support existing programs that educate community members about healthy food preparation; and/or develop a program to educate community members about healthy food preparation.

TIP

Oklahoma Cooperative Extension Programs provide many of the services listed in the Use section.

APPENDIX: ALTERNATE SAMPLE HEALTHY FOOD RETAIL RESOLUTION

TIP

Consult the Center for the Advancement of Wellness to determine whether the alternate sample resolution is right for your community. A description of the alternate sample resolution appears on page 15.

FINDINGS

WHEREAS, the [Legislative Body] is obligated to protect the health, safety, and well-being of the residents of [City/County].

WHEREAS, the health and well-being of the residents of [City/County] are critical for a prosperous and sustainable [City/County].

WHEREAS, more than two in three adults and more than one in three children in Oklahoma are overweight or obese.^{5,6} Obesity is a chronic condition associated with heart disease, stroke, cancer, and diabetes – preventable diseases that are among the leading causes of death in the United States.⁵⁹ Oklahoma has one of the highest rates of type 2 diabetes in the country.⁶⁰ [Insert statistics specific to City/County.]

WHEREAS, poor diet is one of the main causes of obesity.

WHEREAS, research shows that few Oklahomans have a nutritious diet. Fifty percent of adults and 44 percent of adolescents in Oklahoma report eating fruits less than once a day.⁴ Twenty-seven percent of adults and 40 percent of adolescents in Oklahoma report eating vegetables less than once a day.⁴ [Insert statistics specific to City/County.]

WHEREAS, studies show an association between access to healthy food and better health outcomes, such as lower rates of obesity, diabetes, and other chronic diseases.⁶¹⁻⁶⁸

WHEREAS, Oklahomans have poor access to healthy food. Almost 40 percent of Oklahomans live in areas without a single healthy food retailer.¹ An additional 30 percent of Oklahomans live in areas where there are more unhealthy food retailers, such as fast food outlets and convenience stores, than healthy food retailers, such as supermarkets.¹ Only 4 percent of Oklahomans live in areas where there are more healthy food retailers than unhealthy food retailers.¹ [Insert statistics specific to City/County.]

WHEREAS, employers care about the health of the community and workforce. Across the country, employers are increasingly including workforce health in decisions about where to locate new sites.⁶⁹ [Insert statistics specific to City/County.]

WHEREAS, the annual cost to Oklahoma in medical bills, workers' compensation, and lost productivity for overweight, obesity, and physical inactivity exceeds \$854 million.⁷⁰ [Insert statistics specific to City/County.]

WHEREAS, improving access to healthy food retail has economic benefits. If every Oklahoman eligible for the Supplemental Nutrition Assistance Program enrolled, the state would see \$[x million] in additional economic activity.⁷¹⁻⁷³ [Insert statistics specific to City/County.]

WHEREAS, [insert facts or examples specific to City/County here].

COMMENT: The Findings section explains why the resolution is important. You can add statistics that are specific to your community to make an even stronger case for improving the food retail environment. To find community-level information, check the websites of your local or state Health Department, Department of Commerce, Planning Department or Commission, or Department of Human Services for reports and data.

COMMITMENT

THEREFORE BE IT RESOLVED that the [Legislative Body] of [City/County] hereby recognizes that the food retail environment has a substantial impact on the health and well-being of our citizens and the environment and economy of [City/County]. In light of the foregoing findings, [City/County] commits to doing all it can to improve the food retail environment, especially in [City/County's] most underserved areas.

BE IT FURTHER RESOLVED that the [Legislative Body] of [City/County] resolves to direct the Taskforce created by this resolution to take all of the actions set forth in this resolution.

DEFINITIONS

For the purposes of this resolution, "food retailer" means the following:

- any food outlet operating in a fixed location, including a grocery store, dollar store, corner store, convenience store, and farmers' market;
- a mobile food-market that regularly stops at predetermined locations on a fixed schedule; or
- any other retailer whose business is primarily made up of sales of food and non-food grocery products intended for preparation, use, or consumption off the retailer's premises.

For the purposes of this resolution, "healthy food retailer" means the following:

- a food retailer as described above that stocks healthy foods and beverages and promotes, places, and prices them competitively compared with unhealthy foods and beverages.

APPENDIX: ALTERNATE SAMPLE HEALTHY FOOD RETAIL RESOLUTION (Continued)

TASKFORCE

The [Legislative Body] establishes a Healthy Food Retail Taskforce to carry out the tasks listed in this resolution.

COMMENT: It is important to designate a body with accountability, otherwise the intent and purpose of this resolution may never come to fruition.

COMMENT: A Taskforce is a group of experts that is convened temporarily to accomplish a specific objective. A Taskforce is action-oriented by nature; its purpose is to get something done.

COMPOSITION

The Taskforce shall be composed of local elected officials and the directors or their designees of appropriate local agencies or departments. The [Legislative Body] shall appoint one Taskforce chair and at least [one / two /three] Taskforce members by [deadline]. There shall be a maximum of [five] Taskforce members.

The Taskforce chair is responsible for leading the Taskforce. Taskforce members are responsible for reporting to the chair, providing staff support to the Taskforce, and participating in Taskforce meetings.

COMMENT: It is important to assign a leader of the Taskforce to ensure that an individual is accountable to the governing body and responsible for the progress of the Taskforce.

The Taskforce shall also include at least [3] community stakeholders that work on healthy food access issues. A representative from each of the following stakeholder groups shall be invited to participate in the Taskforce: [Pick from the groups listed here, and/or add others not listed: county health department, chamber of commerce, community advocates, distributors, farmers, food retailers, small-business owners, tribal councils, registered dietitians].

The [Legislative Body] directs [insert here specific agency, department, office, or branch] to provide staff and operational support to the Taskforce.

COMMENT: It is important to choose Taskforce members who are committed to the outcome and have the authority to get things done. Here are key questions to consider: Who are the actual stakeholders in this issue? Who are the policymakers, decision makers, and others whose permission, support, or membership is necessary to get things done? Who will actually carry out the changes or reforms that your Taskforce succeeds in establishing?⁵⁸

TERM

The Taskforce is convened temporarily until the actions listed in this resolution are complete. The Taskforce shall hold its first meeting by [deadline] and will meet [monthly/every two months/quarterly] for [insert defined term period].

DUTIES

The Taskforce shall do the following:

- Develop bylaws and a workplan for the life of the taskforce within two months of the first meeting.
- Carry out the tasks listed in this resolution.
- Present a report to the [Legislative Body] by [deadline]. At a minimum, this report shall include i) a summary of the Taskforce's work, findings, and recommendations; ii) an analysis of the Taskforce's work, findings, and recommendations, including a list of the most feasible recommendations; and iii) a proposal for next steps, including steps to share this information with the community.

COMMENT: Requiring the Taskforce to report back to the legislative body ensures accountability and increases the likelihood of a successful Healthy Food Retail Taskforce.

ASSESSMENT

The [Legislative Body] directs the Taskforce to review and synthesize existing assessments of the food retail environment, such as the Food Availability and Marketing Survey, by [deadline], in order to understand the food environment, including the regulatory environment.

The [Legislative Body] directs the Taskforce to share its synthesis with the [Legislative Body] by [deadline].

COMMENT: To get started, communities should identify government agencies and nonprofit organizations that work on issues affecting the food retail environment. These agencies and organizations may have conducted recent assessments of the food retail environment, or assessments of factors that affect the food retail environment. For example, the local food bank and its affiliated organizations may have information on the number of food-insecure residents in a community.

APPENDIX: ALTERNATE SAMPLE HEALTHY FOOD RETAIL RESOLUTION (Continued)

FIND

The [Legislative Body] recognizes the need for residents to have physical access to healthy food retail outlets.

The [Legislative Body] directs the Taskforce to [insert at least one option from FIND here] by [deadline].

The Taskforce must report back to the [Legislative Body] on the results by [deadline].

AFFORD

The [Legislative Body] recognizes the need for residents to be able to afford healthy food sold at food retail outlets.

The [Legislative Body] directs the Taskforce to [insert at least one option from AFFORD here] by [deadline].

The Taskforce must report back to the [Legislative Body] on the results by [deadline].

CHOOSE

The [Legislative Body] recognizes the need for residents to want to purchase and consume the healthy food sold at food retail outlets.

The [Legislative Body] directs the Taskforce to [insert at least one option from CHOOSE here] by [deadline].

The Taskforce must report back to the [Legislative Body] on the results by [deadline].

USE

The [Legislative Body] recognizes the need for residents to be able to identify and prepare healthy food sold at food retail outlets.

The [Legislative Body] directs the Taskforce to [insert at least one option from USE here] by [deadline].

The Taskforce must report back to the [Legislative Body] on the results by [deadline].

COMMENT: Each clause in this resolution includes a deadline. Communities should choose deadlines that take into account the constraints of each Taskforce member, while ensuring that the tasks are completed in a timely manner. Timelines should also seek to build on the momentum created by passing this resolution.

REFERENCES

1. Modified Food Retail Environment Index (MFREI), Oklahoma, USA. Community Commons website. www.communitycommons.org. Accessed December 15, 2015.
2. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity. *Overweight and Obesity - Oklahoma State Nutrition, Physical Activity, and Obesity Profile*. Atlanta, GA; 2012. www.cdc.gov/obesity/stateprograms/fundedstates/pdf/oklahoma-state-profile.pdf.
3. Childhood Overweight and Obesity Trends. National Conference of State Legislatures website. www.ncsl.org/research/health/childhood-obesity-trends-state-rates.aspx. Accessed December 6, 2015.
4. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity. *State Indicator Report on Fruits and Vegetables 2013*. Atlanta, GA; 2013. www.cdc.gov/nutrition/downloads/state-indicator-report-fruits-vegetables-2013.pdf.
5. Healthy Food Environments. Centers for Disease Control and Prevention website. www.cdc.gov/obesity/strategies/healthy-food-env.html. Updated October 22, 2015. Accessed December 6, 2015.
6. Zick C, Smith KR, Fan JX, Brown BB, Yamada I, Kowaleski-Jones L. Running to the store? The relationship between neighborhood environments and the risk of obesity. *Soc Sci Med*. 2009;69(10):1493-1500.
7. Morland K, Wing S, Roux AD. The contextual effect of the local food environment on residents' diets: The atherosclerosis risk in communities study. *Am J Public Health*. 2002;92(11):1761-1767. <http://ajph.aphapublications.org/doi/full/10.2105/AJPH.92.11.1761>.
8. Liese A, Weis K, Pluto D, Smith E, Lawson A. Food store types, availability, and cost of foods in a rural environment. *J Am Diet Assoc*. 2007;107(11):1916-1923.
9. Leone AF, Rigby S, Betterley C, et al. Store type and demographic influence on the availability and price of healthful foods, Leon County, Florida, 2008. *Prev Chronic Dis*. 2011;8(6):A140. www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3221579&tool=pmcentrez&rendertype=abstract.
10. Andreyeva T, Blumenthal DM, Schwartz MB, Long MW, Brownell KD. Availability and Prices of Foods Across Stores and Neighborhoods: The Case of New Haven, Connecticut. *Health Aff*. 2008;27(5):1381-1388. <http://content.healthaffairs.org/content/27/5/1381.full>.
11. Laurison HB. *Providing Fresh Produce in Small Food Stores: Distribution Challenges & Solutions for Healthy Food Retail*. Oakland, CA: ChangeLab Solutions; 2014. www.changelabsolutions.org/produce-distribution.
12. ChangeLab Solutions. *Supplying Health in New York City: Lessons from Shop Healthy NYC's Partnership with Wholesale Suppliers for Healthy Food Retail*. Oakland, CA; 2015. www.changelabsolutions.org/publications/supplying-health-NYC.
13. Minneapolis Health Department. *The Minneapolis Healthy Corner Store Program: Summary Report*. Minneapolis, MN; 2013. www.minneapolismn.gov/www/groups/public/@health/documents/webcontent/wcms1p-117774.pdf.
14. Walker RE, Keane CR, Burke J. Disparities and access to healthy food in the United States: A review of food deserts literature. *Health Place*. 2010;16(5):876-884. [www.researchgate.net/publication/44592398_Disparities_and_access_to_healthy_food_in_the_United_States_A_review_of_food_deserts_literature_Health_Place_16\(5\)_876-884](http://www.researchgate.net/publication/44592398_Disparities_and_access_to_healthy_food_in_the_United_States_A_review_of_food_deserts_literature_Health_Place_16(5)_876-884).
15. Scammell M, Torres S, Wayman J, et al. Balancing act: Approaches to healthy eating and physical activity among Boston public housing residents. *J Prev Interv Community*. 2015;43(2):109-122.
16. DeMartini T, Beck A, Kahn R, Klein M. Food insecure families: Description of access and barriers to food from one pediatric primary care center. *J Community Health*. 2013;38:1182-1187.
17. Percent of Total Population in Poverty. United States Department of Agriculture, Economic Research Service website. www.ers.usda.gov/data-products/county-level-data-sets/poverty.aspx. Updated February 3, 2015. Accessed December 6, 2015.
18. Drewnowski A, Darmon N. The economics of obesity: dietary energy density and energy cost. *Am J Clin Nutr*. 2005;82(1 Suppl):265-273. <http://ajcn.nutrition.org/content/82/1/265S.full>.
19. Drewnowski A, Eichelsdoerfer P. Can low-income Americans afford a healthy diet? *Changes*. 2012;29(6):997-1003. www.ncbi.nlm.nih.gov/pmc/articles/PMC2847733/.
20. Yeh MC, Ickes SB, Lowenstein LM, et al. Understanding barriers and facilitators of fruit and vegetable consumption among a diverse multi-ethnic population in the USA. *Health Promot Int*. 2008;23(1):42-51. <http://heapro.oxfordjournals.org/content/23/1/42.full>.
21. Eikenberry N, Smith C. Healthful eating: Perceptions, motivations, barriers, and promoters in low-income Minnesota communities. *Am Diet Assoc*. 2004;104:1158-1161.
22. United States Department of Agriculture, Food and Nutrition Service. *Reaching Those in Need: Estimates of State Supplemental Nutrition Assistance Program Participation Rates in 2012*. Washington, DC; 2015. www.fns.usda.gov/reaching-those-in-need-estimates-state-supplemental-nutrition-assistance-program-participation-rates.
23. Andreyeva T, Luedicke J, Middleton AE, Long MW, Schwartz MB. Positive influence of the revised Special Supplemental Nutrition Program for Women, Infants, and Children food packages on access to healthy foods. *J Acad Nutr Diet*. 2012;112(6):850-858.
24. Gittelsohn J, Laska MN, Andreyeva T, et al. Small retailer perspectives of the 2009 Women, Infants and Children Program food package changes. *Am J Health Behav*. 2012;36(5):655-665.
25. Foster GD, Karpyn A, Wojtanowski AC, et al. Placement and promotion strategies to increase sales of healthier products in supermarkets in low-income, ethnically diverse neighborhoods: A randomized controlled trial. *Am J Clin Nutr*. 2014;99(6):1359-1368. <http://ajcn.nutrition.org/content/99/6/1359.full>.
26. Glanz K, Yaroch AL. Strategies for increasing fruit and vegetable intake in grocery stores and communities: policy, pricing, and environmental change. *Prev Med (Baltim)*. 2004;39 Suppl 2:S75-S80. www.sciencedirect.com/science/article/pii/S0091743504000209.
27. Hearn M, Baranowski T, Baranowski J, et al. Environmental influences on dietary behavior among children: Availability and accessibility of fruits and vegetables enable consumption. *J Heal Educ*. 1998;29(1):26-32.
28. Cullen K, Baranowski T, Owens E, Marsh T, Rittenberry L, de Moor C. Availability, accessibility, and preferences for fruit, 100% fruit juice, and vegetables influence children's dietary behavior. *Heal Educ Behav*. 2003;30(5):615-626.
29. Kratt P, Reynolds K, Shewchuk R. The role of availability as a moderator of family fruit and vegetable consumption. *Heal Educ Behav*. 2000;27(4):471-482.
30. Speirs KE, Messina LA, Munger AL, & Grutzmacher, SK. Health literacy and nutrition behaviors among low-income adults. *Journal of health care for the poor and underserved*, 2012;23(3):1082-1091.
31. Smith LP, Ng SW, & Popkin BM. Trends in US home food preparation and consumption: analysis of national nutrition surveys and time use studies from 1965-1966 to 2007-2008. *Nutr J*. 2013;12(1):45. www.nutritionj.com/content/12/1/45.
32. Werhan C, Way WL. Family and consumer sciences programs in secondary schools: Results of a national survey. *Journal of Family and Consumer Sciences*. 2006;98(1):19. www.facsecoalition.org/uploads/2/4/4/7/24476817/survey_article.pdf.

33. Fair Food Network. *Double Up Food Bucks – 2012 Evaluation Report*. Ann Arbor, MI; 2013. www.fairfoodnetwork.org/sites/default/files/FFN_DUFB_Evaluation_2012_sm_0.pdf.
34. Vitality Institute. *US Burden of Noncommunicable Diseases*. New York, NY; 2015. <http://thevitalityinstitute.org/site/wp-content/uploads/2015/07/BeyondFourWalls-Infographic-July2015.pdf>.
35. Stewart WF, Ricci JA, Chee E, & Morganstein D. Lost productive work time costs from health conditions in the United States: results from the American Productivity Audit. *Journal of Occupational and Environmental Medicine*, 2003; 45(12), 1234-1246.
36. Fresh Food Retailers Initiative. City of New Orleans website. www.nola.gov/city/fresh-food-retailers-initiative. Updated September 3, 2014. Accessed December 7, 2015.
37. Fresh Food Retail: Building Healthy Communities: Expanding Access to Fresh Food Retail. The New Orleans Food Policy Advisory Committee website. <http://nolafpac.org/fresh-food-retail>. Accessed December 7, 2015.
38. Creating Healthy Communities. *Success Stories 2013*. Columbus, OH; 2014. www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/creating%20healthy%20communities/CHCSuccessStories-2013-Booklet.pdf.
39. Healthy Cornerstore Initiative Produce Distribution System. Center for Training and Research Translation website. www.centertrt.org/?p=intervention&id=1179. Accessed December 7, 2015.
40. GLTC Free Busing. PolicyOptions.Org website. <http://policyoptions.pbworks.com/w/page/93734816/GLTC%20Free%20Busing>. Updated March, 2015. Accessed December 7, 2015.
41. Grocery Bus Saturdays. Greater Lynchburg Transit Company website. www.gltconline.com/grocery-bus-saturdays. Accessed on December 7, 2015.
42. Oklahoma Senior Farmers' Market Nutrition Program: Where is it? Oklahoma Department of Human Services website. www.okdhs.org/services/snap/pages/sfmnp_where.aspx. Updated August 5, 2015. Accessed December 7, 2015.
43. United States Department of Agriculture, Food and Nutrition Service. *Fiscal Year 2009-2015 Senior Farmers' Market Nutrition Program Grant Amounts*. Washington, DC; 2015. www.fns.usda.gov/sites/default/files/SFMNP%20Grants%202009-2015.pdf.
44. Oklahoma Senior Farmer's Market Nutrition Program: What is it? Oklahoma Department of Human Services website. www.okdhs.org/services/snap/pages/sfmnp_what.aspx. Updated May 28, 2015. Accessed December 8, 2015.
45. United States Department of Agriculture, Food and Nutrition Service. *Senior Farmers' Market Nutrition Program 2014 Profile*. Washington, DC; 2014. www.fns.usda.gov/sites/default/files/sfmnp/SFMNP%20Profile%20for%20Participating%20State%20Agencies%20-%20FY2014.pdf.
46. Commissioners Present \$5,000 to Farmers Market to Help Increase Access to Locally Grown Foods. Lane County Oregon website. www.lanecounty.org/Media/News/Pages/PR_082415_Farmers_Market.aspx. Accessed December 15, 2015.
47. Yauch J. *Check it Out, A Healthy Checkout!* Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Community Health; 2012. <https://nccd.cdc.gov/DCHSuccessStories/showdoc.aspx?s=730&dt=0>.
48. Healthy Checkout Aisles. Change the Future WV website. www.changethefuture.wv.gov/Pages/HealthyCheckoutAisles.aspx. Accessed December 8, 2015.
49. Louisville. Healthy Corner Stores Network website. www.healthycornerstores.org/tag/louisville. Updated January 18, 2012. Accessed December 8, 2015.
50. Healthy In A Hurry Corner Stores. YMCA of Greater Louisville website. www.ymcalouisville.org/social-responsibility/social-services/healthy-in-a-hurry-corner-stores.html. Accessed December 8, 2015.
51. Louisville, KY. Healthy Kids, Healthy Communities website. www.healthykidshealthycommunities.org/communities/louisville-ky. Updated November 1, 2013. Accessed December 8, 2015.
52. HKHC Case Examples: Healthy Corner Stores. Healthy Kids, Healthy Communities website. www.healthykidshealthycommunities.org/hkhc-caseexamples-healthycornerstores. Published January 20, 2011. Accessed December 8, 2015.
53. Louisville given award, \$150,000 for health initiatives. *Louisville Business First*. January 18, 2012. www.bizjournals.com/louisville/news/2012/01/18/louisville-given-award-150000-for.html. Accessed December 8, 2015.
54. Gittelsohn J, Suratar S, Song HJ, et al. Process evaluation of Baltimore Healthy Stores: A pilot health intervention program with supermarkets and corner stores in Baltimore City. *Health promotion practice*, 2010;11(5):723-732. www.ncbi.nlm.nih.gov/pmc/articles/PMC3042858/.
55. Bahman A, Bruce G, Hughes E. Grocery store tours show how to shop for healthy food on a budget. *Lawrence Journal-World*. May 5, 2014. www2.ljworld.com/news/2014/may/05/grocery-store-tours-show-shop-healthy-food-budget/. Accessed December 8, 2015.
56. Chronic Disease Prevention. Springfield-Greene County Health Department website. www.springfieldmo.gov/2943/Chronic-Disease-Prevention. Accessed December 15, 2015.
57. 5 McQuillin Mun. Corp. § 15.3 (3rd ed.).
58. Developing Multisector Task Forces or Action Committees for the Initiative. Community Tool Box website. <http://ctb.ku.edu/en/table-of-contents/structure/organizational-structure/multisector-task-forces/main>. Accessed December 8, 2015.
59. Leading Causes of Death. Centers for Disease Control and Prevention. www.cdc.gov/nchs/fastats/leading-causes-of-death.htm. Updated September 30, 2015. Accessed December 11, 2015.
60. National Diabetes Surveillance System (Diabetes Atlas). Centers for Disease Control and Prevention website. <http://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>. Accessed December 11, 2015.
61. Fry C, Levitt Z, Ackerman A, Laurison HB. *Health on the Shelf: A Guide to Healthy, Small Food Retailer Certification Programs*. Oakland, CA: ChangeLab Solutions; 2013. www.changelabsolutions.org/publications/health-on-the-shelf.
62. Ahern M, Brown C, Dukas S. A National Study of the Association Between Food Environments and County Level Health Outcomes. *The Journal of Rural Health*. 2011;27(4):367-379. Accessed December 11, 2015.
63. Bodor JN, Rice JC, Farley TA, Swalm CM, Rose D. The association between obesity and urban food environments. *Journal of Urban Health*. 2010;87(5):771-781. http://prc.tulane.edu/uploads/Bodor%202010_JUHepub_Obesity%20Urban%20Food%20Envir.pdf. Accessed December 11, 2015.
64. Babey SH, Diamant AL, Hastert TA, Harvey S. *Designed for Disease: The Link between Local Food Environments and Obesity and Diabetes*. UCLA Center for Health Policy Research; 2008. <http://escholarship.org/uc/item/7sf9t5wx#page-1>. Accessed December 11, 2015.
65. Rundle A, Neckerman KM, Freeman L, et al. Neighborhood food environment and walkability predict obesity in New York City. *Environ Health Perspect*. 2009;117(3):442-447. <http://ehp.niehs.nih.gov/11590/>. Accessed December 11, 2015.
66. Liu GC, Wilson JS, Qi R, Ying J. Green neighborhoods, food retail and childhood overweight: differences by population density. *American Journal of Health Promotion*. 2007;21(4s):317-325. [www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/Green_Neighborhoods.pdf/\\$File/Green_Neighborhoods.pdf](http://www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/Green_Neighborhoods.pdf/$File/Green_Neighborhoods.pdf). Accessed December 11, 2015.
67. Inagami S, Cohen D A, Finch BK, Asch SM. You are where you shop: grocery store locations, weight, and neighborhoods. *American journal of preventive medicine*. 2006;31(1):10-17. www.healthydurham.org/docs/file/committees/obesity_chronic_care/ShopBMI.pdf. Accessed December 11, 2015.

68. Rahman T, Cushing RA, Jackson RJ. Contributions of built environment to childhood obesity. *Mount Sinai Journal of Medicine: A Journal of Translational and Personalized Medicine*. 2011;78(1):49-57. Accessed December 11, 2015.
69. Whitney E. Companies On The Move Look For Healthy Workers. *National Public Radio*. April 10, 2013. www.npr.org/sections/health-shots/2013/04/09/176712349/companies-on-the-move-look-for-healthy-workers. Updated April 11, 2013. Accessed December 11, 2015.
70. Watkins A. *The Cost of Obesity in Oklahoma*. Oklahoma City, OK: Oklahoma State Department of Health, Community Epidemiology and Evaluation; 2013. www.ok.gov/health2/documents/Cost%20of%20Obesity%20Report%20qtr%2020202013.docx.
71. United States Department of Agriculture Food and Nutrition Service. Helping Low-Income Families and Local Communities in Oklahoma. Washington, DC; 2012. www.fns.usda.gov/sites/default/files/SNAP-rates-Oklahoma.pdf.
72. Rosenbaum, D. SNAP is Effective and Efficient. Center on Budget and Policy Priorities website. www.cbpp.org/research/snap-is-effective-and-efficient. Updated March 11, 2013. Accessed December 13, 2015.
73. Food Research & Action Center. *Profiles of Hunger, Poverty, and Federal Nutrition Programs: Oklahoma*. Washington, DC; 2010. <http://frac.org/wp-content/uploads/2010/07/ok.pdf>. Updated February 2015. Accessed December 13, 2015.

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