

The Healthy Corner Store: A Viable Opportunity for Roanoke, VA

Anna Erwin¹

¹Virginia Polytechnic and State University; Political Science, Major Williams Hall 220 Stanger Street, Blacksburg, VA 24061

Corresponding author: erwinae@vt.edu

Executive Summary: The term Food Desert was first defined in the 2008 Farm Bill as “an area in the United States with limited access to affordable and nutritious food, particularly such an area composed of predominantly lower-income neighborhoods and communities” (110th Congress, 2008, p. 1031). Studies from Carilion Clinic and the United States Department of Agriculture (USDA) Economic Research Service show that in parts of southeast Roanoke, 100% of residents have low access to healthy, fresh food. To combat this situation, this report suggests the healthy corner store conversion approach, which equips an existing corner store with healthy, fresh, and locally available food. Through an in-depth study of the food access obstacles and opportunities in the southeast neighborhood of Roanoke, VA, I propose the ways and means for policy makers, nonprofit directors, faith leaders, and other community leaders to implement a Healthy Corner Store Program in southeast Roanoke.

The corner store conversion, an initiative adopted by other small and large cities, can be relatively inexpensive and has the potential to benefit a local community by not only providing residents access to fresh food but also building community and increasing opportunities for economic development in the area. Steps to converting a healthy corner store include: collaboration, community research, incentive creation, business outreach, and monitoring and evaluation. Funding for these types of projects is being offered and planned at the national, state, and local levels. Like any program, there are obstacles to implementation, but overall, the healthy corner store conversion offers the Southeast Roanoke neighborhood a significant opportunity to improve residents’ access to healthy, fresh food, thereby lifting the burden of living in a food desert.

I. Introduction

As the presence of food deserts is becoming more and more prominent in the United States and beyond, new, innovative policies and programs are being implemented to increase food access for those living in these areas. Through an in-depth study of the food access obstacles and opportunities in the southeast neighborhood of Roanoke, VA, I propose the ways and means for policy makers, nonprofit directors, faith leaders, and other community leaders to implement a Healthy Corner Store Program in Southeast Roanoke. Proven successful in other small cities, a healthy corner store is a low-cost, community appropriate option for providing healthy, fresh, accessible food to people living with limited access to healthy food (Policylink, pg. 13, 2001).

Roanoke: Roanoke is home to a bustling local food economy. Not only does Roanoke boast the biggest food cooperative in the state but the Star City also has the largest urban farm in the country. In addition, Roanoke has six community gardens, numerous farmers markets, and a diverse array of small local food businesses and nonprofits. Roanoke is home to Carilion Clinic, which serves over one million people in southwest Virginia and West Virginia. In addition to offering top rate healthcare, Carilion also offers its employees payroll deductions for participating in a Community Supported Agriculture program, has a weekly farmers market on the grounds of one of its hospitals, and participates in the Wholesome Wave’s fruits and vegetables prescription program. Local food banks and faith organizations such as Feeding America Southwest Virginia, Commonwealth Catholic

Charities, the Presbyterian Community Center, the Rescue Mission Ministries, the Roanoke Area Ministries, and St. Francis House provide food to low-income populations who either cannot afford to buy food or have difficulty accessing food. These charities also organize mobile food banks, which deliver food to low-income neighborhoods in the Roanoke Valley (Carilion Clinic, pg. 125). This combination of support and initiatives not only places Roanoke ahead of many similar metropolitan areas but also lays a strong foundation for newer, more innovative projects that meet the needs of Roanoke's residents.

Food Deserts: Much of these current initiatives are being implemented to increase food access for Roanoke residents living in Food Deserts, first defined in the 2008 Farm Bill as, "an area in the United States with limited access to affordable and nutritious food, particularly in such an area composed of predominantly lower-income neighborhoods and communities" (110th Congress, 2008, p. 1031). The USDA approximates that food deserts impact 23.5 million people, including 6.5 million children (ERS 2009). Not only are they without access to healthy food, residents of food deserts are often considered low income and lack adequate transportation, and therefore, cannot travel to grocery stores without relying on public transportation. Because of nationwide health problems associated with food deserts, First Lady Michelle Obama and her Let's Move program pledged to eradicate the nation's food desert problem in the next seven years (Eliminating Food Deserts, 2010).

According to Carilion Clinic's 2012 Roanoke Valley Community Health Needs Assessment: Final Report (CHNA), four percent of Virginia's residents live in areas with low access to a large grocery store or supermarket, and the USDA's food desert locator identifies two hundred food deserts in Virginia. Of those two hundred identified food deserts, there are twenty-nine census tracts where 100% of the tract's population has limited access to a supermarket or a large grocery store. According to the USDA Economic Research Service (as cited in Carilion Clinic, 2012, pgs. 122-123), four of the twenty-nine are located in census tracts 5, 25, 11, and 26, in northwest and southeast Virginia. In addition, in census tract 25, 34% of residents are considered low-income; in census tract 11, 40.4% are

considered low-income; and, in census tract 26, 32.2% are considered low-income.

Limited access to fresh, healthy food also contributes to poor nutrition and obesity and creates additional obstacles for low-income residents to choose healthier foods than for higher income residents. The price of fresh food can be a significant barrier in regards to maintaining a healthy diet, as fast food and processed foods can cost less than fresh, healthy foods. Newer studies suggest proximity to healthy food plays a beneficial part in the health of an individual and community at large as people living in wealthier communities are shown to have fewer food related diseases (Treuhaft & Karpyn, pg. 8., 2010). According to data from the Virginia Department of Health and the Virginia Behavioral Risk Factor Surveillance System, 81% of Roanoke's residents are considered overweight or obese as opposed to the state average of 63.3% (pgs. 1-2). The Center for Disease Control estimated that "overall, persons who are obese spent \$1,429 (42 percent) more for medical care in 2006 than did normal weight people" (2009). A diet of fresh fruits and vegetables provides many health advantages including lowering obesity; therefore, increasing access to fresh, healthy food can decrease the financial burden on individuals, families, and society as a whole (Van Duyn & Pivonka, 2000).

Policy Response: In response to the health and economic issues associated with food deserts, the White House Taskforce on Childhood Obesity detailed specific recommendations to assist food policy councils, concerned citizens, faith leaders, community organizations, and local government entities in providing healthy food options in their area. These recommendations include but are not limited to:

- "Convenient physical access to grocery stores and other retailers that sell a variety of healthy foods;
- Prices that make healthy choices affordable and attractive;
- A range of healthy products available in the marketplace; and
- Adequate resources for consumers to make healthful choices, including access to nutrition assistance programs to meet the special needs of low-income Americans" (2010)

The state government of Virginia is also responding to the food desert problem. In January

2013, Virginia Delegate Pat McQuinn reintroduced House Joint Resolution 646, which led to the creation of a Food Desert Task Force, consisting of local and professional experts from the Virginia Cooperative Extension, Virginia Tech, and Virginia State University, and the creation of the Food Deserts in Virginia Report. The Task Force made similar recommendations to the national task force, with a particular emphasis on access, increased funding, and education (2014).

Many of the federal and state recommendations discussed above are in progress in Roanoke. For example, after the completion of Carilion's CHNA, the Clinic administered funds to local nonprofits in Roanoke such as Healthy Roanoke Valley, LEAP (Local Environmental Agriculture Project), Healthy Happy Cooks, and Good Food Good People, and increased funding for the Supplemental Nutrition Assistance Program (SNAP). Farmers markets, such as the West End Farmers Market, are selling fresh, local food in the southeast neighborhood, and the Roanoke Community Gardens Association has a community garden in both the northwest and southwest neighborhoods.

Although the movement to eradicate food deserts in Roanoke is strong, there is still no consistent access to healthy, fresh food in the northwest or southeast neighborhoods. The conversion of a corner store in southeast Roanoke to a healthy corner is a viable, cheap option for supplying this neighborhood with a constant supply of healthy, fresh food. Southeast Roanoke was chosen for this study because it is home to Jackson Middle School, and national trends show that 31.7% of American children are obese (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010, pg. 242). For this reason, many nationwide food access initiatives focus on areas with schools located in or close to the census tract (Executive Office of the President of the United States, 2010, pg. 1). While this study focuses on southeast Roanoke, similar initiatives could be introduced in northwest Roanoke.

II. Healthy Corner Stores

One initiative that is being implemented in small cities throughout the country is the Healthy Corner Store approach, which works with existing corner store businesses to provide residents access to healthy, fresh food. Although this approach was first introduced in larger metropolitan areas such as Washington, DC and New York City, markets in smaller cities in the Southeastern US, such as

Winston-Salem, North Carolina, have been converted (Garms, 2013) and a study from Randolph College is recommending similar projects in Lynchburg, Virginia (Abell, et al., 2011, pg. 56).

The way to convert a corner store varies on the neighborhood, the existing infrastructure, the culture, and the specific needs of the community. The size of a corner store is on average 2,000 square feet and usually has four aisles. Costs of such a program also vary, but in a health corner store program implemented by the Food Trust, a nationally recognized food security nonprofit, the average price of 100 corner store conversions in Philadelphia was recorded at approximately \$1,390, although costs could be as much as \$5,000. This price included purchasing the following items: shelving, refrigerator, produce scale, baskets, and signage. This price did not include inventory, and this price varied per city and with the amount of vegetables the store wanted to offer. These conversions introduced approximately forty-four new fruits and vegetables to the corner stores in Philadelphia (Food Trust 2012). The benefits of converting a local corner store include, but are not limited to: local economic development, low cost implementation, community building, cultural sensitivity, and consistent opportunities for people to access healthy, fresh food.

A corner store conversion can have a positive impact on local economic development. For example, one of the corner stores located in southeast Roanoke was recently denied a liquor permit, a denial that was prompted through community action. As permits like these are denied, business owners are looking for additional ways to generate income. Selling healthy fruits and vegetables could be a way to fill that gap. A corner store conversion is also cheaper and arguably more ecologically benign than other options such as constructing a new grocery store. In addition, the renovation of a local entity can strengthen relationships between community members and the business owner. In many instances, these stores serve community members; therefore, the store is already part of the community's social fabric (Policy Link, 2001).

A healthy corner store conversion also provides consistent, fresh fruits and vegetables to food deserts. Farmers markets, mobile markets, and community gardens significantly increase food access, but as in the case of mobile markets and farmers markets, the access is offered usually only

once or twice a week. Community gardens provide great educational tools as well as offer residents the ability to grow their own food. However, again, food access is limited and at times seasonal. A healthy corner store provides the constant supply of fruits and vegetables that community members need.

III. Converting the Corner Store

There are many different approaches to converting a corner store. The following suggestions are a compilation of recommendations made by Food Trust and Policy Link from corner store projects from around the country:

1. Collaboration
2. Community Research
3. Create Incentive Packages
4. Business Outreach and Training
5. Monitoring and Evaluation (Food Trust, 2012; Policy Link)

Collaboration: Community collaboration can strengthen a healthy corner store project. Good Food Good People, Carilion Clinic, LEAP for Local Food, the Roanoke Food Coop, the Roanoke Community Gardens Associations, as well as many other entities are all local organizations that could provide support and information concerning both Roanoke's nutritional needs as well as the city's local food infrastructure. It is also incredibly important to partner with local farmers, when possible. Roanoke, as displayed, already has a bustling local food culture and network. Connecting this network to the healthy corner store strengthens the local economy, encourages ecologically friendly practices, and helps build a stronger community. Some successful corner store projects have sold vegetables from the local community gardens in the corner store. In addition to partnering with local nonprofits, it is also necessary to collaborate with local government, such as the mayor's office, the Office of Economic Development, the Planning Department, and the Roanoke city council. These collaborators understand the local politics of the city and are connected to diverse means of funding. Staying connected with both the local faith community and the local schools is an important component to project success, as both of these institutions are traditionally areas of significant community support.

Community Research: In order to prepare for such an endeavor, most experienced healthy corner store practitioners suggest that the project team involve the local community in decision-making.

This partnership can take many forms. First, a local community leader can be placed on the city's Food Policy Council. In many larger cities, faith leaders are starting initiatives to assist their local communities with food access. This is also the case in Roanoke as a faith leader is working closely with Healthy Roanoke Valley to brainstorm solutions to Northwest Roanoke's food desert problem. Another method in which to involve the community is through a survey regarding food preference. Administering a survey to local residents allows community members to be part of planning and assists with marketing as community members know that the survey will lead to a more diverse selection of food.

Craft Incentives: After conducting adequate community research, it is then time to craft the most comprehensive, yet affordable incentives. As mentioned above, different approaches work for different places, cultures, and situations; therefore, the suggestions made below are not a one size fits all proposal, but rather a list of incentive opportunities that can be used in combination with others. It is also suggested that funding bodies take a slow, easy, and/or tiered approach to allow business owners time to adjust to new merchandise and acquire the skills necessary to continue to sustainably grow. A slower approach also gives customers time to adjust to the new food options in their neighborhood (Food Trust, 2012).

There are multiple free or low cost incentive options that funding bodies can offer businesses. First of all, permitting fees and procedures can be an obstacle that many businesses do not want to surpass. One way to decrease this burden is to waive permitting fees and streamline the permitting process for corner store conversions. In addition to waiving permitting fees, free training or technical assistance can be provided to new businesses interested in pursuing a healthy corner store. Training is often necessary so that business owners understand how to employ new equipment, manage fresh produce, and adequately market new merchandise. In past studies, the duration of these trainings was approximately forty minutes. Continued support is also important as a business grows and supply and demand change with the seasons. Finally, free marketing and outreach are a low cost incentive that could greatly increase the success of a healthy corner store (Food Trust, 2012; Policy Link, 2012).

Additional incentives include but are not limited to: low-interest loans, grants, and the subsidization of healthy food. Low or no interest loans can be offered to businesses that want to convert to a healthy corner store. Additionally, grants can be offered to businesses to subsidize the cost of equipment and signage. For example, healthy corner store owners in Winston-Salem, North Carolina, received a grant from the state of North Carolina to convert their store (Garms, 2013). There is also the option of granting businesses \$100 to stimulate the conversion and lend the business the remaining funds with a low-interest or no-interest loan.

Another option for both sustaining the healthy corner store and removing barriers for consumers is to subsidize the cost of fruits and vegetables so that prices are as affordable or perhaps even cheaper than packaged, processed foods. Funding bodies can subsidize the corner store so that the owner is able to decrease the price of healthy food. The subsidization of fruits and vegetables is already being implemented through the SNAP program at local farmers markets throughout Roanoke with the SNAP Double Value Program (Carilion Clinic, 2012, pgs. 123-124).

No matter the incentive package, veteran healthy corner store programs all suggest the slow implementation of projects. For example, in the Get Fit Philly program, converted corner stores started by selling a small variety, approximately five to ten fruits and vegetables. Over a period of three years, the selection slowly increased, and now these stores sell on average forty-four varieties of fresh fruits and vegetables. Grant funding and support also increased as the business grew and became more invested in selling the healthy food. The structure of a tiered program depends on the characteristics of the corner store, the needs of a community, and the priorities of the funding body; however, it is important to intentionally start the initiative slow, simple, and small so that the program can grow sustainably (Food Trust, 2012).

Business Outreach: After carefully crafting the incentive package, it is then necessary to contact local businesses. In the case of southeast Roanoke there are multiple corner stores, gas stations, and drugstores located on Ninth Street. Criteria for choosing a business depend on the community culture, but one suggestion from successful healthy corner store programmers is to choose a business or businesses that already take SNAP and Women

Infant and Children (WIC) benefits. At times, the SNAP/WIC online location tools are outdated or misleading, so it is often necessary to conduct on the ground research with storeowners. No matter the existing social relations, it is important to choose a business, or group of businesses, that are accessible to the local community (Food Trust, 2012).

Monitoring and Evaluation: As with any program or business endeavor, consistent monitoring and evaluation is key to growth, change, and success. Healthy corner store project managers suggest visiting the store as a means for tracking the success. It is very important for the funding body to create and maintain a healthy relationship with the store owner. This relationship can be fostered through the training process and through continued support through the life of the project. Trust is a key component to sustaining the relationship. Building the relationship also assists with monitoring and evaluation as, through the partnership between the funder and the storeowner, marketing or distribution obstacles can be discussed and problems mitigated. It is suggested that stores are visited every six to eight weeks by the funders (Food Trust, 2012).

IV. Obstacles

Although a carefully planned program often predicts obstacles, then adjusts accordingly, there are always unforeseen challenges when implementing a community health program. Some identified obstacles by healthy corner store project managers are as follows: competing prices with grocery stores, storeowner turnover, storeowner work schedules, and cultural barriers. Understanding these obstacles and working with them through the process of project implementation is key to the meeting goals and objectives of the project (Food Trust, 2012, pg. 13; Policy Link).

Food prices are cheaper in larger supermarkets and this price difference may dissuade consumers from buying fruits and vegetables at a corner store. Incentives, however, that include SNAP and/or the subsidization of fresh food could help make these items more affordable. No matter the price difference, changing the behavior and mindset of consumers to understand that, first, healthy food is affordable, and second, that it is better for health, is a significant obstacle for any project aimed at reducing food deserts.

Again, the relationship between the funder and the storeowner is of upmost importance. One critical

obstacle to this relationship is the transient nature of store ownership and the long hours the job requires. It is hard to maintain a trusting relationship when a store manager or the owner changes. In addition, when training storeowners, they may have little time to participate in the training due to the demands of their job. It is important to adhere to their schedules and be flexible to their needs. Finally, in many instances racial, cultural, and social background can cause barriers to project implementation. Even when race is not an issue, class differences can cause mistrust and misunderstanding between the storeowner and funding body. Being sensitive and patient with these concerns and their financial agenda is important to maintaining a strong relationship (Food Trust, 2012).

V. Funding

There are currently many different opportunities for finding funding for the eradication of food deserts. Initiated by the Let's Move Campaign, The Health Food Financing Initiative, administered by the USDA and part of the 2013 Farm Bill, has pledged millions of dollars to the elimination of food deserts by the end of the First Lady's seven year

timeline. In addition, one recommendation made by the Virginia Food Desert is to provide state funding for healthy corner store programs. Other healthy corner store initiatives find funding through national philanthropic foundations, state economic development departments, private donors, and many additional forms of funding. In Roanoke, possible options include but are not limited to: the Office of Economic Development, Carilion Clinic, private philanthropists, and the Foundation for the Roanoke Valley.

VI. Conclusion

Overall, cities across the country are creating new and innovative ways to increase access to healthy, fresh food in food deserts. Although there are a variety of options for meeting this need, many projects are expensive and at times do not meld well with the existing social fabric of a community. However, the Healthy Corner Store Conversion projects can be relatively inexpensive, can involve local communities, and can offer residents fresh, healthy food, thus making it a practical opportunity to significantly eliminate the negative impact of Southeast Roanoke's food desert.

References

- 110th Congress. (2008, May 22). H.R. 6124. Retrieved March 12, 2011, from United States Department of Agriculture: Retrieved from http://www.usda.gov/documents/Bill_6124.pdf
- Abel, J., Brady, L., Dom, L., Lemaitre, L., Niaz, M., Searle, & Winkler, R.. (2011). Inner city food deserts: Case study of Lynchburg, VA.. *Virginia Economic Journal*, 16, 41-64.
- Alkon, A. (2008). Paradise or pavement: the social constructions of the environment in two urban farmers' markets and their implications for environmental justice and sustainability. *Local Environment*, 13 (3) 271-289.
- Carilion Clinic. (2012). Roanoke valley community needs health assessment: Final report. Retrieved from: www.carilionclinic.org/chna.
- Centers for Disease Control and Prevention. (2009). Study Estimates Medical Cost of Obesity May be as High as \$147 Billion Annually. Retrieved from www.cdc.gov/media/pressrel/2009/r090727.htm
- Economic Research Service, U.S. Department of Agriculture. (2009). Access to Affordable and Nutritious Food Measuring and Understanding Food Deserts and Their Consequences: Report to Congress (USDA Publication No. AP-036). Retrieved from <http://www.ers.usda.gov/publications/ap-administrative-publication/ap-036.aspx#U2bR5ceaTys>
- Eliminating Food Deserts. [Video File] Retrieved from <http://www.whitehouse.gov/blog/2010/02/24/taking-food-deserts>.
- Executive Office of the President of the United States. Whitehouse Taskforce on Childhood Obesity (2010). Solving the problem of childhood obesity within a generation. Retrieved <http://www.letsmove.gov/white-house-task-force-childhood-obesity-report-president>
- Food Trust. (2012). Philadelphia's Healthy Corner Store Initiative. Philadelphia, PA. Retrieved from <http://thefoodtrust.org/what-we-do/corner-store>
- Garms, L. (2013, March 9). Community helps end fresh food deserts. *The Chronicle*. Retrieved from: <http://wschronicle.com/2013/03/community-helps-end-fresh-food-deserts/>
- Ogden, C.L., Carroll, M., Curtin, L., Lamb, M., & Flegal, K. (2010). Prevalence of High Body Mass Index in US Children and Adolescents 2007-2008. *Journal of American Medical Association*, 303(3), 242-249.
- Policy Link (2001). Equitable development toolkit: Access to healthy food. Retrieved from <http://www.policylink.org/find-resources/library/access-to-healthy-food>

The State of Virginia, Virginia State University, and Virginia Tech, Food Desert Taskforce. (2014) Food Deserts in Virginia. Retrieved from <http://www.vtnews.vt.edu/articles/2014/02/021114-ext-fooddesert.html>

Treuhaf, S. & Karpyn, A. (2010). The Grocery Gap: Who Has Access to Healthy Food and Why It Matters. Retrieved from the Policy Link website: http://www.policylink.org/site/c.lkIXLbMNjRE/b.5860321/k.A5BD/The_Grocery_Gap.htm

Van Duyn, M.S. & Pivonka, E. (2000). Overview of the Health Benefits of Fruit and Vegetable Consumption for Dietetics Professional: Selected Literature. Journal of the American Dietetic Association, 100, 1511-1521.

Virginia Department of Health & Virginia Behavioral Risk Factor Surveillance System. (2011). Obesity at the State, Health Region, and Health District Levels, Virginia 2011. Retrieved from <http://www.vdh.virginia.gov/OFHS/brfss/tables.htm>.

Anna Erwin

Anna is a third year Ph.D. student in the Planning, Governance, and Globalization program at Virginia Polytechnic and State University. She is focusing her research on community food security for migrant farmworkers in the southeastern United States. Before pursuing her Ph.D. studies, Anna received a master's degree in Appropriate Technology from Appalachian State University, worked with energy efficiency policy in North Carolina, and spent a year in Peru and Ecuador teaching English and working in a post-earthquake city. When not working on her Ph.D. work, Anna enjoys teaching yoga, spending time with friends and family, foraging for mushrooms and berries, and traveling around as much as possible.