

HEALTHY CONVENIENCE STORE PROJECT

Appendix



PROVIDED BY:



Healthy
Southern Illinois
Delta Network

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Invitation Letter

[STORE]

[DATE]

[ADDRESS]

[CITY, STATE, ZIP]

Dear [STOREOWNER],

We are excited to share with you a potential business opportunity for your store! The Southern Illinois *Healthy Convenience Store* project led by Healthy Southern Illinois Delta Network is working to increase community access to healthy, affordable food through neighborhood Convenience stores. We are seeking stores, such as yours, to participate in this community-supported business venture. Your store... [INSERT PERSONAL NOTE HERE].

We will work directly with the selected stores to help increase their market sales and expand their customer base through selling healthy food items such as fresh produce. We will provide marketing, technical, and educational assistance and resources such as:

- Suggestions on improving store layout for storage and display of healthy foods.
- Promotional materials (shelf signs, posters, flyers, etc.)
- Consultation about social marketing to current and *new* customers through Facebook, Twitter, etc.
- Consultation in applying to be able to accept SNAP (Food Stamps) and WIC.
- Suggestions on how to purchase, price, stock and market healthy food

Residents in [YOUR NEIGHBORHOOD] are in need of healthy food—products your store can market. If you are interested or want to learn more, call or stop by _____. Please contact [YOUR NAME, PHONE NUMBER, & EMAIL]. We look forward to hearing from you soon!

Sincerely,

[YOUR NAME]

Frequently Asked Questions

What is the Southern Illinois Healthy Convenience Store Project?

The goal of this project is to increase community access to healthy, affordable food through Convenience stores in small communities. The project will provide marketing, technical, and educational assistance for participating stores including:

- Suggestions in improving store layout for storage and display of healthy foods.
- Promotional materials (shelf signs, posters, flyers, etc.)
- Consultation about social marketing to current and *new* customers through Facebook, Twitter, etc.

What will be required of the stores?

Storeowners will be asked to work with local health department staff to: develop store business goals and identify opportunities for business improvement consistent with the project, choose appropriate strategies to be integrated into a store project plan, and implement the store project plan.

What will actually happen in the stores?

Participating stores will, working with LHD staff, identify actions to increase availability and sales of healthier food items. They will choose which actions to take, and develop a reasonable schedule for implementation. The stores will implement their part of the store project plan, such as new product offerings and improving shelf space and displays for healthy foods. LHD staff will provide *free* marketing materials such as shelf labels, posters, and advertisements to promote the store's participation. In addition, LHD staff will provide ongoing assistance and training throughout the year

What kinds of food will be promoted?

The healthier foods being encouraged include whole grain breads, fresh fruits and vegetables, low sugar cereals, low-fat milk, and healthful snack items such as baked chips or pretzels.

Welcome Letter

[STORE NAME]

[DATE]

[ADDRESS]

[CITY, STATE, ZIP]

Dear [NAME OF STOREOWNER],

Congratulations! We are excited to share that your store has agreed to become a Southern Illinois Healthy Convenience Store! The *Southern Illinois Healthy Convenience Store Project*, a project led by the Healthy Southern Illinois Delta Network, is working to increase community access to healthy, affordable food through neighborhood Convenience stores. Your store is selected to participate in this community-supported business venture.

We will work directly with each of the selected stores to help increase their market sales and expand their customer base through selling healthy food items such as fresh produce, whole grains, and healthy snacks. In order to do this we need to become familiar with your store and develop a store project plan. Starting in [DATE], we will work with you to do the following:

- **Store Inventory**- this step does not require your assistance, and we will schedule a time that will not interrupt your business operations. We would like to get a general sense of what types of products you currently sell. We will not actually count items.
- **Storeowner/Manager Interview**- we want to learn more about your current business practices so we can best assist you. We will schedule a time that works best for you to discuss how you run your store. This should take no more than an **hour**.
- **Store Project Plan**- we will work with you to identify your project goals and review the basic participation expectations. We will also identify what resources you will need over the next year to implement your plan. We will schedule a time that works best for you. This step will take **1-2 hours** of your time.

Please see the attached document for a description of the minimum expectations each store must agree to as well as the assistance and resources _____ will provide in return. If you have questions or concerns, please contact [NAME] at: [PHONE NUMBER] or [EMAIL ADDRESS]. We look forward to working with you!

Sincerely,

[YOUR NAME] [POSITION TITLE]
[ORGANIZATION]

Project Expectations

What is expected for a Southern Illinois Healthy Convenience Store?

A Southern Illinois Healthy Convenience Store (SIHCS) is a convenience store that stocks and markets the sale of healthy foods. Participating stores can earn the SIHCS designation after meeting the following program criteria.

1. A commitment to sell healthier foods at an affordable price at their convenience store.
2. A commitment to accept assistance from local health department staff or other organizers to market healthy food items to customers.
3. Improving the convenience store's healthy food offerings according to the plan and goals established by the local health department or organizer.

What will the organizer do for the Convenience store?

An organizer will provide educational, marketing, and technical assistance for participating stores. Working with each store, organizer will develop an individualized store project plan to help stores stock, market, and sell healthy food items. Examples of what the organizer will provide include:

- Suggestions in improving store layout for storage and display of healthy foods.
- Promotional materials (shelf signs, posters, flyers, etc.)
- Consultation about social marketing to current and *new* customers through Facebook, Twitter, etc.

Store Inventory

The intake form includes two parts—the store inventory and the store interview—as the first step to developing the store project plan. Designed to be completed without the storeowner or staff assistance, the store inventory provides the organizer

Store: _____

Storeowner: _____

Store Address: _____

Date: _____

Inventory Completed by:

Store photos taken (in/outside)

1. Please draw the store layout (indicate aisles, entrance, register and refrigeration). If fresh produce is sold, show location.

2. Please indicate the number, size, and type of contents of the refrigeration units.

Units	Approximate size	Primary Contents	Comments
<i>Example: 1 freezer</i>	<i>5 ft x 2ft x 3ft</i>	<i>Ice cream treats, frozen juice</i>	

3. Shelves are stocked: Full Empty

4. How much space is devoted to (indicate number of aisles, end-caps, shelves, wire-racks and refrigerators/freezers):

Food Type	# of Aisles	# of End-caps	# of Shelves	# of Wire-racks	# of Coolers
Candy					
Chips					
Soda					
Ice cream					
Fresh produce					

Staple groceries (dried goods)					
Staple groceries (refrigerated goods)					

5. Is there room for *Healthy Convenience Store* signage on shelves?
 Yes No

6. Is there space on the walls for *Healthy Convenience Store* posters, etc.?
 Yes No

7. Please rate the store on the following characteristics:

Characteristic	Quality	Comment
Cleanliness	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Overall store condition	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Condition of windows	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Condition of walls	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Condition of ceilings	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Lighting	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	

8. Please indicate the services the store provides:

Service	Yes/No	Comment/Describe
Accepts SNAP (food stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a sign?
Accepts WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a sign?
Has a kitchen or deli space	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sells heated foods (i.e. fried chicken)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sells alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sells cigarettes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has an ATM	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Please provide the number existing tobacco and alcohol advertisements in the interior and exterior of the store.

Signs	#	Comment/Describe
Tobacco Signs Outside		
Alcohol Signs Outside		
Tobacco Signs Inside		
Alcohol Signs Inside		

10. Please indicate which of the following healthy food items are available in the store, variety available (for example, 3 types of juice), price (select lowest available in the category), and the quantity the price is based on, and approximate the quality of the item. If pricing is not on the shelf or on the item, write “no price.”

Section A: Fresh Fruits and Vegetables

Item (please specify)	# of types	Price (per item, lb, bag)	Quality
			<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
			<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
			<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
			<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
			<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
			<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
			<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
			<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
			<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor

Section B: Healthy Snack Items

Item	# of types	Price (per item, lb., bag)	Brands
Pretzels (low or no salt)			

Baked Chips			
Granola Bars			
Popcorn (low salt and butter)			
Single serving yogurt			
Nuts (low or no salt)			
Crackers (low or no salt)			
Protein bars (i.e. Power Bar)			

Section C: Healthy Beverages

Item	# of type s	Price (Single serving)	Price (Full size)
Low-fat milk (1% or no- fat)		\$ _____ Per: _____ (oz) container	\$ _____ Per: _____ (oz) container
Water		\$ _____ Per: _____ (oz) container	\$ _____ Per: _____ (oz) container
100% Juice (specify type)		\$ _____ Per: _____ (oz) container	\$ _____ Per: _____ (oz) container
Unsweetene d tea		\$ _____ Per: _____ (oz) container	\$ _____ Per: _____ (oz) container
Carbonated water (no sugar added)		\$ _____ Per: _____ (oz) container	\$ _____ Per: _____ (oz) container
		\$ _____ Per: _____ (oz) container	\$ _____ Per: _____ (oz) container
		\$ _____ Per: _____ (oz) container	\$ _____ Per: _____ (oz) container

		\$ _____ Per: _____ (oz) container	\$ _____ Per: _____ (oz) container
		\$ _____ Per: _____ (oz) container	\$ _____ Per: _____ (oz) container

Section D: Other Healthy Items

Item	# of types	Price (per item, lb, bag)	Brands
Whole grain or wheat bread			
Whole grain cereal (i.e. Cheerios)			
Whole grain pasta			
Brown rice			
Dried beans			
Reduced fat cheese (low-fat, Skim, 1%)			
Eggs			
Frozen vegetables (specify type)			
Canned vegetables (specify type)			
Canned fruit (specify type)			

11. Additional observations:

Store Interview

The intake form includes two parts—the store inventory and the store interview—as the first step to developing the store project plan. The interview should be conducted with the storeowner after the inventory is completed by the organizer. The interview provides the organizer with familiarity with the storeowner’s business and sales, customers, and level of interest in the project. *The information shared will remain confidential.*

Store: _____

Storeowner: _____

Address: _____

Date: _____

Interviewer(s):

Background Questions

1. I would like to begin with a brief history of the store. When did _____ (store name) first open?

2. Has the store changed much since it opened? (*Listen for change of ownership, product offerings etc.*)

3. How many employees do you have now? Are there times of the day when you have more or less employees working? (for example, before or after school)

4. What hours/days are you open?

Customers

5. Who shops at the store most frequently? (For example, seniors, youth, workers etc.)

6. Who spends the most money at the store?

7. Do youth shop here on their way to and from school? During lunch breaks?

8. About how many students come in on an average day?

9. What do youth buy?

10. What stores are your biggest competitors? In what ways are you competing with them?

Food Stamps (SNAP) & WIC Sales

Ask question #11 or #12 based on whether they accept SNAP or not. Ask question #13 or #14 based on whether they accept WIC or not.

11. I see that you **DO NOT accept SNAP**. Has the store ever considered accepting food stamps? (*skip to question #6*)

- If yes, what have been the barriers?

-
-
- If no, what issues have factored into the decision NOT to accept SNAP?
-
-

12. I see that you **ACCEPT SNAP**, do many of your customers use SNAP?

- About how many per week? _____
 - About how much in weekly sales do you make in Food Stamps?
\$ _____
 - What percent of your total sales is that? _____ %
 - I see that you **DO NOT accept WIC**. Has the store ever considered accepting the coupons? (*skip to question #15*)
 - If yes, what have been the barriers?
-
-

- If no, what issues have factored into the decision NOT to accept WIC?
-
-

13. I see that you **ACCEPT WIC**, do many of your customers use WIC coupons?

- About how many per week? _____
- About how much in weekly sales do you make in Food Stamps?
\$ _____
- What percent of your total sales is that? _____ %

Product Offerings & Inventory Systems

14. How do you decide what items are sold?

15. How do you track your inventory?

16. Do you know your average sales volume per day? Month? (Ask them what the sales volume is if they appear comfortable to share it with you).

17. Where does most of your inventory come from?

18. What items do you sell the most?

19. What items do you sell the least?

20. About how many vendors do you have?

21. How often do tobacco (cigarette) company reps visit your store?
Do you have contracts with them?

22. Do tobacco reps place ads/promotional items in your store? If yes,
do you receive incentives (i.e. payment, discounts) for the
placement of these promotional items? If yes, how much?

23. How often do alcohol (beer and wine) company reps visit your
store? Do you have contracts with them?

—

24. Do they place ads/promotional items in your store? If yes, do you receive incentives (i.e. payment, discounts) for the placement of these promotional items? If yes, how much?

25. Do you have a contract with any chip or candy vendors (i.e. Frito-Lay) to stock the store? (If no, where do you purchase those items?)

26. Tell us about your refrigeration system. How old are the refrigerators and freezers? Do they break down often?

27. Are your energy bills high from running them? Would you be interested in replacing them with more energy-efficient refrigeration?

Fresh Produce Sales

If fresh produce is NOT sold, ask:

28. I noticed that you do not sell fresh produce in the store. I would like to hear a little about that decision.
(What are the advantages and disadvantages?) (*Skip to question #38*)

OR

If fresh produce is sold, ask:

29. I noticed that you sell _____ (*state fresh item(s)*). About how much in weekly sales do you make from fresh fruits and vegetables?

30. What percent of your total sales is that? _____ %

31. Who buys the fresh produce? (i.e. youth, seniors)

32. Do you have any problems when it comes to selling these types of items? Do they go bad? Do you have to throw out some inventory?

33. How long has the store sold fresh produce?

34. What made you decide to sell fresh produce?

35. How do you supply the store with fresh produce? Who is your vendor(s)?

36. Do neighborhood residents ever comment about the fresh produce for sale here? (What do they say?)

Role of Store in Community

37. Do you do advertisements for your store? Flyers? Newspaper ads?

38. When it comes to the neighborhood, how do the people living around here feel about the store? (*listen for issues of shoplifting, drugs, violence*)

39. Would you be interested in working with youth groups and other neighborhood residents to make store improvements?

40. We can provide a variety of assistance. What are your top 3-4 interests from the list below?

___ Produce handling and display

___ Assistance with applying for WIC and SNAP

___ Business Management (i.e. inventory systems, getting loans)

___ Energy efficiency (refrigeration, lighting, etc.)

___ Marketing and promotion

- ____ Building improvement (i.e. painting)
- ____ In-store display materials
- ____ Market research (i.e. customer surveys)
- ____ Other

41. Is there anything else you would like to share?

Store: _____

Storeowner/Manager: _____

Date: _____

Organizer: _____

Plan Duration (start and end date)

This project plan will help the storeowner identify and plan for the changes and improvements or “enhancements” to be made in the store to increase the sale of healthy food items. Prior to completing the tables below, the storeowner should consider their project goals. These goals will help develop the project plan with the storeowner. Please be specific as possible.

Goal 1:

Goal 2:

Goal 3:

Stocking Healthy Foods

Enhancement- <i>change the storeowner can make for project plan based on level of effort required</i>	Commitment- <i>specify the action or measurement to achieve enhancement</i>	Comment –provide details such as resources required and date of completion
Stock fresh produce	___ Separate varieties of vegetables or fruit.	
Stock healthy foods (At least ___% percentage of total stock).	___ (#) shelves, ___ (#) endcap and _____ of <i>healthy snacks</i>	
Stock items on WIC minimum requirements list	<i>Begin stocking WIC list when authorized.</i>	
Remove damaged and aged produce (see Toolkit for tips and guidelines)	<i>Daily/Weekly</i>	
Stock low-sugar cereal	___ (#) types	
Stock low-salt snack item	___ (#) types	
Stock frozen vegetables	___ (#) types	
Stock low-salt snack items	___ (#) types	
Stock 100% juice	___ (#) types	
Stock whole grain bread (includes whole wheat)	___ (#) types	
Stock lower fat alternatives to dairy products and condiments (like mayonnaise)	___ (#) types	

Enhancement- <i>change the storeowner can make for project plan based on level of effort required</i>	Commitment- <i>specify the action or measurement to achieve enhancement</i>	Comment –provide details such as resources required and date of completion
Stock canned fruit with low sugar	___ (#) types	
Stock canned vegetables with low salt	___ (#) types	
Reduce stock of candy	___ # items or ___ shelves/endcap/rack	
Reduce stock of soda and energy drinks	___ # items or ___ shelves/endcap/rack	
Reduce stock of snack items with high salt (i.e. chips)	___ # items or ___ shelves/endcap/rack	
Reduce dairy products with high fat content	___ # items or ___ shelves/endcap/rack	
Reduce stock of fried items	___ # items	
Stock locally grown and organic produce	___ # items	

Marketing Healthy Foods

Enhancement- <i>change the storeowner can make for project plan based on level of effort required</i>	Commitment- <i>specify the action or measurement to achieve enhancement</i>	Comment –provide details such as resources required and date of completion
Display <i>Healthy Convenience Store</i> sign inside and outside of store	Yes/No	
Display “We accept WIC” sign inside and outside of the store	Yes/No	
Display “We accept SNAP” sign inside and outside of the store	Yes/No	
Place shelf signs by healthy items (i.e. “This item is low-fat”)	Yes/No	
Display fresh produce and other healthy items in high traffic area		
Display fresh produce at register	Yes/No	
Display other healthy snack items or beverages at register		
Display signs throughout store directing customers to healthy food items		
Display healthy items in prime rack locations (i.e. juice more visible/accessible than soda)		
Point out healthy food choices to customers		

Enhancement- <i>change the storeowner can make for project plan based on level of effort required</i>	Commitment- <i>specify the action or measurement to achieve enhancement</i>	Comment –provide details such as resources required and date of completion
Have <i>Healthy Convenience</i> Store food tastings or cooking demos		
Provide clear and consistent pricing for easy price comparison for customers		
Price healthy items at same or lower than less healthy alternatives		
Set up special display area or “health zone” for healthy foods items		
Offer single servings of fresh, cut-up produce		
Offer a healthy food incentive card to customers or other special price offering		

Overall Store Appearance and Business Standards

<i>Enhancement-</i> change the storeowner can make for project plan based on level of effort required	<i>Commitment-</i> specify the action or measurement to achieve enhancement	<i>Comment</i> –provide details such as resources required and date of completion
Accept (or apply to accept) SNAP as payment.		
Accept (or apply to accept) WIC as payment.		
Record monthly sales of healthy products, WIC and SNAP (food stamps)		
Paint inside of store		
Paint outside of store		
Remove any tobacco/alcohol ads that are not used to gain additional income for stores		
Reorganize store layout to increase shelf space for healthy foods		
Place any indoor tobacco/alcohol advertising a minimum of three feet above the ground		

Enhancement- <i>change the storeowner can make for project plan based on level of effort required</i>	Commitment- <i>specify the action or measurement to achieve enhancement</i>	Comment –provide details such as resources required and date of completion
Improve indoor lighting (i.e. replacing light bulbs, removing signage covering windows, etc.)		
Remove graffiti tagging on exterior walls		
Create a community space		
Use energy efficient appliances		
Provide outside lighting to illuminate the sidewalk and parking area directly adjacent to the store		
Apply for delicatessen licenses to prepare healthy foods (i.e. salads, packaged single servings of fruit)		
Reduce stock of cigarettes	___ # items or ___ %	
Reduce stock of alcohol	___ # items or ___ %	
Eliminate all outdoor advertising of tobacco and alcohol products		
Eliminate all indoor advertising of tobacco and alcohol products		

Ask these questions if they were not clearly answered during the store interview.

Specific Assistance and Resource Needs to Begin Implementing Plan:

Do you need assistance identifying healthy snack items? Yes / No

Do you need assistance identifying what types of produce to stock? Yes / No

Do you need assistance in finding a produce vendor? Yes / No

Do you need assistance in developing a system to record monthly sales of healthy items? Yes / No

Will you need assistance filling out paperwork to apply for WIC? Yes / No

Will you need assistance filling out paperwork to apply for SNAP (Food Stamps)? Yes / No

Do you need assistance understanding or meeting public health codes? Yes / No

Will you need additional storage and display equipment (i.e. coolers, racks, shelving) to make these changes? Yes / No

Do you need a POS (point-of-sales) system? Yes / No

Comments:

Project Evaluation

Store: _____

Storeowner/Manager: _____

Date: _____

Staff: _____

Plan Duration (start and end date): _____

This evaluation is designed to assess the progress of each Southern Illinois Healthy Convenience Store. The evaluation is conducted every six months and is then reviewed by the Advisory Committee. Split into two parts, the evaluation first measures the progress of the goals and actions defined in the store project plan. After reviewing the plan, a series of questions follow to determine the overall success of the project and project assistance and materials provided for the stores.

Part I: Store Plan Review

Prior to meeting with the storeowner, check each of the enhancements the store committed to and the action or measurement defined in the store project plan. Note the status of each enhancement in the six-month or one-year review. Please make comments on additional information such as challenges, successes and needs in the "comment" column.

Example:

Example

Enhancement - <i>check each enhancement the store has committed to (see store project plan)</i>		Action as defined in project plan	Six-Month Review	One-Year Review	Comment – <i>provide details such as challenges and requested services</i>
✓	Stock fresh produce	<u>12</u> separate varieties of vegetables or fruit.	Stocking 8		Needs assistance on how to care for produce.

Stocking Healthy Foods

Enhancement - <i>check each enhancement the store has committed to (see project plan)</i>		Action as defined in project plan	Six-Month Review	One-Year Review	Comment – <i>provide details such as challenges & requested services</i>
	Stock fresh produce	___ Separate varieties of vegetables or fruit.			
	Stock healthy foods (At least ___% percentage of total stock).				
	Stock items on WIC minimum requirements list	<i>Begin stocking WIC list when authorized.</i>			
	Remove damaged and aged produce	<i>Daily/Weekly</i>			

Enhancement - <i>check each enhancement the store has committed to (see project plan)</i>	Action as defined in project plan	Six-Month Review	One-Year Review	Comment – <i>provide details such as challenges & requested services</i>
Stock low-sugar cereal	___ (#) types			
Stock low-salt snack item	___ (#) types			
Stock frozen vegetables	___ (#) types			
Stock low-salt snack items	___ (#) types			
Stock 100% juice	___ (#) types			
Stock whole grain bread (includes whole wheat)	___ (#) types			
Stock lower fat alternatives to dairy products and condiments	___ (#) types			
Stock canned fruit with low sugar	___ (#) types			
Stock canned vegetables with low salt	___ (#) types			
Reduce stock of candy	___ # items or ___ shelves/end-cap/rack			

Enhancement - <i>check each enhancement the store has committed to (see project plan)</i>	Action as defined in project plan	Six-Month Review	One-Year Review	Comment – <i>provide details such as challenges & requested services</i>
Reduce stock of soda and energy drinks	___ # items or ___ shelves/end-cap/rack			
Reduce stock of snack items with high salt (i.e. chips)	___ # items or ___ shelves/end-cap/rack			
Reduce dairy products with high fat content	___ # items or ___ shelves/end-cap/rack			
Reduce stock of fried items	___ # items			
Stock locally grown and organic produce	___ # items			

Marketing Healthy Foods

Enhancement -check each enhancement the store has committed to (see project plan)	Action as defined in project plan	Six-Month Review	One-Year Review	Comment – provide details such as challenges & requested services
Display <i>Healthy Convenience Store</i> sign inside and outside of store	Yes/No			
Display “We accept WIC” sign inside and outside of the store	Yes/No			
Display “We accept SNAP” sign inside and outside of the store	Yes/No			
Place shelf signs by healthy items	Yes/No			
Display fresh produce and other healthy items in high traffic area				
Display fresh produce at register	Yes/No			
Display other healthy snack items or beverages at register				
Display signs throughout store directing customers to healthy food items				
Display healthy items in prime rack locations (i.e. juice more visible/accessible than soda)				

Enhancement -check each enhancement the store has committed to (see project plan)	Action as defined in project plan	Six-Month Review	One-Year Review	Comment – provide details such as challenges & requested services
Point out healthy food choices to customers				
Have <i>Healthy Convenience Store</i> food tastings or cooking demos				
Provide clear and consistent pricing for easy price comparison for customers				
Price healthy items at same or lower than less healthy alternatives				
Set up special display area or “health zone” for healthy foods items				
Offer single servings of fresh, cut-up produce				
Offer a healthy food incentive card to customers or other special price offering				

Overall Store Appearance and Business Standards

<i>Enhancement -check each enhancement the store has committed to (project plan)</i>	<i>Action as defined in project plan</i>	<i>Six-Month Review</i>	<i>One-Year Review</i>	<i>Comment – provide details such as challenges & requested services</i>
Accept (or apply to accept) SNAP as payment.				
Accept (or apply to accept) WIC as payment.				
Record monthly sales of healthy products, WIC and SNAP (food stamps)				
Paint inside of store				
Paint outside of store				

Enhancement -check each enhancement the store has committed to (project plan)	Action as defined in project plan	Six-Month Review	One-Year Review	Comment – provide details such as challenges & requested services
Remove any tobacco/alcohol ads that are not used to gain additional income for stores				
Reorganize store layout to increase shelf space for healthy foods				
Place any indoor tobacco/ alcohol advertising a minimum of 3 ft above the ground				
Improve indoor lighting (i.e. replacing light bulbs, removing signage covering windows, etc.)				
Remove graffiti tagging on exterior walls				
Create a community space				
Use energy efficient appliances				

Enhancement -check each enhancement the store has committed to (project plan)	Action as defined in project plan	Six-Month Review	One-Year Review	Comment – provide details such as challenges & requested services
Provide outside lighting to illuminate the sidewalk and parking area directly adjacent to the store				
Apply for delicatessen licenses to prepare healthy foods				
Reduce stock of cigarettes	___ # items or ___ %			
Reduce stock of alcohol	___ # items or ___ %			
Eliminate all outdoor advertising of tobacco and alcohol products				
Eliminate all indoor advertising of tobacco and alcohol products				

Part 2: Overall Project Performance

Following the review of the store plan, ask the storeowner the following questions.

Measuring Store Performance:

1. Has your total sales increased since _____ [insert month/year]? By how much?

2. Have the sales of fresh produce increased? By how much?

3. Have you experienced any challenges in selling fresh produce? If so, please explain.

4. Have the sales of other healthy foods increased? By how much?

5. Has there been a change in your customer base? If yes, how so?

6. Please share any other changes you have noticed since becoming a *Healthy Convenience Store*.

7. When we first developed your store project plan, you identified the several goals. [Review goals.] Do you feel you have made progress towards achieving the goals, and do you want to update your goals? Please explain.

Measuring Project Services:

8. Has the project assistance been helpful? [Describe some of the services provided.]

9. How can project assistance and services be improved?

10. Have the promotional materials provided been helpful?

11. How can promotional materials be improved?

12. What has been your experience with SNAP?

13. Are there challenges? If so, what are they?

14. What has been your experience with WIC?

15. Are there challenges? If so, what are they?

Customer Survey

Healthy Convenience Store Project

“Do you have 5 min to take a survey and possibly win a gift card? We want to know what you currently buy or would like to buy at the store. This helps store owners know what to stock. It’s an anonymous survey.”

How often do you shop at this store? (check the category that fits best)

- 1-3/year 1-2/month 1-3/week Daily
 1-3/season 2-4/month 3-5/week

What do you typically buy? (check all that respondent lists, do not prompt)

- Snacks (chips, candy) Ice cream Cigarettes Personal care/ hygiene products Canned/ non-perishable food
 Milk Beer/Wine Fruit Vegetables Bread Eggs

How often do you buy fruits and vegetables at this store? (read the options to respondent)

- Every time I shop here Often, but not every time I shop Occasionally Never buy Not available here

How many fruits and vegetables do you eat in a typical day? (explain servings using visual)

How often do you buy whole grain breads and cereals at this store? (read the options to respondent)

- Every time I shop here Often, but not every time I shop Occasionally Never buy Not available here

How many servings of whole grain breads and cereals do you eat in a typical day?

(explain servings using visual)

What types of fruit and vegetables would you like to buy here?

What types of whole grain items would you like to buy here?

Are there other healthy foods that you would like to buy here?

Capture other comments the customers make in this space.