



# Healthy Hampshire Food Access Assessment Report

2017



Produced by Healthy  
Hampshire for the  
Cooley Dickinson  
Health Care  
Healthy Communities  
Committee

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# Background

The median household income in Hampshire County is \$61,368 with 12.3% of households and 14.7% of individuals living below the poverty line. 5,436 households receive SNAP and an additional 4,309 households are below the poverty level but do not participate in SNAP. Twenty-nine percent of K-12 students receive free and reduced lunch county-wide, with rates reaching as high as 61% in Ware.

There are 4,636 households with no vehicle available, of which 3,094 are one-person households, indicating a high number of individuals with limited ability to travel to purchase food. Public transportation varies, but no community in the county is densely populated enough to support a truly robust public transportation network capable of making food shopping convenient for most of its residents.

The county has a number of assets and capabilities. It has a highly-valued agricultural economy comprised of nearly 800 farms annually grossing over \$49 million. Demand for local food is high with the number of direct marketing farms increasing by 38% between 2007 and 2012, and the number of Community Support Agriculture (CSA) operations more than tripling from 20 to 67 in the same period. There are eight farmers' markets in the county. The local cooperative grocer, River Valley Coop, purchased over \$6 million in local products during its 2017 fiscal year alone.

The county has a robust emergency food system, comprised of the Food Bank of Western Massachusetts, 14 food pantries, and nine meal sites. A significant asset is the Healthy Incentives Program (HIP), a statewide, FINI-supported program that reimburses SNAP clients for their purchases at participating farmers' markets, farm stands, CSAs, and mobile markets. HIP helps to reduce financial barriers to the area's local food resources for low-income residents. Since its launch in April, 2017, over \$65,379 in HIP benefits have been redeemed by 871, or 16% of Hampshire County SNAP households at farmers' markets, with additional redemptions through CSA and farm stand points of sale.

Healthy Hampshire works to address the disconnect between food access barriers and opportunities in 14 towns<sup>1</sup> in Hampshire and Hampden Counties. The mission of Healthy Hampshire is to reduce rates of chronic disease in its partner communities by effecting changes to policies and systems that encourage physical activity, healthy food access, improved patient care, and linkages between healthcare systems and community-level prevention activities. Specifically, the goals of Healthy Hampshire are to:

- Increase availability and awareness of **healthy food** in retailers, institutions, and food pantries

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<sup>1</sup> Healthy Hampshire's partner communities include Amherst, Belchertown, Blandford, Chester, Chesterfield, Cummington, Goshen, Huntington, Middlefield, Northampton, Plainfield, Russell, Williamsburg, and Worthington.

- Collaborate with municipalities to recommend **changes to the built environment** that will encourage more physical activity in everyday life
- Focus on **health inequities** within and between communities, and work in partnership with those most affected to build community capacity for advocacy and public policy change
- Decrease **risk factors for diabetes, heart disease and stroke** through improved clinical practices and coordinated patient care
- Develop **linkages between healthcare systems and community-level prevention activities** that increase and reinforce opportunities for residents to make healthy choices

In the summer of 2016, Healthy Hampshire initiated a partnership with Cooley Dickinson Health Care (CDHC) to conduct a Community Food Access Assessment to complement CDHC's Community Health Needs Assessment (CHNA). The goals of the assessment were twofold:

1. Gain a clear and current understanding of pressing food access issues facing the population of Healthy Hampshire's and CDHC's service areas
2. Identify effective ways of addressing those issues using Healthy Hampshire and CDHC's respective strategic frameworks and funding streams

The assessment aimed to answer 6 questions:

1. What is the shape and scope of food insecurity among target populations?
2. How are local policies supporting or not supporting food security?
3. What is the viability of healthy retail in addressing food insecurity?
4. How well are food pantries addressing food insecurity?
5. How well are farmers markets addressing food insecurity?
6. How well is the food environment at Cooley Dickinson Hospital supporting food security?

Methods included:

- A rapid intercept survey of target populations, including low SES individuals, seniors, and rural residents
- A community-driven regulatory review (in cooperation with Pioneer Valley Planning Commission)
- Interviews with store managers, food pantry operators, and farmers market customers
- Audits and assessments of small retailers and farmers markets
- Food pantry observations
- An assessment of cafeteria and vending machine options at Cooley Dickinson Hospital, conducted by the Harvard School of Public Health.

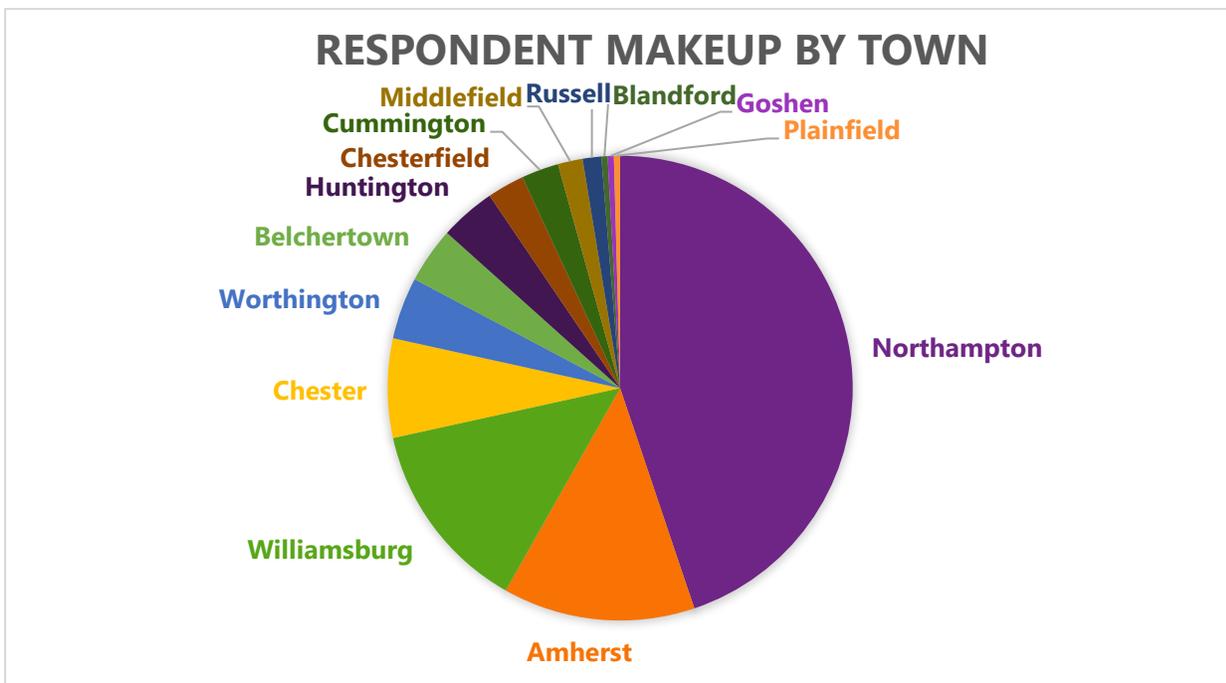
See Appendix I for a detailed description of the assessment methods.

# Results

## Research Question 1: What is the shape and scope of food insecurity among target populations?

Healthy Hampshire developed and conducted a rapid intercept survey to explore this question; however, the survey was not designed to assess overall food insecurity in the Pioneer Valley. Rather, it was targeted toward populations who are more likely to be food-insecure (people of low socio-economic status, rural residents, and the elderly), and showed details of food insecurity among these populations.

The survey had 241 respondents, 57% of whom lived in Northampton or Amherst. 13% lived in Williamsburg, 4% lived in Belchertown, and the remaining 26% were residents of the Hilltowns. By comparison 69% of the residents in Healthy Hampshire's partner communities live in Northampton or Amherst, 3% live in Williamsburg, 15% live in Belchertown, and 13% live in the Hilltowns.

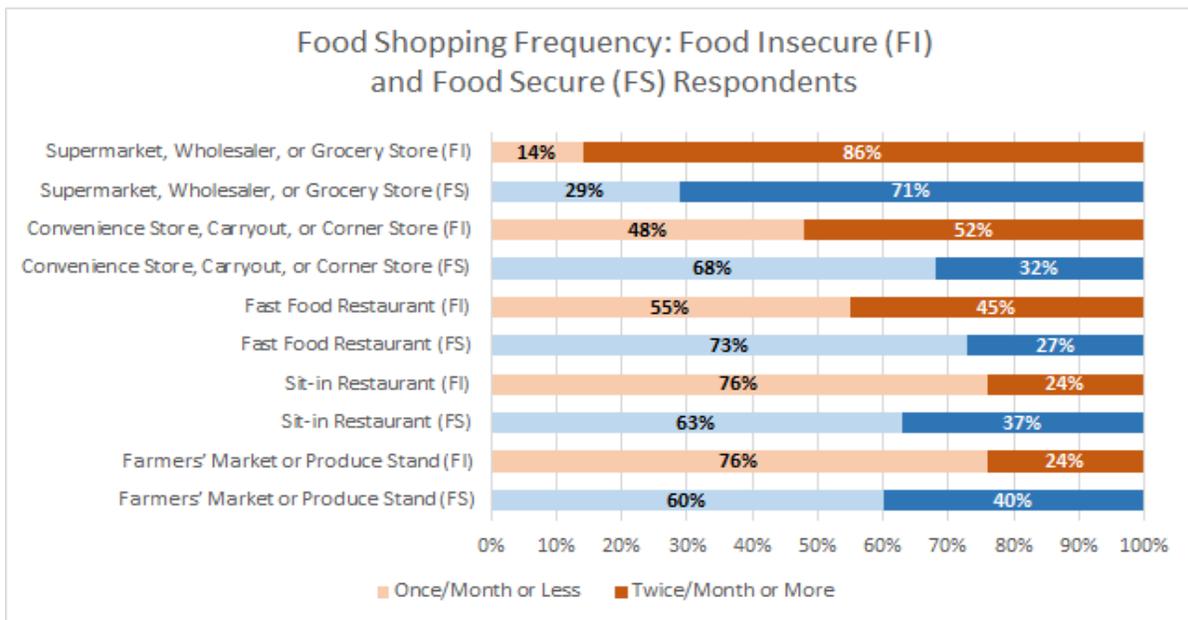


Responses indicated that:

- Respondents with an annual household income under \$25,000 scored 45% higher on food insecurity than respondents with a household income over \$25,000
- Nonwhite respondents scored 52% higher on food insecurity than white respondents
- Hispanic/Latino respondents scored 46% higher on food insecurity than non-Hispanic/Latino respondents

- Respondents over age 65 scored 61% lower on food insecurity than younger respondents
- Respondents who live in the rural Hilltowns scored 75% lower on food insecurity than respondents who live in Amherst, Belchertown, Northampton, and Williamsburg

Healthy Hampshire also learned that food insecure<sup>2</sup> respondents were 40% more likely than the food secure to get food from fast food restaurants, 38% more likely to get food from convenience stores, and 17% more likely to get food from supermarkets than food secure respondents. Conversely, they were 71% less likely to get food from specialty grocers, 66% less likely to get food from small independent grocers, 56% less likely to get food from gardens, 40% less likely to get food from farmers markets or stands, and 35% less likely to go to sit-in restaurants than food secure respondents.<sup>3</sup>



Note: Respondents are classified as being food insecure in this chart if they responded "yes" to any food insecurity survey questions.

37 respondents (17%) reported that they are not usually able to get the type of food they want to eat. Respondents who reported not being able to get the type of food they wanted most frequently noted fresh produce (noted by 77% of the 37 respondents) and organic foods (noted by 58%) were not always available to them. The most frequently-cited barriers to accessing these foods was price (noted by 92% of the 37 respondents). Other commonly noted barriers included the food not being available where

<sup>2</sup> Appendix I contains a detailed description of how food insecurity was defined by responses to survey questions.

<sup>3</sup> Neither food secure or food insecure populations were likely to get food from partial markets, international markets, discount stores, CSAs, or food pantries; however, of these, food insecure respondents were slightly more likely to get food from all but CSAs.

they normally shop and travel time to get the food (each noted by 38%). Lack of transportation was also noted by 35% of respondents.

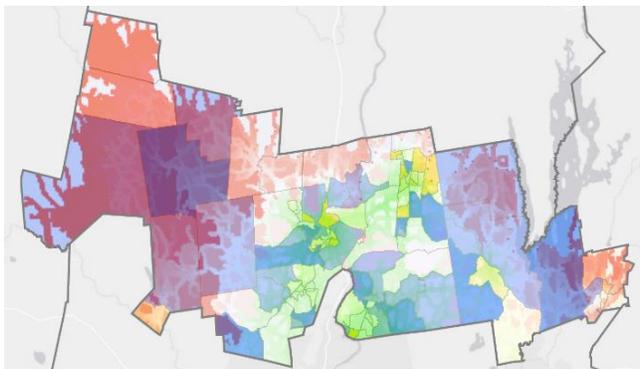
30 of the 37 respondents who reported that they were not usually able to get the food they want to eat were from Amherst, Belchertown, Northampton, or Williamsburg, with 19 of those respondents living in Northampton. In Amherst, Belchertown, and Northampton, 100% of respondents reported that price was a barrier for them. 80% of respondents in Amherst reported that lack of transportation was an issue, versus 42% in Northampton. 58% of Northampton respondents reported that the food they wanted was not available where they normally shop. 57% of Hilltown respondents reported that travel time was a barrier, versus 33% of respondents in other towns.

## Research Question 2: How are local policies supporting or not supporting food security?

Healthy Hampshire worked with the Pioneer Valley Planning Commission (PVPC) on a five-month process that engaged 21 professionals working to address food insecurity and 8 residents experiencing food insecurity in identifying policy, systems, and environmental barriers and solutions to healthy food access. The group was called the Food Access Advisory Committee (FAAC), and was convened to review data, identify gaps, and propose solutions.

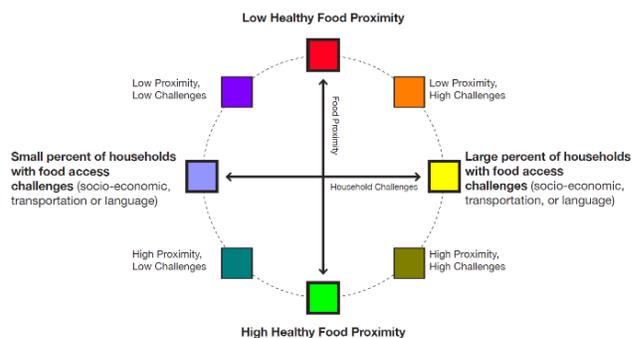
As one of the first steps in this process, PVPC developed a map that revealed that about 17% of census blocks in Hampshire County are experiencing disproportionate challenges in accessing healthy food according to a “food access challenges” weighted scoring index that aggregates poverty, lack of vehicle ownership, and other factors to indicate likelihood of food insecurity. These census blocks contain roughly 50,000 residents, or approximately a third of the county’s population. The PVPC map also showed that there are no supermarkets within a 20-minute drive of anyone living in the Hilltowns.

**Image: Hampshire County Food Access Map and Key**



**Interpreting the Hampshire County Food Access Map**

The color wheel below shows how to interpret the color combinations created by overlaying the Healthy Food Proximity and Household Food Access Challenges Layers



Visit <https://tinyurl.com/gqebkxx> for an interactive version of the Hampshire County Food Access Map.

The FAAC reviewed the map and the data contained in this report, filtering it through the lens of personal and professional experiences. Through this process, the FAAC identified the following primary barriers to accessing healthy food in Hampshire County:

- **Not enough money or time.** A lack of money and time are major barriers to accessing healthy food in Hampshire County. A lack of money constrains where a person gets food, how often they get food, and what foods they end up getting. A lack of time compounds these challenges—making it difficult to get to the store that has the most healthy food for the money, or to get to the store frequently enough, or to take the time prepare healthy food.
- **There are more opportunities to get unhealthy food than healthy food.** The North American food system is designed to distribute processed food and junk food more cheaply and easily to retailers than fresher, healthier alternatives. This creates a general imbalance between healthy food and less healthy food at most points of sale, and most retailers pick which foods to promote based not on health, but on relationships with food manufacturers and distributors. Most retail supply chains that distribute fresh, healthy food are set up to serve large chain grocers, and it is harder for small retailers to get and maintain a consistent inventory of fresh produce or meat. However, large chain grocers are only economically feasible in densely populated areas with at least an average median income, leaving many areas throughout the county unserved by a large chain grocer and reliant on smaller retailers that may struggle to stock a wide variety of fresh foods. Meanwhile, shelf-stable foods are also the items most commonly donated to food pantries by retailers, and the easiest items for pantries to manage and distribute. While many pantries throughout the county are finding sources for and distributing fresh produce, smaller pantries tend to have little capacity to procure or encourage the selection of healthier foods, which can leave pantry clients feeling frustrated about the lack of variety and inferior nutrition of foods available to them.
- **Hard to get to places that have healthy food.** If a person does not have access to a car, it can be difficult to get to places to acquire healthy affordable food in Hampshire County. Residents in most parts of Hampshire County cannot meet their healthy food access needs within their own neighborhoods. None of the alternative transportation options—buses, vans, walking, biking, taxis, or car-sharing—come close to equaling the convenience and freedom of access to a car in Hampshire County.<sup>4</sup> Food access options and transportation options vary widely across Hampshire County. For example, downtown Northampton has a cluster of food access points, is relatively well served by buses and has a high quality infrastructure for walking and biking. In contrast, areas in the Hilltowns have very limited places to access food, no bus service, and no infrastructure for walking and biking. Even for people who have a car, it can be difficult to access healthy food, especially for people who have physical or mental conditions that impair their driving, those who live long distances from stores, and those for whom the cost of owning and maintaining a car is a stretch.
- **Help isn't helpful enough.** Support services like SNAP and food pantries are appreciated but also have limitations that can make them frustrating to use. People who use SNAP and WIC report that the process of signing up and staying enrolled can be challenging. Store options, especially for WIC

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<sup>4</sup> Except in small areas of the County

in rural areas, can be limited. SNAP benefits often do not go far enough to enable participants to buy as much healthy food as they want to consume. SNAP doubling programs help, but are still insufficient for some people. Food pantries vary widely in the County: some are well stocked and have helpful staff; others have limited hours, are not welcoming, or provide food that users doubt is healthy. Better equipped pantries exist in more highly populated areas like Northampton and Amherst, but pantries are more limited in rural areas, which compounds the challenges of food insecurity in rural communities.

- **Health challenges**—like diabetes, specialized diets or disabilities—make accessing healthy food more challenging. People who experience this challenge report that it can be difficult to find or afford the specific foods they need, and to know which foods are healthy and which are not. These challenges often add onto other food access barriers. For example, mobility impairments may compound other transportation challenges; specialized diets that cost more may stretch a too-small food budget too far.
- **Culture and knowledge.** Other personal factors can make it more difficult to access healthy food. Just like everyone else, food insecure people feel more comfortable in some settings than others. Some stores, farmers markets, food pantries, and meal sites don't feel welcoming to them, or feel like they are set up to serve a different kind of customer. There can be mismatches between the food a person wants to buy and what is available—this includes cultural food preferences, or factors like the size of food packages (larger packages are often cheaper, but not appropriate for people with small households who want small portions). Some people who want to garden don't have access to gardening space, or knowledge about how to start. Some people feel like they don't know how to eat in a healthy way.

To identify policy, system, and environmental gaps and opportunities, the FAAC considered two different categories of strategies: 1. Those that had been proposed by other plans and toolkits, such as PVPC's Municipal Strategies to Increase Food Access Toolkit, the Pioneer Valley Food Security Plan, and the Massachusetts Food System Plan; and 2. New and innovative ideas proposed by FAAC members based on their personal and professional experiences with food insecurity. The committee developed a list of 67 possible strategies and went through a series of prioritization activities to develop a 17-item list of proposed strategies, included at the end of this document as recommendations.

## **Research Question 3: What is the viability of healthy retail in addressing food insecurity?**

Retail stores, both small and large, provide most of the food that people eat. The rapid intercept survey, despite being targeted to a population more likely to be food-insecure and therefore more likely to access free meals through food pantries or community programs, showed that nearly 80% of respondents go to large grocery stores at least two or three times per month. About 20% of respondents go to small independent grocery stores at least two or three times per month. However, there were notable differences in these responses when looking at Hilltown residents. Only about half of

Hilltown respondents said that they get food from a large grocery store at least two or three times a month, and they were 73% more likely to shop at a small independent grocer at least twice a month.

Most of the exploration of this question was through site visits and store owner interviews at six small markets, as well as audits at two of those markets (see Appendix I for more details).

Healthy Hampshire found that none of the six small markets assessed accept WIC benefits. Store owners and managers appear to have not given much thought to the WIC program, and had either not considered applying for it or could not remember why they were not participating. However, four of the six markets currently accept SNAP and a fifth was starting the application process to accept SNAP.

Refrigeration space is an important factor in the ability to provide healthy food, as fresh meat, dairy, and produce are healthier options than processed foods. While all six markets had refrigeration space, Healthy Hampshire found that refrigerated fresh produce was unavailable at four of the markets (although all but one had some unrefrigerated fresh produce, such as bananas or potatoes). Beverages, most commonly sugar-sweetened non-alcoholic beverages, occupied the largest amount of refrigeration space.

All of the stores except for one (located right off the highway and primarily serving travelers rather than neighborhood residents) carried canned or frozen produce. All carried the basic staple foods for the typical American diet, including milk, bread, and eggs. All also carried snacks, with unhealthy snacks such as chips or candy far more prevalent than healthy snacks such as yogurt or nuts.

All of the store owners and managers interviewed expressed an interest in stocking and promoting more healthy foods. Most have perceived a rising demand or interest in these products from customers. However, stocking healthy food--and fresh produce in particular--is a challenge for small markets because the supply chains that cater to small markets favor snack foods, beverages, and other novelty items, rather than staple foods. Smaller scale markets are forced to price their products higher because they are not able to purchase in large volumes, and customers are more willing to pay a premium for novelty snacks and drinks than for staple foods that make up the majority of their diets. Additionally, owners and managers of small markets generally do not get into the business with the intent of selling a lot of healthy staple foods, and their stores and staff are ill-equipped to stock these products--fresh produce in particular can require costly equipment upgrades and extensive staff training.

When the store owners and managers were asked about what strategies they would be open to using to increase availability and promotion of healthy foods, all interviewees said they would be willing to add new merchandise and add signage to promote healthy foods, and five of the six would be willing to relocate products to different areas of the store.

Audits of two stores, conducted by residents of the community, showed that the most sought-after foods by audit participants were produce, eggs, milk, and nuts. Participants would like to see additional fresh and frozen produce, healthy snacks, and local or organic products. However, these findings are based on a very small sample size and it may not be generalizable to the population overall.

Audit participants met in focus groups to discuss access to food, levels of food security in their communities, and the success of the local store in supporting food security. Participants noted many things that they liked about the two markets, including friendly staff, store amenities such as special orders and delivery, and high-quality food options. But they also reported that prices are high and that the stores lack some of the food options they would like, such as organic products and freshly-made sandwiches.

Audit participants in Williamsburg reported that they believe that most people in their community are food secure, but that some residents access food pantries in Huntington and Goshen. Many Williamsburg residents travel to larger grocery stores outside the town for foods that are unavailable or too expensive at the Williamsburg Market. In Huntington, audit participants reported more issues for residents in accessing sufficient and nutritious food due to the community's further distance from larger stores. Some suggestions that Huntington participants had for improving food access included:

- More options for buying food and fresh produce on the weekends (Moltenbrey's is closed on Sundays and the stores that are open do not stock a variety of fresh produce)
- A van to bring people, especially those who live off the main roads, to Moltenbrey's (the local market) once a day
- Road improvements designed to increase walkability around Moltenbrey's
- Better signage and organization of food at the store

Our exploration of this question was also supported by research into the "Living Well Eating Smart" (LWES) wellness initiative conducted by Big Y, one of the two large grocery chains that serve the area (see Appendix I for details). Highlights of the program include heart-healthy cooking demos, supermarket tours offering foci on different health issues, and promotional and educational campaigns around healthy eating. Interviews with staff in charge of the LWES initiative revealed that they are open to a wide variety of strategies to promote healthy options, including translating the LWES newsletter into Spanish, connecting Healthy Hampshire's Diabetes Prevention Program to Big Y store tours and other LWES resources, messaging on shopping carts or in other locations throughout the store to encourage shoppers to make healthy choices, and healthy checkout aisles.

According to the survey data, both large grocery stores and small retailers have a role to play in providing and promoting healthy food to community members. The role of small retailers is greater in the Hilltowns because the distance to large grocery stores necessitates more frequent visits to local small grocers. Large grocery stores are already working to make healthy food readily available to customers, and Big Y is open to further opportunities. Small retailers are also open to further opportunities and customers have identified food access gaps that they can fill, but they face greater barriers in their ability to fill those gaps. However, they are open to several strategies that they may be able to use to stock and promote more healthy foods.

## Research Question 4: How well are food pantries addressing food insecurity?

Food pantries can be an important supplement to purchased food for families in need, and sometimes serve as a primary source of food. Our rapid intercept survey showed that 43% of respondents obtain food from food pantries at least a few times per year, and that about a quarter go to food pantries at least once every month or two.<sup>5</sup> Survey respondents living in Valley towns such as Northampton and Belchertown were substantially more likely than those in the Hilltowns to access food pantries, with 30% of Valley town respondents going to food pantries at least once every month or two versus 18% of Hilltown respondents. This correlates with the finding discussed under Research Question 1, which showed higher amounts of food insecurity among Valley survey respondents compared to Hilltown survey respondents.

Interviews with food pantry operators (see Appendix I for details) helped Healthy Hampshire understand how pantries can provide and promote access to healthy food. Among the pantry's assessed, food pantry criteria for participation are limited, with clients being asked for proof of income and, in some cases, their addresses. One of the three pantries that Healthy Hampshire visited, the Hilltown Food Pantry in Goshen, offers delivery to homebound seniors.

All three pantries allow clients to choose from a variety of products from within categories. They all provide fresh produce, from local farmers and gardeners when in season. Pantry directors reported that a number of healthy items were popular with clients, including dairy, frozen meat, fresh produce, eggs, and frozen vegetables. However, clients were also regularly opting not to take certain healthy items, such as oats, beans, unusual grains, soup, canned vegetables, and pasta.

All three food pantry directors cited lack of transportation as a barrier to clients' attempts to eat healthfully. Two directors each cited lack of financial resources, diet-related diseases, and lack of cooking facilities as barriers.

Pantry directors can use a variety of policies and strategies to promote healthy eating. The list of possible strategies below was adapted from a list developed by the MA Department of Public Health. The Hilltown Food Pantry, which benefits from access to resources through the Northampton Survival Center and employs a paid director, uses the highest number of these suggested strategies, including:

- A list defining the healthy foods a pantry wants to support that can be handed out to donors, used during donation drives, and posted in the pantry. (also used by the Belchertown United Church of Christ Food Pantry)

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<sup>5</sup> The surveys were targeted toward populations more likely to be food-insecure, and results are not generalizable to the population as a whole.

- Including a commitment to health in a mission or vision statement, ensuring that those values will be part of pantry operations.
- Recipe cards given to pantry clients to help them understand how to prepare the healthy foods being distributed by the pantry.
- Signage in the pantry with messaging that helps clients make healthy choices.
- Verbal help and encouragement from volunteers to clients to help them make healthy choices.

In addition, the Helping Hands Food Pantry uses this strategy an outline of what foods can or cannot be given to clients, rather than a focus on procurement.

None of the three pantries visited use the following strategies to promote healthy eating:

- A set policy determining what a pantry can and/or cannot buy from food banks or take as donations.
- A formal system to classify pantry items by nutritional value and clarify what foods are prioritized for distribution.
- Including nutrition guidance within volunteer training materials as a way to make sure everyone in the pantry is on the same page and feels comfortable communicating about healthy foods, guidelines, and policies.
- A stated preference for locally sourced food
- Signage that directs clients to specific healthier options.
- Posters and other images of delicious-looking healthy foods placed in waiting areas or other locations where clients spend a lot of time.
- Tactics used to make displays look more appealing, such as attractive containers or well-organized shelves.

Pantry directors expressed interest in the following tools and trainings to help them promote healthy options to their clients:

- Volunteer training/education
- Translated versions of the USDA MyPlate graphic highlighting portion sizes
- Recipe cards that could be placed into the boxes clients use to collect food
- Signage in waiting areas

## **Research Question 5: How well are farmers markets addressing food insecurity?**

The Pioneer Valley is an agricultural community, and farmers markets are an important source of food for many people. Nearly half of survey respondents reported going to a farmers market, when in season, at least every month or two. Farmers markets are also well-positioned to support healthy eating, as the majority of what they sell is unprocessed and nutrient-rich.

Healthy Hampshire conducted customer intercept surveys of people using SNAP benefits at four farmers markets (see Appendix I for details). All of the interviewees reported that the vendors and market staff were friendly, and that they had a positive experience at the market. Most (80%) of them reported that it was easy to find the market manager's booth where they could swipe their EBT cards and redeem tokens, and all but one reported that it was easy to get and redeem tokens.

Four of the 17 survey respondents had suggestions for making the SNAP & Save program easier. Their suggestions included:

- Having the ability to choose the denomination of tokens
- Making getting change easier for individuals using SNAP tokens
- Making the tokens redeemable at any local market

Eight of the survey participants were willing to participate in a longer interview concerning their use of SNAP benefits at the farmers market through a program called SNAP & Save that provides matching funds for certain foods purchased there. All of them reported that the program had helped them buy food they wouldn't otherwise be able to buy. Only three of the eight, however, reported that their participation in the program had affected their diets. Seven of the respondents reported that their understanding of food, nutrition, and/or cooking had *not* changed as a result of coming to the market. Respondents gave the following suggestions for improving the farmers market and/or the SNAP & Save program:

- Advertise the SNAP & Save program more
- Include expiration dates on more of the labels for processed foods, such as cheese and canned products
- A higher amount of matching funds
- Lower prices

Healthy Hampshire also led customer audits of two farmers markets, with Latino participants (see Appendix I for details). Hispanic/Latinos in Hampshire County experience food insecurity at disproportionately high rates, and programs like the SNAP & Save program and the forthcoming HIP program provide a way for SNAP recipients to increase their purchasing power at farmers markets. However, the intercept survey results showed that only around 30% of Latino respondents reported that they went to the farmers market at least once every month or two (in season), compared to around 56% of white respondents. Unlike the intercept surveys described above, which targeted people who were already using the markets, these audits targeted participants who were not regular farmers market attendees. Most participants were also not aware of the SNAP & Save program prior to the audit.

As with the customers surveyed above, audit participants found the market vendors to be friendly and welcoming. Some participants felt that the Florence Farmers Market lacked variety, but many thought that the Amherst Farmers Market had a wide variety of food. They generally thought that the food at both markets was expensive, but they were aware that the high prices are caused by the farms being small businesses and providing high-quality food.

When asked what the market might do differently to encourage them to shop at a farmers market more often, participants suggested:

- More variety (at the Florence Market)
- Providing information or recipes about the produce that might be new or unknown to them
- A staff member who spoke Spanish
- Signage in English and Spanish

## **Research Question 6: How well is the food environment at Cooley Dickinson Hospital supporting food security?**

Caitlin Marquis of Healthy Hampshire met with Ruth O'Connor, the Director of Nutrition and Food Services, and Gary Weiss, Executive Chef, both of Cooley Dickinson. She learned that they have several ongoing initiatives to promote health in the cafeteria and vending machines, including:

- Removing sugar-sweetened beverages from the cafeteria and vending
- Getting rid of the fryolator
- Procuring 98% of beef and 99% of chicken from antibiotic-free sources
- Local and sustainable sourcing as much as possible and when available
- Using a blast chiller to freeze local produce
- Oversight from the Wellness Committee of snacks that go into the vending machine (no official standards; snack additions are considered on a case-by-case basis)
- Offering a daily low-sodium option in the cafeteria
- Implementing "Meatless Mondays" in the cafeteria

In addition, the Harvard School of Public Health conducted a baseline assessment in the spring of 2016 which examined sodium levels in the food offered in vending machines, as well as in pre-packaged snacks sold in the cafeteria, and produced written reports comparing Cooley Dickinson Hospital to other hospitals in their class (see Appendix I for details). The report showed that Cooley Dickinson's vending machines carried substantially fewer sugar-sweetened beverages than other hospitals in their class (8% vs. 46%), as well as fewer high-sodium snacks (36% vs. 45%). The Cooley Dickinson cafeteria was somewhat more likely to carry unsweetened or artificially sweetened beverages (94% vs. 65%) and lower-sodium foods (72% vs. 54%) than other hospital cafeterias in its class.

While Cooley Dickinson has implemented a ban on sugar-sweetened beverages, they attributed the presence of sugar-sweetened beverages in their vending machines to inadequate oversight of the beverage options being stocked by one of their vending contractors, Berkshire Naturals. While the Berkshire Naturals vending machines primarily stock snacks, the Coca Cola vending machines that only stock beverages did not contain any sugar-sweetened beverages. Harvard School of Public Health encouraged Cooley Dickinson food services to aim for 0% sugar-sweetened beverages and 100% low-sodium packaged foods.

# Recommendations

The following list of recommendations was developed by the Food Access Advisory Committee after reviewing and discussing the data and challenges presented throughout this report.

## 1. **Food Policy Council**

Establish a food policy council for Hampshire County or a subset of communities that prioritizes leadership from people who experience food insecurity in Hampshire County. Link with similar efforts in neighboring counties. Use the food policy council structure to:

- Support organizations and movements for and by low-income people that advocate for greater attention to the reality of who is poor and what they experience, with a particular focus on affordable housing tenant organizing efforts.
- Continue to build connections with people of color in Hampshire County, especially black and Hispanic/Latino residents, who experience disproportionately high rates of chronic disease, so that food access efforts are guided by and reflect their needs.

## 2. **Mobile Market**

Convene partners to develop plans and contribute funding to support a mobile market that would serve communities in need.

## 3. **Healthy Incentive Program (HIP)**

Support the rollout of the Healthy Incentives Program (HIP) by:

- Making farmers markets more welcoming to more diverse populations
- Engaging community partners in conducting farmers market tours for food insecure groups that are utilizing markets at low rates
- Offering reduced price bin(s) at farmer's markets for less-than-perfect farm products.

## 4. **Community Gardens at Affordable Housing Complexes**

Develop a comprehensive program of providing and supporting community gardens at affordable housing locations and larger apartment complexes. Pre-identify high priority locations for community gardens throughout Hampshire County. This process would have several steps, progressing from identifying general priority locations for community gardens to specific sites that meet gardening needs with adequate light, soil, water, and access.

## 5. **Staple Foods Policy**

Enact a requirement that licensed grocery stores--which can include convenience stores, pharmacies, and gas stations--all sell basic food items. In Minneapolis, where this has been in place since 2008, the list of basic food items includes fruits and vegetables, low fat dairy, eggs, and whole grains. This is sometimes called a "staple foods ordinance."

## 6. **Northampton Food Rescue Project**

Encourage engagement of affordable housing residents and other supporting organizations in the

Northampton Food Rescue project to expand sites for distribution of fresh produce donated by local retailers.

7. **Make it Easy to Walk to the Store**

Prioritize pedestrian, and bicycle infrastructure improvements based on high priority food access locations.

8. **Realistic Poverty Measure in Hampshire County**

Calculate a realistic poverty measure for Hampshire County based on local cost of basic needs, taking into account actual resources needed to thrive (i.e. reliable transportation, childcare, etc.). Encourage local governments and assistance programs to adopt this measure to determine local program or benefit eligibility (this could include programs administered by local government, like the senior tax work-off program, or nonprofits, like the Diabetes Prevention Program).

9. **Living Wage Policy (Fight for \$15)<sup>6</sup>**

Adopt a living wage ordinance in as many Hampshire County municipalities as possible.

10. **Upgrades for Small Markets**

Continue and expand the "Healthy Retail Financing Partnership," which is a developing partnership between Cooley Dickinson Health Care, local Community Development Corporations, the PVGrows Investment Fund (they invest local dollars in food businesses), and CISA that would provide low-interest loans and grant funds that would enable small food businesses to sell more healthy foods in neighborhoods that need it by investing in new equipment or improved infrastructure.

11. **Allow Grocery Bags on PVTAs**

Work with PVTAs to increase capacity to carry grocery bags on buses, including exploring a program to create passes that allow people vulnerable to food insecurity to exceed grocery bag limits (for example, those who qualify for SNAP, people with mobility impairments, older adults, etc.)

12. **Gardening at Housing Complexes**

Adopt a zoning change that requires that larger apartment developments provide space that is dedicated for vegetable gardening by tenants. Zoning in most communities requires a minimum amount of "open space" for new developments, but it typically does not require that the open space be useful for gardening.

13. **Food Security Screenings in Medical Settings**

Incorporate food insecurity screening and referrals to food assistance resources into regular practice for visits to the doctor's office or clinic. Encourage health care institutions to partner with agencies that can provide SNAP enrollment assistance to patients, and encourage utilization of benefit enrollment centers to provide referrals for patients in need of additional services. [from MA Local Food Action Plan, FASH Action 5.1.1]

14. **In-Store Pickup of Past-date products**

Provide direct-to-consumer pick up of near- or past-date (but still safe) products at supermarkets. Currently, meat is flash frozen and delivered to the Survival Center. Providing in-store pickup would

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<sup>6</sup> Fight for 15 was contested as a strategy because it is a statewide effort, but the committee did not formally vote to remove it from the plan

be more convenient, potentially reach a larger population, and could economically support stores by bringing in foot traffic that would typically go to the food pantry.

15. **Affordable Housing Near Food Stores**

Advocate for affordable housing that is sited in areas that currently have good healthy food access. Assess plans and regulations that may be impacting creation of affordable housing, especially in high food access challenges/low food proximity locations identified by Hampshire County Food Access Map.

16. **Promote Healthy Food Access at Housing Authority Sites**

Work with Northampton, Amherst, and Belchertown Housing Authorities to identify any barriers to healthy food access at Housing Authority properties—for example, land use restrictions, access issues for food distribution partners, and space needs for shared facilities for meal prep, shared meals, bulk food storage, etc. Identify policies that need to be put into place or lifted to allow more healthy food access for residents.

17. **Resident-led Cooking Classes**

Organize resident-led cooking classes and workshops at affordable housing complexes where residents can share information about how and where they acquire ingredients and healthy meals they like to prepare.