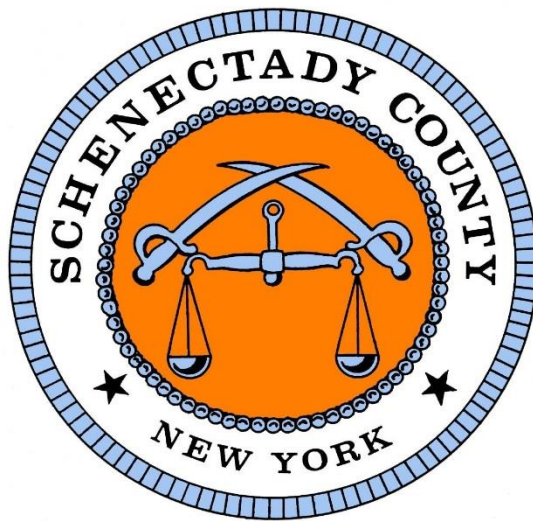


# **Schenectady County Healthy and Equitable Food Action Plan**



**March 2017**

# ACKNOWLEDGEMENTS

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The Schenectady County Healthy and Equitable Food Action Plan was prepared under the auspices of the Schenectady County Strategic Alliance for Health Coalition (SAH) with support from a Partnerships to Improve Community Health (PICH) grant awarded to Schenectady County Public Health Services by the Centers for Disease Control and Prevention (CDC). Preparation of the plan was guided by the SAH Healthy Food Access Work Group with input from the wider community. Thank you to everyone who participated in the work group as well as the surveys, focus groups, and other community meetings and workshops held over the course of the planning process.

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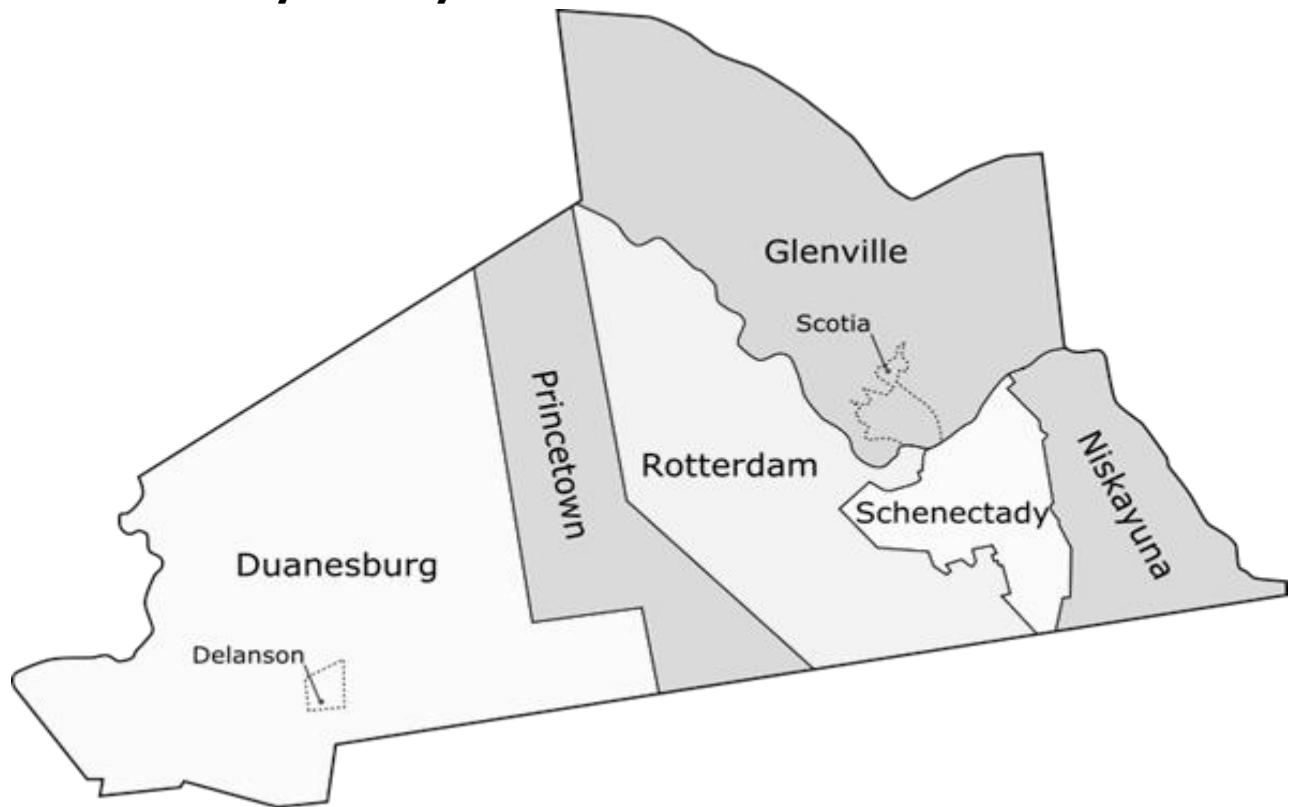
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## Schenectady County



## Schenectady City Neighborhoods



*Schenectady County map provided courtesy of Wikimedia.  
Schenectady City Neighborhoods map provided courtesy of the Daily Gazette.  
All other photos courtesy of Pixabay and NYCON.*

# EXECUTIVE SUMMARY

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## Background

In 2008, Schenectady County was designated by the Centers for Disease Control and Prevention (CDC) as one of 14 Strategic Alliance for Health Communities in the nation and awarded a five year grant to facilitate collaborative efforts to develop policy, systems, and environmental improvement strategies that promote and sustain community-based health and chronic disease prevention.

Building on the work of this initial grant, Schenectady County Public Health Services was awarded a CDC Partnerships to Improve Community Health (PICH) grant in 2014, with activities to be carried out through the community collaboration known as the Schenectady County Strategic Alliance for Health (SAH) Coalition. The grant had two primary objectives:

- To increase the number of people with improved access to healthy food; and
- To increase the number of people with improved opportunities for chronic disease prevention, risk reduction, or management with a particular focus on diabetes.

The U Matter community health assessment conducted in 2013 documented a high level of food insecurity among Schenectady City residents as well a direct correlation between food insecurity and obesity. Data collected through a subsequent food asset mapping activity helped further identify pockets of high need, overlaps, and gaps in current service availability, barriers to service access, the location of food deserts, and difficulties in accessing information about available food resources. To address these concerns, a portion of the PICH grant funds were designated for the development and implementation of a community-wide food plan with a particular focus on the resources available for food insecure county residents.

The New York Council of Nonprofits (NYCON) was selected through a competitive bid process to facilitate development of the Healthy and Equitable Food Action Plan in the spring of 2015. As a first step, a Healthy Food Access Work Group was formed under the auspices of the SAH Coalition to guide the planning process. Over the course of a year, the work group reviewed available data, oversaw the collection of additional data through surveys and focus groups, and facilitated several community meetings to help identify the key issues that should be addressed through the planning process as well as strategies for promoting healthier eating and engaging the wider community in these efforts.

Based on the ideas and concerns that emerged through this process, the Work Group articulated several guiding principles which in turn laid the foundation for the goals, strategies, and recommended activities that comprise the plan.

# Guiding Principles

Nine guiding principles provide the basis for all of the recommendations provided in the plan.

*1. We believe that all people in our community should have equitable and affordable access to healthy, culturally appropriate, sustainable, and locally grown food.*

*2. We believe that community members benefit by understanding how what they eat affects their own health, the health of the community, and the world at large.*

*3. We believe that it is important to educate the community on the value of a healthy food system and healthy food products.*

*4. We believe that the healthy choice should be the easy choice.*

*5. We believe that we should not be inundated with unhealthy options like sweetened drinks and “junk food” with little nutritional value.*

*6. We believe that success in developing, linking, and strengthening the food system will be achieved through community engagement, collaborative partnerships, and continuous strategic thinking.*

*7. We believe that resources should be distributed equitably relative to identified community needs.*

*8. We believe that food brings us together and is an important part of celebrating our region’s diverse cultures.*

*9. We believe that the Food Action Plan will be ever changing based on community needs.*

# Goals and Strategies

The plan is structured around four overarching goals, each with a related set of strategies.

## Goal 1: Build community-wide support for healthier food.

- **Strategy 1:** Use education and marketing efforts to increase the knowledge and skills needed for healthier eating.
- **Strategy 2:** Promote development of wellness policies that support healthier eating choices.
- **Strategy 3:** Actively involve neighborhood gathering places in promoting and supporting healthier eating.

## Goal 2: Increase the accessibility and affordability of healthier food.

- **Strategy 1:** Increase the availability of low cost, convenient transportation to markets.
- **Strategy 2:** Increase neighborhood-based availability of affordable healthier food.
- **Strategy 3:** Improve access to food assistance in currently underserved neighborhoods.
- **Strategy 4:** Increase the availability of healthier food options at food assistance programs.
- **Strategy 5:** Develop systems that help food assistance recipients maximize their benefits.
- **Strategy 6:** Provide easy access to information about local resources for healthy food and food assistance.

## Goal 3: Engage all members of our diverse community in collaborating to support healthier eating.

- **Strategy 1:** Build capacity among service providers to consistently involve currently under-represented constituents in decision making.
- **Strategy 2:** Seek and support neighborhood-based leaders who can lead community engagement efforts.
- **Strategy 3:** Engage local food growers and retailers in supporting healthier eating.
- **Strategy 4:** Facilitate inter-agency collaboration and planning to enhance options and reduce barriers to healthier eating.

## Goal 4: Ensure community ownership of a sustainable healthier food system.

- **Strategy 1:** Engage community members, the business community, the medical community, and city and county leadership in supporting healthier eating initiatives.
- **Strategy 2:** Establish a food policy council.
- **Strategy 3:** Monitor implementation of the Food Action Plan, adapting it as necessary to respond to changing needs.



# BACKGROUND

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In 2008, Schenectady County was designated by the Centers for Disease Control and Prevention (CDC) as one of 14 Strategic Alliance for Health Communities in the nation and awarded a five year grant to facilitate collaborative efforts to develop policy, systems, and environmental improvement strategies that promote and sustain community-based health and chronic disease prevention. The Strategic Alliance for Health (SAH) Coalition, comprised of representatives from community and faith-based organizations, schools, businesses, and the health care sector, was formed under the auspices of Schenectady Public Health Services (SCPHS) to oversee implementation of grant activities.

Building on the work of the initial SAH grant, SCPHS was awarded a CDC Partnerships to Improve Community Health (PICH) grant in 2014 to address issues of concern identified by the UMatte community-wide health assessment spearheaded by Ellis Medicine and SCPHS, with support from the Schenectady Foundation in 2013. One of only 39 grants awarded nationwide and the only grant awarded in New York State outside of New York City, Schenectady's PICH grant had two primary objectives: to increase the number of people with improved access to healthy food and to increase the number of people with improved opportunities for chronic disease prevention, risk reduction, or management with a particular focus on diabetes. As with the initial SAH funding, grant activities were overseen by the SAH Coalition.

The UMatte assessment documented a high level of food insecurity among Schenectady City residents as well a direct correlation between food insecurity and obesity. Data collected through a subsequent food asset mapping activity helped further identify pockets of high need, overlaps, and gaps in current service availability, barriers to service access, the location of food deserts, and difficulties in accessing information about available food resources. To address these concerns, a portion of the PICH grant funds were designated for the development and implementation of a community-wide food plan with a particular focus on the resources available for food insecure county residents.

PICH activities focused on improving access to healthy food also included assistance provided to food pantries by Cornell Cooperative Extension to develop and implement food procurement plans and nutritional standards, a pilot Community Supported Agriculture (CSA) pick-up site sponsored at Yates Village by the Schenectady Inner City Ministry (SICM), and SICM's development of a smart phone application using data from the community food asset mapping exercise.





# PLAN DEVELOPMENT

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The New York Council of Nonprofits (NYCON) was selected through a competitive bid process to facilitate development of the Healthy and Equitable Food Action Plan in the spring of 2015. As a first step, the SAH Healthy Food Access Work Group was formed to guide the process, expanding upon an existing Food Insecurity Workgroup that was already operating in conjunction with the Schenectady Coalition for a Healthy Community to address concerns related to nutrition and healthy eating highlighted by the UMatter health assessment. Data collection conducted over the course of the planning process was supported both by the PICH grant as well as a Robert Wood Johnson Foundation Roadmaps to Health Action Award granted to the Food Insecurity Workgroup in 2015. In addition, The Schenectady Foundation provided funding for the Food Insecurity Workgroup's Food Insecurity Survey.

Over the course of a year, NYCON led the Healthy Food Access Work Group through a several step process that included the following components:

- Review of the data collected through the 2013 UMatter survey, the 2014 food asset mapping exercise, an assessment of the availability of fresh produce in retail stores in the City of Schenectady conducted by the University at Albany School of Public Health in 2014, a survey of individuals and families most likely to need food assistance conducted by the Food Insecurity Workgroup in 2015 as a follow-up to the UMatter survey, and a nutrition survey conducted with clients at five food pantries with the assistance of Cornell Cooperative Extension as part of the PICH initiative in 2015.
- Review of additional data collected through five focus groups conducted by Primeau-Fahey Studios in the fall of 2015 and the spring of 2016 with City of Schenectady residents identified as at high-risk for food insecurity. The focus groups were designed to gather information about participants' experience of barriers to healthier eating as well as to solicit their input on the best ways to engage their neighborhoods in activities that promote and support healthier food choices. The information collected through these focus groups was supplemented by both individual interviews and a discussion group with grassroots community engagement professionals. Two additional focus groups vetted the newly developed smartphone apps with city residents most likely to benefit from the availability of easily accessible information about food assistance resources in the area.
- Facilitation of several community meetings designed to engage a broad spectrum of Schenectady residents in helping identify the key issues that should be addressed through the planning process and recommending strategies for promoting healthier eating and engaging the wider community in these efforts. Meetings were conducted with youth participating in Cornell Cooperative Extension's Roots and Wisdom summer program, neighborhood associations, and the health and human services professionals and volunteers who had participated in the asset mapping initiative.
- Articulation by the Work Group of guiding principles that should shape plan development and key strategic issues to be addressed by the plan. Together, these laid the foundation for the goals, strategies, and recommended activities that comprise the plan.
- Facilitation of a community workshop to review the draft plan goals and strategies. Recommendations generated through the workshop were incorporated in the final plan.

# COMMUNITY PROFILE

## Where the Data Came From:



In 2013, the "UMatter Schenectady" survey, spearheaded by the Schenectady Coalition for a Healthy Community, surveyed 2,229 residents of the City of Schenectady.

In 2015, the Schenectady Coalition for a Healthy Community conducted a food insecurity survey with 393 adults in locations in the City of Schenectady where persons who are food insecure are more likely to live.

In 2016, Schenectady County Public Health Services, with the assistance of Cornell Cooperative Extension, conducted a food pantry nutrition survey at five pantries, surveying an additional 305 individuals.



## Focus Groups & Interviews

In 2015-2016, eight focus groups with youth, neighborhood associations, and a range of community residents, as well as a number of interviews with grassroots leaders were conducted to supplement the survey data.

## What We Learned:

### UMatter Survey

- 57%** think about healthy food choices every day
- 26%** consume soda or sugary drinks a few times a day
- 22%** utilize food pantries on a monthly basis
- 21%** run out of food at least several months each year
- 17%** eat out four or more times per week on average

### Food Insecurity Survey

- 92%** of respondents with low food security reported that their SNAP benefits do not last the full month
- 85%** of households with very low food security report food pantries as the most commonly utilized food resource
- 64%** of those respondents that access food pantries walk to them
- 40%** of survey respondents indicated a high level of food insecurity, compared to 12% county-wide (Feeding America Food Insecurity by County 2014)

These survey findings were supported by the focus group discussions and interviews.

### Food Pantry Survey

- 73%** report using food pantries at least once per month
- 73%** are obese or overweight based on body mass index
- 68%** have one or more chronic conditions (diabetes, high cholesterol, etc.)
- 58%** indicated a low or very low level of food security

*"Food being affordable and accessible is a problem when people are forced to choose between healthy foods and paying rent."*

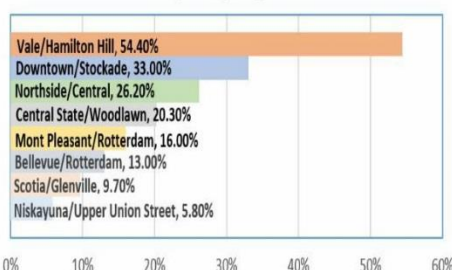
## What Limits Access to Healthy Food?

### Reported Barriers To Eating Healthy Food



From the U-Matter Survey

### Percent of Households at 185% or Below the Poverty Line by Neighborhood



From 2009-2013 American Community Survey Data

### Reported Barriers to Food Pantry Use



From the Food Insecurity Survey





## Available Resources



Neighborhood(s)	Food Pantries	Community Meal Sites	Grocers & Produce Sources
Scotia/Glenville	1	2	4
Mont Pleasant/Rotterdam	2	9	4
Central State/Woodlawn	2	11	9
Downtown/Stockade	1	13	1
Bellevue/Rotterdam	0	3	4
Vale/Hamilton Hill	4	16	8
Northside/Central	1	11	3
Niskayuna/Upper Union	2	2	6

\*Data Current as of Fall 2016

Currently, there is no weekly pantry availability in the Bellevue/Rotterdam or Niskayuna/Upper Union Street neighborhoods.

Food pantry availability is greatest during daytime hours on Tuesdays, Wednesdays, and Thursdays, and is lowest on weekends and evenings.

Half of the community meals programs open to the public are located in the Downtown/Stockade neighborhoods. The remainder are divided between Mont Pleasant/Rotterdam and Vale/Hamilton Hill.

The availability of community meals is greatest for weekday breakfasts and lunch and lowest on Saturdays.

These figures do not include school or other institutional meal programs.

*"You have a bunch of convenience stores that are very expensive, or you can take a bus to get your groceries. [We need] something local."*

*"People feel more secure during the week when kids get free lunch or they can go down to the mission at a certain time...but it's the weekends where people are really insecure."*

*"Everything is bundled right next to each other. What about the people who are living all the way up here, or the people everywhere else? We've got to come all the way across town. We don't have the fares to be jumping on the bus."*



## OPPORTUNITIES FOR CHANGE



**"Programs that work to solve issues at the neighborhood level will be more successful if they are built from the ground up."**

*"Keep programs at the grassroots level and not a big government program...They will be more successful in our little communities and sub-neighborhoods."*

*"[Use] schools, gyms, YMCAs...they're nice mutual ground where no one has to feel uncomfortable about that, or feel like this is exclusively for them."*

### For Individual Health

*"Transportation is getting better, but it still needs to be more user-friendly."*

*"Put farmers markets in more neighborhoods."*

*"Try to get a grocery store within the neighborhoods, especially Mont Pleasant, the Northside, and Hamilton Hill."*

*"There is a lot of burnout and turnover in staff and volunteers community groups. They need training and education to help understand their limitations, barriers, and managing resources better."*

In The  
Community

*"Encourage retail markets to provide resources, like recipes and cooking classes."*

*"Have a community place for food for people in the evening."*

*"We need to utilize schools and work with parents to promote cooking skills and healthy eating."*

*"If you could feed the people, if you could have a place for people to eat, like in Hamilton Hill in the evenings, especially for kids, it would make an enormous difference. Because then people wouldn't have to steal. And not a place where they felt embarrassed or ashamed. Just a very welcoming place."*

*"Teach people how to cook."*

*"Teach people how to read labels and what the labels don't tell us, like GMOs."*

*"Have a pantry truck for people who can't get there on their own."*

*"Have a meeting where people can cook someplace and then also talk together."*

*"[Grocery stores should allow us to] use food stamps to be able to have the carrier, or their vehicles, because they provide transportation for groceries to people, like Peapod."*

*"If you put those Farmer's Markets in the Hill or Mont Pleasant, or in the middle of Yates, you're going to see families coming there that actually need the stuff, who will be better served by the value it provides."*

# GUIDING PRINCIPLES

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Based on their review of the available data, the Healthy Food Access Work Group articulated nine principles to guide the development of the Healthy and Equitable Food Action Plan as well as its implementation going forward. These guiding principles provide a basis for all of the recommendations contained in the plan:

- 1. We believe that all people in our community should have equitable and affordable access to healthy, culturally appropriate, sustainable, and locally grown food.*
- 2. We believe that community members benefit by understanding how what they eat affects their own health, the health of the community, and the world at large.*
- 3. We believe that it is important to educate the community on the value of a healthy food system and healthy food products.*
- 4. We believe that the healthy choice should be the easy choice.*
- 5. We believe that we should not be inundated with unhealthy options like sweetened drinks and “junk food” with little nutritional value.*
- 6. We believe that success in developing, linking, and strengthening the food system will be achieved through community engagement, collaborative partnerships, and continuous strategic thinking.*
- 7. We believe that resources should be distributed equitably relative to identified community needs.*
- 8. We believe that food brings us together and is an important part of celebrating our region’s diverse cultures.*
- 9. We believe that the Food Action Plan will be ever changing based on community needs.*

The guiding principles also serve as the foundation for the four overarching goals that frame the plan:

- Goal 1: Build community-wide support for healthier food.**
- Goal 2: Increase the accessibility and affordability of healthier food.**
- Goal 3: Engage all members of our diverse community in collaborating to support healthier eating.**
- Goal 4: Ensure community ownership of a sustainable healthier food system.**

# GOALS AND STRATEGIES

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In an effort to promote the use of community interventions that are evidence-based, a number of initiatives, including the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps to Health, the federal Community Preventive Services Task Force Community Guide, and the New York Academy of Medicine's Designing a Strong and Healthy New York (DASH), have conducted extensive literature reviews to identify and categorize both proven and promising community level interventions to prevent disease and improve community health.

The DASH NYC model assigns interventions to one of three categories based on the extent of the available research documenting program success: "Supportive Evidence" for those interventions with the most extensive research documentation, "Emerging Evidence" for those with more limited research support, and "Promising Approach" for those interventions recommended by experts but lacking evaluation studies as of yet.

## Supportive Evidence

- At least one systematic review article, *or*
- At least two experimental studies, two quasi-experimental studies with matched concurrent comparisons, or three studies with unmatched comparisons or pre-post measures
- Evidence in this category demonstrates the statistically significant positive impact of an intervention on healthy eating, active living, and/or change in BMI.

## Emerging Evidence

- Generally no more than one experimental or quasi-experimental study with a matched concurrent comparison, *or*
- Two or fewer studies with unmatched comparisons or pre-post measures
- Evidence in this category demonstrates the statistically significant positive impact of an intervention on healthy eating, active living, and/or change in BMI.

## Promising Approach

- Approach recommended by experts in the field of population health and/or chronic disease prevention
- Limited or no evaluation studies published in peer reviewed literature.

The recommendations for this Healthy and Equitable Food Action Plan have been reviewed and assigned to these DASH NYC categories based on the research evidence and categorization of the same or comparable programs contained in the 2016 DASH-NYC report *"Interventions for Healthy Eating and Active Urban Living: A Guide for Improving Community Health."*

# Goal 1: Build community-wide support for healthier food

## Strategies

1. Use education and marketing efforts to increase the knowledge and skills needed for healthier eating.
2. Promote development of wellness policies that support healthier eating choices.
3. Actively involve neighborhood gathering places in promoting and supporting healthier eating.

### Strategy 1

**Use education and marketing efforts to increase the knowledge and skills needed for healthier eating.**

## Recommendations

### Supportive Evidence

- ⇒ *Promote incentives that increase the likelihood of making healthier food choices.*
- ⇒ *Advocate for increased signage promoting healthier food options.*
- ⇒ *Advocate for the placement of unhealthy food and beverages in less trafficked areas of grocery stores.*

Research suggests that encouraging people to try new healthy and nutritious foods may increase the likeability of such foods and that using prompts to encourage the selection of healthy foods at restaurants and food retail outlets may contribute to increased consumption of fruits and vegetables among both children and adults.

Studies also indicate that increased exposure to advertisements for unhealthy foods and beverages is associated with higher rates of obesity, and limiting exposure may lead to reduced consumption and improved dietary habits, especially among children.

Participants in the focus groups and workshops conducted as part of the planning process strongly recommended that the community work together to encourage local store owners to provide and promote healthy food options and limit signage and ads for unhealthy options.



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## Emerging Evidence

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- ⇒ ***Develop a unified promotional campaign utilizing a consistent approach to encourage people to make healthier choices.***
  - *Create a campaign brand and slogan with broad appeal.*
  - *Tap local “celebrities” and community leaders to champion healthier eating or lead community wellness campaigns.*
  - *Promote the use of grocery store nutritional scoring systems (NuVal, Guiding Stars, etc.) to aid in food selection.*
  - *Engage the local media.*
  - *Use social media to connect with youth.*
  - *Develop a tool kit for service providers and teachers.*
  - *Prioritize youth and hard to reach populations, using data to identify areas of highest need.*
- ⇒ ***Ensure that all educational and promotional activities are culturally sensitive.***
- ⇒ ***Engage and educate health care providers to address nutrition as an essential component of risk reduction with individuals at high risk for chronic diseases.***
  - *Encourage health care providers to write “veggie prescriptions.”*
  - *Develop a tool kit.*

There is some evidence that mass media campaigns can be an effective tool for increasing awareness of and promoting lifestyle behaviors that contribute to health and reduce risk for chronic disease. Evidence also suggests that culturally-tailored prevention programs that incorporate both healthy eating and active living components lead to increased consumption of fruits and vegetables and weight loss among children, adolescents, and adults.

Most of the major grocery chains serving the area already promote nutritional scoring systems to aid in the selection of healthier foods and several community based nonprofits have developed and regularly offer nutrition education curricula including Eat Smart NY, Just Say Yes, and Family Mealtimes Matter. Participants involved in the development of the food plan advocated for expansion and coordination of these efforts, with an initial focus on community youth and hard to reach populations.

Research also has demonstrated that health care providers have the ability to influence consumption choices of their patients, and experts believe that nutrition prescriptions have the potential to increase consumption of fruits and vegetables among patients.





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## Promising Approach

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⇒ ***Coordinate and expand easily accessible educational programming focusing on:***

- *Nutritional impact on health*
- *Expanding the definition of healthy food*
- *Shopping and cooking skills*
- *Nutritional value of restaurant/fast food meals.*

Focus groups indicated that while community consumers understand that eating nutritious food is important to maintaining a healthy body they are sometimes overwhelmed or confused by nutritional priorities and options and do not often choose nutritious foods. Focus group participants perceived healthier foods and fresh ingredients to be more expensive than prepared foods and also cited lack of time to cook as well as limited cooking ability as barriers to healthier eating.

Offering activities that improve skills in purchasing and preparing a wider range of foods that are budget-friendly may support individuals in eating healthier meals, though additional research on impact is needed.

### Strategy 2

**Promote development of wellness policies that support healthier eating choices.**

## Recommendations

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### Supportive Evidence

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⇒ ***Engage people where they work, play, worship, and learn.***

There is increasing recognition that re-shaping people's economic, physical, and social environments can help support healthy behaviors and strong research evidence that both school-based and worksite nutrition and physical activity programs increase fruit and vegetable consumption as well as physical activity and weight loss.

Stocking vending machines with healthy snack items and lowering their cost has been found to increase the sale of healthy items without reducing vending machine profit and is an example of a wellness policy that can be easily implemented in a variety of venues throughout the community.



## Recommendations

### Supportive Evidence

⇒ ***Engage schools in joint educational efforts.***

- *Integrate nutrition education throughout school curricula.*

The benefits of school based nutrition programs have already been noted. Participants in the planning process strongly supported prioritizing activities focused on youth and stressed the importance of engaging schools in this effort. Focus group participants recommended involving youth and parents in learning opportunities together as families through cooking and nutrition demonstrations in schools. They also suggested that the backpack program serving all of the elementary schools in the Schenectady City School District may provide a mechanism for disseminating both information and recipes to support healthier eating.

### Promising Approach

⇒ ***Organize neighborhood-based activities to engage families.***

⇒ ***Partner with church groups to sponsor educational and promotional activities.***

⇒ ***Tap libraries to sponsor “food literacy” events.***

⇒ ***Pursue tabling opportunities at farmers markets, community events, etc.***

⇒ ***Leverage current initiatives to incorporate healthy eating activities.***

Experts recommend that programs promoting healthier eating incorporate community and cultural food preferences into workshops and demonstrations. Participants in the planning process strongly recommended that neighborhood food festivals be organized around cultural preferences and designed to engage families. Focus group participants also recommended linking educational and promotional activities with other already well-attended community events. Churches serve as community focal points and gathering spaces throughout Schenectady and have been instrumental to the success of previous public health efforts to engage neighborhood residents in activities that address public health issues of high concern. Libraries and farmers markets have also expressed an interest in supporting local healthier eating initiatives and offer neutral locations for those not affiliated with churches.

### Strategy 3

**Actively  
involve  
neighborhood  
gathering  
places in  
promoting and  
supporting  
healthier  
eating.**

## Goal 2: Increase the accessibility and affordability of healthier food

### Strategies

1. Increase the availability of low cost, convenient transportation to markets.
2. Increase neighborhood-based availability of affordable healthier food.
3. Improve access to food assistance in currently underserved neighborhoods.
4. Increase the availability of healthier food options at food assistance programs.
5. Develop systems that help food assistance recipients maximize their benefits.
6. Provide easy access to information about local resources for healthy food and food assistance.

#### Strategy 1

**Increase the availability of low cost, convenient transportation to markets.**

### Recommendations

#### Emerging Evidence

- ⇒ *Explore options for sharing vehicles, using volunteers, etc. to develop low cost transportation alternatives.*
- ⇒ *Promote the availability of store sponsored buses to grocery stores and advocate for expansion of this assistance.*

There is some research indicating that improving access to supermarkets may lead to increased consumption of fruits and vegetables. With no grocery stores located in or near the Schenectady neighborhoods with the greatest concentration of low-income individuals and families, it is not surprising that both survey respondents and focus group participants cited the inconvenience of public transportation and the cost of taxis as significant barriers to both regular grocery shopping and accessing food assistance programs such as food pantries.

Price Chopper and Hannaford provide bus transportation to their stores from several congregate housing sites throughout the county but this assistance appears to be used primarily by residents of those sites.

The lack of access for low income individuals to efficient and affordable transportation has been a longstanding issue of concern to providers of health and human services in the region and efforts to explore the use of vehicle sharing or volunteers have met with little success to date but could prove to be viable with concerted advocacy addressing the regulatory, policy, and perceived liability barriers that have stood in the way of creative solutions.

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### Local Ideas, No Specific Evidence

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- ⇒ ***Advocate for appropriate enforcement of regulations governing local taxi fares.***
- ⇒ ***Advocate for establishment of ridesharing services, such as Uber, in the Capital Region.***
- ⇒ ***Explore the potential for using Supplemental Nutrition Assistance Program (SNAP) benefits to cover the cost of transportation to markets and for home delivery services.***

A concerted regional advocacy effort to obtain state approval for services like Uber and Lyft to operate in upstate municipalities proved unsuccessful in the 2016 legislative session but garnered strong local support in the process. Successful support for upstate Uber or Lyft operations may offer a more convenient and less costly alternative for those without cars of their own.

SNAP benefits currently can only be used to purchase food. Participants in the planning process suggested that the ability to use SNAP to help cover the cost of transportation or to take advantage of grocery home delivery services could help make it easier to access healthier food.

## Recommendations

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### Supportive Evidence

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- ⇒ ***Advocate with neighborhood-based markets, drug stores, etc. to increase the types of healthier food options available for purchase.***
- ⇒ ***Advocate for proposed USDA regulations mandating that convenience stores approved to accept SNAP offer a wider array of food choices.***

Research indicates that increasing the availability and promotion of healthy foods in local convenience and corner stores may increase sales of these items. Fifty-five percent of the UMMatter survey respondents reported that they often or sometimes shop in the neighborhood convenience stores that are heavily concentrated in low-income Schenectady neighborhoods. Another third reported often or sometimes shopping for food in drug stores, a practice that providers of senior services report to be common among the elderly when they are picking up prescriptions.

### Strategy 2

**Increase  
neighborhood-  
based  
availability of  
affordable  
healthier food.**

The University at Albany School of Public Health research indicates that although many of Schenectady's convenience stores carry fresh fruits and vegetables, the selection is extremely limited. Capital Roots' Healthy Stores program aims to expand the availability of healthy fresh food in neighborhood convenience stores but as of August, 2016 only three stores in Schenectady were participating in the program.

The United States Department of Agriculture (USDA) has proposed new rules that would require retailers who accept SNAP to stock a wider variety of healthy foods. Under current rules, SNAP retailers must stock at least three varieties of foods in each of four food groups: fruits and vegetables, dairy, breads and cereals, and meats, poultry and fish. The new rules would require retailers to stock seven varieties in each food group, and at least three of the food groups would have to include perishable items. In all, the rules would require stores to stock at least 168 items that USDA considers healthy.

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## Emerging Evidence

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- ⇒ ***Expand access to fresh produce through programs like the Veggie Mobile and Virtual Veggie Mobile.***
- ⇒ ***Advocate for and establish grocery stores in more easily accessible locations.***

Emerging evidence suggests that the establishment of mobile fruit and vegetable markets is associated with increased consumption of fresh produce and reduced food insecurity, especially when these vendors accept payment using government assistance programs. Capital Roots' successful Veggie Mobile program is continuing to expand the number of sites it visits in Schenectady. Capital Roots also has initiated a Virtual Veggie Mobile program in partnership with the Schenectady Community Action Program (SCAP) that allows customers to place orders in advance for pick-up at SCAP's Bigelow Avenue location.

Attracting new grocery stores to underserved areas is a suggested strategy for increasing access to healthy food in these communities, with greater supermarket availability associated with lower prevalence of obesity. The lack of neighborhood-based grocery stores was the primary concern reported by both focus group participants and neighborhood association members participating in the planning process, particularly in the Bellevue and Northside areas of the city.

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## Local Ideas, No Specific Evidence

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- ⇒ ***Explore viability of offering prepackaged, easy-to-prepare healthier food at local neighborhood markets.***

Lack of time to prepare healthier food was cited by both survey and focus group respondents as a major obstacle to healthier eating. The market for healthy, easy-to-prepare, pre-packaged meals is rapidly increasing in affluent urban areas of the country. Participants in the planning process recommended that low cost alternatives be made available in local convenience stores as a means for addressing both the time and cost concerns that are perceived barriers to healthier eating.

## Recommendations

### Emerging Evidence

- ⇒ *Establish satellite or mobile food pantries in underserved neighborhoods through joint planning and collaboration.*
- ⇒ *Coordinate food pantry schedules to increase availability during evenings and weekends.*
- ⇒ *Co-locate food assistance services with other medical and social services.*

Although there are a number of food pantries serving Schenectady residents, they are not evenly distributed throughout the city. Pantry hours of operation are not coordinated by the diverse array of church groups that are the primary pantry sponsors and most pantries are open during the weekday, daytime hours when volunteers who staff the pantries are available.

Survey respondents reported that lack of transportation and the distance to pantries were the two greatest barriers to accessing pantry assistance, with close to 20% noting that the times and days of operation were also problematic.

Participants in the planning process also suggested improving access to food assistance services by integrating these services into other medical and social service offices. Reducing barriers to participation in government sponsored nutrition assistance programs has been proven to be an effective method of increasing participation in SNAP and Women, Infants, and Children (WIC) programs. It seems reasonable to expect that this would be true for all other types of food assistance as well.



### Strategy 3

**Improve access to food assistance in currently underserved neighborhoods.**



#### Strategy 4

**Increase the availability of healthier food options at food assistance programs.**

## Recommendations

### Supportive Evidence

- ⇒ ***Work with school systems to increase nutritional value of school meals programs, to better meet existing standards.***
  - *Encourage school districts to participate in Farm to School programs that increase access to fresh produce.*
- ⇒ ***Work with program sponsors and their volunteers to increase nutritional value of community meal programs.***
- ⇒ ***Encourage and support increased enrollment of daycare and afterschool providers in the Child and Adult Care Food Program (CACFP) to help subsidize healthier meals and snacks.***

Reducing the availability of unhealthy foods has been found to decrease their consumption and increase consumption of healthier options, especially in schools. There is also strong evidence that nutrition interventions in preschool and childcare programs improve children's diets.

### Promising Approach

- ⇒ ***Increase food pantry capacity to routinely offer fresh produce or healthy alternatives.***
  - *Increase coordination between pantries and fresh food sources.*
  - *Promote the need for donations of healthy food to pantries.*
- ⇒ ***Customize the types of food available at some food pantries to meet needs of individuals with chronic diseases.***

Food pantries often rely on donated and nonperishable food and many small pantries do not have the equipment to store fresh food and produce. As a result, until recently, the types of foods predominately available at pantries have been highly processed and often unhealthy. There is some evidence that food banks and food pantries that have developed initiatives to promote healthier eating increase fruit and vegetable consumption, improve diet quality, and increase food security for clients.

Increasing the ability of food pantries to offer fresh produce has been a longstanding focus of Schenectady County Public Health Services which in the past has used grant funding to help pantries



acquire refrigerators and has devoted a portion of the PICH grant to strengthening the capacity of several Schenectady pantries to offer healthier food options. Of the food pantry clients surveyed as part of the PICH Healthy Food Pantry initiative, 68% reported having one or more chronic health conditions. Low sodium and low fat options at food pantries were requested by more than 60% of the survey respondents; 75% identified a need for low sugar alternatives.

Capital Roots and the Regional Food Bank also sponsor programs that make fresh produce available to local pantries. The Food Pantries for the Capital District's Food Express service makes it easier for its member pantries to access the food available through the Regional Food Bank. They are working to offer their services to Schenectady County food pantries. Cornell Cooperative Extension, Schenectady County also has resources for pantries and interested community groups to hold "healthy food drives."

Strengthening the capacity of pantries to take advantage of available assistance should help expand upon the considerable progress that has already been made.

## Recommendations

### Supportive Evidence

- ⇒ *Explore potential for funding a local SNAP "Double Up Food Bucks" program for all produce purchases.*
- ⇒ *Educate and encourage SNAP and WIC recipients to use grocery store cards to access price discounts.*

Reducing the cost of healthy foods, especially in comparison to the price of unhealthy options, has been found to increase consumption of fruits, vegetables, and other healthy items among adolescents and adults. SNAP and WIC recipients are already able to obtain SNAP FreshConnect checks and WIC supplemental coupons for use at farmers markets.

The "Double Up Food Bucks" program initially developed in the Detroit area with support of the Kellogg Foundation and now available in western New York under the auspices of the Field & Fork Network, builds on this assistance by doubling the value of federal nutrition assistance dollars spent at participating farmers' markets and mobile markets. In Michigan, the program has been so successful that it has expanded to include participation by grocery stores selling fresh local produce as well.

Many of the grocery stores in the area offer cards that provide cardholders with access to additional food discounts and coupons. Tapping these discounts can help extend SNAP and WIC dollars.

### Strategy 5

**Develop systems that help food assistance recipients maximize their benefits.**

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## Emerging Evidence

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### ***Promote use of supplemental SNAP and WIC benefits at farmers markets.***

Emerging evidence indicates that enabling participants of government-sponsored nutritional assistance programs to use their benefits at farmers' markets may increase consumption of fruits and vegetables. The SNAP FreshConnect Checks program encourages recipients to use SNAP benefits at participating farmers' markets. The checks provide \$2 incentive checks for every \$5 in SNAP benefits spent, increasing the purchasing power of SNAP consumers by 40 percent. Similarly, Farmers' Market Nutrition Program Coupons are distributed to WIC recipients through Cornell Cooperative Extension of Schenectady County. Many local farmers markets as well as Capital Roots' Veggie Mobile accept SNAP and WIC.

## Recommendations

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### Strategy 6

**Provide easy access to information about local resources for healthy food and food assistance.**

### Promising Approach

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- ⇒ ***Promote availability of the community food map and smartphone applications.***
  - *Keep the community food map data and applications updated.*
- ⇒ ***Make information available at places where people shop for food and on Facebook.***
- ⇒ ***Educate health care providers about food assistance resources available in the community.***
- ⇒ ***Engage the Child Care Coordinating Council and the Child and Adult Care Food Program to connect with local child care providers.***

Increasing awareness of existing resources for healthy living may enable more people to take advantage of them and focus group participants recommended establishing a single point of access to information. In 2015, with funding assistance from Schenectady County Public Health Services, SICM used the data collected through the food resource mapping process to develop a FOOD4SCHDY smart phone app for both Android and Apple phones. The app provides the location of and information about a wide array of food resources and food assistance providers in the County. Maintaining accurate, up-to-date information for the food map data and smartphone applications will be critical to ensuring their continued utilization as resources.

Participants in the planning process recommended social media, especially Facebook, to keep both service providers and consumers apprised of available resources and to facilitate communication among a wide range of providers. They also stressed the value of using existing networks and communication vehicles to disseminate information.

## Goal 3: Engage all members of our diverse community in collaborating to support healthier eating

### Strategies

1. Build capacity among service providers to consistently involve currently under-represented constituents in decision making.
2. Seek and support neighborhood-based leaders who can lead community engagement efforts.
3. Engage local food growers and retailers in supporting healthier eating.
4. Facilitate cross-sector collaboration and planning to enhance options and reduce barriers to healthier eating.

### Recommendations

#### Promising Approach

- ⇒ *Identify existing or create new networks to provide connections to under-represented groups.*
- ⇒ *Provide trainings for service providers around cultural sensitivity, trauma informed care, and authentic community engagement.*
- ⇒ *Advocate for hiring community members at service agencies.*
- ⇒ *Facilitate engagement and collaboration by providing neighborhood-based services.*
- ⇒ *Survey community members to identify barriers to participating in community initiatives.*

Involving consumers in health care governance is a suggested strategy to improve health care, service effectiveness, and organizational accountability, as well as to empower disadvantaged consumers. Available evidence suggests that consumer engagement in priority setting may result in different decisions than those that would have been reached without it. There is also some evidence that trauma informed approaches to community building improve health outcomes and social connections in low income communities. Providing guidance, training, and support for community engagement initiatives helps lay the foundation for strengthening communication between service providers and their constituents.

#### Strategy 1

**Build capacity among service providers to consistently involve currently under-represented constituents in decision making.**

## Strategy 2

**Seek and support neighborhood-based leaders who can lead community engagement efforts.**

## Recommendations

### Local Ideas, No Specific Evidence

- ⇒ *Train program participants to serve as leaders in their own neighborhoods.*
- ⇒ *Engage community groups and local leaders in identifying and mentoring new leaders.*
- ⇒ *Create or expand current leadership development programs.*
  - *Explore potential partnership with Chamber of Commerce leadership development programs.*
- ⇒ *Support community engagement by creating or expanding peer-to-peer initiatives.*

Sustaining long term community engagement in initiatives designed to address local quality of life issues has been an ongoing challenge in Schenectady and focus group participants acknowledged the difficulty of generating grassroots community support for efforts to promote healthier eating in the face of significant neighborhood struggles related to poverty and violence.

Despite this, participants in the focus groups and workshops conducted as part of the planning process strongly recommended that, to be successful, any new programs would need to be built on a grassroots foundation and involve a broad array of partners that could help nurture the development of neighborhood-based leadership. They recommended forming neighborhood-based advisory committees to guide new program development as well as providing training and support for grassroots community leaders.



## Recommendations

### Emerging Evidence

⇒ ***Facilitate farm to school activities.***

There is some evidence that farm to school programs increase knowledge about, willingness to try, and consumption of fruits and vegetables among school children. Farm to school programs are a recommended strategy to improve dietary habits and nutrition.



### Local Ideas, No Specific Evidence

- ⇒ ***Educate farmers and retailers in the benefits of donating food and engaging in initiatives that increase access to healthier food.***
- ⇒ ***Educate farmers and retailers about the effects of food insecurity and promising practices in improving access to healthy food.***
- ⇒ ***Facilitate direct connections between farmers and retailers and community members (e.g. through farm visits, farmer's markets, grocery store tours, etc.)***

Based on the research support for farm to school programs, planning participants recommended a broader range of activities designed to increase farmer support of healthy eating initiatives as well as community support for local agriculture.

### Strategy 3

**Engage local food growers and retailers in supporting healthier eating.**



## Strategy 4

**Facilitate inter-agency collaboration and planning to enhance options and reduce barriers to healthier eating.**

## Recommendations

### Local Ideas, No Specific Evidence

- ⇒ *Schedule regular inter-agency meetings.*
- ⇒ *Explore potential partnerships that enhance the use of available resources through service collaboration and coordination.*
  - *Coordinate both staff training and resource development activities.*
  - *Identify space sharing opportunities.*
- ⇒ *Take advantage of technology to reduce barriers to inter-agency referrals.*
- ⇒ *Use technology or social media to facilitate communication among food providers.*
- ⇒ *Explore potential expansion of regional services to address local service gaps.*

Schenectady County based health and human service providers involved in the planning process expressed concern about the challenges related to keeping staff abreast of the constantly changing service terrain. Many would welcome the availability of easy-to-use mechanisms that strengthen information exchange and ongoing communication that keeps staff apprised of available resources and opportunities for sharing and collaboration.



## Goal 4: Ensure community ownership of a sustainable, healthier food system

### Strategies

1. Engage community members, the business community, the medical community, and city and county leadership in supporting healthier eating initiatives.
2. Establish a food policy council.
3. Monitor implementation of the Healthy and Equitable Food Action Plan, adapting it as necessary to respond to changing needs.

### Recommendations

#### Supportive Evidence

- ⇒ *Identify and pursue opportunities for engaging partners from the broader community.*
- ⇒ *Recruit representatives to participate on a food policy council.*

Research indicates that efforts to create healthier communities are best conducted through multi-level, cross-sector collaborations. Initiatives designed to promote and support healthier eating will be more effective when backed up by broad support from all sectors in the community.



#### Strategy 1

**Engage community members, the business community, the medical community, and city and county leadership in supporting healthier eating initiatives.**



## Strategy 2

### Establish a food policy council.

## Recommendations

### Supportive Evidence

⇒ ***Charge the council with responsibility for developing a coordinated approach to advocacy and policy development around issues affecting access to healthy food.***

- *Prepare a unified advocacy agenda.*

⇒ ***Educate decision makers.***

Research indicates that successful preventive health interventions are multi-level in nature, encouraging healthy eating and active living in a variety of settings and targeting both individual behavior change and community-wide barriers to healthy living. Based on a model initially developed in California, the CDC promotes the “Health in All Policies” (HiAP) approach as a promising method for improving wellbeing and health for all community members.

The goal of HiAP is to encourage policymakers across sectors to consider health when making policy decisions. The New York State Food Policy Council was established with a comparable mission in 2007 and several food councils have been created at the local level throughout the state.



The New York State Food Policy Council was created with the recognition that agriculture is a critically important industry to New York State, that hunger is a serious problem facing many families; that access to affordable, fresh and nutritious food is a serious problem; and that there are significant environmental, health and economic benefits from expanding agriculture production, including locally-grown and organically-grown food.

The planning process identified a number of potential policy and advocacy issues best addressed through collaborative action, including siting of grocery stores, signage placement, and work and school wellness policies.

The formation of a food council comprised of a broad range of community stakeholders including representatives of government, business, health and human service providers, and community residents is a strong step toward creating a healthier community through a unified approach to program and policy development.

## Recommendations

### Local Ideas, No Specific Evidence

- ⇒ ***Charge the Food Policy Council with responsibility for overseeing implementation of the Healthy and Equitable Food Action Plan.***

No community is static in nature and the programs and services supporting healthier eating in Schenectady have continued to develop and expand over the course of this planning process. In order to ensure that the Healthy and Equitable Food Action Plan helps drive efforts to support healthier eating going forward and is adapted as necessary to be responsive to changing community needs, plan implementation will need to be monitored by a core group of community stakeholders committed to the plan's guiding principles and goals.

Rather than create a separate structure for this purpose, this responsibility is best assigned to the recommended food policy council, thereby facilitating the integration of program development, policy, and advocacy initiatives.



### Strategy 3

**Monitor implementation of the Healthy and Equitable Food Action Plan, adapting it as necessary to respond to changing needs.**



# MOVING AHEAD

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The plan's guiding principles stress both the importance of community engagement, collaborative partnerships, and continuous strategic thinking to ensure successful plan implementation as well as the value of a flexible approach that keeps the plan responsive to changing community needs. Even while the planning process was underway, participating organizations were already working to expand existing services and develop new ones to address concerns identified through the process. Schenectady County Public Health Services has allocated some of the funds available in the final year of the PICH grant to initiatives that seed new program development and is pursuing new grant opportunities to continue to support these efforts. In order for the plan to achieve its stated goals, these individual efforts will need to be supplemented by the community coming together through collective action to carry out the recommended strategies and activities that can best be accomplished by working together across systems and with the full engagement of the individuals and families who live and work in Schenectady.



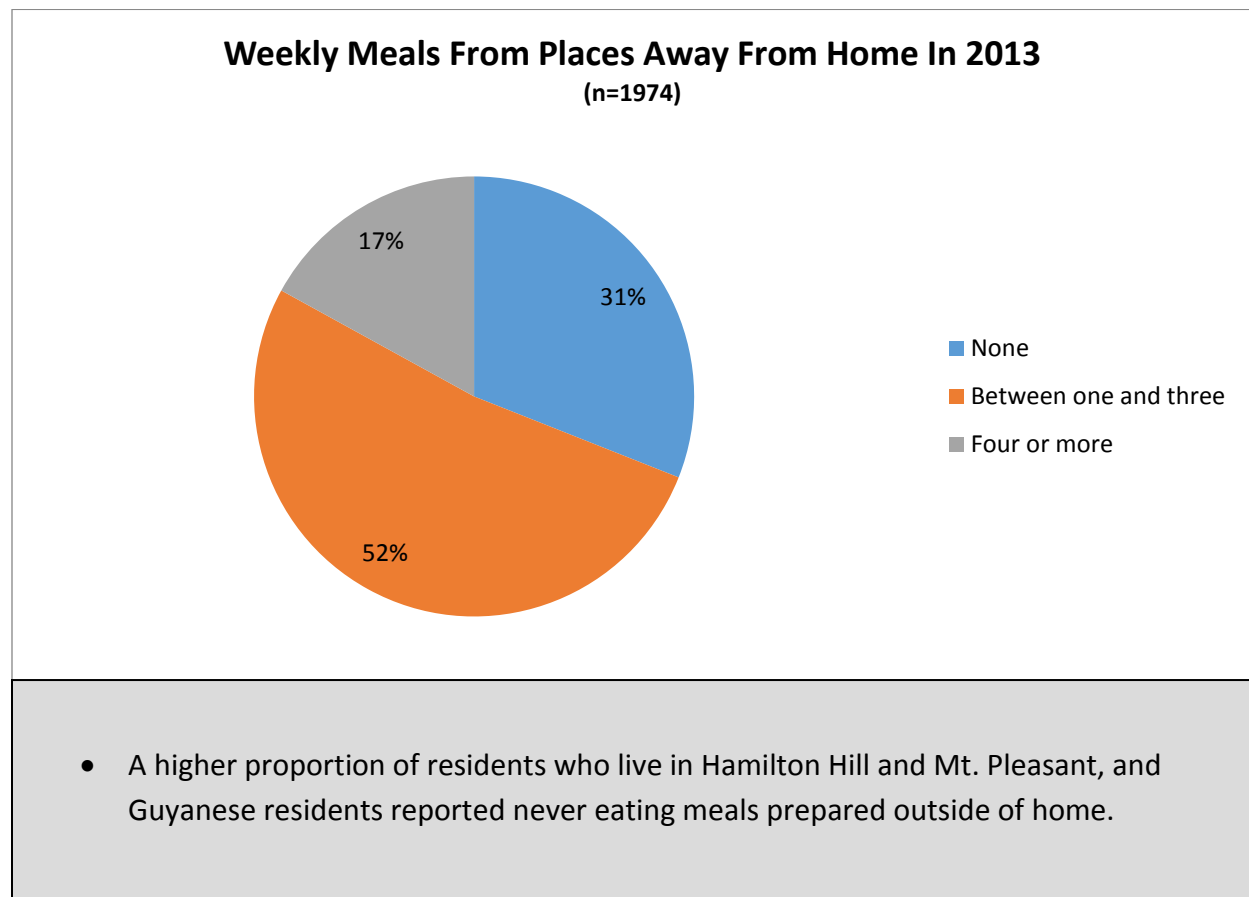
# APPENDIX A

## UMATTER SCHENECTADY SURVEY DATA ABOUT FOOD HABITS

The “UMatter Schenectady” survey, spearheaded by the Schenectady Coalition for a Healthy Community, consisted of more than 280 questions and was administered to over 2,000 residents of the City of Schenectady between February and May 2013 by Community Health Workers and volunteer college students. Ten of the survey questions focused specifically on issues related to eating habits and access to healthy food.

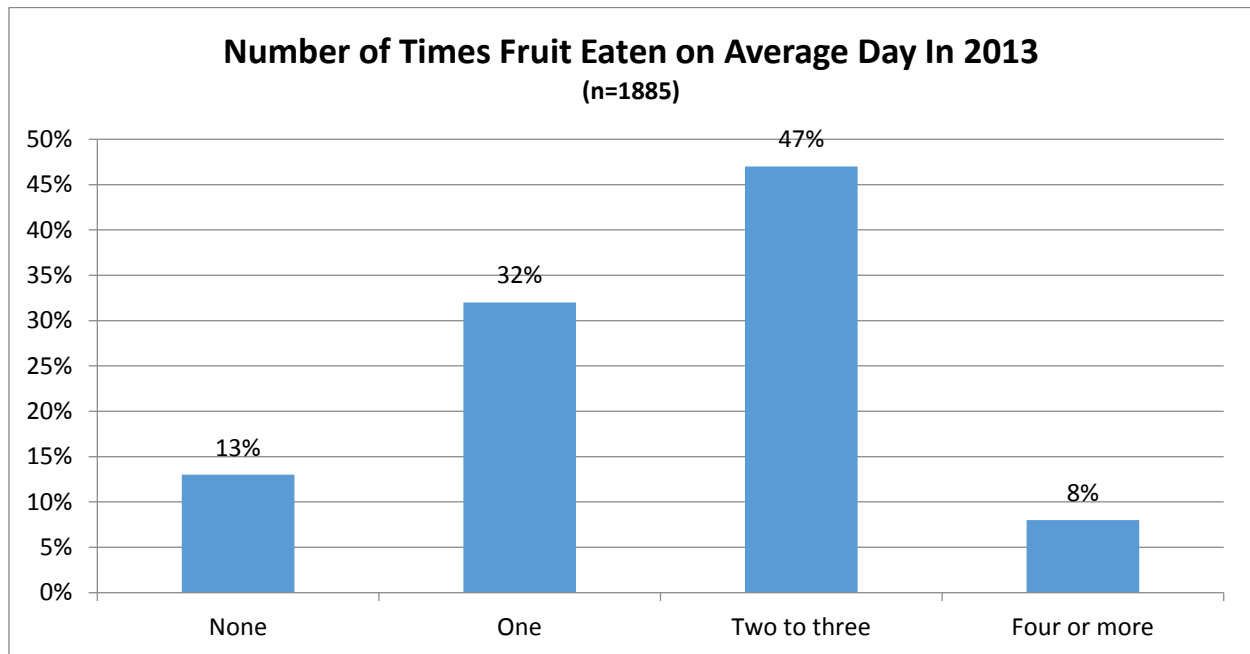
### MEALS PREPARED AWAY FROM HOME

**QUESTION:** During a usual week, how many meals do you get that are prepared away from home in places such as restaurants, fast food places, or food stands?

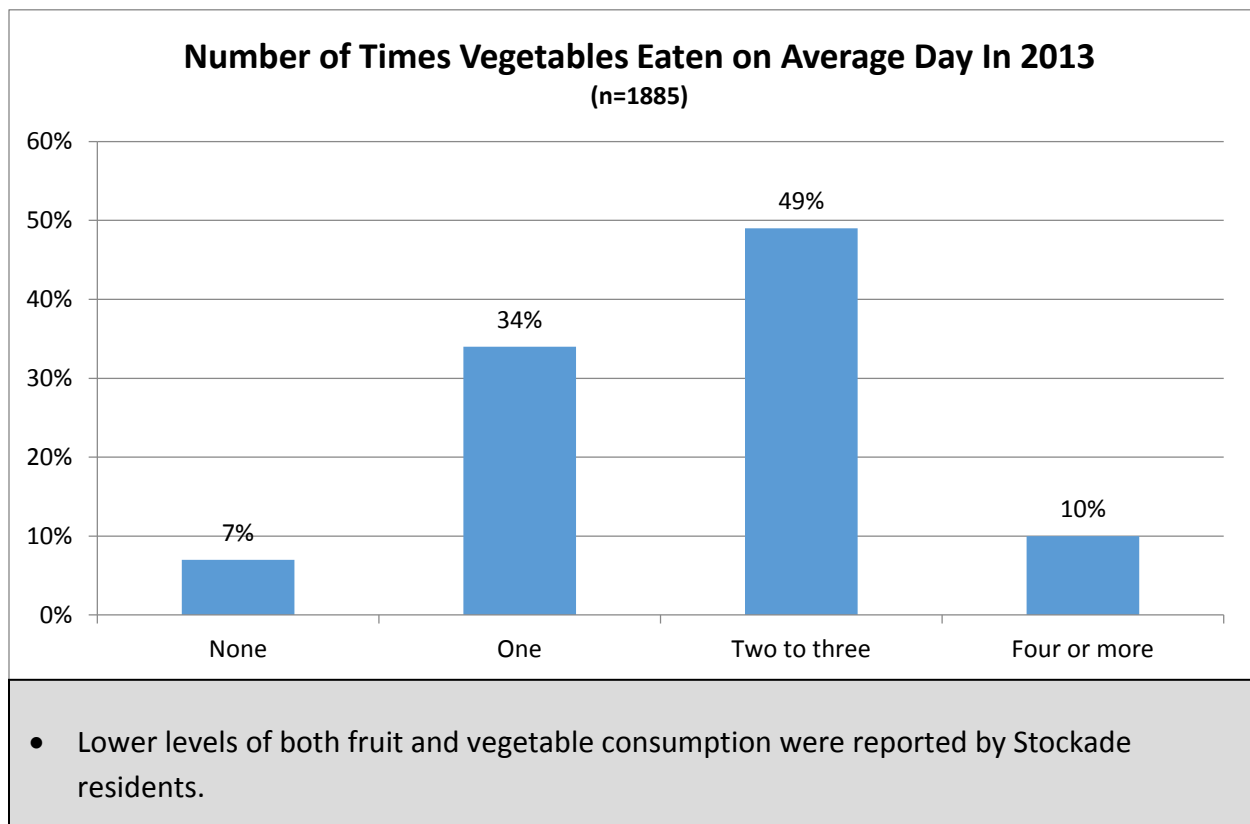


## FRUIT AND VEGETABLE CONSUMPTION

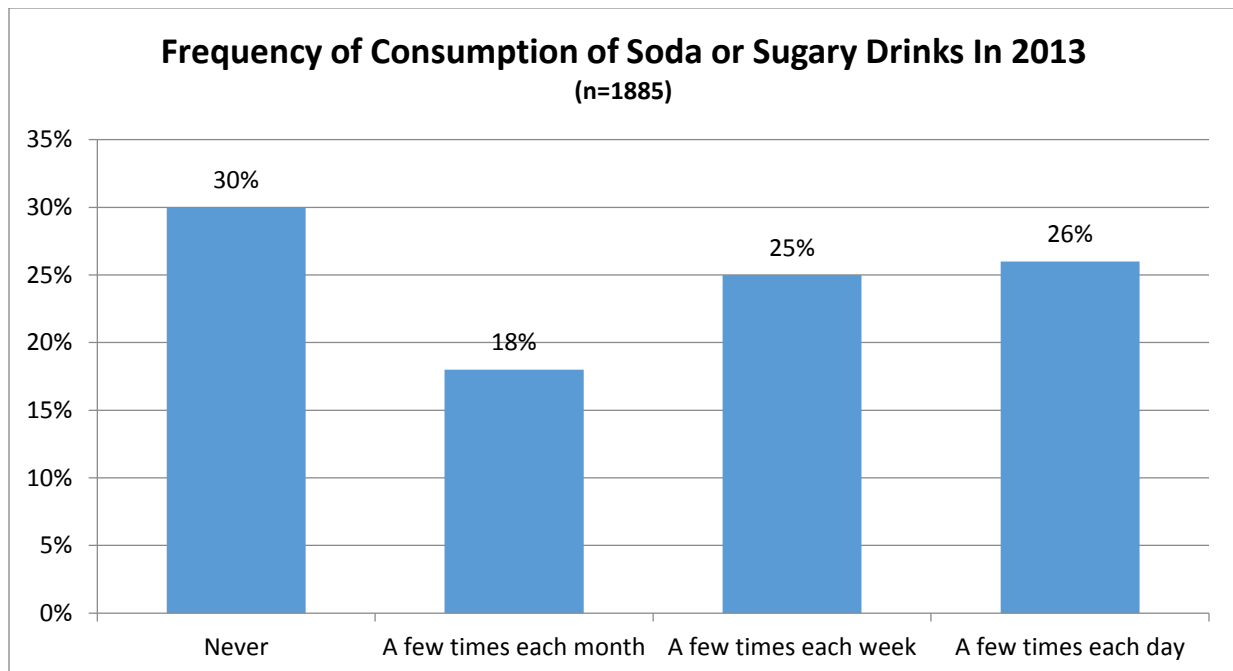
**QUESTION: On an average day, how many times do you eat fruit?**



**QUESTION: On an average day, how many times do you eat vegetables?**



**QUESTION: About how often do you drink regular soda or sugary drinks like juice or sports drinks?**



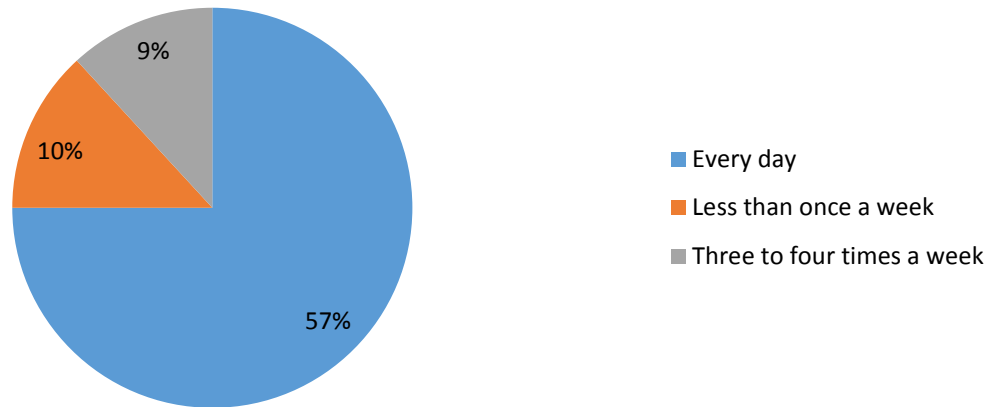
- A higher proportion of Northside, Union Street, Woodlawn, Glenville, and Niskayuna neighborhoods reported never consuming sugary drinks.
- A higher proportion of Downtown and Stockade residents as well as African Americans reported consuming sugary drinks a few times each day.

## THINKING ABOUT HEALTHY FOOD CHOICES

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**QUESTION:** How often do you think about healthy food choices?

**How Often Do You Think About Healthy Food Choices: Top Three Responses In 2013**  
(n=1971)

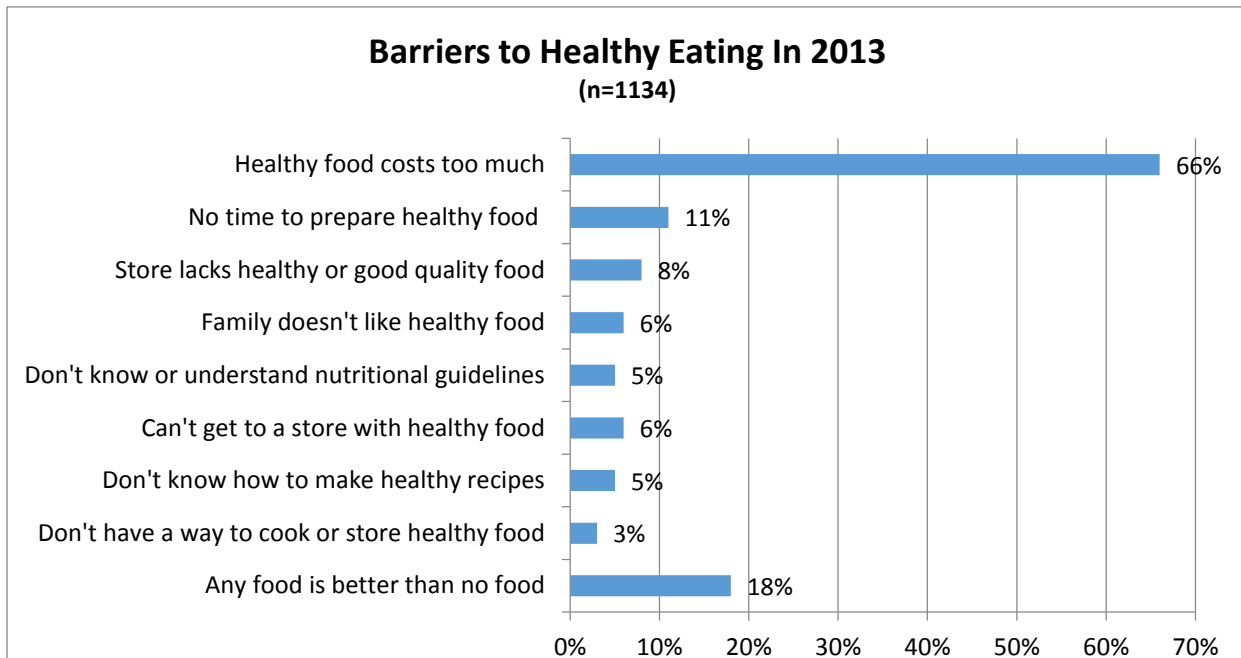


- There was little variation among neighborhoods or ethnic/racial groups in response to this question.



## BARRIERS TO HEALTHY EATING

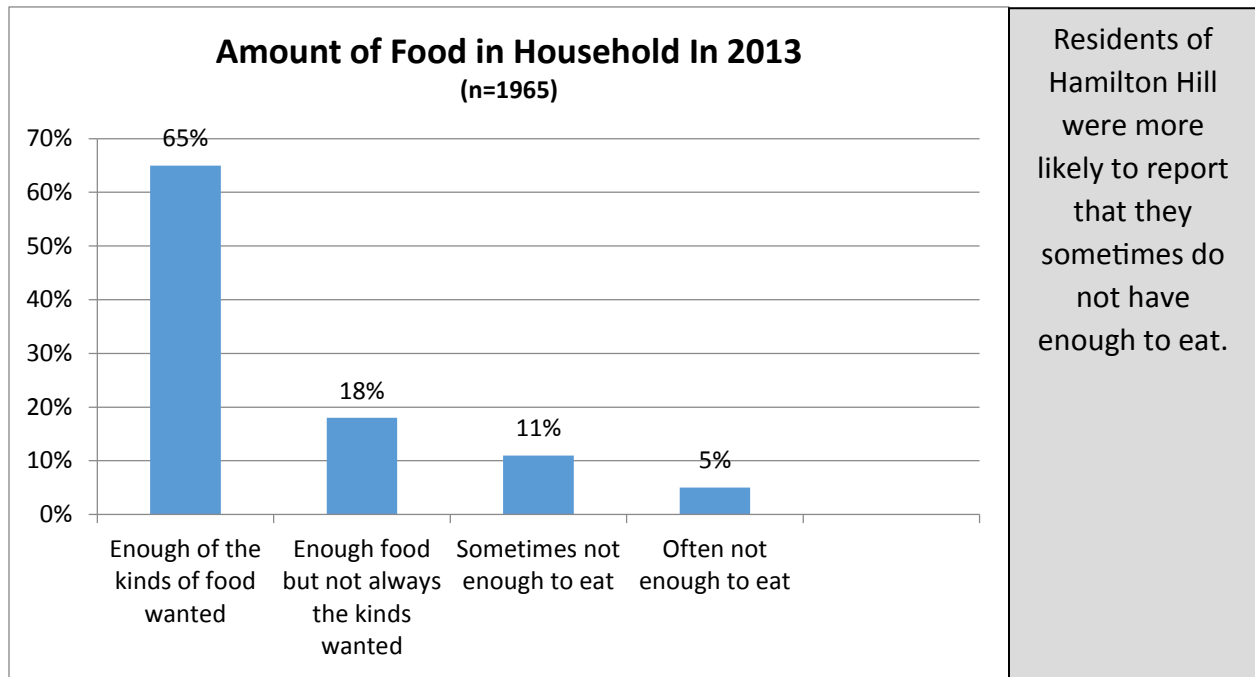
**QUESTION:** Have you experienced any of the following when trying to eat healthy?



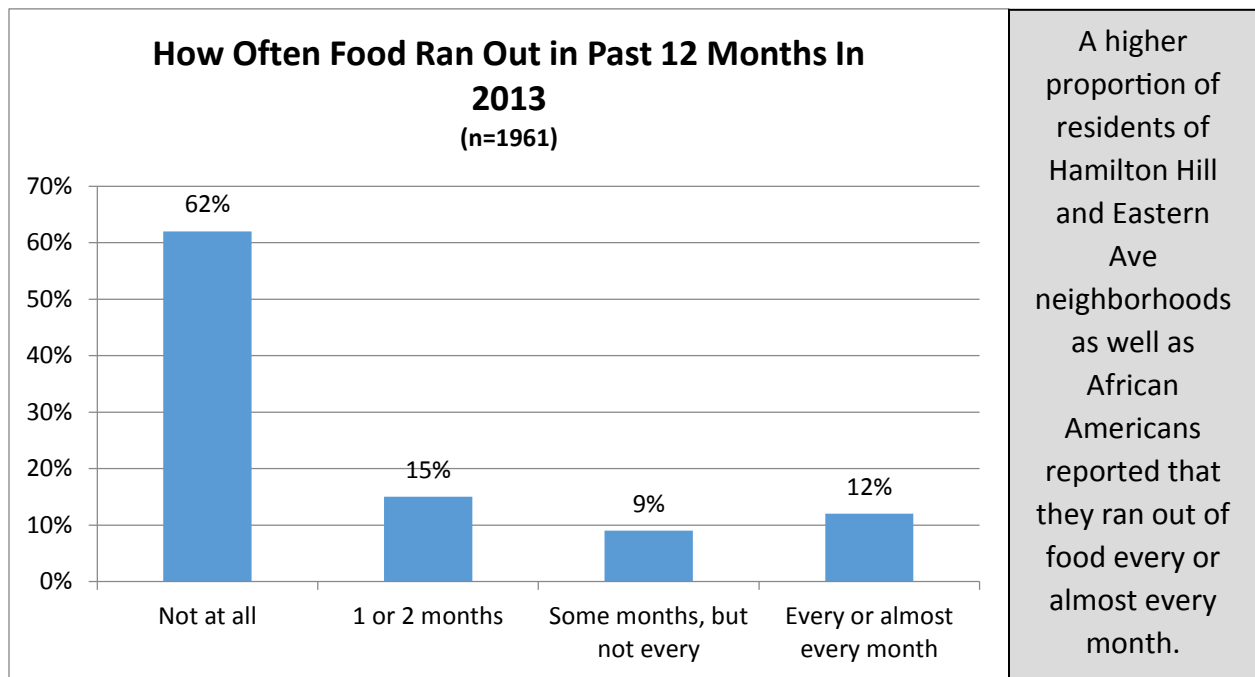
- A higher proportion of the Mt. Pleasant neighborhood reported that healthy food costs too much.
- A higher proportion of Northside, Union St, and Woodlawn neighborhoods reported that they have no time to prepare healthy food.
- A higher proportion of Bellevue, Stockade, and Northside neighborhoods reported that stores lack healthy or good quality food.

## ACCESS TO SUFFICIENT FOOD

**QUESTION:** In your household, is there enough food?



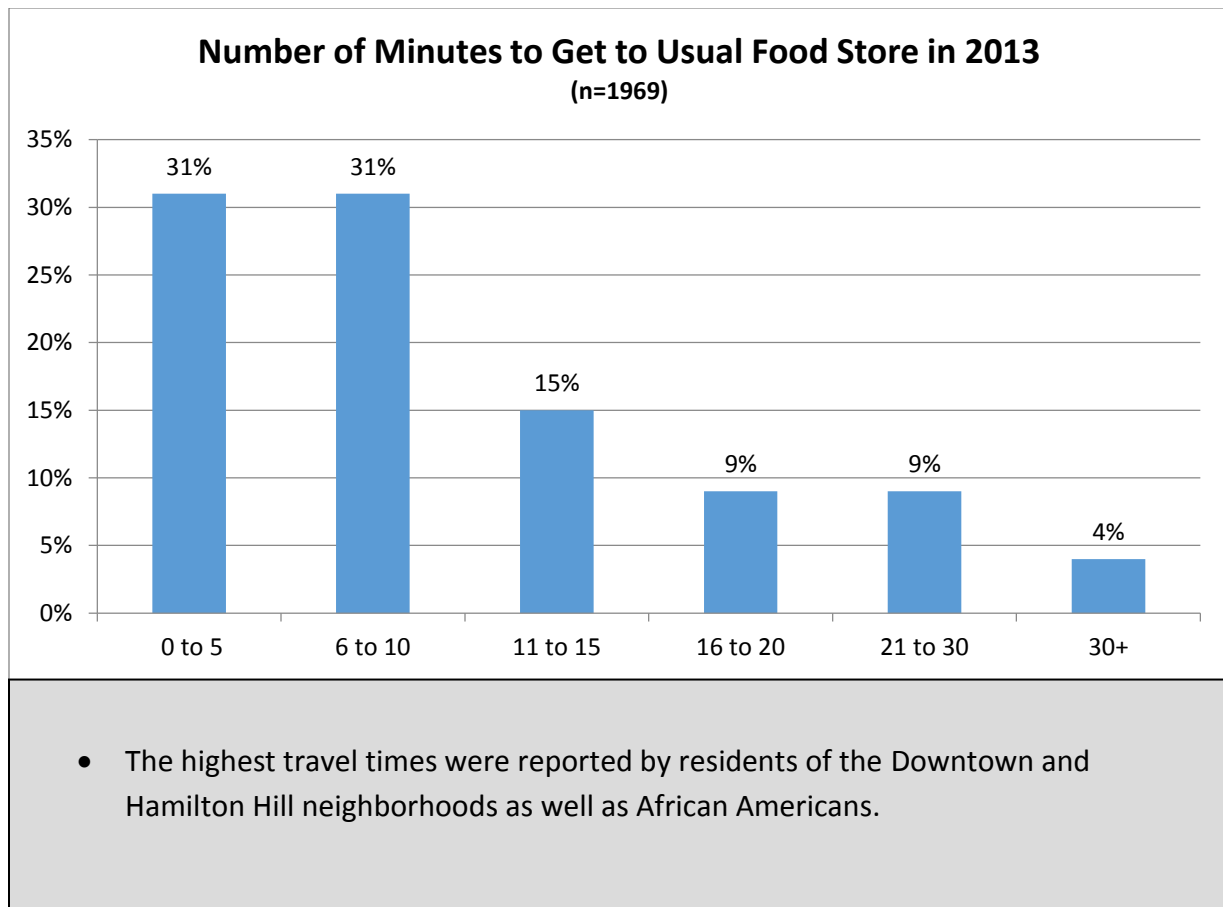
**QUESTION:** In the past 12 months, how often have you run out of food before the end of the month?



## SHOPPING HABITS

QUESTION: HOW OFTEN DO YOU SHOP FOR FOOD AT THE FOLLOWING STORES? (2013)			
Location	Often/ Sometimes	Never	Neighborhood Variations
Supermarket or Superstore (n=1954)	96%	1%	Proportionately lower use in Downtown, Hamilton Hill, and Central State
Convenience store (n=1904)	55%	28%	Proportionately higher use in Downtown, Eastern Ave and among African Americans
Corner store (n=1866)	43%	43%	Proportionately higher use in Downtown, Hamilton Hill, Stockade and by African Americans and Hispanics
International or ethnic market (n=1867)	22%	65%	Proportionately higher use in Mt. Pleasant and by Guyanese
Food Coop (n=1869)	20%	70%	Proportionately higher use in Union St.
Wholesale club (n=1854)	27%	57%	Proportionately higher use by Guyanese
Dollar store (n=1900)	51%	39%	Proportionately higher use in Hamilton Hill, Downtown, Eastern Ave and by African Americans and Hispanics
Drug store (n=1879)	37%	49%	Proportionately higher use in Downtown and by African Americans
Farmers market (n=1899)	31%	55%	Proportionately higher use in Union St.
Veggie Mobile (n=1871)	8%	87%	Most frequent use in Central State, Downtown, Hamilton Hill and Mt. Pleasant

**QUESTION: About how many minutes does it take you to get to the store where you usually shop for food?**



# APPENDIX B

## AVAILABILITY AND LOCATION OF FOOD ASSISTANCE PROGRAMS

In 2014, the Schenectady Food Insecurity Workgroup coordinated two community meetings with the goal of collecting the information necessary to inventory and map the location of food resources in Schenectady County. The resulting data was used to assess the distribution of the primary food assistance resources relative to areas of high need in the county.

### FOOD PANTRIES

2014 FOOD PANTRY LOCATIONS AND DAYS OF OPERATION										
Zip Code	Neighborhood(s)	SUN	M	T	W	TH	FR	SAT	Appt. Only	Other*
12302	Scotia/Glenville	0	0	1	0	0	1	0	0	0
12303	Mont Pleasant/Rotterdam	1	1	1	1	1	1	1	1	1
12304	Central State/Woodlawn	0	0	0	1	1	1	0	1	0
12305	Downtown/Stockade	0	0	1	1	1	0	0	0	0
12306	Bellevue/Rotterdam	0	0	0	0	0	0	0	0	0
12307	Vale/Hamilton Hill	0	2	1	2	1	1	0	0	2
12308	Northside/Central Schenectady	0	0	0	0	0	0	0	0	0
12309	Niskayuna/Upper Union Street	0	0	0	0	0	0	0	0	2
*Refers to pantries that are not open on a weekly basis (for example: every 2 <sup>nd</sup> Tuesday).										
<p>In 2014:</p> <ul style="list-style-type: none"> <li>The number of pantries with at least weekly availability was greatest in the Vale/Hamilton Hill neighborhood.</li> <li>There was no weekly pantry availability in the Bellevue/Rotterdam, Northside/Central Schenectady, or Niskayuna/Upper Union Street neighborhoods.</li> <li>Frequency of pantry operation was greatest in the Mont Pleasant/Rotterdam and Vale/Hamilton Hill neighborhoods.</li> </ul>										



2014 FOOD PANTRY AVAILABILITY BY WEEK, DAY, AND TIME*														
Pantry Schedule	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Week 1	1	0	2	1	3	3	4	2	4	3	3	1	1	0
Week 2	1	0	1	1	3	3	3	2	3	2	2	1	1	0
Week 3	1	0	1	1	3	3	3	2	3	3	2	1	1	0
Week 4	1	0	1	1	2	1	3	2	3	2	3	1	1	0
Sub-Total	4	0	5	4	11	10	13	8	13	10	10	4	4	0
Percent of Total by Time	3%	0%	4%	3%	9%	8%	10%	6%	10%	8%	8%	3%	3%	0%
Percent of Total by Day	3%		7%		17%		17%		19%		11%		3%	
<i>Data is based on a total of 15 food pantries, including those with limited availability (i.e., once per month). Percentages are based on the number of pantries available at a given time and day relative to the total number available in a given month.</i>														
<i>*PM times noted are primarily limited to late afternoons, rather than evening.</i>														
<ul style="list-style-type: none"><li>In 2014, food pantry availability was greatest during daytime hours on Tuesdays, Wednesdays, and Thursdays, and lowest on weekends and evenings.</li></ul>														

## COMMUNITY MEALS

2014 LOCATIONS AND DAYS OF OPERATION OF COMMUNITY MEALS OPEN TO THE PUBLIC *										
Zip Code	Neighborhood(s)	SUN	M	T	W	TH	FR	SAT	Sat**	Sun**
12302	Scotia/Glenville	0	0	0	0	0	0	0	0	0
12303	Mont Pleasant/Rotterdam	0	1	1	1	1	1	0	0	1
12304	Central State/Woodlawn	0	0	1	1	1	0	0	0	0
12305	Downtown/Stockade	2	2	2	2	2	2	1	0	0
12306	Bellevue/Rotterdam	0	0	0	0	0	0	0	0	0
12307	Vale/Hamilton Hill	0	1	1	1	1	1	0	1	2
12308	Northside/Central Schenectady	0	0	0	0	0	0	0	0	0
12309	Niskayuna/Upper Union Street	0	0	0	0	0	0	0	0	0
<p>*Includes only meals that are open to the public and offered on at least a weekly basis.</p> <p>**Refers to meals that are not offered on a weekly basis (for example: every 2<sup>nd</sup> Saturday).</p> <ul style="list-style-type: none"> <li>In 2014, half of the community meals programs open to the public were located in the Downtown/Stockade neighborhoods. The remainder were divided between Mont Pleasant/Rotterdam and Vale/Hamilton Hill.</li> </ul>										

2014 UNRESTRICTED COMMUNITY MEAL AVAILABILITY BY DAY AND WEEK*																					
Meal Schedule	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D
Week 1	1	1	0	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	0	0	1
Week 2	1	1	0	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	0	0	1
Week 3	1	2	0	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	0	0	1
Week 4	1	2	0	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	0	1
Sub-Total	4	6	0	4	4	8	4	4	8	4	4	8	4	4	8	4	4	8	1	0	4
Percent of Total by Meal	4%	6%	0%	4%	4%	8%	4%	4%	8%	4%	4%	8%	4%	4%	8%	4%	4%	8%	1%	0%	4%
Percent of Total by Day	11%			17%			17%			17%			17%			17%			5%		
Data is based on a total of 9 community meal sites, including those with limited availability (i.e., once per month). Percentages are based on the number of community meals available at a given time and day relative to the total number available in a given month.																					
*Includes only meals that are open to the public and offered on at least a weekly basis.																					
<ul style="list-style-type: none"><li>In 2014, the availability of community meals was greatest for weekday breakfasts and lunch and lowest on Saturdays.</li></ul>																					

# DISTRIBUTION OF FOOD ASSISTANCE RESOURCES RELATIVE TO POVERTY RATES IN 2014

Zip Code	Neighborhood(s)	Number of Households*		Number of Food Asset Locations by Type									
		Total	185% of poverty or below**	% of HH 185% or below poverty	General Overview								
					SNAP	Pantry	Produce	Brand Name Conv Store	Neigh-brhd Conv Store	Grocers	Institutional Meals	Holiday Meals	Community Meals
12302	Scotia/Glenville	10,704	1,042	9.7%	17	1	0	14	0	4	0	0	2
12303	Mont Pleasant/Rotterdam	11,262	1,804	16.0%	28	2	1	12	13	3	3	0	9
12304	Central State/Woodlawn	8,179	1,664	20.3%	36	2	3	15	23	6	0	2	9
12305	Downtown/Stockade	2,320	765	33.0%	11	1	5	5	9	0	6	3	10
12306	Bellevue/Rotterdam	9,730	1,264	13.0%	24	0	2	15	7	2	0	0	3
12307	Vale/Hamilton Hill	2,622	1,427	54.4%	22	4	8	3	17	0	3	1	16
12308	Northside/Central Schenectady	5,282	1,382	26.2%	19	0	3	9	14	0	2	0	11
12309	Niskayuna/Upper Union Street	11,174	643	5.8%	10	2	2	5	2	4	0	0	2
Total		61,273	9,991	16.3%	167	12	24	78	85	19	14	6	62
*Data from ACS Community Survey 2009-2013													
**Number of households included: households receiving food stamps and households not receiving food stamps below the poverty line													

\*Data from ACS Community Survey 2009-2013

\*\*Number of households included: households receiving food stamps and households not receiving food stamps below the poverty line

Zip Code	Neighborhood(s)	Number of Food Asset Locations by Type				
		Community Meal Overview				
		Youth Summer	Youth School Year	M-F	Sat	Sun
12302	Scotia/Glenville	1	0	1	0	0
12303	Mont Pleasant/Rotterdam	7	1	1	0	1
12304	Central State/Woodlawn	9	0	0	0	0
12305	Downtown/Stockade	5	0	2	1	2
12306	Bellevue/Rotterdam	3	0	0	0	0
12307	Vale/Hamilton Hill	11	2	1	1	2
12308	Northside/Central Schenectady	9	3	0	0	0
12309	Niskayuna/Upper Union Street	0	0	0	0	0
<b>Total</b>		<b>45</b>	<b>6</b>	<b>5</b>	<b>2</b>	<b>5</b>

In 2014:

- No pantries were located in Bellevue/Rotterdam or Northside/Central Schenectady.
- Food assistance services were concentrated in areas with the highest levels of poverty.
- Programs designed to increase access to fresh produce (e.g. community gardens, Veggie Mobile sites) were concentrated in areas with the highest levels of poverty.

# APPENDIX C

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## AVAILABILITY OF FOOD STORES AND ACCESS TO FRESH PRODUCE

In 2014, the University at Albany School of Public Health assessed the availability of fresh produce in retail stores in the City of Schenectady. The following tables are from their report: Akiko Hosler, Isaac Michaels, and Brigid Heenan. "Schenectady Food and Tobacco Environment Assessment Study, 2014: Methodology and Preliminary Results." Rensselaer, NY: University at Albany School of Public Health, 2014.



# NEIGHBORHOOD FOOD STORE CHARACTERISTICS IN 2014

Store size	Bellevue		Mt. Pleasant		Cent. State		Hamilton Hill		Downtown		Woodlawn		Union St		North Side		Total	%
One cash register	9	50	16	61.5	16	76.2	23	85.2	14	70.0	7	30.4	8	66.7	10	62.5	103	63.2
2 cash registers	6	33.3	5	19.2	4	19.0	3	11.1	3	15.0	6	26.1	1	8.3	4	25.0	32	19.6
3 cash registers	3	16.7	0	0.0	1	4.8	0	0.0	1	5.0	2	8.7	1	8.3	1	6.3	9	5.5
4 cash registers	0	0.0	2	7.7	0	0.0	1	3.7	1	5.0	2	8.7	1	8.3	0	0.0	7	4.3
5 or more cash registers	0	0.0	3	11.5	0	0.0	0	0.0	1	5.0	6	26.1	1	8.3	1	6.3	12	7.4
Store hours per week	Bellevue		Mt. Pleasant		Cent. State		Hamilton Hill		Downtown		Woodlawn		Union St		North Side		Total	%
98 hours or longer	11	61.1	17	65.4	11	52.4	15	55.6	6	30.0	13	56.5	6	50.0	10	62.5	89	54.6
49 to 97 hours	6	33.3	9	34.6	6	28.6	10	37.0	10	50.0	9	39.1	5	41.7	5	31.3	60	36.8
10 to 48 hours	0	0.0	0	0.0	1	4.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.6
less than 10 hours	1	5.6	0	0.0	3	14.3	2	7.4	4	20.0	1	4.3	1	8.3	1	6.3	13	8.0
Parking arrangement	Bellevue		Mt. Pleasant		Cent. State		Hamilton Hill		Downtown		Woodlawn		Union St		North Side		Total	%
With parking	18	100.0	17	65.4	14	66.7	9	33.3	9	45.0	21	91.3	11	91.7	12	75.0	111	68.1
No parking	0	0.0	9	34.6	7	33.3	18	66.7	11	55.0	2	8.7	1	8.3	4	25.0	52	31.9
Ownership	Bellevue		Mt. Pleasant		Cent. State		Hamilton Hill		Downtown		Woodlawn		Union St		North Side		Total	%
Corporate	6	33.3	9	34.6	3	14.3	4	14.8	3	15.0	16	69.6	4	33.3	4	25.0	49	30.1
Small business	11	61.1	17	65.4	15	71.4	21	77.8	13	65.0	6	26.1	7	58.3	11	68.8	101	62.0
Non profit	1	5.6	0	0.0	3	14.3	2	7.4	4	20.0	1	4.3	1	8.3	1	6.3	13	8.0
Food assistance program	Bellevue		Mt. Pleasant		Cent. State		Hamilton Hill		Downtown		Woodlawn		Union St		North Side		Total	%
SNAP (EBT)	13	72.2	22	84.6	17	81.0	26	96.3	13	65.0	19	82.6	6	50.0	12	75.0	128	78.5
WIC	0	0.0	2	7.7	0	0.0	1	3.7	0	0.0	4	17.4	1	8.3	0	0.0	8	4.9
WIC V&F/FMNP	1	5.6	0	0.0	2	9.5	0	0.0	2	10	0	0.0	1	8.3	1	6.3	7	4.3
● With the exception of the Woodlawn neighborhood, the majority of the stores where food is available are small, neighborhood based convenience stores.																		

• With the exception of the Woodlawn neighborhood, the majority of the stores where food is available are small, neighborhood based convenience stores.

## AVAILABILITY OF FRESH FRUIT AND VEGETABLES IN 2014

Standardized availability of fresh fruits and vegetables (count of stores carrying designated items per 10,000 population)

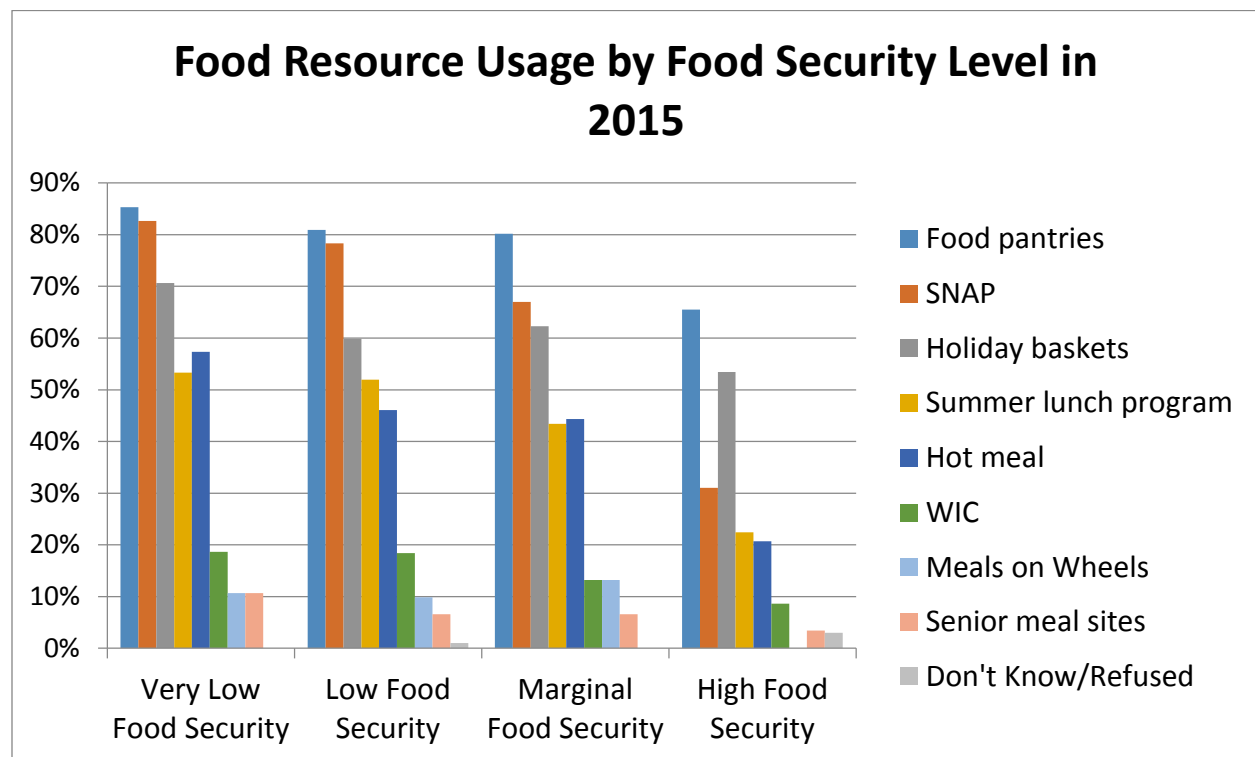
ADJUSTED	Bellevue	Mt. Pleasant	Central State	Hamilton Hill	Downtown	Woodlawn	Union St	North Side	Total
<b>Fruits availability</b>									
2 or more varieties (exc. Lemon & lime)	6.6	10.8	7.0	9.6	7.5	26.9	5.7	10.0	11.1
5 or more varieties (exc. Lemon & lime)	0.0	6.5	0.1	1.8	0.3	21.2	4.5	4.3	5.5
<b>Vegetable availability</b>									
2 or more dark varieties	3.5	9.0	1.5	6.3	2.8	21.7	4.5	7.3	7.7
5 or more dark varieties	1.0	7.3	1.4	2.4	0.4	19.5	4.5	4.3	5.7
<ul style="list-style-type: none"> <li>Fresh fruits and vegetables are available in a number of locations in each neighborhood. However, the variety appears to be quite limited.</li> </ul>									

# APPENDIX D

## ACCESSIBILITY OF RESOURCES FOR THE FOOD INSECURE

As a follow-up to the UMatte Survey, in August, 2015 the Food Insecurity Workgroup surveyed 393 adults in locations in the City of Schenectady where persons who are food insecure are more likely to frequent. The survey was designed to assess their utilization of food assistance resources as well as any barriers they experienced in trying to access those programs.

### FOOD ASSISTANCE USAGE



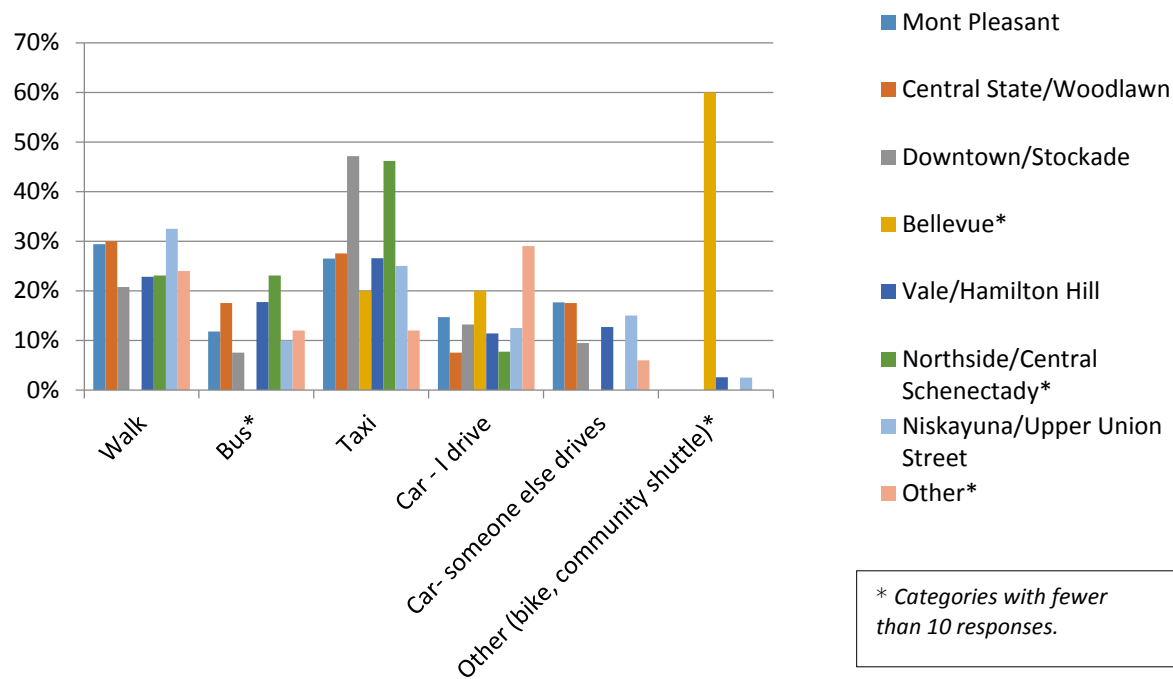
#### Definitions

- **Food Security:** Access at all times to enough nutritionally adequate food for an active, healthy life
- **High Food Security:** No reported indications of food-access problems or limitations.
- **Marginal Food Security:** One or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.
- **Low Food Security:** Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
- **Very Low Food Security:** Reports of multiple indications of disrupted eating patterns and reduced food intake.

## FOOD ACCESS: LOCATIONS AND TRANSPORTATION

LOCATIONS WHERE FOOD RESOURCES ARE USED (2015)			
RESOURCE	HIGHEST USE	LEAST USE	FREQUENCY
<b>SNAP</b>	<ul style="list-style-type: none"> <li>• Supermarket (92%)</li> <li>• Convenience Store (76%)</li> </ul>	<ul style="list-style-type: none"> <li>• Wholesale Club (BJ's) (14%)</li> <li>• Farmer's Market (17%)</li> </ul>	<ul style="list-style-type: none"> <li>• Once per month (50%)</li> </ul>
<b>Food Pantry</b>	<ul style="list-style-type: none"> <li>• SICM (81%)</li> <li>• Harmony Fellowship (63%)</li> </ul>	<ul style="list-style-type: none"> <li>• "Other" (6%)</li> </ul>	<ul style="list-style-type: none"> <li>• Occasionally, as needed (79%)</li> </ul>
<b>Meal Sites</b>	<ul style="list-style-type: none"> <li>• City Mission (80%)</li> <li>• Bethesda House (76%)</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Meal Sites (2%)</li> </ul>	<ul style="list-style-type: none"> <li>• Occasionally, as needed (52%)</li> </ul>

## Transportation to Main Location SNAP Used in 2015

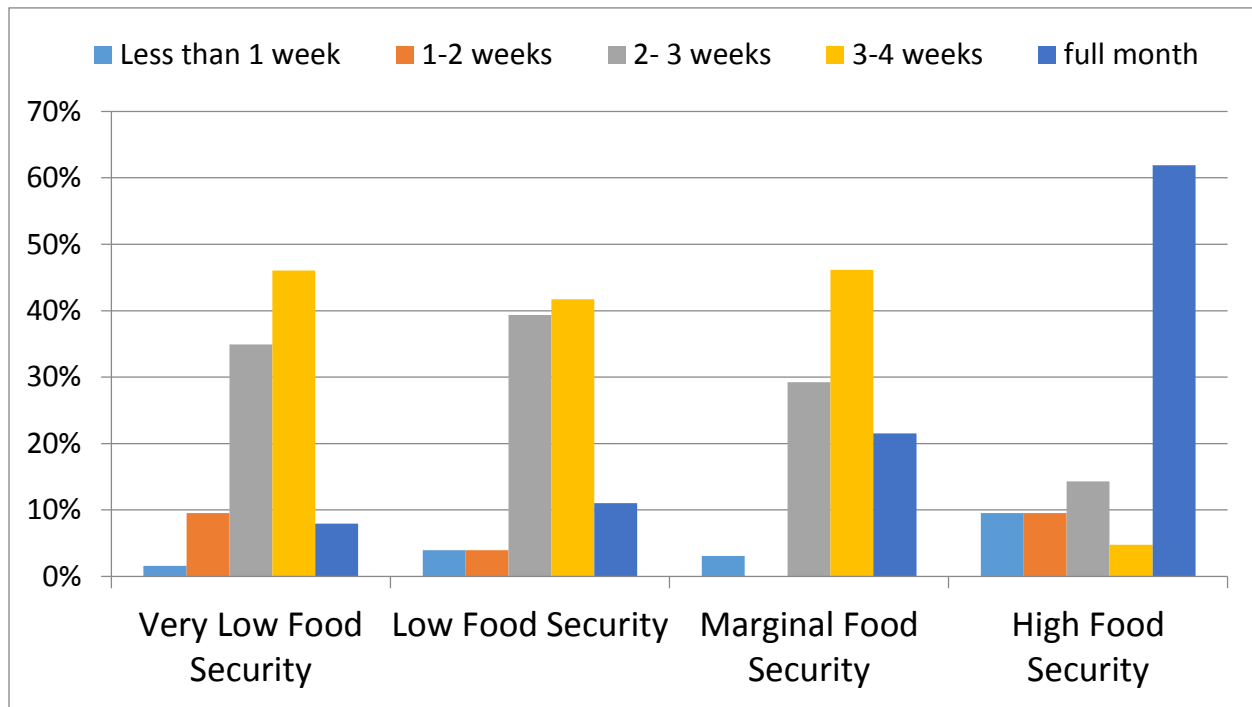


TRANSPORTATION USED TO ACCESS FOOD PANTRIES AND SNAP LOCATIONS (2015)						
	Walk	Bus	Taxi	Own Car	Other car	Other (Shuttle, Bike, etc.)
<b>Food Pantry</b>	To: 64% From: 48%	To: 2% From: 2%	To: 5% From: 4%	To: 14% From: 14%	To: 12% From: 14%	To: 2% From: 18%
<b>SNAP Use Location</b>	26%	14%	31%	13%	13%	2%

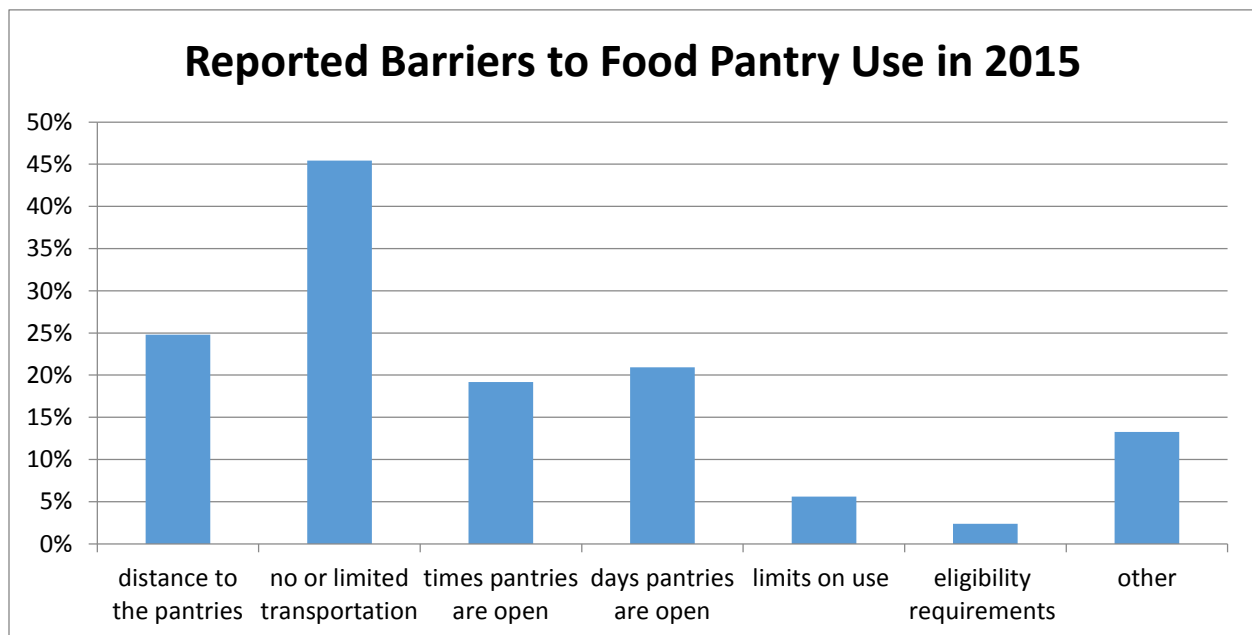


## BARRIERS TO ACCESSING FOOD ASSISTANCE

**Limited SNAP Benefits: For a Large Majority, SNAP Benefits Did Not Last a Whole Month in 2015.**



## Barriers to Food Pantry Use



# APPENDIX E

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## FOOD PANTRY CLIENT SURVEY BASELINE RESULTS

As the baseline component of the evaluation of the PICH Healthy Food Pantry Initiative, Schenectady County Public Health Services, with assistance from Cornell Cooperative Extension, surveyed 305 clients at five Schenectady food pantries in 2015 to assess the availability of fruits and vegetables and sweetened beverages in their homes and their consumption of fruits and vegetables and sweetened beverages in the past month. The survey also collected information about the pantry clients' health status, level of food security, and use of food assistance resources.

### PANTRY CLIENT HEALTH STATUS IN 2015

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Obese or overweight based on BMI	74%
One or more chronic health conditions such as diabetes, high cholesterol, high blood pressure, etc.	68%
Need special foods to help address health conditions:	
• Low sodium	62%
• Low fat	61%
• Low sugar	75%

### FOOD INSECURITY IN 2015

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Low or very low food security	41%
Use pantries once per month	45%
Use pantries 2 or more times per month	28%

## FOOD IN THE HOME IN 2015

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### Percent reporting types of food in the home during the week prior to the survey:

Fresh or frozen vegetables	75%
Canned vegetables	88%
Fresh or dried fruit	62%
Canned fruit	68%
Whole grains (e.g. whole wheat bread, brown rice, whole grain cereal)	78%

## BEVERAGES IN THE HOME IN 2015

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### Percent reporting types of beverages in the home during the week prior to the survey:

100% fruit juice or sweetened juice beverages (e.g. lemonade, fruit punch, Sunny Delight)	70%
Regular (no-diet) soda or soft drinks	42%
Energy drinks or sports drinks (e.g. Red Bull, Rockstar, Gatorade)	21%