



# Turning the Corner

## The Inside Guide to Fighting Food Deserts Through Corner Store Collaborations

By DC Central Kitchen

"Turning the Corner: The Inside Guide to Fighting Food Deserts"  
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At the start of 2011, the Healthy Corners program lived only on DC Central Kitchen's whiteboard of wish-list ideas. For years, blue ribbon commissions and white paper authors had called for new approaches for getting healthy food onto the shelves of small businesses in urban food deserts. But no one had taken the critical step of actually bringing those items to those businesses.

DC Central Kitchen saw a need, and in partnership with the District of Columbia government and 30 intrepid business owners, set out to meet it. Since then, Healthy Corners has benefited from dozens of critical collaborations. Public agencies, private philanthropists, corporate sponsors, and even graduate students and independent filmmakers have contributed critical resources, expertise, and energy to our cause. We thank all of you for making Healthy Corners possible, and extend a special thanks to the Aetna Foundation, whose support took this insightful, practical "Inside Guide" off of our whiteboard and into reality.

Today, Healthy Corners is changing lives here in Washington, DC. But we know this model has far greater potential. That's why this guide is meant to be used by other groups across the country, to spark not just replication, but adaptation and innovation. We don't have all the answers. We do have a few though, and we've asked lots of questions over the past four years.

I hope this document is helpful to your work and encouraging to your spirit. At the very least, it should shorten your learning curve and spare you from taking a few of the lumps we've absorbed along the way.

There are still some who say that low-income urban residents simply won't buy healthy food. If healthy food is never made available to them, those critics will always be right. Healthy Corners has proven that consumers on tight budgets will buy nutritious food if it's made accessible, affordable, and dignified. I hope you'll use what we've learned to debunk more myths in your own community, and let us know what you learn in the process.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Curtin Jr." with a stylized flourish at the end.

Michael F. Curtin, Jr.  
Chief Executive Officer  
DC Central Kitchen



***Healthy Corners' efforts have been possible by the support of these generous charitable partners:***

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DC Department of Small and Local Business Development

DC Department of Health

DC Hunger Solutions



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**Section I: The Checklist**

This no-frills, two-page section outlines the core elements needed to replicate a corner store delivery and community outreach program in line with the model pioneered by DC Central Kitchen’s award-winning Healthy Corners initiative.

<b>Category</b>	<b>Item/Skill</b>	<b>Importance</b>
<i>Infrastructure</i>	1 refrigerated vehicle (e.g. a refrigerated product sprinter van) for every ~30 stores	High
	Food storage unit/distribution facility	High
	Commercial kitchen	Medium (High if value-added products are desired)
	A minimum of three staffers to manage a workflow of 10 stores (cont. page 11)	High
<i>Partnerships</i>	Identify produce supplier(s)	High
	Build relationships with corner store owners	High (need not be pre-existing, but must be cultivated)
	Engage community activists/faith and civic groups	High
<i>Skills/Training</i>	Financial management (e.g. invoicing)	High
	Inventory management	High
	Culinary production	Medium (High if value-added products are desired)
	ServSafe Certification and Safe Food Handling	Medium (High if value-added products are desired)
<i>Attitudes</i>	Strong desire regarding healthy eating and community wellness	High
	Effective salesmanship and commitment to relationship building	High
	Pragmatic approach to encouraging healthier behaviors gradually and meeting customers and store owners where they are	High



### ***Healthy Corners' Golden Rules for Program Start-Up & Food Distribution Sustainability***

1. Secure strong in-house capacity with kitchen facilities and staff at your organization or in conjunction with invested community partners.
2. Ensure your organization's upstanding reputation in your community, and develop a plan to leverage it.
3. Partner with local groups like your Department of Health, student groups, community centers, or other non-profits.
4. Spark enthusiasm in your store owners through transparency, regular communication, and face-to-face interactions.
5. Initially offer something (refrigerators, shelving, or produce) to your store owners for free, and then gradually increase their monetary stake in the program—again, in a totally transparent way—to instill responsibility and a sense of ownership.
6. Provide store owners with training manuals with simple language and pictures on how to handle and store produce.
7. Conduct initial business assessments to assess a store's suitability for the program and to tailor training activities. Remember to track changes in the store's practices and performance over time.
8. Expect and plan for differences in language, culture, and experience.
9. Conduct taste tests and cooking demonstrations for customers to create interest and boost sales.
10. Create marketing materials like postcards with store locations, recipe cards, dry erase price tags, and outdoor store signage. Marketing is a program expense, not overhead!



# GOLDEN RULES FOR PROGRAM START UP AND SUSTAINABILITY



Secure strong in-house capacity with kitchen facilities and staff at your organization or in conjunction with invested community partners.



Ensure your organization's upstanding reputation in your community, and develop a plan to leverage it.



Partner with local groups like your Department of Health, student groups, community centers, or other non-profits.



Spark enthusiasm in your store owners through transparency, regular communication, and face-to-face interactions.



Initially offer something to your store owners for free, and then gradually increase their monetary stake in the program—again, in a totally transparent way—to instill responsibility and a sense of ownership.



Provide store owners with training manuals with simple language and pictures on how to handle and store produce.



Conduct initial business assessments to assess a store's suitability for the program and to tailor training activities. Track changes in the store's practices and performance over time.



Expect and plan for differences in language, culture, and experience.



Conduct taste tests and cooking demonstrations for customers to create interest and boost sales. Create marketing materials like postcards with store locations, recipe cards and outdoor signage.





## Section II: Important Background

### What is a food desert?

The US Department of Agriculture defines food deserts as “urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food. Instead of supermarkets and grocery stores, these communities may have no food access or are served only by fast food restaurants and convenience stores that offer few healthy, affordable food options. The lack of access contributes to a poor diet and can lead to higher levels of obesity and other diet-related diseases, such as diabetes and heart disease.”

Typically, low income areas and areas with higher proportions of minority residents are more prone to food deserts. The problem is often worsened when households don't have cars. In summary, food deserts are often characterized by:



- Pervasive, long-standing poverty among residents of a given urban or rural community;
- A lack of economic development, leading to a dearth of quality, affordable retail food options, such as grocery stores and sufficiently sized markets;
- Largely unhealthy existing options, such as fast-food outlets and convenience stores, that rely on inventory that is low in both cost and quality;
- Lack of access, leading to poor diets, which contribute to diet-related diseases, such as obesity and diabetes.



### ***Where are food deserts?***

Food deserts exist all over the United States.<sup>1</sup> Rural food deserts are as real, and perhaps even more pernicious, than urban ones, in large part because they are less visible. This manual is intended to outline a response to urban food deserts based on the authoring organization's firsthand experience. Many lessons may be transferrable to the rural context as well, but we are circumspect about our model's prospects for complete replication in less urban environments.

But cities across the US clearly demonstrate a need for new, viable solutions. Over half of Detroit's residents must travel two times farther to reach a grocery store than a convenience or fast food store. This is especially problematic since one-fifth of Detroit households do not own cars.

In Chicago, the situation is similar with those living in African-American neighborhoods traveling twice as far to grocery stores than to the nearest fast food or convenience store. As income goes down, grocery store concentration goes down, but fast food concentration goes up. African-American communities are much more likely to cluster into food deserts where fast food outlets are more prevalent than grocers.

### ***Food deserts in Washington, DC***

In Washington, DC, long-term, pervasive poverty in specific communities has contributed to the development of acute food deserts. DC's economy, in total, has done well in recent years; its median household income is just over \$61,000. A closer look at the map, however, reveals that certain areas of D.C. are nearly all African American with much lower median household incomes – as low as \$25,000 in one area.

Eighty-eight percent of the over 520 food retailers in DC are unhealthy food retailers. These stores mostly sell food that is fast, ready-made, boxed, canned or processed. Usually these kinds of foods have little nutritional value and are high in sugar, salt, and fat.

Nearly 200,000 D.C. residents live on blocks where the closest healthy food retailer is three times farther or more than the closest fast food or convenience food store.

The District of Columbia is divided into eight wards. The District's 43 grocery stores are located unevenly across the city: only two are located in Ward 4, four

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<sup>1</sup> The United States Department of Agriculture has developed a food access research map that is national in scope: <http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx#.UdGnxK-ixa4>



in Ward 7, and three in Ward 8. By contrast, Ward 3, the highest-income ward, has eleven full-service stores. The ratio of full-service grocery stores to residents also reveals disparate grocery store service: Ward 3 has five times more full-service grocers per resident than Ward 4. This causes, on average, residents of lower income Wards 4, 5, and 7 to travel longer distances than residents in other wards to reach the closest full-service grocery store.

Food deserts represent a significant threat to public health. Obesity rates are 40% in areas in the food desert areas of DC where it is difficult to find healthy food. The percentage of those overweight or obese reaches 73% in one food desert area, compared to 42% in higher income neighborhood. Up to 18% of residents in food deserts have diabetes compared to 3.5% in high income areas with many grocery stores.

Public awareness of food deserts in DC began to grow at the end of the last decade. Then, a 2010 report by DC Hunger Solutions, “When Healthy Food is Out of Reach” (2010), recommended a government-led initiative to attract healthy food retailers to Wards 7 and 8.<sup>2</sup> But ‘big-box’ retail stores and supermarkets can take years to open. These outlets can require hundreds of thousands of square feet, adequate parking, and considerable infrastructure to support customer access and product delivery. Instead of waiting for these retailers to open new outlets in DC’s food deserts, there was a clear opportunity to take action by partnering with existing small retailers and corner stores already operating in target neighborhoods and communities.

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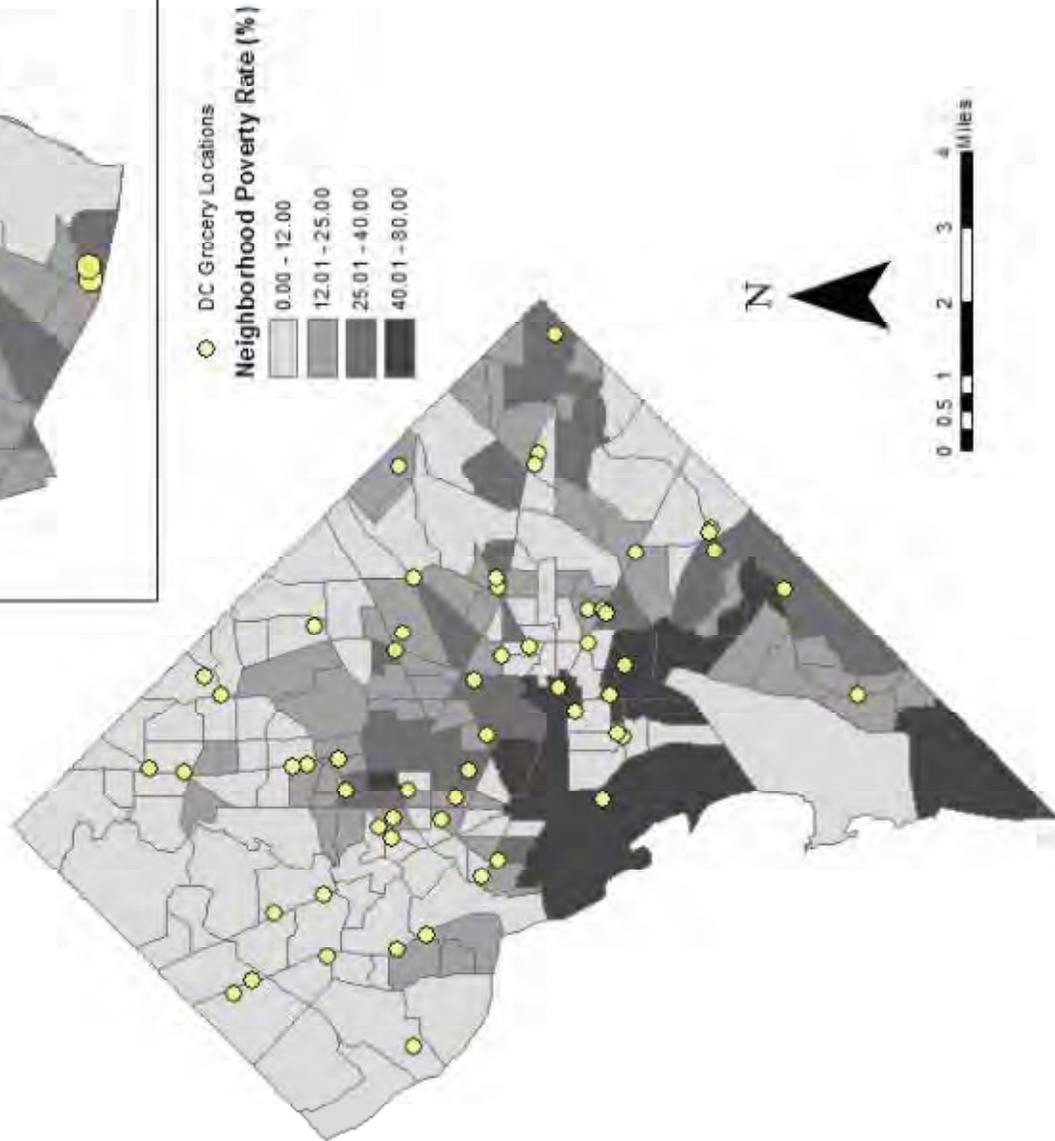
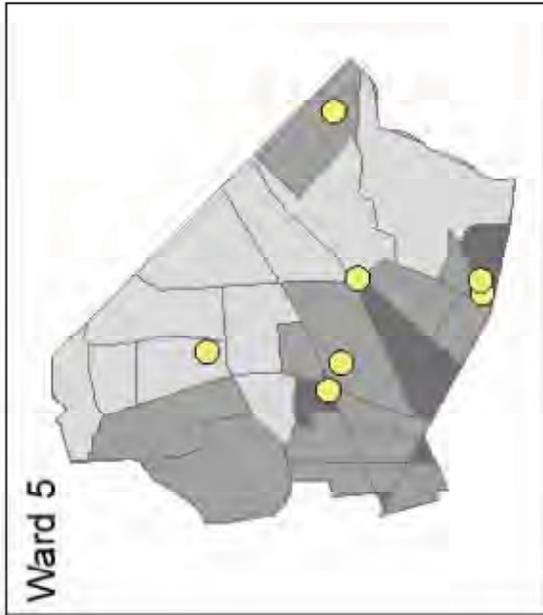
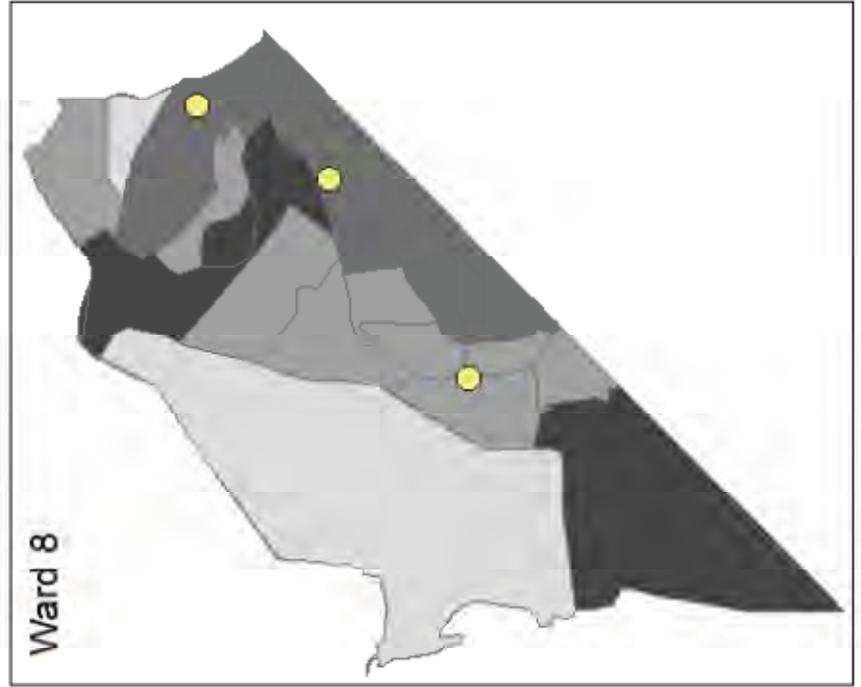
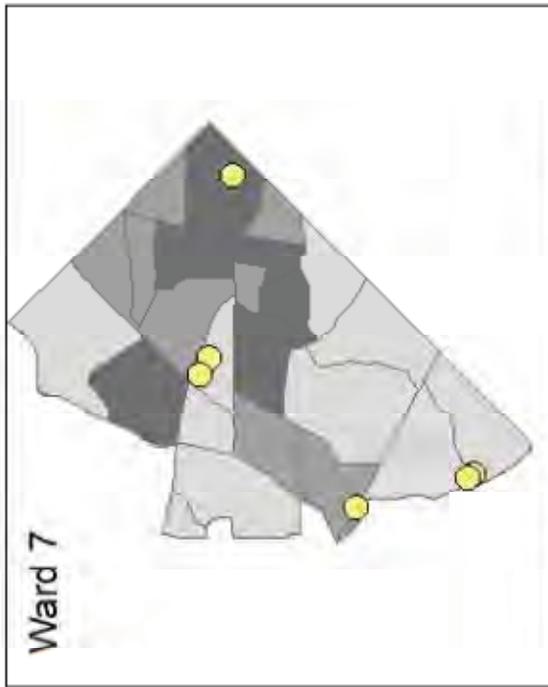
<sup>2</sup> DC Hunger Solutions, When Healthy Food is Out of Reach (2010)  
<<http://www.dchunger.org/pdf/grocerygap.pdf>>



## Logistical Barriers to Fresh Food

	Distribution Method	Barrier	Business Impact	Result
Produce →	 <b>Farmers Markets</b>	<ul style="list-style-type: none"> <li>• Expensive for corner store owners to pay retail prices</li> <li>• No sales support</li> </ul>	<ul style="list-style-type: none"> <li>• Fresh, healthy produce not profitable for stores</li> </ul>	<ul style="list-style-type: none"> <li>• No consumer access to healthy food</li> </ul>
<b>Farmers and Growers</b>	 <b>Big Box Retailers and Grocery Stores</b>	<ul style="list-style-type: none"> <li>• Expensive for corner stores to pay retail prices</li> <li>• No sales support</li> </ul>	<ul style="list-style-type: none"> <li>• Fresh, healthy produce not profitable for stores</li> </ul>	<ul style="list-style-type: none"> <li>• No consumer access to healthy food</li> </ul>
Produce →	 <b>Wholesale Distributors</b>	<ul style="list-style-type: none"> <li>• Corner store owners do not meet minimum delivery requirements</li> <li>• No sales support</li> </ul>	<ul style="list-style-type: none"> <li>• Selling to corner stores not profitable for distributors</li> </ul>	<ul style="list-style-type: none"> <li>• No consumer access to healthy food</li> </ul>

In 2010, a local nonprofit named DC Central Kitchen (DCK) with expertise in food preparation and delivery developed the rough sketch of an idea to deliver healthy food directly to corner stores. In 2011, this sketch turned into a grant proposal submitted to the District of Columbia government. Since then, DCK's Healthy Corners program has emerged as a national model in the fight against food deserts.





### **About DC Central Kitchen**

Since its founding in 1989, DC Central Kitchen (DCK) has prepared 27 million meals for low-income and at-risk people in Washington DC. DCK produces 5,000 meals every day that its staff loads into a fleet of trucks and distributes at little or no cost to 100 nearby homeless shelters, transitional homes, and nonprofit organizations, saving them money and nourishing their clients.

The meals go out with a message: in the kitchen where those meals are made, unemployed men and women who want to replace homelessness, addiction, and incarceration with new careers can enroll in DCK's acclaimed Culinary Job Training program. DCK's mission is to use food as a tool to strengthen bodies, empower minds, and build communities.

This core of meal distribution and job training fuels a host of other innovative programs at DC Central Kitchen that fight poverty, hunger, and poor health. The food recycling program helps turn tons of leftover surplus food into thousands of balanced meals every day.

DCK's Healthy School Food program serves 6,000 healthy, locally-sourced, scratch-cooked meals to 3,200 low-income DC schoolchildren every day, proving that school meals can be nutritious, affordable, and sustainable. The Healthy Corners (HC) program, founded in 2011, now delivers fresh produce and healthy snacks to 67 corner stores in DC's food deserts—and counting!

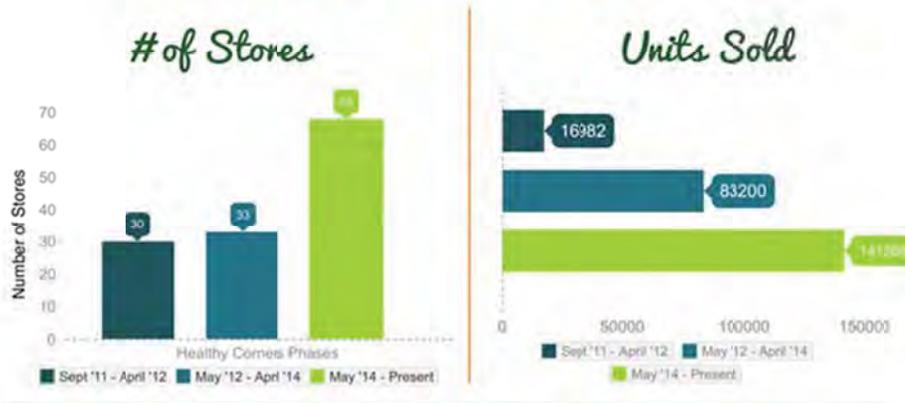
DCK's smart, business-like approach to doing good allowed them to earn 60% of their income through social enterprise in 2014.

DC Central Kitchen's Healthy Corners program has evolved through three operational phases since 2011. The following sections of this report outline that progress.





# HEALTHY CORNERS *Phases in Review*



## Comparing Apples to Apples: # of Stores in each Ward

