

2014

Northeast Denver Food Systems Assessment Report and Findings



Contents

- I. ACKNOWLEDGEMENTS 1
- II. EXECUTIVE SUMMARY 5
- III. BACKGROUND 9
- IV. FINDINGS..... 17
- V. CONCLUSIONS..... 29
- VI. RECOMMENDATIONS..... 30
- VII. Call to Action! Here Are Things We Can Start Right Now. 33

Acknowledgements



I. ACKNOWLEDGEMENTS

This report is the result of one year's worth of work that included the time and talent of dozens of residents and partners in Northeast Denver. Our sincerest gratitude to the people listed below who care deeply about their community and give much to make it a better place to live for everyone.

Food Assessment Resident Researchers

Essence Montoya, Surveys	Johnna Diouf, Surveys
Broderick Pryor, Surveys	Cinthya Davila, Surveys and Food Retail Audits
Maria Campos, Surveys and Food Retail Audits	Chaka M-Zee, Surveys and Food Retail Audits
Ofelia Martínez, Surveys	Quincy Shannon, Surveys
Yanet Onofre, Surveys	Deborah Sims Fard, Surveys and Food Retail Audits
Guillermina Lopez, Surveys	Alicia Perez, Surveys
Mayra Gonzalez, Surveys	Aribela Arnetta, Surveys
Gabriel Gonzalez, Surveys	Aubriel Mcallisder, Surveys
Maria Eva Soto, Surveys	Dyrell Willis, Surveys
Erika Muñoz, Surveys and Food Retail Audits	Araceli Martínez, Food Retail Audits
Lois Doll, Surveys	Mya Bea, Food Retail Audits
Desiree Huwa, Surveys	Concepción Castorena, Food Retail Audits
Ana Mérida, Surveys	
Dennis Brooks, Surveys	

Food Assessment Steering Committee Members

Cindy Everett, Urban Land Conservancy
Benjamin Roldanrojas, LiveWell GES
Karla Loaiza, Civic Canopy/Share LiveWell
Tracy Winchester, Five Points Business District
Brande Micheau, City Council District 8
Albus Brooks, City Council District 8
Adam Brock, Growhaus
Geraldolyn Harris, Civic Canopy/Share LiveWell/Resident
Araceli Martínez, Resident
Mya Bea, Liberation Sequence Gardens/Share LiveWell/Resident
Beverly Grant, Mo Betta Green/Share LiveWell/Resident
Cinthya Davila Resident
Drew O'Connor Civic Canopy/Share LiveWell/Resident
Donita Rafferty, Hunger Free Colorado
Maria Campos, LiveWell GES/Resident
Amy Beres, Resident
Jon Denzler, Civic Canopy
Chaka M-Zee, Resident
Matt Barry, Piton Foundation
Erika Munoz, Resident
Shannon Spurlock, Denver Urban Gardens

Antonia Montoya, LiveWell GES/Resident
Victoria Treski Hunger Free Colorado
Rachel Cleaves LiveWell GES
Mondi Mason, City of Denver Environmental Health
Lisana Munoz, Health and Human Services/SNAP
Sr. Melissa Comardo, VP of Mission, St. Joes Exempla
Amanda Sandoval, City Council District 9

Core Team Members

Rachel Cleaves, LiveWell Globeville, Elyria Swansea
Michelle Zuniga, LiveWell Globeville, Elyria Swansea
Maria Campos, LiveWell Globeville, Elyria Swansea
Antonio Montoya, LiveWell Globeville, Elyria Swansea
Mya Bea, Mya B. Living, Share LiveWell, Resident
Wendy Peters Moschetti, WPM Consulting
Mondi Mason, City of Denver Environmental Health
Shiffen Gettabecha, City of Denver Environmental Health
Geraldolyn Harris, Civic Canopy/Share LiveWell
Karla Loaiza, Civic Canopy/Share LiveWell
Annie Ytterrock, Civic Canopy/Share LiveWell
Jon Denzler, Civic Canopy/Share LiveWell
Drew O'Connor, Civic Canopy/Share LiveWell

Foundation Partners

Our sincere thanks to the Colorado Health Foundation and LiveWell Colorado for their support in this initiative.

Report Authors

Drew O'Connor and Wendy Peters Moschetti

Executive Summary



II. EXECUTIVE SUMMARY

Throughout the United States in 1960s and 1970s, grocery stores left urban neighborhoods following the white and middle class flight to the suburbs. With them followed the distribution networks that brought fresh fruits and vegetables into large and small city grocers. The impacts of the grocery store exodus from urban America persist today. In Northeast Denver, a substantial number of residents live in a food desert, or an area where residents live one mile or more from a full-service grocer. In April of 2013 a group of partners came together to conduct a food systems assessment - a study of the structures and behaviors that impact our local food system - to fully understand the challenges we face and identify the most effective strategies to solve our food desert. Included in this group were Share LiveWell - focusing in Five Points, Whittier, Cole, Clayton and North City Park - LiveWell Globeville, Elyria Swansea and the Denver Department of Environmental Health. Both LiveWell groups are resident-led efforts focused on increasing healthy eating and active living in those neighborhoods.

In addition to understanding our food system, the research study had the goal of centering neighborhood residents in the design and implementation of the research. Through active resident participation and leadership, this approach - known as community-based participatory research - ensures the primary questions of the research reflect the needs of the community while the data and findings generated are owned and understood by community members. Research methods included surveys, focus groups, food retail audits and collection of supporting secondary data. The questions that guided our data-gathering were:

- What are our food system assets?
- What are the structural barriers to healthy food access?
- What are the behavioral barriers to healthy food consumption?
- Is there the potential to catalyze a localized food economy that increases access and supports healthy food habits?

Highlights of the findings of our research included:

- There are many residents in our neighborhoods who are food insecure – who do not sustainably have the means to afford healthy food. To be sure, this challenge results from access to/cost of healthy food. But more fundamentally, it is deeply rooted in a squeeze of other economic factors such as lack of adequate income and rising housing costs.
- Low consumption of healthy food disproportionately impacts low income residents and residents of color in our neighborhoods.
- Our current food retail is harming us. Low access to healthy food and proliferation of high sugar, high sodium, high fat processed foods and beverages creates an unhealthy food environment - a downward spiral of unhealthy food consumption. Marketing and overabundance of these unhealthy foods throughout our neighborhoods make children and young people particularly vulnerable to developing poor eating habits that can have a lifetime impact.

- Residents want better access to healthy food. Residents believe better access would lead to more healthy food consumption, though “access” is a word that encompasses cost and convenience as well as availability. While there was interest in a variety of ways to increase healthy food retail in neighborhoods such as farmers markets and healthy corner stores, most residents saw the existence of a full service grocer as an indicator of real progress in healthy food access.
- Residents recognize that food behaviors need to change. Participants in our research understood there are deep-rooted cultural and family patterns that play a role in unhealthy eating. There was significant interest in classes in nutrition, shopping, cooking and formation of resident support networks. People were also interested in developing gardens in their own yards or near their homes.
- We have significant assets to build upon. In our neighborhoods there are a number of resident, nonprofit and city-driven efforts that are addressing the challenges to healthy food consumption within the seven neighborhoods. Greater organization and synergy among all of these pieces would lead to greater impact. Within all of our backyards and public land, there are numerous acres to grow healthy food for ourselves. In our corner store infrastructure, we have locally owned businesses embedded conveniently throughout our neighborhoods that could be re-tooled as access points for healthy food. Through the Supplemental Nutrition Assistance Program (SNAP) and other assistance programs, we have an opportunity to increase healthy food consumption for low-income residents while increasing our buying power of healthy food. More people buying healthy food leads to a stronger marketplace for healthy food in our neighborhoods.

From our findings, we developed conclusions from our research and offer a set of next step recommendations around which residents and partner organizations can dialogue, adapt and organize:

1. Food insecurity in our neighborhoods must be addressed as a top priority.

An increased and immediate focus must be placed on alleviating food insecurity in our neighborhoods. Steps could include increased SNAP enrollment, increased healthy food in food banks and pantries and in the longer-term, a focus on wealth-building strategies with residents.

2. Low consumption of healthy food in our neighborhoods is a social justice issue.

Low-income residents and residents of color, by a large degree, consume fewer fruits and vegetables than white and middle class residents in our neighborhoods. This racial, ethnic and income disparity of healthy food consumption must frame our focus and approach with the goal of the elimination of these disparities. Honest and compassionate community dialogue will be required.

3. Our food system must provide healthy food for all.

Since the current food retail market has failed us, we must develop food retail that serves everyone in our neighborhoods. We should look to mechanisms, such as corner stores and food co-ops, that allow us to build and own our food system solutions. We must also look at the provision of this basic human need as a means to preserving our neighborhood diversity and slowing down the trend of displacement of low income and residents of color.

4. Over-exposure to high fat, high sugar, and high sodium food and beverages must be decreased, especially for our children and young people.

Our food environment must shift from unhealthy to healthy. This will include increasing our ratio of healthy food stores to unhealthy ones, social marketing to young people around healthy lifestyles and developing strategies specifically for our schools where young people spend most of their time.

5. We need to build a culture of healthy food. Residents most impacted by food insecurity and the long-term implications of poor nutrition want culturally relevant opportunities for change.

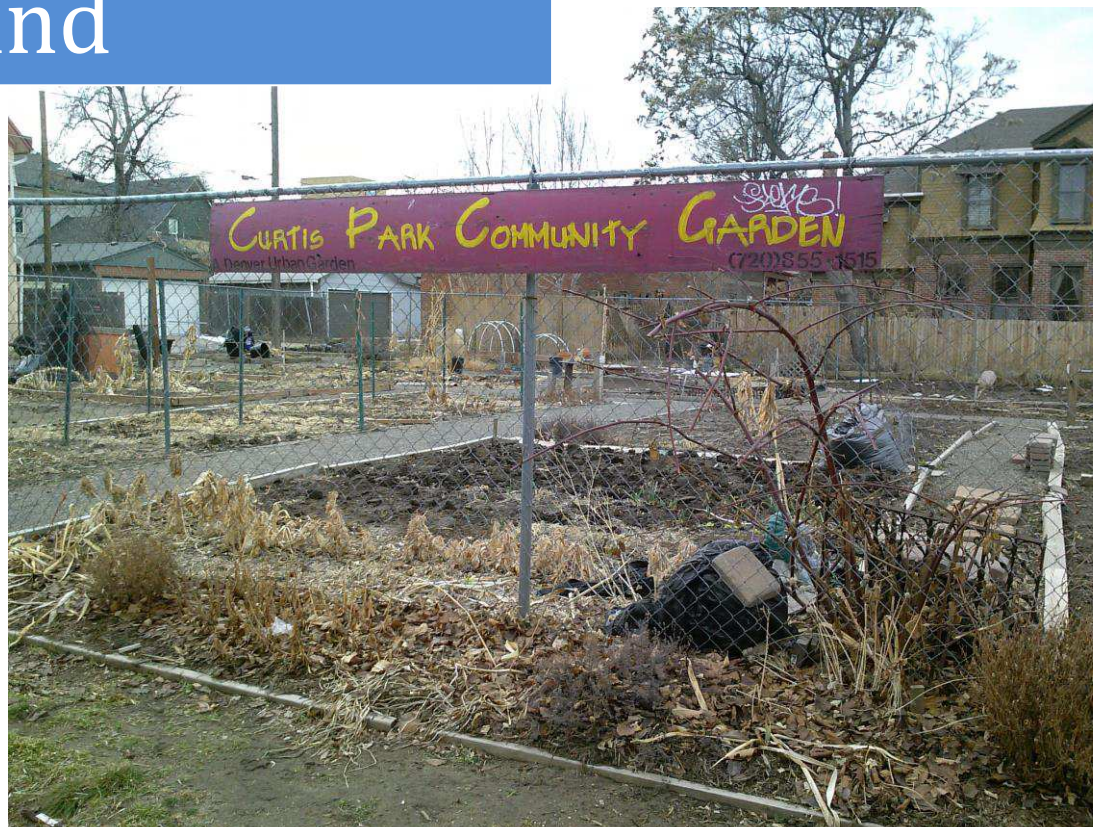
Building upon great work already underway, we must increase our offerings of nutrition, shopping, cooking and gardening training while building social networks of support for behavioral change.

6. Residents, particularly those most impacted by food insecurity, must lead the way.

We must root all of our work in an approach in which residents lead and organizational partners walk along side. To do this, we must provide more resources for community organizing that help residents understand the systemic barriers we face, while building individual and collective power to create change.

At this stage of our work, these findings and conclusions are designed to help our neighborhoods understand a common definition of the challenge and shared set of goals to create change. There is much more data that has been gathered through this research that will continue to inform specific strategies as they are developed.

Background



III. BACKGROUND

A. Purpose and Scope of Assessment

This report summarizes the findings of a study that focused on seven neighborhoods in Northeast Denver - Globeville, Elyria Swansea, Cole, Whittier, Five Points, North City Park and Clayton. These Denver neighborhoods have existed without sustained access to full service grocers that offer fresh nutritious food and beverage options for over 40 years, making residents of this area of the city vulnerable to both obesity and food insecurity. In April of 2013, key partners coordinating this research, which include Share (Northeast Denver LiveWell Community), LiveWell Globeville, Elyria Swansea and the Denver Department of Environmental Health, began the design of a community-based participatory research project in which residents and organizational partners designed and implemented a seven neighborhood-wide food systems assessment. With a number of residents and organizational partners throughout the seven neighborhoods working on healthy food (fresh fruits and vegetables) access in various ways, there was a desire to come together around a common understanding of the challenges and assets and fuel community organizing efforts that impact grassroots projects, policy and systems change. The lead research questions were:

- What are our local food system assets?
- What are the structural barriers to healthy food access?
- What are the behavioral barriers to healthy food consumption?
- Is there the potential to catalyze a localized food economy that increases access and supports healthy food habits?

B. The Challenge of Obesity and Food Insecurity

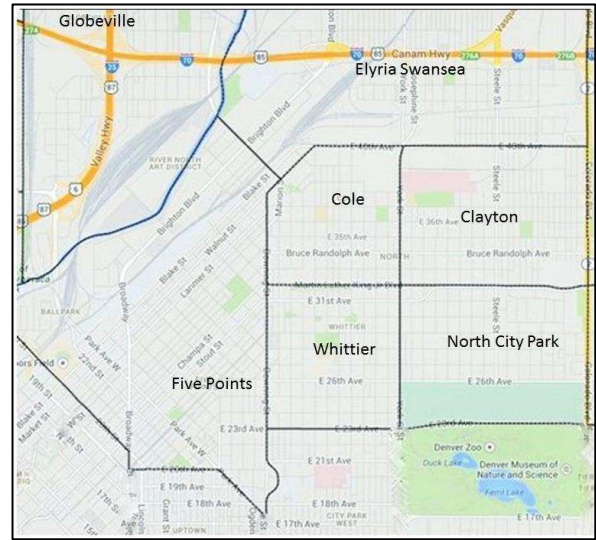
Obesity is a rising problem across the United States. In Colorado, childhood obesity rates have steadily increased over the last decade with 1 in 4 Colorado kids overweight or obese (F as in Fat, Trust for America's Health and Robert Wood Johnson Foundation, 2012). Research indicates overweight and obesity are linked to increased rates of cardiovascular disease, high blood pressure, type 2 diabetes and stroke. One in six adults and one in four children in Colorado are deemed food insecure (Feeding America). While it may seem counterintuitive, food insecurity, or lack of consistent access to healthy food that leads to hunger, can co-exist in the same neighborhoods and families where obesity occurs at high rates. Indeed, some studies have shown a relationship between food insecurity and higher rates of obesity, particularly among women (Hanson KL, Sobal J and Frongillo EA. "Gender and Marital Status Clarify Associations between Food Insecurity and Body Weight." *Journal of Nutrition*, 137:1460–1465, 2007). So the same families that are at greatest risk to the chronic diseases associated with obesity, may also be most vulnerable to not getting enough healthy food on a consistent basis.

The Difference Between Food Desert and Food Insecurity

Throughout this report, we will utilize the terms food desert and food insecurity, which are connected and distinct concepts. A food desert in an urban area is defined as a place where residents are 1 mile or more from a full service grocer. Food insecurity, however, is when eating patterns of one or more household members are disrupted and food intake reduced because the household lacked money and other resources for food (USDA Economic Research Service). So while many residents in a neighborhood may live in a food desert, it is possible that not all will experience food insecurity.

C. Neighborhood Background

Globeville, Elyria Swansea are residential neighborhoods which border industrial and commercial areas in North Denver. They are divided by Interstate 70 and I-25, which was built directly through the neighborhoods in the early 1960s. Despite the encroachment of the interstate, the physical character of both these neighborhoods has remained basically stable since the end of World War II. Small sections of well-maintained, single-family homes are interspersed with larger areas of commercial and industrial development such as Denver Union Stockyards, Cudahy Meatpacking, Denver Pepsi Cola Bottlers, Denver Coliseum and Stock Show and numerous others. The Globeville Neighborhood, in particular, is a residential island surrounded by industry.



Just to the south of Globeville, Elyria Swansea, are the Northeast Denver neighborhoods of Five Points, Cole, Clayton, North City Park and Whittier. For many decades, these neighborhoods were predominantly African American, largely due to redlining, a discriminatory practice of past decades that restricted business and homeownership options of African Americans by limiting loan capital. Five Points, known in its heyday as the Harlem of the West due its vibrant jazz scene through the 1930s, 40s

Neighborhood	Hispanic	White Non-Hispanic	Black Non-Hispanic	Native American	Asian	Other and Two or More
Clayton	49%	16%	30%	1%	1%	3%
Cole	61%	20%	16%	0%	0%	2%
Elyria Swansea	84%	9%	6%	1%	0%	1%
Five Points	23%	57%	15%	1%	2%	3%
Globeville	68%	26%	3%	1%	1%	2%
North City Park	18%	28%	48%	1%	1%	4%
Whittier	25%	42%	29%	0%	1%	4%

American Community Survey 2010

and 50s, continues to be known as the center for African American culture in Denver. Over the last several decades, a clear pattern of gentrification and displacement has emerged, as more white, middle class residents move back into the city to enjoy the fruits of urban renewal.

For decades, low-income urban neighborhoods have faced limited opportunities to purchase healthy food. In the 1960s and 1970s, white, middle-class families left urban centers for homes in the suburbs, and supermarkets fled with them—taking jobs and tax revenues along with their offerings of healthy, affordable food. Low-income urban residents with limited transportation options did much of their shopping at small local stores that had limited selection and high prices. Disparities in access continue today, contributing to obesity and related health problems.

It is important to note the substantial development and infrastructure change underway across all of the seven neighborhoods that will impact residents who live there and potentially have a bearing upon healthy food availability. Residents of Globeville, Elyria Swansea, and to a lesser degree Clayton and Cole, continue to organize around the expansion of I-70. Whichever final plan moves forward, the changes will have significant environmental, development and economic development impacts on the neighborhoods for years to come. Increased housing and business corridor development planned along Brighton Boulevard, which is gaining momentum, are also a part of the changing environment. Five Points, Whittier, Cole, Clayton and North City Park, along with Elyria Swansea, will see increased development and likely economic development on and around 40th avenue as the East Corridor Line from Union Station to DIA (Fastracks) comes to fruition. Five Points continued redevelopment adds to a changing environment within these neighborhoods. These various development pressures are rapidly shifting the trajectory of the seven neighborhoods of this study. Our hope is the findings of this research will bring food security and access into focus as these changes continue.

D. Methods of this Study

Community-Based Participatory Research

This research initiative utilized a community based participatory research methodology (CBPR), which is a partnership approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process and in which all partners contribute expertise and share decision making and ownership. Further, designers of this research project employed mixed methods – or a blend of qualitative, quantitative, primary and secondary research methods - to thoroughly explore the nutrition environment of the neighborhoods and the policy and program changes in the recommendations.

Our research effort was guided by two over-arching principles:

1. to conduct research in a way in which resident leaders shared in the design and implementation of the research, became knowledgeable about their food environment and owners of the findings;
2. to conduct credible research that yielded useful information to guide our efforts to increase healthy food consumption in our neighborhoods.

With those criteria in mind, we worked with residents and community partners in the following ways:

- Residents and community partners participated in the design our food assessment survey and focus group tool

- Resident Researchers were trained for and implemented the food assessment survey throughout the community
- Resident Researchers were trained for and implemented food retail audits
- Resident leaders and community partners were involved in the analysis of initial findings from surveys
- Resident Researchers are working to present findings to the community.

CBPR Planning Structure

To ensure participation of residents and organizational partners throughout the design and implementation of the research, two working groups were formed:

The Core Team functioned as the lead work team in the development and coordination of the research. Core Team members included key organizational staff, city staff partners and residents. The groups size was between 6 and 13 members, depending upon the phase of the process. They met one to two times a month. Core Team members worked on design of process and research tools, developed and implemented trainings for Resident Researchers, led and supported focus groups, inputted data, analyzed data and developed interim reports of findings for early resident and partner feedback. Core Team Members also wrote and edited this report.

We also developed a **Steering Committee** of twenty-seven residents and organizational partners to guide and influence the direction of the research. Steering Committee members helped shape the overall research design, vetted and helped improve research tools (such as the survey and focus group guide) and helped recruit additional residents and partners into our process. Halfway through the research, Steering Committee members also provided feedback on initial findings, which guided our next layer of research.

Most importantly, our work leaned heavily on our **Resident Researchers**. Twenty-six residents from our neighborhoods led the collection of primary data throughout the seven neighborhoods. They participated in up to 20 hours of training. Twenty-four resident researchers combined to collect over 660 surveys (which was winnowed to 617 due to incomplete surveys) over the course of three months. Seven resident researchers conducted twenty Food Retail Audits. One resident researcher participated on the Core Team, and eight were a part of the Steering Committee.

Survey

Organizational partners and resident leaders (Core Team) developed a 27 question intercept survey to better understand current food behaviors, social and cultural influencers to food choices and environmental factors that impact healthy food consumption. We also collected basic demographics on neighborhood, income level, race and ethnicity and education. Resident researchers also had input into the development of the surveys. Resident Researchers took part in 10 hours of training about how to conduct survey research. Ongoing technical assistance was also provided over the course of three months to troubleshoot any issues faced by resident researchers during data collection. Resident Researchers collected 617 valid surveys from throughout the seven neighborhoods. Surveys were conducted in English and in Spanish. The following tables are a demographic snapshot of survey respondents.

Race/Ethnicity	# of Surveys	% of Total Surveys	Neighborhood	# of Surveys	# of total surveys
African American or Black	102	16.5	Clayton	66	10.7
Native American or Alaska Native	6	1	Cole	98	15.9
			Elyria Swansea	88	14.3
Asian	2	.3	Five Points/Curtis Park	110	17.8
Hispanic or Latino	327	53	Globeville	97	15.2
White	127	20.6	North City Park	24	4.4
Multiracial	14	2.3	Whittier	69	11.2
Other	1	.2	Don't know	28	4.5
Did not respond	38	6.2	Did not respond	37	6.0
Total	617	100.0	Total	617	100.0

Focus Groups

With the assistance of our Steering Committee, a focus group guide was designed to deepen our understanding of the barriers to healthy food consumption. Four focus groups were conducted – two in English and two in Spanish – spread out throughout the neighborhoods in Five Points, Cole, Globeville and Swansea to ensure diverse perspectives engaged in the conversations.

Food Retail Audits

To better understand our neighborhoods' current grocery retail environment and the kind of food currently available to residents, we conducted food retail audits of corner stores that sell food throughout the seven neighborhoods. An adapted version of a validated corner store retail audit tool called the Nutrition Environment Measures Survey-Corner Store (NEMS-CS) was used. The audit tool was adapted to include more culturally relevant foods for Hispanic/Latino community members. Resident Researchers participated in over 10 hours of training and conducted 20 audits of corner stores, convenience stores and grocery stores.

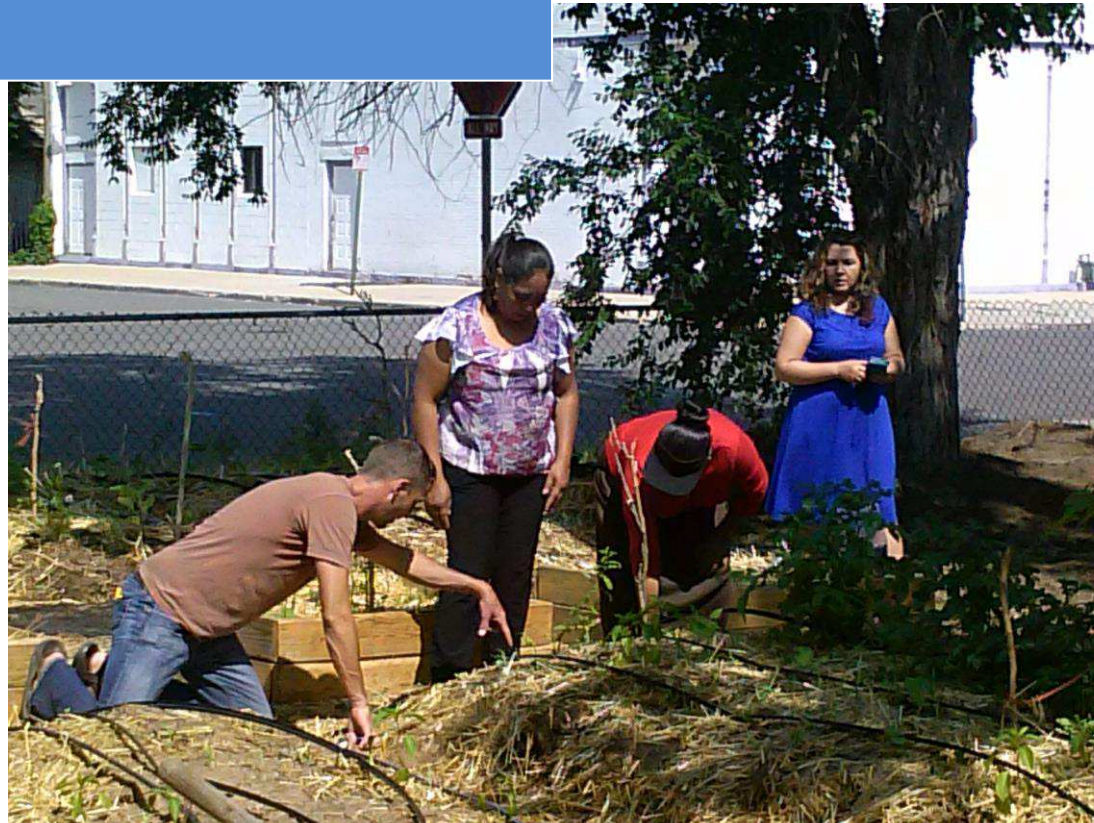
Secondary Data

To round out the picture of food consumption and environmental factors throughout the seven neighborhoods, we collected existing secondary data from a variety of sources such as FDA, USDA, American Community Survey, Denver Public Schools, Piton Foundation, Denver Equity Atlas and various others.

The findings from all the data sources were triangulated to develop a cohesive picture of the food and nutrition environment across these seven neighborhoods. The findings from each data collection method help to support and verify the findings from the others.

Over the course of the year spent on design and implementation of this participatory research process, we collected a significant amount of data – far more than we could publish in one document. This report serves as summary of what we've learned and a clear statement of most significant findings for the purpose of bringing our resident and organizational partners together to agree upon a compelling and strategic set of strategies that will have real and lasting positive impact on healthy food consumption within the seven neighborhoods. As we dive deeper into the implementation of strategies, the data we've collected can be further mined to assist in making choices that will have the greatest results.

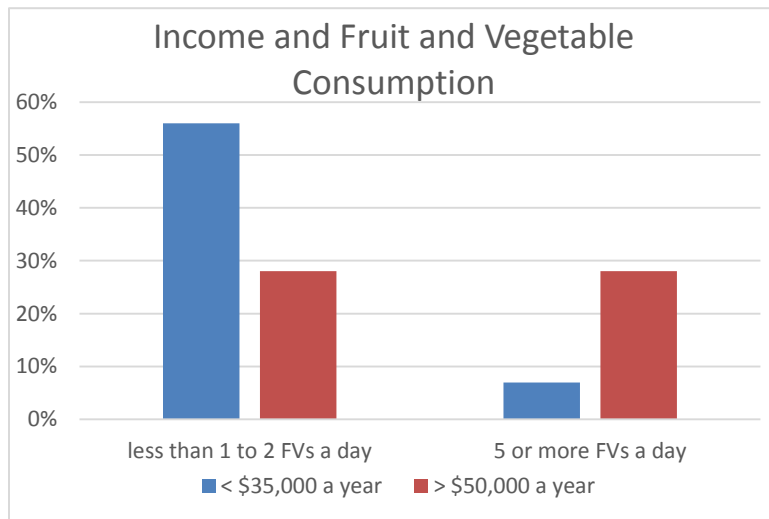
Findings



IV. FINDINGS

A. Income Matters

One of the most striking findings of our research is the degree of food insecurity – people who struggle to eat enough nutritious food - that exists within the seven neighborhoods of this study. Over 40% of those surveyed indicated they sometimes/always are not able to afford to eat balanced meals. Further, 36% reported having to cut the size or skip a meal. Another telling finding is the relationship between



fruit/vegetable consumption and affordability. Of all respondents indicating they eat 2 servings or fewer of fruits and vegetables per day (47%), 97% indicated they sometimes or always are not able to afford to eat balanced meals. Our understanding of these findings were deepened through focus group discussions, in which primary household shoppers describe the need to first ensure there is “enough” food for their families, before making the choice to buy fresh, healthy food.

Increasing healthy food consumption is a complex challenge that involves more than the availability of fresh fruits and vegetables. Multiple factors affect a family’s ability to eat health food. The Self Sufficiency Standard for Colorado, developed by the Colorado Center on Law and Policy, measures the income required to meet basic needs without public assistance. This index reveals that a household of *just one preschooler and one parent* requires \$42,225 a year to meet basic needs without assistance. Nearly all of the seven neighborhoods of our study fall below \$35,000 year median income. In fact, a number of census tracts in Elyria, Swansea, Globeville and Cole neighborhoods fall below \$20,000 median income (Denver Equity Atlas). Our survey research indicates that 56% of respondents making \$35,000 or less annual income consume less than 1, 1 or 2 fruits and vegetables a day, while only 28% respondents making over \$50,000 annual income report eating less than 1, 1 or 2 fruits and vegetables a day, suggesting a strong relationship between income level and low healthy food consumption.

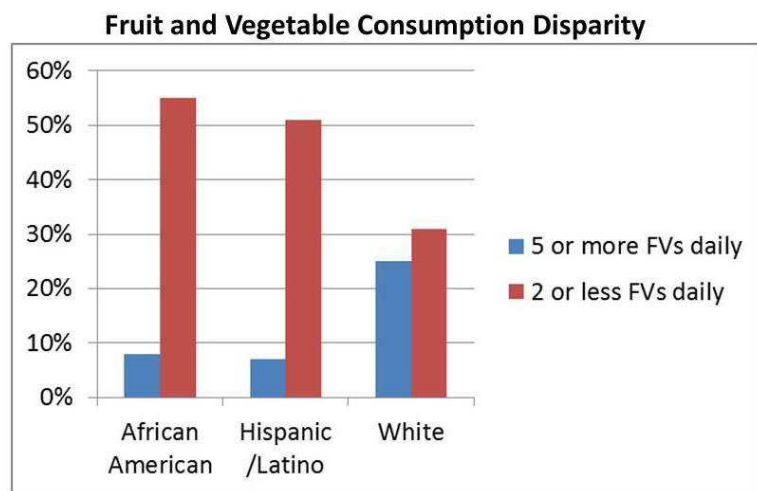
The rapidly increasing cost of housing is another contributing factor to food insecurity in our seven neighborhoods. Rent burden is defined as a family spending more than 30% of their annual income on housing costs. In Globeville, Elyria Swansea, and a number of census tracts in Cole, Clayton, Whittier and North City Park, residents are spending over 50% of their annual income on housing costs. In some census tracts within those neighborhoods, rent burden is above 70% (Denver Equity Atlas).

Making healthy food more available within our neighborhoods may not be enough to increase healthy food consumption if many residents cannot afford to buy healthy food. Families who fall below basic

self-sufficiency standards, who spend over 50% of their income on housing and whose most proximate food sources are more expensive than the average large grocery store, find themselves financially squeezed by multiple factors and as a result, are unable to purchase more costly, healthy foods over less expensive and readily available processed foods. To ensure that every family has sustained access to enough nutritious food, we need to look across root cause issues such as income disparity and skyrocketing housing costs, as well as the current cost of healthy food, to find long-term solutions. The findings of this study underscore the central goal of our efforts must be to shape a food system that serves everyone, and especially our neighbors most vulnerable to food insecurity and long-term impacts of obesity.

B. Low consumption of healthy food is unequally distributed by race and ethnicity in our neighborhoods

As evidenced in the accompanying chart, African American and Hispanic/Latino community members are at least two times less likely to eat 5 or more FV daily when compared to White residents across the seven neighborhoods. This striking disparity in our neighborhoods is part of broader trend. In Colorado, one third of Hispanic/Latino children aged 2- 14, and over a third of African American/Black children (36 percent) are overweight or obese, compared with a quarter (23 percent) of White children (Health Disparities 2013, Exploring Health Equity in Colorado’s 10 Winnable Battles). Food insecurity and healthy food consumption is unequally distributed throughout our neighborhoods by race and ethnicity.



C. Displacement and food insecurity

Further complicating equitable access to healthy food is the increasing trend of displacement of low income residents and residents of color from our neighborhoods. In a study conducted by the Thomas B. Fordham Foundation in 2012, Denver’s 80205 (5 of the 7 neighborhoods of this study) was the 11th fastest gentrifying zip code in the United States. For example, in 2000 the Whittier neighborhood was 44% African American, 33% Hispanic and 19% White. In 2010, Whittier was 29% African American, 25% Latino and 42% White (American Community Survey 2000 and 2010). As noted in the introduction, the grocery industry has followed the migration of the middle class, making it likely that full service grocers will eventually respond to gentrification trends currently unfolding in our neighborhoods. But national groups such as Policylink assert that alternative means for healthy food retail - such as food co-ops (community-owned grocers), farmers markets and corner store conversions - can serve as a means to maintain diversity in urban neighborhoods by addressing residents’ basic human needs where they currently live with food retail that is accessible and in some cases, owned by residents.

D. Our food retail is harming us

A confluence of factors come together to create an environment that prevents the consumption of healthy food, promotes the consumption of unhealthy food and shapes a perception that neighbors exist in an unhealthy environment.

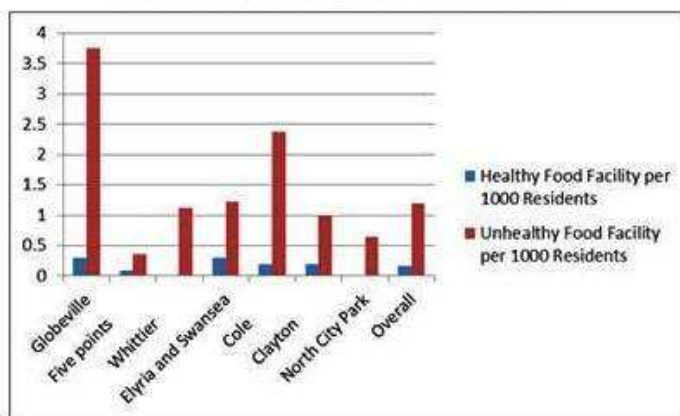
We Live in a Food Desert

There are a number of ways to define a food desert, but the USDA describes an urban food desert as a place where residents live more than one mile from a supermarket or large grocery store. Within the seven neighborhood of this study, the median distance of a household to a supermarket or large grocery store is 1.5 miles (calculated by Piton Foundation), and those neighborhoods further north in this study, are the furthest away from the lone full service grocer on the southern border of our neighborhoods (Safeway at 20th and Clarkson).

Within our seven neighborhoods there are nearly 50 corner and convenience stores that provide a minimal amount of healthy nutrient rich food and significant amount of unhealthy food. The data from our corner and convenience store audits indicate most of the stores offer some fresh produce, but on average provide a variety of only 3 fruits and 4 vegetables in small quantities. In comparison, Safeway at 20th and Clarkson and Downing Super averaged a variety of 11 different fruits and 11 different vegetables and provided them in much greater quantities. Stores across the seven neighborhoods fall into two broad categories:

- Healthy Food Facility = full-service grocer with available fresh produce, or a fresh produce market. Includes grocery, club, and specialty stores and supercenters.
- Less Healthy Food Facility = corner stores, convenience stores (e.g., 7-11) or small variety stores that sell limited groceries and stock little to no fresh produce, or a facility that primarily sells foods with high levels of sugar, fat, and sodium.

Healthy/Unhealthy Retail Index



As demonstrated in the Healthy/Unhealthy Retail Index, families across our neighborhoods are much more likely to come upon an unhealthy food store than a healthy one. On average across the neighborhoods, for every healthy store, residents will encounter 8 unhealthy food retail sites.

Research indicates the presence of large grocery stores within .5 miles correlates with increased healthy food consumption and the existence of convenience stores correlates to decreased healthy food consumption. (Neighborhood Retail Food Environment and Fruit and Vegetable Intake in a Multiethnic Urban Population, Shannon N. Zenk, PhD). Of the healthy retail sites identified in this study, only one (Safeway at 20th and Clarkson) is considered a full service supermarket. It is clear that our neighborhoods' ratio of healthy to unhealthy retail presents a challenge to healthy food consumption.

We Live in a Food Swamp

Corner/convenience stores, fast food and marketing of high sugar, high fat products make up a *food swamp* – an area where there's an overabundance of high-energy, low nutrient foods compared to healthy food options. In our survey, the majority (68%) survey respondents reported that junk food is readily available in their neighborhoods, while less than 50% of survey respondents identified healthy food options (fruit and vegetables, low fat dairy, whole grains) as readily available in their neighborhood.

Overall, fast food intake is high in the seven neighborhoods. Almost three-fourths (72%) of respondents, compared to 64% nationally, reported eating fast food 3 times a week. Hispanic respondents reported eating 1-2 fast food meals a week more than other racial or ethnic groups. Globeville residents are more likely to report eating between 5 and 10 meals a week at a fast food restaurant. Respondents reporting a household income of \$50,000 or more were more likely to report eating zero fast food meals a week.

Leading national organizations such as the Food Research and Action Center point out that making healthy choices is not easy in environments that have limited access to healthy, affordable food, poor quality or poor tasting produce, greater availability of fast food restaurants, and greater exposure to the marketing of obesity-promoting products. Personal and financial constraints coupled with an environment full of unhealthy choices can lead to poor nutrition and health outcomes. The food swamp concept is also a prevailing concern in Section E of the findings, which is focused on the impact our current food environment has on children and young people.

The Food Distribution System is Broken

We feel compelled to point out that the corner store owners within the seven neighborhoods are not the villains in this story. They are small business owners working hard to support their families, responding to a perceived market demand in the community. In fact, during our outreach to corner stores we encountered a number of owners interested in providing more fresh, healthy fruits and vegetables, but found it difficult to do so. There were two primary reasons:

1) with such a slim profit margin for fresh fruits and vegetables, a brief shelf-life and lack of refrigeration equipment, supplying fruits and vegetables can be risky business. As one store owner noted, “if I buy a carton of apples, I need to sell at least 75% before they spoil in order to make any money. It’s a risk for me to do that”; and

2) regional and statewide distribution networks for healthy food are designed to get food to supermarkets and big box stores rather than smaller corner stores. The prevailing industry bias holds that lower income neighborhoods are not profitable markets for large grocers. Without those larger stores drawing in distribution channels, fruits and vegetables do not easily arrive in lower income neighborhoods.

“If I buy a carton of apples, I need to sell at least 75% before they spoil in order to make any money. It’s a risk for me to do that”.

- Corner store owner

Food distribution is an interconnected system playing out at state, regional and national levels and involving multiple interests. But the fundamental impacts of this broken system fall disproportionately on low income communities and people of color. Stakeholders attempting to fix the failed the food system must place at the center of their discussions the interests of food desert neighborhoods.

E. Our food environment is failing our kids

In Colorado, childhood obesity rates ages 10-17 are at 10.9% (Colorado Healthy Report Card 2013, Colorado Health Foundation) and according to 2013 study by the Centers for Disease Control, our childhood obesity rates are on the rise. Within the neighborhoods of Elyria Swansea, Cole and Clayton, neighborhoods, over 20% of the population is between the ages of 5 and 17 (Denver Equity Atlas), This high density of youth makes abundance of less healthy food retail and dearth of healthy food even more

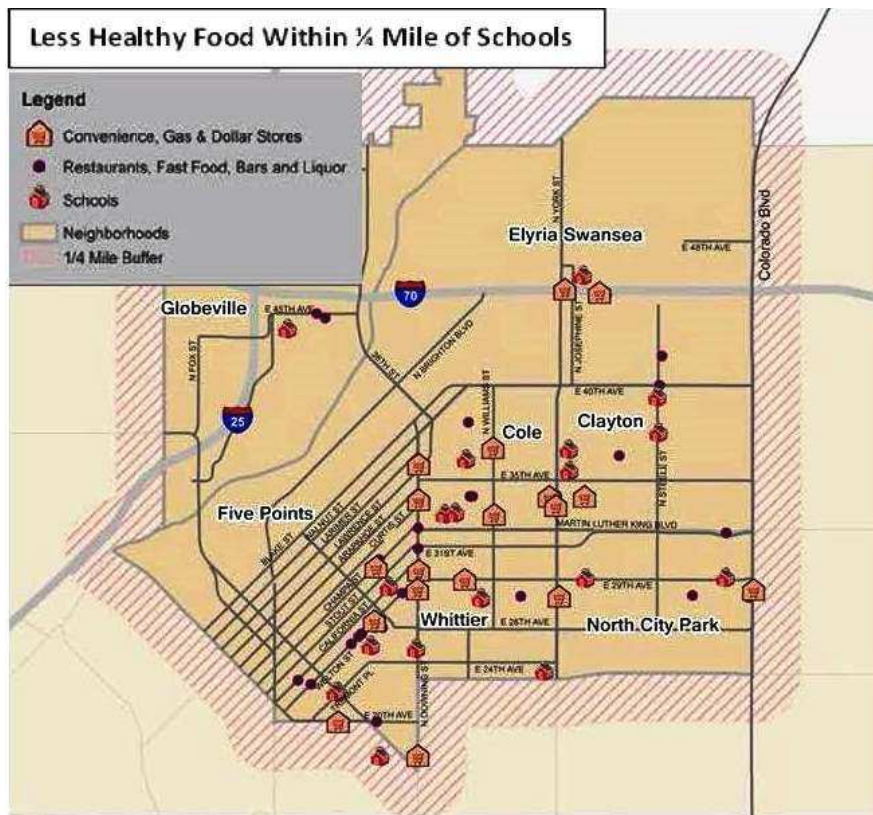
Elementary School Source: NCES 2012	Free and Reduced Lunch
Cole Arts and Science Academy	96%
Wyatt K-8	75%
Harrington	96%
Columbine	84%
Barret	78%
Pioneer	90%
Whittier	82%
Gilpin	73%
Swansea	96%
Garden Place	96%

problematic. A large percentage of our young people living in the neighborhoods come from low income families, as evidenced in the Free and Reduced Lunch data of the surrounding elementary schools. As our surveys indicate, lower income households report lower daily consumption of fruits and vegetables.

The density of households with children combined with the concentration of less healthy food retail naturally mean that places - especially schools – are close to less healthy food retail. The “Less Healthy Food Within ¼

Mile of Schools” map shows that of the 16 schools within the seven neighborhoods, 13 are within ¼ mile of a convenience, gas, or dollar store. The remaining three schools are within a ¼ mile of a less healthy restaurant or a liquor store. Only three of these schools have access to healthy food retail.

Schools within the neighborhoods of this study have a high degree of “walk share”, or percent of students that live within 1 mile of their school. Students in these neighborhoods are more likely to walk to school than students who live far away from the schools they attend. For instance, Bruce Randolph 6-



12, that draws from the Elyria Swansea, Clayton and Cole neighborhoods, has a 98% walk share, meaning that 98% of their students live within a mile of the school (Denver Health Safe Routes to School Matrix 2013). Generally, we want kids to walk to school. Research shows that children who walk to school are less likely to be overweight or obese. However, children and young people of our neighborhoods, day after day, walk past and are surrounded by unhealthy food options on their way to and from school.

Marketing and advertising of unhealthy, high fat, high salt foods as well as sugar sweetened beverages abound in convenience and corner stores, further reinforcing an unhealthy nutrition environment. A student walking to DSST Cole or Cole Arts and Science Academy could easily walk past three corner/convenience stores on their way home from school in the afternoon.

With a concentration of lower income children and young people, our schools offer a unique opportunity for targeted healthy food consumption strategies. Addressing the food swamp conditions around and inside schools, where our children spend most of their time, will be an important focus for future efforts. Furthermore, the broader food swamp conditions throughout the neighborhoods – prevalence of unhealthy food, retail and marketing – must be addressed to tip the scales in favor of a healthier neighborhood environment.

F. Most residents want a grocery store

According to the results of our survey, the factors that most influence the choice residents make when purchasing fresh fruits and vegetables are quality, variety and cost (i.e., affordability). Focus groups deepened our understanding of retail preference, uncovering convenience is a critical factor, as participants expressed the value of getting all household shopping needs completed during one trip. Respondents who reported driving to get their fruits and vegetables (most respondents) also significantly reported that stores that sell fruits and vegetables are too far away. In other words, people want a grocery store, and they want it to be closer. Survey results also indicate the need for convenience and familiarity. While 64% of respondents cited “proximity” as an important factor when choosing where to get fruits and vegetables, 43% also cited “store familiarity” as important.

From our survey results and based on the findings of our focus groups, it became clear that many residents see the lack of a full-service grocery store with the neighborhoods as a serious impediment to health and that the presence of more grocery retail and other retail options such as farmers markets, would improve fruit and vegetable consumption. When asked about what community factors would support an increase in fruit and vegetable intake, 30% of survey respondents (2nd highest response) reported “more grocery stores”. Research indicates there is a strong correlation between proximity of full service grocers and increased consumption of fruits and vegetables (Neighborhood Retail Food Environment and Fruit and Vegetable Intake in a Multiethnic Urban Population, Shannon N. Zenk, PhD). In particular, our data suggests a strong preference among respondents for chain grocery stores, discount and club stores. There is also interest in other retail options, farmers markets in particular, but the criteria of cost and convenience appear to influence the shopping preferences of many residents.

It is likely that people’s current food retail experience shape, to some degree, their sense of what kind of healthy retail is possible. For instance, our surveys did not indicate significant resident interest in shopping at local corner stores for fresh fruits and vegetables, yet from a proximity standpoint, corner stores offer an important form of convenience. But in focus groups and semi-structured community dialogues, participants showed great interest in shopping at corner stores for fresh fruits and vegetables once it was explained that corner stores could be enhanced, from their current state, to carry a greater variety of fruits and vegetables and other healthy foods. Thus, re-envisioning the use of our current assets (such as corner stores) with residents may be an important way to identify the best retail strategies..

While a multi-faceted approach to making healthy food more accessible throughout our neighborhoods, including farmers markets and small retail, will be needed to shift unhealthy food swamp to a healthy environment, it is likely a full service grocer that addresses the factors most influential to low income neighbors – quality, variety, cost and convenience - as well as offer more healthy food at a greater scale, will be required for population-level health impacts. But attracting a full service grocer to or near our neighborhoods, which has been attempted many times before, has not met with success.

G. Family, cultural and social networks influence choices

We all have habits and experiences from our family and culture, in some cases handed down for generations, which influence the choices we make around food. Our surveys and focus groups revealed how influential our family and social networks can be on our food choices. Over 62% of survey respondents cited “culturally appropriate” as an important factor in deciding where to shop for fruits and vegetables. In our focus groups we found participants spoke about “soulful connections” to food. Deep patterns of cultural identity play a role in maintaining both healthy and unhealthy shopping, cooking and eating habits. Participants in one focus group discussed learning how to integrate healthy food into the existing cultural traditions that trigger positive emotional connections. They expressed a need to have positive experiences with new foods, in order to change ingrained eating and food preparation habits. Connecting new, healthier practices to one’s food culture, and building confidence in one’s capacity to prepare healthy food will help residents develop new shopping, cooking and eating habits.

The Importance of Family & Community Support

Our findings show us just how influential family support can be, either in swaying families in the direction of more home-cooked, healthy meals, or driving them toward less-healthy, convenient foods. Surveys show 45% of respondents indicate “family preference” was an important factor in where they shop for fruits and vegetables. Focus group

participants repeatedly discussed a dissonance between the primary shopper (often a woman) and other influential voices at the table (spouses/partners and children). Participants indicated they wanted to feed their families healthier foods, but new dishes are met with complaints or are simply wasted food - something families on a strict budget cannot risk. As one participant put it,

“I can't make my son eat veggies because he cries. I try to eat healthy and the kids don't. They don't like meat anymore. My husband does not support and he yells when he is not happy; the kids see the influence of their father.”

Focus group participants discussed how hard it is to get their children to try new things, yet children can sometimes play a role in advocating for a healthier household. In one focus group, there was strong agreement that influencing the food choices of children would provide significant motivation for change within the household. Parents discussed being more open to trying new foods if their kids share what they learn and even help with food preparation themselves. Knowing that health is a priority for their children could help parents stay motivated to be healthier themselves. Engaging the family in shopping, preparing meals and eating together was an interest as well. As one participant said,

“what if the whole family was to make food together, even once or twice a week... how great would that be? Cooking at home, having conversation, putting the technology away -- it’s good for the soul! The key is making this a priority and finding the time”.

“What if the whole family was to make food together, even once or twice a week... how great would that be? Cooking at home, having conversation, putting the technology away -- it’s good for the soul!”

Time Limitations

Focus group discussions revealed significant stress in households where time is, or is perceived to be, a limiting factor to eating healthier. As discussed earlier in this report, our surveys indicate seventy-two (72%) of respondents, compared to 64% nationally, reported eating fast food 3 times a week. Hispanic respondents reported eating 1-2 fast food meals a week more than other racial or ethnic groups. Focus group participants stated that when all the adults in the household (or, at least the primary shopper or cook) works outside of the home, making healthy food is more challenging. As one participant stated, “I’m weak. I don’t have time. It’s just easier to go to McDonalds.”

A Desire for Nutrition Education & Skills

Focus group and survey results indicate a strong interest in tips, tools, and strategies to improve shopping and cooking choices. While participants generally understood fast food was less healthy and fresh produce was healthier, they expressed a desire to gain day-to-day practical knowledge to be able to shop and cook more healthily while on a budget and when time is limited. As one focus group participant said, “I have never learned how to shop -- it all goes back to being a child! How do I learn these skills now that I'm in my forties?” There was an interest in connecting more with friends and neighbors to share strategies to make learning new skills less overwhelming. Almost a quarter of survey respondents (23%) also cited “healthy recipes” as a factor that would increase fruit and vegetables intake, the 3rd highest response. From this research we can draw the conclusion that residents believe that additional education and training on nutrition, food preparation and shopping that is culturally relevant and builds from family and social networks would improve healthy food consumption.

H. Build Upon Neighborhood Assets

The seven neighborhoods of this study face a web of challenges that shape the conditions for food insecurity and high rates of obesity. Despite those challenges, our neighborhoods also are a collection of assets that can create the foundation upon which solutions are built.

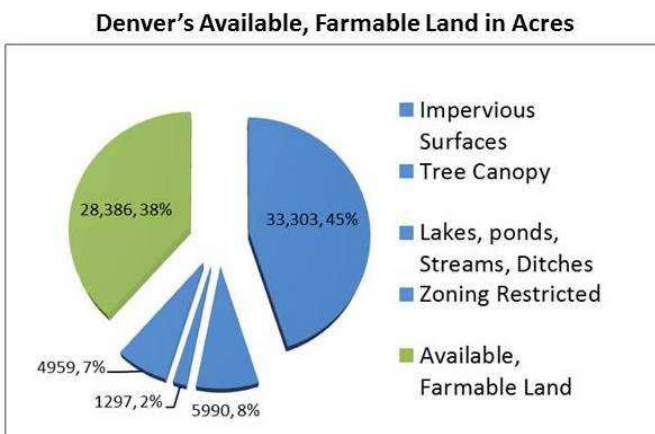
Civic Strength - Resident Leadership and Grassroots Organizations

Interest in urban agriculture and healthy eating has grown substantially over the past several years within the seven neighborhoods, with more residents and nonprofit organizations developing projects to increase food access and raise awareness of healthy eating. Building upon this base, an important next step will be increasing community organizing and leadership development with neighbors who are most impacted by our inadequate local food system – people who experience food insecurity and are at high risk for obesity. Our goals and strategies will have greater impact through their leadership, insight and ownership of the solutions. Secondly, the various nonprofits currently engaged in urban agricultural projects and programs have an opportunity to come together to set bolder goals around food access, and work together to achieve them. We are fortunate to have in our neighborhoods a number of nonprofits (including the partners of this study) implementing efforts around food access, but the work has been fragmented and largely program/project-driven, rather than addressing the systemic

challenges. To achieve a substantial and lasting impact for healthy food consumption, the next level of our efforts require us to become more than the sum of our parts.

Farmable Land

In 2014, John Brett, PhD, with the CU School of Anthropology and his team of graduate researchers conducted a study to answer two primary questions: How much land could be farmed in Denver and how much could urban agriculture contribute to the vegetable needs of Denver’s residents? Using GIS mapping methodology, Dr. Brett and his team mapped the City of Denver, eliminating areas unavailable



for agricultural use while quantifying areas with agricultural potential. Their research uncovered Denver has **28,386** acres of potential farmable land. Dr. Brett’s team also calculated the required land to farm seven staple vegetables (broccoli, carrot, bell pepper, potato, spinach, onion tomato), providing for Denver’s population of 610,000 residents. Their research indicates Denver would require **2,717** acres to feed its population, meaning we have over 10x more agricultural potential than required to provide seven staple vegetables to

all Denver residents for one year. The largest chunk of farmable land is residential, at over 9000 acres city-wide. And while not every square foot of available acres would be used for food production for a variety of reasons, the land within our food desert neighborhoods clearly represents a significantly underutilized resource. Scaling up food production in our neighborhoods is a promising strategy to increase food access.

It should be noted, however, that Elyria, Swansea, Cole, Clayton, west Globeville and a small section of Curtis Park neighborhoods were a part of the Vasquez Boulevard – I-70 Superfund Site, and while full remediation has occurred according the EPA, above average levels of heavy metals within soil may persist, making some areas not conducive to food production without further remediation. To scale up production, residents must be provided with accurate information regarding their soil condition. Further, additional education and resources will be required to amend or replace soil where necessary, or construct raised beds with new soil.

Research indicates there are other substantial benefits to residents producing their own food. Community gardens are affordable and accessible to people across the lifespan -- regardless of age, race, socioeconomic status or educational background. Community gardeners cultivate relationships with their neighbors, are more involved in civic activities, stay longer in their neighborhoods, eat better and view their health more positively. A recent Denver-based study among participating community gardens sponsored by Denver Urban Gardens found that more than 50% of gardeners meet national guidelines for fruit and vegetable intake compared to 25% of non-gardeners. (Collective efficacy in Denver, Colorado: Strengthening neighborhoods and health through community gardens, Ellen Teiga, Joy Amulyab, Lisa Bardwell, Michael Buchenaud, Julie A. Marshalle, Jill S. Litt).

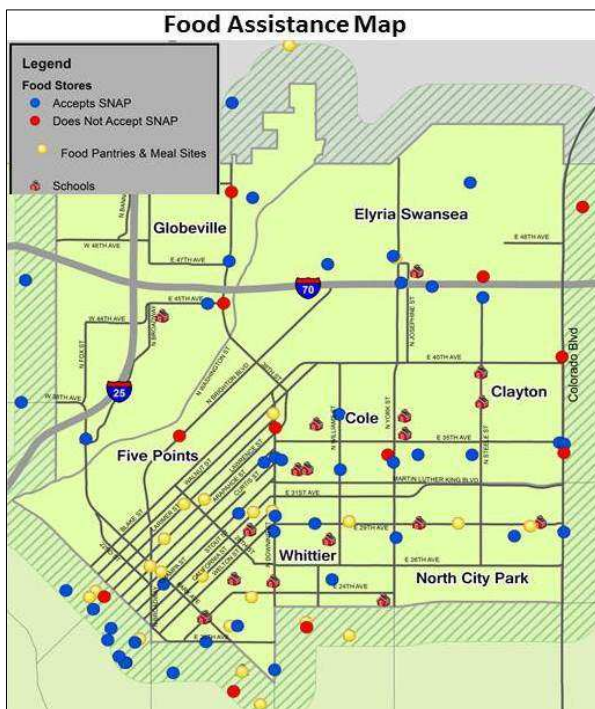
Corner Stores

Locally-owned corner stores, currently a significant source for unhealthy food, could be re-tooled to provide more healthy food and beverage options. Corner stores offer a number of important strategic advantages – there are many of them (over 50), they are conveniently located, they are locally-owned allowing for product selection flexibility and they are frequented by neighbors at highest risk of food insecurity – children and lower income families. In Philadelphia, The Food Trust has worked on “corner store conversions” providing incentives and technical assistance to small retail stores to carry more healthy products, while promoting healthy eating classes, messaging and product information in their stores. There are over 400 corner stores in the Food Trust network throughout Philadelphia. The City and County of Denver’s Department of Environmental Health has recently been funded by the Colorado Health Foundation to implement a healthy corner store initiative and plans to implement The Food Trust corner store program in at least 50 stores over the next three years. With Northeast Denver’s existing base of corner store retail, this strategy would build upon an asset already embedded in our neighborhoods.

Federal Nutrition Programs and Food Pantry Programs

Increasing participation of eligible populations in Supplemental Nutrition Assistance Programs (SNAP, formerly known as food stamps) is and should continue to be a goal our neighborhoods. However,

except for Elyria-Swansea, participation rates are higher in the seven neighborhoods than other parts of Denver and the state, according to the City and County of Denver’s Department of Human Services information from 2011 Community Based Monitory System SNAP caseload data and 2011 American Community Survey 5-year estimates. This, along with the significant presence of SNAP-accepting retailers, is a critical foundation to build upon. The buying power of SNAP participants can open up new markets for retailers that are equipped to accept SNAP and, as discussed in detail below, participation has been shown to connect consumers to more healthy options. The USDA’s Healthy Eating Index found that SNAP participants who receive higher rates of benefit consume more healthy food than those with lower SNAP benefit rates, so an increase in SNAP benefits increased healthy food intake. In addition to SNAP, the seven neighborhoods of this study also have over



Conclusions



V. CONCLUSIONS

1. Food insecurity in our neighborhoods must be addressed as a top priority.

Forty percent of respondents to our survey indicated that they experience food insecurity. In our neighborhoods, lower income families often have to make the choice between eating healthy food or meeting other essential needs like paying rent, which is quickly rising in our gentrifying neighborhoods. Food insecurity impacts child academic performance, weight gain and social development (Food Insecurity Affects School Children's Academic Performance...; Diana F. Jyoti, Edward A. Frongillo⁴, and Sonya J. Jones, 2005), creating an un-level playing field for many families and children in our neighborhoods.

2. Low consumption of healthy food in our neighborhoods is a social justice issue.

In no uncertain terms, our data indicates that low consumption of healthy fruits and vegetables disproportionately impacts low income residents and residents of color within the seven neighborhoods. Strategies developed, both small and systemic, must be shaped with the goal of eliminating this disparity.

3. Our food system must provide healthy food for all.

Overwhelmingly our research tells us that residents need better access to healthy food. There is no magic bullet solution to this entrenched challenge. The exodus of the grocery store industry from urban neighborhoods in the 60s and 70s has left a gap that persists today, and both home-grown and large systemic strategies will be a part of the solution.

4. Over-exposure to high fat, high sugar, and high sodium food and beverages must be decreased, especially for our children and young people.

The bias of the food retail industry has not only decreased access to healthy food within the seven neighborhoods, but has also led to the proliferation of unhealthy processed foods and beverages. Residents in our neighborhoods walk past eight unhealthy food retail stores for every one healthy store. We have to shift our food environment from a fundamentally unhealthy to a healthy one.

5. We need to build a culture of healthy food. Residents most impacted by food insecurity and the long-term implications of poor nutrition want culturally relevant opportunities for change.

Through both our surveys and focus groups, residents expressed great interest in resources and training on nutrition, healthy food preparation, and shopping on a budget. Residents also emphasized a desire for resources and education that are culturally relevant and provided in a way that build resident relationships and support networks. As more healthy food becomes available, residents want resources that will help them and their families shift to more healthy food behaviors.

6. Residents, particularly those most impacted by food insecurity, must lead the way.

Those most affected by the challenges need to be driving the action. Certainly, the knowledge, talent and resources of nonprofits, city agencies and other institutional partners are required, but those assets must be applied in a way that allows residents to exercise and grow their own individual and collective power. Organizations need to walk alongside rather than lead the charge.

VI. RECOMMENDATIONS

1. Implement Immediate Food Security Strategies: Maximize Food Assistance Programs and Resources

- a. Increase SNAP enrollment among eligible but not enrolled neighbors. Partner with Hunger Free Colorado, who has developed Your Neighborhood Food Truck, to increase SNAP enrollment. <http://www.hungerfreecolorado.org/your-neighborhood-food-truck.html#what>
- b. Work with neighborhood food pantries to provide more fresh fruits and vegetables. Organizations such as [Denver Food Rescue](#) and [Produce for Pantries](#) specialize in helping food banks provide fresh, healthy food.
- c. Better utilize food incentives (such as double vouchers) to increase the impact of food assistance programs.

2. Increase healthy food retail. As our research indicated, our neighborhoods suffer from a proliferation of unhealthy food, and a dearth of healthy food. Our goal should be to flip the unhealthy/healthy food retail ratio. Healthy food retail strategies will not only make health food more available, but also create jobs that serve a critical neighborhood need and while providing a means to afford healthy food. There are short, medium and long-term opportunities within the seven neighborhoods:

- a. Educate and support residents to utilize the recently passed ordinance (Fresh Produce and Cottage Foods Sales Home Occupation) that allows residents to sell home-grown fruits and vegetables in front of their own home. <http://www.denvergov.org/Portals/771/documents/Fresh%20Produce-Cottage%20Residential%20Sales%20Handout%20-%20English.pdf>
- b. Work with our local corner store owners, Denver's Department of Environmental Health's Healthy Corner Store Initiative and The Food Trust to pilot a corner store conversion project in our neighborhoods. <https://www.denvergov.org/oed/DenverOfficeofEconomicDevelopment/BusinessServices/HealthyFoodRetail/tabid/445290/Default.aspx>
- c. In conjunction with City's community health improvement plan, support and expand upon existing local farmers markets such as Mo Betta Green (www.mobettagreen.com) and Denver Urban Gardens (<http://dug.org/events>).

- d. Attract or develop a grocer. Work with Denver FRESH to assess the feasibility to attract or develop a large grocer within the seven neighborhoods. In particular, explore the potential of community-driven alternatives that ensure affordable, accessible and culturally appropriate food for low-income residents such as food co-ops. Models in our state include:
- Walsh, Colorado, an isolated rural town the southeastern corner of our state where community members and Town organized to buy and re-open the lone grocer as a cooperative - or community-owned grocer - when the supermarket chain pulled out.
 - Westwood neighborhood in Denver, where residents are organizing, through the stewardship of Re:Vision and Rocky Mountain Farmers Union Urban Cooperative Development Program, to form a food cooperative that will provide healthy food retail to neighbors. The cooperative will draw upon local food production of three hundred yard farms from throughout the neighborhood, as well as other sources.
- e. Work with the Denver Sustainable Food Policy Council, Denver Fresh and other city and regional agencies to assess city, regional and statewide food distribution systems to ensure the needs of low-income, food desert neighborhoods are at the center of food hub and food distribution conversations.

3. Address the food swamp and its impact on children and young people. Multiple factors create a food swamp and can seem like an overwhelming challenge. We'll need a strategic and multipronged approach to begin to shift our food environment from unhealthy to healthy.

- a. Counteract proliferating unhealthy food advertising with culturally relevant healthy nutrition education and messaging in and around neighborhood schools and recreation centers. Examples include the [5210 Campaign](#) (5 Fruits and Vegetables, 2 hours of less of screen time, 1 hour of physical activity and 0 sugary beverages) and; and [The Produce Section](#), developed by Northeast Denver's own Ietef "Dj Cavem" Vita and Arasia Alkemia Earth.
- b. Work with neighborhood school administrators, Denver Public Schools and other partners to create school wellness teams that address healthy food service and healthy food policies in schools.
- c. Work with small food retailers, especially those nearest schools, to sell more healthy foods targeted at children and young people.
- d. Advocate for policies at the school district and city-level that reduce children and youth's exposure to addictive, high sugar, high calorie, low nutritional value foods.

- 4. Provide culturally appropriate healthy food education that builds from families and social networks.**
 - a. Increase culturally relevant training and resources for family and adult nutrition classes, healthy cooking classes, and healthy shopping education such as the work of local partners Mo Betta Green and Cooking Matters.
 - b. Support and increase family and neighbor networks and events promoting healthy eating in our neighborhoods such as Neighbors Together, Harvest Share, Spring Garden Festival and Brown Suga Youth Fest.

- 5. Increase healthy food production.** With land, multiple urban agricultural nonprofit organizations and increased resident interest in gardens and urban farming, our seven neighborhoods have many of the needed assets to take local production to the next level.
 - a. Residents and Northeast Denver urban agricultural organizations such as Growhaus, Greenleaf, Denver Urban Gardens, Liberation Sequence Gardens and Veterans to Farmers and others should create a plan that will take neighborhood healthy food production to scale.

Example: Re:Vision. We need look no further than Southwest Denver to find an example of residents and a grassroots organization that have taken local production to scale. Re:Vision has helped over 300 families grow their own food in their yards, yielding over 45,000 pounds of organic produce.

<http://www.revision.coop/backyard-gardens/>.
 - b. Secure land within and near our seven neighborhoods for increased healthy production. Not all residents have yards, especially renters.
 - c. Provide residents with clear and usable information regarding the content of their soil. Link residents to resources and training to remediate or work around contaminated soil.

- 6. Pursue strategy and policy that address self-sufficiency and neighborhood sustainability.**
 - a. Catalyze local food economic development opportunities that put money in the pockets of residents
 - b. Develop initiatives that support wealth-building with low income residents such as the development of food and/or worker co-ops.
 - c. Support city-wide policies that reduce rent/housing burden on low income families and support increased development of affordable housing throughout our neighborhoods.
 - d. Increase our neighborhood capacity and resources for doing bottom-up community organizing with a particular focus on those most impacted by food insecurity.

VII. Call to Action! Here Are Things We Can Start Right Now.

- a. The Mayor and City Council need to make “healthy food access for all” a priority and create a clear plan that taps into resources across all agencies and departments.
- b. Work with Denver Department of Human Services and Hunger Free Colorado to Increase SNAP enrollment in our neighborhoods.
- c. Provide training to residents for the “Fresh Produce and Cottage Foods Sales Home Occupation Ordinance”, recently passed by Denver City Council, which allows residents to sell home-grown produce from their domicile.
- d. In 2015, work with Denver Department of Environmental Health to pilot at least one healthy corner store project. Grow from there...
- e. Target our neighborhood schools - push for healthier breakfasts and lunches.
- f. Create a plan to increase the number of acres farmed in our neighborhoods in 2015; make training and resources more available to residents to start gardens in their yards and other community spaces.
- g. Offer more healthy, culturally relevant shopping, cooking and nutrition classes.
- h. Recruit residents to the Sustainable Food Policy Council (membership applications will be due in the fall)