Appendices

Appendix A: Example of a Store Order Form, Store Recruitment Flyer, Store Commitment Form

Store Order Form—For use during the recruitment process and after the training to show store owners the types of signs and promotional materials available to stores who participate in the program.

Store Recruitment Flyer – For use during the store recruitment process (In English and Spanish)

Letter of Agreement/Store Commitment Form – For use during the store recruitment process (In English and Spanish)

See the following pages

Shop Healthy Iowa Samples of Supplies That You Could Order For Stores

Items

Basket

(Marshalltown)

3 Tier double-sided vegetable bin

(Ottumwa)

Specialty Wood Products

http://www.specwood.com/vb6.htm

3 Tiered wick basket fruit and vegetable bin

(Marshalltown)

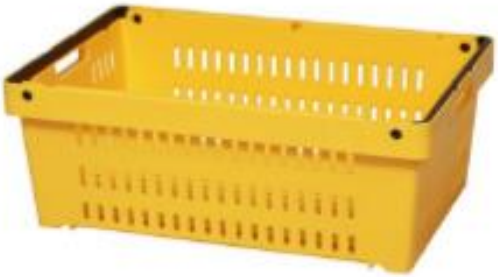
Mobile Merchandisers

http://www.mobmerch.com

Dividers for Vegetable Produce

Items

Plastic Lugs for Fresh Produce



http://www.tranpak.com/

http://www.globalindustrial.com/p/storage

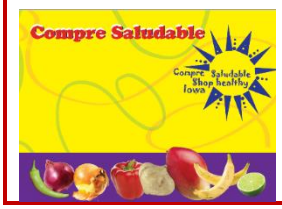
3 Tiered Wooden Stand With 9 Bins

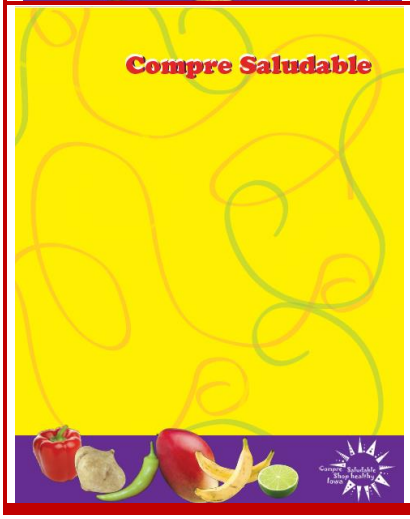
http://www.displays2go.com/P-32867/Bushel-Basket-Stand-9-MDF-Bins?utm_source=google.pla&utm_medium=cpc&utm_campaign=GooglePLA&gclid=CKmQ-rXA29ECFViewAod8toCOQ

Dividers for Fresh Produce

Shop Healthy Iowa Signage Order Form

Item		Item Number	Quantity Ordered
	Door sign “Push/Empuje” 4x8 inches	S1S-001	
	Door sign “Pull/Jale” 4x8 inches	S1S-002	
	Door or Fridge cling 8x8 inches	S1S-003	
	Stand up Fridge Topper 36x20 inches	S1S-005	

Item	Item Number	Quantity Ordered
 • Triangular banners each triangle is separate. Please order as many as desired. They will be strung together to make your unique banner display. Any quantity of each triangle is available. One (1) "Compre Saludable/Shop Healthy logo" will be included with triangle banner order. **Triangles available with:** a. "Compre Saludable Aqui" b. Mixture of fruits and vegetables in sun shape c. Green pepper d. Red bell pepper e. Mango f. Lime g. Red Onion h. Kiwi i. "Compre Saludable Sioux City" j. "Compre Saludable Iowa" k. "Compre Saludable Davenport" l. "Compre Saludable/Shop Healthy logo"		
 **Plastic card Tag - reusable (use Bistro marker) 4x3 inches**	**P1S-007**	

Item		Item Number	Quantity Ordered
	Plastic card Tag - reusable (use Bistro marker) 6x4 inches	P1S-008	
	Plastic card Tag - reusable (use Bistro marker) 8.5x11 inches	P1S-009	

Shop Healthy Iowa

The goal of Shop Healthy Iowa is to give Latino customers more access to healthy food. The Shop Healthy Iowa team works with store managers to increase the sales of fruits and vegetables.

The project is a partnership between Latino store managers, the community, Iowa State University Extension and Outreach, University of Iowa, and Iowa Department of Public Health.

" I like the program because it helped me understand about the different products and how to market them better to the customer."

"The customers like the changes and are buying more fresh produce."

Ramon Perez, owner of El Cerro Grande, Ottumwa

Want to get Involved?

Becoming a Shop Healthy Iowa store is easy. Our Local Project Coordinator will give you a project commitment form to sign.

If you have questions about the project, contact Jill (712-223-9147 for Sioux City) or Victor (319-627-4876 for Davenport).

What Happens Next?

Once you decide to participate:

- Someone from our team will interview you and look at your store to see what products are available.
- Our Local Project Coordinator will meet with you to explain the program and complete an action plan for your store.
- You and the Local Project Coordinator will work together to put these plans into action.

How Does the Project Work?

The Local Project Coordinator will help you make changes to the layout of your store and create attractive displays of fruits and vegetables. Signs, banners, and price tags will be used to promote healthy foods.

Project Timeline

Month 1

- Participate in store interview with University of Iowa.
- Allow store survey.
- Provide fruit and vegetable purchasing information.

Month 2

- Participate in store manager training.
- Choose the changes you will make to your store.
- Choose new signs.
- Choose new displays.

Month 3 + 4

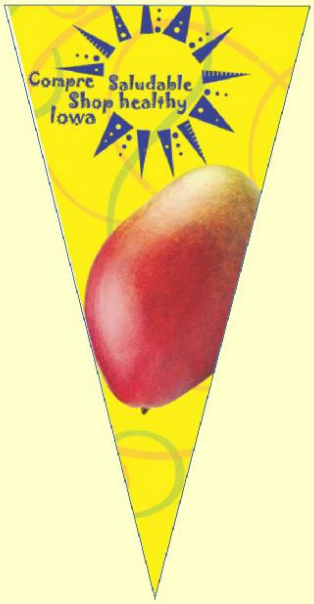
- Begin store changes.
- Begin marketing changes.
- Provide fruit and vegetable purchasing information.

Month 5

- Finish action plans.
- Participate in interview about project with University of Iowa.
- Allow final store survey

Examples of store layout changes

Examples of signs, banners, price tags



IDPH
Iowa Department of Public Health

Created January 2017

Compras Saludables de Iowa

El objetivo de Shop Healthy Iowa es dar a los clientes latinos más acceso a alimentos saludables. El equipo de Shop Healthy Iowa trabaja con los gerentes de tiendas para aumentar las ventas de frutas y verduras.

El proyecto es una colaboración entre los gerentes de tiendas latinas, la comunidad, Iowa State University Extension and Outreach (Extensión y Alcance de la Universidad Estatal de Iowa) y el Departamento de Salud Pública de Iowa.

¿Quiere participar?

Convertirse en una tienda saludable de Shop Healthy Iowa es fácil. Nuestro coordinador local del proyecto le dará un formulario de compromiso del proyecto para que lo firme.

Si tiene preguntas sobre el proyecto, contacte a Jill (712-223-9147 para Sioux City) o Victor (319-627-4876 para Davenport).

"Me guesta el programa porque me ayudó a comprender los diferentes productos y có mo comercializarlos major al cliente."

"A los clients les gustan los cambios y está n comprando má s productos frescos."

Ramón Pérez, propietario de El Cerro Grande, Ottumwa

¿Qué ocurrirá a continuación?

Una vez que usted decida participar:

- Alguien de nuestro equipo le hará una entrevista y visitará su tienda para ver qué productos están disponibles.
- Nuestro coordinador local del proyecto se reunirá con usted para explicarle el programa y completar un plan de acción para su tienda.
- Usted y el coordinador local del proyecto trabajarán juntos para poner esos planes en acción.

¿Cómo funciona el proyecto?

El coordinador local del proyecto le ayudará a hacer cambios en el diseño de su tienda y crear exhibidores atractivos de frutas y verduras. Se utilizarán carteles, pancartas y etiquetas de precios para promover los alimentos saludables.

Cronograma del proyecto

Mes 1

- Participar en la entrevista en la tienda con la Universidad de Iowa
- Permitir una encuesta en la tienda
- Proporcionar información de compra de frutas y verduras.

Mes 2

- Participar en la capacitación del gerente de la tienda.
- Elegir los cambios que hará a su tienda.
- Elegir carteles nuevos.
- Elegir nuevos exhibidores.

Meses 3 y 4

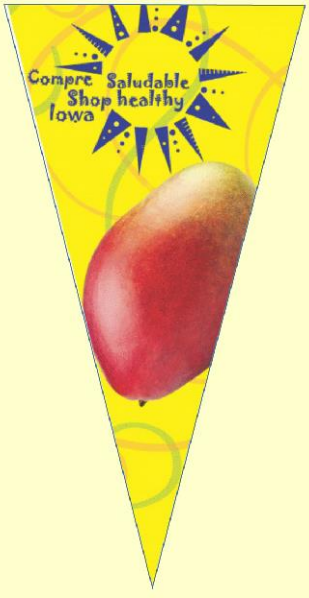
- Comenzar los cambios en la tienda.
- Comenzar a comercializar los cambios.
- Proporcionar información de compra de frutas y verduras.

Mes 5

- Finalizar los planes de acción.
- Participar en una entrevista sobre el proyecto con la Universidad de Iowa.
- Permitir una encuesta final en la tienda.

Ejemplos de cambios en el diseño de la tienda

Ejemplos de cartels, pancartas, etiquetas de precios



IDPH
Iowa Department of Public Health

Created January 2017

Shop Healthy Iowa Retailer Commitment

The Shop Healthy Iowa project is a collaboration of local retailers and Iowa State University Extension and Outreach staff (Local Project Coordinator) to promote healthy food access in the community.

_____agrees to the following in support of this project:

(Store Name)

- Allow the Shop Healthy Iowa Team to check out your inventory and see what healthy foods you currently stock.
- Allow University of Iowa to interview store manager to determine healthy option priorities.
- Allow University of Iowa to conduct customer interviews to learn about customer preferences.
- Allow Local Project Coordinator to collect sales data to track purchase changes before and after program implementation.
- Arrange a time for Local Project Coordinator to come back so that we can talk about where there is room for improvement and work together to support and promote tour store.

For participating in the project, Shop Healthy Iowa will provide your store with materials (including display materials and signage) to encourage customers to purchase healthy options.

You and your store are an important part of our community. Thanks for what you do and we look forward to improving healthy food access in _____ County!

_____ _____

(OWNER, store name) (Date)

For further questions, please feel free to contact:

Name
Title
Organization
Email
Phone Number

Shop Healthy Iowa Retailer Commitment

El proyecto Iowa Compra Saludable es una colaboración entre dueños de tiendas locales y personal del departamento Extension and Outreach de la Universidad Estatal de Iowa (Coordinador Local del Programa). Esta colaboración tiene como objetivo promover el acceso de la comunidad a alimentos saludables.

_____ está de acuerdo en que las siguientes acciones se lleven a cabo para el desarrollo del proyecto:

- Darle acceso al equipo de Shop Healthy Iowa al inventario de la tienda, para que este sea inspeccionado y tomar record de los alimentos saludables.
- Permitir que los gerentes de la tienda sean entrevistados por la Universidad de Iowa para aprender más acerca de sus opciones saludables.
- Permitir a la Universidad de Iowa hacer entrevistas a los clientes para aprender acerca de sus preferencias.
- Dar acceso al Coordinador a los datos de ventas para identificar cambios antes y después de la implementación del programa.
- Permitir que el Coordinador regrese a la tienda para informarle acerca de aspectos que se podrían mejorar en la tienda y trabajar junto con el gerente de la tienda para promover el tour por la tienda.

Por participar en el proyecto, Iowa Compra Saludable le proveerá a su tienda materiales (ej., posters) para incentivar a sus clientes a comprar alimentos saludables.

Usted y su tienda son una parte importante de nuestra comunidad. ¡Muchas gracias por su trabajo y esperamos poder mejorar el acceso a alimentos saludables en el condado _____!

_____ _____

(Dueño, Nombre de la Tienda) (Fecha)

En caso de necesitar más información, favor de ponerse en contacto:

Nombre:
Título:
Organización:
Correo electrónico:
Numero de teléfono:

Appendix B: Latino NEMS-S Example Reports

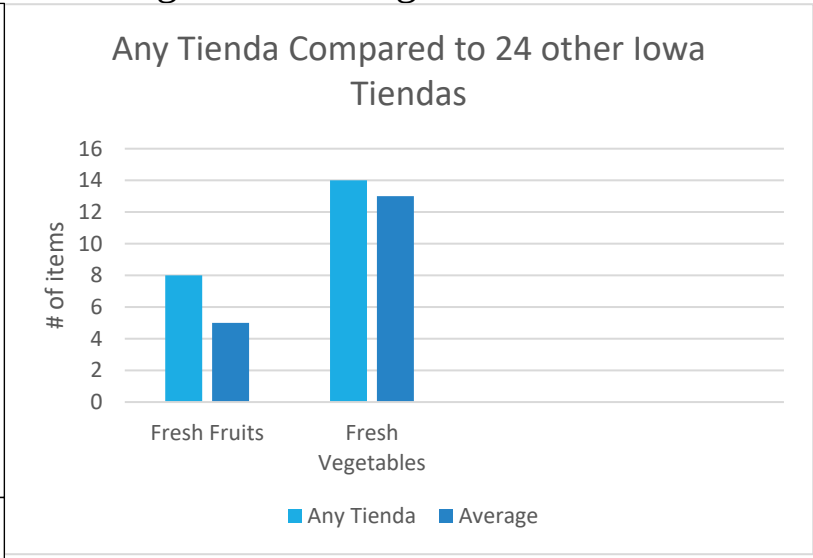
Latino NEMS-S Example Reports—These provide examples of the types of information that can be reported using the Latino NEMS-S Assessment tool. All store identifying information has been replaced with blanks to be filled in or altered based on the findings from assessments conducted in the intervention stores (In both English and Spanish).

See following pages

Any Tienda, Iowa, March 2017
Food Availability per Latino NEMS-S

Your store was evaluated on _____ for items such as fresh & canned fruits & vegetables, meats, milk, grains, beverages.

Your store had 8 fruits: Apples Plantains Papayas Mangos Guava Coconuts Tuna "Cactus fruit" Tangerines	**Suggestions:** Add additional varieties of fruits: Bananas, Melons, Pineapple. Add canned fruits, especially those packaged in 100% juice or water.
Your store had 14 vegetables: Tomatoes Lettuce Carrots Cabbage Tomatillos Onions Chile Peppers Potatoes Squash Avocados Radishes Cactus pad Sweet potatoes Yucca	**Suggestions:** Add dark green leafy vegetables such as amaranth, huauzontle, verdolaga, or spinach. Add additional varieties of vegetables: broccoli, cucumbers, jicama. Provide more canned vegetables, especially those low in sodium.



Less added sugar means lower calories.

Low-Sodium: helps blood pressure.

Proteins: Provide a variety of lean protein options.

Proteins:
Your store had eggs, lean & regular beef, chicken legs & thighs, canned & dry beans, canned tuna in water & oil.

Suggestions:
Add skinless chicken breast.
Add low-sodium canned beans.

Good job offering a variety of lean options (eggs, fish, lean beef)!

Winham Research Lab, June 2017
Food Science & Human Nutrition, ISU

Any Tienda, Iowa, March 2017
Food Availability per Latino NEMS-S

Dairy Suggestions: Offer whole, 2%, 1%, or skim milk.
Worried about shelf life? Try UHT milk (Milk that has been processed at an ultra-high-temperature in order to have an extended shelf life).

Low-fat Milk (1% or skim): Less saturated fat means lower calories.
Whole milk is the right choice for 1-2 year olds. Skim or 1% milk is a good choice for anyone over age 2.

Whole Grains: Adds fiber which helps with gut health.

Grains: Your store had corn, whole wheat, & flour tortillas.

Suggestions: Good job offering a variety of whole grain options! Consider stocking brown or parboiled rice. These varieties have more fiber than regular white rice.

Beverages:
Your store had beverages such as bottled water, 100% Juice, Coca-Cola, and Fruit Nectars.

Suggestions:
Place water in coolers by cash register or other places that are easy to see.
100% juice is better than fruit nectars, but still high in calories.

Overall Store Suggestions:
Clearly mark prices.
Uniform pricing on canned goods.
Keep offering a variety of fruits & vegetables!

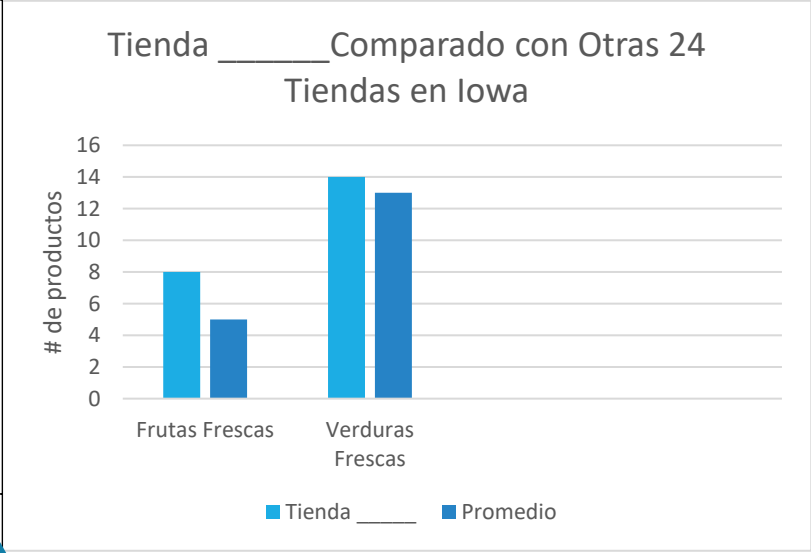
Winham Research Lab, June 2017
Food Science & Human Nutrition, ISU

Tienda _____, Iowa, marzo 2017

Disponibilidad de alimentos por cada Latino NEMS-S

La tienda fue evaluada el _____ en productos como frutas y verduras frescas y enlatadas, carnes, leche, granos enteros y bebidas.

La tienda tenía 8 frutas diferentes: Manzanas Plátanos Papayas Mangos Guayabas Cocos Tunas Mandarinas	**Sugerencias:** Ofrecer una variedad de frutas adicionales: Bananos, melones, piña. Ofrecer frutas enlatadas, especialmente las que están enlatadas en jugo 100% natural o agua.
La tienda tenía 14 verduras diferentes: Tomates Lechugas Zanahorias Repollo Tomatillos Cebollas Chiles Papas Chayotes Aguacates Rábanos Nopales Camotes Yuca	**Sugerencias:** Ofrecer verduras de hoja verde oscuro como amaranto, huauzontle, verdolaga o espinacas. Ofrecer una variedad de verduras adicionales como brócoli, pepinos y jícama. Ofrecer más verduras enlatadas, especialmente aquellas bajas en sodio.



Menos azúcar significa menos calorías.

Bajo en sodio: Ayuda a la presión sanguínea.

Proteínas: Agregar una variedad de proteínas magras.

Proteínas:
La tienda tenía huevos, carne de res regular y magra, piernas y muslos de pollo, frijoles secos y enlatados, atún enlatado en agua y aceite.

Sugerencias:
Agregar pollo sin piel.
Agregar latas de frijoles bajos en sodio.

¡Buen trabajo al ofrecer una variedad de opciones magras (huevos, pescado, carne de res)!

Winham Research Lab, June 2017
Food Science & Human Nutrition, ISU

Tienda _____, Iowa, marzo 2017
Disponibilidad de alimentos por cada Latino NEMS-S

Sugerencias para los lácteos:
Ofrecer leche entera, 2%, 1%, o leche descremada.
¿Preocupado por el tiempo de caducidad? Agregar la leche tipo UHT (Es leche que ha sido procesada a una temperatura ultra alta para extender el tiempo de caducidad).

Leche baja en grasa (1% o descremada): Menos grasa saturada significa menos calorías.
La leche entera es la leche indicada para los niños de 1-2 años de edad. La leche descremada o de 1% es adecuada para toda persona mayor de 2 años.

Los granos enterosa gregan fibra que ayuda con la salud intestinal.

Granos: La tienda tenia tortillas de maíz, trigo y harina.

Sugerencias: ¡Buen trabajo al ofrecer una variedad de granos enteros! Considerar el ofrecer arroz integral o precocido. Estas variedades contienen más fibra que el arroz blanco.

Bebidas:
La tienda tenía bebidas como agua embotellada, jugo de frutas 100%, Coca-Cola, y néctares de fruta.

Sugerencias:
Exhibir agua en refrigeradoras en el área de cajas u otros lugares donde sea visible.
Jugo de frutas 100% es mejor que los néctares, pero es más alto en calorías.

Sugerencias para la tienda en general:
Mostrar bien los precios.
Poner precios en todos los productos enlatados.
¡Seguir ofreciendo una variedad de frutas y verduras!

Winham Research Lab, June 2017
Food Science & Human Nutrition, ISU

Appendix C: Manager Interview and Manager Training Survey

Manager Interview Form – For initial store assessments use all sections of this document besides Section E. For Follow-Up, use the whole survey below (include the Training Survey—Section E) (In English and Spanish).

See the following pages

Date: ___ ___ / ___ ___ / 2 0 ___ ___ (mm/dd/yyyy) Store ID: _____

Staff Initials#: _____

Start Time: _____ End Time: _____ Version #: 3

Store Manager / Owner Interview

(please circle one)

Language interview was administered in:

O English$_0$

O Spanish$_1$

SECTION A. YOUR STORE

11. On average, how many customers visit your store each day? (Mark only one)

- ❑ under 100[1]
- ❑ 100 – 200[2]
- ❑ 201 – 300[3]
- ❑ 301 – 400[4]
- ❑ 401 – 500[5]
- ❑ over 501[6]
- ❑ DK[777]
- ❑ REF[888]

11a) Of the number of customers from the above answer, what percentage of customers are:

	%
Latino/ Hispanic	
White	
African American	
African	
Other Ethnicities	
Women	
Men	
Kids/Youth	

12. Are you a certified Women, Infants, and Children (WIC) vendor?

- ❑ Yes[1]
- ❑ No[0]
- ❑ DK[777]
- ❑ REF[888]

12a) If yes, what % of your customers are WIC customers?

- ❑ Less than 10%[1]
- ❑ 10 to 20%[2]
- ❑ 21 to 30%[3]
- ❑ 31 to 40%[4]
- ❑ 41 to 50%[5]
- ❑ 51% or more[6]
- ❑ N/A[-666]
- ❑ DK[777]
- ❑ REF[888]

13) Do you accept Electronic Benefits Transfer (EBT) or Supplemental Nutrition Assistance Program (SNAP) as payment?

- ❑ Yes[1]
- ❑ No[0]
- ❑ DK[777]
- ❑ REF[888]

13a) If yes, what % of your customers use EBT/SNAP?

- ❑ Less than 10%[1]
- ❑ 10 to 20%[2]
- ❑ 21 to 30%[3]
- ❑ 31 to 40%[4]
- ❑ 41 to 50%[5]
- ❑ 51% or more[6]
- ❑ N/A[666]
- ❑ DK[777]
- ❑ REF[888]

19. What are your **3 most popular** items?

20. What are your **least popular** items?

21. What are your **3 most profitable** items?

22. What are your **least profitable** items?

23. As far as you know, what are some future changes planned for this store?

24. Is your store accessible for people with disabilities?

- ❑ Yes[1]
- ❑ No[0]
- ❑ DK[777]
- ❑ REF[888]

25. Do you have any plans for any **physical improvements** to your store in the next year?

- ❑ Yes[1]
- ❑ No[0]
- ❑ DK[777]
- ❑ REF[888]

25a. Please specify plans:

_____

_____

_____

SECTION B. DISTRIBUTORS & MARKETING

1. How many produce suppliers do you work with?

   _____ suppliers ☐ DK[777] ☐ REF[888]

2. How frequently do produce suppliers deliver goods? Please think about the distributor who brings you the most produce items.

   - ❑ Less than 1 day per week[1]
   - ❑ 1 day per week[2]
   - ❑ 2 days per week[3]
   - ❑ 3 days per week[4]
   - ❑ 4 days per week[5]
   - ❑ 5 days per week[6]
   - ❑ 6 days per week[7]
   - ❑ Every day (7 days a week)[8]
   - ❑ DK[777]
   - ❑ REF[888]

3. Who is your main competitor?

   _____ ☐ DK[777] ☐ REF[888]

4. Where else do your customers shop for groceries? (Interviewer note: Try to get up to 3 names.)

   a. _____

   b. _____

   c. _____ ☐ DK[777] ☐ REF[888]

5. Do you have any contracts with food companies that ask for reserved promotional space in your store?
   - ❑ Yes[1]
   - ❑ No[0]
   - ❑ DK[777]
   - ❑ REF[888]

SECTION C. HEALTHY EATING PROGRAMS

The following questions are about your opinions on healthy eating programs.
People differ in their opinions about what can be achieved by health promotion programs

1. **[Manager Self-Efficacy]**

How sure are you…?	I'm sure I cannot$_1$	I don't think I can$_2$	Maybe I can$_3$	I think I can$_4$	I'm sure I can$_5$	N/A -666	DK -777	REF -888
a. That you can effectively market fruits and vegetables?	1	2	3	4	5	666	777	888
b. That you can increase sales of fruits and vegetables?	1	2	3	4	5	666	777	888
c. That you can improve customers' eating behaviors?	1	2	3	4	5	666	777	888
d. That you (and your employees) can increase the sales of fruits and vegetables?	1	2	3	4	5	666	777	888

2. [**Perceived Barriers and Benefits]**

How much do you agree or disagree that the *[insert statement here]* would improve if your store offered a healthy eating program?	Strongly Disagree$_1$	Disagree$_2$	Neither$_3$	Agree$_4$	Strongly Agree$_5$	N/A - 666	DK -777	REF -888
a. Health of your customers	1	2	3	4	5	666	777	888
b. Health of your employees	1	2	3	4	5	666	777	888
c. Employee productivity	1	2	3	4	5	666	777	888
d. Financial stability of your store	1	2	3	4	5	666	777	888
e. Public image of your store	1	2	3	4	5	666	777	888
f. Ability to attract new customers	1	2	3	4	5	666	777	888
g. Ability to recruit new employees	1	2	3	4	5	666	777	888
h. Other: _____	1	2	3	4	5	666	777	888

3. Does your store currently use any of the following to advertise? *(Mark all that apply)*
   - ❑ Coupons$_{1}$
   - ❑ In-store displays$_{2}$
   - ❑ In-store circulars$_{3}$
   - ❑ Print advertisements in newspaper or flyers$_{4}$
   - ❑ In-store signage$_{5}$
   - ❑ Television advertising$_{6}$
   - ❑ Word of mouth$_{7}$
   - ❑ Other$_{8}$ (specify$_{8a}$:_____)
   - ❑ DK^{-777}
   - ❑ REF^{-888}

4. How do you track your inventory? (Mark all that apply)
   - ❑ Manually$_{1}$
   - ❑ MEI Super Pro Software$_{2}$
   - ❑ Peachtree Software$_{3}$
   - ❑ PRO Software$_{4}$
   - ❑ Samson Software$_{5}$
   - ❑ Other software$_{6}$ (specify $_{6a}$:_____)
   - ❑ Use a bookkeeper$_{7}$
   - ❑ DK^{-777}
   - ❑ REF^{-888}

5. What, if any, challenges have you had in carrying fresh produce? (Mark all that apply)
   - ❑ Sourcing affordable produce$_{1}$
   - ❑ Spoilage before it sells$_{2}$
   - ❑ Having adequate refrigeration$_{3}$
   - ❑ Other$_{4}$ (specify$_{4a}$:_____)
   - ❑ None$_{5}$
   - ❑ DK^{-777}
   - ❑ REF^{-888}

SECTION D. ABOUT YOU: LEFT BLANK BY DESIGN

SECTION E. YOUR OPINION OF THE PROGRAM

1. What part of the store guide/trainings did you find most helpful? Least helpful? (recap: reviewing results from the store assessment; nutrition label; produce handling; store layout; marketing)

Most:

Least:

2. Which of the following strategies were successful in your store?

a. Store Guide (toolkit)/trainings ☐ yes ☐ no
b. Conversations/technical assistance with staff associated with the program ☐ yes ☐ no
c. Taste tests/food samplings ☐ yes ☐ no
d. Changing the store layout ☐ yes ☐ no
e. Adding displays or baskets ☐ yes ☐ no
f. Shop Healthy Iowa price cards ☐ yes ☐ no
g. Shop Healthy Iowa signs ☐ yes ☐ no
h. Other: _____

3. What challenges or concerns did you have implementing the Shop Healthy Iowa program in your store? And why? [open ended]

[If store manager does not come out with challenges suggest the following:]

a. Lack of information/communication about the program ☐ yes ☐ no
b. Finding time for trainings or conversations ☐ yes ☐ no
c. Tracking sales or produce purchases ☐ yes ☐ no
d. Store signs/prices cards did not fit our needs ☐ yes ☐ no
e. Limited space for layout/display ☐ yes ☐ no
f. Limited access to quality produce ☐ yes ☐ no
g. Other: _____

4. Name up to five new things you learned as a result of Shop Healthy Iowa?

1)

2)

3)

4)

5)

5. What suggestion(s) do you have to improve the trainings/staff technical assistance?

6. What suggestion(s) do you have to improve the Shop Healthy Iowa program in general?

Thank you very much for your time!

Thank you very much for your time!

Here is your thank you gift for participating

(Mark <u>end time</u> on first page header)

Date: ___ ___ / ___ ___ / 2 0 ___ ___ (mm/dd/yyyy) Store ID: _____

Staff Initials#: _____

Start Time: _____ End Time: _____ Version #: 3

Entrevista del Gerente/ dueño(a) de la Tienda

Entrevista fue administró en:

O Ingles$_0$

O Español$_1$

SECTION A. SU TIENDA

11. ¿Por lo menos, cuantos clientes visitan la tienda diariamente? (Solamente marque una opción)

- ❑ menos de 100[1]
- ❑ 100 – 200[2]
- ❑ 201 – 300[3]
- ❑ 301 – 400[4]
- ❑ 401 – 500[5]
- ❑ más de 501[6]
- ❑ DK[777]
- ❑ REF[888]

11a) De la respuesta del número de clientes de arriba, que porcentaje de sus clientes son:

	%
Latino/Hispano	
Blanco	
Africano americano	
Africano	
Otras etnias	
Mujeres	
Hombres	
Niños/Jóvenes	

12. ¿Usted es un vendedor certificado de Mujeres, Infantiles y Niños (WIC)?

- ❑ Si [1]
- ❑ No[0]
- ❑ DK[777]
- ❑ REF[888]

12a) ¿Si es, que porcentaje de sus clientes son clientes de WIC?

- ❑ Menos de 10%[1]
- ❑ 10 a 20%[2]
- ❑ 21 a 30%[3]
- ❑ 31 a 40%[4]
- ❑ 41 a 50%[5]
- ❑ 51% o más[6]
- ❑ 51% o menos[6]
- ❑ N/A[-666]
- ❑ DK[777]
- ❑ REF[888]

13. ¿Usted acepta Transferencias Electrónica de Beneficios (EBT) o Programa de Asistencia de Nutrición Suplementaria (SNAP) como pagos?

- ❑ Si[1]
- ❑ No[0]
- ❑ DK[777]
- ❑ REF[888]

13a) ¿Si respondió si, que porcentaje de clientes usan EBT/SNAP?

- ❑ Menos de 10%[1]
- ❑ 10 a 20%[2]
- ❑ 21 a 30%[3]
- ❑ 31 a 40%[4]
- ❑ 41 a 50%[5]
- ❑ 51% o más [6]
- ❑ 51% o menos[6]
- ❑ N/A[666]
- ❑ DK[777]
- ❑ REF[888]

19. ¿Cuáles son sus **3 artículos más populares**?

20. ¿Cuáles son sus artículos **menos populares**?

21. ¿Cuáles son sus 3 artículos que hacen **más dinero**?

22. ¿Cuáles son sus artículos que hacen **menos dinero**?

23. Por lo pronto, ¿cuáles son algunos cambios futuros que usted ve para esta tienda?

24. ¿Es su tienda accesible para personas con discapacidad ?

- ❑ Sí[1]
- ❑ No[0]
- ❑ DK[777]
- ❑ REF[888]

25. ¿Usted tiene algunos planes para físicamente mejorar su tienda en el próximo año?

- ❑ Sí[1]
- ❑ No[0]
- ❑ DK[777]
- ❑ REF[888]

25a. Por favor especifique sus planes:

_____

_____

_____

SECCIÓN B. DISTRIBUIDORES Y MARKETING

1. ¿Usted hace negocios con cuántos proveedores de productos frescos (frutas y verduras)?

   _____proveedores ☐ DK[777] ☐ REF[888]

2. ¿Con qué frecuencia le entregan los proveedores de productos frescos? Por favor, piense en el distribuidor que le trae la mayor cantidad de productos.
   - ❑ Menos de un día por semana[1]
   - ❑ 1 día por semana[2]
   - ❑ 2 días por semana[3]
   - ❑ 3 días por semana[4]
   - ❑ 4 días por semana[5]
   - ❑ 5 días por semana[6]
   - ❑ 6 días por semana[7]
   - ❑ Todos los días (7 días por semana)[8]
   - ❑ DK[777]
   - ❑ REF[888]

3. ¿Quién es su mayor competidor?

   _____ ☐ DK[777] ☐ REF[888]

4. ¿Dónde más hacen compras de comida sus clientes? (Interviewer note: Try to get up to 3 names.)
   a. _____
   b. _____
   c. _____ ☐ DK[777] ☐ REF[888]

5. ¿Tienen contractos con componías de comida quienes preguntan por espacio reservado para promociones en su tienda?
   - ❑ Si[1]
   - ❑ No[0]
   - ❑ DK[777]
   - ❑ REF[888]

SECCIÓN C. PROGRAMAS DE ALIMENTACIÓN SALUDABLE

Las siguientes preguntas son sobre sus opiniones sobre programas de comida saludable.
Muchas personas difieren en sus opiniones acerca de lo que se puede lograr con programas de promoción de la salud.

1. **[Autoeficacia del gerente/la gerente]**

¿Qué tan seguro/a esta...?	No estoy muy seguro/a[1]	No creo que puedo[2]	A lo mejor puedo[3]	Creo que si puedo[4]	Si podría[5]	DK -777	N/A -666	REF -888
a. ¿Usted cree que puede efectivamente promocionar frutas y vegetales?	1	2	3	4	5	666	777	888
b. ¿Qué puede aumentar ventas de frutas y verduras?	1	2	3	4	5	666	777	888
c. ¿Qué puede mejorar las conductas alimentarias de sus clientes?	1	2	3	4	5	666	777	888
d. ¿Que usted (y sus empleados) puede aumentar las ventas de frutas y verduras?	1	2	3	4	5	666	777	888

2. [**Barreras y beneficios percibidos)**

¿Cuánto está de acuerdo o no está de acuerdo que [declaración aquí] mejorera si su tienda ofreciera un programa sobre la alimentación saludable?	Muy desacuerdo$_1$	Desacuerdo$_2$	Ninguno$_3$	De acuerdo$_4$	Muy de acuerdo$_5$	DK - 777	N/A - 666	REF -888
a. Salud de sus cliente	1	2	3	4	5	666	777	888
b. Salud de sus trabajadores	1	2	3	4	5	666	777	888
c. Productividad de sus trabajadores	1	2	3	4	5	666	777	888
d. Estabilidad financiero de su tienda	1	2	3	4	5	666	777	888

¿Cuánto está de acuerdo o no está de acuerdo que [declaración aquí] mejorera si su tienda ofreciera un programa sobre la alimentación saludable?	Muy desacuerdo$_1$	Desacuerdo$_2$	Ninguno$_3$	De acuerdo$_4$	Muy de acuerdo$_5$	DK -777	N/A -666	REF -888
e. Imagen pública de su tienda	1	2	3	4	5	666	777	888
f. Capacidad de atraer nuevos clientes	1	2	3	4	5	666	777	888
g. Capacidad de contractar nuevos trabajadores	1	2	3	4	5	666	777	888
h. Otro: _____	1	2	3	4	5	666	777	888

3. ¿Su tienda actualmente utiliza cualquiera de los siguientes para hacer publicidad? (Marque todas las que apliquen)

- ❑ Cupones$_1$
- ❑ Exhibidores en la tienda$_2$
- ❑ Anuncios en la tienda$_3$
- ❑ Anuncios imprimidos o periódicos de la tienda$_4$
- ❑ Letreros en la tienda$_5$
- ❑ Anuncios en la televisión$_6$
- ❑ Por boca de otros$_7$
- ❑ Otro$_8$ (especifique)$_1$:_____)
- ❑ DK^{-777}
- ❑ REF^{-888}

4. ¿Cómo se puede realizar un seguimiento de su inventario? (Marque todas las opciones que apliquen)

- ❑ A mano^1
- ❑ MEI Super Pro Software^2
- ❑ Peachtree Software$_3$
- ❑ PRO Software$_4$
- ❑ Samson Software$_5$
- ❑ Otro software$_6$ (especifique$_{f1}$:_____)
- ❑ Utiliza un contador/tenedor de libros$_7$
- ❑ DK^{-777}
- ❑ REF^{-888}

5. ¿Cuál o cuáles son, en su caso, algunos de los retos que ha tenido en la venta de productos frescos (Marque todas las opciones que apliquen)

- ❑ Encontrando productos asequibles/ económicos$_{1}$
- ❑ El desperdicio de los productos antes de vender$_{2}$
- ❑ Teniendo la adecuada refrigeración$_{3}$
- ❑ Otro$_{4}$ (especifique$_{d1}$: _____)
- ❑ Ninguna$_{5}$
- ❑ DK^{-777}
- ❑ REF^{-888}

SECCIÓN D. Acerca usted: LEFT BLANK BY DESIGN

SECTION E. YOUR OPINION OF THE PROGRAM

1. ¿Cuál parte del guía de entrenamiento le pareció más útil? O ¿Menos útil? (recuérdele: revisar los resultados de evaluación sobre la tienda; etiqueta nutricional; manejo de productos; diseño de tienda; mercadeo)

   Más útil:

   Menos útil:

2. ¿Cuáles de las siguientes estrategias tuvieron éxito en su tienda?

a.	Guía de tiendas/ entrenamientos	☐ Sí	☐ No
b.	Asistencia técnica con el personal asociado al programa	☐ Sí	☐ No
c.	Demonstraciones de comida	☐ Sí	☐ No
d.	Cambiando el diseño de la tienda	☐ Sí	☐ No
e.	Agregar exhibiciones o canastas	☐ Sí	☐ No
f.	Etiquetas de precios de Comprando Saludable Iowa	☐ Sí	☐ No
g.	Carteles o afiches de Comprando Saludable Iowa	☐ Sí	☐ No
h.	Otra: _____		

3. ¿Qué desafíos o preocupaciones tuvo implementando el programa Comprando Saludable Iowa en su tienda? ¿Y por qué? [open ended]

   [If store manager does not come out with challenges suggest the following:]

a.	Falta de información / comunicación sobre el programa	☐ yes	☐ no
b.	Encontrar tiempo para entrenamiento o conversaciones	☐ yes	☐ no
c.	Rastreo de ventas o compras de productos	☐ yes	☐ no
d.	Las tarjetas de precios no se ajustaban a mi necesidad	☐ yes	☐ no
e.	Espacio limitado para demonstraciones/exhibiciones	☐ yes	☐ no
f.	Acceso limitado a frutas y verduras de calidad	☐ yes	☐ no
g.	Otra: _____		

4. Nombren hasta cinco cosas nuevas que usted aprendido como resultado de Comprando Saludable Iowa?

1)

2)

3)

4)

5)

6. ¿Cuál consejo(s) tiene usted para mejorar nuestro entrenamiento/ y asistencia técnica?

7. ¿Cuál consejo(s) tiene usted para mejorar el programa de Comprando Saludable Iowa en general?

¡Muchas gracias por su tiempo!

Aquí está su regalo de agradecimiento por su participación.

(Marca la hora de finalización en la cabecera de la primera página

Appendix D: Customer Survey

Customer Survey - For evaluation use both pre- and post- intervention to be completed by University of Iowa

See the following pages

Date:_____Store Name:_____

Customer ID#:_____Staff Initials: _____

Customer Intercept Interview

Shop Healthy Iowa

1. Where do you and your family get your food (check all that apply)?

- ☐ Grocery store or supermarket (Hy-Vee, Shop 'n Save, Country Mart)
- ☐ Large store (Walmart, Target)
- ☐ Corner/convenience store (7-Eleven, Casey's, Corner Market)
- ☐ Drug store (Walgreens, CVS)
- ☐ Dollar store
- ☐ Mom and pop store
- ☐ Farmers market
- ☐ Food pantry, church or community center
- ☐ Other place: _____

2. How often do you shop at **this store**? (check one)

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ A few times a year
- ☐ Never

3. Why do you shop at **this store**? (Check all that apply)?

- ☐ It is close to where I live/work/child's school
- ☐ Friendly staff/good customer service
- ☐ Convenient store hours
- ☐ Staff speaks Spanish
- ☐ Traditional/familiar fruits and vegetables from country of origin
- ☐ Low prices on fruits and vegetables
- ☐ Good quality fruits and vegetables
- ☐ Good variety of fruits and vegetables
- ☐ The way fruits and vegetables are displayed
- ☐ It is clean
- ☐ It accepts credit cards
- ☐ It accepts EBT/food stamps or WIC
- ☐ Other: _____

4. What do you typically purchase at **this store** (check all that you apply)?

- ☐ Fruits/vegetables
- ☐ Chips/candy
- ☐ Sodas*
- ☐ Water
- ☐ Milk (skim, 1% fat)
- ☐ Milk (2%, whole/vitamin D)
- ☐ 100% fruit juices
- ☐ Alcoholic beverages
- ☐ Tobacco products
- ☐ Phone/credit services
- ☐ Other (specify):_____

5. Where do you buy most of your fruits and vegetable (store name)? _____

6. How often do you purchase fruits and vegetables (anywhere)?

- ☐ Less than once **per month**
- ☐ 1-3 times **per month**
- ☐ 1-2 times **per week**
- ☐ 3-4 times **per week**
- ☐ 5-6 times **per week**
- ☐ Everyday

*Sugar sweetened beverages include, but not limited to: soda, fruit drinks, and sports and energy drinks

7. On average, how much food that you purchase at this store goes to waste (meaning it is thrown away before consumed)?

- ☐ Nothing goes to waste
- ☐ 25%
- ☐ 50%
- ☐ 75%
- ☐ 100%

8. What would it take for you to buy more of your groceries at **this store** (check all that apply)?

- ☐ Already buy most of my groceries here
- ☐ Better prices
- ☐ Better quality
- ☐ More healthy snack options (ex: baked chips, nuts)
- ☐ More general grocery items (ex: whole grain bread, low fat dairy, canned and frozen produce)
- ☐ Better service
- ☐ Cleaner store
- ☐ More choices
- ☐ Better advertising of health food items (I didn't know they sell healthy items)
- ☐ Needs to accept EBT/food stamps or WIC
- ☐ Nicer looking exterior
- ☐ Being able to suggest the items I'd like to buy here
- ☐ Transportation
- ☐ Better safety
- ☐ Different store hours
- ☐ Other: _____

9. What would help you buy more fruits and vegetables in general? (check all that apply)

- ☐ In-store specials/more value for the money
- ☐ Free samples to taste
- ☐ Having recipes available at the store
- ☐ Seeing in-store cooking demonstration
- ☐ Having nutritionist or dietitian available to answer questions
- ☐ Having nutrition information displayed by the food items that are considered healthy
- ☐ Nice displays
- ☐ More variety
- ☐ More precut, prewashed fruits and vegetables
- ☐ Locally grown fruits and vegetables
- ☐ Other: _____

10. Does your household/family participate in the Women, Infants, and Children (WIC) program?

- ☐ Yes
- ☐ No

11. Does your household/family participate in Electronic Benefits Transfer (EBT) program or supplemental Nutrition Assistance Program (SNAP) also known as food stamps?

- ☐ Yes
- ☐ No

Note, this section is optional.

SO WE CAN BEST USE YOUR ANSWERS, PLEASE ALSO TELL US:

Age:_____Home ZIP code:_____Gender:_____Do you identify as Latino: □ Yes

Employment:_____Number of people you live with_____Number of children under 18 you live with: _____

Do you or does someone you live with receive or use EBT/food stamps or WIC? (check all that apply)

- ☐ WIC
- ☐ EBT/food stamps
- ☐ SNAP
- ☐ No, no one in my home receives food stamps or WIC benefits
- ☐ Don't know
- ☐ Prefer not to answer

Any other comments: _____

_____

Date: _____ Store Name: _____

Customer ID#: _____Staff Initials:

Shop Healthy Iowa

1. ¿En que lugar (lugares) usted y su familia compran su comida? (marque todas las opciones que apliquen)?

- ☐ Supermercado (Hy-Vee, Shop 'n Save, Country Mart)
- ☐ Tienda grande (Walmart, Target)
- ☐ Tienda de conveniencia/Esquina (7-Eleven, Casey's, Corner Market)
- ☐ Botica (Walgreens, CVS)
- ☐ Tienda del dólar
- ☐ Tienda familiar
- ☐ Mercado de agricultores
- ☐ Despensa de alimentos, iglesia o centro comunitario
- ☐ Otro lugar: _____

2. ¿Con qué frecuencia usted compra en **esta tienda**? (marque uno)

- ☐ Diariamente
- ☐ Semanalmente
- ☐ Mensualmente
- ☐ Unas pocas veces al año
- ☐ Nunca

3. ¿Cual es la razon por la que usted compra en esta tienda? (marque todas las opciones que apliquen) ?

- ☐ Está cerca de donde vivo/trabajo/la escuela de los niños
- ☐ El personal es amable / buen servicio al cliente
- ☐ Horario conveniente de la tienda
- ☐ El personal habla español
- ☐ Frutas y verduras tradicionales / familiares del país de origen
- ☐ Bajos precios en frutas y verduras
- ☐ Frutas y verduras de buena calidad
- ☐ La forma en que se muestran las frutas y verduras
- ☐ Está limpio
- ☐ Aceptan tarjetas de crédito
- ☐ Se acepta EBT / cupones de alimentos o WIC
- ☐ Otro: _____

4. ¿Qué es lo que usted compra tipicamente en esta tienda? (marque todo que usted aplica)?

- ☐ Frutas/verduras
- ☐ Sabritas/dulces
- ☐ Sodas*
- ☐ Aguas
- ☐ Leche (baja en grasa, 1%grasa)
- ☐ Leche (2%, entera/vitamina D)
- ☐ 100% jugos de fruta
- ☐ Bebidas alcohólicas
- ☐ Productos de tabaco
- ☐ Servicios telefónicos de crédito
- ☐ Otra (especificar):_____

5. ¿Dónde compra la mayoría de sus frutas y verduras (nombre de la tienda)? _____

6. ¿Con qué frecuencia compra frutas y verduras (en cualquier lugar)?

- ☐ Menos de una vez al mes
- ☐ 1-3 veces al mes
- ☐ 1-2 veces a la semana
- ☐ 3-4 veces a la semana
- ☐ 5-6 veces a la semana
- ☐ Todo los días

*Sugar sweetened beverages include, but not limited to: soda, fruit drinks, and sports and energy drinks

7. En promedio, ¿Cuanta comida que usted compra en esta tienda es desperdiciada (lo que significa que se tira antes de consumirse)?

- ☐ Nada se desperdicia
- ☐ 25%
- ☐ 50%
- ☐ 75%
- ☐ 100%

8. ¿Qué es lo que usted necesitaria para haga más de sus compras en **esta tienda** (marque todas las que apliquen)?

- ☐ Ya compra la mayoría de sus compras aquí
- ☐ Mejores precios
- ☐ Mejor calidad
- ☐ Opciones de bocadillos más saludables (por ejemplo: Sabritas horneadas, nueces)
- ☐ Artículos de comestibles más generales (por ejemplo: pan integral, productos enlatados y congelados)
- ☐ Mejor servicio
- ☐ Tienda más limpia
- ☐ Más opciones
- ☐ Mejor publicidad de alimentos saludables (no sabía que vendían artículos saludables)
- ☐ necesita aceptar EBT / cupones de alimentos o WIC
- ☐ Más agradable aspecto exterior
- ☐ Poder sugerir los artículos que quisiera comprar aquí
- ☐ Transporte
- ☐ Mejor seguridad
- ☐ Diferentes horarios de las tiendas
- ☐ Otro: _____

9. ¿Qué le ayudaría a comprar más frutas y verduras en general? (marque todo lo que corresponda)

- ☐ Ofertas en la tienda / más valor por el dinero
- ☐ Muestras gratis para probar
- ☐ Tener recetas disponibles en la tienda
- ☐ Ver demostración de cocina en la tienda
- ☐ Tener nutricionista o dietista disponible para responder preguntas
- ☐ Tener información nutricional mostrada por los alimentos que se consideran saludables
- ☐ Buenas visualización
- ☐ Más variedad
- ☐ Más frutas y verduras pre-cortadas y lavadas
- ☐ Frutas y hortalizas cultivadas localmente
- ☐ Otro: _____

10 ¿Participa su hogar / familia en el programa WIC (Mujeres, Infantes y Niños)?

- ☐ Si
- ☐ No

11. ¿Participa su hogar / familia en el programa EBT (Programa de Transferencia Electrónica de Beneficios) o el Programa de Nutrición Suplementaria (SNAP) también conocido como cupones de alimentos?

- ☐ Si
- ☐ No

Note, this section is optional.

SO WE CAN BEST USE YOUR ANSWERS, PLEASE ALSO TELL US:

Edad: ____ código postal: _____ Género: _____ ¿Se identificas como latino?: □ Si □ No

Empleo: _____ Número de personas con que vive____

Número de niños menores de 18 años con que vive: ____

¿Usted o alguien con quien vive recibe o

- ☐ WIC
- ☐ EBT / cupones de alimentos
- ☐ SNAP
- ☐ No, nadie en mi casa recibe cupones de alimentos o beneficios de WIC
- ☐ No se
- ☐ Prefiero no contestar

Otros comentarios: _____

Appendix E: Purchasing Data Collection Agreement Form

Data Collection Agreement

In order to measure the effectiveness of the organizational changes and marketing materials in your store, it is important to measure purchasing patterns before and after making the in-store changes.

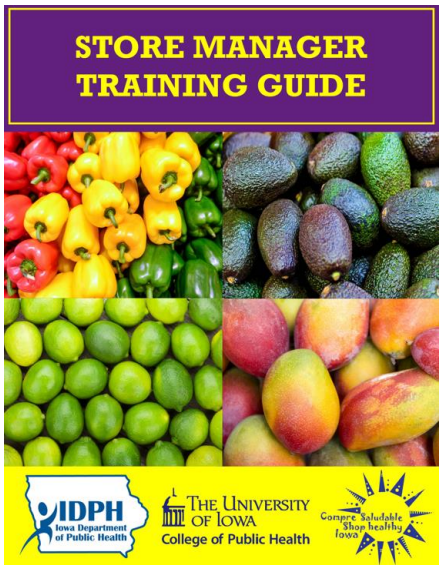
Please indicate from the below options which method of sharing purchasing information would be best for you and your store.

☐ Sales log
☐ List of purchases from distributors
☐ Customer receipts
☐ Consumer

Observations/Comments:

Appendix F: English Store Training Guide

English Store Training Guide – Used as a tool to train store managers on healthy retail strategies.



See Appendix F PDF for full Training Guide

Appendix G: Spanish Store Training Guide

Spanish Store Training Guide – Used as a tool to train store managers on healthy retail strategies.

See Appendix G PDF for full Spanish Training Guide

Appendix H: Program Calendar

Program Calendar Example—OPTIONAL activity for LPCs to keep track of activities in stores

See Following Pages

PROGRAM CALENDAR

Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

To Do Items:

Notes:

_____

_____

_____

_____

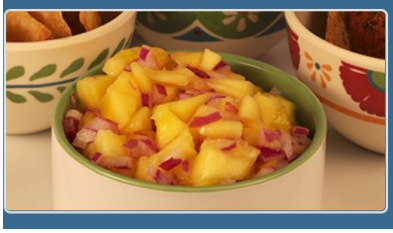
_____

Appendix I: Recommended Samples of Healthy Recipes

Recommended recipes used for the SHI program can be found here: https://spendsmart.extension.iastate.edu/.

Three recipes used during food demos at intervention stores are below:

SPEND SMART. EAT SMART.



Mango Salsa

Serves 8 | Cost/Serving $0.28

Serving Size: 2 tablespoons

Mango Salsa

Serves: 8 **Cost/Serving: $0.28** **Serving Size: 2 tablespoons**

INGREDIENTS

- **1** mango (peeled, pitted, and diced)
- **1/2** small red onion, diced
- **1 tablespoon** fresh cilantro, chopped (optional)
- **1/4 teaspoon** salt
- juice of 1 lime

INSTRUCTIONS

1. Combine all ingredients in a bowl and stir to mix.
2. Serve immediately or cover and refrigerate.

TIPS

Serve with baked tortilla crisps or cinnamon chips.

Serve as an appetizer or a snack.

Also try adding or substituting tomatoes and/or peppers.

Nutrition Facts

8 Servings Per Recipe
Serving Size: 2 tablespoons

Amount Per Serving	
Calories	25
	% Daily Value*
Total Fat 0g	0%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 75mg	3%
Total Carbohydrates 7g	2%
Dietary Fiber 1g	4%
Total Sugars 6g	
Added Sugars	NA*
Protein 0g	
Vitamin D 0 mcg	0%
Calcium 6 mg	0%
Iron 0 mg	0%
Potassium 77 mg	2%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.
NA* - We are currently in the process of integrating the new FDA Nutrition Standards. Added Sugar information is not currently available for the recipe. We will be updating the information shortly.

Jicama & Black Bean Dip

Serves: 10 **Cost/Serving: $0.39** **Serving Size: 1/2 cup**

INGREDIENTS

- **1 small** jicama (peeled and chopped)
- **1 can (15-ounces)** black beans (drained and rinsed)
- **1 cup** frozen corn, thawed
- **1/2** medium green or red bell pepper (seeded and chopped) (about 1/2 cup)
- **1/2** medium onion, diced (about 1/2 cup)
- **1/3 cup** light Italian dressing
- Salt and ground black pepper
- **2 tablespoons** chopped fresh cilantro or 1 teaspoon dried cilantro (optional)

INSTRUCTIONS

1. In large bowl, combine jicama, beans, corn, pepper, onion, and dressing. Add cilantro, if desired.
2. Stir to coat all vegetables with dressing. Add salt and pepper to taste.
3. Serve immediately or cover and refrigerate several hours for flavors to blend.

TIPS

1/8 teaspoon of salt and pepper was used in the nutrition analysis.

This dip tastes fine without jicama, but it adds a nice crunch. This recipe can also be served as a salad.

Nutrition Facts

10 Servings Per Recipe
Serving Size: 1/2 cup

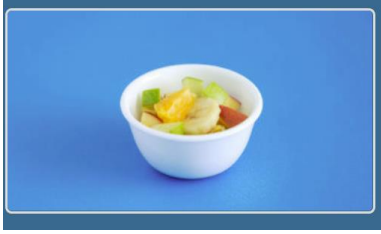
Amount Per Serving	
Calories	70
	% Daily Value*
Total Fat 1g	2%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrates 12g	4%
Dietary Fiber 4g	16%
Total Sugars 2g	
Added Sugars	NA*
Protein 3g	
Vitamin D 0mcg	0%
Calcium 20mg	2%
Iron 1mg	6%
Potassium 202mg	4%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.
NA* - We are currently in the process of integrating the new FDA Nutrition Standards. Added Sugar information is not currently available for the recipe. We will be updating the information shortly.

Jicama & Black Bean Dip

Serves 10 | Cost/Serving $0.39

Serving Size: 1/2 cup



Splendid Fruit Salad

Serves 4 | Cost/Serving $0.52

Serving Size: 1/2 cup

Splendid Fruit Salad

Serves: 4 **Cost/Serving: $0.52** **Serving Size: 1/2 cup**

INGREDIENTS

- **3 tablespoons** frozen orange juice concentrate
- **2** medium apples
- **1** orange
- **1** banana

INSTRUCTIONS

1. Measure orange juice concentrate into bowl.
2. Wash and dice apples and place in bowl.
3. Peel and slice orange and banana.
4. Mix fruit with juice by stirring.
5. Serve immediately or store in the refrigerator.

TIPS

Add other fruits as desired: watermelon, grapes, cantaloupe, etc.

Teach children 5 years old and older how to cut fruit by giving them a butter knife or plastic knife, cutting board, and fruit that is easy to cut such as bananas or melons.

Nutrition Facts

4 Servings Per Recipe
Serving Size: 1/2 cup

Amount Per Serving	
Calories	110
	% Daily Value*
Total Fat 0g	0%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 0mg	0%
Total Carbohydrates 28g	9%
Dietary Fiber 4g	16%
Total Sugars 21g	
Added Sugars	NA*
Protein 1g	
Vitamin D 0mcg	0%
Calcium 92mg	7%
Iron 0.3mg	2%
Potassium 340mg	7%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.
NA* - We are currently in the process of integrating the new FDA Nutrition Standards. Added Sugar information is not currently available for the recipe. We will be updating the information shortly.

Spanish recipes can be found at the SNAP-ED/USDA website: https://snaped.fns.usda.gov/recipes-menus or in the newsletters from IDPH's Pick a Better Snack program: https://idph.iowa.gov/inn/pick-a-better-snack/newsletters.

Appendix J: Food Demonstration Log

Food Demonstration Log—LPCs fill out this document for every food demonstration completed at each store.

See Following Pages

Date: ___ ___ / ___ ___ / 2 0 ___ ___ (mm/dd/yyyy)	Store Name: _____
Staff Initials#: _____	Start Time: _____ End Time: _____

Food Demonstration Log

Name of Food demo Recipe	
Major ingredients	Ingredients found within Store
# of people who stopped at demo *use space to keep tally, mark final count in box below*	# of times recipe was prepared *use space to keep tally, mark final count in box below*
# of samples distributed	*use space to keep tally, mark final count in box below*
Quantity of ingredients left over after demo	
What was done with left over ingredients?	
What incentives are being distributed?	# of incentives distributed *use space to keep tally, mark final count in box below*

Comments from customers about food demo
Comments from store employees about food demo
What can be done differently or improved for next time?
Additional notes: _____ _____ _____ _____ _____ _____ _____ _____

Food demonstration log- Last edited 5/24/16

Appendix K: Action Plan

Action Plan—LPCs fill out this document with the store manager in month 2 after the manager trainings and month 5 of the program (In English and Spanish).

See Following Page

Local Project Coordinator to complete this form with store manager.

Store name and town: _____

Date completing form: _____

Form completed by: _____

Action plan: ____Pre ____Post

If post-plan date store changes implemented_____

Action Plan

STORE LAYOUT		
Enhancement	***Commitment Details***	
Change that store owner can make to improve healthy purchases at store	***Commitment***	***Comments: Specific details/resources needed to complete***
Relocate healthy foods to front of store in a highly visible location	**Yes / No**	
Organize produce and healthy beverages together in one area of store	**Yes / No**	
Use baskets to organize produce in an attractive way to encourage purchase	**Yes / No**	
Designate a "Healthy Cooler" to store chilled produce and healthy drinks	**Yes / No**	
Create a "Healthy Checkout" to promote healthy purchases	**Yes / No**	
MARKETING HEALTHY FOODS		
Enhancement	***Commitment Details***	
Change that store owner can make to improve healthy purchases at store	***Commitment***	***Comments: Specific details/resources needed to complete***
Hang posters throughout the store that promote healthy choices	**Yes / No**	
Post shelf talkers throughout the store to generate curiosity	**Yes / No**	
- **Nutrition Information**	**Yes / No**	
- **Health Facts**	**Yes / No**	
- **Recipes/Suggestions**	**Yes / No**	
Use price tags to educate customers on price of healthy products	**Yes / No**	
- **Dry Erase Board**	**Yes / No**	
- **Stickers**	**Yes / No**	
- **Shelf Tag**	**Yes / No**	

Source: Martin, K., & Born, B. (2009). Delridge Healthy Corner Store Project: A Toolkit for Community Organizers and Store Owners. Delridge Neighborhoods Development Association

Local Project Coordinator to complete this form with store manager.
Store name and town: _____
Date completing form: _____
Form completed by: _____
Action plan: ____Pre ____Post If post-plan date store changes implemented_____

Plan de Acción

DINEÑO DE LA TIENDA		
Mejora	***Detalles de acción***	
Cambios que el propietario de la tienda puede hacer para mejorar las compras saludables en la tienda	***Compromiso***	**Comentarios: Detalles específicos / recursos necesarios para completar**
Reubique alimentos sanos al frente de la tienda en un lugar muy visible	**Si / No**	
Organizar productos y bebidas saludables juntos en un área de la tienda	**Si / No**	
Utilice cestas para organizar los productos de una manera atractiva para estimular la compra	**Si / No**	
Designe un refrigerador saludable para almacenar productos refrigerados y bebidas saludables	**Si / No**	
Crear un "Checkout saludable" para promover compras saludables	**Si / No**	
COMERCIALIZACIÓN DE ALIMENTOS SALUDABLES		
Mejora	***Detalles de acción***	
Cambios que el propietario de la tienda puede hacer para mejorar las compras saludables en la tienda	***Compromiso***	**Comentarios: Detalles específicos / recursos necesarios para completar**
Colgar carteles en toda la tienda que promuevan opciones saludables	**Si / No**	
Publicar estanterías en la tienda para generar curiosidad	**Si / No**	
- **Información nutricional**	**Si / No**	
- **Datos de salud**	**Si / No**	
- **Recetas / Sugerencias**	**Si / No**	
Utilice etiquetas de precio para educar a los clientes sobre el precio de productos saludables	**Si / No**	
- **Pizarra**	**Si / No**	
- **Pegatinas**	**Si / No**	
- **Etiqueta de la plataforma**	**Si / No**	
Source: Martin, K., & Born, B. (2009). Delridge Healthy Corner Store Project: A Toolkit for Community Organizers and Store Owners. Delridge Neighborhoods Development Association		

Appendix L: Evaluation Checklists

Checklist for Evaluation Activities

This checklist is ordered by each organization's roles in the evaluation of the Shop Healthy Iowa program.

Local Project Coordinator Duties

Month 1

- ☐ Upload Store Commitment Form to Iowa Grants
- ☐ Upload baseline store pictures
- ☐ Collect F/V Purchasing/Sales Data and upload to Iowa Grants
- ☐ Oral reports in 2 partnership meetings
- ☐ **OPTIONAL** Activities Calendar and Store Notes (whenever contact with stores is made)

Month 2

- ☐ Oral reports in 2 partnership meetings
- ☐ Complete Action Plans with store managers and upload to Iowa grants
- ☐ **OPTIONAL** Activities Calendar and Store Notes (whenever contact with stores is made)

Month 3

- ☐ Collect F/V Purchasing/Sales Data and upload to Iowa Grants
- ☐ Oral reports in partnership meeting
- ☐ Food demo logs (completed for any of the 2 required food demos per store during this month)
- ☐ **OPTIONAL** Store Improvement pictures (for any structural changes that are implemented in the store)
- ☐ **OPTIONAL** Activities Calendar and Store Notes (whenever contact with stores is made)

Month 4

- ☐ Collect F/V Purchasing/Sales Data and upload to Iowa Grants
- ☐ Oral reports in partnership meeting
- ☐ Food demo logs (completed for any of the 2 required food demos per store during this month)
- ☐ **OPTIONAL** Store Improvement pictures (for any structural changes that are implemented in the store)
- ☐ **OPTIONAL** Activities Calendar and Store Notes (whenever contact with stores is made)

Month 5

- ☐ Collect F/V Purchasing/Sales Data and upload to Iowa Grants
- ☐ Oral reports in partnership meeting
- ☐ Complete Follow-up Action Plans with store managers and upload to Iowa grants
- ☐ Food demo logs (completed for any of the 2 required food demos per store during this month)
- ☐ Follow-up Store Improvement pictures (of structural and marketing changes)
- ☐ **OPTIONAL** Activities Calendar and Store Notes (whenever contact with stores is made)

Checklist for Evaluation Activities

This checklist is ordered by each organization's roles in the evaluation of the Shop Healthy Iowa program.

University of Iowa Duties

Month 1

- ☐ Manager Baseline Interviews
- ☐ Customer Surveys Baseline
- ☐ NEMS-S Latino Audit Baseline
- ☐ Collect F/V Purchasing/Sales Data from IDPH
- ☐ Enter and analyze data from manager interviews, customer surveys, NEMS-S Latino Audit, and Purchasing/Sales Data

Month 2

- ☐ Collect Action Plans from IDPH
- ☐ Collect Store Improvement pictures from IDPH
- ☐ Continue to Analyze Data from Month 1
- ☐ Enter and Analyze Action Plan documents

Month 3

- ☐ Collect F/V Purchasing/Sales Data from IDPH
- ☐ Collect any completed Food demo logs from IDPH
- ☐ Collect any **OPTIONAL** Store Improvement pictures from IDPH

Month 4

- ☐ Collect F/V Purchasing/Sales Data from IDPH
- ☐ Collect any completed Food demo logs from IDPH
- ☐ Collect any **OPTIONAL** Store Improvement pictures from IDPH

Month 5

- ☐ Manager Follow-up Interviews and Manager Training Surveys
- ☐ Customer Surveys Follow-up
- ☐ NEMS-S Latino Audit Follow-up
- ☐ Collect F/V Purchasing/Sales Data from IDPH
- ☐ Collect Follow-up Action Plan from IDPH
- ☐ Enter and analyze data from manager interviews, customer surveys, NEMS-S Latino Audit, Follow-up Action Plan and Purchasing/Sales Data from Follow-up
- ☐ Collect any **OPTIONAL** Activities Calendar and Store Notes from IDPH

Checklist for Evaluation Activities

This checklist is ordered by each organization's roles in the evaluation of the Shop Healthy Iowa program.

Iowa Department of Public Health

Month 1

- ☐ Collect Store Commitment Forms from LPCs
- ☐ Record Oral reports in 2 partnership meetings
- ☐ Collect F/V Purchasing/Sales Data from LPCs and send to U of I

Month 2

- ☐ Collect Action Plans from LPCs and send to U of I
- ☐ Collect Store Improvement pictures from LPCs and send to U of I
- ☐ Record Oral reports in 2 partnership meetings

Month 3

- ☐ Collect F/V Purchasing/Sales Data from LPCs and send to U of I
- ☐ Collect any completed Food demo logs from LPCs and send to U of I
- ☐ Collect any **OPTIONAL** Store Improvement pictures from LPCs and send to U of I
- ☐ Record Oral reports in partnership meeting

Month 4

- ☐ Collect F/V Purchasing/Sales Data from LPCs and send to U of I
- ☐ Collect any completed Food demo logs from LPCs and send to U of I
- ☐ Collect any **OPTIONAL** Store Improvement pictures from LPCs and send to U of I
- ☐ Record Oral reports in partnership meeting

Month 5

- ☐ Collect F/V Purchasing/Sales Data from LPCs and send to U of I
- ☐ Collect Follow-up Action Plan from LPCs and send to U of I
- ☐ Collect any **OPTIONAL** Activities Calendar and Store Notes from LPCs and send to U of I
- ☐ Record Oral reports in partnership meeting

Appendix M: Additional Resources

USDA's Supplemental Nutrition Assistance Program (SNAP) Application:

As discussed in the Economic Development section, ensuring a store is SNAP/EBT capable is beneficial for stores to increase customer base and profits of the stores. Step-by-step instructions on how store managers can apply can be found at the following website: https://www.fns.usda.gov/snap/retailer-apply

Iowa Department of Public Health:

The following page on the Iowa Department of Public Health's webpage give directions and requirements for stores to be a certified WIC vendor: https://idph.iowa.gov/wic/vendors/become-vendor

CDC Food Service Guidelines:

This site offers materials on incorporating healthier foods into a variety of settings including hospitals, worksites and other public locations. Success stories and benefits of eating a healthier diet are also given: http://www.cdc.gov/obesity/strategies/food-serv-guide.html

Food Trust:

This Philadelphia-based program works in a variety of settings, including corner stores and bodegas to increase access to healthier food options through community education, training and capacity building. They offer a variety of guides, publications, videos and other media available on their website: http://thefoodtrust.org/what-we-do/corner-store

University of Missouri Extension Stock Healthy Shop Healthy:

A healthy retail program that provides examples of toolkits and advertising materials from their program that are free for members of other communities to access through their website. http://extension.missouri.edu/stockhealthy/home.aspx

Department of Health & Mental Hygiene Shop healthy NYC:

This is another guide that discusses strategies for working with a local food retailer to make healthy retail based strategies. It provides strategies to recruit stores, implement changes, and incentivize retailers. https://www1.nyc.gov/assets/doh/downloads/pdf/pan/adopt-a-shop-guide.pdf

ChangeLabSolutions Health on the Shelf:

This toolkit gives instructions on how to develop healthy retail certification programs. It talks about he importance of strong partnerships, gives examples of incentives for stores, advice on how to approach store managers, and gives examples of other healthy food retailer certification programs: http://www.changelabsolutions.org/sites/default/files/Health_on_the_Shelf_FINAL_20130322-web.pdf

ChangeLabSolutions Incentives for Change:

This is a guide developed to help guide public health practitioners in creating effective incentive programs for small food retailer based healthy retail programs: https://www.changelabsolutions.org/sites/default/files/Incentives-for-Change-Small-Food-Stores_FINAL_20140131_2.pdf