Special thanks
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This toolkit was developed for communities interested in developing
healthy corner store or grocery programs with local food retailers. We
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Published by University of Missouri Extension

Funding for this project is provided in part by the
Missouri Department of Health and Senior Services.
What is evaluation?

Evaluation is an important component of any community project. Evaluation can occur at various stages in a project.

Process evaluation looks at the development and implementation stages, and measures whether you are reaching program goals and implementing strategies as planned. Process evaluation should begin during the planning phase and continue through program implementation. This type of evaluation can be useful in determining whether a program should be continued, expanded, refined or eliminated.

Process evaluation questions

- What intervention activities were conducted? Were they conducted as planned? If not, what changes were made?
- Who and how many people participated in the activities? Were participants representative of the target population?
- What resources were used to conduct the activities? Were they sufficient?
- How did participants respond to the activities?

Outcome evaluation measures any change as a result of your program. This type of evaluation reveals how the project might have affected lives on a large scale. For example, your process evaluation might confirm that 180 people participated in a nutrition education course offered through Stock Healthy, Shop Healthy. An outcome evaluation will tell you how many of the participants demonstrated increased knowledge, changed behavior by increasing vegetable intake, or made some other change as a result of their participation.

Outcome evaluation questions

- Have your objectives been reached?
- What were some of the intended and unintended outcomes?
- Did the participants’ knowledge, attitudes or beliefs change?

Finally, an impact evaluation measures outcomes that could be directly attributable to the program. This type of evaluation is conducted after a lengthy period to measure, for example, if diabetes or hypertension rates have decreased in the community after several years of an increase of healthy foods in your partner store.

Impact evaluation questions

- Was your goal reached?
- Did long-term behavioral or health outcomes vary from baseline measurements?
How do I collect evaluation data?

Qualitative and quantitative data on a Stock Healthy, Shop Healthy program can be collected in a variety of ways. The process and outcome evaluation tools described and provided in this publication were designed with this program in mind. If your organization already uses evaluation instruments related to healthy eating or food access, you should also incorporate those into your overall program evaluation plan. It’s important to develop your evaluation plan early in a project. If you wait too long, you may miss opportunities to collect process and outcome data. The following sections describe various evaluation tools for you to consider for your healthy retail project.

Store-related evaluation tools

The following tools, assessments and surveys can be used to collect quantitative and qualitative information specific to the participating store.

Measuring healthy inventory shelf space

In the grocery industry, shelf space is measured in linear feet. Measuring the linear shelf space devoted to healthy items over time can demonstrate whether the amount of healthy foods offered for sale has increased or decreased. This evaluation method is particularly useful for showing program success if your partner store cannot run item-specific sales reports from the cash register. Although this measurement doesn’t identify specific items or quantities sold, an increase in healthy inventory demonstrates an increase in consumer demand; the store wouldn’t be stocking more if the items weren’t selling.

To use this evaluation method, using a tape measure, collect a baseline measurement at the start of your project, and measure again at six months or the midway point, and after one year. Ideally, the same network member(s) would take the measurement each time for consistency. Refer back to the healthy food items suggested on pages 10–11 in the Stock Healthy, Shop Healthy: Community Toolkit before taking measurements.

Environmental audit

Use an environmental audit to document the availability of healthy foods and the condition of the store environment. Use this tool before you begin your intervention to understand the environment and availability of healthy foods, signage and equipment. Use it after your intervention to show the intervention’s impact on the environment (for example, addition of equipment and signs, improved quality of produce).

In-store signage

Count the Stock Healthy, Shop Healthy and other nutrition-related shelf talkers, signs and posters used in the store. These numbers will show the amount and type of in-store nutrition education prompts and posters being used to affect customer buying behavior.

Storefront improvements

Changes to the outside of a store can change community members’ perceptions of the store. If your network has the capacity to make exterior renovations to the store building, as you work with the retailer to make improvements, capture those renovations by taking pictures before, throughout and at the end of the process. Also, document the amount of loans, grants and donations used to make the facade improvements possible.

Taste-tests

Taste-tests are an opportunity for customers to try new products and recipes. Taste-tests strongly affect consumers’ purchasing decisions. As your network holds taste-tests in the store, count the number of customers who sample. Create a brief survey — two or three questions — that customers could complete as they’re sampling. Ask customers if they liked the product or recipe and how likely they are to purchase the product or ingredients at the partner store.
Loyalty cards

Loyalty cards can be used by retailers to drive demand for fresh produce and low-fat and nonfat milk by encouraging the customer to buy 10 items to get the 11th free. Such customer incentive programs are successful in all areas of retail. To track the success of loyalty card programs, ask your partner store to keep track of the number of cards distributed and to collect and save the cards as they are redeemed.

Sales data

Some larger food retailers may be able to track sales data specific to healthy food items using a point-of-sale system or cash register. If available, collect sales data of healthy food items at the start of the program, at six months and at one year, and compare the figures. If your partner store doesn’t have a cash register that can run such reports, measure healthy food inventory shelf space to demonstrate an increase or decrease in the amount of healthy food items sold.

Follow-up store owner interview

At the start of your project, you likely used the store owner interview form to learn more about the owner, customers and store operations. The follow-up store owner interview form (pages 7–8) will allow you to capture that same information one year after the start of the partnership. Use this form to learn what was successful from the retailer’s perspective. If possible, have the network members who conducted the first store owner interview conduct this one also.

Follow-up store assessment form

The follow-up store assessment form (pages 9–10) allows you to view the store from the customer’s perspective. Use this form one year after the start of your project to revisit the customers’ perceptions of the store environment and the availability and visibility of healthy products. Compare the results of this assessment with those of the assessments conducted at the start of the program.

Follow-up customer survey

Use of a follow-up customer survey (pages 11–12) can help you learn more about shopping decisions and habits now that your partner store has made changes to increase the availability and visibility of healthy food items. Either ask individual customers the questions, or provide pens and space for the customers to complete the survey on their own. This survey is best used after one year of partnership with the store.

Customer feedback

Customer feedback can be collected throughout the store in various ways. In addition to using the follow-up customer survey, review and document the findings of suggestion box or comment cards completed by customers. The poster board survey records customer preferences and suggestions for healthy inventory. Retain each poster board once it is full of comments; summarize and share the information on each with your partner store.
Community-related evaluation tools

Community-related evaluation tools vary slightly from store-related instruments. *Stock Healthy, Shop Healthy* recommends the following methods of collecting information about the overall project and the partner store in the community.

**Follow-up community survey**

The follow-up community survey (pages 13–14) is a valuable tool for learning how often community members shop at the participating store, what they’re buying and would like to buy there, and how they perceive the store. Just as with the initial community survey, the follow-up survey can be collected at community meetings and events. Compare the results of the follow-up surveys with those collected at the start of the partnership.

**Community events**

Building demand through community events is an important component of the project. Without an increase in demand, increasing the supply of healthy items at your partner store would be risky. As you carry out your action plan by organizing and implementing community outreach activities and events, record the following information about each: attendance, partner participation, donations provided, and media attention.

**Store and program promotion and marketing**

Promotion and marketing are important components of this project. Your partner store relies on your help with promoting the store and its healthy changes throughout the community. Collect each flier, newsletter or newspaper article, advertisement, and social media post related to your program. Most blogs and websites track the number of people who visit the page. Monitor this number after each blog or website post. Document the number of Facebook likes or Twitter retweets of each program- and store-related post. Also, keep track of the number of residents who sign up for program or store email and text lists.

**Educational programs**

To have large-scale impact, your program must include nutrition education that supports changes inside the store and activities in the community. Many nonprofits, local public health agencies, and universities have curriculum with an evaluation component in place for a variety of nutrition education. Incorporate this evaluation into your overall *Stock Healthy, Shop Healthy* evaluation plan. Also, record the number of classes offered and the number of participants at each. For a one-time class or a limited series, consider evaluating the changes in the participants’ awareness or knowledge and the participants’ intent to change their behavior.
Follow-up store owner interview

Use this form to learn what was successful from the retailer’s perspective after one year of partnership.

Today’s date ___________________ Your names ________________________________________________

Store name __________________________________________________________________________

Store owner’s name _____________________________________________________________________

Background questions

Do you accept EBT (electronic benefits transfer, food stamps, SNAP)?   Yes / No

Do you accept WIC (Women’s, Infants and Children Program benefits)?   Yes / No

What are your store hours?

Mon. ________  Tue. ________  Wed. ________  Thu. ________  Fri. ________  Sat. ________  Sun. ________

Please estimate the percentage of customers that fit into each category.

Children (school age) ________  Youth (high school) ________  Young adults ________

Middle-aged adults ________  Senior citizens ________

Product offerings

How do you make your product selections? ______________________________________________________

________________________________________________________________________________________

What are the top three selling food items in your store?

1. ___________________________  2. ___________________________  3. ___________________________

What are the top three fresh fruits or vegetables sold in your store?

1. ___________________________  2. ___________________________  3. ___________________________

What challenges do you still have with carrying fresh produce? (Check all that apply.)

☐ Pricing
☐ Sourcing affordable produce
☐ Spoilage before it sells
☐ Having adequate refrigeration
☐ None
☐ Other (please describe) ___________________________
What makes it hard to carry more healthy foods in your store? ________________________________
__________________________________________________________________________________

Other

Do you feel this program was successful?   Yes   /   No
If yes, what made it successful? (Check all that apply.)

☐ Taste-tests
☐ In-store signage
☐ Local media coverage
☐ Nutrition education classes
☐ Community events
☐ Store promotion
☐ Facade (storefront) improvements
☐ Mentors or grocery store professionals working directly with partner owner
☐ Other (please describe) ________________________________

What was the least helpful aspect of this project? What did not work for you? ________________
__________________________________________________________________________________
__________________________________________________________________________________

Have any challenges you noted previously been overcome? If so, please describe the challenge and solution.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Do you have any additional comments? ________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Thank you for your time and for being our partner!
Store assessment form

With another network member, use this form to assess the store from the customer’s perspective: what’s healthy, what’s not, how the store looks, and where there is room for improvement.

Today’s date ________________ Your names ____________________________________________

Store name ________________________________________________________________

Store owner’s name ____________________________________________________________

Store environment

How does the store look from the outside? Take note of signage, lighting, litter, etc. What is the first thing you notice when you walk into the store?

What signage or ads are on the outside of the store? (Check all that apply.)

- Tobacco
- Alcohol
- Other beverages
- Posters promoting healthy choices
- Other __________________________

What signage or ads are posted inside the store? (Check all that apply.)

- Tobacco
- Alcohol
- Other beverages
- Posters promoting healthy choices
- Other __________________________

Is the store free of clutter? Are the aisles clear so customers can move around?

Is the store clean? Are the shelves, floors and refrigerators clean? Are the shelves and the products on them dust-free?

Is there any out-of-date product? If so, list those products.

Fresh produce

How many kinds of fresh vegetables are for sale? List them here.

How many kinds of fresh fruits are for sale? List them here.
From 1 to 4, what is the overall quality of the fresh vegetables?

1 2 3 4

From 1 to 4, what is the overall quality of the fresh fruits?

1 2 3 4

If the store has fresh fruits or vegetables, how are they displayed? Are they up off the floor? Are they in broken or torn boxes? Are they in baskets?

Does the store display produce in these areas?

- Near the checkout? Yes / No
- Near the store entrance? Yes / No

**General healthy grocery items**

Does the store stock these items?

- Low-fat milk (1% or skim) Yes / No
- Low-fat cheese or yogurt Yes / No
- Bottled water Yes / No
- Fresh fruit cups Yes / No
- Frozen fruits or vegetables Yes / No
- Canned fruit in 100% juice Yes / No
- Canned vegetables, beans or soup with a label that says “low sodium,” “low salt” or “no added salt” Yes / No
- Dried fruit, such as raisins Yes / No or dried cranberries
- 100% whole-wheat bread Yes / No (whole grain or whole wheat is the first ingredient listed on the package)
- Baked potato chips Yes / No
- Low-salt or unsalted nuts Yes / No

If the store has a deli, does it offer the following options?

- Sandwiches on 100% whole-wheat bread? Yes / No / N/A
- Meal combo with fruit and/or water? Yes / No / N/A

**Other**

What continues to make this store a great asset to your community (examples: location, supports community events)?

Other observations of note:
Follow-up customer survey

Use this follow-up customer survey after your community’s *Stock Healthy, Shop Healthy* program has completed its first year. Survey responses will help you learn more about community residents’ shopping decisions and habits. Either ask individual customers the questions, or provide pens and space for the customers to complete the survey on their own.

Today’s date ___________________ Store name ________________________________

1. How often do you shop at this store? (Check one.)
   - □ Daily
   - □ Weekly
   - □ Monthly
   - □ A few times a year
   - □ Never

2. Why do you shop at this store? (Check all that apply.)
   - □ It is close to where I live.
   - □ It is close to my work.
   - □ I meet my friends here.
   - □ It has good service.
   - □ It has good prices.
   - □ It has good quality.
   - □ It has a good selection.
   - □ It has choices I need or want.
   - □ I know the owner.
   - □ It is clean.
   - □ It has credit.
   - □ It accepts EBT/food stamps or WIC.
   - □ Other: __________________________

3. What do you buy most from this store? Please be specific (examples: fruit, juice, chips, nonfood items).
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4. Do you buy dairy products here?   Yes / No

5. Do you buy fruits here?   Yes / No

6. Do you buy vegetables here?   Yes / No

7. On a scale from 1 to 10 with 1 being “not at all” and 10 being “extremely,” how important should healthy eating be? ______

8. On a scale from 1 to 10 with 1 being “never” and 10 being “at every meal,” how often are you taking steps towards healthy eating? ______

*Please flip this paper over to answer a few more questions.*
Note, this section is optional.

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

Age: _______   Home ZIP code: __________

Number of people you live with: _______________   Number of children under 18 you live with: ______

Do you or does someone you live with own a car in working condition?   Yes / No

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

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

Any other comments: __________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for your time and participation!
Follow-up community survey

Toward the end of your community’s Stock Healthy, Shop Healthy program, use this form to capture any changes in community demand, buying habits, and perception of the partner store.

Today’s date ________________ Event/location where collecting surveys ____________________________

Store name ________________________________________________________________________________

1. Do you shop at ________________________________ (partner store name)?  Yes / No

   If yes, go to the next question. If no, go to question 8.

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.  □ It has good quality.  □ It has credit.
   □ It is close to my work.    □ It has a good selection.  □ It accepts EBT/food stamps or WIC.
   □ I meet my friends here.   □ It has choices I need or want.  □ Other: ________________________
   □ It has good service.      □ I know the owner.      □ It is clean.
   □ It has good prices.       □ ________________________  ________________________

4. What do you buy most from this store? Please be specific (examples: fruit, juice, chips, nonfood items).

   ______________________________________________________________________________________
   ______________________________________________________________________________________

5. Do you buy dairy products here?  Yes / No

6. Do you buy fruits here?  Yes / No

7. Do you buy vegetables here?  Yes / No

8. On a scale from 1 to 10 with 1 being “not at all” and 10 being “extremely,” how important should healthy eating be? ______

9. On a scale from 1 to 10 with 1 being “never” and 10 being “at every meal,” how often are you taking steps towards healthy eating? ______

10. What is your perception of this store?

    ______________________________________________________________________________________

11. In the past year, what have you heard about our community’s healthy retail project or this store?

    ______________________________________________________________________________________

Please flip this paper over to answer a few more questions.
Note, this section is optional.

So we can best use your answers, please also tell us:

Age: _______    Home ZIP code: ______________

Number of people you live with: _______________    Number of children under 18 you live with: ______

Do you or does someone you live with own a car in working condition?    Yes / No

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

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

Any other comments: ________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Thank you for your time and participation!
Where can I get more information?

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