

An abstract graphic consisting of several thin, white, parallel lines that originate from the bottom left and extend towards the top right, creating a sense of movement and direction. The lines are set against a solid blue background that transitions from a lighter shade at the top to a darker shade at the bottom.

# 2021 MONADNOCK REGION FOOD ACCESS ANALYSIS

Monadnock Children's Food Access Alliance

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# 1 INTRODUCTION

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Many families and children in the Monadnock Region experience food insecurity which is defined by the U.S. Department of Agriculture (USDA) as a lack of consistent access to enough food for an active, healthy life. According to Feeding America, the overall food insecurity rate in Cheshire County was 9.5% in 2019 and the rate for children was 12.7%.<sup>1</sup> These rates are higher than the state averages which were 8.8% and 10.9% respectively. The rates for children in Sullivan and Hillsborough counties, which have communities located in the Monadnock Region, were 14.4% and 10.9% respectively. Feeding America released a companion study that illustrates the projected impact of the COVID-19 pandemic on local food insecurity in 2020 and 2021.<sup>2</sup> The 2021 projection for children in New Hampshire is 9.7%, an increase of 0.9% from 2019. The study states that the pandemic caused an economic recession that ended years of declining rates of food insecurity in the United States. The report goes on to say that the increase in food insecurity during the pandemic would likely have been worse without the response of federal and local governments and the private sector.

The Feeding America study cautions, however, that, "... the future remains tenuous for people who have experienced uncertain access to enough food for their families." It took ten years after the 2008 Great Recession for food insecurity rates in the United States to return to pre-recession levels. According to the February 2020 New Hampshire Fiscal Policy Institute report, *Food Insecurity and Economic Conditions During the Great Recession and the COVID-19 Crisis*, the situation could be even more tenuous for New Hampshire residents if past experience is an indicator.<sup>3</sup> The state's pre-recession household food insecurity levels recovered at a more gradual rate than the rest of the nation. The report concluded that to ensure individuals and families are able to access food and mitigate increases in food insecurity during and after the COVID-19 crisis, relevant policies and support programs for the people most affected will be needed.

The *Monadnock Region Food Access Analysis* provides a comprehensive analysis of assets and gaps in present children's and families' food security programs in the Monadnock Region. The analysis was conducted by Southwest Region Planning Commission (SWRPC) during the spring of 2021 on behalf of the Monadnock Children's Food Access Alliance (Alliance). This report includes the findings of the analysis. The Alliance will use the report findings to develop a Food Access Plan that fills identified gaps in programs and services and outlines funding opportunities.

The Alliance is a diverse network of partners committed to improving the overall health of children and families in the Monadnock Region through increasing access to affordable, healthy food. Alliance partners represent multiple sectors of the food access system including:

- Food Access System (e.g., farmers, extension educators, farmers' market managers, transportation agency managers, food retailers, food service directors, farm to institution program managers).
- Emergency Food (e.g., food pantry managers, soup kitchen coordinators).
- Food Access and Health (e.g., public health representatives, nutrition educators, human services program managers, nutrition assistance programs, case/social workers).
- Food Policy (e.g., advocates, state and local government officials, food policy experts).
- Food Systems Research (e.g., professors, researchers).

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<sup>1</sup> Feeding America. 2019. "Map the Meal Gap". <https://map.feedingamerica.org/county/2019/child/new-hampshire>

<sup>2</sup> Feeding America. 2021. "The Impact of the Coronavirus on Local Food Insecurity in 2020 and 2021". <https://www.feedingamerica.org/research/coronavirus-hunger-research>

<sup>3</sup> NH Fiscal Policy Institute. 2020. "Food Insecurity and Economic Conditions During the Great Recession and the COVID-19 Crisis." <https://nhfpi.org/resource/food-insecurity-and-economic-conditions-during-the-great-recession-and-covid-19-crisis/>

- People with Lived Experience (e.g., lower-income and food insecure household members).

Led by the Monadnock Farm and Community Coalition (MFCC), Alliance partners have a long history of collaborating to develop a healthy, equitable and affordable food system in the Monadnock Region. The MFCC also provides leadership to the Healthy Monadnock Alliance Food Access Working Group. The Healthy Monadnock Alliance, which is supported by Cheshire Medical Center, is a partnership of community leaders from across the Monadnock Region who create and foster local initiatives to achieve better health and wellness for all. The activities of the Food Access Working Group, led to the creation of the Alliance. The Working Group's goals are to:

- Expand local food access to include low- and moderate-income families.
- Encourage support for the local food system.
- Educate consumers on the benefits of locally produced food, especially youth and lower-income populations.

This report contains a detailed description of the present food access system in the Monadnock Region including: 1) household food insecurity and related demographic data; 2) region-wide inventory of food access points, programs, and services; 3) maps depicting connections and gaps within the food access system; 4) Alliance network assessment; and, 5) description of food access system models and best practices.

SWRPC recommends that this analysis be updated from time to time to reflect future changes to the current food access system landscape. The COVID-19 pandemic influenced temporary changes to the food access system before and during the period this analysis was conducted. In a December 2020 literature review conducted by the University of New Hampshire Carsey School of Public Policy, it was reported that usual food acquisition patterns were disrupted and household budgets were strained or depleted by job or wage losses and medical expenses.<sup>4</sup> Household budgets were further constrained by sharp increases in food prices. As a result of social distancing requirements and recommendations, food insecure households were challenged with navigating where and when to acquire food (e.g., limiting trips to retailers). In addition, there were changes to the charitable food landscape including changes to hours of operation and closures, either temporary or permanent, which further complicated access to food sites. More limited public transportation and health concerns for older adults and other vulnerable populations may have also contributed to reduced access to available food sites during the pandemic. Transit providers and volunteer driver programs affiliated with the Monadnock Regional Coordinating Council for Community Transportation reported significantly decreased ridership throughout the pandemic. During key informant interviews and listening sessions, Alliance stakeholders reported decreases in usage of food access programs and services during the pandemic.

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<sup>4</sup> Jessica Carson and Sarah Boege. 2020. "The Intersection of Food Availability, Access, & Affordability with Food Security and Health." UNH Carsey School of Public Policy. [https://nhchildrenshealthfoundation.org/assets/2021/02/Carsey\\_Food-Insecurity-Literature-Review\\_Final\\_121720.pdf](https://nhchildrenshealthfoundation.org/assets/2021/02/Carsey_Food-Insecurity-Literature-Review_Final_121720.pdf)

## 2 KEY FINDINGS

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### **Rates of Food Insecurity, Contributing Factors and Health Outcomes**

- Childhood food insecurity rates in Cheshire and Sullivan counties are higher than the state average, while in Hillsborough County rates are the same as the state average.
- Although community level food insecurity data are not available, it is for both poverty and lack of transportation which can serve as proxy measures for food insecurity. Studies have found these measures to be strong predictors of food insecurity.
- Poverty/low household income is the number one risk factor for food insecurity. Childhood poverty rates are highest in the towns of Hinsdale, Winchester, Alstead, Richmond, and Stoddard. The Alliance may want to consider these findings when prioritizing target communities for food access interventions.
- Lack of transportation, specifically, lack of a car, is the number two risk factor for food insecurity. The towns of Keene, Peterborough, Alstead, Sullivan, and Swanzey have the highest percentages of households without vehicles.
- The average annual food budget shortfall reported by food insecure individuals in Cheshire, Hillsborough and Sullivan counties is higher than the state average.
- Following the Great Recession, pre-recession household food insecurity levels recovered at a more gradual rate in New Hampshire than the rest of the nation. A similar trend could occur as a result of the COVID-19 pandemic and should be monitored.
- Households in sparsely populated rural areas spend a larger percentage of household income on food than households in more densely populated/urban areas.
- Food insecurity can cause negative health outcomes in children such as decreased nutrient intakes, birth defects, poor oral health, behavioral problems, asthma, greater risk of hospitalization, and developmental problems.

### **Food Assistance Programs and Where People Shop for Food**

- Children and families who are eligible are not enrolling in federal nutrition programs. More data is needed to explain why. The Alliance should be alert to any new findings that emerge.
- Lower-income food insecure people who are not eligible for SNAP have difficulty buying food.
- Survey responses indicate that the vast majority of households typically shop at grocery stores to purchase food (95%). This includes families enrolled in SNAP and tracks closely with national trends.
- Research shows that SNAP households are located, on average, within two miles of a store that accepts SNAP benefits. However, they will travel more than three miles to get to their primary grocery store.
- While not as intensively researched as SNAP, evaluations of the National School Lunch and Breakfast Programs have shown reductions in food insecurity among children, along with decreases in obesity and improvements in overall health.

### **Inventory of Food Sources**

- The inventory resulted in the identification of a total of 467 food sources across six categories.
- Farm food options are limited in the area where Sullivan, Cheshire, and Hillsborough counties intersect.

- Accessing food assistance can also be challenging in the area where Sullivan, Cheshire, and Hillsborough counties intersect where SNAP and WIC sites are sparse.

### **Monadnock Children’s Food Access Alliance Network**

- By June 2021, the Alliance had grown into a cross-sector network of 30 partners that serve as key players in the Monadnock Region food access system.
- The Food Access/Health and Food System sectors are the most highly represented within the Alliance with 53% and 23% of members respectively.
- Increased representation in the government sector may help the Alliance to have more influence on policy at state and local levels.
- All partner organizations have some degree of their work that touches on addressing food insecurity.
- The Community Kitchen, Southwestern Community Services and Monadnock Farm and Community Coalition scored highest in their levels of collaborative activities with other network partners.

### **Potential Strategies**

- Conduct a joint outreach campaign with consistent messaging to increase awareness of SNAP, WIC and other federal nutrition programs. Focus efforts in most vulnerable communities.
- Work collaboratively with DHHS to sign people up for SNAP and WIC.
- Support state, regional and local economic development efforts
- Support efforts to increase the minimum wage, as well as access to universal health care, affordable housing and childcare.
- Partner with the Monadnock Regional Coordinating Council to expand community transportation services, including volunteer driver programs and transit services.
- Integrate transportation services with nutrition incentives programs.
- Review results of the mobile food pantry survey conducted by MFCC and engage with implementation efforts if results are favorable.
- Establish food buying clubs for people on SNAP, Electronic Benefits Transfer (EBT), etc.
- Establish a wholesale program with C&S Wholesale Grocers paired with local farm or food distributors to integrate fresh produce in the program. This could reduce stigma and help lower income people feel more empowered by purchasing food.

## **3 APPROACHES**

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In this analysis, both quantitative and qualitative methods are used to identify and analyze the prevalence of household food insecurity and associated demographic and geographic characteristics in the Monadnock Region. Quantitative and qualitative methods are also used to identify assets and gaps across the various components of the food access system including food access points, federal food assistance programs, emergency food programs, and other services that help people to access nutritious, affordable food. Upstream factors such as household poverty and access to transportation, health care, and affordable housing are analyzed to gain a better understanding of their impact on household food insecurity. The analysis also includes an assessment of the Alliance partner network to identify silos within the network and opportunities to improve collaboration. Using data collected from the food source inventory, maps

were created to illustrate the geographic distribution of food access points and services by category as well as service area gaps throughout the region.

Strategies for collecting and using quantitative data sources include:

- A literature scan for prior analyses as well as a review of national and New England-based food access system models and best practice strategies.
- Requests for information at Alliance meetings and via survey.
- Consultation with subject matter experts and Alliance stakeholders.
- Collection and analysis of data from the U.S. Census, USDA and other sources which are cited throughout and at the end of this report.

Qualitative data were collected through listening sessions, one-on-one interviews and surveys with key stakeholders, including food insecure individuals and households. In addition, stakeholder meeting notes and past reports developed by the Alliance were reviewed to gather additional relevant qualitative data.

SWRPC consulted the USDA Community Food Security Assessment Toolkit<sup>5</sup> and other resources to develop the survey templates and interview and listening session guides. The USDA toolkit includes standardized measurement tools for assessing various aspects of community food security. Alliance partners were consulted for assistance with identifying data sources, including reports and data produced by their organizations.

Multiple sets of questions were selected for use during listening sessions and interviews, and in surveys. Questions for food access system stakeholders addressed three areas: community food security, the food access system and the Alliance collaborative network. Questions for people with lived experience addressed household food security, community food security, food shopping patterns, and household food assistance.

A total of 196 stakeholders participated in the listening sessions, interviews and surveys. 161 of these stakeholders participated in the Mobile Food Pantry Survey conducted by the Monadnock Farm and Community Coalition in partnership with The Community Kitchen. The results of the survey were shared with SWRPC and are included in this analysis. Appendix D includes a summary of the input gathering activities. Survey templates and key informant interview and listening session guides are included in Appendix E.

Care was taken to coordinate data collection efforts with the Mobile Food Pantry Feasibility Study that was conducted during the same period as this food access analysis. This included coordinating stakeholder outreach, surveys and other qualitative data collection activities between the two projects. In addition to the overlapping project timelines, there was overlap in the organizations that were being solicited for assistance with collecting data and information from their constituents. This occurred in two ways: 1) maintaining ongoing communication between project leads to coordinate outreach to stakeholders and 2) a joint decision to share data collected from the Mobile Food Pantry Survey, which included many of the same questions as the food access analysis survey. The survey was targeted to food insecure households.

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<sup>5</sup> US Department of Agriculture. 2002. "USDA Community Food Security Assessment Toolkit."  
<https://www.ers.usda.gov/publications/pub-details/?pubid=43179>



### **3.1 KEY INFORMANT INTERVIEWS**

A total of 11 key informant interviews were conducted with food access system stakeholders. Many of the participants were partners in the Monadnock Children’s Food Access Alliance. Questions for food access system stakeholders address three areas: community food security, the food access system and the Alliance collaborative network.

### **3.2 LISTENING SESSIONS**

Four listening and information gathering sessions were conducted during regularly scheduled Alliance meetings. These were conducted in March, April, May, and June of 2021. These sessions were used to gather additional information about community food security, the food access system and the Alliance collaborative network. A combined survey and listening session was conducted at the June meeting to gather information for the Alliance partner network assessment. Listening session participants represented multiple stakeholder domains.

### **3.3 TARGETED SURVEYS**

Surveys were targeted to people with lived experience, which include food insecure individuals and households. The surveys were administered in-person at an event hosted by the Winchester ELMM Center and electronically via the Mobile Food Pantry Survey. In addition to demographic and geographic data, survey questions address household food security, community food security, food shopping patterns, and household food assistance. A total of 265 participants responded to the surveys.

### **3.4 DATA SOURCES AND REVIEW OF PAST WORK**

Appendix G includes a master list of data sources referenced for the food access analysis. Regional data sources were identified with the assistance of Alliance partners. These include reports produced by Alliance partner organizations. In addition, a review of past work was conducted, including a review of relevant data and information gathered by the Alliance as well as documents created by the Healthy Monadnock Alliance Food Access Working Group, including meeting discussion notes.

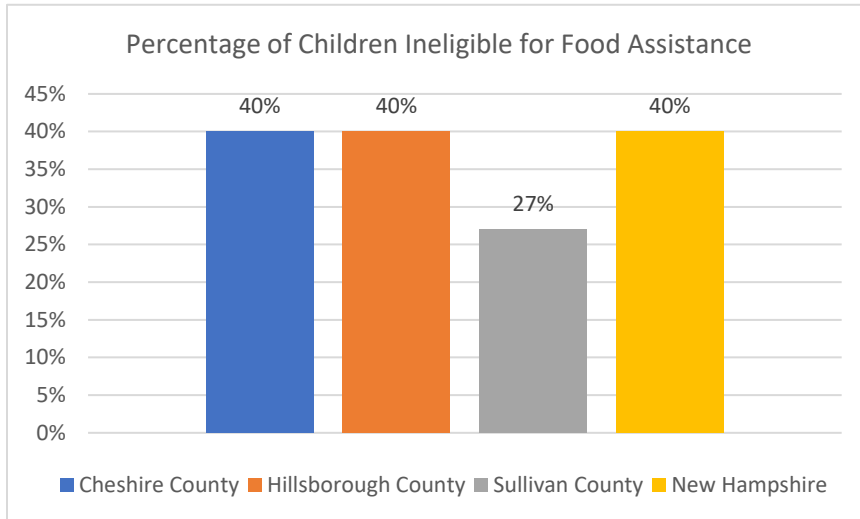
### **3.5 ASSET MAPPING**

SWRPC developed a series of maps to illustrate locations of food sources and programs located throughout the region. Household poverty and vehicle access are used as proxy measures for community level food insecurity. The data for the maps was generated from the food source inventory. The maps are included in Appendix C.

## 4 RATES OF FOOD INSECURITY AND CONTRIBUTING FACTORS

According to Feeding America, 40% of food insecure children in Cheshire County that are at or below federal poverty level did not qualify for food assistance from federal nutrition programs in 2019 because they did not meet the threshold eligibility requirements.<sup>6</sup> The rates for Hillsborough and Sullivan Counties were 40% and 27% respectively. Figure 1 indicates the percentages of children at or below federal poverty level that are likely ineligible for federal nutrition programs for the three counties and the state.

Figure 1: Food Insecure Children Ineligible for Federal Nutrition Programs, 2019, Feeding America



Source: Feeding America, 2019

It is difficult to directly assess community level food insecurity because data are available at national, state and county levels only. However, there are community level demographic measures that have been found to be predictive of household food insecurity which are presented in detail later in this section. There is convincing evidence linking simple measures of total household income to food security. Poverty is the number one predictor of increased risk for community level food insecurity among children and households. In 2019, more than one-in-three US households with incomes below the official poverty line were food insecure.<sup>7</sup>

*USDA household food insecurity data has a lag time and can't get it below county level. You have to use proxy measures because food insecurity data is not granular.*

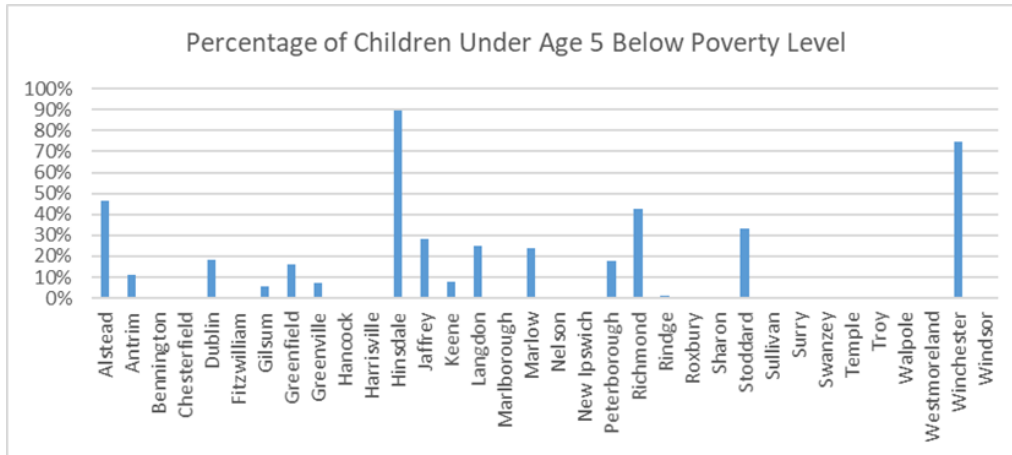
*Alliance Stakeholder*

Figure 2 below shows the percentage of five-year old children that are below poverty level for communities in the region.

<sup>6</sup> Feeding America. 2019. "Map the Meal Gap". <https://map.feedingamerica.org/county/2019/child/new-hampshire>

<sup>7</sup> Alisha Coleman-Jensen, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2019. "Household Food Security in the United States in 2018." Economic Research Report. 270. U.S. Department of Agriculture, Economic Research Service. <https://www.ers.usda.gov/publications/pub-details/?pubid=94848>

Figure 2: Childhood Poverty Levels



Source: 2019 American Community Survey Estimates

Note that Hinsdale, Winchester, Alstead, Richmond, and Stoddard have the highest childhood poverty rates in the region. The Alliance may want to consider these findings when prioritizing target communities for food access interventions.

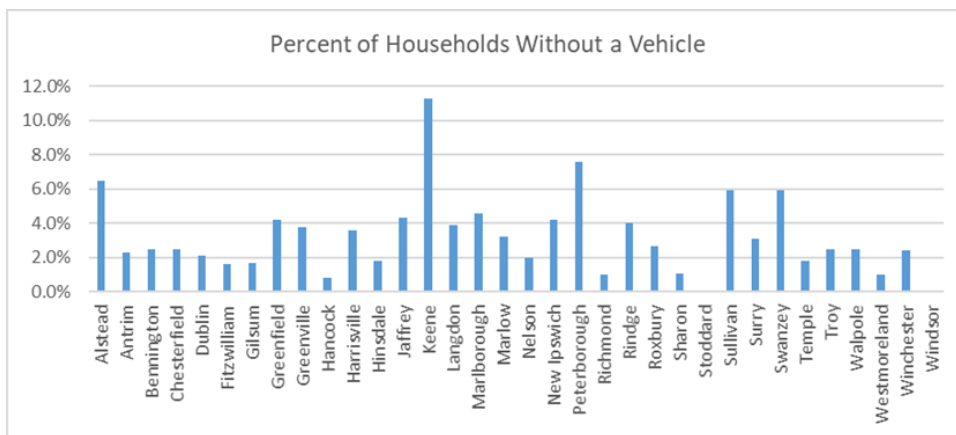
Research identifies transportation access as relevant to food accessibility, linking both lack and cost of transportation to food insecurity.<sup>8</sup> Evidence reveals that, after poverty, “households without vehicles” is the second leading risk factor for increased risk of food insecurity.<sup>9</sup> Figure 3 shows the percentages of households without vehicles for communities in the region.

*People have food benefits but don't have transportation to get to services.  
We need to fund the costs of car repairs, inspection and registration.*

.....

*Alliance Stakeholder*

Figure 3: Households Without a Vehicle



Source: 2019 American Community Survey Estimates

<sup>8</sup> Eona Harrison, Brandi Gilbert, Susan J. Popkin, and Elaine Waxman. 2019. “Tackling Food Insecurity by Bringing Data to Communities”. Urban Institute. <https://www.urban.org/research/publication/tackling-food-insecurity-bringing-data-communities>  
<sup>9</sup> James D. Wright, Amy M. Donley, Marie C. Gualtieri, and Sara M. Strickhouser. 2016. “Food Deserts: What Is the Problem? What Is the Solution?” *Society* 53(2):171–81. <https://www.springerprofessional.de/en/food-deserts-what-is-the-problem-what-is-the-solution/9831922>

Social vulnerability indices (SVI) indicate the degree to which a community exhibits certain social conditions that predict communities' vulnerability and resilience to public health threats, including food insecurity. Figure 4 shows the communities in the region that ranked the highest in terms of social vulnerability. The higher the value, the higher the level of social vulnerability. Those census tracts shaded in dark green have the highest levels of social vulnerability. Those shaded in lighter greens have the next highest levels of social vulnerability. As can be seen, the town of Winchester and census tract 9711 in Keene ranked the highest in overall social vulnerability. As with poverty data, the Alliance can use this information to target activities in communities that have the greatest need.

Figure 4: Social Vulnerability Indices for Monadnock Region Communities

Description	Census Tract	Overall	Socioeconomic	Household Composition & Disability	Minority Status & Language	Housing Type & Transportation
Greenville	185.01	0.6701	0.5876	0.4914	0.701	0.6048
Hillsborough, Windsor	255	0.5155	0.6529	0.8625	0.1031	0.4021
Alstead, Gilsum, Marlow, Surry	9701	0.6151	0.6323	0.7973	0.1271	0.677
Jaffrey	9705	0.7457	0.6151	0.866	0.5773	0.6392
Marlborough, Troy	9708	0.6598	0.4192	0.7045	0.5945	0.7766
Swanzey	9709	0.4777	0.5395	0.7182	0.4914	0.3093
Keene (north)	9710	0.701	0.1821	0.9347	0.8454	0.6667
Keene (east)	9711	0.8351	0.9175	0.8935	0.2955	0.646
Keene (center)	9713	0.6632	0.7045	0.512	0.7663	0.3849
Keene (south)	9714.01	0.6804	0.945	0.0275	0.433	0.8557
Hinsdale	9716	0.7079	0.8316	0.8522	0.3093	0.457
Winchester	9717	0.8797	0.9141	0.9519	0.0206	0.921

Source: Centers for Disease Control and Prevention, 2019

Appendix C includes three maps that depict visually the level of social vulnerability for each community in the region.

The Carsey School of Public Policy's (CSPP) December 2020 literature review, *The Intersection of Food Availability, Access, & Affordability with Food Security and Health*, is an excellent source for exploring the complex factors that contribute to household food insecurity, the impact of food insecurity on health outcomes and the effectiveness of specific programs and initiatives in reducing food insecurity. In addition to poverty and lack of transportation, the document addresses a range of socio-economic and health factors within households that contribute to food insecurity. In the report, it was concluded that, "Generally, factors that strain household budgets, like adding people to the household or losing a job, are associated with increasing food insecurity, while factors that enhance household spending power, like having a working teenager or receiving child support, reduce food insecurity. These influences converge simply because food security comes with a price tag: food secure households spend about 20 percent more on food than food insecure households with similar composition."

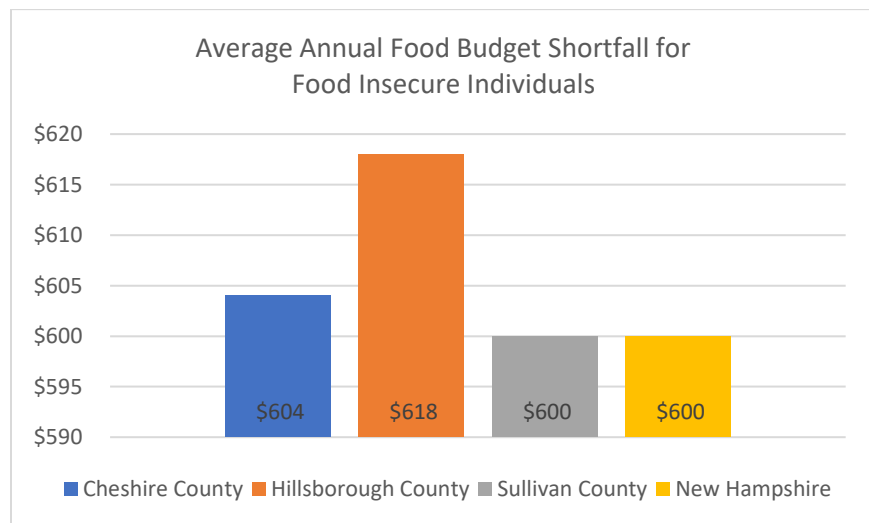
Discussed in the CSPP report are other complex factors that are associated with very low food security in low-income households. These include poor health, unmet medical needs, disability, and depressive symptoms. Parents with poor physical and mental health may be other contributing factors in lower-income

households with children. Substance misuse may be another factor. The Alliance may want to review the 2019 *Monadnock Rural Communities Opioid Response Planning Project Needs Assessment Report* to better understand possible connections between substance misuse and food insecurity in the region. The analysis was conducted by SWRPC on behalf of the Monadnock Rural Communities Opioid Response Project Consortium. The analysis identified factors that contribute to substance misuse that are similar to those associated with food insecurity, including poverty, lack of transportation, job loss, homelessness, and poor physical and mental health. There may be opportunities for the Alliance to collaborate with the Consortium in addressing these social determinants of health that contribute to both food insecurity and substance misuse.

#### 4.1 AFFORDABILITY OF FOOD

Collectively, food insecure individuals in Cheshire County reported a food budget shortfall of \$4,347,000 in 2019 according to Feeding America.<sup>10</sup> That means that the average annual food budget shortfall per food insecure individual in Cheshire County was \$604. The annual food budget shortfall represents the additional dollar amount that food insecure individuals report needing, on average, to purchase just enough food to meet their food needs. The average annual food budget shortfall reported by food insecure individuals in Hillsborough and Sullivan Counties was \$618 and \$600 respectively. In comparison, the average annual food budget shortfall reported by food insecure individuals statewide was \$595, less than in each of the three counties. Figure 5 indicates the average annual food budget shortfall reported by food insecure individuals in the three counties and the state.

Figure 5: Food Budget Shortfall for Food Insecure Individuals



Source: Feeding America, 2019

The CSPP literature review concluded that, “...food affordability is not a static characteristic of food or food sources, but is best understood alongside characteristics of people, households, and communities. Specifically, food affordability does not refer to the cost of food alone, but should also consider non-food demands on household income, and the availability of nutrition supports to help defray those costs.” The report goes on to say, “Most research on food insecurity and income does not attempt to explicitly measure

<sup>10</sup> Feeding America. 2019. “Map the Meal Gap”. <https://map.feedingamerica.org/county/2019/child/new-hampshire>

‘food affordability’.” The Supplemental Poverty Measure (SPM) helps to explain the relationship between income and food insecurity.<sup>11</sup> The SPM accounts for different stresses on household income such as job loss.

The CSPP pointed out that, “There is no standard measure or threshold for delineating food costs as “affordable” or not, and as a result, research seeking to quantify the role of affordability is not cohesive. In contrast, the consumer-resource-related measure most clearly and explicitly linked to food insecurity is not a complex measure of affordability that accounts for food prices, spending patterns, and resources, but rather, is simply household income.”

In addition to household income, the rural nature of the Monadnock Region is a factor the Alliance may want to consider in its efforts to address issues of food affordability. Evidence suggests that food affordability varies between rural and urban counties in the United States.<sup>12,13</sup> One study found that households in rural counties spent a larger percentage of household income on food than households in urban counties.<sup>14</sup> This was due in part to the lower incomes among the rural households. All of these factors are associated with lower food affordability. The study also found that food became less affordable as the poverty rate increased. This was a function of households spending an increasing share of household income on food. Yet another study found that rural county households spend 19 percent of income on food compared to 17 percent in urban counties.<sup>15</sup> The study also found that rural places have lower household incomes as compared to urban counties, as well as lower access to food retailers, higher poverty rates, and lower average SNAP benefits per participant.

*There are lots of interlocking problems in rural areas. The needle hasn't really moved a lot in such areas as minimum wages, high housing costs and fewer options for childcare.*

*Alliance Stakeholder*

## 4.2 ADDRESSING FOOD INSECURITY THROUGH FEDERAL FOOD ASSISTANCE PROGRAMS

There is evidence that the Supplemental Nutrition Assistance Program (SNAP) reduces food insecurity, partly because it increases household food purchasing power. Households with SNAP benefits use SNAP for more than 60 percent of their at-home food expenditures, which particularly benefit households with children, lower-income households, and rural area households.<sup>16,17</sup> A study using US Census Bureau household data found SNAP participation was associated with a 31 percent decrease in the likelihood of

<sup>11</sup> Vanessa Wright, Neeraj Kaushal, Jane Waldfogel, and Irv Garfinkel. 2014. “Understanding the Link between Poverty and Food Insecurity among Children: Does the Definition of Poverty Matter?” *Journal of Children & Poverty* 20(1):1–20. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4096937/>

<sup>12</sup> Anne Cafer, Georgianna Mann, Sujith Ramachandran, and Michelle Kaiser. 2018. “National Food Affordability: A County-Level Analysis.” *Preventing Chronic Disease*. [https://www.cdc.gov/pcd/issues/2018/18\\_0079.htm](https://www.cdc.gov/pcd/issues/2018/18_0079.htm)

<sup>13</sup> Frances Hardin-Fanning, and Mary Kay Rayens. 2015. “Food Cost Disparities in Rural Communities.” *Health Promotion Practice* 16(3):383–91. <https://pubmed.ncbi.nlm.nih.gov/25305093/>

<sup>14</sup> Anne Cafer and Michelle Kaiser. 2016. “An Analysis of Differences in Predictors of Food Affordability between Rural and Urban Counties.” *Journal of Poverty* 20(1):34–55. <https://www.tandfonline.com/doi/abs/10.1080/10875549.2015.1094760>

<sup>15</sup> Anne Cafer, Georgianna Mann, Sujith Ramachandran, and Michelle Kaiser. 2018. “National Food Affordability: A County-Level Analysis.” *Preventing Chronic Disease*. [https://www.cdc.gov/pcd/issues/2018/18\\_0079.htm](https://www.cdc.gov/pcd/issues/2018/18_0079.htm)

<sup>16</sup> Anne Cafer and Michelle Kaiser. 2016. “An Analysis of Differences in Predictors of Food Affordability between Rural and Urban Counties.” *Journal of Poverty* 20(1):34–55. <https://www.tandfonline.com/doi/abs/10.1080/10875549.2015.1094760>

<sup>17</sup> Laura Tiehen, Constance Newman, and John A. Kirlin. 2017. *The Food-Spending Patterns of Households Participating in the Supplemental Nutrition Assistance Program: Findings From USDA’s FoodAPS*. United States Department of Agriculture Economic Research Service (ERS). <https://www.ers.usda.gov/publications/pub-details/?pubid=84779>

being food insecure.<sup>18</sup> Another study conducted by Mathematica Policy Research on behalf of the USDA reported a 10.6 percentage point drop in food insecurity over a six month period, from 65.1 percent of households at enrollment to 54.5 percent of those same households.<sup>19</sup>

Other food assistance programs have been found to be helpful in reducing household food insecurity, although they have not been as intensively researched as SNAP. Evaluations of the National School Lunch Program (NSLP) and School Breakfast Program have shown the programs found reductions in food insecurity, along with decreases in obesity and improvements in overall health among low-income children.<sup>20,21</sup> A study of the Expanded Food and Nutrition Program (EFNEP), which educates low-income, SNAP-eligible families about nutrition and resource management found an increase in food security in participants after taking the program.<sup>22</sup> There is not sufficient evidence to suggest that other food assistance programs have been effective in reducing food insecurity.

*We need better data at the state level of use of food assistance programs by children. If a kid account in school is empty, no one knows about it.*

*Alliance Stakeholder*

### 4.3 FOOD INSECURITY AND HEALTH OUTCOMES

Evidence shows that food insecurity is associated with negative health outcomes. There are numerous health risks associated with food insecurity in children including lower nutrient intakes, birth defects, decline in oral health, behavioral problems, asthma, greater risks of hospitalization, and cognitive problems.<sup>23,24</sup> The youngest children living in a food insecure households may experience early childhood development delays.<sup>25</sup>

Food affordability can also impact child and family health. Affordable food helps families to purchase the quantities of quality food they need to stay healthy. On the other hand, unaffordable food reduces available resources for meeting healthcare-related expenses. Households may need to make trade-offs by spending less on medical expenses to purchase food. For example, adults unable to meet both food and medication

<sup>18</sup> Caroline Ratcliffe, Signe-Mary McKernan, and Sisi Zhang. 2011. "How Much Does the Supplemental Nutrition Assistance Program Reduce Food Insecurity?" *American Journal of Agricultural Economics* 93(4):1082–98.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4154696/>

<sup>19</sup> James Mabli, Jim Ohls, Lisa Dragoset, Laura Castner, and Betsy Santos. 2013. "Measuring the Effect of Supplemental Nutrition Assistance Program (SNAP) Participation on Food Security." Mathematica Policy Research.

<https://www.fns.usda.gov/snap/measuring-effect-snap-food-security>

<sup>20</sup> Craig Gundersen, Brent Kreider, and John Pepper. 2012. "The Impact of the National School Lunch Program on Child Health: A Nonparametric Bounds Analysis." *Journal of Econometrics* 166(1):79–91.

<https://www.sciencedirect.com/science/article/abs/pii/S0304407611001205>

<sup>21</sup> Judith S. Bartfeld, and Hong-Min Ahn. 2011. "The School Breakfast Program Strengthens Household Food Security among Low-Income Households with Elementary School Children." *The Journal of Nutrition* 141(3):470–75.

<https://pubmed.ncbi.nlm.nih.gov/21228262/>

<sup>22</sup> Jamie A Farrell, Loraine S. Cordeiro, Jing Qian, Lisa Sullivan-Werner, and Jerusha L. Nelson-Peterman. 2018. "Food Affordability, Food Security, and the Expanded Food and Nutrition Education Program." *Journal of Hunger & Environmental Nutrition* 13(2):180–91. <https://www.tandfonline.com/doi/abs/10.1080/19320248.2017.1315326>

<sup>23</sup> Craig Gundersen and James P. Ziliak. 2015. "Food Insecurity and Health Outcomes." *Health Affairs* 34(11):1830–39.

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0645>

<sup>24</sup> Shilpa Pai and Kandy Bahadur. 2020. "The Impact of Food Insecurity on Child Health." *Pediatric Clinics* 67(2):387–96.

<https://pubmed.ncbi.nlm.nih.gov/32122567/>

<sup>25</sup> Jessica Pedroso, Gabriela Buccini, Sonia Isoyama Venancio, Rafael Pérez-Escamilla, and Muriel Bauermann Gubert. 2020. "Maternal Mental Health Modifies the Association of Food Insecurity and Early Child Development." *Maternal & Child Nutrition*. <https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12997>

needs may be forced to make difficult choices. One analysis found that food insecure adults with chronic diseases stretched their budgets through medication underuse.<sup>26</sup>

In terms of overall health, there is consistent evidence that SNAP participation has positive effects. SNAP participants report better self-rated health than their low-income non-SNAP counterparts. SNAP participation is associated with lower health care expenditures (by around \$1,400 annually per person) and fewer doctors' office visits, despite reporting more well visits, compared with non-SNAP low-income adults. One study analyzed monthly Medicaid discharge data in Massachusetts from both before and after the state increased SNAP benefits in 2009, finding that after the benefits increase, Medicaid cost-growth fell by 73 percent. A reduction in hospital admissions following the SNAP increase was largely responsible for the declining Medicaid costs. Similarly, a study of low-income older adults enrolled in both Medicare and Medicaid in Maryland found that SNAP participation and higher benefit amounts were associated with lower hospital utilization, although not with lower emergency department use.<sup>27</sup>

Based on these findings as well as those indicated in the above section, the Alliance should consider focusing on strategies to increase SNAP participation as an effective way to both decrease childhood food insecurity and improve health outcomes.

## 5 INVENTORY OF FOOD SOURCES

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A comprehensive inventory was developed to help the Alliance understand both the distribution and availability of food options across the Monadnock Region and gaps that exist within the overall food access system. The inventory includes food access points and services that serve the region. CSPP is to be acknowledged for providing many of the data sets which were used to produce the 2019 report, *Mapping the Food Landscape in New Hampshire*.<sup>28</sup> More than 4,000 food sites statewide are captured in the CSPP report, including sites in the Monadnock Region. The report's author, Jessica Carlson, first obtained data through a marketing database, which provided a starting point for the list of food sites. These data were then augmented by and checked for accuracy against food protection data held by the state, data from the USDA Food and Nutrition Service, and data from various New Hampshire-based websites (e.g., Made in New Hampshire).

SWRPC examined additional data sources to confirm that the sites listed in the CSPP report were up to date and to identify congregate meal sites which were not addressed in the CSPP report. These include the UNH Food Access Map, NH Department of Education, NH Food Bank, NH Department of Agriculture, NH Department of Health and Human Services Women, Infants and Children Nutrition Program (WIC) and Supplemental Nutrition Assistance Program (SNAP), and data compiled by Alliance partners.

Table 1 indicates the food source categories that were used to create the inventory. Most of the categories were used by the CSPP in the *Mapping the Food Landscape in New Hampshire* report.

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<sup>26</sup> Seth A. Berkowitz, Hilary K. Seligman, and Niteesh K. Choudhry. 2014. "Treat or Eat: Food Insecurity, Cost-Related Medication Underuse, and Unmet Needs." *The American Journal of Medicine* 127(4):303-310.e3.  
<https://pubmed.ncbi.nlm.nih.gov/24440543/>

<sup>27</sup> Laura Samuel, Sarah L. Szanton, Rachel Cahill, Jennifer L. Wolff, Pinchuan Ong, Ginger Zielinskie, and Charles Betley. 2018. "Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization Among Older Adults? The Case of Maryland." *Population Health Management* 21(2):88-95. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5906726/>

<sup>28</sup> Jessica Carson. 2019. "Mapping the Food Landscape in New Hampshire." UNH Carsey School of Public Policy.  
<https://carsey.unh.edu/publication/mapping-food-landscape-NH>



Table 1: Food Sources Categories

Category	Subcategory
Nonfarm Retail Food Sites	Grocery stores, convenience stores, non-traditional food outlets, specialty fresh food outlets.
Farm Retail Food Sites	Farmers markets, farm stands, community supported agriculture sites.
Retail Sites Accepting SNAP and WIC	Nonfarm and farm retail sites.
Food Pantries	Food Pantries.
Food Support Sites for Special Populations	National School Lunch Program (NSLP), Child and Adult Care Food Program (CACFP), Summer Food Service Program, Fresh Fruit & Vegetable Program, Afterschool Snack Program, Congregate Meals.
Federal Nutrition Application Sites	Federal Nutrition Programs (SNAP, CSFP, WIC, SFSP, TANF, TEFAP).

A complete list of food sources is included in Appendix B. Maps illustrating the inventory results are included in Appendix C. The series of maps display all of the food sources located in the region. New Hampshire retail food sites located 10-miles beyond the Monadnock Region’s borders were included in the inventory and maps. They were included to address the assumption that Monadnock Region residents, especially those living near the region’s borders, travel outside the region to shop at grocery stores and other retail food sites that are located closer to their homes. As previously mentioned, Appendix C includes three maps that depict visually the level of social vulnerability for each community in the region. The top two social determinants that have been found to be the most predictive of increased risk for food insecurity among children are poverty and households without vehicles.<sup>29</sup>

A number of factors that are likely to have an impact on household food insecurity in the region were considered when conducting and analyzing the food sources inventory. It is recommended the Alliance take these factors into consideration when developing the Monadnock Region Food Access Plan. The factors include data and information pertaining to food affordability, access and availability; key social determinants that have been found to be predictors of household food insecurity; rural nature of the region; impact of COVID-19 pandemic; and Monadnock Region-specific findings from the CSPP *Mapping the Food Landscape in New Hampshire* report.

Findings and observations that arose while conducting the food sources inventory are included in Section 8 of this report. However, there are two notable findings in the CSPP report related to availability of farm food and accessing food support in the region that warrants mentioning here. First, farm food options are limited in the area where Sullivan, Cheshire, and Hillsborough Counties intersect. According to the report, “These sites include intermittent farmers’ markets, seasonal or year-round farm stands, and farms that offer bundles of produce directly to customers during the growing season, called community supported agriculture, or CSAs.” Second, accessing food support can be challenging in the area where Sullivan, Cheshire, and Hillsborough Counties intersect where SNAP and WIC sites are sparse.

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<sup>29</sup> Vanessa Wright, Neeraj Kaushal, Jane Waldfogel, and Irv Garfinkel. 2014. “Understanding the Link Between Poverty and Food Insecurity in Children: Does the Definition of Poverty Matter?” *Journal of Children and Poverty*. 20(1): 1-20. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4096937/>

## 6 MONADNOCK CHILDREN’S FOOD ACCESS ALLIANCE NETWORK

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SWRPC conducted an assessment of the Alliance partner network. The assessment consisted of the following activities:

1. Compile a list of all participating organizations and describe their roles within the network.
2. Conduct a survey, key informant interviews and listening session to:
  - a. Measure alignment of partner organization missions with the issue of food insecurity.
  - b. Assess level of collaboration among Alliance partners.
  - c. Identify aspects of the collaborative process that could contribute to the potential success of the Alliance.
3. Identify connections and silos within the network.
4. Assess community and partner readiness.

The assessment results will help the Alliance to:

- Visualize and explore relationships among partners as well as the structural strengths and weaknesses of the network.
- Develop strategies to overcome gaps within the network to better serve the needs of food insecure children and households in the region.
- Build relationships and a system to share resources and knowledge across the network.
- Unite the efforts of multiple initiatives, organizations and agencies working on increasing access to affordable, healthy food in the region.

### 6.1 KEY PLAYERS

By June 2021, the Alliance had grown into a cross-sector network of 30 partners that serve as key players in the Monadnock Region food access system. They have demonstrated a strong commitment to focus their collective expertise and resources on improving the overall health of children and households through increasing access to affordable, healthy food. Appendix A includes a complete list of Alliance partners along with descriptions of their organizational missions, populations and geographic areas served, program and service eligibility criteria, and the roles they play in the food access system. A review of the list of Alliance partners reveals that all five sectors of the food access system are represented, with some sectors more highly represented than others. Table 2 lists the five sectors and describes the types of representatives that are included in each.

*Table 2: Food Access System Sector Players*

Sector	Types of Representatives
Food System	Farmers, extension educators, farmers’ market managers, transportation agency managers, grocery/convenience store managers/owners, food service directors.
Emergency Food	Food bank & food pantry managers, soup kitchen coordinators.
Food Access and Health	Public health representatives, nutrition educators, human services program managers, nutrition assistance programs, welfare office staff, case/social workers.
Food Policy	Advocates, state & local government officials, food policy council members, economic development department directors.
Food System Research	Professors, researchers.

Of the five sectors, the Food Access and Health, and Food System sectors are the most highly represented as indicated in Table 3. A review of the number of members within each sector suggests that the Alliance may benefit from recruiting more members from the Food Policy sector. Increased representation in the policy sector may help the Alliance to have more influence on policy at state- and local-levels.

Table 3: Alliance Representation by Sector

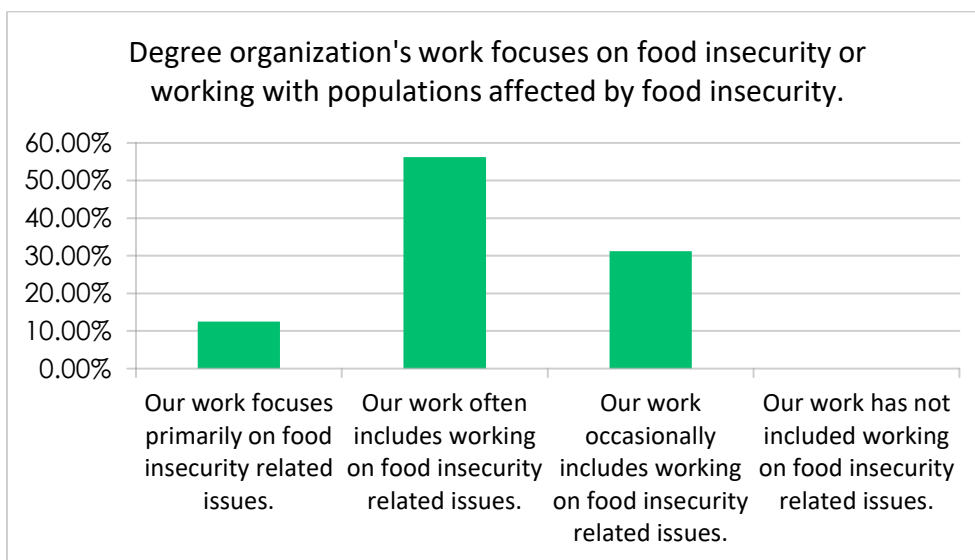
Sector	Number of Alliance Members	Total Percentage of Members
Food System	7	23%
Emergency Food	5	17%
Food Access and Health	16	53%
Food Policy	1	3.5%
Food System Research	1	3.5%

## 6.2 COLLABORATIVE ACTIVITIES

SWRPC conducted a survey to measure the level of collaborative activities occurring across the network. The survey assessed alignment of partner organization missions with the issue of food insecurity, level of collaboration among partners and aspects of the collaborative process that could contribute to the potential success of the Alliance. The survey was distributed to all 30 Alliance members. 16 individuals responded for a response rate of 53.3%. The Alliance can use the survey results as a baseline to monitor ongoing collaboration among partner organizations.

The survey results indicate that all respondents have some degree of their work that touches on food insecurity or working with populations affected by food insecurity as shown in Figure 6. 12.5% of respondents said their work focuses primarily on food insecurity related issues while 56.25% said their work often does. 31.25% said their work occasionally includes working on food insecurity related issues.

Figure 6: Alliance Members' Level of Food Security-Related Work



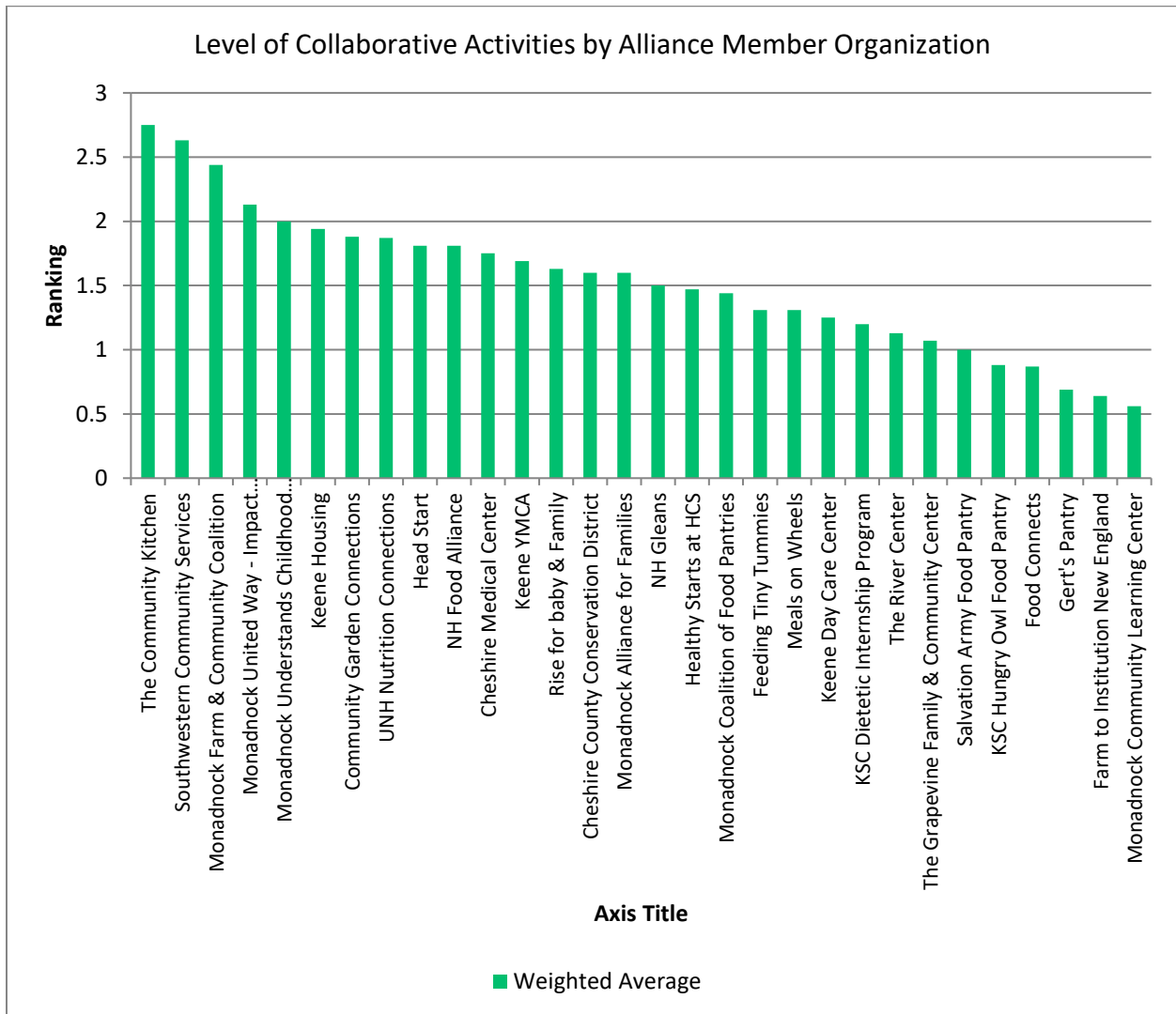
Survey respondents were queried about the level of collaborative activities among members in the network. They were asked to describe the nature of their relationships with each organization as it relates to the work of the Alliance. The question is intended to discern the level of collaboration that is occurring between partners within the Alliance. Relationships between organizations fall along a continuum of less to more based on the level of collaborative activities they are involved in. Activities increase in level as shown in Figure 7 below.

Figure 7: Collaborative Activity Levels



Each organization was asked to indicate the level of activities they are involved in with each Alliance partner based on the above continuum. Each organization then received a weighted score based on the combined responses from the other organizations ranked on a scale of 0 to 5, with 0 indicating no relationship between partners and 5 a high level of collaboration. Figure 8 below shows the results. A higher score on the numerical scale indicates an organization is involved in a greater number of high-level relationships with organizations throughout the network than organizations with lower scores.

Figure 8: Strength of Collaborative Relationships Among Alliance Members



The results show that organizations nearer to the left of the chart are working more actively with other organizations in the Alliance than those closer to the right. There may be a number of reasons that organizations received the rankings they did. For example, those with higher rankings could be playing more central roles in the network and/or have missions that more closely align with the Alliance’s goal than organizations with lower rankings.

*There are always opportunities for Alliance partners to work more cohesively as a network. But it’s hard when partners are focused on the priorities of their own organizations, too.*

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*Alliance Stakeholder*

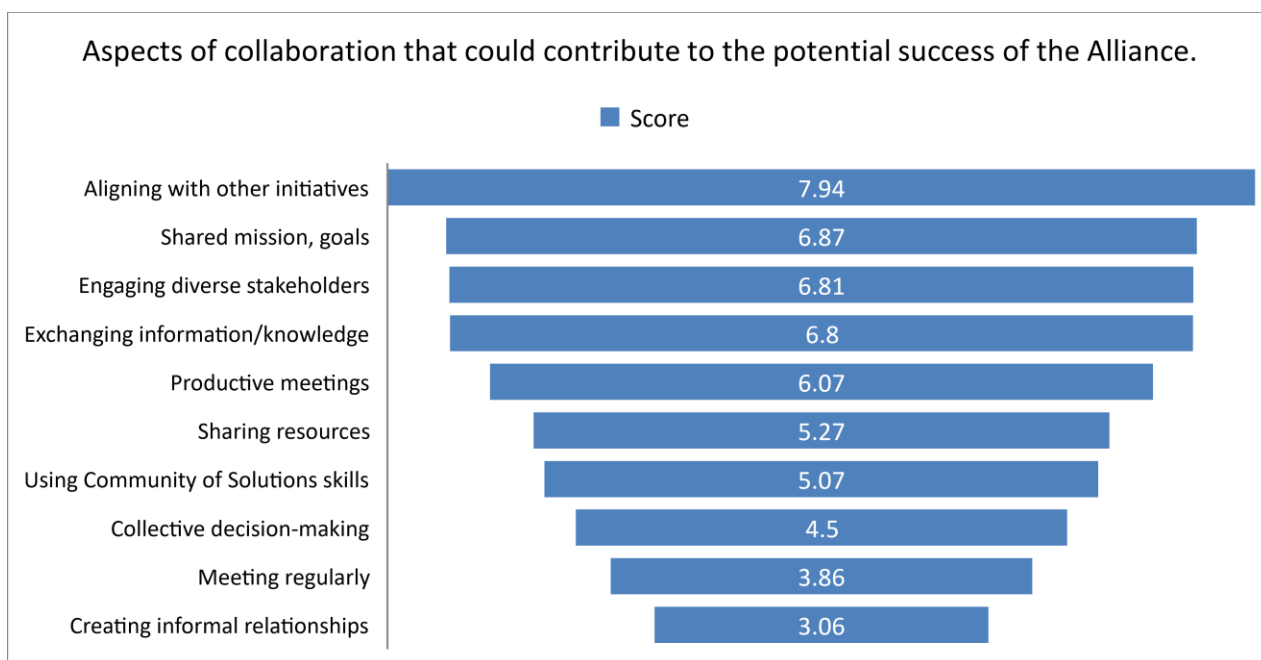
This is likely the case for the three highest ranking organizations. The Community Kitchen both has a region-wide mission as an emergency food provider and serves as the lead for the Monadnock Coalition of Food Pantries. Southwestern Community Services serves as the Community Action Agency for Cheshire and Sullivan counties and offers access to federally funded nutrition programs in the region. The Monadnock Farm and Community Coalition serves as the Alliance network lead and is a key player in transforming the region’s food system. For organizations with lower

rankings, it could mean they have more specific geographic areas or populations that they serve. Organizations with lower rankings for this particular exercise should not be seen as having less importance or value.

Most importantly, the Alliance can use these results to calibrate the involvement of partners in the network. For example, the roles of each partner in the network could be more clearly defined to advance both their organizational and the Alliance’s mission and goals. Another example is that the Alliance could explore opportunities to improve collaborative processes to strengthen overall network functioning and individual partner contributions.

Figure 9 shows which aspects of collaboration would contribute the most to the potential success of the Alliance. With “aligning with other initiatives” and “shared mission/goals rising to the top, the results demonstrate that respondents are committed to advancing a common agenda.

Figure 9: Collaborative Processes



### 6.3 CONNECTIONS, SILOS AND READINESS FOR CHANGE

The network assessment results indicate that the Alliance has effectively positioned itself to work collectively to undertake multiple activities, programs, and initiatives aimed at changing the highly complex food access system in the Monadnock Region. The results are reflective of a collaboration that has been involved in addressing food security-related issues for a number of years. The Alliance has forged strong partner relationships, conducted a foundational exploration of the Monadnock Region food access system and identified opportunities to reduce household food insecurity. The results of the survey, key informant interviews and listening sessions demonstrate that the community and partners are ready to create transformative systemic change through developing and implementing a strategic roadmap that will be tailored to the specific characteristics and populations of the region.

To strengthen overall efforts, the Alliance could look for opportunities to break down the potential silos that surfaced during the network assessment, including identifying ways to increase collaborative activities

between organizations and across the network. Table 8 above provides information that may help to jump start the process. Efforts can be made to increase collaborative activities among those organizations that scored lower on the scale.

## **7 FOOD ACCESS SYSTEM MODELS AND BEST PRACTICES**

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There are a number of initiatives across New England and the nation that are addressing the impact of access to healthy, affordable food, from reevaluating the agricultural system to developing creative ways to integrate farmers markets into schools. Special focus was placed on identifying evidence-based strategies and best practices that are most suitable to rural areas. This section includes a review of food access system models and best practices that the Alliance can refer to when developing and updating the Monadnock Region Food Access Plan.

### **7.1 NO HUNGRY KID CENTER FOR BEST PRACTICES**

The [No Hungry Kid Center for Best Practices](#) is one of the most comprehensive resources that SWRPC found in its review of food access models and best practices. No Kid Hungry is a national campaign run by Share Our Strength, a nonprofit working to solve problems of hunger and poverty in the United States and around the world. After 25 years of successfully investing in local nonprofits and helping find the best approaches to eradicating poverty and hunger, Share Our Strength launched No Kid Hungry in 2010.

The [Center for Best Practices Playbook](#) provides best practices and resources targeted to four audiences: Campaign Leads, Schools, Community Providers, and Elected Officials. Below are descriptions and links to resources in each of the categories.

Campaign Leads: For coalition leaders bringing key players together to address community food security. Resources include:

- [Establish A Campaign](#) provides replicable approaches to understand the local environment, develop a plan to reach targeted benchmarks and track and evaluate progress toward those goals.
- [Implement Best Practices](#) provides strategies and tools to connect more children to federally supported nutrition programs.
- [Raise Awareness](#) provides strategies and tactics that enhance efforts to connect children and families to healthy food and critical skills, including engaging media, mobilizing influencers and leveraging local businesses to feed children.

Schools: For implementing effective nutrition programs in schools. Resources include:

- Data on how childhood hunger extends beyond the health and development of the individual child to affect the economy, the healthcare system and educational outcomes.
- The [Hunger in Our Schools Report](#), [Impact of Hunger](#) and [No Kid Hungry Starts with Breakfast](#) resources helps stakeholders learn how ending childhood hunger can improve education and health outcomes, and ensure that students come to school ready to learn.
- The [We Are Teachers Portal](#) offers additional resources that give educators the tools they need to fight hunger in their schools and communities.
- [Make Your School a Hub for Nutritious Meals](#) helps children access the nutrition they need throughout the year by operating all available federal child nutrition programs—school

breakfast, lunch, afterschool and summer meals. This strategy also provides school nutrition departments with a financial management solution to increase revenue, optimize staff time and maximize operational effectiveness.

- [Implement Best Practices](#) provides strategies and tactics that can enhance efforts to connect children and families to healthy food.

Community Providers: For community providers interested in making summer and after school meals programs more robust and accessible. Resources include:

- [Learn Why and How to Get Involved](#) includes data, reports and strategies to assist community providers with expanding access to summer and after school meals programs as a sponsor, site or partner who provides activities or other support.
- [Implement Best Practices](#) provides strategies and tactics to enhance community providers' operations and boost participation to reach more children in need and improve program finances.
- [Run Meal Programs Year-Round](#) describes how operating both summer and afterschool meals programs yields numerous benefits for sponsors and sites as well as children and families. The [Afterschool Meals and Summer Meals Comparison Chart](#) highlights key differences and similarities in the CACFP At-Risk Afterschool Meals Program and the Summer Food Service Program.

Elected Officials: For elected decision-makers in federal, state or local government. Resources include:

- [Learn About Childhood Hunger](#) educates elected officials about how childhood hunger affects the health and development of children and the health and development of a community.
- [Launch A Campaign](#) provides guidance to engage elected officials to support coordinated efforts with state agencies and key stakeholders in support of a shared plan with measurable goals, as well as dedicated staff and resources to support day-to-day campaign activities.
- [Model Best Practices to End Childhood Hunger](#) provides resources for implementing best practices to ensure that children have access to important nutrition programs in their communities.

The following are other excellent resources provided by the No Hungry Kid Center for Best Practices that are targeted to food access improvement efforts in rural areas.

[Resources for Rural Communities](#) provides place-based resources tailored to meet the unique needs and preferences of rural families and community members. For low-income families living in rural areas, the geography of hunger often includes food deserts without access to full-service supermarkets, higher prices for food that is available and high transportation costs associated with limited infrastructure and transportation options. These resources highlight programmatic and policy options that can make a meaningful difference in the lives of children and families at risk of hunger, some of which would also provide a meaningful economic boost to rural communities.

[The 2019 Hunger Innovation Report](#) summarizes the results of a national survey aimed at understanding how stakeholders are testing and implementing new strategies for addressing child hunger. Nearly 200 food banks, school districts, local governments, and private companies responded. The survey explores their attitudes and capacity for innovation and uncover numerous innovative strategies and programs designed to feed children.



## 7.2 RURAL HEALTH INFORMATION HUB: FOOD SYSTEM APPROACHES TO ADDRESS FOOD INSECURITY

The [Rural Health Information Hub: Food System Approaches to Address Food Insecurity](#) model focuses on making changes to the food system to address food insecurity. This resource focuses on systems approaches to address food insecurity, including strategies to improve access and promote increased availability and affordability of nutritious foods,

The resource highlights a number of promising and evidence-based strategies to help rural communities address food insecurity. [County Health Rankings & Roadmaps](#) has assigned evidence ratings for these practices which are defined below.

- **Scientifically Supported:** Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.
- **Some Evidence:** Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.
- **Expert Opinion:** Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects. Further research, often with stronger designs, is needed to confirm effects.
- **Insufficient Evidence:** Strategies with this rating have limited research documenting effects.

Following are systems-based strategies for addressing food insecurity recommended by the Rural Health Information Hub. Evidence ratings indicated in parentheses.

- Farmers markets (Some Evidence) and community gardens (Some Evidence)
- Electronic benefits transfer at farmers markets (Expert Opinion)
- Community supported agriculture programs (Expert Opinion)
- Farm to school initiatives (Expert Opinion)
- Food pantries and other types of food assistance programs (Expert Opinion)
- Fruit and vegetable gleaning initiatives (Expert Opinion)
- School breakfast programs (Scientifically Supported)
- WIC and Seniors Farmers' Market Nutrition Program (Some Evidence)
- Mobile produce markets (Some Evidence)

This resource also includes the [Rural Food Access Toolkit](#) which compiles evidence-based and promising models and resources to support organizations with implementing food access programs in rural communities. The toolkit contains seven modules to help community coalitions develop, implement, evaluate, and sustain rural food access and food security programs.

## 7.3 EVIDENCE-BASED STRATEGIES TO END CHILDHOOD FOOD INSECURITY AND HUNGER IN VERMONT

While the [Evidence-Based Strategies to End Childhood Food Insecurity and Hunger in Vermont](#) report focuses largely on statewide efforts to address childhood food insecurity. The report has value to the Alliance because New Hampshire and Vermont share similar population and socioeconomic characteristics that contribute to household food insecurity including: 1) states' populations are rural and decentralized; 2)

high costs of housing, especially for renters, and transportation relative to household income; and, 3) limited public transportation options to get to food access points.

**Overview**

The National Life Group Foundation (NLG) has taken on the challenge of reducing—or even eliminating—childhood food insecurity in Vermont. The NLG team contracted the Urban Institute in 2018 to help develop an effective strategy and a plan for targeted investment. The project had several goals: 1) review the publicly available data on childhood food insecurity in Vermont, 2) examine what interventions and initiatives are already under way, and 3) identify gaps where new investment could build on these efforts to substantially reduce childhood food insecurity.

**Challenges and Gaps**

The Report indicates that one in eight Vermonters and 15.7% of children are food insecure. The factors driving food insecurity in Vermont are similar to those in New Hampshire and include those indicated in the table below.

*Table 4: High Cost of Living Limits Food Budgets*

Workers Earning Minimum Wage	High Housing Costs	High Transportation Costs	High Energy Costs	Impact on Food Security
Must work 85 hours/week to afford two-bedroom apartment.	35% or more of household costs for 19% of homeowners and 45% of renters.	85% of workers age 16+ drive to work due to rural nature of state & limited public transportation.	Nation’s 8 <sup>th</sup> highest electricity rates. NH ranks 6 <sup>th</sup> .	Food budgets sacrificed to meet other household expenses.

*Table 5: Other Top Challenges*

Declining Population	Opioid Use
<i>Potential long-term effects on economic health. Population shifts leading to school consolidation and lengthier commutes to school causing children to miss out on free breakfast.</i>	<i>18% overdose death rates vs. 13% nationally. Larger number of grandparents on fixed incomes raising grandchildren thereby stretching food budgets.</i>

Table 6: Gaps in Vermont's Food System

Challenge	Gap
High cost of food versus maximum SNAP benefit.	Families struggle to stretch federal benefits, skipping meals and limiting purchases of fruits, vegetables, dairy products, and meats.
Perceptions that healthier produce at supermarkets & farmers markets is too expensive.	Families rely on cheaper, less-healthy choices, especially shelf-stable goods.
Concerns about being stigmatized for using federal benefits to purchase food.	Residents avoid using farmers market match benefits.
Rural and decentralized nature of state's population.	Makes it challenging for families to access affordable food and food assistance programs.
Lack of youth programs & community centers in rural areas.	Limited youth-focused programming (e.g., getting food during the summer).
Lack of or limited public transit in rural areas and many urban communities.	Families may not be able to reliably access food shelves or groceries.
Lack of childcare options, especially the subset that do not provide food.	Inhibits food access for young children.
Lack of affordable, quality childcare.	Challenging for parents of young children to reliably provide food.
Limitations of federal programs.	High percentages of children in food insecure households don't qualify for federal food assistance programs.
Lack of awareness about federal and community-based programs.	Underutilization of available programs.

### What is Working Well

- ✓ **Supplemental Nutrition Assistance Program (SNAP):** Vermont has among the highest rates of SNAP participation in the country. Vermont capitalized on provisions that allow states to extend SNAP benefits to families living at 185% of federal poverty level versus the 130% or below federal eligibility level. More families that may be at risk of food insecurity have access to SNAP benefits as a result.
- ✓ **Women, Children's and Infant's Program (WIC):** WIC is a critical part of the food assistance safety net. Evidence shows that it improves the physical health of participants and boosts children's development.
- ✓ **National School Meals Program:** Vermont eliminated the reduced-price lunch category, offering free meals instead. Offering universal school meals to all children reduces stigma among those who need food assistance. Participation increased substantially as a result of the change.
- ✓ **Role of Community Organizations:** These organizations are working to promote participation in federal nutrition assistance programs. One example is the Hunger Free Vermont program, a partnership between Hunger Free Vermont and New England Dairy and Food Council to challenge schools to incorporate breakfast into the school day.
- ✓ **Charitable Food Initiatives:** These include using schools as a platform such as Vermont Afterschool which supports schools providing food to children after school and during summer breaks, and Vermont Foodbank school-based backpack program.
- ✓ **Cross-Sector Collaboration:** Vermont has strong examples of cross-sector collaboration state agencies such as between the education, healthcare and agriculture sectors. Stakeholders are also

collaborating with state and local government, agriculture, health care, local business, schools and social services agencies. Cross-sector collaboration helps to uncover the root causes of economic hardship that can cause food insecurity. Vermont Health Care System piloted food insecurity screening with patients and partnered to provide fresh produce at hospitals through Community Supported Agriculture shares and vegetable prescriptions.

### Options for Action and Investments

1. **Make School Meals Free for All Students:** Adopting a universal free meal model would allow all students the same access to healthy meals and remove the application process, which could minimize stigma around accessing school meal programs.
2. **Expand Summer Feeding Programs for Children and Their Families:** Advocate for changes to USDA's Summer Food Service Program that allows children to leave the congregate meals site with a meal or receive summer Electronic Benefits Transfer (EBT) benefits to purchase summer meals in areas where meal sites are not established.
3. **Provide More Food-Centered Programming for Older and Disconnected Youth:** Make food programming for older youth who don't attend school or are disengaged from school-based programs more welcoming, easily accessible, fun, and inclusive of diverse communities. Embed food-related programming in larger programs (e.g., Parks & Recreation Department programs) to reduce stigma and increase participation.
4. **Support Mobile Food Services:** Create solutions to get food to residents in rural areas. There may also be an opportunity to take advantage of government-funded food delivery programs, such as the USDA funded [SNAP Online Purchasing Pilot](#) program, allowing residents using benefits to purchase food online and receive deliveries from selected retailers.

## 7.4 FOOD RESEARCH AND ACTION CENTER RESOURCE LIBRARY

The [Food Research and Action Center](#) includes a searchable database of the latest reports and data for all the major federal nutrition programs. The resource is available from the Food Research & Action Center (FRAC). FRAC charts participation in the federal nutrition programs through monthly updates, annual publications, and additional research.

The resource library includes the following sections: [Best Practices](#), [Interactive Data Tools](#) and [Mapping Tools](#).

### Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity

The [Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity](#), is available on the FRAC website and can be a valuable resource for tackling the issue of food insecurity in the Monadnock Region. With the Healthy Monadnock Alliance Food Access Working Group being nested within the Monadnock Children's Food Access Alliance, this toolkit can help to bolster the health care sector's involvement as a critical partner.

The toolkit was first published in 2017 and updated in 2021 through a partnership between the American Academy of Pediatricians (AAP) and FRAC. The toolkit adopts a three-step approach to assist Pediatricians with playing a critical role in addressing food insecurity and reducing its harmful impacts on child health, development, and well-being:

1. **Screen and Identify** children at risk for food insecurity.

2. **Connect** families to federal nutrition programs and other state and local community resources.
3. **Support** national and local policies that address food insecurity and its root causes, including poverty, inadequate wages, housing insecurity, food deserts, and racial inequity.

## **7.5 PLANNING FOR FOOD ACCESS AND COMMUNITY-BASED FOOD SYSTEMS: A NATIONAL SCAN AND EVALUATION OF LOCAL COMPREHENSIVE AND SUSTAINABILITY PLANS**

The [Planning for Food Access and Community-Based Food Systems](#) report is included in this section because it can provide helpful insights for the Alliance to engage municipalities as partners to advance large-scale systems change to reduce food insecurity in the Monadnock Region.

The report details the results of a multi-phase research study conducted by the American Planning Association's (APA) Planning and Community Health Research Center to identify and evaluate the development, adoption and implementation of food related goals and policies of local comprehensive plans, including sustainability plans, across the United States. The study looks at the impact of the plans on local policies, regulations, and standards for the purpose of reducing food access disparities among children, adolescents, and adults, and improving community-based food systems. The purpose of the study is to develop a better understanding of how and why some local governments have addressed food access and food system issues in the comprehensive and sustainability planning process, and identify common themes and innovative features for implementing policies and achieving goals.

The report is divided into four parts, each representing a different phase of the research study.

**Part 1** includes results from a national web-based survey used to identify adopted comprehensive and sustainability plans that explicitly address food access and other aspects of the food system. The five most-cited food system topics in the identified comprehensive and sustainability plans are rural agriculture, food access and availability, urban agriculture, food retail, and food waste. Respondents report that the food system-related goals, objectives, and policies of adopted plans had positive impacts on the community, including the creation of new community gardens, grocery stores, and farmers markets, as well as changes in land-use regulations and the promotion of locally grown food.

**Part 2** explains the results from the evaluation of a sample of plans identified in the survey to assess the quality of the plans and food-related components. Overall, the plans include clearly marked food components and consciously link food-related issues, goals, and policies within the plan. Following are two important findings that surfaced during the review of plans:

- Overall, the comprehensive plans could include more clearly stated goals and objectives, along with specific intermediate, measurable steps or standards toward attaining food-related goals.
- Few comprehensive plans explicitly called out equity considerations in access to healthy, affordable foods, particularly among low-income and minority populations.
- While improving food access through community gardens and farmers markets were popular strategies in the majority of plans, few addressed the need to improve food retail options and reduce access to unhealthy sources of food.

**Part 3** outlines planning and policy lessons learned by the jurisdictions. Common themes emerged, including: the importance of good baseline data; the value of working with local nonprofit organizations such as universities; the focus on low-hanging fruit, such as regulatory, policy, and administrative

review and reform; and the impact plan development has on the public’s and local officials’ understanding of food system issues in their community as well as how food system issues relate to other municipal systems.

**Part 4** provides recommendations for municipalities and counties that are engaging in (or beginning to engage in) food access and food systems planning. Included is a list of strategies that planners and other local government staff can use to integrate clear, comprehensive, and action-oriented food access (and supportive food system) goals and policies into the local plan-making process. Among the recommendations are:

- Develop a food policy council to facilitate coordination, communication, and collaboration among food system stakeholders within and outside of local government.
- Partner with and include key local government stakeholders in the planning process. Encourage all departments to determine how they can promote plan recommendations.
- Partner with local foundations while leveraging support for initial food systems planning activities but leverage other funds to continue efforts.
- Balance aspirational goals with measurable goals to enable monitoring and evaluation over time.

## 8 FINDINGS

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This food access analysis provides an important resource for the Alliance to improve the overall health of children and families in the Monadnock Region through increasing access to affordable, healthy food. The gaps in the Monadnock Region food access system that have been identified through the analysis are numerous. They exist at both the regional and local level. The factors driving household food insecurity in the region are also numerous. Factors that rise to the top include federal food assistance program underutilization, low-income food insecure individuals and families who do not meet federal food assistance eligibility criteria, communities with high poverty rates and limited resources to combat food insecurity, and people living in both rurally isolated areas and urban neighborhoods with limited access to affordable food sources. Socio-economic factors are contributing to regional food insecurity levels that are higher than the state average. These include lack of access to living wage jobs, affordable housing and childcare; people with underlying health conditions that contribute to food insecurity; and limited access to health care as a result of being uninsured or underinsured. In some cases, these factors combined with the social stigma associated with being food insecure prevent people from seeking help which exacerbates the situation. The COVID-19 pandemic adds another dimension altogether.

Fortunately, the well-established and dedicated Alliance network has already taken steps to address the issue of food insecurity and, based on the findings of this analysis, is ready to take the work to the next level through implementation of evidence-based interventions and promising practices.

Following are detailed descriptions of needs and potential strategies the Alliance can consider in the development of the Food Access Plan. Stakeholder Perspective

*We will always struggle with people asking for food because it is a public ask.*

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*Alliance Stakeholder*

Input was received from a broad range of stakeholders on a broad range of issues related to household food insecurity and the food access system in the Monadnock Region. This input will be helpful to the Alliance

during the Food Access Plan development process. Comments and common themes that emerged from conversations with Alliance partners and others working on the issue of food insecurity are compiled below. Many of the themes overlap with those discussed in Section 4 above. The perspectives and input gathered from stakeholders, including people with lived experience, is integrated into the lists of gaps and potential strategies below.

## **8.1 FOOD ACCESS, AVAILABILITY AND AFFORDABILITY**

### **Gaps**

- Poverty/low household income is the number one risk factor for food insecurity. Childhood poverty rates are highest in the towns of Hinsdale, Winchester, Alstead, Richmond, and Stoddard. The Alliance may want to consider these findings when prioritizing target communities for food access interventions.
- Lack of transportation, specifically, lack of a car, is the number two risk factor for food insecurity. The towns of Keene, Peterborough, Alstead, Sullivan, and Swanzey have the highest percentages of households without vehicles.
- Housing burden is another food insecurity risk factor (e.g., housing costs greater than 30% of total household income).
- Other factors that strain household budgets, like adding people to the household or losing a job, are associated with increasing food insecurity.
- Households in sparsely populated rural areas spend a larger percentage of household income on food than households in more densely populated/urban areas.
- Research shows that SNAP households are located, on average, within two miles of a store that accepts SNAP benefits. However, they will travel more than three miles to get to their primary grocery store.
- Food insecurity can cause negative health outcomes in children such as decreased nutrient intakes, birth defects, worse oral health, behavioral problems, asthma, greater risks of hospitalization, and developmental problems.
- Unaffordable food reduces available resources for other household expenses (e.g., families may need to make trade-offs by spending less on medical and other expenses to purchase food).
- Changes to eligibility requirements make it more complicated for people to apply for and use SNAP benefits.
- Many people who qualify are not accessing federal nutrition benefits programs. There is no hard data to explain why.
- Low-income food insecure people who are not eligible for SNAP have difficulty buying food.
- The time of month when SNAP benefits are issued is a challenge (e.g., people receive benefits at beginning of month and run out before end of month).
- SNAP utilization statistics from DHHS don't seem to match up with what is really going on.
- NH Hunger Solutions is seeing a decrease in Free and Reduced Lunch usage dramatically dropping among High School students.
- Sometimes farms have to choose between selling or donating crops which can put pressure on gleaners.
- Peterborough food pantry has food but people are not coming in.
- Pantries in remote areas can be difficult to access due to limited hours and other factors.

- Communities outside the Keene, Swanzey and Jaffrey area have fewer supports available for households.
- People with poor financial planning skills build up debt and can't afford to buy food.
- Stigma prevents people from seeking help for numerous reasons:
  - People are reluctant to seek food assistance for various reasons including shame, wanting to be self-sufficient and not wanting to see themselves as needing charity.
  - Stigma is greater in areas where federal nutrition programs are not as normalized, especially in rural communities.
  - In schools, stigma is more prevalent among middle school students.
  - People using SNAP benefits are stigmatized. It may be why people go to farm stands more than farmers markets where using tokens is more stigma producing.
  - College students from out of town may be embarrassed to ask for help because they may not know where to go.

### **Potential Strategies**

- Work collaboratively with DHHS to sign people up for SNAP and WIC.
- Conduct a joint outreach campaign with consistent messaging to increase awareness of SNAP, WIC and other federal nutrition programs. Focus efforts in the most vulnerable communities.
- Support state, regional and local policy economic development efforts as well as efforts to increase the minimum wage and access to universal health care, affordable housing, and childcare.
- Partner with the Monadnock Regional Coordinating Council to expand community transportation services, including volunteer driver programs and transit services.
- Integrate transportation services with nutrition incentives programs. This could be a win-win situation for both consumers and retailers.
- Review results of mobile food pantry feasibility study and engage with implementation efforts if results are favorable.
- Establish food buying clubs for people on SNAP, EBT, etc. Establish a wholesale program with C&S Wholesale Grocers paired with local farm and food distributors to integrate fresh produce in the program. This could help to reduce stigma because lower income people may feel more empowered by purchasing food.
- Implement Universal Meal Programs in schools.
- Expand Farm to School Program to more schools. Work with school districts to integrate into institutional systems.
- Work with the NH Food Bank to expand the Medically Tailored Meals program to the Monadnock Region. The program is covered by Medicare.
- Engage Cheshire Pediatrics to conduct nutritional assessments during primary care visits. Engage hospitals by making the case there will be positive downstream effects on health outcomes.
- Work with dollar stores such as Dollar General which has a fresh food program. Dollar General is putting in refrigeration.
- Work with farmers markets to make them more family/community spaces.
- Establish school gardens in every school and more neighborhood/community gardens (more challenging to do in rural areas).
- Engage with Community Health Workers to connect people to community food resources.
- Provide assistance with financial planning to help families budget their money more strategically.
- Work with schools, community service agencies and other partners on strategies to reduce stigma in current programs.



## **8.2 INPUT FROM PEOPLE WITH LIVED EXPERIENCE**

The following findings are based on in-person surveys conducted by SWRPC at a community event hosted by the Winchester ELMM Center and results of the Mobile Food Pantry Survey conducted by Monadnock Farm and Community Coalition in partnership with The Community Kitchen. The survey cohorts included low-income seniors without transportation living in subsidized housing and low-income people who live more than 10 miles from a food store. There was a total of 165 survey respondents.

### **8.2.1 Food Eaten in Households**

Survey respondents were asked a series of questions to determine if households are getting enough food to eat. In responses to a question that asked respondents to describe the food eaten in their households during the last 30 days, 1.9% said they often do not have enough food to eat and 10.6% said they sometimes do not have enough to eat. 40.4% of respondents said they either frequently have enough food to eat or have more than enough to eat. 47.2% said they have enough food to eat but not always the kinds of food they want.

In response to a question asking if food bought for the household didn't last and there wasn't enough money to get more anytime during the last 12 months, 6.9% of respondents answered frequently and 9.4% answered regularly. 52.5% indicated occasionally.

The results of these questions suggest that 12.5% of respondents may be food insecure which tracks closely with the results reported by Feeding America for the region.

### **8.2.2 Food Shopping Patterns**

The vast majority of survey respondents indicated that they typically shop at grocery stores to purchase food (95%). This aligns with the findings in the CSPP literature review that found that upwards of 90% of people purchase their food from grocery stores. The rankings of other locations where survey respondents shop, in descending order are: food co-op (14.9%), farm stands (13%), convenience stores with limited offerings (9.3%), mini-markets with slightly more extensive offerings (7.5%), shopping center with several food stores (5%), and health food store (4.4%). Respondents were allowed to select multiple options when identifying their shopping preferences.

The CSPP literature review offers some insights into the shopping choices people make. CSPP found that shoppers are willing to travel to shop where they prefer. The research indicated that, "...households do not necessarily shop at the closest available store, and that consumers—even lower income and SNAP-participating shoppers—are willing to pay more to shop at their preferred stores. This is true even for low-income households and those who walk, bike, and use transit other than a personal vehicle to get to the store." This is also true for SNAP households which are located, on average, within two miles of a store that accepts SNAP benefits. However, they will travel more than three miles to get to their primary grocery store. This is also true for SNAP households, which on average, live less than two miles from a store that accepts SNAP, but travel more than three miles on average to get to their primary grocery store.

The research results suggest that, since so many households prefer shopping at grocery stores, families participating in food assistance programs that shop at traditional food retail outlets are both getting the food they need and are able to maintain their dignity and ability to make individualized food choices. These findings indicate that there are complicating factors involved in how consumers select from available food retailers. These factors go beyond proximity and short travel distances. Consumers may not necessarily shop at the closest available store, even if they are low-income or do not have a personal vehicle.

### **8.2.3 Food Assistance Programs**

Survey participants were asked a question about which food assistance programs they or a member of their households participate in. Because households may participate in more than one program, respondents were allowed to select multiple options. Unsurprisingly, the results indicate that, of those households that participate in federal food assistance programs, SNAP has the highest percentage of usage in comparison to the other programs. At 25.5%, WIC has the second highest level of participation. In order from highest to lowest, participation in the remaining programs is as follows: Free and Reduced School Lunch and/or Breakfast (19.6%), Summer Food Service Program (4.6%) and nutrition programs for the elderly, such as Meals on Wheels and Commodity Supplemental Food Program (2%).

With the knowledge that enrolling households in SNAP is documented as one of the most effective strategies to reduce household food insecurity, the Alliance may want to adopt strategies to increase enrollment.

Survey participants were also asked to indicate if they participate in nutrition incentive programs including Granite State Market Match or Double Up Food Bucks. 2.6% of respondents indicated they did. Results show low participation in nutrition incentive programs by survey respondents. While the reasons are unknown, there may be opportunities for the Alliance to work with the NH Food Bank, retailers and organizations that link households to SNAP to conduct an outreach campaign to increase awareness of the programs. The Alliance could also take steps to address stigma associated with using nutrition assistance programs.

### **8.2.4 Transportation**

Survey participants were asked how they typically travel to the grocery store they regularly use. 80.8% said they travel by car, 10.6% ride with a neighbor or friend, 5.6% walk, 2.5% borrow a car from a family member or friend, and 0.6% use Uber. None use public transportation. Another question asked was which obstacles they experience prevent them from consistently using a food pantry. 13% indicated lack of transportation.

These results indicate that most individuals use a car to get to the grocery store. Given that not having a car is the second leading risk factor for food insecurity, the Alliance may want to partner with community transportation agencies such as the Community Volunteer Transportation Company or Home Health Care, Hospice and Community Services, which operates the City Express and Friendly Bus to increase access to transportation for those without vehicles.

## **9 WHAT'S NEXT**

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It is recommended that the Alliance begin the planning process with an activity to engage partners to identify and rank priority needs and strategies to address them based on the results of this analysis. While there are multiple methods for doing this, one to consider is an impact-feasibility activity. The activity is designed to promote early initiation of the Alliance's thinking about priority needs and strategies. The results will help the Alliance to select strategies that are most likely to have the greatest impact on reducing food insecurity and improving the health of children and families. The following criteria can be used to assess the potential impact and feasibility of possible strategies to address the perceived needs and gaps.

Impact:

- What will the population impact be if the strategy is implemented?
- Does the strategy have the potential to impact a vulnerable sub-group of the population?

- Can the strategy implementation be sustained?
- Will the strategy further the Alliance's vision and goals?
- Will the strategy reduce the risks associated with food insecurity?

Feasibility:

- Can the necessary funding and resources be secured to implement the strategy?
- Is there a level of perceived urgency/community support for the strategy?
- What is the complexity of implementation?
- Is there a likelihood of success in implementing the strategy (e.g., low-hanging fruit, existing groups of partners working on the issue)?

An impact-feasibility rubric template is included in Appendix F.

## 10 APPENDIX A: MONADNOCK CHILDREN’S FOOD ACCESS ALLIANCE KEY STAKEHOLDERS

Organization	Description	Constituency / Service Eligibility	Service Area	Role within Network
Cheshire County Conservation District	Provides programs that support efficient farm production, expand markets, and increase access to local food for all Cheshire County residents.	Farmers, residents, and business owners. No eligibility requirements.	Cheshire County	Food System
Cheshire Medical Center	Provides support to Leadership Council for a Healthy Monadnock (LCHM), a partnership of community leaders from across the Monadnock Region who create and foster local initiatives to achieve better health and wellness for all. The LCHM's food access related goals include: expand local food access to include low- and moderate-income families; encourage support of local food system; and educate consumers on the benefits of locally produced food, especially youth and low-income populations.	People of all ages. No eligibility requirements.	Monadnock Region	Food Access & Health
Community Kitchen	Provides healthy and nutritious hot meals, take-home food boxes, advocacy and education. Guides guests and clients to make better food choices and partner with other agencies offering cooking workshops, classes and recipes. Supports local farms and producers with gleaning program.	Low and moderate income men, women and families with children.	Monadnock Region	Emergency Food
Cornucopia Project	Growing gardens, providing healthy food for families in need, bringing students into the kitchen, educating, and inspiring future food system advocates are some of the ways that the Cornucopia Project works for a healthier future for all. School garden, kitchen programs, educational farm.	Children, youth and adults. No eligibility requirements.	Southern New Hampshire	Food Access & Health

<b>Farm to Institution New England</b>		Regional network of nonprofit, public and private entities working to transform the food system by increasing the amount of local food served in institutions. The FINE network consists of non-profit organizations, government agencies, institutions, foundations, farms, food distributors, food processors, food service operators and others.	Schools, hospitals, colleges, correctional facilities, and other institutions. No eligibility requirements.	New Hampshire and other New England states	Food System
<b>Feeding Tiny Tummys</b>		Works with schools to provide meals to children on weekends, breaks and summers away from school. Community Volunteers fill bags that are delivered to schools. Academic items are included in bags.	Low income students.	14 school locations in Sullivan and Cheshire Counties	Food Access & Health
<b>Food Connects</b>		Through Food Connects and Monadnock Menus, operates food hub to increase wholesale access to locally produced food and support local food producers. Also operates Farm to School program and summer garden program.	Low income students, schools and local producers.	Monadnock Region	Food System
<b>Gert's Pantry</b>		Church-based food pantry.	Low and moderate income men, women and families with children.	Swanzey	Emergency Food
<b>Grapevine Family &amp; Community Center</b>		Promotes family and community health and well-being through support, education and the sharing of resources. The Learning Vine Preschool provides lunch and snacks for students. Assistance with finding resources in times of crisis or need, including emergency food.	Low and moderate income men, women and families with children.	Antrim, Bennington, Frankestown, Hancock, Hillsborough, Deering	Food Access & Health
<b>Head Start</b>		Provided by Southwestern Community Services (SCS). Head Start is a federally-funded early childhood education program. Offers children a nutritious, family style breakfast and lunch each day.	Priority is given to "at-risk" students who meet Federal Poverty Guidelines.	Asheuelot, Keene, Jaffrey, Swanzey.	Food Access & Health
<b>Healthy Starts at Home Healthcare Hospice &amp; Community Services (HCS)</b>		Healthy Starts invests early in children and families to promote health, stability, and resiliency. The team partners with parents to create a nurturing and safe home as their children grow. Team of social workers, nurses and home visitors partner with families to offer parenting education, connection to resources, and support to build resiliency. Assists with applying for WIC.	Low income children and families.	Southwestern New Hampshire	Food Access & Health

<b>Keene Community Garden Connections</b>		Increases access to healthy, affordable foods, including through food donations. Provides educational workshops and outdoor classroom space. Builds local capacity to grow food. Fosters a stronger sense of community through the creation of green, communal spaces.	People of all ages. No eligibility requirements.	Keene area and Westmoreland	Food Access & Health
<b>Keene Day Care Center</b>		A licensed day care center that provides a safe, challenging, supportive environment for children, while assisting families to be active participants in the economic well-being of the Monadnock Region. Provides nutritious meals and snacks through the federal Child and Adult Care Food Program (CACFP).	Eligibility based on Federal Poverty Guidelines.	Monadnock Region	Food Access & Health
<b>KSC Dietetic Internship Program</b>		Cultivates leaders as Public Health Dietitian Nutritionists to inform, educate and empower the public about health and nutrition issues.	People of all ages. No eligibility requirements.	Monadnock Region	Food System Research
<b>KSC Hungry Owl Food Pantry</b>		College-based food pantry. Assists with applications for SNAP benefits.	College students, faculty, and staff.	Keene State College	Emergency Food
<b>Keene Housing</b>		Provides and advocates for affordable housing and supportive services that strengthen and empower low and moderate-income households.	Low and moderate income households.	Monadnock Region	Food Access & Health
<b>Keene YMCA</b>		Partners with SCS, Keene School District and Monadnock Food Service program on the Summer Food Service Program. The YMCA is licensed to provide affordable childcare with family-centered, value-based programs to nurture children's healthy development as well as preschool and afterschool programs.	People of all ages. No eligibility requirements.	Monadnock Region	Food Access & Health
<b>Meals on Wheels at HCS</b>		Meals on Wheels is dedicated to addressing senior isolation and hunger. Volunteers deliver nutritious meals, friendly visits and safety checks that enable America's seniors to live nourished lives with independence and dignity.	60+ and disabled adults primarily homebound and unable to prepare nutritious food.	Richmond, Chesterfield, Fitzwilliam, Gilsum, Hinsdale, Jaffrey, Keene, Marlborough, Nelson, Rindge, Sullivan, Swanzey, Troy,	Food Access & Health

				Westmoreland, Winchester	
<b>Monadnock Alliance for Families (MAF)</b>		MAF is a collaborative backed by Impact Monadnock and is composed of Healthy Starts at HCS; The Grapevine Family and Community Resource Center; Monadnock Family Services (MFS); Rise for baby and family; and The River Center. Has a shared outreach coordinator to assist with accessing services in the region.	Low income families and children.	Monadnock Region	Food Access & Health
<b>Monadnock Coalition of Food Pantries</b>		A coalition of food pantries collaborating to connect people with food assistance programs in the Monadnock Region.	Low and moderate income men, women and families with children.	Monadnock Region	Emergency Food
<b>Monadnock Community Learning Center</b>		Provides quality early learning and child care for families. Provides nutritious meals and snacks through the federal Child and Adult Care Food Program (CACFP).	Eligibility based on Federal Poverty Guidelines.	Monadnock Region	Food Access & Health
<b>Monadnock Farm &amp; Community Coalition (MFCC)</b>		Provides leadership for the Monadnock Children's Food Access Alliance. MFCC partners have a long history of collaborating to develop a healthy, fair and affordable food system. Also provides leadership to the Healthy Monadnock Alliance Food Access Working Group. 140-member organizations come together regularly in quarterly forums and in working groups to build a robust, effective, equitable, and sustainable local food system.	People of ages. No eligibility requirements.	Monadnock Region	Food System
<b>Monadnock Understands Childhood</b>		Advocates for policies and systems to mitigate childhood food insecurity and remediate gaps in the food access system.	Children. No eligibility requirements.	Monadnock Region	Food Policy

<b>Hunger (MUCH)</b>					
<b>Monadnock United Way - Impact Monadnock</b>		A community-driven organization focused on improving the health and prosperity by addressing the critical component of early child development. Mission: To prepare children from birth to age five in the for future academic, career, and life success. Focus areas are: early childhood program quality, family support and partner education and early childhood system coordination.	Children birth to age 5 and their families.	Monadnock Region	Food Access & Health
<b>NH Food Alliance</b>		A statewide network that engages and connects people dedicated to growing a thriving, fair, and sustainable local food system in the Granite State.	People of all ages. No eligibility requirements.	New Hampshire	Food System
<b>NH Gleans</b>		A network of organizations working to increase the availability of fresh and local produce that is distributed to and through New Hampshire food pantries, soup kitchens, community suppers and schools. Coordinated through The Community Kitchen.	Low and moderate income men, women and families with children.	Cheshire County	Food System
<b>Rise for baby &amp; family</b>		Supports families with infants and toddlers who have or are at risk for developmental delays or disabilities through comprehensive therapeutic services that build upon the family's strengths to provide childcare for children of all abilities, and to be a resource and advocate for inclusion. Provides nutritious snacks.	Families with infants and toddlers. Children with a diagnosed condition or delay in development due to high risk factors.	Monadnock Region	Food Access & Health
<b>The River Center</b>		Strengthens individuals and families through parenting support, free tax assistance and money coaching, and community connections. Provides assisted Information and referral services connecting constituents with local, regional and statewide services including food.	Low income children and families.	Eastern Monadnock Region	Food Access & Health
<b>Salvation Army Food Pantry</b>		Food pantry and other social services.	Low and moderate income men, women and	Keene	Emergency Food



			families with children.		
<b>Southwestern Community Services</b>		SCS is a Community Action Agency that offers access to federally funded nutrition programs, including: Supplemental Nutrition Assistance Program (SNAP), Commodity Supplemental Food Program (CSFP), Women, Infants and Children Nutrition Program (WIC), Summer Food Service Program (SFSP), and Temporary Assistance for Needy Families (TANF). Nutrition education and useful recipes are available to help plan meals. SCS planned and initiated the SFSP with the Keene School District, USDA Rural Development, Monadnock Food Service program, and Keene YMCA. SCS also provides community transportation services in Cheshire and Sullivan Counties.	Program eligibility requirements: SNAP - based on two components: income and resources; WIC - 185% of Federal Poverty Level (FPL); CSFP - seniors 60+ years of age living at 130% or less of FPL.	Federal nutrition programs serve Cheshire and Hillsborough Counties. CSFP available at 13 food pantry and kitchen locations throughout Cheshire County	Food Access & Health
<b>UNH Nutrition Connections</b>		Provides nutrition education for limited-resource families the knowledge and skills they need for better health. Nutrition Connections is NH's home for the Expanded Food and Nutrition Education Program (EFNEP) and Supplemental Nutrition Assistance Program Education (SNAP-Ed). Nutrition Connections has taught thousands of New Hampshire citizens how to eat healthier and save money at the grocery store.	Programs offered at no cost to low-income families. Adults with children and seniors who receive food stamps, WIC, CSFP, TANF, or SSI automatically qualify.	Cheshire, Sullivan and Hillsborough Counties	Food System

## 11 APPENDIX B: FOOD SOURCES LIST

Name	Accept SNAP	Accept WIC	Nutrition Incentives	Municipality
<b>Afterschool Snack Program</b>				
Alstead Primary School				Alstead
Hinsdale Elementary School				Hinsdale
Hinsdale Middle High School				Hinsdale
Cedarcrest School				Keene
Franklin Elementary School				Keene
Wheelock Elementary School				Keene
Marlborough Elementary School				Marlborough
<b>Child and Adult Care Food Program</b>				
Monadnock Adult Care Center				Jaffrey
Home Healthcare Hospice Services				Keene
Keene Day Care Center				Keene
Southwestern Community Services				Keene
Monadnock Community Early Learning Center				Peterborough
ACCESS				Winchester
ACCESS				Winchester
Winchester Learning Center				Winchester
<b>Congregate Meals</b>				
First Presbyterian Church				Antrim
Dublin Community Church				Dublin
First Congregational Church				Hancock
All Saints Church				Peterborough
Divine Mercy Parish				Peterborough
Peterborough Unitarian Universalist Church				Peterborough
Peterborough United Methodist Church				Peterborough
Union Congregational Church				Peterborough
<b>Convenience Stores</b>				
Joe's CITGO				Alstead
Amherst Mobil				Amherst
Homestead Grocery & Deli	Yes			Amherst
Circle K	Yes			Bedford
Circle K	Yes			Bedford
Heavens Food Mart				Bedford
Mobil				Bedford
Mobil				Bedford
US 202 Express Mini Mart				Bennington
State Line Convenient Mart				Brookline
Jiffy Mart	Yes			Charlestown

Jiffy Mart	Yes			Charlestown
Global Montello Group Chesterfield 643	Yes			Chesterfield
Birney's Mini Mart				Claremont
Cumberland Farms	Yes			Claremont
Cumberland Farms				Claremont
EZ Mart CITGO	Yes			Claremont
Fast Stop Market Place				Claremont
Jiffy Mart	Yes			Claremont
Leo's One-Stop Market	Yes			Claremont
Mobil	Yes			Claremont
Mobil	Yes			Claremont
T-Bird Mini Mart				Claremont
T-Bird Mini Mart				Claremont
Carrs Store #677				Dublin
Mr. Mike's Fitzwilliam				Fitzwilliam
State Line Grocery				Fitzwilliam
Tanvi Corp				Fitzwilliam
Andre's Food Mart				Goffstown
Budget Gas & Food Mart				Goffstown
Circle K	Yes			Goffstown
Cumberland Farms				Goffstown
Goffstown Shell				Goffstown
Grasmere General Store				Goffstown
Goshen Country Store				Goshen
Dollar General 19762	Yes			Greenville
Get N' Go Food Stop				Greenville
Greenville Market	Yes			Greenville
Hancock Market				Hancock
College Convenience				Henniker
On The Run				Henniker
Circle K	Yes			Hillsborough
Cumberland Farms	Yes			Hillsborough
Main Street Market Place	Yes			Hinsdale
Riverside Food Brews & Wine				Hinsdale
Route 63 Country Store				Hinsdale
T-Bird Mini Mart				Hinsdale
Hatch Convenience Store				Hollis
Hollis Village Grocery	Yes			Hollis
Monument Square Market				Hollis
Mr Mike's Mini-Mart	Yes			Jaffrey
River Street Market				Jaffrey
7-Eleven	Yes			Keene
Corner News				Keene

Cumberland Farms	Yes			Keene
Dinkbee's	Yes			Keene
Elm St Market	Yes			Keene
Circle K	Yes			Keene
Irving Oil Corp				Keene
Jake's 5 Star Convenience				Keene
Keene Discount Mart				Keene
Keene Gas				Keene
Keene Ice				Keene
Mac's Market				Keene
My Campus Convenience				Keene
My Corner Convenience				Keene
Route 101 Goods				Keene
Sunoco At Winchester St				Keene
T-Bird				Keene
Marlborough Country Convenience	Yes			Marlborough
Mason State Line Variety Store				Mason
Circle K #7236				Milford
Cumberland Farms	Yes			Milford
Cumberland Farms				Milford
Milford Convenience Store	Yes			Milford
Penguin Mart	Yes			Milford
Silva Mart II				Milford
Xtra Mat Foods				Milford
Hoppy's Country Store				New Ipswich
New Ipswich Market	Yes			New Ipswich
Short Stop of New Ipswich				New Ipswich
Newbury Quickstop Mobil				Newbury
Bocko's Gas 7 Convenience				Newport
Circle K	Yes			Newport
Coronis Market				Newport
Grazi's	Yes			Newport
Jiffy Mart #432				Newport
Shop Express	Yes			Newport
Alltown				Peterborough
ig Apple Food Store #1113				Peterborough
Pizza Peddler & Mini Mart				Peterborough
Roy's II				Peterborough
Fogg's Mini Mart				Rindge
Honey Farms				Rindge
Mr Mike's Market				Stoddard
Route 10 Mini Mart	Yes			Swanzy
T-Bird Mini Mart #676				Swanzy

Minute Mart				Troy
Swanzy Neighbors				Troy
5 Star Beverage				Walpole
Jiffy Mart	Yes			Walpole
Janke's Market & Deli				Walpole
Jiffy Mart	Yes			Walpole
Circle K #7239				Warner
Evan's Express Mart				Warner
Country 3 Corners				Weare
Weare Center Store				Weare
Wear Mobile				Weare
Mr. G's Liquidation Center	Yes			Walpole
Mac's Convenience Store				Westmoreland
Route 12 Discount Beverages				Westmoreland
Brookside Mini Mart				Wilton
Cha's Convenience Store				Winchester
Main Street Mini Mart	Yes			Winchester
Mr. Mike's Winchester				Winchester
<b>Community Supported Agriculture</b>				
Hemingway Farms				Charlestown
Mad Radish				Chesterfield
Benedikt Dairy				Goffstown
Work Song Farm				Hopkinton
Country Driveeams Farm				Mason
Holland Farm	Yes			Milford
McLeod Bros. Orchard				Milford
Sun Moon Farm LLC			Yes	Rindge
Hillside Springs Farm				Westmoreland
New Dawn Farm				Westmoreland
Hungry Bear Farm LLC				Wilton
Picadilly Farm			Yes	Winchester
<b>Country stores</b>				
Bennington Country Store				Bennington
Dublin General Store				Dublin
Gilsum Village Store	Yes			Gilsum
Harrisville General Store				Harrisville
New England Everyday Goods				Jaffrey
South Lyndeboro Village Store				Lyndeborough
Mont Vernon General Store	Yes			Mont Vernon
Dodge's Country Store				New Boston
Rosewodd Barn General Store				Newbury
Sullivan Little Country Store	Yes			Sullivan
Vernondale Store	Yes			Sutton

Unity General Store				Unity
The Drewsville General Store	Yes			Walpole
Washington General Store				Washington
Mill Village Country Store				Stoddard
<b>Farmers Markets</b>				
Bedford Farmer's Market				Bedford
Claremont Farmers' Market				Claremont
Francestown Community Market				Francestown
Henniker Community Market				Henniker
Hillsborough Farmers' Market				Hillsborough
Hinsdale Farmers Market	Yes		Yes	Hinsdale
TEAM Jaffrey Community Farmers' Market	Yes		Yes	Jaffrey
Keene Farmers' Market	Yes			Keene
New Boston Farmers' Market				New Boston
New Ipswich Farmers' Market				New Ipswich
Newport Farmers' Market				Newport
Peterborough Farmers' Market				Peterborough
Rindge Farmers' Market				Rindge
Warner Area Farmers' Market				Warner
Yankee Farmer's Market				Warner
Winchester Farmers' Market				Winchester
<b>Farm Stands</b>				
Amherst Farm and Craft Market				Amherst
Peachblow Farm				Charlestown
Dollar Shy Farm				Deering
Devriendt Farms Products LLC				Goffstown
Brookdale Fruit Farm Inc.			Yes	Hollis
Kimball Fruit Farm	Yes			Hollis
Lull Farm Bakery LLC				Hollis
Scooter's Farm of Woodmont				Hollis
Gould Hill Farm				Hopkinton
Work Song Farm				Hopkinton
Beech Hill Farm LLC				Hopkinton
Green Wagon Farm	Yes		Yes	Keene
Stonewall Farm Store	Yes		Yes	Keene
Foggy Hill Farm	Yes			Jaffrey
Clark's Sugar House and Valley View Bison LLC				Langdon
Maple Lane Farm				Lyndeborough
Paradise Farm				Lyndeborough
Barrett Hill Farm LLC				Mason
Sunny Valley Farms				Mason
Fitch's Corner Farm Stand				Milford
Milford Farmers' Market				Milford

McLeod Bros. Orchard				Milford
Beaver Pond Farm				Newport
Fresh Chicks Local Outdoor Market				Peterborough
Crescendo Acres Farm				Surry
Alyson's Orchard				Walpole
Great Brook Farm				Walpole
Pete's Farm Stand			Yes	Walpole
Vegetable Ranch				Warner
Manning Hill Farm				Winchester
<b>Federal Nutrition Programs Application Sites</b>				
Southern New Hampshire Services				Peterborough
Southwestern Community Services				Keene
<b>Food Pantries</b>				
Antrim Bennington Food Pantry				Antrim
Bedford Community Food Pantry				Bedford
Food Pantry at Bedford Presbyterian Church				Bedford
The Caregivers, Inc				Bedford
Fall Mountain Emergency Food Shelf				Charlestown
Joan's Food Pantry				Chesterfield
Claremont Food Pantry				Claremont
Gilsum Congregational Church				Gilsum
Goffstown Network, Inc. Food Pantry				Goffstown
Greenfield CCC Food Pantry				Greenfield
Street Vincent de Paul - Sacred Heart Church Food Pantry				Greenville
Henniker Food Pantry				Henniker
Compassion Food Pantry				Jaffrey
Jaffrey Food Pantry				Jaffrey
Salvation Army Saturday Friendly Meals				Keene
The Community Kitchen				Keene
The Salvation Army Food Pantry - Keene				Keene
Fall Mountain Food Shelf - Alstead				Langdon
Federated Church Pantry				Marlborough
Share Outreach Food Pantry				Milford
Newport Area Association Food Pantry				Newport
Peterborough Food Pantry				Peterborough
Rindge Food Pantry				Rindge
Welcome Table				Rindge
Gert's Pantry				West Swanzey
Faith Food Pantry				Temple
The Helping Hand Center Food Pantry				Troy
St. Peter's Food Pantry				Walpole
Open Cupboard Food Pantry				Wilton

Street Vincent de Paul - Mary Queen of Peace Food Pantry				Winchester
<b>Fresh Fruit and Vegetable Program</b>				
Alstead Primary School				Alstead
Vilas Elementary School				Alstead
Pierce Elementary School				Bennington
Dr. George S. Emerson Elementary School				Fitzwilliam
Hinsdale Elementary School				Hinsdale
Jaffrey Grade School				Jaffrey
Franklin Elementary School				Keene
Wheelock Elementary School				Keene
Marlborough Elementary School				Marlborough
John D. Perkins Academy				Marlow
Nelson Elementary School				Nelson
Troy Elementary School				Troy
Winchester School				Winchester
<b>Grocery Stores</b>				
Alstead General Store	Yes			Alstead
Moulton's Market				Amherst
Antrim Market Place	Yes	Yes		Antrim
Antrim Marketplace	Yes	Yes		Antrim
Hannaford Supermarket	Yes	Yes		Bedford
Hannaford Supermarket	Yes	Yes		Bedford
Harvest Market				Bedford
Market Basket	Yes	Yes		Bedford
Whole Foods Market	Yes			Bedford
Sweet Beet Market				Bradford
Ralp's Supermarket	Yes	Yes		Charlestown
100 Mile Market				Claremont
Hannaford Supermarket	Yes	Yes		Claremont
Market Basket	Yes	Yes		Claremont
Sully's Superette	Yes	Yes		Goffstown
Delay's Harvester Market	Yes			Greenfield
All In One Market				Henniker
New Harvester Market Inc.	Yes			Henniker
JD Foods	Yes			Hillsborough
Kats County Corner Store				Hillsborough
Shaw's Supermarket	Yes	Yes		Hillsborough
William's Store	Yes			Hillsborough
Harvest Market Of Hollis	Yes			Hollis
Aldi Food Market				Keene
CC & D's Kitchen Market				Keene
Monadnock Food Co-op	Yes		Yes	Keene



Park Avenue Deli & Market				Keene
Price Chopper	Yes	Yes		Keene
Romy's Market	Yes			Keene
Market Basket	Yes	Yes		Milford
Shaw's Supermarket	Yes	Yes		Milford
Shaw's Supermarket	Yes	Yes		Newport
Nature's Green Grocer	Yes			Peterborough
Roy's Market	Yes			Peterborough
Shaw's Supermarket	Yes	Yes		Peterborough
Hannaford Supermarket	Yes	Yes		Rindge
Market Basket		Yes		Rindge
Gomarlo's Supermarket				Swanzy
Market Basket		Yes		Swanzy
Troy Deli & Market Place	Yes			Troy
Shaw's Supermarket	Yes			Walpole
Shaw's Supermarket	Yes	Yes		Walpole
Shaw's Supermarket #3533	Yes			Walpole
Stateline Grocery	Yes			Walpole
Market Basket	Yes	Yes		Warner
Warner Public Market				Warner
Warner Public Market				Warner
Blackbird Market & Deli	Yes			Weare
Lanctot's Grocers				Weare
Westmoreland Village Store & Deli				Westmoreland
Kulick's Market	Yes	Yes		Winchester
<b>National School Lunch Program</b>				
Alstead Primary School				Alstead
LEAF Charter School				Alstead
Vilas Elementary School				Alstead
Clark-Wilkins School				Amherst
Antrim Elementary School				Antrim
Great Brook School				Antrim
Hawthorne Academy				Antrim
Pierce Elementary School				Bennington
Chesterfield Central School				Chesterfield
Dublin Christian Academy				Dublin
Dublin Consolidated School				Dublin
Dublin School				Dublin
Mountain Shadows School				Dublin
Dr. George S. Emerson Elementary School				Fitzwilliam
Gilsum Elementary School				Gilsum
Crotched Mountain Rehab Center				Greenfield
Greenfield Elementary School				Greenfield

Hancock Elementary School				Hancock
Wells Memorial School				Harrisville
Hinsdale Elementary School				Hinsdale
Hinsdale High School				Hinsdale
Hinsdale Middle High School				Hinsdale
Conant High School				Jaffrey
Jaffrey Grade School				Jaffrey
Jaffrey-Rindge Middle School				Jaffrey
Victory High School				Jaffrey
Cedarcrest School				Keene
Franklin Elementary School				Keene
Fuller Elementary School				Keene
Jonathan Daniels School				Keene
Keene High School				Keene
Keene Middle School				Keene
Making Community Connections Charter School - Monadnock				Keene
Monadnock Waldorf School				Keene
St. Joseph Regional School				Keene
Symonds Elementary School				Keene
Trinity Christian School				Keene
Wheelock Elementary School				Keene
Fall Mountain Regional High School				Langdon
Fall Mountain Regional -Pre School Program				Langdon
Sarah Porter School				Langdon
Marlborough Elementary School				Marlborough
John D. Perkins Academy				Marlow
Nelson Elementary School				Nelson
Boynton Middle School				New Ipswich
Highbridge Hill Elementary School				New Ipswich
Mascenic Regional High School				New Ipswich
Conval Regional High School				Peterborough
Peterborough Elementary School				Peterborough
South Meadow School				Peterborough
The Well School				Peterborough
Immaculate Heart Of Mary School				Richmond
Hampshire Country School				Rindge
Heritage Christian School				Rindge
Rindge Memorial School				Rindge
Surry Village Charter School				Surry
Temple Elementary School				Temple
Troy Elementary School				Troy
Walpole Elementary School				Walpole

Walpole Primary School				Walpole
Pioneer Junior Academy				Westmoreland
Westmoreland School				Westmoreland
Winchester School				Winchester
<b>Nontraditional Food Outlets</b>				
Dollar Tree	Yes			Amherst
Walmart Supercenter	Yes	Yes		Amherst
CVS/Pharmacy	Yes			Bedford
Rite Aid				Bedford
Target	Yes	Yes		Bedford
Walgreens	Yes			Bedford
Walmart	Yes	Yes		Bedford
Dollar General Store	Yes			Bennington
Dollar General	Yes			Charlestown
CVS/Pharmacy	Yes	Yes		Claremont
Dollar Tree	Yes			Claremont
Family Dollar Store				Claremont
Rite Aid	Yes			Claremont
Walmart Supercenter	Yes	Yes		Claremont
Big Lots				Goffstown
Dollar Tree	Yes			Goffstown
Family Dollar Store #23045				Goffstown
Dollar General Store #17389	Yes			Henniker
Henniker Pharmacy				Henniker
Dollar General #13284	Yes			Hillsborough
Family Dollar Store				Hillsborough
Family Dollar Store #23493	Yes			Hillsborough
Rite Aid				Hillsborough
Walmart Supercenter		Yes		Hinsdale
Dollar General	Yes			Jaffrey
Family Dollar Store				Jaffrey
Dollar General	Yes			Jaffrey
Rite Aid	Yes			Jaffrey
Big Deal of Keene				Keene
CVS/Pharmacy	Yes			Keene
CVS/Pharmacy				Keene
Dollar Tree				Keene
Hannaford Pharmacy		Yes		Keene
Mr. G's Liquidation Center - Washington St.				Keene
Mr. G's Liquidation Center - West St.				Keene
Rite Aid				Keene
Target	Yes	Yes		Keene
Walgreens	Yes			Keene

Walmart	Yes			Keene
CVS/Pharmacy	Yes			Milford
Dollar Tree	Yes			Milford
Dollar Tree				Milford
Rite Aid				Milford
Rite Aid				Milford
Rite Aid	Yes			Milford
Walgreens	Yes			Milford
Dollar General	Yes			New Ipswich
Dollar General #13857				Newport
Rite Aid	Yes			Newport
CVS/Pharmacy	Yes			Peterborough
Dollar General Store #20060				Peterborough
Rite Aid	Yes			Peterborough
Twelve Pine	Yes			Peterborough
Dollar Tree	Yes			Rindge
Walmart	Yes			Rindge
Dollar General	Yes			Swanzy
Dollar General #17668				Troy
Family Dollar Store	Yes			Walpole
Ocean State Job Lot	Yes			Walpole
Walgreens	Yes			Walpole
Walgreens	Yes			Walpole
Family Dollar Store	Yes			Winchester
Rite Aid	Yes			Winchester
<b>Specialty Fresh Food Outlets</b>				
Dutch Epicure				Amherst
The Flying Butcher				Amherst
Pierogi Etc				Bedford
Triolo's Bakery				Bedford
Wicked Good Butchah	Yes			Bedford
Wineing Butcher				Bedford
Bearse Bakery				Claremont
Claremont Spice and Dry Goods				Claremont
Liberal Beef Company	Yes			Claremont
North Country Smokehouse				Claremont
Main St Cheese				Hancock
Lull Farm Bakery LLC				Hollis
Adams Fish Market				Keene
Bread Shed				Keene
Freihofer's Baking Co				Keene
Ocean Harvest				Keene
Good Loaf				Milford

Two Happy Butchers				Milford
Newport Meat Market				Newport
Maggies Marketplace/Cooks Complements				Peterborough
Boggy Meadow Farm Cheese				Walpole
Yankee Farmer's Market				Warner
<b>Summer Food Service Program</b>				
Antrim Elementary School				Antrim
Claremont Soup Kitchen				Claremont
Dublin Consolidated School				Dublin
Hinsdale Day Camp				Hinsdale
Hinsdale Middle High School				Hinsdale
Humiston Field				Jaffrey
Jaffrey Grade School				Jaffrey
Jaffrey-Rindge Middle School				Jaffrey
Brook Bend				Keene
Forrest View				Keene
Keene Family YMCA				Keene
Keene Public Library				Keene
North and Gilsum				Keene
Pine View Village				Peterborough
Riverview Apt.				Peterborough
E.L.M. Community Center				Winchester

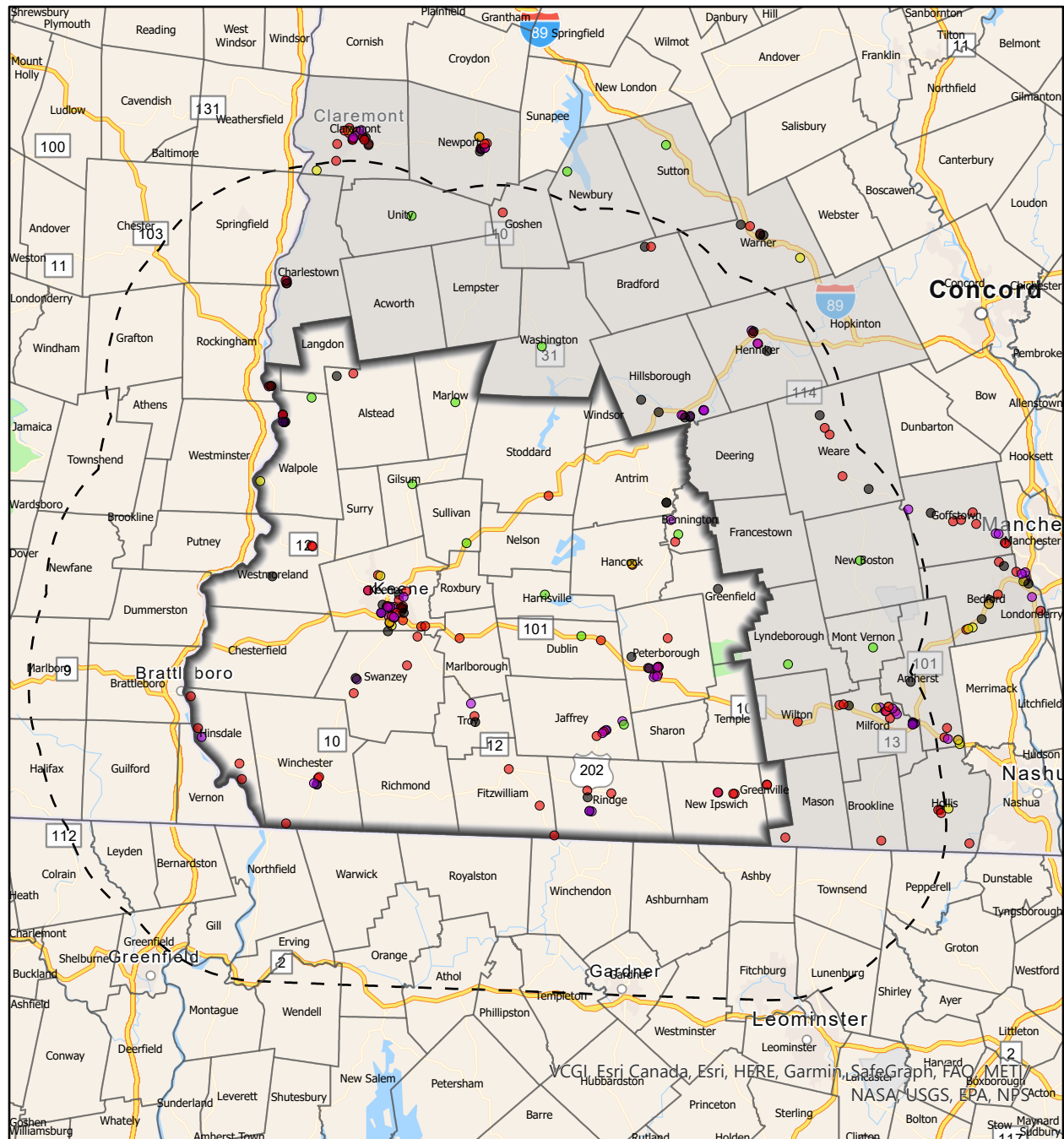
## **12 APPENDIX C: FOOD SOURCES MAPS**

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The series of maps begins on the next page.

# Map 1: Non-farm Retail Food Sites

For an interactive version, visit: <https://arcg.is/10NuPy0>.



- Grocery Stores (51)
  - Convenience Stores (112)
  - Country stores (15)
  - Non-traditional food outlets (63)
  - Specialty fresh food outlets (22)
- Southwest New Hampshire
  - - - 10-mile buffer
  - Community Outside of Region (but within 10 miles)
  - Municipal Boundary

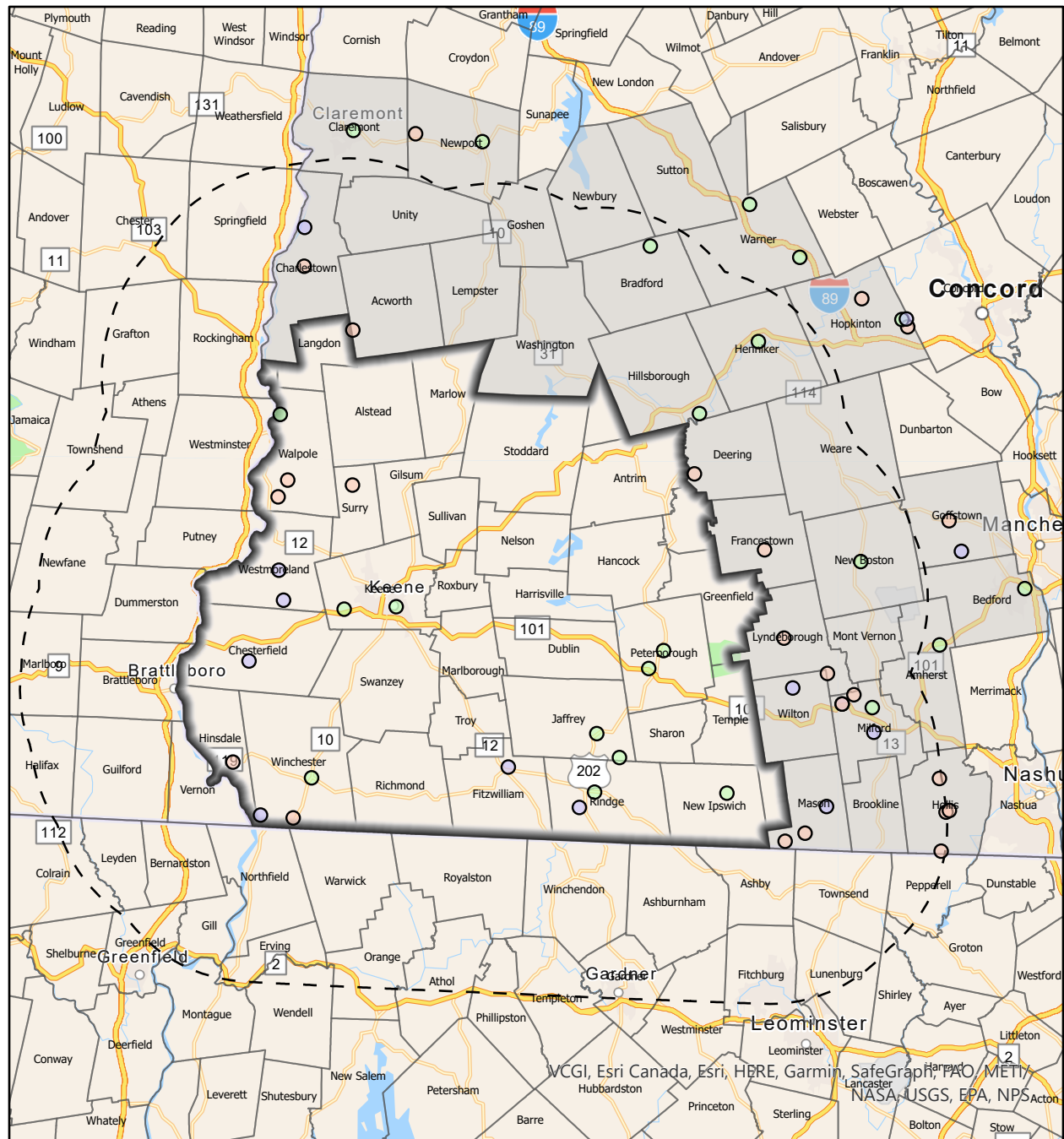
Data Source(s): UNH Carsey School of Public Policy, SWRPC

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# Map 2: Farm Retail Food Sites

For an interactive version, visit: <https://arcg.is/10nuPy0>.



## Farm Retail Food Sites

- CSAs (13)
- Farm Stands (22)
- Farmers Markets (23)

- Southwest New Hampshire
- 10-mile buffer
- Community Outside of Region (but within 10 miles)
- Municipal Boundary

Data Source(s): UNH Carsey School of Public Policy, SWRPC

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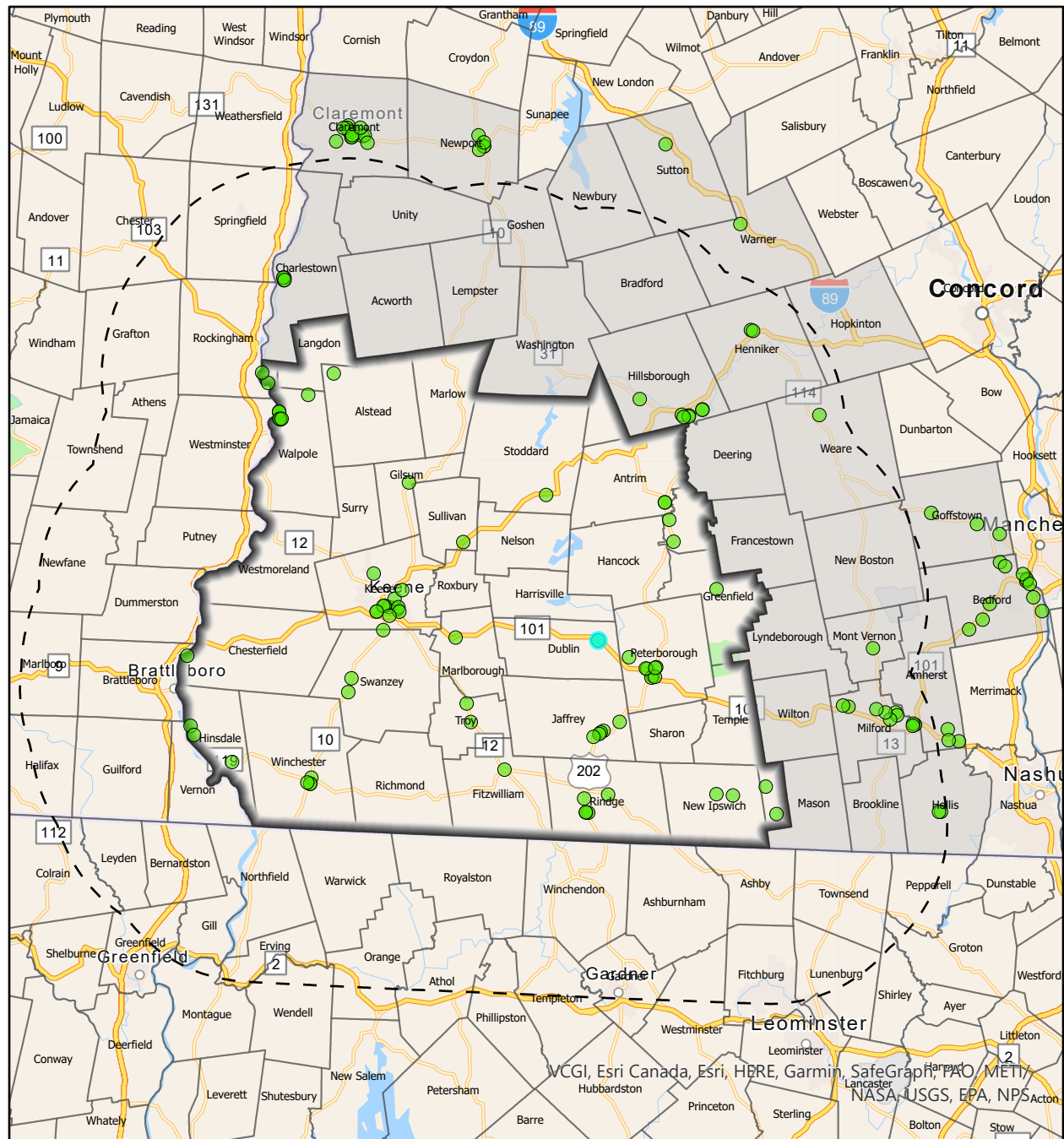


SWRPC



# Map 3: Non-farm Retail Sites Accepting SNAP

For an interactive version, visit: <https://arcg.is/10NuPy0>.



- Non-farm Retail Site Accepting SNAP (134)
- 10-mile buffer
- Southwest New Hampshire
- Community Outside of Region (but within 10 miles)
- Municipal Boundary

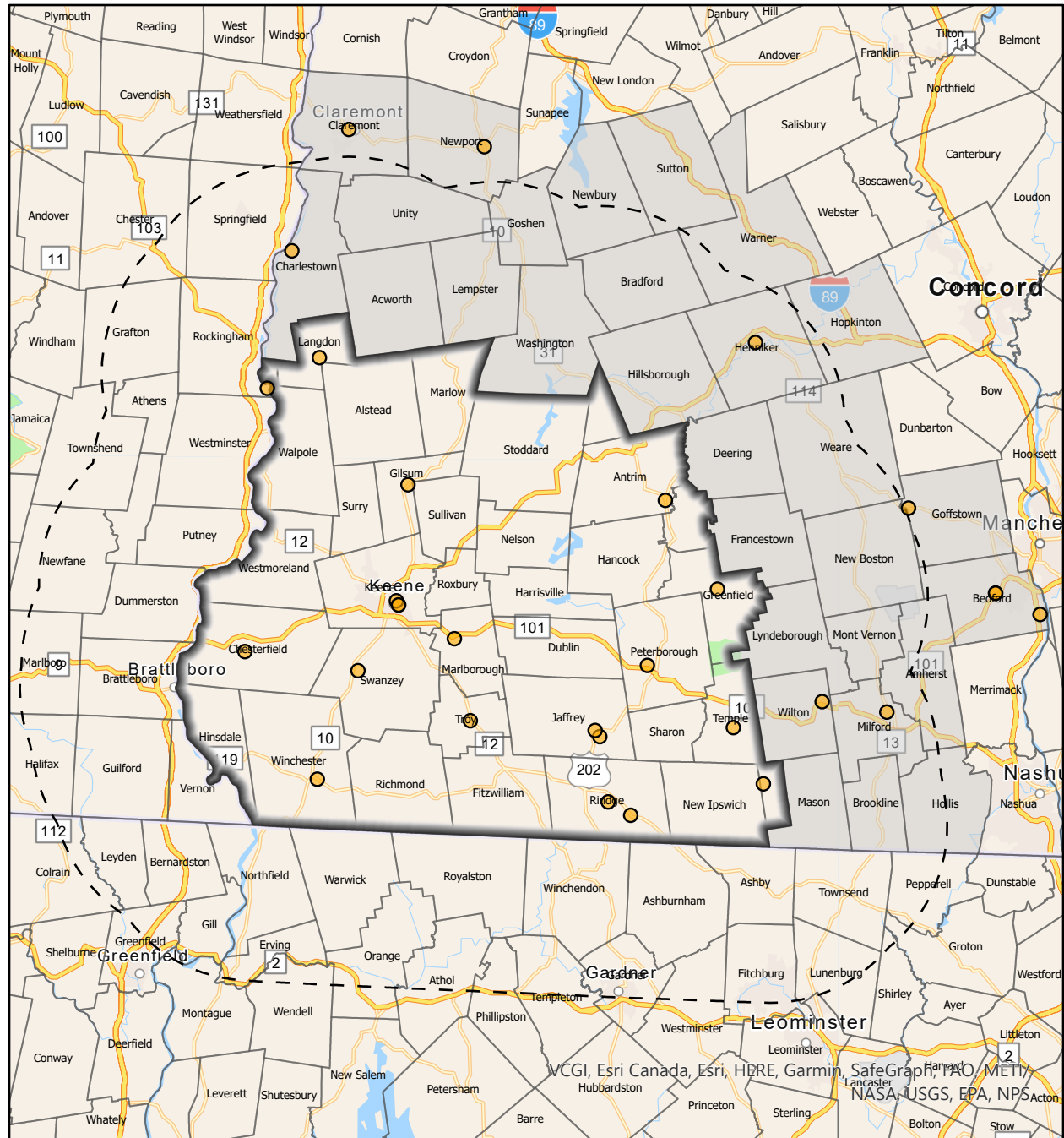
Data Source(s): UNH Carsey School of Public Policy, SWRPC

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# Map 4: Food Pantries

For an interactive version, visit: <https://arcg.is/10nuPy0>.



● Food Pantries (30)

┌──┐ 10-mile buffer

■ Southwest New Hampshire

■ Community Outside of Region (but within 10 miles)

┌──┐ Municipal Boundary

Data Source(s): UNH Carsey School of Public Policy, SWRPC

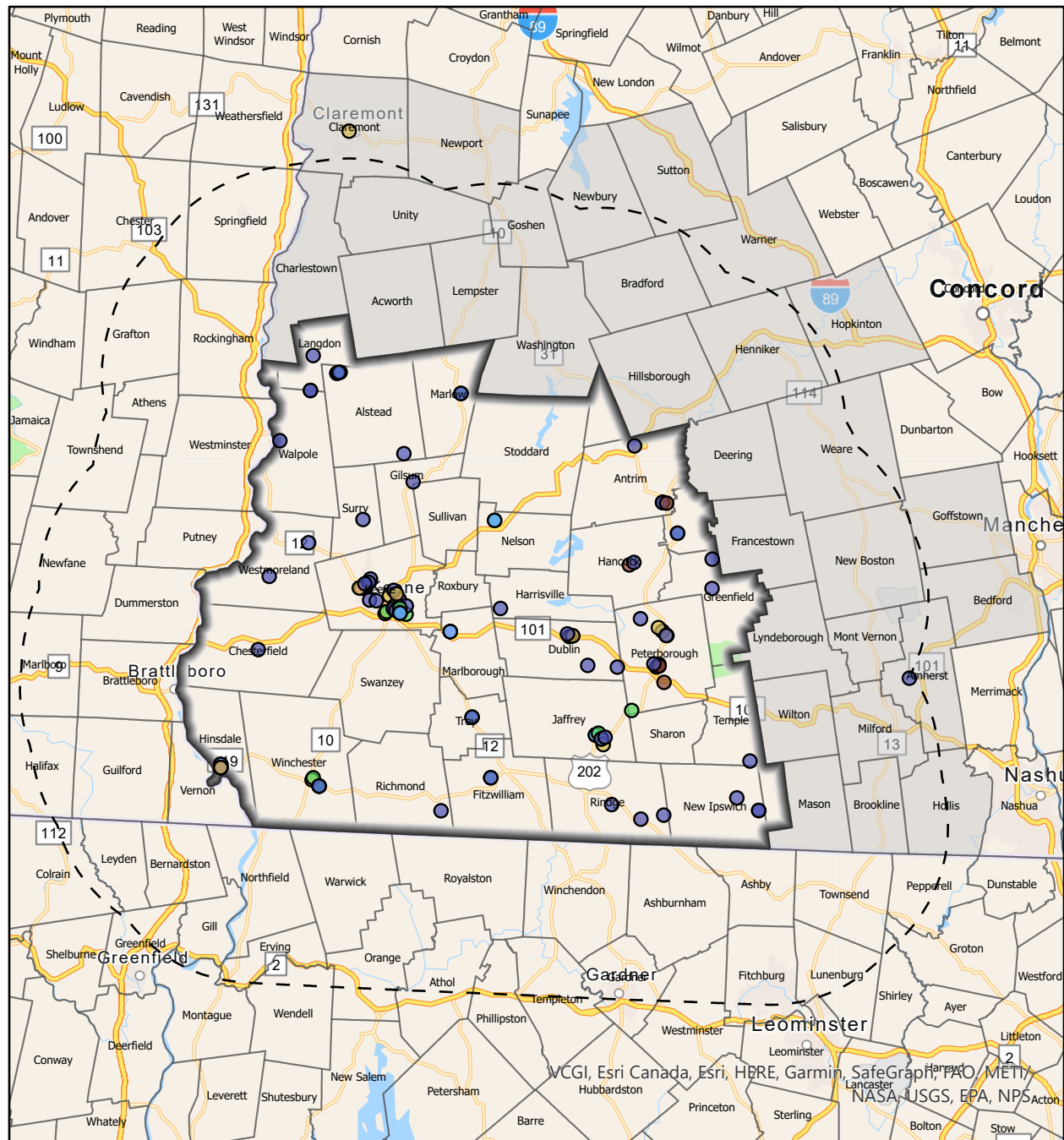
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# Map 5: Food Support Sites for Special Populations

For an interactive version, visit: <https://arcg.is/10nuPy0>.



## Food Support Sites for Special Populations   10-mile buffer

- Afterschool Snack Program (7)
  - Child and Adult Care Food Program (8)
  - Congregate Meals (8)
  - Fresh Fruit and Vegetable Program (13)
  - National School Lunch Program (62)
  - Summer Food Service Program (16)
- Southwest New Hampshire
  - Community Outside of Region (but within 10 miles)
  - Municipal Boundary

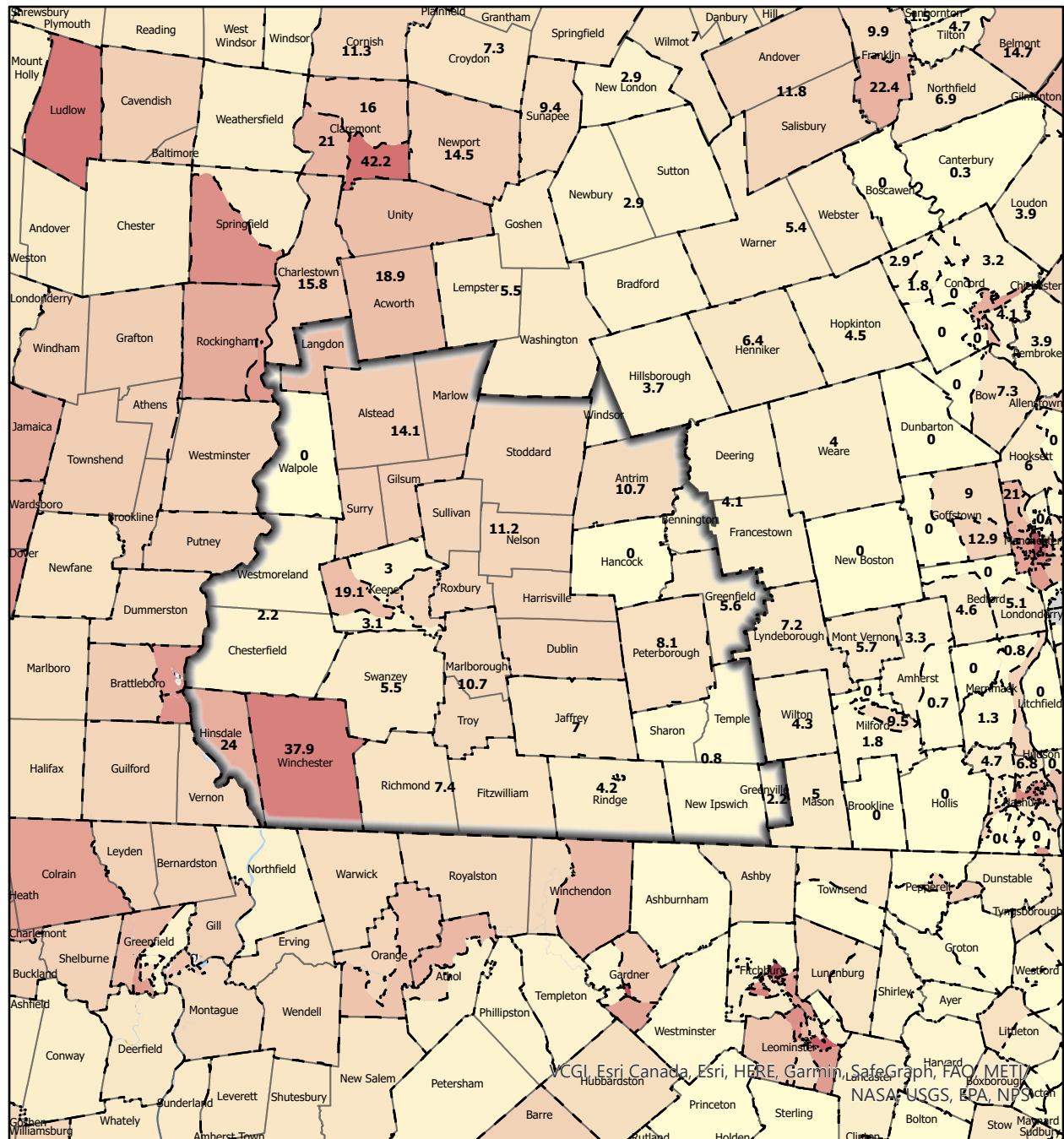
Data Source(s): UNH Carsey School of Public Policy, SWRPC

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# Map 6: Percent of Children Living in Poverty

For an interactive version, visit: <https://arcg.is/10NuPy0>.



Percent of Children (under 18 years) whose income in the past 12 months is below poverty level



- Municipal Boundary
- Census Tract Boundary
- Southwest New Hampshire

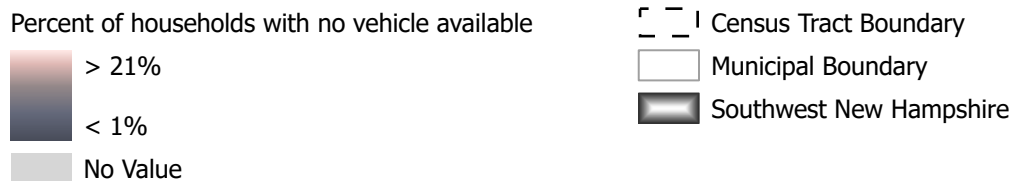
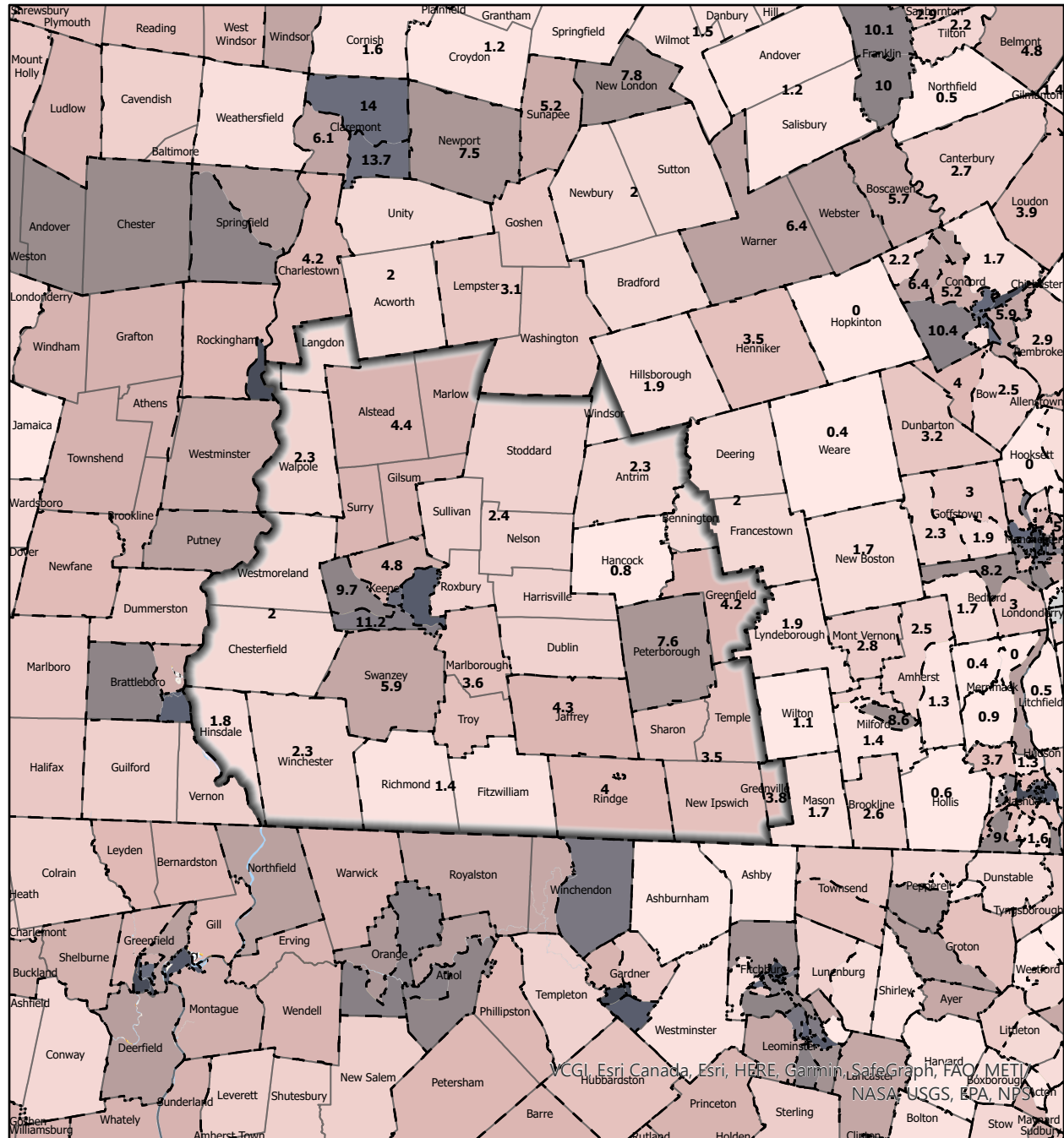
Data Source(s): United States Census Bureau American Community Survey (2014-2018 Estimates), SWRPC

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# Map 6: Percent of Households with No Vehicle

For an interactive version, visit: <https://arcg.is/10NuPy0>.



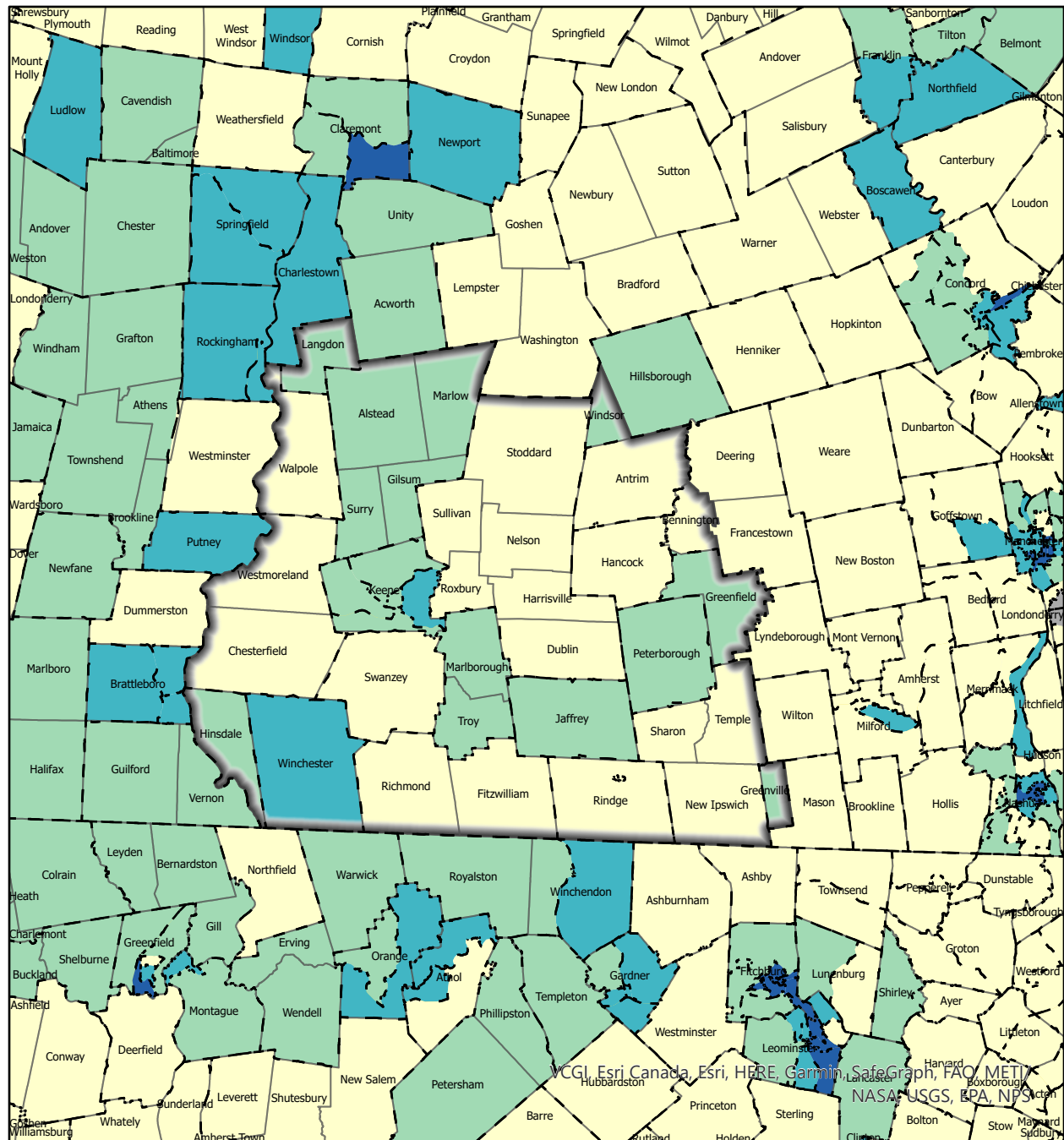
Data Source(s): United States Census Bureau American Community Survey (2014-2018 Estimates), SWRPC

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# Map 8: CDC Social Vulnerability Index (2018)

For an interactive version, visit: <https://arcg.is/10NuPy0>.



Data Source(s): Centers for Disease Control, SWRPC

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## 13 APPENDIX D: LISTENING SESSIONS, INTERVIEWS AND SURVEYS

	Date	Target Domain	Number Participants
<b>Listening Sessions</b>			
Food Alliance Stakeholder Meeting	3/11/21	All	11
Food Alliance Stakeholder Meeting	4/8/21	All	10
Food Alliance Stakeholder Meeting	5/13/21	All	10
Food Alliance Stakeholder Meeting	6/10/21	All	10
<b>Key Informant Interviews</b>			
Lola Bobrowski, Cheshire County Conservation District	6/7/21	Food System	1
Rachel Bryce, Community Garden Connections	6/18/21	Food System	1
Helen Costello, Costello Consulting	6/2/21	Food System	1
Beth Daniels, Southwestern Community Services	5/28/21	Food Access and Health	1
Jennifer Dassau, Feeding Tiny Tummies	5/28/21	Food Access & Health	1
Alicia Deaver, Rise for baby & family	5/28/21	Food Access & Health	1
Jess Gerrior, The Cornucopia Project	6/4/21	Food System	1
Carol Jue, Monadnock Understands Childhood Hunger	5/6/21	Food Access & Health	1
Sarah Harpster, The Community Kitchen	5/27/21	Emergency Food	1
Amanda Hickey, KSC Hungry Owl Food Pantry	6/3/21	Emergency Food	1
Margaret Nelson, The River Center	6/4/21	Food Access & Health	1
Christine Paschall, Nutrition Connections	5/27/21	Food System	1
Tricia Zahn, Cheshire Medical Center	6/4/21	Food Access & Health	1
<b>Surveys</b>			
Monadnock Children's Food Access Alliance Network Survey	6/10/21	All	16
Mobile Food Pantry Survey (conducted by Monadnock Farm & Community Coalition, data shared with SWRPC)	May 2021	People with Lived Experience	161
Household Food Insecurity Survey, Winchester ELMM Center	6/9/21	People with Lived Experience	4

## **14 APPENDIX E: SURVEY TEMPLATES AND DISCUSSION GUIDES**

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The templates begin on the next page.



# Food Alliance Stakeholder Listening Session/Interview Guide

## Introduction

I want to have a conversation with you today on food insecurity in the Monadnock Region. Henry will be taking notes and helping me out. We will be following up with an electronic survey and some interviews to gather additional information, including about the dynamics of the Food Alliance network.

We would like to record the session. Is there anyone who would prefer not to have the session recorded? Okay, let's get started.

## Food Insecurity in the Region

*We are interested in hearing from you about food insecurity and hunger for children and families in the Monadnock Region. Let's start by talking about how you define food insecurity.*

1. **What are some of the big needs you see in the Region? How do these needs vary across the areas you serve?**

*[Probe: Workforce support, transportation needs, mental and physical health, childcare, better schools, affordable housing, opportunities for social involvement]*

- a. We recognize that food insecurity can be caused by multiple, often mutually experienced, factors. Are any of these community needs associated with food insecurity?

2. **How do you define food insecurity? And what do you think food insecurity looks like in the communities you serve in the Region?**

*[Probe: Consider the time of the month (e.g. beginning vs end); the time of the year; impact of food insecurity on older teens vs. younger siblings, parents vs. kids, etc.]*

- a. Are there particular characteristics of community members who have consistent issues with food insecurity? Who are these people? What other issues are they juggling?

3. **If families are short on food, where can they turn to in the community for help?**

*[Probe: SNAP; local organizations; informal networks of friends, family members, and community members]*

a. What are challenges or barriers to accessing these food resources?

*[Probe: Stigma, travel time to get to services, availability (e.g., only available certain days or times of month), issues qualifying for services]*

b. What new challenges and barriers have arisen during the COVID pandemic?

c. What about when school is on break (summer, winter, holidays, etc.)?

d. Are these efforts available in all or most areas? What areas are hard to reach or underserved, and why?

### **Youth and Food Insecurity**

*Next, we'd like to talk more about food insecurity among children and youth.*

4. **Where do you think most children in the Region get the food that they eat day to day? Are food sources for younger children different from those available to older youth—particularly teens?**

*[Probe: Schools, summer camps, food trucks, grocery stores, corner stores, restaurants, carry outs, fast food, soup kitchens, food shelves]*

a. What, if anything, makes it difficult for children to access food support?

*[Probe: Gaps in terms of geography, times of the day or week, types of food, etc.]*

5. **If children in the community need food, where can they turn? And are they able to access these resources independently (without help from a parent or another adult)?**

*[Probe: Local/school food shelves, backpack programs, afterschool programs, summer camps, trusted adults]*

a. How do you think children perceive these services or programs?

b. Do they feel safe in these spaces? What makes these spaces attractive for teens other than the fact they serve emergency food? Do you think there is a stigma attached to receiving these services?

## **Strengthening Approaches to Addressing Childhood Food Insecurity**

*Next, we'd like to ask you big picture questions about the direction of future food insecurity efforts in The Monadnock Region.*

6. **What changes do you think could be made to help children and families have better access to healthy foods?**

*[Probe: Changes at both the local and federal level, systems-level approaches]*

7. **Are there any strategies or programs for addressing childhood food insecurity in the Region that have not been drawn on, but could be beneficial? (e.g. feel free to get creative).**

- a. What organizations do you think need to work together or collaborate to help address food insecurity?
- b. Are there minor tweaks or changes that you believe would significantly strengthen existing services and programs?
- c. Do you think these changes would be more effective for some communities versus others? Why?

## Monadnock Food Resources Survey

### Introduction to Survey

**Southwest Region Planning Commission is conducting this survey on behalf of the Monadnock Children's Food Access Alliance to learn about the Monadnock Region's food resources and the food that is used in households. Your participation is completely voluntary. Responses are confidential. If you are eligible for food assistance programs, your participation in this survey will not impact your benefits. You may skip any specific question if you choose to do so. There are no "right" or "wrong" answers to any of the questions in this survey.**

\* 1. Do you agree to allow Southwest Region Planning Commission and the Monadnock Children's Food Access Alliance to use your responses to help us better understand the Monadnock Region's food resources and household food usage?

Yes

No

2. For completing the survey, would you like to be entered into a contest to win a \$75 grocery gift card? Your contact information is required in order to inform contest winners. This survey information is confidential. Your personal contact information will not be used for any other purpose than to include you in the contest drawing pool. You can continue to complete the survey without providing this information.

Name

Email Address

Phone Number

3. First a few general questions, what town do you live in?

4. How many individuals live in your household?

5. What is your age?

Under 18

18-30

31-40

41-59

60 or older

## Monadnock Food Resources Survey

### Community Food Needs

**Next, we would like to ask a few questions to help us understand the food needs of the community.**

6. Which of these statements best describes the food eaten in your household in the last 30 days?

- More than enough of the kinds of food (I / we) like to eat       Sometimes not enough to eat
- Frequently enough of the kinds of food (I / we) like to eat       Frequently not enough to eat
- Enough but not always the kinds of foods (I / we) like to eat

7. Please indicate if any of the following is a reason (I / we) don't always have enough of the kinds of food we like to eat. **(check all that apply)**

- Not enough money for food       No working stove available
- Kinds of food (I / we) want are not available       Not able to cook or eat because of health problems
- Not enough time for shopping or cooking       Don't know or not applicable
- On a diet

8. In the past 12 months, the food (I / we) bought just didn't last and (I / we) didn't have enough money to get more.

- Frequently
- Regularly
- Occasionally
- Never

## Monadnock Food Resources Survey

### Food Shopping

Next, we would like to ask a few questions about the stores you use and why.

9. What type of food store do you typically shop for food? **(check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Convenience store with limited offerings           | <input type="checkbox"/> Food co-op        |
| <input type="checkbox"/> Mini-market with slightly more extensive offerings | <input type="checkbox"/> Farmer stand      |
| <input type="checkbox"/> Grocery store with extensive offerings             | <input type="checkbox"/> Health food store |
| <input type="checkbox"/> Shopping center with several food stores           |  |

10. For the food store you use for the majority of your food shopping, why do you use it the most? **(check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Convenience (e.g., It is suitable to my needs.) | <input type="checkbox"/> Cleanliness  |
| <input type="checkbox"/> Value   | <input type="checkbox"/> Safety (e.g., It is located in a safe area of the community.)    |
| <input type="checkbox"/> The variety of foods offered                    | <input type="checkbox"/> Location (e.g., It is easy to get to from home, work or school.) |

11. How do you typically travel to the food store you regularly use?

- |   |   |
|---|---|
| <input type="radio"/> Walk or bicycle                         | <input type="radio"/> Taxi, Uber, Lyft                  |
| <input type="radio"/> Drive my car                            | <input type="radio"/> Public transportation (e.g., bus) |
| <input type="radio"/> Borrow car from family member or friend | <input type="radio"/> Volunteer driver service          |
| <input type="radio"/> Other (please specify)                  |   |

12. Does a lack of or unreliable transportation make it difficult for you to shop?

- |  |  |
|--|--|
| <input type="radio"/> Extremely difficult  | <input type="radio"/> Slightly difficult |
| <input type="radio"/> Moderately difficult | <input type="radio"/> Not an issue       |
| <input type="radio"/> Somewhat difficult   |  |

13. Imagine that you have the opportunity to do something in the community to help people have an easier time getting the kinds of food they want or need. Which of the following would you do? **(check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Bring stores closer to my home                            | <input type="checkbox"/> Create outreach efforts for alternative resources (e.g., food assistance programs) |
| <input type="checkbox"/> Try to get the foods I want available in the stores       | <input type="checkbox"/> Start more farmers' markets in the community                                       |
| <input type="checkbox"/> Establish and enforce standards of cleanliness for stores | <input type="checkbox"/> Establish a community garden   |
| <input type="checkbox"/> Provide public transportation to the large supermarkets   |   |
| <input type="checkbox"/> Other (please specify)                                    |   |

## Monadnock Food Resources Survey

### Food Assistance

Now, we would like to better understand if our region needs to improve the food resources that are available for all people.

14. Which of the following food assistance programs do you or a member of your household participate in? **(check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> SNAP (Food Stamps)  | <input type="checkbox"/> Granite State Market Match / Double Up Food Bucks (e.g. at farmers' markets) |
| <input type="checkbox"/> Summer food service program   | <input type="checkbox"/> School Lunch and / or Breakfast Program, including P-EBT programs            |
| <input type="checkbox"/> Nutrition program for the elderly, for example, Meals on Wheels, Commodity Food Program | <input type="checkbox"/> None of the above <b>(If "none of the above", skip to question 17)</b>       |
| <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children)                   |   |

15. What would you say are the best features of the food assistance programs you use? **(check all that apply)**

- Positive staff attitudes
- Location
- Easy access
- Easy to find information about programs
- Other (please specify)

16. What are some of the problems you experience when using or trying to use food assistance programs? **(check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Transportation problems  | <input type="checkbox"/> Attitudes of food stamp staff           |
| <input type="checkbox"/> Eligibility requirements   | <input type="checkbox"/> Didn't know about / unaware of programs |
| <input type="checkbox"/> Lack of comfort or challenges with using food assistance programs (e.g., lack of comfort when using food stamps or WIC coupons, limitations with WIC coupons, children embarrassed participating in school breakfast and lunch programs) | <input type="checkbox"/> None                                    |
| <input type="checkbox"/> The application process is challenging   |  |
| <input type="checkbox"/> Other (please specify)   |  |



17. Imagine that you have been given the money and opportunity to do something in the community to help people use food assistance programs to the best degree possible. What would you do? **(check all that apply)**

Outreach or information programs

Change in hours of operation

Application assistance programs

Transportation improvements

One application for all programs

Training for professional staff on the programs and on the community's culture

Other (please specify)

18. Thank you for taking the time to complete this survey. Please provide any additional comments in the box provided.

# Monadnock Children's Food Access Alliance Network Survey

## Levels of Collaborative Activity

The following questions pertain to the level of collaboration that is currently occurring between organizations and programs in the Monadnock Children's Food Access Alliance. Responses will be used to identify where there may be opportunities to improve collaboration across organizations and programs in the Alliance.

1. To what degree has the work of your organization, program or you focused on food insecurity or working with populations affected by food insecurity?

- Our/my work focuses **primarily** on food insecurity related issues.
- Our/my work **often** includes working on food insecurity related issues.
- Our/my work **occasionally** includes working on food insecurity related issues.
- Our/my work **has not** included working on food insecurity related issues.

2. I am responding on behalf of:

Other (please specify)

3. Please check the appropriate response to describe the **nature of your relationship** with each organization or program below as it relates to the the Alliance. (Descriptions for each category are included at the top of each column)

	<b>None</b> (No relationship as related to work of the Alliance)	<b>Awareness</b> (Understanding of services offered, resources available, mission, goals)	<b>Cooperative</b> (Activities that promote information exchange--"Parallel activities")	<b>Coordinated</b> (Activities that enhance each other's capacity--"Braided activities")	<b>Integrated</b> (Activities that foster interdependence--"Blended activities")
Cheshire County Conservation District	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheshire Medical Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Garden Connections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Community Kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farm to Institution New England	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeding Tiny Tummys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Connects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gert's Pantry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<b>None</b> (No relationship as related to work of the Alliance)	<b>Awareness</b> (Understanding of services offered, resources available, mission, goals)	<b>Cooperative</b> (Activities that promote information exchange--"Parallel activities")	<b>Coordinated</b> (Activities that enhance each other's capacity--"Braided activities")	<b>Integrated</b> (Activities that foster interdependence--"Blended activities")
The Grapevine Family & Community Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head Start	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Starts at HCS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keene Day Care Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keene Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
KSC Dietetic Internship Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
KSC Hungry Owl Food Pantry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keene YMCA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meals on Wheels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monadnock Alliance for Families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monadnock Coalition of Food Pantries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monadnock Community Learning Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monadnock Farm & Community Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monadnock Understands Childhood Hunger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monadnock United Way - Impact Monadnock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NH Food Alliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NH Gleans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rise for baby & Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The River Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salvation Army Food Pantry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Southwestern Community Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UNH Nutrition Connections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add other organizations or programs you think should be a part of the Alliance. Describe the nature of your relationship with each using the choices utilized above.

4. Please rank in order of most important to least important, the following aspects of collaboration that could contribute to the potential success of the Alliance.



Aligning with other initiatives in the region.



Applying Community of Solutions skills.



Bringing together diverse stakeholders.



Collective decision-making.



Creating informal relationships.



Exchanging information/knowledge.



Having a shared mission, goals.



Meeting regularly.



Productive meetings.



Sharing resources.

# 15 APPENDIX F: IMPACT-FEASIBILITY RUBRIC

		Impact	
		High	Low
Likelihood	High	1 – High Impact & Likely to Succeed (“Major Projects”)	2 – Low Impact & Likely to Succeed (“Quick Wins”)
	Low	3 – High Impact & Unlikely to Succeed (“Fill Ins”)	4 – Low Impact & Unlikely to Succeed

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