

Healthy Retail

The table below summarizes evidence for the policy elements found in *Partnering with Local Governments to Create Healthy Food Retail Policy* (G3), and *The Business Case for Healthy Food Retail in Small Food Stores* (B5).

Outcome: Adopt policies that improve the nutritional profile of food available for purchase in retail outlets

What does a healthy retail policy do?	What is the evidence-based rationale for the policy?
<p>Find Healthy Food</p>	<ul style="list-style-type: none"> • Brings healthy food retail to places with few healthy options nearby. • Encourages food retailers to offer more healthy foods. • Facilitates connections between distribution companies and small food retailers. • Makes it easier for people to get to healthy food retail outlets by walking, cycling, or taking public transit, as well as by car. <p>The Centers for Disease Control and Prevention (CDC) and the Institute of Medicine (IOM) both recommend increasing the supply of healthy food in communities by improving access to retail stores that sell high-quality fruits and vegetables and by increasing the availability of high-quality fruits and vegetables at retail stores in underserved communities.^{1,2} Healthy People 2020 recommends increasing the percentage of people who have access to a store that sells healthy foods.³</p> <p>People who live near a grocery store have a lower risk of obesity⁴ and are more likely to eat recommended amounts of fruits and vegetables compared with those who do not.⁵ By contrast, people who live in neighborhoods with many fast food restaurants are more likely to be obese than those who live in neighborhoods with fewer fast food restaurants.^{6,7} A review of interventions in small stores in rural and urban settings found that increasing the availability of healthy food led to more healthy food being purchased.⁸</p>
<p>Help People Afford Healthy Food</p>	<ul style="list-style-type: none"> • Makes healthy food more affordable. • Promotes or streamlines participation in food assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). <p>The IOM recommends increasing participation in nutrition assistance programs, including SNAP, as an action step that will increase demand for healthy food.² Participation in SNAP,⁹⁻¹¹ WIC,¹¹⁻¹³ and other nutrition assistance programs¹⁴⁻¹⁷ is associated with a variety of positive health indicators. Receiving nutrition assistance does not increase the risk of obesity.¹⁸⁻²¹</p>
<p>Choose Healthy Food</p>	<ul style="list-style-type: none"> • Improves signage in stores to indicate which foods are healthier options. • Improves the marketing of healthy food. • Makes culturally appropriate healthy options available in communities that want them. <p>The IOM also recommends developing media and social marketing campaigns that promote healthy foods as a way of increasing demand for them.² Improving the location of healthy food in food retail outlets can increase sales of healthy food.²² While research on campaigns to promote healthy food is limited, several local initiatives have successfully increased sales of healthier food through marketing, advertising, and offering more culturally relevant options.²³⁻²⁵</p>
<p>Use Healthy Food</p>	<ul style="list-style-type: none"> • Improves shopping and cooking skills through store tours, cooking instruction in schools, or other nutrition literacy efforts. <p>Many people lack the knowledge and skills necessary to purchase and prepare healthy foods. For example, less than half of SNAP participants have sufficient nutrition literacy to understand the information on a nutrition label, and only a quarter of high school students receive any cooking instruction in school.^{26,27} Research suggests that cooking classes may improve children’s attitudes and behaviors toward healthy foods like fruits and vegetables.²⁸</p>

Bibliography

1. Centers for Disease Control and Prevention. The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables. 2011:1–53. Available at: www.cdc.gov/obesity/downloads/fandv_2011_web_tag508.pdf.
2. Institute of Medicine and National Research Council. *Local Government Actions to Prevent Childhood Obesity*; 2009. Available at: www.nap.edu/catalog.php?record_id=12674.
3. U.S. Department of Health and Human Services. Healthy People 2020 Summary of Objectives: Nutrition and Weight Status. Available at: www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives.
4. Zick C, Smith KR, Fan JX, Brown BB, Yamada I, Kowaleski-Jones L. Running to the store? The relationship between neighborhood environments and the risk of obesity. *Soc Sci Med*. 2009;69(10):1493–1500. doi:10.1016/j.socscimed.2009.08.032.Running.
5. Morland K, Wing S, Roux AD. The contextual effect of the local food environment on residents' diets: The atherosclerosis risk in communities study. *Am J Public Health*. 2002;92(11):1761–1767. doi:10.2105/AJPH.92.11.1761.
6. California Center for Public Health Advocacy, PolicyLink, UCLA Center for Health Policy Research. *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*. Oakland, CA and Los Angeles, CA; 2008. Available at: www.publichealthadvocacy.org/PDFs/RFEI_Policy_Brief_finalweb.pdf.
7. Li F, Harmer P, Cardinal BJ, Bosworth M, Johnson-Shelton D. Obesity and the built environment: Does the density of neighborhood fast-food outlets matter? *Am J Heal Promot*. 2009;23(3):203–209. doi:10.1016/j.biotechadv.2011.08.021.Secreted.
8. Gittelsohn J, Rowan M, Gadhoke P. Interventions in Small Food Stores to Change the Food Environment, Improve Diet, and Reduce Risk of Chronic Disease. *Prev Chronic Dis*. 2012;9:1–15. Available at: www.ncbi.nlm.nih.gov/pubmed/?term=22338599.
9. Goldman N, de Cuba SE, Sheward R, Cutts D, Coleman S. *Food Security Protects Minnesota Children's Health*. Boston, MA: Children's HealthWatch; 2014.
10. Nguyen BT, Shuval K, Bertmann F, Yaroch AL. The Supplemental Nutrition Assistance Program, Food Insecurity, Dietary Quality, and Obesity Among US Adults. *Am J Public Health*. 2015;(0):e1–e7.
11. Lee BJ, Mackey-Bilaver L. Effects of WIC and Food Stamp Program participation on child outcomes. *Child Youth Serv Rev*. 2007;29(4):501–517. doi:10.1016/j.chilyouth.2006.10.005.
12. Schultz DJ, Shanks CB, Houghtaling B. The Impact of the 2009 Special Supplemental Nutrition Program for Women, Infants, and Children Food Package Revisions on Participants: A Systematic Review. *J Acad Nutr Diet*. 2015;115(11):1832–1846.
13. Hartline-Grafton H. *Impact of the Revised WIC Food Packages on Nutrition Outcomes and the Retail Food Environment*; 2014. Available at: http://frac.org/pdf/frac_brief_revised_wic_food_package_impact_nutrition_retail.pdf.
14. Clark MA, Fox MK. Nutritional quality of the diets of US public school children and the role of the school meal programs. *J Am Diet Assoc*. 2009;109(2):S44–S56.
15. Hanson KL, Olson CM. School meals participation and weekday dietary quality were associated after controlling for weekend eating among US school children aged 6 to 17 years. *J Nutr*. 2013;143(5):714–721.
16. Gleason PM, Dodd AH. School breakfast program but not school lunch program participation is associated with lower body mass index. *J Am Diet Assoc*. 2009;109(2):S118–S128.
17. Millimet DL, Tchernis R. Estimation of treatment effects without an exclusion restriction: with an application to the analysis of the School Breakfast Program. *J Appl Econom*. 2013;28(6):982–1017.
18. Fan M, Jin Y. Supplemental Nutrition Assistance Program and Childhood Obesity in the US: Evidence from the National Longitudinal Survey of Youth 1997. *Am J Heal Econ*. 2014.
19. Hofferth SL, Curtin S. Poverty, food programs, and childhood obesity. *J Policy Anal Manag*. 2005;24(4):703–726.
20. Ver Ploeg M. *WIC and the Battle against Childhood Overweight*. Washington, DC: Economic Research Service, United States Department of Agriculture; 2009. Available at: <http://www.ers.usda.gov/publications/eb-economic-brief/eb13.aspx>.
21. Ver Ploeg M, Mancino L, Lin B-H, Guthrie J. US Food assistance programs and trends in children's weight. *Int J Pediatr Obes*. 2008;3(1):22–30.
22. Foster GD, Karpyn A, Wojtanowski AC, et al. Placement and promotion strategies to increase sales of healthier products in supermarkets in low-income, ethnically diverse neighborhoods: A randomized controlled trial. *Am J Clin Nutr*. 2014;99(6):1359–1368. doi:10.3945/ajcn.113.075572.
23. Yauch J, Nagel E. Check It Out, A Healthy Checkout! Atlanta, GA: Centers for Disease Control and Prevention; 2013. Available at: <https://nccd.cdc.gov/DCHSuccessStories/showdoc.aspx?s=730&dt=0>.
24. HKHC Case Examples: Healthy Corner Stores. Healthy Kids, Healthy Communities website. Available at: www.healthykidshealthycommunities.org/hkhccaseexamples-healthycornerstores.
25. Gittelsohn J, Suratkar S, Song H-J, et al. Process evaluation of Baltimore Healthy Stores: A pilot health intervention program with supermarkets and corner stores in Baltimore City. *Health Promot Pract*. 2011;11(5):723–732. doi:10.1177/1524839908329118.Process.
26. Speirs K, Messina L, Munger A, SK G. Health literacy and nutrition behaviors among low-income adults. *J Health Care Poor Underserved*. 2012;23(3):1082–1091.
27. Werhan C, Way WL. Family and consumer sciences programs in secondary schools: Results of a national survey. *J Fam Consum Sci*. 2006;98(1). Available at: www.facsecoalition.org/uploads/2/4/4/7/24476817/survey_article.pdf.
28. Hersch D, Perdue L, Ambroz T, Boucher JL. The impact of cooking classes on food-related preferences, attitudes, and behaviors of school-aged children: a systematic review of the evidence, 2003-2014. *Prev Chronic Dis*. 2014;11(2):E193. doi:10.5888/pcd11.140267.