

A person with grey hair, wearing a blue long-sleeved shirt and dark pants, is seen from behind, reaching up to a high shelf in a grocery store. They are carrying a white bag. A shopping cart filled with various items is in the foreground. The shelves are stocked with fresh produce, including potatoes, leafy greens, and peppers. Price tags are visible on the shelves.

# **INCREASING HEALTHY FOOD ACCESS FOR LOW-INCOME COMMUNITIES: THE HEALTHY COMMUNITY STORES CASE STUDY PROJECT**

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# AGENDA

- Background
- Study aims
- Methods
- Preliminary findings
- Key messages
- Future directions

# BACKGROUND

- Challenge: Improving healthy food access in low-income communities
  - Often have low access to healthy food retail options, overabundance of unhealthy options
- Federal policies to address this issue
  - Revisions to federal food assistance programs policies (SNAP, WIC)
  - Healthy Food Financing Initiative
- Local policies to address this issue
  - Taxes (SSBs, junk food)
  - Supermarket financing initiatives
  - Staple foods ordinances
  - Healthy merchandising ordinances (e.g., healthy checkout)

# BACKGROUND

- National and local push for new supermarkets in underserved areas
  - Doing so has not demonstrated a positive impact on dietary outcomes. Potential reasons:
    - People may not always shop at the closest food store in their neighborhood
    - Stores may offer unhealthy options, sell unhealthy items more affordably
    - No buy-in or “say” from community members → store ultimately fails
- As an alternative: introduce and support “healthy food stores”
  - Primary mission is the provision of affordable healthy foods



## STUDY GAP

- Great interest in introducing/supporting healthy food stores in low-income settings
- No study has explored in-depth
  - Experiences of different initiatives and models for such stores
  - Identified common strategies for creating a sustainable store of this nature



# STUDY AIMS

1. To construct case studies of diverse healthy food-focused retail food stores located in low-income communities throughout the US, using a mixed methods approach
2. To understand experiences of these stores in the aftermath of the COVID-19 pandemic
3. To conduct a cross-case analysis to understand common strategies for success, and challenges experienced by these stores, eliciting strategies for store survival under usual conditions and during the pandemic

# WHY A CASE STUDY APPROACH?

- Advantage of the case study approach
  - Is heavily contextualized
    - Describes a bounded system in terms of time and place
  - Uses multiple sources of information, multiple perspectives
    - Is both quantitative and qualitative
- In this study
  - Allowed us to maintain the contextual richness of each store/location



International Journal of  
*Environmental Research  
and Public Health*



*Study Protocol*

## **Increasing Healthy Food Access for Low-Income Communities: Protocol of the Healthy Community Stores Case Study Project**

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Rachael D. Dombrowski <sup>6</sup>, Julia DeAngelo <sup>7</sup>, Angela Odoms-Young <sup>8</sup> and Lucia A. Leone <sup>2,3</sup>

# RECRUITMENT OF SITES/STORES

## 1. Self-nomination

- Utilized the HFR WG listserv to invite members to nominate themselves and a partner retail food store
- Members were also encouraged to share the announcement with their networks
- Nominations submitted through Qualtrics

## 2. Final Selection

- 18 research-store pair nominations were received
- Criteria used to narrow the pool:
  - Stores that served an urban region
  - Stores with a clear mission to improve healthy food access
  - Research teams with a demonstrated capacity to carry out the research goals
- Of the stores remaining, the final stores were selected based on maximizing geographic location



BACKGROUND

STUDY AIMS

METHODS

PRELIMINARY FINDINGS

KEY MESSAGES

FUTURE DIRECTIONS

# PROTOCOL

Development of  
Study Protocol

**Selection of  
Cases:**

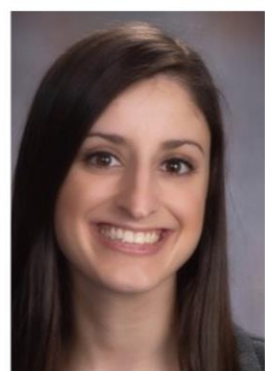
**N = 7**

Baltimore  
Boston  
Buffalo  
Chicago  
Detroit  
D.C.  
Minneapolis

# HFR WORKING GROUP



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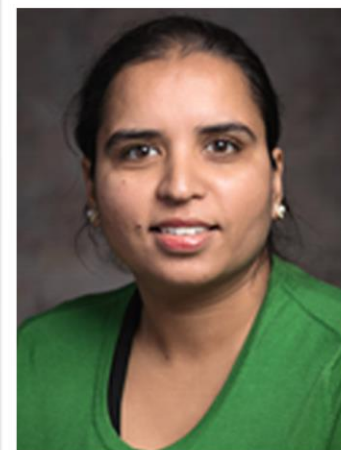
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# WORKING GROUP MEETING PROCESS

- The WG met every two weeks
  - Included members from each site
- Meetings were used to:
  - Develop data collection and analysis protocols
  - Develop and refine data collection instruments
  - Train data collectors
  - Discuss challenges and emerging themes once data collection began

# PROTOCOL

## Development of Study Protocol

### Selection of Cases:

**N = 7**  
Baltimore  
Boston  
Buffalo  
Chicago  
Detroit  
D.C.  
Minneapolis

### Data Collection:

In-Depth  
Interviews  
  
NEMS-S SF  
  
Sales Recall  
  
Document Review  
  
Photos

### Discussion of Emergent Themes

### Development of Case Study Report Format



# CASE STUDY REPORT

- 7 case study reports
- Consistent format
- Average length ~15 pages

## BALTIMORE

### Store X: An Unsuccessful Approach to Improving Healthy Food Access

Healthy Food Retail

Case Study Report, July 2021

#### INTRODUCTION

Store X was a small community grocery store located in Waverly on the north central side of Baltimore City, Maryland (See **Figure 1**). Store X was one of the first non-profit grocery stores in the nation, created and supported by a large non-profit organization and its donors. The store received international attention upon its inception in March 2018, attracting visitors and media from across the globe (**5,6**).

"The goal of the store was to provide a place for people to shop for cheap food." – IDI #09

In addition to improving food access, the store had some other ambitions, as the same store manager noted a purpose of the store was,

"...To bring the community back to the table and start actually having family dinners together. That's what the purpose of the store was." - IDI #09

Store X store from the outside

#### Store Mission

Store X opened its doors with the mission "to provide healthy and affordable food for all members of the community" as stated in the store's website. The non-profit model was intended to provide reduced cost of foods for the consumer in an effort to increase food access and improve food security in the surrounding area. As the manager noted,

FIGURE 1: Map of Baltimore City with the Location of Store X

## BALTIMORE

### Store X: An Unsuccessful Approach to Improving Healthy Food Access

Healthy Food Retail

Case Study Report, July 2021

#### METHODS:

##### NEMS-S Short Form

In-store data collection using the NEMS-S Short Form took place at four different timepoints from January - February 2021. Scores were calculated based on the availability, price, and quality of food items.

##### Sales Recall

The Sales Recall survey was administered to the store manager at three different timepoints from January - February 2021. At the first timepoint, the manager was asked if the sales of particular food categories had gone up, stayed the same, or gone down four weeks after the pandemic. At the remaining two timepoints, the manager was asked to recall any changes in sales for those food items since the date of the last survey.

##### Staff Interviews

In-depth interviews were conducted with the store manager (n=1), the store staff (n=6), and non-profit staff (n=2). Interviews were recorded and transcribed.

##### Reports

Given Johns Hopkins longstanding collaborative relationship with Store X, formal reports collected from March 2018 - February 2021 were also utilized to inform the writing of this case report. Reports from Johns Hopkins University were included (n=1), as well as reports from the Major in charge of the region (n=5), a report by the Richard's Marketing Group (n=1) which provided suggestions to the store for revamping its image and attracting more customers, and publications from previous qualitative and quantitative studies conducted at the store (n=3).

##### News Articles

Several news sources were also incorporated into this case report. We utilized news articles written about the store when it first opened (n=2), articles describing the impact of COVID-19 on food retail (n=2), and those covering the store closure (n=1).

##### Photos

Photos collected from March 2018 - February 2021 as part of in-store visits by Johns Hopkins members were taken with permission from the store manager and included in this report.

##### Maps

The City of Baltimore maps found on the city website outlining the Healthy Food Priority Areas were used to contextualize the store location.

##### Peer Debriefing

Many faculty, staff, and students from Johns Hopkins University were involved in different projects with Store X over the years. This report was circulated to those highly involved for their input, corrections, and additions in an effort to make the narrative as accurate and effective as possible.

#### Store Setting

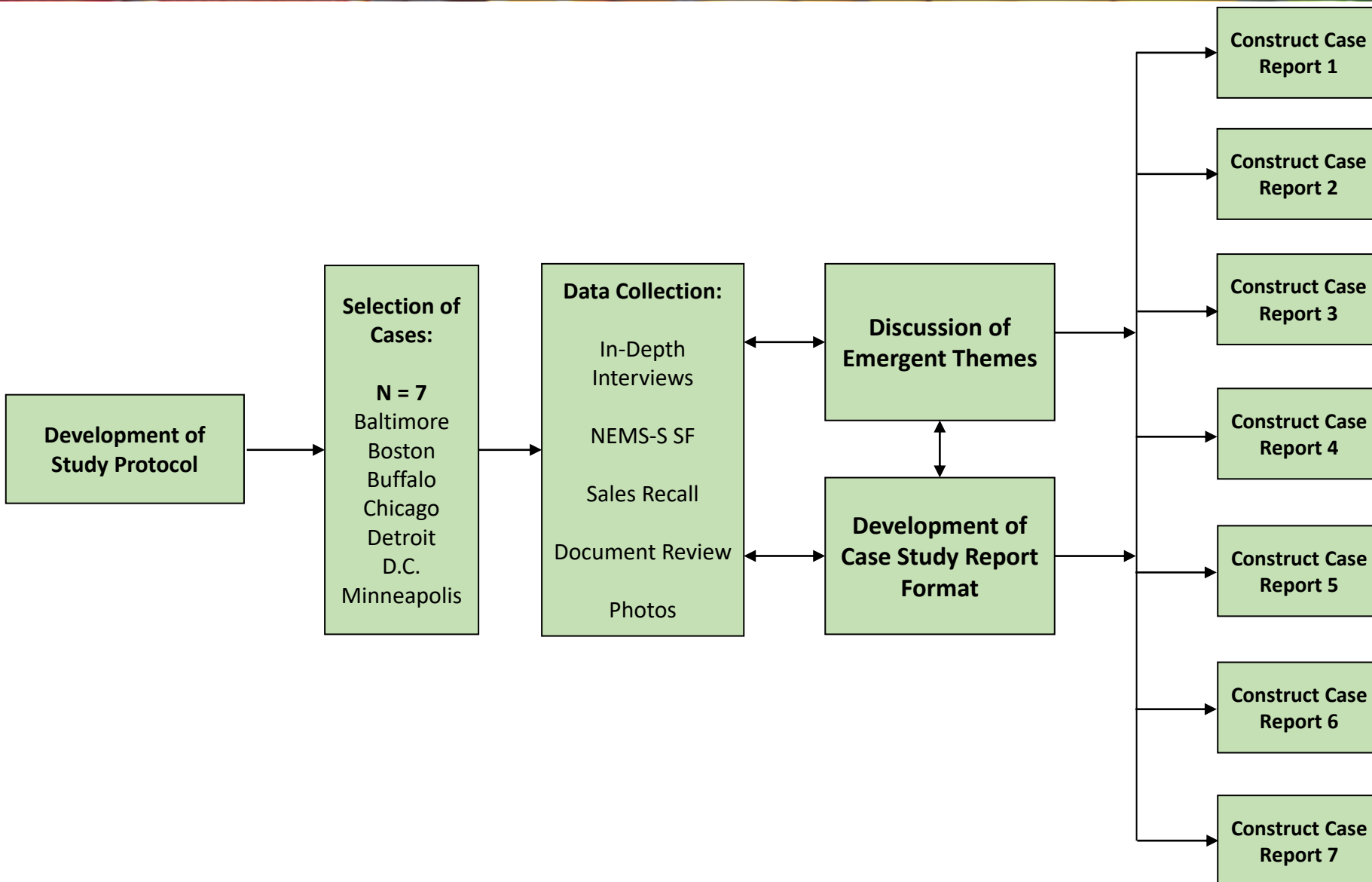
Store X was located in Waverly, a neighborhood located in the north central region of Baltimore City. The store was situated on the edge of a quiet residential area, with an elementary school across the street. The store did not have a parking lot, but parking was available in adjacent parking lots (such as McDonald's) or street parking. The location of the store was selected in part because the non-profit already owned the building.

The existing building was located on the edge of a healthy food priority area (HFPA), but not within one (3). Therefore, several other grocery stores, corner stores, and carryout restaurants were already in operation in close proximity. Located on the same block was a McDonalds, KFC, several carryout restaurants, and a brewery. There was also a Family Dollar located one block over, and a Giant supermarket one mile down the road. The store was open Monday-Saturday from 7:00 AM to 7:00 PM, and was closed on Sundays. Customer use of the store was low throughout its lifespan, and the store ultimately closed in February of 2021.

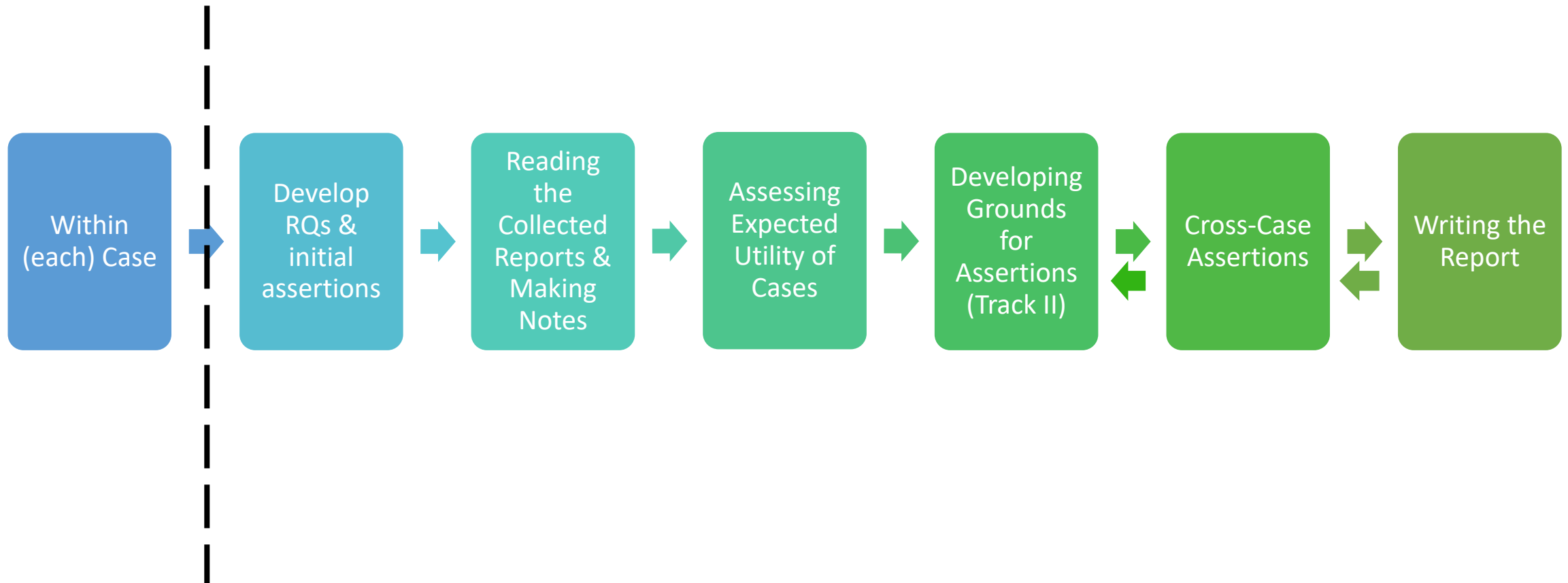
"Right, so the fact of the matter is the store was never placed in a food desert, so there was no overriding reason to drive people to the store because they could go to a Giant, the Giant was half a mile from our store." – IDI #09

"Proper placement and location is very important when you're dealing with a small store or a store that is for the community. It should be in a community, a community-oriented location." – IDI#02

# METHODS: PROTOCOL



# METHODS: STAKE'S STAGES OF MULTIPLE CASE STUDY ANALYSIS



# CASE OVERVIEW

Seven stores that range in:

- Location: Baltimore, MD; Boston, MA; Buffalo, NY; Chicago, IL; Detroit, MI; Minneapolis, MN; Washington, DC
- Date opened: 1984 – 2018
- Financial model: For-profit, non-profit, co-op
- Store type: Corner store, market, grocery store, supermarket
- Size: 900 sq ft – 65,000 sq ft
- HFAI score: 11.6 – 27.5

# SELECTED CASE DESCRIPTORS

**Table 1. Summary of selected healthy community store<sup>1</sup> case studies: store characteristics**

Location	Date opened	Financial model	Store type	Store size	HFAI score
Store A	2015	Non-profit	Grocery store	3850 sq ft	20.3
Store B	2014	For-profit <sup>2</sup>	Market	900 sq ft	19.3
Store C	2018	Non-profit	Grocery store	7000 sq ft	20

<sup>1</sup> Stores deidentified and randomized to ensure confidentiality

<sup>2</sup> For-profit store with non-profit parent organization



## CASE CONTEXT: STORE A

- Mission: “To provide fresh, tasty, convenient and nutritious food to communities most in need at prices everyone can afford.”
- Community served: Limited economic resources; food-insecure; largely immigrant
- Funding: Funding from 60 funders to date; now 70% covered by revenues
- Status: Open; expanded to 3<sup>rd</sup> store in 2021
- A successful healthy grocery store



## CASE CONTEXT: STORE B

- Mission: “Developing retail solutions that work in, and for, food desert communities. Through unique partnerships with local growers, producers and distributors our experienced retail team is able to offer a full-service grocery selection in a fraction of space.”
- Community served: Limited economic resources; African American
- Funding: Store revenue; private foundations; local government
- Status: Open; expanded to 2<sup>nd</sup> store in 2021
- A successful small healthy market





## CASE CONTEXT: STORE C

- Mission: “To provide healthy and affordable food for all members of the community.”
- Community served: Limited economic resources; African American
- Funding: A large, international charitable organization
- Status: Closed February 2021
- An unsuccessful grocery store



# PRIMARY RESEARCH QUESTIONS

## PAPER 1

- Describe what factors, strategies, and contexts lead to stores being more or less successful at providing healthy foods to low-income communities

## PAPER 2

- Describe what factors, strategies, and contexts lead to stores being more or less successful at engaging and supporting their communities

## PAPER 3

- Understand how stores were initially impacted by the pandemic and racial justice uprisings in 2020 and the ways they adapted

# STORE SUCCESS: PRELIMINARY FINDINGS

Defining healthy community food store success:

Making 1) healthy food accessible to 2) communities with limited economic resources using a 3) sustainable business model



# STORE SUCCESS: ROLE OF STORE CHAMPION

## STORE A

- Founder provides critical expertise in vision, operations, and fundraising

## STORE B

- No single champion; parent nonprofit provides critical expertise in fundraising and partnerships

## STORE C

- Brain-child of champion
- Original store champion left, not replaced

# STORE SUCCESS: LOCATION DECISION

## STORE A

- Area with low income, not low access
- Community member, health center input

## STORE B

- Area with low income, low access
- Parent nonprofit, CBO input

## STORE C

- Area with low income, not low access
- Did not involve community in decision

# STORE SUCCESS: DEFINITION OF “HEALTHY”

## STORE A

- “Nutritious food” in mission; use nutrition guidelines
- Large # of FV and healthy prepared meals, no candy, SSBs stocked

## STORE B

- “Local growers,” “food access” in mission; source local produce
- Large # of FV stocked

## STORE C

- “Healthy food” in mission; lack specific strategy
- Large # of FV, butcher, snacks, candy, SSBs stocked

# STORE SUCCESS: HEALTHY PROODUCT PLACEMENT, PROMOTION, PREPARATION

## STORE A

- Signage promoting FV
- Only healthy prepared foods available

## STORE B

- Produce near store entry; healthier items at eye-level
- Customer-requested prepared foods

## STORE C

- Produce near store entry
- Fried foods highest prepared food sales

# STORE SUCCESS: PRICING STRATEGIES

## STORE A

- 20-25% margins
- Offer prices ~30% lower than competitors

## STORE B

- 30% margins
- Offer lower prices than competitors

## STORE C

- Very small margins – lowest price that covers costs
- Prices same as competitors



# STORE SUCCESS: NUMBER AND TYPE OF VENDORS

## STORE A

- ~40 vendors (wholesalers, opportunity buys, food donations, gleaned foods)

## STORE B

- >40 vendors (prioritize local wholesalers, businesses)

## STORE C

- 1 vendor (wholesaler)

# STORE SUCCESS: FUNDING STRATEGIES

## STORE A

- Philanthropic funding from 60+ partners
- Additional funding from grants, local government

## STORE B

- Philanthropic funding through parent nonprofit, store
- Additional funding from grants, local government, foundations

## STORE C

- Philanthropic funding from 1 international nonprofit
- Difficulty finding additional donors

# STORE SUCCESS: CBO, PROGRAM COLLABORATION

## STORE A

- Partner with health systems, local govt
- 88% of sales made by residents of underserved areas

## STORE B

- Partners with local CBOs
- Customers reflective of community

## STORE C

- Intention to partner with CBOs, not implemented
- Low foot traffic throughout store history

# KEY MESSAGES

- Value of the case study method and approach
- Healthy community food store strategies for success include
  - Key champion(s)
  - Operationalized definition of “healthy”
  - Sourcing, pricing, and promotion that increases sales of healthy foods
  - Sustainable funding model
  - Community engagement from the get-go
- We learned a lot of what not to do (Store C)
- Successful stores more than a place to get groceries

# POLICY IMPLICATIONS

- Local
  - Support supply of healthy foods
    - Funding for community engagement, provision of healthy food
    - Staple food ordinances
  - Support demand for healthy foods
    - Healthy checkout ordinances
  - Support local business
    - Dollar store ordinances
- Federal
  - Increase SNAP and WIC participation at community stores
  - Leverage SNAP to create a healthier retail environment (stocking, marketing standards)



# FUTURE DIRECTIONS

- Enhance generalizability through additional research in
  - Rural locations
  - Non-East coast locations
  - Specific populations (e.g., Native American, Hispanic)
- Further research on non-profit grocery, other nontraditional models
- Expand to different food source settings (e.g., independently-owned restaurants)
- Explore store owner and policy maker perceptions of feasible policies to support healthy community food stores
- Explore novel interventions
  - Connection to local producers
  - Implement nutrition guidelines



**THANK YOU!**

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