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

FEBRUARY 15, 2022

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• 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)
• 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
• 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
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

Study Protocol

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

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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
Development of Study Protocol

Selection of Cases:

N = 7
Baltimore
Boston
Buffalo
Chicago
Detroit
D.C.
Minneapolis
• 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
Development of Study Protocol

Selection of Cases:
N = 7
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Buffalo
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Detroit
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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
METHODS: PROTOCOL

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Discussion of Emergent Themes

Development of Case Study Report Format

Construct Case Report 1
Construct Case Report 2
Construct Case Report 3
Construct Case Report 4
Construct Case Report 5
Construct Case Report 6
Construct Case Report 7
METHODS: STAKE’S STAGES OF MULTIPLE CASE STUDY ANALYSIS

Within (each) Case → Develop RQs & initial assertions → Reading the Collected Reports & Making Notes → Assessing Expected Utility of Cases → Developing Grounds for Assertions (Track II) → Cross-Case Assertions → Writing the Report
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
## Table 1. Summary of selected healthy community store case studies: store characteristics

<table>
<thead>
<tr>
<th>Location</th>
<th>Date opened</th>
<th>Financial model</th>
<th>Store type</th>
<th>Store size</th>
<th>HFAI score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Store A</td>
<td>2015</td>
<td>Non-profit</td>
<td>Grocery store</td>
<td>3850 sq ft</td>
<td>20.3</td>
</tr>
<tr>
<td>Store B</td>
<td>2014</td>
<td>For-profit²</td>
<td>Market</td>
<td>900 sq ft</td>
<td>19.3</td>
</tr>
<tr>
<td>Store C</td>
<td>2018</td>
<td>Non-profit</td>
<td>Grocery store</td>
<td>7000 sq ft</td>
<td>20</td>
</tr>
</tbody>
</table>

¹ Stores deidentified and randomized to ensure confidentiality
² 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 3rd 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 2nd 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
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 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
<table>
<thead>
<tr>
<th>STORE A</th>
<th>STORE B</th>
<th>STORE C</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Signage promoting FV</td>
<td>• Produce near store entry; healthier items at eye-level</td>
<td>• Produce near store entry</td>
</tr>
<tr>
<td>• Only healthy prepared foods available</td>
<td>• Customer-requested prepared foods</td>
<td>• Fried foods highest prepared food sales</td>
</tr>
</tbody>
</table>
## STORE SUCCESS: PRICING STRATEGIES

<table>
<thead>
<tr>
<th>STORE A</th>
<th>STORE B</th>
<th>STORE C</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 20-25% margins</td>
<td>• 30% margins</td>
<td>• Very small margins – lowest price that covers costs</td>
</tr>
<tr>
<td>• Offer prices ~30% lower than competitors</td>
<td>• Offer lower prices than competitors</td>
<td>• Prices same as competitors</td>
</tr>
<tr>
<td>STORE A</td>
<td>STORE B</td>
<td>STORE C</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>• ~40 vendors (wholesalers, opportunity buys, food donations, gleaned foods)</td>
<td>• &gt;40 vendors (prioritize local wholesalers, businesses)</td>
<td>• 1 vendor (wholesaler)</td>
</tr>
</tbody>
</table>
# STORE SUCCESS: FUNDING STRATEGIES

<table>
<thead>
<tr>
<th>STORE A</th>
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<th>STORE C</th>
</tr>
</thead>
</table>
| • Philanthropic funding from 60+ partners  
• Additional funding from grants, local government | • Philanthropic funding though parent nonprofit, store  
• Additional funding from grants, local government, foundations | • 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
• 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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