

Healthy Neighborhood Stores: Key Recommendations for Working with Owners of Small Stores in Communities of High Need



IN RECENT YEARS, LEADING public health authorities have recommended improving the retail food environment to make healthier foods more accessible among underserved populations.¹⁻⁴ Small food stores can contribute to community efforts to promote healthy eating behaviors by providing healthy food options in typically underserved areas.^{2,5-7} Previous findings from small store interventions have suggested that collaborating with storeowners is important for successful implementation and sustainability of the intervention,⁸⁻¹⁰ and building relationships with storeowners is a key element in establishing a collaboration.¹¹ However, the perspective of the owners is often unreported and underrepresented in current small store intervention literature.

The Healthy Neighborhood Store (HNS) project was a storeowner-focused project funded by the Centers for Disease Control and Prevention Communities Putting Prevention to Work grant and led by the Douglas County Health Department (DCHD) from April 2010 to March 2012 in

Douglas County, Nebraska (the largest county in Nebraska, with 517,110 residents). This article describes participating storeowners' experiences and perceptions after the completion of the HNS project and translates these into key findings and recommendations regarding facilitating successful relationships or partnerships between storeowners and key stakeholders (eg, grant staff, registered dietitian nutritionists, community nutritionists, and so forth) for successes in promoting healthy foods. We intend these key findings and recommendations to inform future public health interventions of this sort.

THE HNS PROJECT

The HNS project aimed to increase the availability and affordability of healthy foods (ie, fresh produce, low-fat milk, lean meats, and whole grains) in eight small food stores in high-need areas by providing technical assistance and limited financial support. The intervention was preceded by environmental assessments (Figure 1; see also Figure 2). After initial assessment, HNS staff assisted storeowners in developing and submitting a store-specific proposal to the DCHD, which included composing clearly defined goals and strategies and identifying resources for the HNS project. Interventions within a store included increasing the volume of healthy foods being offered, rearranging placement of healthy foods within the store to promote increased sales of these items, reducing the amount of "unhealthy" advertising (eg, alcohol and tobacco advertising), installing coolers and shelving necessary to offer healthy foods, and installing new lighting to make the store environment more pleasant. Part of the technical assistance provided by the HNS staff included identifying and obtaining resources and equipment necessary to

meet storeowner goals; nutrition education opportunities (eg, cooking demonstrations, taste testing) and promotional materials (eg, reusable shopping bags, shelf-talkers) were provided at participating stores, with the intent of increasing customer demand and acceptance. Preliminary results show that most (n=6) stores reported an overall increase in total sales. Improvements in sales of whole-grain products and lower-fat milk options were noted in seven of eight stores.

During the spring of 2013, a trained interviewer conducted in-depth interviews with all eight participating storeowners post-intervention. A standardized protocol was used to ask the storeowner 20 questions about changes attributed to the HNS project; perceived changes in sales; customers and the neighborhood; project support and technical assistance; and about the HNS project in general. Interviews lasted for approximately 10 to 15 minutes and were audio recorded and transcribed verbatim for analysis. Transcripts were coded, and emergent themes were highlighted using Microsoft Word 2010 software. Emergent themes included changes to store characteristics, promotional materials, changes in sales, items that sell the most, items that sell the least, challenges, customers, community, the HNS project, and food assistance programming. The authors of this article reviewed the emergent themes and translated them into key findings and recommendations for those working in community nutrition. The University of Nebraska Medical Center Institutional Review Board approved this research.

KEY FINDINGS

Although DCHD staff reviewed and negotiated changes to the stores with the owners, the storeowners ultimately

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1. Stores were initially assessed by using a modified Nutrition Environment Measures Survey in Stores (NEMS-S) measurement tool and given a healthy access score. The modified NEMS-S was developed by Karen Glanz, PhD, MPH, at Emory University, Atlanta, GA. Modifications were made to identify healthy access to fruits, vegetables, meat and meat alternatives, grains, milk, and snacks within the urban and rural areas of Nebraska.
2. Using Health Impact Assessment guidelines,¹² buffer zones were depicted to simulate access to healthy foods throughout the county.
3. Modified NEMS-S scores and buffer zones were combined, and the result defined access as those areas where an individual can consistently purchase a full range of healthy foods within 1 mile from their home.
4. In addition, Geographic Information System mapping was used to pinpoint areas of the community where the greatest potential for impact could be made (Figure 2). The resulting map identified areas where the potential for chronic disease was greatest, and residents needed to travel more than a mile to purchase the full range of healthy foods. In addition, a subsequent map identified the locations of existing stores with the capacity to increase their nutritional profile by increasing the quantity and quality of healthier foods available (fruits, vegetables, lean meats, whole grains, and low-fat milk).
5. Finally, areas where potential contributing factors were the most detrimental (eg, highest obesity rate, lower fruit and vegetable intake, and so forth), and where no access to a grocery store was available, were considered to have the greatest need.

Figure 1. Considerations made to pinpoint areas of the community with the greatest need for increased access to healthy foods.

Douglas County Putting Prevention to Work

Potential for Impact

Douglas County, NE

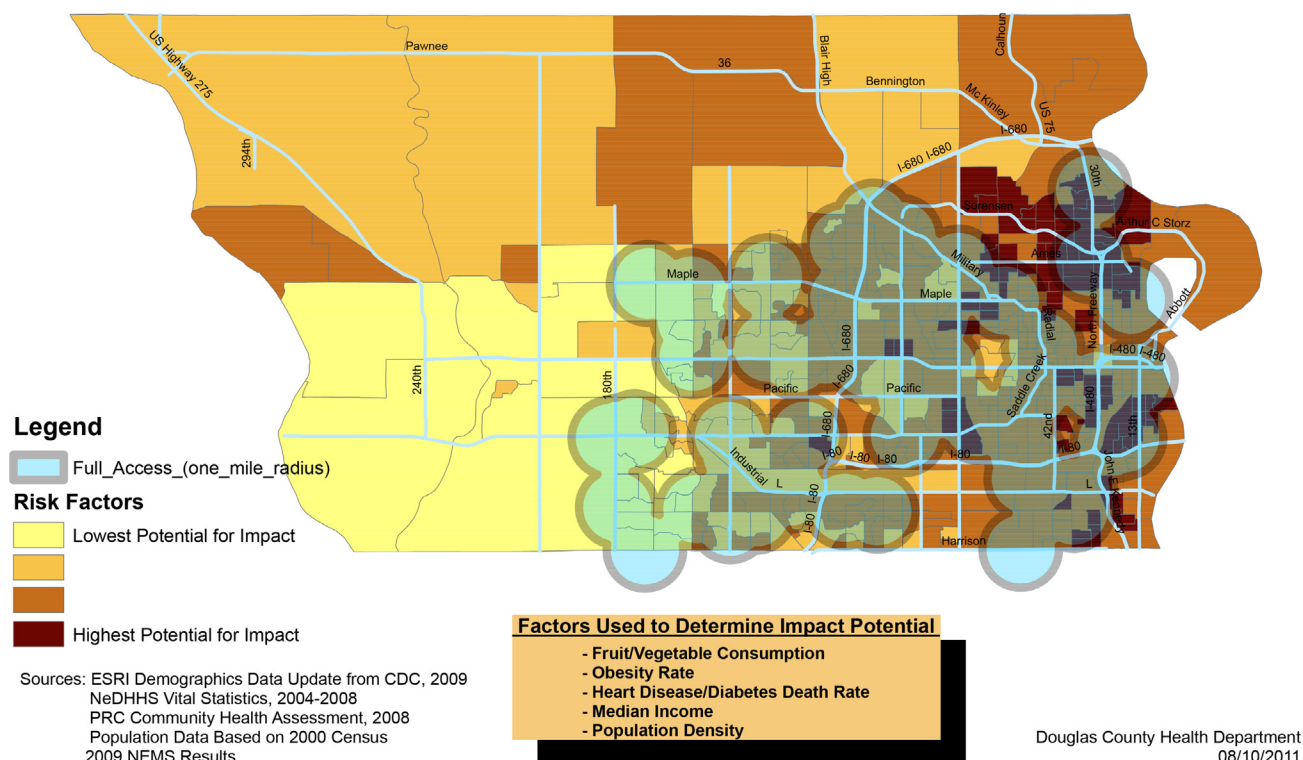


Figure 2. 2009 Nutrition Environment Measures Survey Potential for Impact Map.

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