COUNTY OF LOS ANGELES
Public Health

CYNTHIA A. HARDING, M.P.H.
Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Interim Health Officer

313 North Figueroa Street, Room 708
Los Angeles, California 90012
TEL (213) 240-8156 • FAX (213) 481-2739

www.publichealth.lacounty.gov

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August 31, 2016

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.
Interim Director

SUBJECT: **EXISTING EFFORTS AND BEST PRACTICES TO SUPPORT HEALTHY FOOD RETAIL IN UNDERSERVED NEIGHBORHOODS**

On May 31, 2016, your Board instructed the Department of Public Health (DPH) to report back with information on healthy food sales in retail stores, including: 1) best practices from other jurisdictions addressing healthy food sales in retail stores, 2) existing efforts coordinated by DPH to support healthy food sales in retail stores and the resources that could expand them, and 3) a strategy and methodology to receive input from community members and stakeholders about these issues.

Background

A substantial volume of research identifies the importance of neighborhood level food environment to diet and overall health. Availability of healthy foods in neighborhoods has thus been an area of significant focus for obesity prevention efforts in Los Angeles County and jurisdictions throughout the country. While individuals access foods from many types of venues, like grocery stores, corner stores, and restaurants, there are areas in the County where there are few healthy food options available. Therefore, it is important to identify ways to increase the availability of heathy foods, such as produce and whole grains, at existing retail stores.

Best Practices for Addressing Healthy Food Sales in Retail Stores

Efforts within jurisdictions across the country to increase healthy options available in retail settings, especially corner stores or other small neighborhood stores, generally fall into two categories: voluntary public recognition programs and stocking requirements in ordinances or other policies. Most voluntary programs take a two-pronged approach that aims to build awareness and increase demand for healthier foods and beverages among community members, while also recruiting and supporting small food retailers to increase the availability of healthy foods. Local

and state health departments implement both approaches with the support of a wide range of partners including community groups, non-profit organizations, university researchers, and local economic and workforce development agencies. These efforts are often grant funded and have also been supported with redevelopment funds. A representative selection of programs, task forces, and ordinances highlighting best practices for addressing healthy food sales in retail stores are summarized in Attachment 1.

Voluntary Public Recognition Programs
An example of a voluntary program is the Pennsylvania Healthy Corner Stores Initiative. The Initiative takes a comprehensive approach that includes technical assistance, incentives, and public recognition. First, store owners are recruited, an assessment of in-store environments is completed, and healthier foods are introduced into the existing product mix. Store owners are provided with a variety of materials to be used for stocking and displaying healthy products, including window decals and shelving equipment. Store owners receive a $100 incentive for successfully stocking new healthy products and are also eligible for mini-grants to make minor infrastructure changes to help improve storage and display of healthy products. Store owners participating in the program are able to attend trainings on topics such as displaying healthier items and general business management skills. Store owners completing these steps can become certified as part of the state's Healthy Corner Store network. Certified stores may also serve as "champion stores" that provide model examples for other stores. Stores participating in the initiative are reassessed periodically to ensure continued stocking of the healthy products. Participating stores are also linked to local community organizations and media events to engage residents and increase awareness of the availability of healthy options.

Healthy Food Stocking Requirements
Stocking requirements are an approach that require retailers to carry minimum amounts of certain food products, such as produce and whole grains. Such requirements can be included as a condition of participating in federal nutrition assistance programs, such as the Special Supplemental Nutrition Program for Women Infants and Children (WIC), or as part of obtaining a business license.

In 2008, Minneapolis became the first city in the nation to adopt an ordinance that requires food stores, as a condition of obtaining and maintaining their business license, to stock certain categories of healthful foods. The Staple Foods Ordinance amended Minneapolis city codes to require corner and grocery stores to stock a minimum number of perishable and non-perishable "staple foods" from the following categories: vegetables and fruits; meat, poultry, fish and/or vegetable proteins; bread and/or cereal; and dairy products and/ or substitutes. The Regulatory Services Department is the agency responsible for inspecting stores for compliance with other health and safety laws and issuing business licenses. This agency checks for compliance with stocking requirements during their regular visits to each store, roughly three times each year.

Store compliance with the ordinance has been periodically assessed, and many stores struggle to meet stocking requirements, especially for fresh produce. To support store owners in meeting stocking requirements and also in increasing their capacity to successfully sell healthy foods as part of their business, the Minneapolis Department of Health and Family Support operates the Healthy Corner Store Program. Through this program, store owners receive technical assistance and resources.

Best Practices
Through the review of existing programs, as well as documents on healthy retail programs and ordinances authored by national experts, a set of best practices has been identified. Characteristics of successful interventions include: development of educational documents and provision of training for retail store owners related to both program or ordinance requirements and business development; efforts to influence community demand for health food, such as health education, social marketing, and community outreach; and provision of technical assistance on such topics as produce procurement and handling, healthy food promotion, and display and merchandizing of products to capitalize on concepts of behavioral economics.

Efforts should be tailored to both the community and individual store levels. For example, policy experts suggest that licensing ordinances may be a better fit for larger communities, where developing personal relationships with all qualified retailers is challenging. In smaller jurisdictions with fewer stores, voluntary efforts based on relationship-building may be able to increase availability of healthy foods in retail stores.

In addition, government support of participating stores through financial incentives, such as access to grants for improving in-store infrastructure or reduced licensing fees, and public recognition opportunities like certifications and awards have been identified as important components of successful efforts. To measure impact, evaluation of programs and ordinances should be included in planning. Retail programs across the country differ in their specific approaches to evaluation, but most conduct a baseline evaluation of the store, identify areas for improvement, and assess post-implementation store environments.

Existing Efforts coordinated by DPH to Support Healthy Food Sales in Retail Stores

DPH currently receives federal grant funding from the United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program - Education (SNAP-Ed) and the Centers for Disease Control and Prevention (CDC) to support community prevention strategies that promote healthy behaviors, while making healthy choices easier, with a focus on underserved communities. A primary strategy for these grants is to promote and improve the availability of healthy foods sold in retail venues, such as small retailers, neighborhood markets, and corner stores, in communities that are disproportionately impacted by obesity and obesity-related chronic diseases. These strategies are incorporated into grant deliverables and are therefore subject to the requirements of the funder. For example, SNAP-Ed must take place in qualifying census tracts in which at least 50% of residents are at or below 185% of the federal poverty level, and therefore qualify to receive SNAP (CalFresh) benefits. CDC retail efforts are limited to store locations within the City of Los Angeles.

SNAP-Ed Retail Program
The Nutrition and Physical Activity Program in the DPH Division of Chronic Disease and Injury Prevention houses the SNAP-Ed funded Retail Program. The primary goal of the program is to facilitate partnerships with neighborhood stores in qualifying areas as described above to help increase the consumption and purchase of fruits and vegetables among individuals that are eligible for CalFresh. One staff member oversees the program and currently eight neighborhood stores are participating.

Because federal SNAP-Ed guidance includes restrictions on capital and infrastructure improvements, lobbying, and cash value of financial incentives, the focus of the program is provision of technical assistance. Retail Program staff work with store owners to address their needs and assess areas of improvement within stores, such as marketing, product mix, and the nutritional quality of foods near the checkout area. Action plans are developed for each participating neighborhood store and include a variety of strategies, including the placement of healthier food products at eye level on store shelves, removing/replacing signage that promotes unhealthy foods with signage that promotes fruits and vegetables, and recruiting store owners to participate in local food purchasing cooperatives in order to keep costs down and increase profitability of healthier foods. Training and technical assistance is provided on a variety of topics including the storing and handling of fresh produce to increase shelf life, food safety, and improving marketing practices. The process is labor-intensive and requires long-term relationship building and follow-through. Once a store owner is recruited and agrees to participate in the program, a period of at least six months is required for program implementation.

The program utilizes a pre-and post-assessment tool to measure changes in participating stores. The California Department of Public Health's (CDPH) Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention (CX3) Food Availability and Marketing Survey tool is used to measure such factors as availability and quality of heathy foods, interior and exterior marketing, and nutritional quality of foods near checkout. In 2014-15, participating stores demonstrated a 43% improvement in CX3 scores.

Purchasing Cooperative and Trainings for Retailers
The Division of Chronic Disease and Injury Prevention in DPH has worked in partnership with the Centers for Disease Control and Prevention (CDC) for the past several years on a number of local initiatives that promote access to healthy foods in retail establishments across Los Angeles. Among these retail efforts include the recent development of a food purchasing cooperative and training series that are designed to improve the capacity of small retailers to purchase and sell healthy foods. These retail efforts are being accomplished through a subcontract with the Los Angeles Food Policy Council (LAFPC), which supports the scale and spread of the Community Markets Purchasing Real and Affordable (COMPRA) foods program.

COMPRA is a group purchasing cooperative project and alternative food distribution system that serves small retailers in areas with high rates of poverty and low access to full-service grocery stores. COMPRA staff compile orders from participating stores and help make connections to produce wholesalers. In many cases, COMPRA staff also provide delivery from the wholesaler to participating stores with no minimum order requirements or price mark-ups. Participating retailers also receive technical assistance in merchandising fresh produce and on using equipment required for food preparation and storage. Additionally, LAFPC administers the Healthy Neighborhood Market Network, which provides business and leadership development trainings to corner store and neighborhood market owners to help them build their capacity to operate as successful healthy food retailers in underserved communities.

Expansion of Efforts
Current program efforts in DPH are largely grant-funded and at capacity, and in most instances, would benefit from additional resources. None-the-less, opportunities to work with new partners combined with additional resources could allow for expansion to engage more stores and provide assistance that is currently not a part of DPH programs. For example, with additional staff support,

more resources could be directed toward recruitment of stores, provision of technical assistance, and engagement in outreach within communities. Existing efforts would benefit from these new partnerships and/or funding that address implementation barriers related to infrastructure and capital improvements. Lack of resources to make these infrastructure improvements within stores has been identified as an important barrier to successfully increasing availability and merchandizing of healthy food options. Current efforts are restricted in this area by virtue of their state and federal funding sources, which all have prescribed scopes and requirements.

Strategy and Methodology to Receive Input from Community Members and Stakeholders

As part of its efforts to gather input on updating the County's alcohol-related zoning ordinances, the Department of Regional Planning is convening two rounds of meetings to gather community input. The dates and locations of meetings are detailed in Attachment 2. The meetings will take place throughout September and then again in November. These meetings will have an interactive component intended to gather feedback from community members on the types of changes they would like to see in stores in their neighborhoods. Questions will address such topics as frequency of shopping, types of products purchased, and likelihood of buying new products in the future. Survey data on healthy food in retail stores will be aggregated from the meetings and then analyzed to yield information that can shape future efforts to increase availability of healthy foods at retails stores.

If you have any questions or need additional information, please let me know.

CAH:wlf

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Director of Regional Planning

Attachment 1

Programs and Ordinances Addressing Healthy Food Sales in Retail Stores

Program Name	Jurisdiction	Focus	Method	Requirements/ Components	Incentives/ Support	Impact
Minneapolis Healthy Corner Store Program	City-wide	Food , Tobacco	Stocking Ordinance	MSP, MSSF, AS, MM, T, AS	F, SI, TA, M, CO,	≈ 40 Stores
New Jersey Healthy Corner Store Initiative	State-wide	Food	Stocking Policy	MSP, MSSF (WIC)	F, TA, M, CO	≈ 900 Stores
Change the Future WV	State-wide	Food	Incentive Policy	MSP	F, TA	≈ 10 Stores
San Francisco Healthy Food Retailer Incentives Program	County-wide	Food, Tobacco, Alcohol	Incentive Ordinance	MM, MSP, NHP, T, AS	F, SI, TA, M, CO	≈ 10 Stores
Philadelphia Healthy Corner Store Initiative	City-wide	Food, Tobacco	Voluntary Program	NHP, MM, T	F, SI, TA, M, CO	≈ 660 Stores
LAC Champions for Change Retail Program	County-wide (eligible census tracts)	Food	Voluntary Program	MM, AS	TA, CO, NE	15 Stores
Baltimore Healthy Stores	City-wide	Food	Voluntary Program	MSP, NHP, MM	F, M, CO, NE	≈ 20 Stores
Missouri Stock Healthy, Shop Healthy	State-wide	Food	Voluntary Program	MSP, NHP	TA, M, CO, NE	≈ 10 Stores
Pennsylvania Healthy Corner Stores Initiative	State-wide	Food	Voluntary Program	NHP, MM, T, AS	F, SI, TA, M, CO, NE	≈ 50 Stores
Shop Healthy NYC	City-Wide	Food	Voluntary Program	MSP, MSSF	SI, TA, M, CO	≈ 1,000 Stores

Requirements: Minimum Stocking Produce (MSP), Staple Foods (MSSF), New Healthy Products (NHP), Display Marketing Materials (MM), Attend Training (T), Assessment (AS)

Incentives/Support: Financial (F), Store improvements/infrastructure (SI), Technical Assistance (TA), Marketing (M), Community Outreach (including store tours and events) (CO), Nutrition education classes (NE)

Attachment 2

Community Meetings: Engaging Stakeholders on Healthy Food Availapbility at Retail Stores

DISTRICT	COMMUNITY LOCATION	VENUE	MEETING #1 DATE	MEETING #2 DATE
1	Avocado Heights	San Angelo Park - Community Room	Sep 13	Nov 3
1	East Los Angeles	East Los Angeles Library - Community Room	Sep 14	Nov 15
2	Lennox	Lennox Park	Sep 12	Nov 10
2	Willowbrook	MLK Center for Public Health - Community Engagement Room	Sep 15	Nov 16
2	West Athens-Westmont	Chester Washington Golf Course - Clubhouse	Sep 20	Nov 15
2	Florence-Firestone	Washington Park - Community Room	Sep 27	Nov 17
3	Santa Monica Mountains	Agoura Hills/Calabasas Community Center - Calabasas Room	Sep 19	Nov 9
4	Whittier	Adventure Park	Sep 7	Nov 2
4	Marina del Rey	Burton Chace Park - Community Room	Sep 26	Nov 14
4	Hacienda Heights	Hacienda Heights Community Center - Auditorium	Sep 28	Nov 9
5	Santa Clarita	The Centre Complex - Sycamore Room	Sep 12	Nov 14
5	Altadena	Altadena Community Center	Sep 19	Nov 7
5	Littlerock	Jackie Robinson Park - Carrol Building	Sep 26	Nov 3

* All meetings scheduled to run 6:00-8:00 PM