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Title

Healthy Retail as a Strategy for Improving Food Security and the Built Environment in San Francisco.

Permalink

<https://escholarship.org/uc/item/2hj6t1nn>

Journal

American journal of public health, 109(S2)

ISSN

0090-0036

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Publication Date

2019-02-01

DOI

10.2105/ajph.2019.305000

Peer reviewed

Healthy Retail as a Strategy for Improving Food Security and the Built Environment in San Francisco

In low-income neighborhoods without supermarkets, lack of healthy food access often is exacerbated by the saturation of small corner stores with tobacco and unhealthy foods and beverages. We describe a municipal healthy retail program in San Francisco, California, focusing on the role of a local coalition in program implementation and outcomes in the city's low income Tenderloin neighborhood. By incentivizing selected corner stores to become healthy retailers, and through community engagement and cross-sector partnerships, the program is seeing promising outcomes, including a "ripple effect" of improvement across nonparticipating neighborhood stores. (*Am J Public Health*. 2019;109:S137–S140. doi:10.2105/AJPH.2019.305000)

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We describe a municipal healthy retail program in San Francisco, California, focusing on the role of a local coalition in program implementation and outcomes in the city's low income Tenderloin neighborhood.

INTERVENTION

Through San Francisco's Healthy Retail SF (HRSF) program, selected corner stores in food insecure neighborhoods are provided store redesigns and incentives if they increase selling space for fresh produce to at least 35%, limit space for tobacco and alcohol combined to 20% or less, and meet other requirements (www.Healthyretailsf.org). The incentives, worth approximately \$24 000 per store, promote stores' financial viability and offset start-up costs of selling produce and potential losses in tobacco and alcohol sales. Store incentives are part of the "three-legged stool" model undergirding HRSF (Figure 1). The "Redesign & Physical Environment" leg includes incentives like store redesign, façade improvements, free or discounted appliances, and art to replace tobacco, alcohol, and soda ads.

The "Business Operations" leg, guided by the Office of Economic and Workforce Development, includes technical assistance in areas such as developing a business model, sourcing healthy products,

implementing point-of-sale (POS) systems, and partnering with demand-side projects (e.g., healthy food vouchers; www.EatSF.org).¹ The "Community Engagement" leg, led in the Tenderloin by the Tenderloin Healthy Corner Store Coalition (the Coalition) with assistance from the San Francisco Department of Public Health (DPH) includes benefits like marketing research, promotional events, and assistance with store redesigns.

Participating corner stores in the Tenderloin were selected following a formal application process. Factors such as store location, size, and level of commitment were key considerations in the selection process, which was led by the Coalition with input from customers and residents living near prospective HRSF stores.

PLACE AND TIME

The HRSF program operates in several food-insecure

neighborhoods, with a focus on the city's 45 square block Tenderloin neighborhood, 32% of whose 28 000 residents live in poverty.² The Tenderloin has no supermarket, but does have 57 corner stores, approximately 80% of which are run by immigrant families.¹ Founded in 2012, the Coalition played a key role in helping craft and pass the ordinance creating HRSF in 2013 and in implementing the program beginning in 2014. A pilot corner store was redesigned in the Tenderloin in 2014, followed by nine more from 2015 to 2018, five in the Tenderloin.

PERSON

Many Tenderloin residents and corner stores are directly or indirectly affected by HRSF, though healthier food access and improved store profits. But interested residents also play a key role in the program through the Coalition, which is comprised of

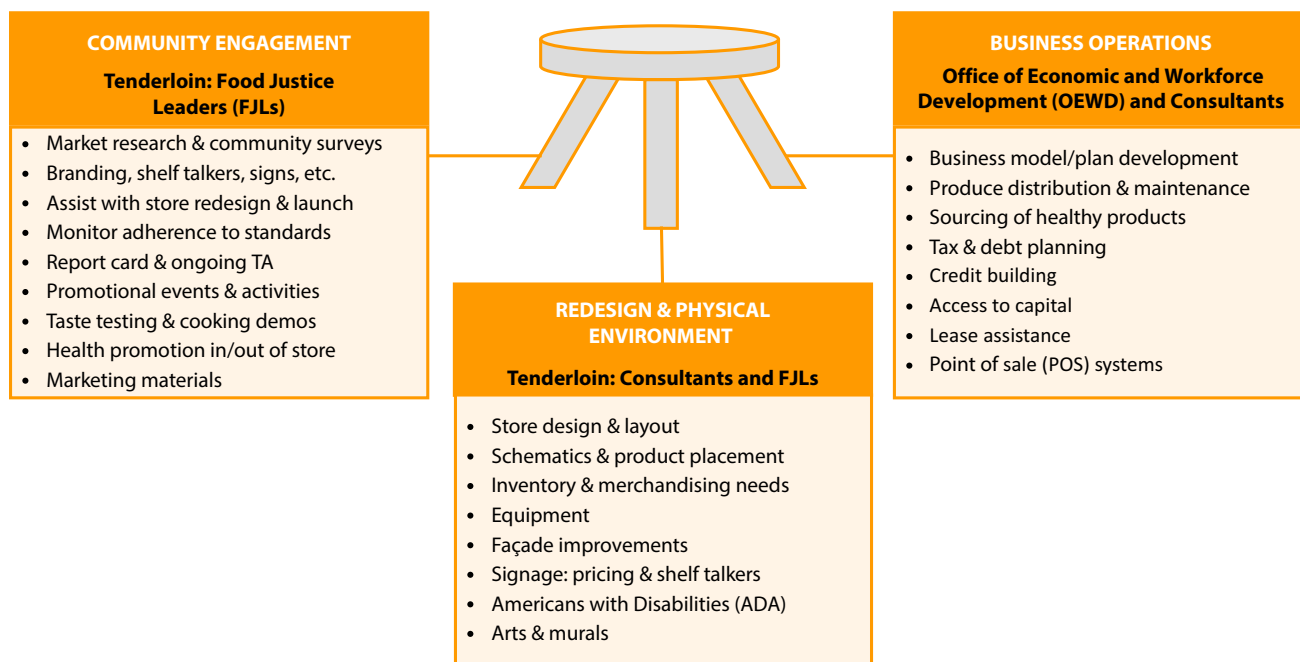
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This article was accepted January 24, 2019.

doi: 10.2105/AJPH.2019.305000



Note. FJL = food justice leader; TA = technical assistance.

Source. Adapted with permission from the Office of Economic and Workforce Development/Healthy Retail San Francisco (<http://www.healthyretailsf.org>), S. Hennessey-Lavery. Modified to be specific to the Tenderloin.

FIGURE 1—Three-legged Stool of the Healthy Retail San Francisco Program: San Francisco, CA

residents, community organizations, DPH, and university partners. Operated under the nonprofit Tenderloin Neighborhood Development Corporation, the Coalition employs eight food justice leaders (FJLs)—local residents who are paid a living wage and trained in research, organizing, and advocacy. FJLs conduct outreach and education and collect both store-level observational data (through a modified “Retail Standards for Health and Sustainability” tool),³ and individual-level data through surveys with hundreds of residents regarding their shopping-related concerns, preferences, and practices.

PURPOSE

HRSF seeks to improve healthy food access while decreasing availability and

advertising of tobacco and other unhealthy products in food-insecure neighborhoods. In addition, it aims to increase the financial viability of local corner stores that become healthy retailers, and to help transform food-insecure neighborhoods through community engagement and development.

IMPLEMENTATION

Cross-sector partnerships and community engagement, led by local collaboratives like the Coalition, are key to HRSF’s implementation (Figure 1). HRSF is housed in City Hall’s Office of Economic and Workforce Development, and partners with the Small Business Development Center and an architectural firm, Sutti Associates. The Coalition and DPH, in partnership with participating stores and

Sutti architects, install equipment and signage (see before-and-after pictures in Figure 2).

Finally, the Coalition plays a critical role that city entities cannot: advocating for policies to promote healthy food access and affordable housing.

EVALUATION

Monthly POS data on sales in HRSF stores of produce, tobacco, alcohol, and three other product categories are collected at or before each store’s healthy retailer launch and monthly thereafter. Analyses of sales data on product categories beyond tobacco and produce are not yet available. However the first four Tenderloin HRSF stores with full data from baseline through the first 12 months of follow-up showed a 35% increase in produce units sold.² Tobacco units sold

decreased by an average of 35% in three of these stores, with the fourth seeing no change in the percentage of sales from tobacco but an increase in absolute units sold.

Also encouraging was the FJLs’ observational store assessments conducted in the majority of Tenderloin corner stores in 2013 to 2015 and 2017. Although the number of corner stores declined from 71 in 2013 to 57 in 2017, the assessment participation rate remained at 67% or greater, reaching a high of 91% in 2017.² Each store’s rating of one to four stars, based on aggregate scores of availability and promotion of healthy and unhealthy products, revealed a dramatic increase in the number of stores achieving three to four stars (best).² The percentage of stores with only one to two stars decreased from 77% to 49% from 2013 to 2017. FJLs disseminate these results through shopping

a



b



Source: Tenderloin Healthy Corner Store Coalition (<http://www.tndc.org> and <http://www.healthyretailsf.org/before-and-after>).

FIGURE 2—Corner Store Interior (a) Before and (b) After Healthy Retail San Francisco Redesign: San Francisco, CA

guides containing store ratings, highlights and pictures.² The dramatic improvement in the Tenderloin stores' assessment ratings coupled with data from merchant interviews,¹ suggested support for a “ripple effect,” through which stores not participating in HRSF also moved toward a healthier retail model.

ADVERSE EFFECTS

HRSF has faced limitations—time and resource constraints, personnel turnover, occasional challenges collecting POS data, and lack of evaluation data on self-reported consumption. Furthermore, and of great concern, is the possibility that HRSF may inadvertently contribute to

gentrification. As San Francisco rents continue to skyrocket, professionals looking for more affordable housing may be attracted to areas with the appealing HRSF stores, thereby displacing existing lower-income residents. In response, the Coalition is participating in affordable housing meetings and hearings, and helping in efforts to convert a 5000 square foot lot into 140 affordable housing units with healthy retail stores, restaurants, and a communal kitchen.

SUSTAINABILITY

Support for HRSF by the city's current and former mayor and Board of Supervisors remains

strong, including \$120 000 per year from Office of Economic and Workforce Development and revenue from the city's 2016 “soda tax.” Increased engagement of merchants is being undertaken to ensure their continued support and the future viability of their businesses. Finally, and in addition to a large research subcontract from its university partners and smaller foundation grants, the Coalition received permanent project status and funding within its sponsoring organization.

PUBLIC HEALTH SIGNIFICANCE

In many low-income communities, problems from lack of healthy food are compounded

by inundation with unhealthy products in corner stores. Although supermarkets often are reluctant to move into these neighborhoods, evidence that simply opening a grocery store will improve residents' diet or health is limited.⁴ Meanwhile, as HRSF has shown, small corner stores, on which many residents depend for groceries, are a neglected resource through which improved healthy food access, reduced tobacco availability and advertising, and increased community engagement may be realized. HRSF's initial results add to the extant literature showing small store interventions generally increase availability, and in some cases, purchasing behavior or consumption of healthier foods, particularly

when multipronged and intensive intervention strategies are used.^{5–7} Inconsistent results across studies regarding sales may be attributable to the lack of POS systems in most corner stores and thus the reliance on less accurate self-report of sales. Although more research is needed to fully understand the community-wide impacts of small store interventions, early evidence suggests HRSF is a promising strategy for increasing produce sales, limiting tobacco availability, and potentially influencing nearby stores to shift toward healthier products. **AJPH**

CONTRIBUTORS

M. Minkler, J. Falbe and J. Estrada conceptualized and wrote the first draft of this article, with additional input and edits from P. Wakimoto, S. Dyer, and S. Hennessey-Lavery. S. Hennessey-Lavery created Figure 1. All of the authors participated in the intervention research on which this article is based.

ACKNOWLEDGMENTS

Funding for this study was provided by grant # 23AT0008 from the UCOP Tobacco-Related Disease Research Program, with additional support from The California Endowment.

We are deeply grateful to our Coalition partners and to the San Francisco Office of Economic and Workforce Development and Department of Public Health for their insights and contributions. Finally, sincere thanks are due the merchants and residents of San Francisco's Tenderloin for helping make healthy retail a growing reality in their community.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to report.

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