

Why should government agencies think about the retail environment comprehensively?

Picture a store nearby that sells tobacco products, foods and beverages, and, depending on the state, alcohol. The store might be in a big city, a small town, or along a remote road. Children and teenagers might stop by the store after school, and adults might pick up a few groceries there on their way home from work. There's a good chance that tobacco and alcohol ads are hanging in the windows, sugary drinks and energy drinks are prominently displayed in the cooler, and non-nutritious foods are stocked at eye level on the shelves.

The **retail environment** can have a significant impact on the health of communities. In many places, residents lack access to fruits and vegetables, but can find tobacco and alcohol all too easily. This has serious health consequences. In the United States, tobacco use, poor nutrition, and excessive alcohol use are among the leading causes of preventable deadly illness, including cancer, heart disease, and chronic lower respiratory diseases.¹ People of color and those with lower incomes are at very high risk for these conditions.^{2,3}

It doesn't have to be this way. Stores can stock and promote nutritious foods and beverages – such as fruits, vegetables, and water – that are competitively priced, and limit access to tobacco, non-nutritious foods and beverages, and, in some states, alcohol. Corner stores, rural markets, and grocery stores can be more than just convenient places to shop – they can be healthy community assets.

The **retail environment** refers broadly to the location, number, density, and type of stores in a community, along with the products sold and how they are promoted, placed, and priced in a store.

Use the sample talking points to explain to potential partners in tobacco control, nutrition, and excessive alcohol use prevention the importance of a comprehensive approach to the retail environment. Add local data or information where appropriate.

Sample talking points

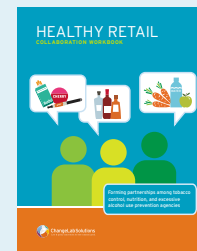
- **We work on three of the leading causes of preventable death in the country.** Tobacco use, poor nutrition, lack of physical activity, and excessive alcohol use are the leading causes of preventable death in the United States! We work on three of those four causes.
- **Tobacco products, non-nutritious foods and beverages, and alcohol are widely available and promoted in the retail environment.** Tobacco products, packaged beverages and snacks, and alcohol are the most common items available at small stores that are within walking distance of low-income community members.⁴⁻⁸ The availability of these products is associated with a higher probability of purchase and consumption.⁹⁻¹¹

- **In some places, it's easier to find tobacco products and alcohol in stores than it is to find nutritious foods and beverages.** A 2013 study of 7,393 retailers in California that have a tobacco license found that 71 percent sold alcohol, as compared with only 37 percent that sold lowfat or nonfat milk.¹² The stores surveyed included big-box, supermarket, discount, small market, convenience, tobacco, liquor, and drug stores. This study has serious implications for health equity, as research shows that there are substantially more tobacco retailers in low-income neighborhoods and communities of color.¹³
- **It's more common to find stores selling tobacco products, non-nutritious foods and beverages, and alcohol in low-income communities and communities of color.** Stores in lower-income neighborhoods and communities of color are less likely to stock nutritious foods, more likely to offer lower-quality items, and more likely to charge higher prices than stores in higher-income or predominantly white communities.³ Communities of color and lower-income neighborhoods also have more liquor stores and a higher density of tobacco retailers than other communities.^{13,14}
- **Our community should be a place where it's easier to find fruits and vegetables than tobacco, non-nutritious foods and beverages, or alcohol. Government agencies can play a key role in making this change.**

Healthy Retail Companion Pieces



HEALTHY RETAIL
PLAYBOOK



HEALTHY RETAIL
COLLABORATION
WORKBOOK



A SERIES OF
CONVERSATION
STARTERS

ENDNOTES

- Mokdad A, Marks J, Stroup D, Gerberding J. Actual causes of death in the United States, 2000. *Journal of the American Medical Association*. 2004;291:1238--45. Abstract available at: <http://jama.jamanetwork.com/article.aspx?articleid=198357>.
- Adler NE, Newman K. Socioeconomic disparities in health: pathways and policies. *Health affairs*. 2002 Mar 1;21(2):60-76. Available at: <http://content.healthaffairs.org/content/21/2/60.full>.
- US Department of Health and Human Services. *NHLBI factbook, fiscal year 2012*. 2013; 33-34, 38. Available at: www.nhlbi.nih.gov/files/docs/factbook/FactBook2012.pdf.
- Treuhaff S, Karpyn A. The grocery gap: who has access to healthy food and why it matters. Vol 29: Policy Link; The Food Trust; 2010. doi:10.1377/hlthaff.2009.0740. Available at: http://thefoodtrust.org/uploads/media_items/grocerygap.original.pdf.
- Shimotsu ST, Jones-Webb RJ, MacLehose RF, et al. Neighborhood socioeconomic characteristics, the retail environment, and alcohol consumption: a multilevel analysis. *Drug and Alcohol Dependence*. 2013;132(3):449-456. doi:10.1016/j.drugalcdep.2013.03.010. Abstract available at: [www.drugandalcoholdependence.com/article/S0376-8716\(13\)00104-X/abstract](http://www.drugandalcoholdependence.com/article/S0376-8716(13)00104-X/abstract).
- Pereira G, Wood L, Foster S, Haggart F. Access to alcohol outlets, alcohol consumption and mental health. *PLoS One*. 2013;8(1):1-6. doi:10.1371/journal.pone.0053461. Available at: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0053461>.
- Kersten E, Laria B, Kelly M, et al. Small food stores and availability of nutritious foods: a comparison of database and in-store measures, Northern California, 2009. *Preventing Chronic Disease*. 2012;9(1):1-10. doi:10.5888/pcd9.120023. Available at: www.cdc.gov/Pcd/issues/2012/12_0023.htm.
- Laws MB, Whitman, J, Bowser DM, Krech, L. Tobacco availability and point of sale marketing in demographically contrasting districts of Massachusetts. *Tobacco Control*. 2002 Jun 1;11(suppl 2):ii71-3. Available at: http://tobaccocontrol.bmj.com/content/11/suppl_2/ii71.full.
- The Association for Convenience and Fuel Retailing. Press Release: U.S. Convenience Stores Continue Retail Channel Growth. 27 Jan 2015. Available at: www.nacsonline.com/Media/press_releases/2015/pages/pr012715.aspx.
- Henriksen L, Flora JA, Feighery E, Fortmann SP. Effects on youth of exposure to retail tobacco advertising. *Journal of Applied Social Psychology*. 2002;32(9):1771-1789. doi:10.1111/j.1559-1816.2002.tb00258.x. Abstract available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1559-1816.2002.tb00258.x/abstract>.
- Burton S, Clark L, Jackson K. The association between seeing retail displays of tobacco and tobacco smoking and purchase: Findings from a diary-style survey. *Addiction*. 2012;107(1):169-175. doi:10.1111/j.1360-0443.2011.03584.x. Abstract available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2011.03584.x/abstract>.
- Alameda County Data. *Healthy Stores for a Healthy Community*. 2014. Available at: [www.healthystoreshealthycommunity.com/documents/counties/Alameda%20County%20Data%20\(English\).pdf](http://www.healthystoreshealthycommunity.com/documents/counties/Alameda%20County%20Data%20(English).pdf).
- Rodriguez D, Carlos HA, Adachi-Mejia AM, et al. Predictors of tobacco outlet density nationwide: a geographic analysis. *Tobacco Control*. 2012 Apr 4. Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC3431432/pdf/nihms-378982.pdf.
- Truong KD, Sturm R. Alcohol environments and disparities in exposure associated with adolescent drinking in California. *American Journal of Public Health*. 2009 Feb;99(2):264-70. Abstract available at <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2007.122077>.

Where are there opportunities for government agencies to collaborate in the retail environment?

The good news is that many state and local governments are already working to make the retail environment healthier. State tobacco control programs fund local efforts to enforce minimum purchasing age laws. Some state health departments run programs that increase access to nutritious foods and beverages in small stores, and state-administered **SNAP** and **WIC** programs make nutritious foods more affordable for low-income residents. Some state Alcohol Control Boards regulate the density of liquor stores and other **off-premise alcohol outlets**.

At the local level, many government agencies interact with store owners and the store environment. The public health department may operate a healthy store program and enforce compliance with tobacco laws and food safety standards. Local law enforcement may enforce minimum age requirements for alcohol purchasing. The fire department or planning and building department may inspect the exterior of the building to ensure it is up to code. The economic development department may help business owners make their storefronts more inviting to customers. The finance department may send notices about renewing business licenses.

Many government agencies share the goal of making the retail environment healthier. But they're working toward this goal separately, missing out on opportunities to collaborate with each other and transform the retail environment holistically. At times, agencies may even impede each other's progress by burdening store owners or community partners with overlapping requirements and requests. There's an untapped opportunity for government agencies to work together to improve the retail environment as a whole.

The Supplemental Nutrition Assistance Program (**SNAP**), commonly known as food stamps, provides federal nutrition assistance benefits to low-income residents. The Special Supplemental Nutrition Program for Women, Infants, and Children (**WIC**) is a federal program for low-income mothers and children under five years old.

Off-premise alcohol outlets are places like liquor stores, where alcohol can be purchased but not consumed, unlike bars or restaurants.

Specific agency names and functions vary depending on the town, city, or county.

Use the sample talking points to explain to potential partners in tobacco control, nutrition, and excessive alcohol use prevention the importance of a comprehensive approach to the retail environment. Add local data or information where appropriate.

Sample talking points

- We share the goal of making the retail environment healthier.

Tobacco control wants to: _____

Nutrition wants to: _____

Excessive alcohol use prevention wants to: _____

Sample: *The tobacco control program wants to make the retail environment a place where youth can't access tobacco products because the community wants to prevent youth from smoking.*

- We all have different approaches to regulating or improving the retail environment.

Tobacco control focuses on: _____

Nutrition focuses on: _____

Excessive alcohol use prevention focuses on: _____

Sample: *Excessive alcohol use prevention focuses on using stings to ensure that store owners aren't selling alcohol to minors. Local law enforcement conducts the stings.*

- But we're missing out on an opportunity to collaborate.

Tobacco control **has**: _____

Nutrition **has**: _____

Excessive alcohol use prevention **has**: _____

Tobacco control **needs**: _____

Nutrition **needs**: _____

Excessive alcohol use prevention **needs**: _____

Sample: *Nutrition has resources to conduct store assessments with stores in the area around Main Street. Nutrition needs to know whether stores in that neighborhood have any tobacco violations.*

Healthy Retail Companion Pieces



HEALTHY RETAIL PLAYBOOK



HEALTHY RETAIL COLLABORATION WORKBOOK



A SERIES OF CONVERSATION STARTERS

What could a comprehensive approach to the retail environment look like?

Imagine if public health practitioners in tobacco control, nutrition, and excessive alcohol use prevention worked together. They would build relationships and share knowledge. They would strategize together and implement their plans in tandem. They would collaborate with the end goal of making the retail environment healthier for all. ChangeLab Solutions calls this a comprehensive approach to the retail environment.

A comprehensive approach looks at the whole retail environment. It breaks down traditional silos that separate tobacco control, nutrition, and excessive alcohol use prevention programs. It changes the retail environment so that it's easier to make healthier choices than unhealthy ones. It is innovative, ambitious, and critical to the health of communities across the country.

This work is already happening at both the state and local levels.

- In Massachusetts, the bureau chiefs of the state's tobacco control, nutrition, and excessive alcohol use prevention programs formed a Healthy Retail Task Force. The task force meets monthly. One of its projects is to develop standards for defining a healthy retail environment.
- In Los Angeles County, California, staff from the tobacco control, nutrition, and excessive alcohol use prevention programs formed the Healthy Retail Environment Workgroup. The workgroup's first task was cataloging existing retail projects. Participants were surprised to learn they were working in many of the same areas and may have been asking the same store owners to participate in their interventions. The workgroup continues to meet regularly.

For more information about these examples, as well as more examples of a comprehensive approach, see the [Healthy Retail Collaboration Workbook](#).

Use the sample talking points to explain to potential partners in tobacco control, nutrition, and excessive alcohol use prevention the importance of a comprehensive approach to the retail environment. Add local data or information where appropriate.

Sample talking points

- **A comprehensive approach puts our individual work in the context of the whole retail environment.** It breaks down traditional silos that separate tobacco control, nutrition, and excessive alcohol use prevention programs. It means that we build and maintain relationships with each other, share knowledge, coordinate work, and share a vision for a healthier retail environment.

- **Collaboration is innovative and ambitious, but we have history on our side.** A comprehensive approach to the retail environment requires building new relationships. And public health practitioners have a history of working with nontraditional partners. Environmental health practitioners and engineers partnered to develop modern sewage systems – a combination of water flow, pipes, and street surfaces that we take for granted today.
- **We also have public health theory on our side.** Even though the scientific evidence is still emerging, theory suggests that changing the retail environment is an effective intervention for preventing chronic disease. In 2010, Dr. Tom Frieden, Director of the Centers for Disease Control and Prevention, introduced the health impact pyramid, a framework for public health interventions. According to Dr. Frieden, environmental changes that make healthy choices easier are among the most effective public health interventions!
- **A comprehensive approach is already happening.** Public health practitioners in tobacco control, nutrition, and excessive alcohol use prevention across the country are already starting to work together to make the retail environment healthier. At the state level, California, Massachusetts, and Vermont are pioneering this approach. At the local level, a number of agencies in both rural and urban areas are working together.

Healthy Retail Companion Pieces



HEALTHY RETAIL PLAYBOOK



HEALTHY RETAIL COLLABORATION WORKBOOK



A SERIES OF CONVERSATION STARTERS

ENDNOTE

- 1 Frieden TR. A framework for public health action: the health impact pyramid. *American Journal of Public Health*. 2010 Apr;100(4):590-5. Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340.

How can government agencies benefit from taking a comprehensive approach to this work?

While the ultimate goal is to create a healthier retail environment, a comprehensive approach may also enable government agencies and their partners to operate more efficiently and effectively overall. By working together, government agencies may be able to do the following:

- **Avoid duplicating work.** Agencies focusing on healthy retail may be working with the same stores, creating similar training materials, or approaching the same media outlets to promote their work. Collaboration can streamline this work.
- **Gain access to new resources and expertise.** Each partner brings a unique set of resources to the table, such as experience with the policy process, legal expertise, differently skilled personnel, and various existing relationships with retailers. By collaborating, all partners can share and benefit from each other's distinct – and often hard-won – knowledge, skills, and expertise.
- **Save time and money.** Collaboration within the health department and with other government agencies can increase efficiency and effectiveness. It may reduce workload and free up limited resources for other projects. It may also allow agencies to allocate resources toward a common goal rather than distribute limited resources across too many goals.
- **Tap into new networks.** Each partner has unique relationships with coalitions, community organizations, and other groups. Collaboration can expand a partner's reach into the community.
- **Align their priorities with those of other local government agencies.** It can be difficult for local agencies to form long-term partnerships unless they share common objectives and funding streams. Collaboration gives local agencies the opportunity to align their priorities. Similar priorities can help to cement support from leadership, and give programs a strong foundation from which to apply for funding and garner support for policies that require staff, funding, or other resources from a separate division.
- **Meet funding requirements.** Funders recognize that moving the needle on complex health issues requires partnerships that bring together unique strengths, expertise, and spheres of influence. Health departments are increasingly encouraged, and in some cases required, to form cross-sector coalitions to achieve their goals. A coalition that includes tobacco control, nutrition, and excessive alcohol use prevention partners may meet this requirement.

Healthy Retail Companion Pieces



HEALTHY RETAIL
PLAYBOOK



HEALTHY RETAIL
COLLABORATION
WORKBOOK



A SERIES OF
CONVERSATION
STARTERS

- **Gain national accreditation from the Public Health Accreditation Board.** State, tribal, and local health departments receive accreditation by meeting a set of standards. Some accreditation standards require health departments to demonstrate collaboration and coordination with partners. Benefits of accreditation include national recognition, competitiveness for funding opportunities, and improved performance.¹
- **Come up with innovative solutions.** New partners can bring a fresh perspective to improving the retail environment. Partners can apply each other's best practices to their work, or may find that working together leads to new funding opportunities.
- **Serve the community more effectively.** A comprehensive approach can make government processes, programs, and resources easier to understand and navigate. Collaboration can prevent confusion among store owners and community members about different initiatives led by different agencies. It can also increase the community's perception that government agencies are being good stewards of public funds.
- **Have a larger effect on community health.** In the United States, tobacco use, poor nutrition, and excessive alcohol use are among the leading causes of preventable deadly illness, including heart disease, cancer, and chronic lower respiratory diseases.² Unfortunately, tobacco, non-nutritious foods and beverages, and alcohol are widely available and heavily promoted in stores.³⁻¹¹ Addressing the retail environment in which these items are sold can potentially prevent death and disease throughout a community.

Sample talking points

- **If we work together, we could be more efficient and effective.** For example, we could do the following (fill in by choosing from the desirable outcomes listed above):

1. _____

2. _____

3. _____

ENDNOTES

- 1 Public Health Accreditation Board. *What are the benefits?* Available at: www.phaboard.org/accreditation-overview/what-are-the-benefits.
- 2 Mokdad A, Marks J, Stroup D, Gerberding J. Actual causes of death in the United States, 2000. *Journal of the American Medical Association*. 2004;291:1238-45. Abstract available at: <http://jama.jamanetwork.com/article.aspx?articleid=198357>.
- 3 Lindenberg G, Abcede A, Oller S. The numbers behind America's daily needs. *CSP Magazine*. 16 Apr 2015. Available at: www.cspnet.com/industry-news-analysis/corporate-news/articles/numbers-behind-america-s-daily-needs.
- 4 Treuhaff S, Karpyn A. The grocery gap: who has access to healthy food and why it matters. Vol 29: Policy Link; The Food Trust; 2010. doi:10.1377/hlthaff.2009.0740. Available at: http://thefoodtrust.org/uploads/media_items/grocerygap.original.pdf.
- 5 Shimotsu ST, Jones-Webb RJ, MacLehose RF, et. al. Neighborhood socioeconomic characteristics, the retail environment, and alcohol consumption: a multilevel analysis. *Drug and Alcohol Dependence*. 2013;132(3):449-456. doi:10.1016/j.drugalcdep.2013.03.010. Abstract available at: [www.drugandalcoholdependence.com/article/S0376-8716\(13\)00104-X/abstract](http://www.drugandalcoholdependence.com/article/S0376-8716(13)00104-X/abstract).
- 6 Pereira G, Wood L, Foster S, Haggart F. Access to alcohol outlets, alcohol consumption and mental health. *PLoS One*. 2013;8(1):1-6. doi:10.1371/journal.pone.0053461. Available at: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0053461>.
- 7 Kersten E, Laraia B, Kelly M, et. al. Small food stores and availability of nutritious foods: a comparison of database and in-store measures, Northern California, 2009. *Preventing Chronic Disease*. 2012;9(1):1-10. doi:10.5888/pcd9.120023. Available at: www.cdc.gov/Pcd/issues/2012/12_0023.htm.
- 8 Laws, MB, Whitman, J, Bowser DM, Krech, L. Tobacco availability and point of sale marketing in demographically contrasting districts of Massachusetts. *Tobacco Control*. 2002 Jun 1;11(suppl 2):ii71-3. Available at: http://tobaccocontrol.bmj.com/content/11/suppl_2/ii71.full.
- 9 The Association for Convenience and Fuel Retailing. Press Release: U.S. Convenience Stores Continue Retail Channel Growth. 27 Jan 2015. Available at: www.nacsonline.com/Media/press_releases/2015/pages/pr012715.aspx.
- 10 Henriksen L, Flora JA, Feighery E, Fortmann SP. Effects on youth of exposure to retail tobacco advertising. *Journal of Applied Social Psychology*. 2002;32(9):1771-1789. doi:10.1111/j.1559-1816.2002.tb00258.x. Abstract available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1559-1816.2002.tb00258.x/abstract>.
- 11 Burton S, Clark L, Jackson K. The association between seeing retail displays of tobacco and tobacco smoking and purchase: Findings from a diary-style survey. *Addiction*. 2012;107(1):169-175. doi:10.1111/j.1360-0443.2011.03584.x. Abstract available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2011.03584.x/abstract>.

Use the sample talking points to explain to potential partners in tobacco control, nutrition, and excessive alcohol use prevention the importance of a comprehensive approach to the retail environment. Add local data or information where appropriate.