

THE HEALTH EFFECTS OF BUYING FOOD IN STORES, and What Policymakers Should do About it

BY CATHERINE L MAH

GROCERY SHOPPING IN A MODERN SUPERMARKET REQUIRES A WICKED COMBINATION OF RESOLVE AND LASSITUDE. I GO TO HOWLEY ESTATES SOBEYS ON SATURDAY MORNINGS. THIS DECISION IS EQUAL PARTS INTENTION AND HABIT. I GO ALONE. I SPEND A LOT OF TIME POKING AROUND THE FRESH VEGETABLE AND FRUIT SECTION, INSPECTING LEMONS, SQUEEZING THE TURNIPS, AND TURNING OVER EVERY AVAILABLE BUNCH OF CELERY. I GO UP AND DOWN EVERY AISLE. THE EXPERIENCE IS STRUCTURED AND CONSISTENT; IF I'M PREOCCUPIED, I WON'T GET LOST. DESPITE THIS, IT TAKES CONSIDERABLE DETERMINATION TO GET IN AND OUT OF THE STORE WITH THE ITEMS THAT I HAD PLANNED TO BUY. THE WHOLE CHICKENS HAVE BEEN MOVED. NEW PRODUCTS APPEAR, AND IF IT'S SOMETHING I WANT, I PAUSE TO CONSIDER WITH A LITTLE THRILL OF DISCOVERY. I GLEEFULLY APPROACH THE REFRIGERATED SHELF FULLY RESTOCKED WITH MY FAVOURITE BRAND OF YOGURT, UNTIL I DISCOVER THAT MY FLAVOUR (ALWAYS PLAIN) IS GONE. THERE ARE PRICING PROMOTIONS, LOYALTY PROGRAMS WITH STICKERS, REWARDS FOR PURCHASES, BEST BEFORE DATES, SHELF TALKERS, INGREDIENT LISTS, NUTRITION LABELS ON PREPACKAGED FOODS.

Retail food stores represent the confluence of individual choices and the policy decisions we have made collectively about our food systems, in a physical environment. They are full of food, spaces, information, and people making transactions. Everyone eats—and nearly everyone shops to eat. Statistics Canada figures from 2012 indicate that a little over 70 cents of every dollar spent on food in Canada is spent in a retail food store. Gradients exist: the lower the household income, the greater the proportion of food spending in stores, as compared to restaurants. People in higher income groups eat out more often—and when they do, they spend more, as do people under 30. Who shops in stores? Among all age groups, households headed by seniors spend the lowest share of their household income on restaurants, and the highest share on food from stores.

The store-based food retailing trade is a competitive, rapidly changing business sector. Canada is home to one of the most aggressive sectors in the world. In rural

Newfoundland and Labrador or in downtown Toronto, it is still reasonably easy to observe how mom-and-pop stores of the mid-20th century might have operated, while a diverse array of fixed-location establishments where people can purchase food merchandise for personal or household consumption have proliferated alongside: megastores, specialty and general grocers, independents and chains, convenience stores, gas stations. Food merchandizing happens increasingly in non-traditional settings, and we can buy food at pharmacies, hardware stores, automotive parts warehouses. Premises are open 24 hours a day.

Since this spring, working with partners in the NL provincial government and stakeholders such as Municipalities NL, supported by Health Canada, we have constructed a province-wide inventory of over 2,800 eating-out establishments and retailers where members of public can walk in to purchase food. This includes supermarkets, convenience stores, and

restaurants, but excludes wholesalers, premises run by institutions such as schools and hospitals, hotels, campgrounds, movie theatres, breweries, caterers, and charitable outlets. We spent two weeks travelling the less accessible regions of rural Avalon to measure the availability, variety, and pricing for an indicator list of 98 foods within 80 retail stores. It will take more weeding to capture the precise scope of premises that have closed. We will run other analyses to map stores accurately to municipal boundaries, and to synthesize a picture of food availability in rural stores, with an eye to policy implications, and population health.

There is a growing interest among researchers and decision-makers to apply these types of measurement to understand the health impact of our food environment. The food environment concept captures the accessibility, availability, and affordability of food in a given community or geographic region—and more importantly, defines key opportunities for change. Retail stores are a part of the food environment where economic, physical, and social factors work together to affect our shopping behaviour, and consequently, our health. A food store might be readily accessible in proximity to my home, and I might be sufficiently mobile to visit it, but the store could very well carry items that I cannot afford, I do not need, or that I do not wish to buy. The quality of our food environments has been linked to purchasing practices, diet quality, and health status. Although governments, businesses, and researchers have begun to test promising alternatives for actions in the food environment to promote wellness and prevent ill health, we still know remarkably little about the best way to do so.

Moose soup & fresh food algorithms

On a rainy Saturday afternoon in Branch on the Cape Shore, shoppers can find a selection of staple grocery items at one of the two corner stores in the town, JA Nicks or Careen's Convenience. Careen's is the pilot store for Healthy Corner Stores NL, an initiative by our team at Memorial University, Food First NL, and Eastern Health, with other partners such as the Newfoundland and Labrador Organization of Women Entrepreneurs contributing specific expertise along the way. It is the first such rural pilot in Canada to look holistically at the traditional convenience store model, to learn how it could be made more health-promoting. Careen's has been operating in Branch for 52 years, with the current owners for about ten. It has a gas bar, a hardware section, lottery,

a bank machine, and is also the location of Branch's Canada Post outlet. The Loft restaurant upstairs is new. On this Saturday, the young woman tending the store is a high school student, the daughter of one of the cooks in the restaurant upstairs; we chat about the weather, the new loyalty card system, and store traffic that day, a slow trickle.

At the base of the stairwell leading upstairs, a small sandwich board sign advertises an October moose soup special. The restaurant has tweaked its operating hours again, an attempt to shift with seasonal demand. Branch is classified as moderately remote according to the province's Accessibility-Remoteness Index, a measure of service access that includes some retail considerations such as proximity to gas stations and supermarkets. Even younger Branch residents recall in their lifetimes that as many as six small retail stores operated in the town within a stone's throw of each, reduced now to two. A third retail outlet with a septuagenarian owner had held out until just recently. Those who live in Branch with a vehicle, fuel, desire, a wallet, and time can make a grocery run into Placentia, a 65-km drive on Route 100 (a journey with breathtaking climbs that resemble, in some sections, a stage in a rally auto race), or commit the afternoon to going into St John's.

Retail food stores like Careen's in Branch, or Lucy's Fresh Food Market in East Scarborough, Toronto, where my colleague Brian Cook from Toronto Public Health also piloted and evaluated a healthy corner store model, are embedded in our neighbourhoods and communities, but their presence is felt in the national economy. In 2012, the combined operating revenue for supermarkets, convenience stores, and gas stations comprised nearly 35 per cent of the retail trade in Canada. Retail spaces are one of the most scrutinized elements of our contemporary food system, but the research literature on them from a health perspective is still nascent. We are starting to understand how food in retail stores affects different people's health differently. Small, independent retailers seem to understand this intuitively. How else to explain the long store tabs recorded on a folded piece of notepaper in a shirt pocket, the packages set aside for regular customers, the kindnesses to local children, the chest freezers full of squid to meet an idiosyncratic local taste?

The convenience sector is increasingly interested in promoting fresh products, which would have traditionally meant dairy, vegetables and fruits, and other

perishables for small format stores, but now represents a bundle of sought-after attributes in items from bananas to snacks to coffee, including the emotional response to purchasing those items at the corner store. Fresh food distribution to independent corner stores is a complex, ever-changing weekly algorithm of what can be provided through mainstream wholesale distribution, what overstock can be stored adequately on site, fluctuations in demand, usual orders, minimum orders, and often considerable investments of a retailer's time and dexterity as she substitutes for missing links in the chain. It is a situation full of uncertainty and yet demonstrates how retailers continually apply practical problem-solving skills that are important assets for us to understand if we want to see changes in the business model. Those who are new to Canada may be leveraging the experience as an entry point into the labour market. Others juggle the connection to their communities by supplying goods to meet specific consumer needs, while attempting to maintain a typical high traffic volume store offering low-wastage, convenience product lines.

Deserts & swamps

The concept of food deserts emerged a few decades ago in the UK to define a region characterized by material deprivation, whose effects were amplified by poor geographic access to fresh and healthy food in retail settings. The desert image has proved compelling. It summons a powerful portrayal of urban decline, where the retail businesses in a neighbourhood have been hollowed out, a local manifestation of broader macroeconomic changes. In Canada, researchers have yet to find extensive evidence of food deserts, in contrast to other jurisdictions. Instead, what is emerging is a picture of disproportionately easy access to less healthy foods in specific communities, what some researchers have dubbed a food swamp. A scoping review led by my colleague Leia Minaker at the University of Waterloo found that about seven in ten studies on retail food environments in Canada to date have been conducted in cities. Little work has contextualized how food environments are associated with health in rural areas, and more importantly for policy, the functional regions where people work, live, travel, and play in an economic corridor.

The lion's share of NL corner stores are rural and run by independent retailers. The opportunities here to gather insights on what makes rural and remote retail tick, to measure health and economic impact, and seek the particular innovations that can be translated through

policy for health and economic benefit are hugely important to where we and the rest of Canada are headed.

What will it take to make a healthy, prosperous, and sustainable food environment? Health promotion pioneer Nancy Milio, writing about healthy public policy in the 1980s, encouraged us to think of public policy as a vehicle for actively designing the conditions for population health, a way to make the healthful choices easy and to disincentivize those that are deleterious, making them more difficult and less desirable. What many forget is the second part of her thesis, where she explained that such policies could be applied at the individual level or to corporations. How can we establish public policies in Newfoundland and Labrador to make healthy choices readily available for the people of this province, but also to make health an easy, attractive choice that's simply embedded across the food system, from producers, to processors, distributors and retailers, and eaters? How can we make it good business sense to prioritize a healthful food environment, for the public and private sector, for governments, for distributors looking inward and outward, and for retailers with disproportionate challenges, such as those in rural and remote communities?

What encourages me most as a health practitioner and researcher in this great puzzle of how to make a substantive, health-promoting shift in the retail food environment in our province is learning from those who know their sector better than I do: to start from our existing knowledge of what already works and scale the good stuff up. Earlier this year, with support from the Leslie Harris Centre of Regional Policy and Development, my research team carried out a set of interviews with entrepreneurs in different subsectors of the St John's city-region food system to look at the real and potential policy levers that define how they operate in the retail environment. Informants explained that within the horizontal relationships in a given food market in the region, retailers or distributors operate according to ingrained principles of cooptation, an amalgam of cooperation and competition, practiced behaviours that ensure, over time, a resilient and equitable access to market share. How can this phenomenon be translated vertically and across sectors, without diminishing growth? How do we find the health promotion opportunities in these forces of collective action? **NQ**

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