

# FRC Food Policy Evidence Review

Engaging with  
convenience stores  
for healthier  
food provision:  
what works?

Monica Foss, Samantha Royston,  
Mary Atkinson, Corinna Hawkes

October 2019

Series editor: Rosalind Sharpe



**FOOD RESEARCH  
COLLABORATION**

an initiative of the

**Centre for  
Food Policy**

Educating, researching & influencing  
for integrated and inclusive food policy

# Contents

page

3	Summary
4	Key findings
5	Recommendations
7	Introduction
7	The literature review
15	Retail engagement practice: three UK case studies
23	Conclusions
24	Report context
25	References

# Authors

**Monica Foss** has Master's in Food Policy from the Centre for Food Policy at City, University of London, and works as a supply chain coordinator for an organisation promoting fair trade.

**Samantha Royston** has a Master's in Sustainable Crop Production from the University of Warwick, and works for the Food Standards Agency.

**Mary Atkinson** is Project Coordinator of the Food Research Collaboration.

**Corinna Hawkes** is Professor of Food Policy and Director of the Centre for Food Policy, City, University of London.

# Abbreviations

ACS	Association of Convenience Stores
FRC	Food Research Collaboration
NACS	National Association of Convenience Stores
SFC	Sustainable Food Cities
SGF	Scottish Grocers federation

# Summary

With the effect of diet on health now widely recognised, more attention is being paid to where we buy our food and what effect this ‘food retail environment’ has on our choices as consumers. Consequently, among public health practitioners looking to improve diet, there has been growing interest in working with retail outlets to help them provide healthier food.

Convenience stores (or corner shops) play an important part in this work, especially in the UK. Here, convenience stores are often found at the centre of communities and in areas with few other food shops, making them an essential food source for those with limited mobility due to age, disability or income. These shops, however, are not associated with healthy food provision: in studies of both consumer perceptions and actual offerings, they have been found to offer a limited range of affordable, healthy foods.

Numerous public health initiatives in the last 20 years have targeted convenience stores. The overarching goal of these initiatives is to enhance the provision of healthy foods in areas where they are hard to obtain, by helping retailers understand how to manage and profit from foods in this category, and by creating awareness among the stores’ customers both of what comprises a healthy diet and of the availability of healthy foods at corner shops.

Around the world, experience has shown that working with retailers and enhancing their role as food providers can help make food environments healthier. To achieve these goals, it is vital to have constructive ‘engagement’ between retailers and health practitioners. The term ‘engagement’ refers to the ways in which retailers are approached, encouraged and supported to provide healthier options in their stores (which may mean changing the way they have done business for many years); and the processes by which they are motivated to join and remain committed to the initiatives.

At a recent stakeholder conference on this topic, it emerged that there is little evidence or guidance on how to engage most effectively with convenience store retailers in order to boost healthier food provision. To help fill this gap, we conducted a literature review and primary research to identify which strategies and steps have been found to work best in efforts to engage with convenience store operators in healthier food provision.

The literature review looked at interventions involving convenience stores mainly located in the UK, US, Canada and Australia. The primary research investigated three UK-based healthy eating initiatives involving convenience stores: two in London boroughs (Kensington and Chelsea and Tower Hamlets), and a national programme in Scotland. We conducted interviews with Local Authorities (who often initiate or support the interventions), programme staff and shop keepers, to discuss their experiences of the programmes.

This report is aimed at Local Authority commissioners as well as public health and local food practitioners, to support their work with the convenience retail sector. It provides detailed insights both from studies and from interviews, including many quotes from participants which give a flavour of how the initiatives work in practice. The report sits alongside a short Guidance Note, [Getting Engaged: How to help convenience stores sell healthier food](#), intended as a practical tool for use by practitioners.

# Key findings

From both the studies of successful interventions and from the interviews, we found that:

- Establishing trusting relationships between programme staff and retailers was key to effective engagement.
- Retailers were more likely to engage if health goals aligned with business goals.
- Retailers were more likely to engage if programme staff approached them via known and trusted channels (such as trade associations) and demonstrated understanding of the convenience retail sector.
- A strong business case boosted engagement and strengthened it over time: it was important to show how participation could boost profitability and help retailers keep up with consumer trends.
- Minimising work and keeping things free and simple for the shop owner increased the likelihood of engagement.
- Adapting the programme to each shop's needs was critical for retaining engagement.
- Strengthening bonds between retailers and their communities boosted reputation and helped cement engagement.

# Recommendations

## **1. Select participants carefully**

Retailers are more likely to join initiatives if they hear about them through channels they already know and trust, and if they already show some interest in health trends – or in keeping abreast of these for business reasons.

- Enlist trade associations, symbol groups and other industry connections to help identify and recruit retailers to the programme.
- Advertise your initiative through channels that are familiar to retailers, such as cash-and-carry wholesalers, trade association events, trade publications, social media and word of mouth.
- Select retailers who are already involved with their communities, e.g. through charitable work or links with schools, or who have awareness or interest in healthy lifestyles.
- Consider store location: is it the only shop in the area, or on a school route? These factors may help you identify important stores to recruit.

## **2. Structure programmes for ease, make them flexible and agree goals**

Programmes are much more likely to succeed if the practitioners understand the convenience retail sector, and appreciate that retailers have little spare time and will need practical help with implementation.

- Recruit practitioners with experience of the sector to conduct the programme: partner with an established trade association or consultant, or employ people with a retail background.
- Engage enough staff to carry out the practicalities of implementation on behalf of the retailers.
- Ensure programmes are flexible enough not to be intimidating, with stages or levels that the retailer can work through over a certain period.
- Agree goals and outcomes with retailers from the outset, giving them a stake in the programme.

## **3. Keep programmes realistic, relatable and free**

Practitioners implementing the programmes need to be aware of the realities facing convenience store operators (e.g. competition issues, resource constraints, the personal nature of the business).

- Tailor programme strategies to accommodate the retailers' individual concerns and needs.
- Employ practitioners who speak the retailers' language and use terminology the retailers can relate to.
- Retailers are more likely to engage if materials, support and advice are free.
- Remain open to discussion on retailers' attitudes and beliefs around health, and offer the initiative as a trial to pique interest in participation.

#### **4. Make the business case for involvement**

Programmes must convey to retailers that taking part will have economic benefits for them, as well as health or other benefits for their communities.

- Share evidence from established programmes of sales growth or customer retention, or use recommendations from shops already involved.
- Assess shop's goals and challenges in order to tailor the pitch to their needs (do they need better promotion? Better sales? More customers? New income streams? New equipment?).
- Discuss pending health legislation or upcoming health trends and show how the programme can help set the retailer up to benefit from these changes.
- Talk about how the programme can help the retailers better understand the health profile of the foods they stock.
- Highlight unique ways convenience stores can have a competitive edge over supermarkets when it comes to creating a healthy community (e.g., by being located closer to customers, being the only shop accessible to customers with mobility issues, and being a familiar and trusted community presence).

#### **5. Build lasting relationships**

Building long-term, trusting relationships between programme staff and retailers is the essence of effective engagement. It helps retailers to move into unfamiliar territory, in terms of stock and approaches; it allows programme staff to have confidence that retailers will maintain momentum; and over time it allows commercial benefits to become evident and the reputation of businesses and the programme to grow.

- Establish and nurture personal relationships between programme participants and staff.
- Ensure that retailers feel they are valued and respected participants in a worthwhile public health initiative.
- Plan strategies and funding for a long enough timeframe.
- Build community ties into the programme: design events at schools or support participation in local events.
- Use award schemes or media campaigns to spread community recognition of retailers' efforts.

# Introduction

As the burden of diet-related non-communicable disease reaches epidemic levels, governments and public health professionals have stepped up to make food and health a policy priority. Although many factors influence diets, including individual preferences and budgets, there is growing awareness that the places where we live and shop – our ‘food environments’ – affect our food choices.

In the UK, evidence shows that small local stores, such as convenience shops and corner shops, are responsible for up to one-fifth of people’s grocery shopping, and are of even more importance to those with limited physical mobility<sup>1,2</sup>. Evidence also shows that these shops often have lower availability of healthy and fresh foods and can be more expensive than supermarkets<sup>3</sup>. One important option for public health initiatives is therefore to work with convenience stores to increase their offer of healthier and affordable food and drink.

While there is abundant guidance on how to set up such initiatives, there is less on how to engage effectively with the convenience store retail sector. This briefing is a summary of a literature review and primary research we conducted on effective strategies for engagement with independent retailers operating corner shops or convenience stores. By engagement, we mean the ways in which retailers are approached, encouraged and supported to provide healthier options, and how their commitment is motivated and retained.

The literature review involved identifying recent UK and international healthy food retail initiatives involving convenience stores, and looking at evaluations and reviews of these schemes (including both academic literature and relevant non-academic documents and reports).

The empirical research, which took place at three locations in the UK, involved interviewing Local Authority and third-sector practitioners involved in healthy retail initiatives and shop owners/managers with varying levels of engagement. The interviews aimed to collect the experiences of those involved in this type of work, to bring together learnings and suggestions for future initiatives.

The remainder of this report presents the findings from the literature, followed by the findings from the empirical research, drawing out lessons for successful engagement and pitfalls to avoid.

## The literature review

Our examination of the literature involved a survey of academic and other documentary evidence. Information was collected on healthy retail interventions, along with evaluations of the interventions and systematic reviews.

### The food retail environment

The food environment encompasses almost all areas of our lives. Of particular interest to many academics, civil-society groups and governments is the influence the food retail environment – the places where we buy food – has on food choices. There are challenges associated with demonstrating causality between food retail environments and overall diets and obesity, due to methodological limitations<sup>4</sup> and the range of other influential factors such as age, culture, cooking skill, kitchen equipment, spare time, and socio-economic status. However, the academic and grey literature has demonstrated that changing components of food retail environments has the potential to shift purchasing from less healthy to healthier products, depending on the types of intervention, combinations of interventions, and population characteristics. For example, increasing the availability of healthy foods has been shown to increase purchasing of those options in a wide-range of settings<sup>5,6</sup>.

## GLOSSARY

**FOOD ENVIRONMENT:** The food environment includes all of the influences on what we eat<sup>42,43</sup>. It encompasses the food in our homes, work and school, retail and hospitality options, government trade and agriculture policies, and the advertisements targeted at us.

**FOOD RETAIL ENVIRONMENT:** This is the term we will use and the main interest of this study<sup>44</sup>. It refers to the contexts in which we buy food. It is further divided into two elements. The ‘community nutrition environment’ refers to the number, type, location and accessibility of food outlets in a locality and the ‘consumer nutrition environment’ is what is encountered within outlets, encompassing availability, affordability and quality of healthy food options.

**SMALL, INDEPENDENT FOOD RETAILER/SHOP:** A small independent retailer/shop is one that is under 3000 sq ft and run independently (family-run) or under a symbol group (see below)<sup>45</sup>.

**CONVENIENCE STORE/CORNER SHOP:** A recognised small retail format comprising certain characteristics – typically less than 5000 sq ft, convenient pedestrian/community access, extended hours of operation, and a product mix of grocery items, beverages, confectionery, tobacco and alcohol. In the UK they also commonly provide services such as bill payment, post office, newsagents and lottery sales. Although traditionally thought of as small, family-run operations, supermarket chains and multiples are increasingly introducing small, convenience store formats. In 2018, 72% of UK convenience stores were run by independent retailers, down from 74% in 2017<sup>46,47,48</sup>.

**MULTIPLES:** A group of shops under the same ownership and management. In the UK context the term often refers to large supermarket chains such as Tesco, Sainsbury’s or Waitrose, which have stores in a variety of sizes and locations. Can also refer to discount supermarkets such as Lidl and Aldi. Multiples were excluded from the primary research as they are not often the focus of local initiatives.

**SYMBOL GROUPS:** A consumer-facing brand name that shops can trade under. Similar to a franchise, a shop owner buys into the group while remaining an independent operation. Symbol groups provide the branding and act as supplier for shops. Popular examples of symbol groups in the UK include Nisa, Spar and Londis. Because owners retain high levels of autonomy over their business decisions and because of their high prevalence in the UK market, they were included in the primary research.

**HEALTHY FOOD RETAIL INITIATIVE:** A healthy food retail initiative here refers to a project that seeks to enhance the provision of healthy foods in retail settings, and may be funded or led by government, local authority, or civil-society organisations, or a combination. They typically target retailers in communities or regions of high deprivation.



The literature we examined overwhelmingly focused on supermarkets, convenience stores and fast food outlets and was a mix of evidence from English-speaking high-income countries (US, UK, Canada and Australia). There is no evidence that food retailing in isolation affects obesity levels<sup>7</sup>, and many of the studies focused on type or availability of food outlets or the ‘community nutrition environment’ rather than the specific foods on offer<sup>8</sup>. For those that did measure the healthfulness of foods within outlets (the ‘consumer nutrition environment’), there was some association between increased access to retailers selling healthy foods, such as supermarkets, and healthy dietary behaviours and adult weight status<sup>9</sup>. It was also found that living in very close proximity to shops selling vegetables was a positive predictor of increased intake<sup>10</sup>.

Schools were another area of interest, with much research looking into the effect of the food retail environment near schools on schoolchildren’s health. The same methodological limitations apply to these studies, however, and there is little consensus that the retail environment affects weight or health outcomes<sup>11,12,13</sup>. It was acknowledged that in the UK the food retail outlets around schools were frequented before and after the school day, and for older children during their lunch break<sup>14,15,16</sup>. So despite their unproven link to health outcomes, they still play a significant part in schoolchildren’s daily food choices.

In one comprehensive review of food environment studies the most significant findings were positive associations between relative density of healthy food outlets in a given area and healthy purchasing behaviour; and positive associations between the marketing (placement and promotion) of healthy foods and sales<sup>17</sup>. This suggests it is important to measure the availability of healthy food in comparison to unhealthy food both on a neighbourhood scale and a shop scale.

Studies in the US showed evidence of ‘food deserts’, or areas where it was difficult for residents to procure a healthy diet without traveling long distances or paying higher prices<sup>18,19</sup>.

These studies are often the basis for focusing interventions on convenience shops, as many areas classified as food deserts would have a convenience store. Most studies highlighted the one factor that had the most impact on an area’s health: socio-economic status. Areas of lower socioeconomic status consistently had lower health outcomes and often had higher density of fast food and unhealthy food retail outlets.

## The UK context

Within the UK there is little evidence for the prevalence of food deserts, but the quality, availability and affordability of health-supporting food on offer locally varies widely. The convenience store sector has a significant role in the lives of UK residents: over one fifth of grocery sales are attributed to convenience stores (although this includes sales through convenience-format multiples), and just over half of that is spent directly on food items<sup>20</sup>. Chilled foods comprise the largest category after tobacco and alcohol<sup>21</sup>. For many people with limited mobility, such as the elderly or those on a low income, the importance of the local convenience store in the supply of groceries is magnified<sup>22</sup>. Of convenience stores, 38% are located in areas with no other businesses, and over 70% are located in small parades with five or fewer shops; 54% of people travel to the shops on foot and 80% travel less than one mile<sup>23</sup>. Aside from proximity, though, the perceived and actual offerings of convenience stores are mixed.

Evidence shows that there is often lower availability of healthy food items in independent convenience stores than large-format supermarkets or smaller-format multiples<sup>24,25</sup>. The availability of a healthy food basket (a standardised measure of the availability and cost of selected foods) was found to be lower in convenience stores than supermarkets, and 43% of people interviewed by Mintel agreed that it was hard to eat a healthy diet when shopping only in convenience stores<sup>26,27</sup>. On top of this, it was shown that the cost of the healthy food basket could be greater than in supermarkets

**Table 1. Selected Healthy Food Retail Initiatives**

Name of initiative	Location	Time period	Key interventions	Evaluation summary
<a href="#">SGF Healthy Living Programme</a>	Scotland, UK	2004 - Present	<ul style="list-style-type: none"> <li>• Product</li> <li>• Promotion</li> <li>• Placement</li> <li>• Community events</li> </ul>	<ul style="list-style-type: none"> <li>• 2000+ stores participating</li> <li>• Reported increase in fruit and veg sales<sup>49,50</sup></li> </ul>
<a href="#">Change4Life Retail Scheme</a>	North East England, UK	2009-10	<ul style="list-style-type: none"> <li>• Product</li> <li>• Promotion</li> <li>• Placement</li> <li>• Price (equipment investment)</li> </ul>	<ul style="list-style-type: none"> <li>• Reported significant increases in fruit and vegetable sales<sup>51</sup></li> </ul>
<a href="#">Buywell</a>	Tower Hamlets, London, UK	2009-16	<ul style="list-style-type: none"> <li>• Product</li> <li>• Promotion</li> <li>• Placement</li> <li>• Price (pilot included equipment grants)</li> </ul>	<ul style="list-style-type: none"> <li>• 40% average increase in sales by end of project</li> <li>• Increase in self-reported consumption from customers<sup>52</sup></li> </ul>
<a href="#">Brighton &amp; Hove Healthy Start Campaign</a>	Brighton & Hove, East Sussex, UK	2017	<ul style="list-style-type: none"> <li>• Promotion of Healthy Start vouchers</li> </ul>	<ul style="list-style-type: none"> <li>• Creation of interactive map showing retailers accepting vouchers<sup>53</sup></li> </ul>
Shopwell Sandwell	Sandwell, West Midlands, UK	2005-6	<ul style="list-style-type: none"> <li>• Product</li> <li>• Promotion</li> <li>• Placement</li> <li>• Price</li> </ul>	<ul style="list-style-type: none"> <li>• Shopkeepers reported extremely positive experience</li> <li>• Declared increase in sales from initiative<sup>54</sup></li> </ul>
Greenwich Wholesale Scheme	Greenwich, London, UK	2015-16	<ul style="list-style-type: none"> <li>• Product</li> <li>• Price (wholesale connections and Healthy Start voucher uptake)</li> </ul>	<ul style="list-style-type: none"> <li>• Out of 8 shops targeted, only 2 signed up and programme did not carry through</li> <li>• Map developed showing gaps in retail uptake of Healthy Start<sup>55</sup></li> </ul>
<a href="#">Go Golborne</a>	Kensington & Chelsea, London, UK	2017-2018	<ul style="list-style-type: none"> <li>• Product</li> <li>• Promotion</li> <li>• Placement</li> </ul>	<ul style="list-style-type: none"> <li>• Shops valued the publicity in the community and free business advice<sup>56</sup></li> </ul>
<a href="#">Healthy Corner Store Initiative (HCSI)</a>	Philadelphia, Pennsylvania, New Jersey, Delaware, US	2004-Present	<ul style="list-style-type: none"> <li>• Product</li> <li>• Promotion</li> <li>• Placement</li> <li>• Price (mini-store conversions)</li> </ul>	<ul style="list-style-type: none"> <li>• In Philadelphia 600+ stores participating</li> <li>• Mixed results – some show increase in sales and modest improvements in food environments, others no significant nutritional increase<sup>57,58,59</sup></li> </ul>

## FRC Food Policy Evidence Review

Engaging with convenience stores for healthier food provision: what works?

<b>Name of initiative</b>	<b>Location</b>	<b>Time period</b>	<b>Key interventions</b>	<b>Evaluation summary</b>
<a href="#">Shop Healthy NYC</a>	New York City, New York, US	2006-Present	<ul style="list-style-type: none"> <li>• Product</li> <li>• Promotion</li> <li>• Placement</li> </ul>	<ul style="list-style-type: none"> <li>• 1000+ shops participating/ed</li> <li>• Increase in sales and number of customers purchasing healthy items</li> <li>• Reliant on community champions to engage shops, no financial support<sup>60,61</sup></li> </ul>
<a href="#">Healthy Corner Store Project</a>	Toronto, Ontario, Canada	2014	<ul style="list-style-type: none"> <li>• Product</li> <li>• Promotion</li> <li>• Placement</li> <li>• Price (funding)</li> <li>• Work with community</li> </ul>	<ul style="list-style-type: none"> <li>• Reported increase in sales of fruit and veg<sup>62</sup></li> </ul>
<a href="#">Healthy Corner Stores (Community Food Lab)</a>	North Carolina, US	2014	<ul style="list-style-type: none"> <li>• Product</li> <li>• Promotion</li> <li>• Placement</li> </ul>	<ul style="list-style-type: none"> <li>• Funding was cut early in the pilot programme affecting evaluation</li> <li>• Outcomes focused on developing a toolkit/guidance document<sup>63</sup></li> </ul>
Baltimore Healthy Stores (BHS)	Baltimore, Maryland, US.	2004-6	<ul style="list-style-type: none"> <li>• Product</li> <li>• Promotion</li> <li>• Price (funding for stocking 'healthier alternative food items')</li> </ul>	<ul style="list-style-type: none"> <li>• Reported increase in stocking and sales during and post-initiative<sup>64</sup></li> </ul>
<a href="#">Healthy Corners DC</a>	Washington DC, US.	2011- Present	<ul style="list-style-type: none"> <li>• Product (direct provision of fresh fruit and veg)</li> <li>• Promotion</li> <li>• Placement</li> <li>• Price (direct wholesaling cuts prices)</li> </ul>	<ul style="list-style-type: none"> <li>• 71 stores participated</li> <li>• 50% shops reported increase in profits</li> <li>• 64% customers report facilitation of healthy eating</li> <li>• Majority of shops would recommend programme</li> <li>• Availability of supported food within walking distance increased by 11%<sup>65</sup></li> </ul>
<a href="#">Dépanneur Fraîcheur</a>	Montreal, Quebec, Canada	2016-Present	<ul style="list-style-type: none"> <li>• Product</li> <li>• Promotion (advertisement on website and with window stickers)</li> <li>• Placement</li> <li>• Price<sup>66</sup></li> </ul>	

Source: the authors

and 63% of Mintel respondents also felt that the healthy options in convenience stores cost more.

Whether fact or perception, healthy food is not positively associated with convenience stores in the UK context. In areas of deprivation, this can be compounded with other socioeconomic barriers to eating a healthy diet, such as time and resource constraints.

## Convenience store initiatives: lessons from the literature review

Across the globe, numerous public health initiatives have aimed at improving the provision of healthy foods in communities where there is limited access to healthy food options, notably fresh fruit and vegetables. Nearly all the initiatives we found in the literature review were focused on convenience shops and markets central to neighbourhoods. The interventions referenced are detailed in Table 1.

### Objectives

The objective for most interventions was to try to reduce health inequalities through increased access, availability and awareness of fresh fruit and vegetables and other healthy foods, and to increase sales of those categories for the shops. Some interventions focused solely on fresh fruit and vegetable provision. Education on what a healthy diet is and on the availability of government support programmes, such as Healthy Start vouchers in the UK, were the most common campaigns. Many interventions used national dietary guidelines for healthy eating as the basis for what they deemed healthy and felt able to promote.

### Size

There was a huge range in the size of programmes, defined here as the number of shops the interventions targeted or worked with. The smallest programmes engaged with three to four while the largest engaged with more than 2000.

### Selection criteria and scale

Many of the shops were selected for their location alone. Interventions targeted shops in areas that

scored high on the index of multiple deprivation or where there was an identified low or non-existent fresh fruit and vegetable offering. This required extensive mapping in the planning stages. Some were city-wide or regional programmes while others focussed down to a particular neighbourhood, which invariably affected the number of shops available for selection.

### Timeframe

Timeframes varied, with some interventions lasting several years and others running for a year or less (including pilot projects). Pilot projects were the most common of all the interventions, indicating that although there is interest, long-term planning or funding is difficult to achieve or a low priority. Those with longer timeframes saw the highest engagement rates.

### Intervention Strategies

Strategies for achieving intervention goals varied according to available resources (time, funding, number of staff, etc.). Regarding in-shop interventions they commonly revolved around the '4 Ps': Price, Promotion, Placement and Product. Common strategies included:

- The addition of fresh fruit and vegetables or other healthy products to a shop's offering.
- Funding or partial funding for new equipment (e.g. chiller for fresh fruit and vegetables).
- Training for shop owners/managers on nutrition, and how to identify, stock, handle and manage the categories (particularly fresh fruit and vegetables).
- Facilitation of working relationships between wholesalers/producers and shops.
- Community-wide health education and promotion of the initiative/shop's participation (through various events).

For example, some interventions assisted shops with in-store pricing strategies, sourcing from community-organised

producers/wholesalers for lower prices, and/or offering price promotions directly to customers, e.g. by initiative-distributed vouchers or a tie-in with government assistance programmes. Other interventions asked shops to change the positioning of items, often moving healthier products and fresh fruit and vegetables closer to the shop entrance and/or checkout/till points.

### What makes for successful engagement?

A number self-evaluations and systematic reviews has looked into what works best and what barriers there are to meeting objectives. The following factors were found to have big impact on the engagement of shop owners/managers.

**Identifying suitable shops:** The least resource-intensive method of identifying suitable shops was by advertising, either through traditional channels such as local media and print, or through specific trade avenues such as cash-and-carry wholesale outlets or trade publications. Intervention teams worked with trade associations and in some cases partners from the sector (e.g. wholesalers or symbol groups) to identify suitable shops or facilitate connection and participation. A majority of initiatives identified shops based on the socioeconomic status of their location and targeted them specifically. Initiatives that engaged with existing trade networks were more successful at finding suitable shops.

**Selection:** When assessing shops' suitability to be a part of the initiative, a set of selection criteria was essential. The criteria varied based on the initiatives' objectives and resources, but fell into a number of similar categories:

- Store size and ability to add in or relocate products.
- The number of staff and therefore available time of the shop owner.
- Location in a community with limited access to healthy food.
- Location as a central community resource/hub.

Most important for selection was stores' willingness to engage with the initiative as this was a determining factor in whether they actually made changes and reported positive results. Willingness was assessed by their initial agreement to the goals.

**Recruitment:** Initiatives used a number of different strategies to persuade shops to join the programmes. The most important were: the use of incentives, establishment of relationships, working with partners, and framing the project in a way that was appealing to the retailers.

Incentives were not limited to financial, although these were a popular means of recruitment. Some initiatives chose to offer support in the form of equipment (chillers, ambient stands), free stock of produce for start-up sales, marketing materials (point of sale, recipe cards, etc.), publicity in the local community, business training and education, and strictly financial offers such as monetary participation awards and financial support to cover initial loss of profits or wastage (food that could not be sold). Incentives can be critical both for creating a tangible benefit for the shop owner/manager and piquing interest and further engagement<sup>28</sup>.

Relationship building was essential for establishing the trust and connection needed to cajole shops into making changes that held perceived risks to their business. The establishment of this connection was best done through repeated shop visits by programme staff or contracted staff who could a) speak the same language as the retailers; b) understand the retail industry; and c) be supportive and listen to retailers' needs and concerns. The relationship needed to be built with a store owner or manager who had responsibility for decision-making, rather than with their staff<sup>29,30</sup>.

Working together with partners included the industry (e.g. wholesalers, symbol groups and trade associations), local organisations and the community. A joint approach allowed initiatives to reach more shops, especially via industry partners. Working with community created the necessary



demand for healthier foods from those in the local area that could coincide with the increase in stock. Many initiatives and reviews cited the importance of making sure there was demand as well as supply<sup>31,32</sup>.

The framing of the project – i.e., the way it was described and presented to retailers – was the most important aspect in initial discussions with shops. The best way to emphasise the benefit was to put it in a business framework rather than a public health one. This will be discussed further in the next section as a main finding from our own study.

## Perceived and existing barriers

There are many barriers to engagement, based on mostly economic factors. Often shops are risk-averse due to their low profit margins (exacerbated by being located in deprived areas) and the fact that the shop may be the owner's only source of income. A lack of understanding of how to manage a fresh fruit and vegetable category or how to source low-priced healthy foods can influence views on the profitability of the categories. There is also often a belief that the local community is unhealthy by choice rather than circumstance; therefore the shops are catering to perceived lack of demand for fruit, vegetables and other healthy products. Other barriers are logistical and involve the space available in-store for new categories to be introduced and the ability of shops to source the healthy products they need<sup>33,34,35</sup>.

## Measuring success

Most reviews showed that sales data was the most common measurement and an increase in sales was used as a sign of the success of the intervention strategy. But reviewers also noted that sales data could be difficult to obtain from smaller shops, whose record-keeping systems might not be adequate for the study's needs. Measuring success against health outcomes was cautioned against in the literature reviewed because of the multitude of influences on the food environment and dietary health. Overall,

reviews showed that the interventions were successful at altering the food retail environment and shifting it toward a healthier offer. Price interventions in particular were powerful in shifting customer buying habits, but future interventions should consider limiting the availability of unhealthy foods as another strategy<sup>36,37,38,39</sup>.

## Implications of the literature review

Our review of the literature showed that while there is difficulty in proving a causal link between the retail food environment and health outcomes, there are significant associations that warrant investment in further research and interventions. In the UK, local convenience stores/corner shops command a significant share of the grocery market. They often occur in communities with few other retail options and are especially important to those with limited mobility. However, these shops have a reputation (borne out in the literature) for lower availability and higher prices of healthy foods compared to supermarkets. Healthy-eating interventions in convenience stores thus have the potential both to make health-supporting foods available in areas where they are currently scarce and to help these independent businesses to enhance their image and strengthen their position as valuable and profitable community assets.

Initiatives have used interventions concerning the '4 Ps' of product, placement, promotion and price. Fruit and vegetables, and other healthy product categories, have been shown to be profitable with proper management and promotion – which the initiatives can offer to shops at no cost. In areas of deprivation, where access to fresh and healthy food is especially limited, these interventions can have significant impact. From the review of the literature, it emerged that the use of incentives (financial and other), relationship building, industry and community partnership, and framing the initiative in business terms were the most important components for engaging effectively with shops.

# Retail engagement in practice: three UK case studies

## Aims and methods

Guided by the literature review, the FRC conducted primary research using three UK healthy food initiatives as case studies. The aim was to explore the processes by which Local Authorities, local food workers and others engage with convenience stores to help them offer a healthier range of foods. The research involved interviews with retailers and with practitioners working on healthy food initiatives, to investigate the most effective strategies for engagement and discover the barriers to involvement.

The case studies were as follows:

**Programme 1** was part of a wider initiative led by a Local Authority to reduce childhood obesity in one neighbourhood of a West London borough. The place-based approach, run by a retail consultant, targeted three specific convenience stores and a park kiosk of importance to the community to increase and highlight their healthy food provision (including fruit and vegetables) in line with the UK national Change4Life guidelines<sup>40</sup>. The retail assistance aspect was complemented by programmes with other organisations to educate on cooking, nutrition, gardening, exercise, and play for children. This programme ran for four years.

**Programme 2** was a borough-wide initiative led by an East London Local Authority in partnership with a retail consultant, originally to improve the access and availability of fresh fruit and vegetables. Convenience stores in the area were approached with an offer of business support to increase their fruit and vegetable sales. A three-tiered award scheme was used as a framework for participation, with monitoring being a key aspect of the strategy. Change4Life branding was also utilised and Healthy

Start voucher uptake by retailers and markets was a later goal. This programme ran for seven years.

**Programme 3** was a country-wide initiative supported by the national government of Scotland and led by a food retail trade association, which had been running for 15 years at the time of the study (2018). Convenience stores in deprived areas were targeted to increase their range and quality of fresh and healthy food, with more than 2000 programme participants throughout the country. National dietary guidelines were employed as the framework, and goals were promotion, availability, business growth and community involvement with healthy food. Business support was complemented with community events such as breakfasts and food education days in local schools, and tastings in shops.

These programmes targeted small, independently owned convenience stores and corner shops. They did not include supermarkets or smaller multiple chain formats, but stores that were part of 'symbol groups', which consist of independent retailers trading under a common brand (e.g. Nisa), were included<sup>41</sup>. The shops were sited within communities in both urban and suburban areas and accessible to their communities without transport. Shops varied in size but were generally under 1500 sq ft, selling a range of ambient foods, fruit and vegetables, confectionery, alcohol and tobacco.

The study sought to answer three questions:

1. What strategies or processes of engagement work best?
2. What incentives and barriers influence engagement?
3. What is the business case for engagement?

Table 2 indicates the roles of the 18 interviewees. Participants were interviewed anonymously, and are identified in this document only according to whether they were programme staff or retailers.

**Table 2. The interviewees (18 people)**

Number of interviewees	Role of interviewees
Programme 1	
2	Programme staff
3	Retailers (including one park kiosk, 1 symbol group)
Programme 2	
1	Programme staff
3	Retailers (including 1 market stall, 1 symbol group)
Programme 3	
3	Programme staff
6	Retailers (5 symbol group, 1 independent)

Source: the authors

## Findings

The main findings are presented below, illustrated by quotations from the interviewees. The following sections look at strategies for successful engagement; retailers’ motivations for joining initiatives and staying committed; barriers to engagement; and finally, how to make the all-important business case for participation.

### Processes and strategies for successful engagement

**Strong and trusting relationships:** Throughout all programmes there was an understanding that to achieve and extend engagement, close and trusted relationships needed to be formed. Certain strategies proved to be useful here.

Personal visits to retailers’ shops to set up initial contact were important. These were frequent enough in the beginning (several times a month) to establish familiarity and trust, tapering off with time (once every three months), but with other forms of communication available (email, phone). Speaking and working with the owner specifically was important to create the type of relationship that allowed for changes within the shop. The programmes investigated all lasted a relatively long time, with the minimum interaction lasting 18 months and the longest 10 years.

Programme staff and retailers noted the need to keep a clear purpose to visits.

*“If you visit them every week you would get nowhere... [there’s a] fine line of having that good relationship without overstepping... there’s no point in going to a retailer if you’ve got nothing to talk to them about” (Programme staff).*

Programme staff who could talk speak the retailers’ language and could demonstrate awareness of the retailer’s challenges and realities were best able to inspire confidence in their ideas and authority. Contracting the work out to a trade association or retail consultants was done by all three programmes and discussed as a benefit to the overall engagement by all involved.

*“I’ve worked with so many independent retailers, I know the challenges they have. I understand their frustrations and I also know their priorities. So playing to all of those things means that eventually they were prepared to listen to what they saw initially as yet another council project. But they did after our intervention realise that there was a commercial value to them in taking part” (Programme staff).*

*“That’s the great thing about the group of people that they have in, that they’re all really well experienced in retail ... [it’s important] how you talk to a retailer, to cajole and encourage them to participate, because you know we’re not the easiest of people to deal with ” (Retailer).*

On top of this, using the reputation of the organisation running the programme in lieu of the council or government was helpful in creating confidence in the strategies and staff.

*“I think the fact it’s done through the [trade association] is good as well ... I think if the government were doing it straight off their own back then people wouldn’t trust it” (Retailer)*



It was mentioned by all that a good relationship was not built on the topic of money. All programmes decided to leave money and financial incentives out of the discussion (not including discussions of sales growth potential) in order to create a ‘sustainable’ project with genuine interest from retailers. One programme began with offering significant grants for equipment (chillers for fruit and vegetables) but as the programme progressed decided to leave this out entirely or until a steady relationship was built.

*Q: For other programmes that are starting what would you suggest they focus on to get the engagement?*

*“Basically building rapport with the retailers. And having a worthwhile proposition that you’re going to work with them, you’re not there to sell them something, you’re not here to dictate to them” (Programme staff).*

**Flexible processes and clear goals:** The participants emphasised the importance of flexible programme strategies which included assessing each shop’s current situation, goals and equipment and using that to determine different methods of engagement.

*“I would produce a presentation... initially to show that this is a level of advice that is tailored to them, and is giving them information that they wouldn’t otherwise know. I was able to tell them which categories are in growth, which categories they have an opportunity to sell more stock of, and I was talking about the categories that I knew were important to them and their customers and their footfall, rather than it being any old category that frankly they’re not interested in” (Programme staff).*

Goals were set out at the start and agreed with the retailer before work began, through a formal ‘contract’ or an informal verbal agreement. Outcomes and goals were kept simple: for example, to increase healthy food provision, increase or improve fruit and vegetables on offer, or connect with the community.

Programmes used national dietary guidelines as a framework either to identify gaps in the shops’ offer or suggest which products to use the

provided marketing materials on. Where there was government involvement, adherence to guidelines such as Change4Life was essential but could be limiting, as was restricting the discussion to fruit and vegetables (discussed below). Looking holistically at the shop as well as its role in the community was discussed as the best path toward extending the programme beyond a government health initiative.

*“When I first started it was very much just fruit and veg, that’s all we spoke about. Over the years, [after] spending time walking around the store with the retailers discussing the [targets], now we’ve got a lot of healthier options, it’s expanded the programme and that’s really helped” (Programme staff)*

Interviewees reported that it was important to avoid staleness by periodically updating display and branded materials, conducting the programme in stages and keeping abreast of government regulation or health trends, in order to ensure approaches stayed relevant.

*“We try and introduce at least a new point of sale [display] once a year ... We’ve had the whole basic kit now for three or four years so we’re really ready to change it, because [retailers] are getting a bit fed up [with it]” (Programme staff)*

The programmes differed in their requirements of the retailers. The most positive discussions surrounded situations where the programme staff did the majority of work for the retailer. This included the initial audits of the store, the highlighting or re-positioning of products, research into healthy product availability from suppliers, ordering and setup of marketing materials and equipment, set-up of events and community connections, and ongoing research into market and industry trends. The more that was asked of the retailer the more they discussed the programme as a chore, albeit still positive and worthwhile but with less enthusiasm. Retailers were more apt to listen when programme staff started the conversation with what the shop was already doing well.

*“We do everything. It’s our job to put the point of sale up, identify the products, group products like the tins of healthy vegetables, pasta sauces, healthy choice cereals, so it makes it easier to show what a healthy choice is” (Programme staff).*

*“Easiest part is it’s all done for you. [The team] will come in and label it all ... order a unit for you. If you’ve got the product there they’ll just fill it as well. That was definitely the easiest part of it all” (Retailer).*

It was important to monitor the shops to make sure retailers kept up with changes over time. One participant said, “I call us the fruit and veg police” (Programme staff). Some programmes reserved the option to remove retailers from the programme if they failed to meet expectations or communicate with staff, freeing up resources for those more involved.

*“Cut your losses. Don’t invest too much time in people who are never going to engage with you. It’s not worth it. The money is better spent on engaging the people who are prepared to listen with a bit more time. So be quite ruthless: ‘if you want it, you can have it, if you don’t then that’s fine by us’ ” (Programme staff)*

**Strong community connections:** The most positive examples of engagement were repeatedly linked to the connections programmes made between retailers and their communities, particularly in Programme 3, which had a large community element. Publicity in local media, advertisements in and around shops of their involvement, in-store promotions and participation in events in local schools or community centres created stronger bonds between the retailers and their customers. Nearly every retailer discussed these events as being the most enjoyable part of the programme and the best for long-term business.

*“A few times she asked me to take the apples and bananas to school. So now we sell a lot of bananas, about six-seven boxes of bananas, to the schoolchildren in the morning. More of them buy juices and bananas now rather than fizzy drinks” (Retailer).*

Programme staff described community connections as the key to establishing a difference between convenience shops and supermarkets in customers’ perceptions.

*“The breakfast and healthy living days [in schools] really took off ... It’s good for the retailer, because it strengthens their bond in the community, because when the kids go home to the parents they’re talking about the breakfast and the healthy living days. Some retailers will put photographs up from the event and the kids bring the parents into the shop to see the photographs” (Programme staff).*

## What motivates retailers to join programmes?

**Awareness of health trends:** A common theme among retailers with high engagement was their awareness regarding health and the obesity epidemic. When asked how to get other shops involved with healthy eating programmes, nearly all retailers said, “just educate them” about health. One retailer commented that the push to stock healthier options was coming from the general public, even without the influence of the healthy food initiative. Awareness of health trends and legislation was one of the reasons retailers engaged with the programmes:

*“They are listening to us. They are engaging at the moment, I’d say, because there’s so much in the media, you’ve got your sugar tax as well, and they will listen, you can influence them in certain ways at the moment” (Programme staff).*

Some retailers were already aware of the issues around obesity and diet but did not have relevant knowledge of their own products prior to programme participation. One participant discussed his expanding knowledge thanks to the programme’s guidelines:

*“Some of the cereal bars, some of the breakfast cereals [I] didn’t realize how much sugar was in them. Some of the soft drinks, the misconception of no added sugar doesn’t necessarily mean there’s no sugar in it. It was little things like that, where the manufacturers were trying, not necessarily to deceive, but*

*kind of sleight-of-hand of how they try and push their products. So it's actually reading the labels on the back of the products now and understanding what's what" (Retailer).*

**Investment in the business:** Almost all of the retailers were highly invested in their own business, its development and the industry as a whole. They thought critically about potential strategies for growth, market trends and their customers, were part of symbol groups or trade associations, and networked frequently with other retailers. Networks were cited as important to alerting and connecting retailers to the programmes. One retailer described his ambitions for adhering to the programme:

*"To improve. Because before I used to stay in the same place. I got interested in [the programme] because I want to learn something from it. I've got nothing to lose. If it does improve it's good for me, if it doesn't improve I'm in the same place. So why not take the chance if someone is offering you a good chance?" (Retailer).*

**Being a 'responsible retailer':** Retailers mentioned their feelings of responsibility for the health of their neighbours and community as a reason for engaging. The term 'responsible retailer' was heard frequently as an end goal.

*"I am a community councillor around here. We have a bit of an obesity issue ... We discuss this as part of our Health and Wellbeing [strategy], so I thought, marry the two together – it's commercial and there's a need in society for this" (Retailer).*

*"As a responsible retailer, we have to do what's best ... I think that was the key, that we have to be responsible to our customers, because we see them every day. Yeah, we sell the products, but I think it's time to educate and change" (Retailer).*

Many retailers related health back to their own families and extended those feelings to their communities. Programme staff talked about this as another way of engaging retailers, by framing programmes with a personal lens.

*"There's certain things you want for your child. And I wanted to replicate that for my customers' children as well because their*

*children were my daughter's friends at school and nursery and I wanted them to be the same. I didn't really want to be the one selling them sweets and crisps and not looking out for their health." (Retailer).*

## Barriers to engagement

Various barriers to engagement were discussed. It is important to note, though, that barriers were often brought up by retailers in the context of being overcome or as potential problems for others. Programme staff also acknowledged that barriers existed, but they were infrequently encountered, or programmes were organised to address them adequately.

**Attitudes and beliefs:** Retailers held their own ideas about what was healthy, what products had value, and who had responsibility for the community's health. Before engaging with the programmes they felt they were either doing enough or that the responsibility for change fell on others: their customers, supermarkets, manufacturers, schools or the government.

*"I think there should be the option [of healthy]. But no, I think it's their parents' responsibility. Because this [shop] plays a small part.... Not every kid is fat in this neighbourhood. No way. And I blame a lot of it on schools. On their exercising programme. Schools have got to take a huge amount of responsibility" (Retailer).*

All programme staff mentioned retailers being initially suspicious of them or the government getting involved in their store and imposing bureaucracy: *"at first I thought she was going to act like a health officer. Do this, do that." (Retailer).*

*"They start by not trusting and then they trust. And they always think you're going to sell them something. And if you're from the council they think that I'm somehow going to be able to get them for tax fraud, or VAT fraud or income something" (Programme staff).*

**Preconceptions:** About half of retail participants talked about the perceived ingrained habits of their customers, with some retailers saying no amount of promotion or choice would change their shopping habits. They either had their perceptions changed by the programme (“around here you would think that no-one’s going to buy, but yes, some people buy healthy,” Retailer) or they were reinforced by the programme:

*“In the first week there were a lot of people asking about the stuff and then obviously they go back to normal shopping, what they were used to buying. It’s especially very hard for the kids to move them from those categories ... because of the taste.”* (Retailer).

**Routines and habits:** Several programme staff commented that retailers had hard-to-penetrate habits, rarely making changes to their shops and tending to stock what was familiar to them.

*“I think a lot of retailers we deal with are, they are a bit more in the older generation I would say and they are more set in their ways. They’ve been going to the cash and carry for the last 30 years and they buy the same thing on a Monday and they buy the same thing on a Friday.”* (Programme staff).

**Restrictive criteria:** Most of the programme staff and some of the retailers discussed programmes starting off with too strict demands, or said that the definitions of healthy products were questioned, or the programme criteria were felt to be too restrictive. One retailer mentioned needing to carry a certain amount of product decided by their symbol groups, although this was not mentioned by any other retailers as an obstacle.

*“The Change4Life guidelines are quite stringent and what we found was that some of the things that they wanted to stock and [which seemed] to be a move in the right direction didn’t adhere to the Change4Life guidelines”* (Programme staff).

**Resource Constraints:** Most prominent in discussion of barriers was the lack of time, money, or stability of the business. Retailers often were one of just a few staff running the store and had little time for research or additional activity. When asked if they would be a part of the programme had it been more labour intensive, one retailer said his engagement would be limited: “I would still do it but it would probably put a much longer time frame on it” (Retailer).

Lack of profits to reinvest was another barrier, as was fear of losing profits because of changes, and wastage<sup>i</sup> was often mentioned.

*“The biggest concern was the wastage issue ... there is high wastage in the first three months, starts to get lower as you progress but you just have to get on with it and deal with it. Not everyone has the financing in place to cope with the amount of wastage, so I’ve noticed people, well-intentioned retailers, having these [new practices] coming in and then within six weeks they’re going back to their own ways”* (Retailer).

The need for stability in the business was another common theme, with many participants discussing the highly competitive environment and the closure of a large number of shops over the last few years. Programme staff discussed this as a detriment to their retention rates because “you would get the turnover of managers, you would get businesses on hard times, you would get whole populations moving out” (Programme staff). Retailers talked about the lack of financial flexibility being a potential barrier to stocking new products and weathering initial low profits, especially when in close proximity to a supermarket.



## The all-important business case for participation

It was seen as essential, by programme staff and retailers, that the initiatives offered and delivered business benefits as well as the desired health benefits. Various tips and insights were suggested to help ‘make the business case’ for engaging with healthy eating initiatives.

**Free business advice and labour:** Programmes were seen as a ‘win-win’ opportunity to grow the business and profits, with free advice, education and assistance.

*“We knew we had to do something, they came around at the right time and we thought this is perfect. We have the advice, we have the support with the point-of-sale material. It just seems a complete no-brainer to get involved with it. It’s a win-win for everyone”* (Retailer).

Programme staff talked about providing a business advice service that is often not available to small, independent retailers.

*“Volume-wise, they don’t come onto the radar of regular visits of the wholesalers who they get their stock from. So I am probably the only person who they will get to hear apart from the reps of their suppliers, and that’s why they listen”* (Programme staff).

All of the retailers saw this free advice as an advantage of the programmes, as well as the free labour that some programmes provided. The fact that the programmes provided free support and materials enabled the retailers to take risks they might not otherwise have been able to afford.

*“The merchandising kits, that’s great. Really helped the sales go up. And she told me to do the unseasonal fruit, like raspberries, blueberries, all year round. She said to keep prices low for the cauliflower, spinach, and that did help to lift the sales. You used to put a lot of cauliflower in a stack and it goes in the bin, but when I changed the price, then that starts selling and nothing goes in the bin”* (Retailer).

Retailers repeatedly emphasised ‘free’ as a key factor of the programmes and their involvement.

*“At no cost to the retailer, I think that is the most important thing. There is no additional cost to the retailer”* (Retailer).

**Builds trust and reputation:** The programme was said to provide a credible and official avenue for the retailer to be labelled a ‘responsible retailer’, through the good reputation of the programmes and through the awards schemes some of them ran. It became a discussion point among their customers:

*“I put it on the sign here and some people ask me ‘what is that, gold?’ So I can explain to them I am selling fruit and veg, very healthy...”* (Retailer).

Many participants talked about the programmes helping to raise the profile of convenience stores, re-writing stereotypes that they are only there for providing junk food, alcohol and tobacco. One retailer said:

*“When you think of fresh and you think of good quality, you’re not going to think of a small convenience store. Why is that? Because small convenience stores have instilled [the idea] that they’re not good at doing that. Now if a lot of retailers were doing good fruit and veg you would assume that they would all have good fresh veg. Do I really need to go to supermarket? I can just go across there... So the more positive stories, the more people are doing it, the more it benefits our industry as a whole”* (Retailer).

The potential for participation to strengthen retailers’ links in their communities was discussed by all as a business benefit, with the potential to keep customers closer to home and also attract new customers.

*“The first time we did [a school event] we did porridge. So not many of the children had ever tasted porridge, and the following day I had about ten mothers in the shop. You got that porridge that such and such had at school the other day? They’ve come home raving about this porridge”* (Retailer).

Programme staff commented that retailers sometimes seemed disconnected from the communities they served because of the nature of their work (long hours, limited staff, short transactions, and cultural and language barriers).

*Q: So you liked it because it engaged the community or because it sold out... or both?*

*“Both! Engaged with the community, the community was in here. And the sales were an added bonus. These things are a two-parter, engagement and commercial. If you can’t have the commercial part of it, the engagement from a business point of view doesn’t work out in the long run” (Retailer).*

**Staying up-to-date with trends:** There was much discussion of the challenging economic conditions for convenience stores due, among other things, to the expansion of supermarket and discounter small-store formats, increasing minimum wages and high business rates. Participants said that involvement with a programme helped them meet changing customer expectations:

*“It helps you give a proper complete offering as a store. To develop your business, as customers expect it to be. Because I think consumers expect to find the full offering in a modern local convenience store now. They expect to come in and find decent fruit and veg and healthy sandwiches. If a store is not offering that they’re selling the customer short, but they’re also selling themselves short. They’re definitely missing out” (Retailer).*

Some of the retailers mentioned the pressures from government regulation and the disproportionate impact it has on small, independent stores. One said regulations sought to “curtail the behaviour of supermarkets, but they don’t realise how it’s going to impact us. For them it’s just a nuisance, for us it’s make or break.” (Retailer). Programme staff highlighted the importance to businesses of keeping up with government health regulation, and said the advice they could provide on this was an important selling point of the programmes:

*“In the convenience sector especially there’s been a lot of legislation recently ... government could come along and say you’re now not allowed to do two-for-ones*

*on your chocolate bars, you’re not allowed to have price-marked packs. So [the retailers] are listening to us, they are engaging” (Programme staff).*

Many retailers credited the programmes with helping them to stay afloat as a business:

*“We’ve done quite big improvements with the fruit and veg, bringing the fruit and veg to the front of the shop, that does make a difference to sustaining the business. [It helps] to keep paying the bills [and] helps us to lift the sales of dairy products and frozen food and other groceries as well. It does make a huge difference actually. Otherwise I wouldn’t be here” (Retailer).*

Participants also discussed the need for convenience stores to keep up with market trends towards healthier eating and healthier snacking.

*“The retailers that are switched on know that things are changing. You don’t get sweets at checkouts in supermarkets anymore. So it’s [an opportunity for] encouraging them and saying, you know, this is your chance to get ahead of this because it’s not going away” (Programme staff).*

## Conclusions

This report has reviewed evidence from various studies and from practical experience on how convenience stores can be encouraged and supported to offer healthier food options.

In the UK, convenience stores play an important part in supplying groceries. They are usually located at the heart of communities, and a high proportion are found in areas with few or no other food shops. For people who have difficulty travelling to larger shops, the importance of convenience stores is magnified. However, both in people's perceptions and in reality, convenience stores do not typically provide a good variety of healthy foods, in particular fresh fruit and vegetables, at affordable prices.

Helping to improve the range of healthy foods available in convenience stores has therefore become one of the strategies employed by public health practitioners tackling diet-related ill-health and health inequalities. Although it is difficult to make causal links between the availability of healthy foods in local stores and improved health outcomes – because so many variables can affect the outcomes, and these variables cannot be separated or quantified -- increasing the availability of healthy foods has been shown to increase purchases of those options in a wide-range of settings.

Rather than looking at how healthy food retail initiatives should be planned or structured, this review has focused on strategies for engagement: how retailers can be persuaded to join the programmes and stay committed over time, and why (from the retailers' point of view) there is value and purpose in participating in the programmes.

The examples discussed here, both in the literature review and in the detailed case studies, show that being respectful and knowledgeable about the convenience sector was the best

starting point, with flexible programme strategies, community interaction, and a clear business case for engagement critical to success. Building a strong relationship between programme staff and shop owners was key to continued engagement. This included establishing trust on the retailers' part that the programme staff knew how the shops operated, what challenges they faced, and how the programmes could benefit them. Being linked to an established retail trade association helped build trust and was also useful for publicising programmes. The need for an extended timeframe (and funding) was evident.

The strategies themselves varied between programmes but were all related to clear, realistic goals that were agreed from the outset with retailers. The programmes had the most engagement when flexible strategies were carried out mainly by the programme staff, offering free support, advice, materials and labour to the businesses. The smaller the 'ask' of the retailers, the easier it was to get them on board, with further engagement depending on results, as well as the quality of their relationship with programme staff. Community involvement was a crucial last step toward a successful and sustainable programme.

The most engaged retailers were those who were aware of health trends, had (or acquired) some health literacy, and felt a responsibility to their communities. Some of the retailers had prior health knowledge and some had their interest piqued by the programmes. Most were also described as 'proactive businesspeople' who thought critically about investment into their own business and sought out advice, education and networks in the industry. Among barriers discussed, the most pervasive had to do with the retailers' knowledge, attitudes and beliefs, and resource constraints. Highlighting how the programme could help overcome those barriers (e.g. by providing a new income stream, free materials and advice, or help in keeping up with market trends) was one way of tackling them; being persistent, confident and trustworthy were also ways of overcoming hesitations.

The business case was the most important factor in the success of the programmes. It determined interest levels of retailers, sustainability of strategies, and was the biggest selling point. Among the interviewees, the retailers who discussed the programmes with the lowest levels of enthusiasm still had something to say about healthy food's potential to create financial growth in their shop. Retailers were more likely to value the social and health benefits the programmes offered when they were in line with clear business benefits.

## Report context

---

The need for guidance on how to engage with local food business was identified by delegates at a Sustainable Food Cities (SFC) conference in 2017 and reflects rising interest in working with food businesses to create healthier food retail environments. The conference was the impetus for a joint Food Research Collaboration (FRC) and SFC project to produce evidence-based guidance for those wishing to work with convenience stores to implement healthy food initiatives at the local level. An initial review of the literature and existing guidance identified a lack of direction on how to engage with local food retail stores, as compared to fast food or takeaway outlets. This in turn led to FRC primary research to fill this gap. The literature review was conducted by Samantha Royston. The primary research was conducted by Monica Foss. The research was carried out in 2018.



## References

- 1 ACS (2017) The Local Shop Report 2017. Available at: [https://www.acs.org.uk/sites/default/files/local\\_shop\\_report\\_17\\_low\\_res\\_o.pdf](https://www.acs.org.uk/sites/default/files/local_shop_report_17_low_res_o.pdf) (Accessed: 21 January 2019).
- 2 ACS (2018). The Local Shop Report 2018. Available at: [https://www.acs.org.uk/sites/default/files/local\\_shop\\_report\\_2018.pdf](https://www.acs.org.uk/sites/default/files/local_shop_report_2018.pdf) (Accessed: 21 January 2019).
- 3 Williamson, S., McGregor-Shenton, M., Brumble, B., Wright, B., Pettinger, C. (2017) 'Deprivation and healthy food access, cost and availability: a cross sectional study' *Journal of Human Nutrition and Dietetics*, 30(6), pp. 791-799.
- 4 Ni Mhurchu, C., Vandevijvere, S., Waterlander, W., Thornton, L.E., Kelly, B., Cameron, A.J., Snowdon, W., Swinburn, B. (2013). 'Monitoring the availability of healthy and unhealthy foods and non-alcoholic beverages in community and consumer retail food environments globally' *Obesity Reviews*, 4(S1), pp. 108-119.
- 5 Adam A., Jensen, J. D. (2016) 'What is the effectiveness of obesity related interventions at retail grocery stores and supermarkets? - a systematic review', *BMC Public Health*, 2016. 16(1): p. 1-18.
- 6 Valdivia Espino, J. N., Guerrero, N., Rhoads, N., Simon, N.J., Escaron, A.L., Meinen, A., et al. (2015) 'Community-based restaurant interventions to promote healthy eating: a systematic review'. *Prev Chronic Dis* 12: p. E78.
- 7 White, M. (2007) 'Food access and obesity' *Obesity Reviews*, 8 (S1), pp. 99-107.
- 8 Burgoine, T., Alvanides, S., Lake, A.A. (2011) 'Assessing the obesogenic environment of North East England' *Healthy & Place*, 17(3), pp. 738-747.
- 9 Giskes, K., van Lenthe, F., Avendano-Pabon, M., Brug, J. (2011) 'A systematic review of environmental factors and obesogenic dietary intakes among adults: are we getting closer to understanding obesogenic environments?' *Obesity Reviews*, 12(5), pp. e95-e106.
- 10 Bodor, J.N., Rose, D., Farley, T.A., Swalm C., Scott, SK. (2008) 'Neighbourhood fruit and vegetable availability and consumption: the role of small food stores in an urban environment' *Public Health Nutrition*, 11(4), pp. 413-420.
- 11 Griffiths, C., Frearson, A., Taylor, A., Radley, D., Cooke, C. (2014) 'A cross sectional study investigating the association between exposure to food outlets and childhood obesity in Leeds, UK' *International Journal of Behavioural Nutrition and Physical Activity*, 11:138.
- 12 Moorhouse, J., Kapetanaki, A., Wills, W. J. (2015) Within Arm's Reach: School Neighbourhoods and Young People's Food Choices. Food Research Collaboration. Available at: <https://foodresearch.org.uk/publications/within-arms-reach-school-neighbourhoods-and-young-peoples-food-choices/> (Accessed: 23 January 2019).
- 13 Williams, J., Scarborough, P., Matthews A., Cowburn, G., Foster, C., Roberts, N., Rayner, M. (2014) 'A systematic review of the influence of the retail food environment around schools on obesity-related outcomes' *Obesity Reviews*, 15(6), pp. 359-374.
- 14 Brighton & Hove City Council (2011) Hot-food takeaways near schools; An impact study on takeaways near secondary schools in Brighton and Hove. Available at: [https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/downloads/ldf/Healthy\\_eating\\_Study-25-01-12.pdf](https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/downloads/ldf/Healthy_eating_Study-25-01-12.pdf) (Accessed: 24 January 2019).
- 15 Engler-Stringer, R., Le, H., Gerrard, A., Muhajarine, N. (2014) 'The community and consumer food environment and children's diet: a systematic review' *BMC Public Health*, 14:522.
- 16 Moorhouse, J., Kapetanaki, A., Wills, W. J. (2015) Within Arm's Reach: School Neighbourhoods and Young People's Food Choices. Food Research Collaboration. Available at: <https://foodresearch.org.uk/publications/within-arms-reach-school-neighbourhoods-and-young-peoples-food-choices/> (Accessed: 23 January 2019).
- 17 Ni Mhurchu, C., Vandevijvere, S., Waterlander, W., Thornton, L.E., Kelly, B., Cameron, A.J., Snowdon, W., Swinburn, B. (2013). 'Monitoring the availability of healthy and unhealthy foods and non-alcoholic beverages in community and consumer retail food environments globally' *Obesity Reviews*, 4(S1), pp. 108-119.
- 18 Gittelsohn, J., Laska, M.N., Karpyn, A., Klingler, K., Ayala, G.X. (2014) 'Lessons Learned from Small Store Programmes to Increase Healthy Food Access' *American Journal of Health Behaviour*, 38(2), pp. 307-315.
- 19 Walker, R.E., Keane, C. R., Burke, J.G. (2010) 'Disparities and access to healthy food in the United States: A review of food deserts literature' *Health & Place*, 16(5), pp. 876-884.
- 20 ACS (2018). The Local Shop Report 2018. Available at: [https://www.acs.org.uk/sites/default/files/local\\_shop\\_report\\_2018.pdf](https://www.acs.org.uk/sites/default/files/local_shop_report_2018.pdf) (Accessed: 21 January 2019).
- 21 ACS (2018). The Local Shop Report 2018. Available at: [https://www.acs.org.uk/sites/default/files/local\\_shop\\_report\\_2018.pdf](https://www.acs.org.uk/sites/default/files/local_shop_report_2018.pdf) (Accessed: 21 January 2019).
- 22 Parliamentary Office of Science and Technology (2016) Barriers to Healthy Food. Available at: <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/POST-PN-0522> (Accessed 21 January 2019).
- 23 ACS (2018). The Local Shop Report 2018. Available at: [https://www.acs.org.uk/sites/default/files/local\\_shop\\_report\\_2018.pdf](https://www.acs.org.uk/sites/default/files/local_shop_report_2018.pdf) (Accessed: 21 January 2019).
- 24 Williamson, S., McGregor-Shenton, M., Brumble, B., Wright, B., Pettinger, C. (2017) 'Deprivation and healthy food access, cost and availability: a cross sectional study' *Journal of Human Nutrition and Dietetics*, 30(6), pp. 791-799.
- 25 Black, C., Ntani, G., Inskip, H., Cooper, C., Cummins, S., Moon, G., Baird, J. (2014a) 'Measuring the healthfulness of food retail stores: variations by store type and neighbourhood deprivation' *International Journal of Behavioural Nutrition and Physical Activity*, 11:69.
- 26 Williamson, S., McGregor-Shenton, M., Brumble, B., Wright, B., Pettinger, C. (2017) 'Deprivation and healthy food access, cost and availability: a cross sectional study' *Journal of Human Nutrition and Dietetics*, 30(6), pp. 791-799.
- 27 Mintel (2018) 'Convenience Stores UK – April 2018' Available at: [https://academic.mintel.com/display/859079/?\\_cc=1](https://academic.mintel.com/display/859079/?_cc=1) (Accessed: 24 January 2019).
- 28 Langellier, B.A., et al. (2013) 'Corner Store Inventories, Purchase and Strategies for Intervention: A Review of the Literature' *California Journal of Health Promotion*, 11(3), pp. 1-13.
- 29 Langellier, B.A., et al. (2013) 'Corner Store Inventories, Purchase and Strategies for Intervention: A Review of the Literature' *California Journal of Health Promotion*, 11(3), pp. 1-13.
- 30 Gittelsohn, J., Laska, M.N., Karpyn, A., Klingler, K., Ayala, G.X. (2014) 'Lessons Learned from Small Store Programmes to Increase Healthy Food Access' *American Journal of Health Behaviour*, 38(2), pp. 307-315.
- 31 Gittelsohn, J., Laska, M.N., Karpyn, A., Klingler, K., Ayala, G.X. (2014) 'Lessons Learned from Small Store Programmes to Increase Healthy Food Access' *American Journal of Health Behaviour*, 38(2), pp. 307-315.
- 32 Langellier et al., 2013
- 33 Pinard, C.A., Byker Shanks, C., Harden, S.M., Yaroch, A.L. (2016) 'An integrative review of small food store research across urban and rural communities in the U.S.' *Preventive Medicine Reports*, 3, pp.324-332.
- 34 Langellier, B.A., et al. (2013) 'Corner Store Inventories, Purchase and Strategies for Intervention: A Review of the Literature'

- California Journal of Health Promotion, 11(3), pp. 1-13.
- 35 Gittelsohn, J., Laska, M.N., Karpyn, A., Klingler, K., Ayala, G.X. (2014) 'Lessons Learned from Small Store Programmes to Increase Healthy Food Access' *American Journal of Health Behaviour*, 38(2), pp. 307-315.
- 36 Liberato, S.C., Bailie, R., Brimblecombe, J. (2014) 'Nutrition interventions at point-of-sale to encourage healthier food purchasing: a systematic review' *BMC Public Health*, 14:919.
- 37 Glanz, K., Bader, M.D.M., Iyer, S. (2012) 'Retail Grocery Store Marketing Strategies and Obesity: An Integrative Review' *American Journal of Preventive Medicine*, 42(5), pp. 503-512.
- 38 Adam A., Jensen, J. D. (2016) 'What is the effectiveness of obesity related interventions at retail grocery stores and supermarkets? -a systematic review', *BMC Public Health*, 2016. 16(1): p. 1-18.
- 39 Gittelsohn, J., Rowan, M., Gadhoke, P. (2012) 'Interventions in Small Food Stores to Change the Food Environment, Improve Diet, and Reduce Risk of Chronic Disease' *Preventing Chronic Disease*, 9:110015.
- 40 Change4Life is a campaign in England and Wales by the National Health Service to promote healthier lifestyles through education on exercise and nutrition. They partner with organisations from retail to NGOs and Local Authorities to deliver public health messages, providing branding and materials for promotion. Available at: <https://www.nhs.uk/change4life/about-change4life> (accessed: 24 October 2019).
- 41 ACS (2017) The Local Shop Report 2017. Available at: [https://www.acs.org.uk/sites/default/files/local\\_shop\\_report\\_17\\_low\\_res\\_o.pdf](https://www.acs.org.uk/sites/default/files/local_shop_report_17_low_res_o.pdf) (Accessed: 21 January 2019).
- 42 Story, M., Kaphingst, K.M., Robinson-O'Brien, R., Glanz, K. (2008) 'Creating Healthy Food and Eating Environments: Policy and Environment Approaches', *Annual Review of Public Health*, 29, pp. 253-272.
- 43 von Philipsborn, P., Stratil, J.M., Burns, J., Busert, L.K., Pfadenhauer, L.M., Polus, S., et al. (2016) Environmental interventions to reduce the consumption of sugar-sweetened beverages and their effects on health. *Cochrane Database Syst Rev* (7).
- 44 Glanz, K., Sallis, J.F., Saelens, B.E., Frank, L.D. (2007) 'Nutrition Environment Measures Survey in Stores (NEMS-S): Development and Evaluation' *American Journal of Preventive Medicine*, 32 (4), pp. 282-289.
- 45 Adapted from Gittelsohn, J., Rowan, M., Gadhoke, P. (2012) 'Interventions in Small Food Stores to Change the Food Environment, Improve Diet, and Reduce Risk of Chronic Disease' *Preventing Chronic Disease*, 9:110015.
- 46 ACS (2017) The Local Shop Report 2017. Available at: [https://www.acs.org.uk/sites/default/files/local\\_shop\\_report\\_17\\_low\\_res\\_o.pdf](https://www.acs.org.uk/sites/default/files/local_shop_report_17_low_res_o.pdf) (Accessed: 21 January 2019).
- 47 ACS (2018). The Local Shop Report 2018. Available at: [https://www.acs.org.uk/sites/default/files/local\\_shop\\_report\\_2018.pdf](https://www.acs.org.uk/sites/default/files/local_shop_report_2018.pdf) (Accessed: 21 January 2019).
- 48 National Association of Convenience Stores (no date). What is a Convenience Store? Available at: <https://www.convenience.org/Research/What-is-a-Convenience-Store> (Accessed: 21 January 2019).
- 49 SGF (2012) Phase 4 Retail Evaluation. Available at: [https://www.scottishshop.org.uk/images/Healthy\\_Living\\_Phase\\_4.pdf](https://www.scottishshop.org.uk/images/Healthy_Living_Phase_4.pdf) (Accessed 24 January 2019).
- 50 Black, C., Eunson, J., Setterfield, L. (2014b) Scottish Grocer's Federation Healthy Living Programme Evaluation. NHS Health Scotland. Available at: <http://www.healthscotland.com/uploads/documents/23276-23276-Scottish%20Grocers%20Federation%20Healthy%20Living%20Programme%20Evaluation.pdf> (Accessed: 24 January 2019).
- 51 Department of Health (2010) Change4Life Convenience Stores Evaluation Report: Promoting the purchase of fresh fruit and vegetables in deprived areas. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215984/dh\\_120801.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215984/dh_120801.pdf) (Accessed: 21 January 2019).
- 52 Adams, J., Halligan, J., Burges Watson, D., Ryan, V., Penn, L., Adamson, A.J., White, M. (2012) 'The Change4Life Convenience Store Programme to Increase Retail Access to Fresh Fruit and Vegetables: A Mixed Methods Process Evaluation' *PLoS One*, 7(6), pp. e39431.
- 53 Brighton and Hove Healthy Start Campaign (2017) <https://bhfood.org.uk/wp-content/uploads/2017/09/Healthy-Start-Campaign-2017-report-Final.pdf>
- 54 Pers. comm. (Royston)
- 55 Nzuzi, N., Duval, D. (2016) Royal Borough of Greenwich Food Poverty Needs Assessment. Available at: <https://greenwichfairnesscommission.files.wordpress.com/2016/11/rbg-food-poverty-needs-assessment-report-public-health.pdf> (Accessed: 24 January 2019).
- 56 Pers.comm. (Royston)
- 57 The Food Trust (2014a) Healthier Corner Stores: Positive Impacts and Profitable Changes. Available at: [http://thefoodtrust.org/uploads/media\\_items/healthier-corner-stores-positive-impacts-and-profitable-changes.original.pdf](http://thefoodtrust.org/uploads/media_items/healthier-corner-stores-positive-impacts-and-profitable-changes.original.pdf) (Accessed: 24 January 2019); The Food Trust (2014b) Healthy Corner Store Initiative: Philadelphia 2013-2014. Available at: [http://thefoodtrust.org/uploads/media\\_items/corner-store-year-3-report.original.pdf](http://thefoodtrust.org/uploads/media_items/corner-store-year-3-report.original.pdf) (Accessed: 24 January 2019).
- 58 Lawman, H.G., Vander Veur, S., Mallya, G., McCoy, T. A., Wojtanowski, A., Colby, L., Sanders, T. A., Lent, M. R., Sandoval, B. A., Sherman, S., Wylie-Rosett, J., Foster, G. D. (2015) 'Changes in quantity, spending, and nutritional characteristics of adult, adolescent and child urban corner store purchase after an environmental intervention' *Preventive Medicine*, 74, pp. 81-85.
- 59 Cavanaugh, E., Green, S., Mallya, G., Tierney, A., Bresinger, C., Glanz, K. (2014) 'Changes in food and beverage environment after an urban corner store intervention' *Preventive Medicine*, 65, pp. 7-12.
- 60 Dannefer, R., Williams, D.A., Baronberg, S., Silver, L. (2012) 'Healthy Bodegas: Increasing and promoting healthy foods at corner stores in New York City' *American Journal of Public Health*, 102(10).
- 61 Travis Bassett, M. (2014) Shop Healthy NYC: Year 1 Evaluation Report. New York City Department of Health and Mental Hygiene. Available at: <https://www1.nyc.gov/assets/doh/downloads/pdf/pan/shop-healthy-report.pdf> (Accessed: 24 January 2019).
- 62 Minaker, L.M., Lynch, M., Cook, B.E., Mah, C.L. (2017). 'Exploring sales data during a healthy corner store intervention in Toronto: the Food Retail Environments Shaping Health (FRESH) project' *Health Promotion and Chronic Diseases Prevention in Canada*, 37(10), pp. 342-349.
- 63 Community Food Lab (2014) The eat good, feel good program guide to creating healthy corner stores. Available at: [https://static1.squarespace.com/static/51bb7293e4b0937b36ed95d5/t/53c05a49e4b0d05dd14d387c/1405114953122/EatGoodFeelGood+guide+and+toolkit\\_red.pdf](https://static1.squarespace.com/static/51bb7293e4b0937b36ed95d5/t/53c05a49e4b0d05dd14d387c/1405114953122/EatGoodFeelGood+guide+and+toolkit_red.pdf) (Accessed: 24 January 2019).
- 64 Song, H., Gittelsohn, J., Kim, M., Suratkar, S., Sharma, S., Anliker, J. (2009) 'A corner store intervention in a low-income urban community is associated with increased availability and sales of some healthy foods' *Public Health Nutrition*, 12(11), pp. 2060-2067.
- 65 D.C. Central Kitchen (2018) Building Healthy Corners: A best practice guide in three phases. Available at: <http://dccentralkitchen.org/wp-content/uploads/2018/04/Building-Healthy-Corners-A-Best-Practice-Guide-in-Three-Phases-2018.pdf> (Accessed: 21 January 2019).
- 66 Système Alimentaire Montréalais (n.d.) <https://sam.montrealmetropoleensante.ca/fr/actions/projet-depanneur-fraicheur>

The Food Research Collaboration is an initiative of the [Centre for Food Policy](#), City, University of London facilitating joint working between academics and civil society organisations to improve the UK food system.

We are grateful to the Esmée Fairbairn Foundation for funding our work.



**FOOD RESEARCH  
COLLABORATION**

an initiative of the

**Centre for  
Food Policy**

Educating, researching & influencing  
for integrated and inclusive food policy

© This report is copyright of the authors

ISBN: 978-1-903-957-554

Monica Foss, Samantha Royston, Mary Atkinson, Corinna Hawkes (2019) Engaging with convenience stores for healthier food provision: what works? Food Research Collaboration Food Policy Evidence Review.

[contact@foodresearch.org.uk](mailto:contact@foodresearch.org.uk)

[www.foodresearch.org.uk](http://www.foodresearch.org.uk)

[@foodresearchUK](https://www.instagram.com/foodresearchUK)