

# Perceptions of Buying and Selling Healthy Food in Hartford: A CBPR Approach

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## Background

A growing body of research has documented a problem of limited access to healthy food in urban, minority neighborhoods compared to surrounding suburbs, and this lack of food access contributes to health disparities such as obesity and diabetes.<sup>1-5</sup> Hartford is a food desert with one major supermarket and over 120 small corner markets that often do not carry healthy food options. The Hartford Food System (HFS), a non-profit organization, recognized the lack of healthy food in corner markets in Hartford, CT and in 2006 created the “Healthy Food Retailer Initiative” (HFRI) to encourage small markets to sell healthier items. The University of Connecticut has developed a community-university partnership with the HFS to help evaluate the effectiveness and sustainability of the HFRI. The goal of this formative research was to understand perceptions of healthy food and to identify barriers that exist among customers, store owners and food distributors associated with buying and selling healthy food in Hartford.



## Qualitative Methods

To understand the perceptions and barriers of buying and selling healthy food in small markets, we conducted:

- 6 focus groups with customers who shop at small markets
- 6 interviews with corner store merchants
- 4 interviews with food distributors who distribute food to small markets

Our research team (PI and 3 graduate students) developed the moderator guides. Each group was tape recorded and transcribed verbatim. We developed an initial set of themes, coded each focus group and interview, and systematically analyzed the data to identify recurrent themes and meanings. We used NVivo 8 software to analyze and code the data. We used Geographic Information System software to map stores participating in the HFRI.

## Sample

**Focus Groups:** 39 women (19 African American and 20 Hispanic), 3 men (2 African American, 1 Hispanic). There was an average of 7 participants at each focus group, and we had a bilingual translator at each group.

**Store Owners:** 4 men (2 African American and 2 Hispanic), 2 women (1 African American and 1 Hispanic).

**Distributors:** 1 snack food vendor, 1 grocery distributor, and 2 produce vendors.

## CBPR Process

We conducted at least quarterly team meetings with Hartford Food System and UConn staff to discuss the research goals and results. We have submitted several joint grant proposals to evaluate the effectiveness and sustainability of the HFRI.



## Results

### Focus Group Results

The price of food is a key determinant on where customers shop, above quality, brand name or location.

“I have to go to 2 different stores because I’m a budgeter. I have to budget it out. So, I try to figure out which stores have the cheapest (food).”

The perception of healthy food was largely based on the nutrient content of foods.

“Healthy foods are things like bananas for potassium.”

“If it got calcium I buy it.”

“Beans have iron which is good for the blood, it’s very good for the kids.”

Participants understand the connection between food and health outcomes.

“They know that salt is no good high blood pressure, they know that sugar is no good diabetes, you know pork has got a lot of fat that’s right there no good for the heart, for your arteries.”

Kids’ preferences for sugar and salt can be a barrier to buying healthy food.

“Sometimes I fight with my kids when I say don’t eat that because it’s not good for you.”

*“The bigger stores, they got a lot a good things, but we don’t have the money sometimes, you know, to buy it.”*

- Focus group participant

### Store Owner Interview Results

All merchants voiced concerns about WIC certification.

Owners are willing to try different foods in their store if they have help to advertise it and place it in the store.

Owners voiced concerns about proper ventilation to sell fresh produce.

“And for someone to maintain fresh fruit, there has to be an area, with air, with ventilation or a cooling system.”

*“Before, we’re not thinking about bringing a lot of vegetables and some fruit. Now, I’m bringing more fruit to the store...because now they ask for more.”*

- Corner Store Owner

## Distributor Interview Results

All 4 distributors perceive a clear difference with delivering to “inner city stores” and the types of food that will sell in inner city stores.

“Most inner city stores sell a \$.25 line, the healthy products don’t come in the \$.25 line. We’re not going to put a \$.99 bag in a store that sells \$.25 bags.”

Advertising is key to making the program work.

“If they don’t advertise, the owner will buy produce, throw it out once, twice, then won’t do it again.”

Produce distributors are willing to share techniques for refrigeration, maintaining and displaying produce in small stores.

## Recommendations for Selling Healthy Food in Small Corner Stores

- ❖ Promote fruits & vegetables that customers already like and buy
  - ❖ When asked which foods were important for their families, participants mentioned 11 fruits and 21 vegetables
- ❖ Promotional materials should focus on vitamin and mineral content of food, and their impact on the body.
  - ❖ high in iron – good for the blood
  - ❖ lots of calcium – good for bones
  - ❖ bananas – lots of potassium
- ❖ To promote low-fat milk, provide samples of 2% milk with nutrition education; utilize the Mooooove to Low-Fat Milk campaign materials
- ❖ Use flyers in mailboxes and signs on store windows advertising sale items and fresh produce, similar to larger stores



## Conclusions

These results will help inform the work of the community-based Healthy Food Retailer Initiative to encourage corner store merchants to sell healthier food. We identified healthy food that customers are already buying, and promotional messages to help sell healthier food. We have begun the next phase of this community-based participatory research project to conduct a quantitative, longitudinal study to measure changes to store inventories and consumer purchasing behavior.

## References

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