

**Partnering4Health**  
**Policy, Systems, and Environmental (PSE) Approach to**  
**Improving Access to Healthy Food and Beverage Using Retail Strategies**

As part of the Partnering4Health project, the U.S. Centers for Disease Control and Prevention (CDC) selected three national organizations -- [the American Heart Association](#) (AHA), the [American Planning Association](#) (APA), and the [National WIC Association](#) (NWA) -- to work with 96 communities and address one or two priorities for improving their population’s health: improved access to healthy foods and beverages, more access to physical activity opportunities, more smoke-free environments, or improved access to clinical preventive services.

There is growing recognition that major public health problems will not be solved solely by individual actions and healthy choices, but by coming together to forge a society where healthy choices can be made more easily. Policy, systems and environmental (PSE) change represents a new way of thinking about how to effectively improve health in a community. PSE approaches seek to go beyond interventions focused on individual behavior to influence the systems that create the structures in which we work, live, and play. By changing laws and shaping physical landscapes, a big impact can be made with little time and resources. By changing policies, systems, and/or the environment, communities can tackle health issues such as obesity, diabetes, cancer, and other chronic diseases.

*Policy, systems, and environmental change is a way of modifying the environment to make healthy choices practical and available to all community members.*

Policy Change	Systems Change	Environmental Change
<ul style="list-style-type: none"> <li>▪ Policy change includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules.</li> <li>▪ Policies greatly influence the choices we make in our lives. Laws that are passed (like workplace policies, school policies) greatly influence the daily decisions we make about our health.</li> <li>▪ Examples: Adding a tax on unhealthy food, passing a law allowing residents to plant community gardens in vacant lots, schools establishing a policy that prohibits junk food in school fundraising drives.</li> </ul>	<ul style="list-style-type: none"> <li>▪ System change involves change made to the rules within an organization. Systems change and policy change often work hand-in-hand.</li> <li>▪ Systems change impacts all elements of an organization. Often systems change focuses on changing infrastructure within a school, park, worksite or health setting.</li> <li>▪ Examples: Creating a community plan to account for health impacts of new projects, creating a certification system for school bake sales to ensure they are in line with school wellness policy.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Environmental change is a change made to the physical environment.</li> <li>▪ Environmental change can be as simple as installing bike signage on already established bike routes or as complex as sidewalk installation and pedestrian friendly intersections to promote walking and biking among its citizens.</li> <li>▪ Examples: Municipality undertakes a planning process to ensure better pedestrian and bicycle access to main roads and parks; community development includes neighborhood corridors with pedestrian accommodations meeting the needs of seniors (e.g. adequate benches and ramped sidewalks).</li> </ul>

Communities funded through the Partnering4Health project chose to work on one or more priority areas and focused their PSE approaches on a range of activities (Table 1). In many places, residents lack access to fruits and vegetables, but can find tobacco, non-nutritious foods and beverages, and alcohol all too easily. And perhaps not surprisingly, tobacco use, poor nutrition, and excessive alcohol use are among the leading causes of deadly illness in the United States. As a result, many of the

**Table 1: Priority Areas Communities Selected, by NGO**

Strategy	AHA	APA	NWA
Healthy Foods & Beverages	30	21	32
Physical Activity	11	27	0
Smoke-free Environments	6	0	0
Clinical Linkages	0	0	32

funded communities chose to work on improving access to healthy foods and beverages. Among these communities, eight APA communities and 26 NWA communities chose to focus their PSE activities on food retail establishments, also known as healthy corner stores.

*To overcome store owners concerns about losing money on perishable foods, one community initiated a buy-back program. Once or twice a week, it delivered fresh produce to participating stores. Owners marked down anything that did not sell before going bad and the project bought back up to \$150 of unsold goods. The project tracked what was sold versus what was bought back and provided store owners with monthly reports, demonstrating that nutritious foods can sell and make money.*

The strategies used by Partnering4Health communities to induce food retail establishments to stock more nutritious foods and beverages included:

- Increased marketing of healthy items
- Moving nutritious foods closer to the counter
- Encouraging purchases of more nutritious foods by using coupons and urban agriculture allowances
- Holding a healthy recipe contest with a \$100 grocery store gift card as a prize.

One project provided four neighborhood stores \$10,000 each to purchase equipment that would improve their retail space and allow them to stock more fresh, frozen, and canned fruits and vegetables. Purchasing the equipment took the risk off the owner. To help with marketing, one community enlisted the help of high school art students to paint a mural depicting nutritious foods on a corner store. Another community involved high school

social studies classes to promote more nutritious offerings at corner stores while exploring micro-enterprise, access issues, health implications for the community, and profit potential.



Figure 1. Ramey Market Mural, Tarrant County, TX

Retail food establishments in sparsely populated areas, such as tribal lands, faced some unique challenges. These areas experienced high rates of food spoilage, challenges in purchasing the desired quantities of specific foods, and a lack of affordable food purchasing sources. In response to these challenges, the Sandoval Pueblo project developed a toolkit for local farmers that provided tips on producing culturally acceptable nutritious foods and marketing healthy foods to small

local retailers. When a local food distributor stopped offering fresh produce, the project approached small stores about creating a co-op that could purchase in bulk and supply smaller quantities to individual stores.

In spite of challenges such as rigid enforcement of WIC standards, corporate stores lacking local autonomy, consumers' reluctance to try new foods, and some negative experiences with previous health promotion initiatives, every community that sought to improve access to healthy foods and beverages through retail strategies reported some successes. Being able to drive demand and show store owners that recommended foods would sell were two factors that contributed to successes.

*"Our region has seen more and more corner stores becoming healthy corner stores by changing their offerings and how they promote these foods.*

*With this effort, we are collaborating with our coalitions and their healthy neighborhood corner stores to have a reliable and efficient way to keep healthy, affordable foods in stock."*

*Barry Keppard, AICP Public Health Manager Metropolitan (Boston MA) Area Planning Council, APA Project*