



To: Family and Human Services Committee, Contra Costa Board of Supervisors

From: Ori Tzvieli, MD, Director Public Health

Re: Healthy Options at Point of Sale

Date: 2/27/23

I. Background

On May 24, 2022, Contra Costa Health Services (CCHS) and a local community organization named Bay Area Community Resources (BACR) presented along with their youth led advocacy team known as Healthy Options at Point of Sale (HOPS) with the prospective health benefits of a Healthy Retail policy to the Board of Supervisors. The recommended policy would require the placement of healthy food options in checkout queues or point of sale and make condoms accessible without retailer assistance with the overarching goal of reducing the negative health impacts associated with poor nutrition and sexually transmitted infections (STIs) resulting from unprotected sexual activity.

At the conclusion of the presentation the Board of Supervisors requested that Contra Costa Health Services staff work with BACR to further explore Healthy Retail policy options and the matter was referred to the Family and Human Services Committee for continued discussion. This report seeks to provide supplementary information regarding Healthy Retail health benefits and offer considerations for action to be reviewed by this committee and the full Board of Supervisors.

II. Contra Costa Health Services Nutrition and Physical Promotion Program

The overall goal of the CCHS Nutrition and Physical Activity Promotion Program (NPAP) is to use evidence-based approaches to reduce rates of obesity and chronic diseases associated with poor nutrition and physical inactivity. This is accomplished through a comprehensive nutrition education and physical activity promotion program that seeks to increase access to and the consumption of healthy foods and water; reduce sugar-sweetened beverage accessibility; increase opportunities for safe, physical activity; and increase food security among the most vulnerable Contra Costa County residents. As a U.S. Department of Agriculture (USDA) Supplemental Nutrition Assistance Program Education (SNAP-Ed) funded program, NPAP prioritizes partnering with communities that are living <185% below the federal poverty line to support and enhance the probability that persons eligible for SNAP will make healthier food choices and choose physically active lifestyles as an outcome of the program's strategies and interventions that focus on education and training; social marketing and retailer engagement; as well as policy, systems, and environmental changes (PSE) that make the healthy choice the easy choice.

The work developed by NPAP is guided by several public health best practices and model frameworks that influence a person's health within a community.

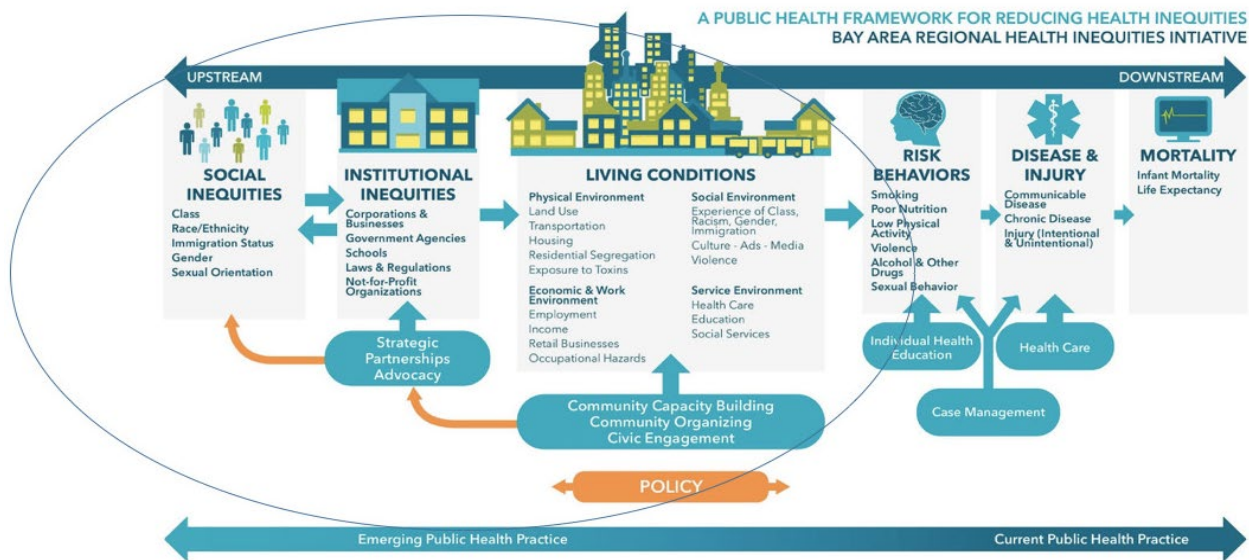


III. Model Frameworks of Public Health

Public Health Social-Ecological Model for Food & Physical Activity Decisions

The Social Ecological Model is a guiding principle for SNAP-Ed program that demonstrates how various influences ranging from individual factors to social and cultural norms can shape decisions regarding physical activity patterns, food and beverage consumption, and, eventually, health outcomes. The social-ecological model used by the USDA places individual factors such as knowledge and taste within environmental settings (the food environment). For example, a participant’s behavioral changes resulting from nutrition education and physical activity class and/or workshop. Individual behaviors are then influenced within the sectors, systems, organizations, businesses, and industries. This includes agriculture, marketing, retail, and government influence on the food environment, which are set within social and cultural norms and values. Within these sectors are the settings where individuals eat, learn, live, play, shop, and work. The settings influence those individuals’ behaviors through the PSE changes.

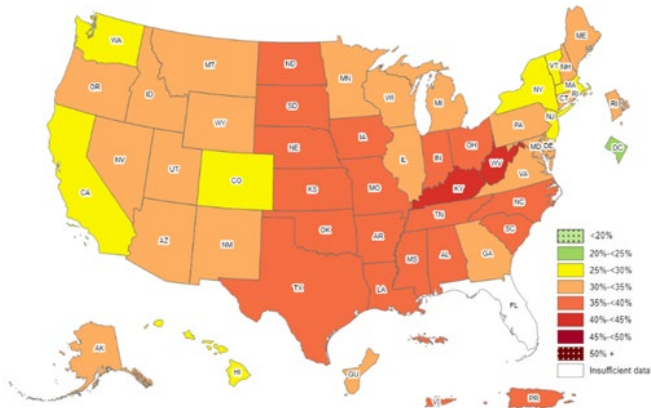
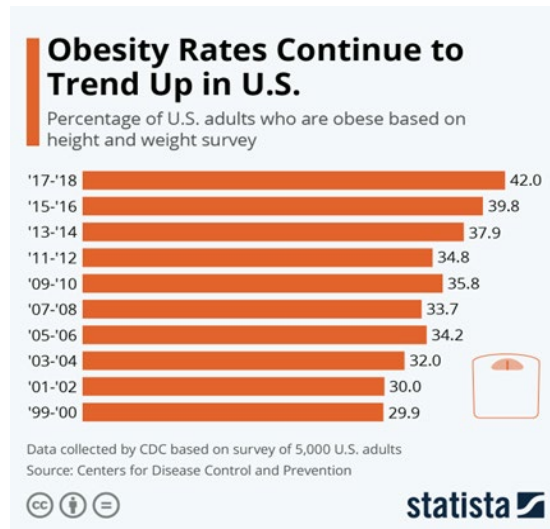
Similar conceptual upstream frameworks, such as Bay Area Regional Health Inequities Initiative, illustrates the connection between social inequities and health, and focuses attention on measures which have not characteristically been within the scope of public health department epidemiology. This framework has been used widely as a guide to health departments undertaking work to address health inequities. Changes to public policies to improve health equity remains an important tenet of NPAP’s work in Contra Costa County.



IV. National and Local Health Outcomes

National and Local Rates of Adult Obesity

Over 4 out of every 10 American adults are obese, according to a study by the CDC. 1 out of every 10, the study says, is severely obese. This chart shows the percentage of Americans who are obese based on a height and weight survey. The findings come from the Centers for Disease Control and Prevention annual health survey from 2017-2018, where over 5,000 U.S. adults measured their height and weight. For 2017-2018, the survey recorded a record 42 percent of people within the obesity threshold, with over 9 percent within the severely obese threshold (NHANES, 2021). These numbers are up 2 percent and 8 percent, respectively, from the health survey of 2015-2016. According to the CDC, obesity rates in the country have been steadily climbing for the past two decades. In 1999-2000, the same health survey found an obesity rate around 30 percent – much lower than the 42 percent recorded in 2017-2018 (NHANES, 2021).



Other national data from the 2017-2020 National Health and Nutrition Examination Survey also show nationally, 41.9 percent of adults have obesity, with African Americans adults having the highest level of adult obesity at 49.9%, followed by Hispanic adults with a rate of 45.6%, White adults at a rate of 41.4%, and Asian adults with the lowest obesity rate of 16.1% (NHANES, 2021). In Contra Costa County the obesity rate continues to rise, with over 25% of the adult population with obesity.

National and Local Rates of Childhood Obesity

The CDC states that childhood and adolescent (ages 2-19 years) obesity rates have reached epidemic levels in the United States. Currently, about 17% (14.7 million) of US children and adolescents are obese. Yet not all communities experience the same level of negative impacts by this health condition, making it also an issue of health equity. Childhood obesity is also more common among certain populations.



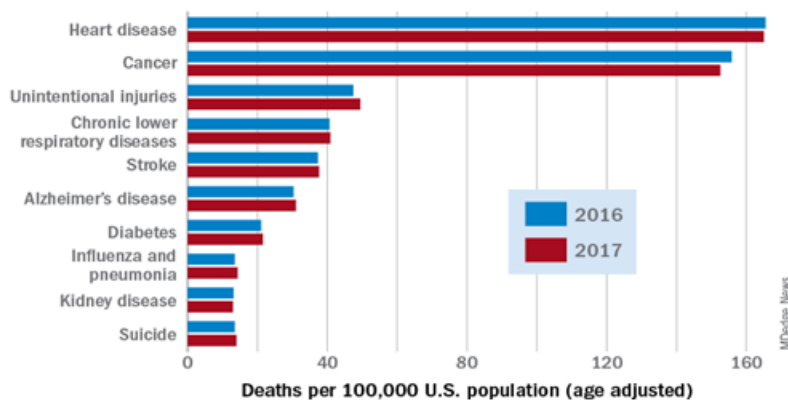
According to the CDC, the obesity prevalence was the highest among Hispanic children at 26.2%, compared to 24.8% among non-Hispanic Black children, 16.6% among non-Hispanic White children, and 9.0% among non-Hispanic Asian children (Stierman, 2021). In addition, the CDC revealed that obesity prevalence was correlated with socioeconomic status. Its study found higher obesity rates of 18.9% among children and adolescents aged 2-19 years in the lowest income group, compared to 10.9% among those in the highest income group. Local data, such as the FitnessGram Report, is a reference that allows tracking of the physical fitness assessment scores and healthy zone achievement among students in 5th, 7th, and 9th grade.

In Contra Costa County, the FitnessGram Report revealed that 36.5% of 5th and 7th grade students are obese, with its highest obesity rates among children of color. Rates are highest among communities of color with over 40% for African Americans, close to 50% for Hispanic and Latinos, and 60% for Native Hawaiian/ Pacific Islanders.

National and Local Leading Causes of Death

The CDC further states that obesity has individual and societal consequences for both children and adults as it has the potential to increase the risk of numerous health conditions that lead to illness and death, decrease quality of life, increase risks for mental health challenges, and medical costs. According to the CDC, these conditions themselves can lead to other chronic illnesses and health

Ten leading causes of death, 2016 and 2017



Note: Based on data from the National Vital Statistics System.
Source: National Center for Health Statistics

maladies that impact quality of life such as heart disease and stroke, certain cancers (including colorectal cancer and breast cancer), Type 2 diabetes, and tooth decay; these conditions can also be disruptive to one's work life and contribute to a loss of income for an individual. Psychological problems such as anxiety and depression, low self-esteem and lower self-reported quality of life, social problems such as bullying and stigma result in impacting children and adolescents

overall physical health. In fact, heart disease remains the leading cause of death in the United States, at 165 deaths per 100,000 individuals in 2017 (Morrison, 2015).

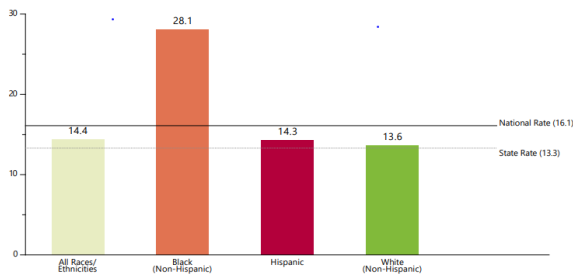
Other diseases related to cardiometabolic health saw increases. CDC's National Center for Health Statistics (NCHS) revealed that strokes and diabetes each caused a small but significant increase in deaths in 2017, which saw a 1-year increase to 37.6 from 37.3 stroke deaths per 100,000 people. Diabetes deaths increased to 21.5 from 21 per 100,000 the previous year (NHANES, 2021). Stroke was the fifth and diabetes the seventh most common cause of death, according to the data brief published by the CDC's National Center for Health Statistics.



County Profile for Contra Costa, CA

CDC Interactive Atlas of Heart Disease and Stroke

Hypertension Hospitalization Rate per 1,000 Medicare Beneficiaries, All Races/Ethnicities, All Genders, Ages 65+, 2017-2019



In Contra Costa, the average estimated hypertension hospitalization rate for All Races/Ethnicities, All Genders, Ages 65+ for is 14.4 Age-Standardized Rate per 1,000 Beneficiaries.
 In the state of CA, the average estimated hypertension hospitalization rate for All Races/Ethnicities, All Genders, Ages 65+ for is 13.3 Age-Standardized Rate per 1,000 Beneficiaries.
 The national average estimated is hypertension hospitalization rate for All Races/Ethnicities, All Genders, Ages 65+ for is 16.1 Age-Standardized Rate per 1,000 Beneficiaries.

The Behavioral Risk Factor Surveillance System (BRFSS), which collects county health data through telephone surveys, along with research from the California Department of Public Health (CDPH), revealed that among adults in Contra Costa, 9.06% have been diagnosed with heart disease within the last 5 years. Moreover, the 2017-2019 Centers for Disease Control’s Interactive Atlas of Heart Disease and Stroke estimated the average hypertension hospitalization rate for Contra Costa County adults over 65 years old was 14.4%, with rates for African Americans being the highest. In

fact, according to the CDPH Contra Costa County Health Status Profile for 2018, the leading cause of death is attributed to heart disease. The report also stated in 2019-2020, adults diagnosed with high blood pressure was 27.15%, with 9.87% being diagnosed with diabetes. Rates were higher overall for adults living 185% below the Federal Poverty Level (FPL) illustrating the health disparities that continue to exist for those underserved communities within the county (CDPH, 2020).

Health Impact and Access within the Retail Environment

Increasing attention has been given to the role of retail food environments in shaping dietary behavior and obesity risk. Studies show an association between living in a neighborhood near healthy food options and better dietary quality, higher fruit/vegetable intake, and a lower risk of having a higher body weight, even after controlling for individual level characteristics (Pem, 2015). Promoting healthier foods and beverages in retail environments near underserved communities of color who frequently lack full-service grocery stores is one solution to promote health and prevent chronic disease.

Individual circumstances, such as mobility, financial resources, travel time, and transportation availability, greatly influence food access. The United States Department of Agriculture’s (USDA) Economic Research Service defines food deserts as “areas with limited access to affordable and nutritious food.” There are various measures of access, including distance to the store, income, and availability of transportation (personal vehicle or public transit). The USDA Economic Research Service estimates that 2% to 5% of the United States population lives outside of walking distance from a supermarket and has no vehicle access. In 20% of rural counties, residents must travel more than ten miles to the closest supermarket or superstore (USDA, 2023). While urban community members may have access to supermarkets via public transportation, they face other challenges, such as the cost of using public transit and significant travel time to and from food retailers.

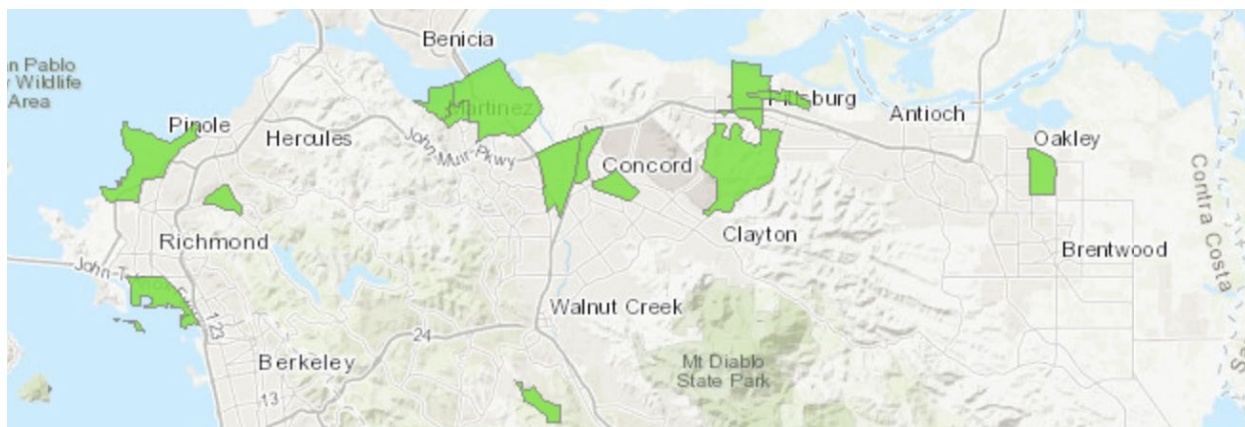
In the absence of conveniently accessible supermarkets or conventional grocery stores, small stores may serve as the primary retail food source for many community residents. In some communities,



small stores are the only place for SNAP recipients to use their benefits. While corner stores stock a range of options (hot and cold prepared foods, packaged items, beverages), their inventories tend to feature high-calorie, low-nutrient items, such as fried foods, snacks, and packaged baked goods. Consequently, the USDA Economic Research Services research states that individuals who rely on these establishments have difficulty obtaining the quality and quantity of healthy food they need to meet dietary guidelines. The items stocked by corner stores often reflect the goods available to them. Independently owned businesses constitute 63 percent of the nearly 153,000 small stores that operate in the United States. Supply chain and distribution channels can make it difficult for these stores to stock healthy items because they may not, given their size, meet distributors' minimum order requirements and may face cost issues, namely that healthy items must be purchased in smaller quantities due to shorter shelf lives and are often more expensive to stock. Additional barriers to stocking fresh food include: a lack of equipment for proper storage, staff knowledge regarding handling and food safety, and understanding of what constitutes healthy food.

Research suggests that communities without access to grocery stores are at higher risk of being overweight or obese (Morland et al. 2006). Instead of grocery stores, these areas are often high in stores that sell less nutritious foods, including fast food restaurants and convenience stores. This combination is especially prevalent in low-income urban areas, and the high density of non-nutritive food options has led some researchers to term these areas "food swamps." Food swamps are abundant throughout Black, Indigenous, People of Color (BIPOC) communities where fast foods and junk foods are more abundant than healthy foods (Hager et al, 2017).

The USDA's Food Access Research Atlas provides data to showcase food access indicators for low-income communities, which map the accessibility to sources of healthy food as measured by distance to a store or by the number of stores in an area. Below is the 2019 food access map for Contra Costa County. The green highlighted areas depict the communities that are low-income and have a lack of access to food, otherwise known as the county's food deserts. From examining the map, low-income communities of East and West Contra Costa County have more than a 1-mile distance to the nearest supermarket with vehicle availability within the county.



Retail environments can make the difference to reduce the obesity rates among all populations by offering foods or snacks that are healthier and can be prepared at home. Moreover, studies have

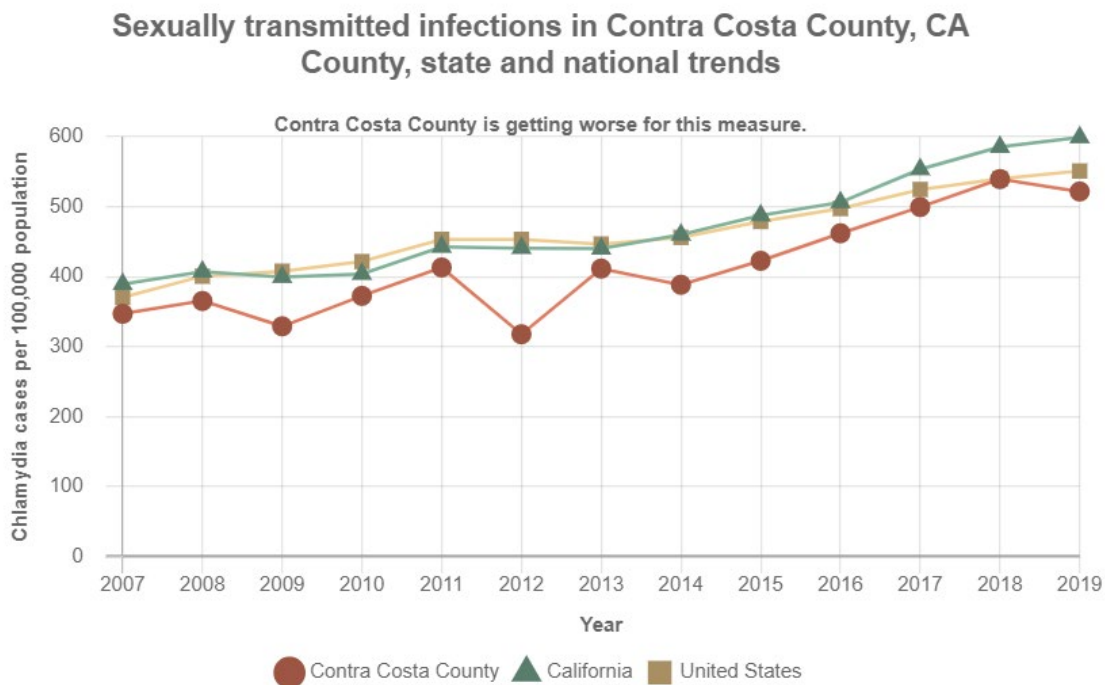


found that retail outlets can be readily available and accessible for those last minute purchases that are important, such as condoms, for preventing the spread of STIs.

Local Rates of Sexually Transmitted Infections

Contra Costa Health Services HIV/AIDS and STI Program is dedicated to fostering the development, implementation, and coordination of programs to reduce the transmission of HIV and STIs; provide education, prevention and testing services including free condoms and lube, HIV and Hepatitis C testing services, PrEP_Navigation, and trainings for community and providers.

STIs are steadily increasing in Contra Costa. The numbers are very high in sexually active youth under the age of 25 years. The program encourages all persons who are sexually active to practice safer sex. By using a barrier such as an intact condom, the risk of spreading an infection is decreased. In Contra Costa County 275 of every 100,000 residents (age 13 and above) are living with human immunodeficiency virus, or HIV. Chlamydia cases have also risen at 521.7 new cases diagnosed per 100,000 people, based on 2019 data. The chart below indicates county, state, and national trends for STIs from 2007 to 2019.



Retail Setting and Condom Accessibility

One of the instrumental programs of the HIV/AIDS and STI program has been educating and assisting youth with access to condoms. The Essential Access Health's Condom Access Project is expanding its free home mailer condom distribution program for teens to Contra Costa County in partnership with CCHS. The program is being launched locally to address high STI rates among youth in the region. In addition, to combat the rising STI rates, the Condom Access Project allows teens and young adults in Contra Costa to sign up for free, confidential delivery of condoms to their homes as often as once a month. The service, already offered in eight other counties, including Alameda and San Francisco, has delivered more than 753,000 free condoms to date. However, more work still needs to be done to increase access in retail outlets.



Locking up condoms or keeping them behind a counter creates barriers that make it more difficult for individuals at the time of purchase. Requiring customers to ask a store clerk to unlock a shelf or select a condom from behind the counter discourages youth and adults from purchasing condoms because of feelings of shame and stigma. It is important that retailers be supported and encouraged to sell condoms and keep them unlocked on shelves that are always accessible to foster safe sexual behaviors. Condoms are considered a high-risk theft item by retailers. However, according to a report conducted by The Pharmacy Practice, a 2010 pilot study was done with eight Midwestern pharmacies, in which all condoms were unlocked and on the shelf for three months. The study showed that after removing condoms from locked displays, more condoms were purchased and less were stolen from the pilot study pharmacies. It was revealed that sales outweighed theft in all pharmacies. It is believed that Contra Costa could experience the same over time, if retailers practice increasing condoms accessibility in high need areas, and that this could potentially result in a decrease in STIs.

V. Inequities of Access to Healthy Food within the Social-Ecological Model

Marketing and Advertising in Low Income Communities of Color

According to Rudd Center for Food Policy & Obesity; Council on Black Health, U.S. food companies disproportionately target Black and Hispanic consumers with marketing for high-calorie, low-nutrient products including candy, sugary drinks, snacks, and fast food (Durfee, 2021). The more than one billion spent on this targeted marketing exacerbates inequities in poor diet and diet-related diseases in communities of color, including heart disease, obesity, and diabetes. The marketing of unhealthy foods and beverages to youth may contribute to obesity by influencing their food choices, taking advantage of their developmental vulnerabilities. The food and beverage industry spends approximately \$2 billion per year marketing to youth (Kovacic, W. e. 2008). Low-income and BIPOC people in the United States are targeted by the food and beverage industries with disproportionate in-store and media-based advertising. In 2017, food companies spent \$1.1 billion targeting Black, and Hispanic television viewers, and Black teens saw twice as many advertisements for unhealthy foods as their white counterparts (Harris, 2018). A meta-analysis of 22 studies showed that food advertising is linked to increased food consumption in children, particularly after kids have viewed ads for highly processed foods (Boyland et al, 2016).

Furthermore, the food industry pays to place products at checkout. Product promotion, like that referenced above, occurs not just on television and online but also in retail stores. The industry pays slotting fees to get highly processed, often sugar-sweetened products in front of consumers throughout the grocery store (Rivlin, 2016). Research shows that this strategic placement can prompt children's requests for foods (Horsley, 2014) and adult purchases (Kerr, 2012). Products at checkout are currently unavoidable and contribute to impulse buys that harm health (Cohen, 2012).

Data from the Journal of American Diabetics stated that empty calories from added sugars and solid fats contribute to 40% of daily calories for children and adolescents age 2–18 years— affecting the overall quality of their diets (Reedy, J, Krebs-Smith SM, 2010). Approximately half of these empty calories come from six sources: soda, fruit drinks, dairy desserts, grain desserts,



pizza, and whole milk (Reedy J, Krebs-Smith SM, 2010). Most youth do not consume the recommended amount of total water (Drewnowski A, Rehm CD, Constant F., 2013.) Experts and researchers agree that high levels of consumption of unhealthy foods is a huge contributor to the steep rise in rates of diabetes, high blood pressure, and even strokes.

Healthy Stores Healthy Communities (HSHC) Survey – Contra Costa County

In 2019 NPAP, the HIV/AIDS and STI, Tobacco Prevention and Alcohol and Other Drugs Program and their partners, including BACR, participated in the CDPH Healthy Stores Healthy Communities (HSHC) campaign whose goal is to improve the health of residents and reduce health inequities by supporting healthy changes in the retail store (including convenience stores and gas stations) environment. Below are the findings from the survey.

Findings: Access to Healthy Foods in Contra Costa County

Of the 183 Tobacco retail stores surveyed by the HSHC Taskforce, 54% of those stores carried a selection of fresh fruits and vegetables for purchase and 33.9% stocked low-or non-fat milk. In comparison, over 50% of unhealthy sugary drink storefront ads and access to sugary drinks were advertised at the point of checkout. The dearth of availability of fresh, quality, nutritious foods and drinks in the retail store environment is apparent in the data.

Findings: Condom Accessibility in Contra Costa County

While the abundance of unhealthy foods and beverages are a concern due to their profound impact on consumer health, the HSHC campaign also revealed barriers regarding the accessibility of condoms in the same communities that face a high burden of sexually transmitted infection. The data collected by HSHC on condom inaccessibility in unincorporated communities was alarming with 86% of county retailers selling condoms; of those, 57% kept condoms locked on shelves or behind the checkout counter.

VI. Community Collaboration for Change

Historically NPAP has engaged local retailers in education and social marketing strategies to improve their store environment and encourage patrons to purchase healthy foods. For example, NPAP has conducted store tours, provided recipes for retailers to provide to their customers, and conducted food demonstrations in the stores themselves.

In addition, NPAP has intentionally developed strong ties and relationships with youth-serving agencies as empowering young people to make healthy choices to improve their quality of life has been a priority for the project. Bay Area Community Resources is one of several youth-serving agencies that NPAP has also awarded subcontracts to engage young people in developing healthy eating habits and physically active lifestyles in the early stages of life.

BACR and the HOPS Youth Advocacy Team

BACR's program uses a Youth Participatory Action Research (YPAR) model which engages young people to conduct community-based research, analyze data, and use this data to develop policy, systems or other environmental change proposals. In engaging youth as co-researchers, youth participants gain transferable, real-world skills in project planning, communication, and complex problem-solving.



In 2019, BACR began a project working with high school aged youth in the West Contra Costa Unified School District. The youth wanted to assess the prevalence of sugar-sweetened foods and beverages in the retail environment. The project later became known as the Healthy Options at Point of Sale youth advocacy team.

Community-based Research and Findings

Incorporating the tenets of the YPAR framework, the HOPS youth gathered information and conducted in-store retail observations throughout Richmond and unincorporated areas of Contra Costa County. The youth also conducted surveys, resident focus groups, and expert interviews in Richmond, North Richmond, East Richmond Heights, and El Sobrante neighborhoods. This two-year effort and assessment resulted in data being collected from 40 grocery and corner stores, 5 focus groups, 8 key interviews (local health providers, educators), and 3 retailer interviews (local grocery and convenience stores in Richmond) and 562 Richmond voters being surveyed.

Their findings revealed that in the unincorporated communities of Contra Costa, 69% of beverages at the local stores' checkout area were unhealthy compared to only 24% healthy options that were available. Similarly, 55.5% of foods sold were unhealthy with chips, candy, and high sugar snacks available at the checkout, while only 4.5% of foods present were healthy with bananas, mixed nuts, and dried fruit available at the point of sale. The remaining 40% of food options was made up exclusively of gum and mints. Overall, the HOPS advocacy team findings revealed that candy made up 35% of all foods sold at checkout.

Focus group and key informant findings had unanimous support for healthy checkout. The main motivators for this support included the acknowledgement that unhealthy items appeared to be targeting children; a concern for long term health effects on youth who consume unhealthy foods and beverages; a lack of access to quality foods in low-income neighborhoods; inaccessibility to healthier groceries stores; and the desire to support local farmers in their produce purchases. Of the 562 Richmond voters surveyed, 77% supported a policy or ordinance of healthier options at the point of checkout. Of the 3 retailers interviewed, all were in full support for a healthy checkout, with their main concerns centered around a perceived lack of demand, short life of produce, but they agreed that consumers should have the choice to eat healthier foods.

Community and Partner Collaboration

In July of 2021, the HOPS youth advocates presented their findings and proposal for a healthy checkout policy to the countywide Families CAN coalition, hosted by the NPAP team. Subsequently, NPAP invited HOPS to present at an HSHC Taskforce meeting. From this collaboration came the addition of condom access to HOPS' proposal. Upon considering both healthy retail efforts, there was an apparent opportunity for HOPS to amplify the impact of healthy retail and to pursue wider health outcomes in unincorporated areas by including condom access. Many of the 32 stores under healthy checkout are stores which sell condoms but restrict access and are situated in areas experiencing higher STI rates. With the guidance of the HSHC Taskforce and the HIV/AIDS and STI program, HOPS integrated education around this issue into their ongoing campaign. Countless other community partners from across the county, several of whom were fellow subgrantees of NPAP, hosted the youth advocates' presentations and provided



feedback and letters of support. These included organizations such as Healthy and Active Before 5, 18 Reasons, Fresh Approach, and the UC Cooperative Extension.

Youth Advocacy

The HOPS youth advocacy team has presented the findings above to the Richmond City Council and the Contra Costa Board of Supervisors requesting that strong consideration in both jurisdictions be given to a policy that would require that items stocked at checkout consist of 5 or less grams of added sugar per serving, 200mg or less of sodium per serving, and that beverages exclude added sugar and sweeteners. This policy recommendation puts healthier snack options in front of waiting customers. This makes it easier for customers to make healthy choices, while still allowing them to purchase their favorite treats in other store aisles.

VII. Research Best Practices in Healthy Retail

International Research

To address obesity and corresponding metabolic disease, the United Kingdom (UK) now implements restrictions on less healthy food items, which are no longer permitted within two meters of designated queuing area or point of sale (Department of Health and Social Care, 2021). It also disallows the placement of less healthy foods in prime locations such as aisle end caps. The regulations come following years of research throughout Europe supporting strong, consistent policy for healthy foods at checkout.

Before the UK implemented national policy, many supermarkets across the UK piloted voluntary healthy checkout initiatives, reducing the less healthy options stocked at checkout. Studies conducted on these stores found that those with clear, consistent policies were the most effective at implementation (Lam et al., 2018). In the year following the implementation of these healthy checkout policies, there was a 15% decrease in the purchase of less healthy items like chocolate, candy, and chips that were previously stocked at checkout (*UKCRC Centre for Diet and Activity Research, 2020*). A corresponding study by Dutch researchers found that when implementing healthy checkout, the complete substitution of less healthy snacks with healthier alternatives is most effective at reducing less healthy purchases (Huitink et al., 2020).

Local Research

In a national study, one in three adults reported purchasing foods from the checkout aisle during their last shopping trip, with lower-income shoppers more likely to purchase from checkout than higher-income shoppers (Falbe et al., 2021). Falbe's research indicates that healthy checkout policies have the potential to impact both nutrition and health equity.

A meta-analysis of sugar-sweetened beverage tax policies, like those enacted in Berkeley, Albany, Oakland, and San Francisco also work to reduce the purchase of sugary drinks through higher prices (Andreyeva et al., 2022).

VIII. Bay Area Healthy Retail Initiatives

Healthy retail is a priority for many leading health organizations and local health departments. In Contra Costa County, NPAP has been a long-standing grantee of the California Department of Public Health's Nutrition, Education, Obesity Program (CDPH-NEOP) Branch to deliver nutrition and physical activity programming to low-income families within the county. The program's



funding with CDPH-NEOP grant is aimed to assist families who are enrolled and/or are eligible for SNAP for themselves and their families. Its programming offers SNAP participants with nutrition education classes, social marketing campaigns, and efforts to improve policies, systems, and the environment of communities. It also encourages efforts to promote retail-based PSE change strategies to encourage storeowners to increase access to and availability of healthy food choices. The SHOP Healthy Here (SHH)- Healthy Retail Recognition Program facilitates partnerships between qualifying small neighborhood grocery stores and local health departments to increase the purchase and consumption of healthy foods and beverages among SNAP-eligible Californians. By providing retailers with a variety of tools, resources, and outreach activities, SHH builds the capacity of retailers to inspire healthy changes among consumers.

Funds granted to CCHS-NPAP include the Healthy Refrigeration Grant Program from the California Department of Food and Agriculture to support additional retail environment interventions. The funds support energy efficient refrigeration units in corner stores, small businesses in low-income or low-access areas throughout the state to stock California-grown healthy, minimally processed, and culturally appropriate foods. CCHS is partnering with local retail stores to provide technical assistance to retailers to apply for energy-efficient refrigeration for quality produce, connect retail stores to local farms for better quality produce, stimulate the local economy and minimize transportation needs, and marketing strategies, including in-store cooking demonstrations and healthy advertising.

Other local partners, such as BACR and the Berkeley HOPS youth advocacy team, have been awarded by the Healthy Berkeley Community Grants Program to lead efforts to pass the Healthy Checkout Ordinance for the City of Berkeley, the first of its kind in the United States. This ordinance applies to stores larger than 2,500 square feet and prohibits stores from selling food items that contain more than five grams (5g) of added sugars or 200 milligrams (200mg) of sodium per serving or beverages with any added sugar or sweeteners, within three feet of a cash register. The City of Berkeley's ordinance went into effect on March 1, 2021, and enforcement began on January 1, 2022. Youth-led HOPS teams are currently working in the cities of Richmond and Oakland to introduce similar healthy retail policies.

Finally, other Bay Area counties that have passed similar policies include the County of San Francisco that in 2013, adopted The Healthy Food Retailer Ordinance to improve health outcomes by increasing access to healthy food and reducing unhealthy influences such as tobacco, alcohol, and processed foods in underserved parts of the city. Technical assistance and store redesign to support a healthy retail environment are key components of the program.

IX. Policy Considerations for a Healthy Retail Ordinance in the unincorporated communities of Contra Costa County

Contra Costa County's retail environment plays a critical role in the overall health of the county. The retail food environment impacts the local economy and affects the physical health of the neighborhood. Other essential items that contribute to an individual's health, include access to condoms. Retail outlets are ideal convenience hubs to purchase condoms for adolescents and adults alike.



It is with this understanding, coupled with findings from data gathered through extensive research from local and national studies, the HOPS youth advocacy assessments and HSHC retail findings, that Contra Costa Health Services recommends the following actions designed to help protect youth and other sensitive populations from the potential negative health impacts associated with poor nutrition, physical inactivity, and inaccessibility to condoms in the unincorporated communities of Contra Costa County.

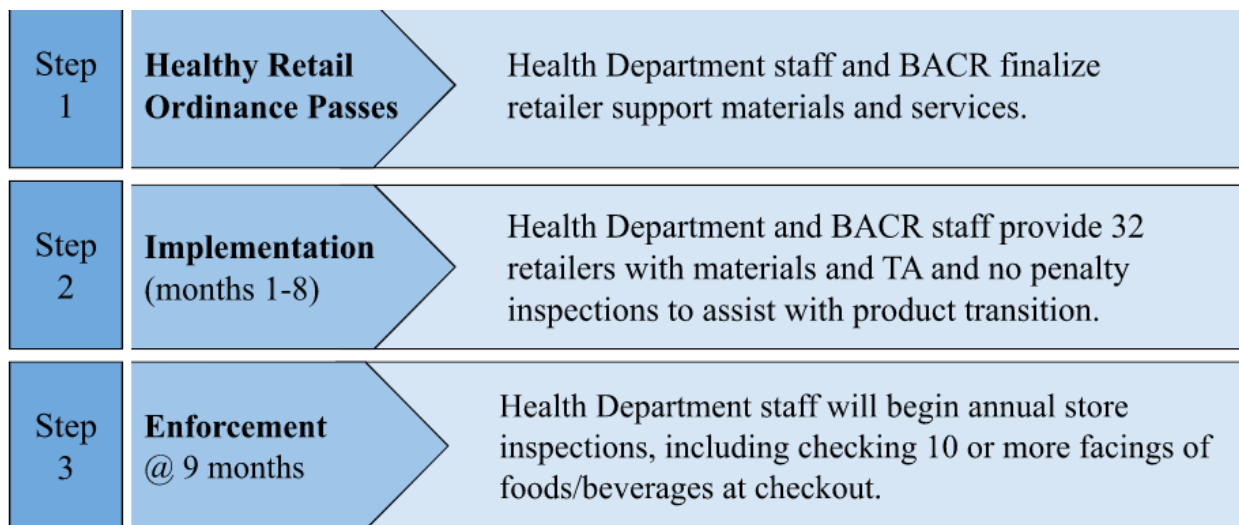
Policy Recommendation

Contra Costa Health Service’s NPAP staff and BACR recommend adopting a **two-phase approach** to healthy retail policy for stores greater than 2000 square feet in unincorporated Contra Costa County.

Phase 1: Adopt a policy to advance healthy checkout which would require, in designated checkout aisles and within 3 feet of a register:

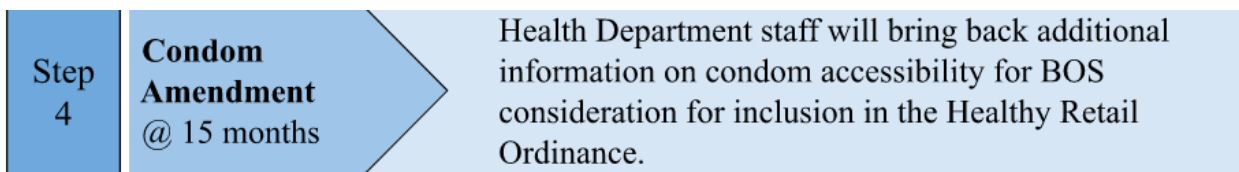
- Foods with ≤ 5 grams added sugar and ≤ 200 mg sodium per serving
- Gum and mints with no added sugar
- Beverages with no added sugar and no low- and no-calorie sweeteners

Timeframe for Phase 1



Phase 2: Adopt a policy that would make one or more external condoms available in retail stores without clerk assistance.

Timeframe for Phase 2



Implementation

Contra Costa Health Services staff and BACR's HOPS youth will provide Healthy Retail education and technical assistance to **32 retail stores**. This assistance will include: **1)** distributing retailer education packets, information cards, list of healthy options, and health promotion posters; **2)** providing one-on-one technical assistance for all stores by phone, email and in-person visits; and **3)** conducting no penalty store evaluations and evaluation feedback for store managers.

Enforcement

It is recommended that the Health Services Department staff will be responsible for the enforcement of the sale of healthy food and beverage options at checkout, which will begin nine months after the passing of the ordinance to allow time for retailer education and engagement.

The Health Services Department staff will make at least one visit to each retailer each year to ensure stores are compliant in stocking healthier foods and beverages at checkout. Retailers in violation will be rechecked within three months.

- Step 1: Conduct annual spot checks of 10 or more products stocked at checkout and, when phased in, condom accessibility;
- Step 2: Send letter with feedback to stores, with opportunities for correction as needed;
- Step 3: Revisit stores that need to make corrections; if corrections are made at time of revisit, no fee will be assessed, if stores continue to stock ineligible products at checkout a nominal fee would be assessed.

Violation-Penalty

It is recommended that those retailers in violation of the proposed Healthy Retail Ordinance would be subject to administrative citations in accordance to the following:

- **1st Violation:** Store owner will be served with a written notice to comply with the Healthy Retail Ordinance and re-inspection.
- **2nd Violation:** Impose a \$100 violation fee*
- **3rd Violation:** \$200 violation fee*
- **4th Violation:** \$500 violation fee*

*Fee Violation is based on Chapter 445-6 Tobacco Sales Ordinance

X. Additional Considerations

Direct Health Services staff to request guidance and legal support from County Counsel to develop a DRAFT Healthy Retail Ordinance for review to the Board of Supervisors for a formal vote of action.



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