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Review Article

The dietary impact of introducing new retailers of fruits and vegetables into a community: results from a systematic review

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Abstract

Objective: To investigate the potential dietary impact of the opening of new retailers of healthy foods.

Design: Systematic review of the peer-reviewed research literature.

Setting: References published before November 2015 were retrieved from MEDLINE, EMBASE and Web of Science databases using keyword searches.

Subjects: The outcome of the review was change in fruit and vegetable consumption among adults.

Results: Of 3514 references retrieved, ninety-two articles were reviewed in full text, and twenty-three articles representing fifteen studies were included. Studies used post-test only (n = 4), repeated cross-sectional (n = 4) and repeated measures designs (n = 7) to evaluate the dietary impact of supermarket (n = 7), farmers’ market (n = 4), produce stand (n = 2) or mobile market (n = 2) openings. Evidence of increased fruit and vegetable consumption was most consistent among adults who began shopping at the new retailer. Three of four repeated measures studies found modest, albeit not always statistically significant, increases in fruit and vegetable consumption (range 0.23–0.54 servings/d) at 6–12 months after baseline. Dietary change among residents of the broader community where the new retailer opened was less consistent.

Conclusions: The methodological quality of studies, including research designs, sampling methods, follow-up intervals and outcome measures, ranged widely. Future research should align methodologically with previous work to facilitate meta-analytic synthesis of results. Opening a new retailer may result in modest short-term increases in fruit and vegetable consumption among adults who choose to shop there, but the potential longer-term dietary impact on customers and its impact on the broader community remain unclear.

Keywords

Diet Food supply Fruit and vegetable consumption Health promotion Systematic review

Social ecological models of health suggest that community food environments must be structured to support healthy eating behaviours to effectively prevent chronic disease1–4. However, a growing body of research has documented disparities in access to healthy foods throughout the USA5,6. Neighbourhoods with predominantly low-income and racial and ethnic minority residents tend to have limited access to retailers of healthier food options, such as full-service supermarkets7,8, and are instead disproportionately served by retailers of energy-dense processed foods, including fast-food outlets9.

A growing focus on increasing access to healthy foods by opening new retailers in underserved communities is reflected in both national public health objectives and large-scale healthy food financing initiatives. For example, Healthy People 2020 includes an objective to increase the proportion of Americans who have access to a food outlet that sells foods recommended by federal dietary guidelines10. In 2010, the US Departments of Agriculture,
Treasury, and Health and Human Services announced the Healthy Food Financing Initiative, which funds the development of new retailers of healthy foods in underserved communities throughout the country. Additional public–private partnerships, such as the Pennsylvania Fresh Food Financing Initiative, the New York Fresh Retail Expansion to Support Health (FRESH) programme, the California FreshWorks Fund and the New Orleans Fresh Food Retailer Initiative, are emerging as models for improving local food environments. Among other activities, these initiatives incentivize the development of supermarkets and grocery stores in limited-access neighbourhoods through zoning reforms, loans and grants.

Introducing new retailers of healthy foods into limited-access communities is an intuitively appealing intervention strategy, and although multiple evaluations of such initiatives have been published, no known systematic reviews have synthesized this body of research. The present systematic review aims to answer the following research questions:

1. What types of retailers of fruits and vegetables have been evaluated and in what settings?
2. What methods have been used to evaluate these initiatives?
3. To what extent have these initiatives impacted fruit and vegetable consumption among adults?

Fruit and vegetable consumption among adults was identified as the outcome of interest because this was a commonly used outcome in relevant studies, as well as the broader epidemiological literature.

Methods

References were retrieved from MEDLINE, EMBASE and Web of Science databases from inception through November 2015 using a search strategy adapted from a previous systematic review about spatial access to food retailers and diet. English-language references that contained at least one keyword related to the following three domains were retrieved: (i) food retailers (food retail, food store, food outlet, grocer, supermarket, farmers market, farm stand); (ii) the environment (access, available, afford, environment, loca, neighborhood, neighbourhood, community, urban, or rural); and (iii) diet (diet, fruit, vegetable, nutrit, consume, intake).

Two investigators (R.C.W. and I.G.R.) identified candidate articles by independently reviewing the titles of all references for eligibility, referring to the abstracts for additional details when a decision could not be made based on the title alone. References were excluded if they: (i) were not about the general topic area of access to healthy foods as a determinant of dietary behaviour; (ii) were not about an initiative intended to increase access to healthy foods; or (iii) were not about the introduction of a new retailer of healthy foods into a community. Additional references were identified by hand-searching the bibliographies of the candidate articles and entering their bibliographic information into Google Scholar to identify more recent articles that had cited them.

Once the pool of candidate articles was finalized, all were reviewed in full text. In instances in which multiple publications resulted from the same parent study (e.g. a baseline paper describing the retailer and one or more outcome evaluations), we grouped articles by parent study and determined eligibility at the study level. Studies were excluded if they were found to meet the exclusion criteria described previously, if the evaluation did not include change in fruit and vegetable consumption as an outcome, or if it focused exclusively on dietary change among children. Studies that focused exclusively on children were excluded because the causal mechanism through which the opening of a new retailer of healthy foods would impact diet was expected to differ for this group.

The data abstraction form was developed based on the Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) statement and piloted with a sample of articles. Two investigators (R.C.W. and I.G.R.) independently abstracted the following information from all articles included in the review: bibliographic information, key characteristics of the retailer described in the article (e.g. type, location, date opened, setting, population served, etc.), the methods used to evaluate the retailer (e.g. sampling methods, sample size, data collection procedures, outcome measures, etc.) and its impact on fruit and vegetable consumption; discrepancies were resolved by consensus. For studies that used repeated measures designs, mean differences in fruit and vegetable consumption were the principal summary measure. Nine corresponding authors were contacted by email for additional information about the methods or results (89% response rate).

Studies were the unit of analysis for the present review. Due to the heterogeneity in methods used, meta-analysis was not possible. Analysis involved organizing studies according to the type of evaluation design used and using descriptive statistics, including frequencies and percentages, to describe the types of retailers that were assessed, the methods used to evaluate them and change in fruit and vegetable consumption. In many cases, the number of references exceeds the number of studies because multiple publications resulted from individual studies.

Results

Of the 5657 references retrieved through keyword searches, 3514 were unique articles and 3437 were excluded based on the title/abstract review (Fig. 1). The remaining seventy-seven candidate articles and fifteen additional articles identified through hand-searching were reviewed in full text to assess eligibility. Of these, sixty-nine articles were excluded. The most common reasons for exclusion were that the article was...
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not a peer-reviewed original research article (i.e. was an opinion piece, editorial, letter to the editor, conference abstract, review, government report or policy description; n 32); was not about the opening of a new retailer of healthy foods (e.g. was focused on a grocery delivery service, community-supported agriculture programme, food policy council or farm; n 15); or did not assess change in fruit and vegetable consumption among adults as part of the evaluation (n 22). The twenty-two articles in this latter category commonly reported implementation or process evaluation data (e.g. sales volume, demographic characteristics of shoppers, satisfaction with the retailer, etc.) or changes to other non-dietary outcomes (e.g. customers’ shopping patterns, access to healthy foods, etc.). The present review focuses on the remaining twenty-three articles, which represented fifteen unique studies.

**Description of retailers and settings**

As shown in Fig. 1, the types of retailers assessed included supermarkets and grocery stores (n 7)[16–20], farmers’ markets (n 4)[31–34], fruit and vegetable stands or markets (n 2)[35,36], and mobile markets (n 2)[37,38]. Supermarkets and grocery stores tended to be subsidized through public–private partnerships, including the Healthy Food Financing Initiative (n 2)[19,22,23] and the New York Food Retail Expansion to Support Health (FRESH) initiative.
(n 1\textsuperscript{20,21}) or were aligned with broader corporate initiatives to promote economic development or open supermarkets in deprived areas \( (n 2)\textsuperscript{24–27,29,30} \). The smaller retailers, such as farmers’ markets, fruit and vegetable stands or markets, and mobile markets, tended to report community involvement in planning or operating the retailer, including having a community advisory board, collaborating with other local organization to implement the retailer, or that the project used a community-based participatory approach \( (n 7)\textsuperscript{31–36,38} \).

Most of the retailers were located in low-income and/or economically deprived communities \( (n 13)\textsuperscript{16–30,32,35–38} \) that had limited access to healthy foods \( (n 12)\textsuperscript{16–31,33–36} \) in the USA \( (n 11)\textsuperscript{19–25,28–35,37–39} \), the UK \( (n 3)\textsuperscript{16–18,24–27,38} \) or Australia \( (n 1)\textsuperscript{34} \). Many studies also described the communities in which the new retailer opened as comprised of predominantly racial or ethnic minority residents \( (n 7)\textsuperscript{19–23,29–33} \). Most retailers were located in general community settings \( (n 11)\textsuperscript{16–31,35,34,38} \), although some farmers’ markets, fruit and vegetable stands, and mobile markets operated at local community organizations \( (n 3)\textsuperscript{35–37} \), residential housing complexes \( (n 2)\textsuperscript{35,37} \) and health centres \( (n 1)\textsuperscript{32} \).

**Evaluation methods**

A variety of methods were used to evaluate the impact of the retailer on fruit and vegetable intake. Retailers were evaluated using post-test only designs \( (n 4)\textsuperscript{28,33–35} \), repeated cross-sectional designs \( (n 4)\textsuperscript{20,21,29–31,38} \) and repeated measures designs \( (n 7)\textsuperscript{16–19,22–27,32,36,37} \). Studies assessed the impact of the retailer on fruit and vegetable consumption approximately six months \( (n 7)\textsuperscript{24–29,31,32,35–37} \), one year \( (n 5)\textsuperscript{16–23,29,30} \) or two years \( (n 2)\textsuperscript{33,30} \) after the retailer opened, or at multiple follow-up intervals \( 3)\textsuperscript{33} \).

Eight studies used convenience sampling \( (20,21,28,31,35–37,38) \) and six used probability sampling methods \( (16–19,22,23,29,30,32,36) \). The sampling method could not be determined for one study \( 24–27 \). Six studies sampled the new retailer \( (31,35–37,38) \) and three sampled residents of the neighbourhood where the new retailer opened \( (24–28,30) \). An additional five studies sampled from both residents of the neighbourhood where the new retailer opened and a comparison neighbourhood that did not receive a new retailer \( (16–23,29,30) \). One study sampled patients at a health clinic where the retailer was located \( (32) \). Sample sizes ranged widely.

Outcome measures included retrospective items asking participants to what extent their fruit and vegetable intake changed over time \( (n 4)\textsuperscript{29,33–35} \), two-item screeners assessing usual daily intake of fruits and vegetables \( (n 3)\textsuperscript{19,31,38} \), brief fruit and vegetable intake screeners or FFQ \( (n 6)\textsuperscript{16–18,20,21,29,30,32,36,37} \), or dietary recalls \( (n 3)\textsuperscript{20–27} \). One study used multiple methods of assessing fruit and vegetable intake \( (20,21) \).

**Post-test only designs**

**Methodological overview**

Four studies used post-test only designs to assess the dietary impact of the new retailer (Table 1). In these studies, cross-sectional surveys were administered to participants four months to two-and-a-half years after the opening of the retailer \( (28,33–35) \). All studies focused on dietary change among a convenience sample of adults who were either shoppers at the retailer \( (33–35) \) or lived in the neighbourhood where the new retailer opened for business \( (28) \). All of these studies used a retrospective approach to measure change in fruit and vegetable intake by asking participants to report changes in fruit or vegetable consumption as a result of shopping at the retailer \( (33–35) \) or generally within the past year \( (28) \).

**Change in fruit and vegetable intake**

Of the studies that surveyed shoppers at the retailer, most respondents reported that they were eating more fruits and/or vegetables at the time of the survey \( (33–35) \). For example, of 100 shoppers at a farmers’ market in Carnarvon, Western Australia who were surveyed approximately two-and-a-half years after its opening, 71% reported that they were eating more fruits and vegetables since they started shopping there \( (34) \). A survey of 100 returning customers who were surveyed approximately four months after the opening of a fruit and vegetable stand in Cobb County, Georgia, USA reported that they were eating more vegetables (65%) and fruit (55%) as a result of the market \( (35) \). Another survey administered to shoppers at two farmers’ markets in Los Angeles, California, USA between five months and two years after the markets opened reported that 97–98% agreed or strongly agreed that they were eating more fruits and vegetables as a result of the market \( (33) \). By contrast, the one study that assessed the impact of a new grocery store that opened in an unnamed city in California, USA on the dietary behaviours of residents of the neighbourhood where it opened (regardless of whether participants shopped there) found smaller changes in fruit and vegetable consumption. Relatively few respondents who lived 3·2 km (2 miles) from the new grocery store reported increased vegetable (10·3%) or fruit (9%, n 73) consumption over the previous year \( (20) \).

**Repeated cross-sectional designs**

**Methodological overview**

Four studies used repeated cross-sectional surveys at baseline and follow-up to assess the dietary impact of the new retailer (Table 1). Two studies used a convenience sample of market shoppers \( (31,38) \); one used a random sample of households with landlines located within 2000 m of the store site and a nearby comparison neighbourhood \( (29,30) \); and another recruited participants from busy intersections in the neighbourhood where the retailer
<table>
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<tr>
<th>Study design</th>
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<td>Post-test only (n 4)</td>
<td>Woodruff et al.(35)</td>
<td>Fruit and vegetable stand, Cobb County, Georgia, USA 2014</td>
<td>Convenience sample of returning market shoppers aged ≥18 years (n 100, 99%)</td>
<td>Self-administered surveys 4 months after market opening</td>
<td>Two-item retrospective measure</td>
<td>65% reported eating more vegetables, 55% reported eating more fruit as a result of shopping at the market</td>
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<td>Ruelas et al.(33)</td>
<td>Farmer’s markets, Los Angeles, California, USA 2007</td>
<td>Convenience sample of market shoppers aged ≥18 years (n 415 at one location, n 1375 at second location, NR)</td>
<td>Surveys administered 5 months after market opening at one location and 2 years after opening at second location</td>
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<td>97–98% agreed or strongly agreed that they eat more fruits and vegetables because of the market</td>
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<td></td>
<td>Payet et al.(34)</td>
<td>Farmers’ market, rural community near Carnarvon, Western Australia 2001</td>
<td>Convenience sample of market shoppers aged ≥18 years (n 100, 80.6%)</td>
<td>Surveys administered 2 years and 4 months after market opening</td>
<td>Single-item retrospective measure</td>
<td>71% reported eating more fruits and vegetables since started shopping at the market</td>
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<td></td>
<td>Wang et al.(38)</td>
<td>Grocery store, Northern California, USA 2004</td>
<td>Convenience sample of adults aged ≥18 years who were the primary grocery shoppers for their homes and lived ~3.2 km (~2 miles) from the store (n 78, NR)</td>
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<td>10% reported an increase in fruit consumption, 9% reported an increase in vegetable consumption over the previous year*</td>
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<td>Freedman(31)</td>
<td>Farmers’ market, Nashville, Tennessee, USA 2006</td>
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<td>Two-item screener adapted from Youth Risk Behavior Surveillance System</td>
<td>Results are reported graphically, but suggest a pattern of greater fruit and vegetable consumption among follow-up sample relative to baseline sample</td>
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<td>Jennings et al.(38)</td>
<td>Mobile fruit and vegetable market, Great Yarmouth and Waverly, England, UK 2008</td>
<td>Convenience sample of shoppers (n 255, 62%)</td>
<td>Surveys administered at baseline and 2 years after market began operating</td>
<td>Two-item screener measuring portions consumed per day</td>
<td>1.16-portion increase in mean fruit and vegetable consumption (95% CI 0.83, 1.48, P &lt; 0.001)</td>
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<td></td>
<td>Sadler et al.(29,30)</td>
<td>Grocery store, Flint, Michigan, USA 2010</td>
<td>Probability sample of adults aged ≥18 years who were the primary grocery store for their homes and either lived within 2000 m of the store or in a nearby comparison neighbourhood (n 150–200 per time point, 15% response rate)</td>
<td>Interviewer-administered surveys at baseline and 12 months after store opening</td>
<td>BRFSS screener</td>
<td>0.0-serving change in fruit and vegetable consumption among intervention residents*</td>
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<td>Eibel et al.(20,21)</td>
<td>Supermarket, South Bronx, New York, USA 2011</td>
<td>Convenience sample of adults aged ≥18 years (approximately n 1300 per time point, NR)</td>
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<td>24 h dietary recall and the Eating and Physical Activity Survey</td>
<td>24 h dietary recall results:</td>
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<td>• 0.05-unit increase in fruit and 0.21-unit increase in vegetable consumption at final follow-up</td>
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<td>• Difference-in-differences: 0.10 for fruit and 0.32 for vegetable consumption</td>
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<td>Screener results:</td>
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<td>• 0.2-unit increase in fruit consumption and 0.1-unit increase in vegetable consumption at final follow-up</td>
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<td>• Difference-in-differences: 0.1 for fruit and 0.0 for vegetable consumption</td>
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<td>Note: No results reached statistical significance</td>
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<td>Study design</td>
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<td>Repeated measures (n=7)</td>
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<td>Abusabha <em>et al.</em>[37]</td>
<td>Mobile fruit and vegetable market 2007 Troy, New York, USA</td>
<td>Convenience sample of shoppers aged ≥55 years who lived at the senior housing complex served by the market (n=43, 54% at follow-up)*</td>
<td>Surveys administered at baseline and 6 months after the market began serving the senior housing complex</td>
<td>Five-item screener adapted from BRFSS</td>
<td>0.45-serving increase in total fruit and vegetable intake (95% CI: -0.23, 1.14; ( P = 0.188 ))</td>
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<td>Freedman <em>et al.</em>[32]</td>
<td>Farmers’ market 2001 Rural county in South Carolina, USA</td>
<td>Probability sample of adult patients at the health clinic where the farmers’ market operated who had a diagnosis of diabetes (n=44, NR)</td>
<td>Interviewer-administered surveys at baseline, 2 and 5 months after the market opening</td>
<td>Nineteen-item screener adapted from the NCI FVS</td>
<td>0.54-serving increase in total fruit and vegetable intake at 5-month follow-up (95% CI: -1.14, 2.23; ( P = 0.52 ))</td>
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<tr>
<td>Evans <em>et al.</em>[36]</td>
<td>Fruit and vegetable stand 2010 Austin, Texas, USA</td>
<td>Probability sample of adults aged ≥18 years who lived within 0.8 km (0.5 miles) of market recruited through door-to-door household sampling (n=61, 66% at follow-up)</td>
<td>Interviewer-administered surveys at baseline and 2 months after the market opened</td>
<td>Seven-item screener adapted from the NCI FVS</td>
<td>0.42-serving increase in total fruit and vegetable intake among intervention community residents (( \Delta = 2.49; \ P = 0.210 ))</td>
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<td>Wrigley <em>et al.</em> &amp; Gill and Rudkin<em>24–27</em></td>
<td>Supermarket 2000 Leeds, England, UK</td>
<td>Sample of adults who were responsible for domestic food arrangements for the household and who lived in the neighbourhood where the supermarket opened (n=615, 61% at follow-up)</td>
<td>Self-administered food consumption diary at baseline and 6–7 months after the store opening</td>
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<td>0.23-serving increase in fruit and vegetable intake among residents who began shopping at the new retailer (( P = 0.034 ))</td>
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<td>Cummins <em>et al.</em>[15–18]</td>
<td>Supermarket 2001 Glasgow, Scotland, UK</td>
<td>Probability sample of adults aged ≥18 years who were the main food shopper for their homes and who lived in the neighbourhood where the supermarket opened or a comparison community (n=412, 68% at follow-up)</td>
<td>Self-administered postal survey at baseline and 11 months after the store opening</td>
<td>Two-item screener assessing usual fruit and vegetable intake per day</td>
<td>0.29-serving increase in fruit and vegetable intake in the intervention community (( P = 0.07 ))</td>
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<td>Cummins <em>et al.</em>[179]</td>
<td>Supermarket 2009 Philadelphia, Pennsylvania, USA</td>
<td>Probability sample of adults aged ≥18 years who lived near the new supermarket or were residents of a neighbouring community recruited through random directory listings and random digit dialling (n=656, 46% at follow-up)</td>
<td>Interviewer-administered surveys at baseline and 6 months after store opening</td>
<td>Twenty-two-item screener adapted from Block Food Frequency Questionnaire</td>
<td>−0.16-serving difference between neighbourhoods at baseline ( (\SE = 0.08, \ P &lt; 0.001) ) Difference-in-differences: −0.05 (NS)</td>
<td></td>
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<tr>
<td>Dubowitz <em>et al.</em>[22,23]</td>
<td>Supermarket 2013 Pittsburgh, Pennsylvania, USA</td>
<td>Probability sample of adults aged ≥18 years who were the primary food shopper for their household and lived in the neighbourhood where the supermarket opened or a comparison neighbourhood, recruited through door-to-door sampling (n=831, 65% at follow-up)</td>
<td>Interviewer-administered surveys at baseline and 7–14 months after the store opening</td>
<td>Two 24 h dietary recalls administered 7–14 d apart</td>
<td>−0.32-serving change among adopters of the new retailer (NS)</td>
<td></td>
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</tbody>
</table>

NR, not reported; BRFSS, Behavioral Risk Factor Surveillance System; NCI FVS, National Cancer Institute Fruit and Vegetable Intake Screener.

*Calculated by hand using information provided in the article.
opened, as well as a nearby comparison neighbour-
hood\(^{(20,21)}\). Measurement approaches included using a
two-item fruit and vegetable intake screener\(^{(31,38)}\), the
Behavioral Risk Factor Surveillance System (BRFSS)
screener\(^{(29,30)}\), or a combination of a brief screener and a
single 24 h dietary recall\(^{(20,21)}\).

**Change in fruit and vegetable intake**

Results from studies in this category were difficult to sum-
marize due to the heterogeneity in methodological approa-
ches. For example, one evaluation of a farmers’ market in
Nashville, Tennessee, USA found that shoppers sampled at
1- and 2-month follow-ups reported higher levels of fruit and
vegetable consumption relative to a different sample of
shoppers sampled at baseline\(^{(31)}\). However, these results
were reported graphically, and no estimates of mean intake
were presented to quantify the difference in mean intake
between the samples over time\(^{(31)}\). A different study of a
convenience sample of shoppers at a mobile market in the
UK found that those sampled at follow-up reported higher
mean fruit and vegetable intake at follow-up than the base-
line sample (mean difference = 1-16 portions, 95% CI 0-83,
1-48, \(P < 0.0001\))\(^{(30)}\).

Two studies assessed community-level dietary change
among residents of the neighbourhood that received the
new retailer relative to those who lived in a comparison
neighbourhood\(^{(20,21,29,30)}\). One of these studies conducted
telephone surveys before and 12 months after a grocery
store opened in Flint, Michigan, USA among a random
sample of households located within 2000 m of the new
store and those located in a comparison neighbourhood.
That study found that mean intake of fruits and vegeta-
tables was the same among the baseline and follow-up samples
in the intervention neighbourhood (mean intake = 2-6
servings/d among samples at both time points), although
mean intake was higher among the comparison neigh-
bourhood residents in the follow-up sample relative to the baseline sample (mean intake = 2-5 servings/d at baseline,
mean intake = 2-9 servings/d at follow-up)\(^{(20,30)}\). Information
about the precision and statistical significance of these
estimates is unavailable.

Another study conducted surveys among adults recruited
from busy intersections located in a neighbourhood
that received a new supermarket and a comparison
neighbourhood in the Bronx, New York City, USA\(^{(20,21)}\).
Surveys were administered at baseline, 1–5 months and
13–17 months after the supermarket opened, and included
two different methods of assessing fruit and vegetable intake. Results from the brief fruit and vegetable intake
screener indicated among both intervention and compar-
ison neighbourhood residents that mean fruit and vegetable intake was highest at baseline relative to either follow-up
time point (e.g. mean change in vegetable consumption =
–0-1 daily servings among intervention neighbourhood sample \(v\) 0-0 among comparison neighbourhood sample). Results from the 24 h dietary recalls showed a different

**Methodological overview**

Seven studies used repeated measures to assess the diet-
ary impact of the new retailer (Table 1). All of these studies
collected data from participants at baseline and at either
one \((n \ 1)\)\(^{(16-19,22-26,37)}\) or two \((n \ 1)\)\(^{(32)}\) follow-up time
points. The majority of these studies used probability
sampling methods to recruit participants\(^{(16-19,22,23,32,36)}\),
although one used convenience sampling method\(^{(37)}\) and
the approach used by another could not be deter-
mined\(^{(24-25)}\). One study recruited shoppers at the new
retailer\(^{(37)}\), two recruited residents of the neighbourhood
where the new retailer opened\(^{(24-26,30)}\), and three recruited
residents of both the intervention neighbourhood and a
nearby comparison neighbourhood\(^{(16-19,22,23)}\). One study
recruited patients from the clinic where the new retailer
opened for business\(^{(32)}\). Studies in this category measured
change in fruit and vegetable consumption using a
two-item screener asking about usual intake of fruits and
vegetables per day \((n \ 1)\)\(^{(19)}\), brief screeners or FFQ
(e.g. BRFSS\(^{(37)}\), the National Cancer Institute Fruit and
Vegetable Screene\(^{(32,36)}\) or the Block Food Frequency
Questionnaire\(^{(16-18)}\; \(n \ 4\) ), a 7 d food diary \((n \ 1)\)\(^{(24-26)}\) or
multiple 24 h dietary recalls \((n \ 1)\)\(^{(22,23)}\).

**Change in fruit and vegetable intake**

With one exception\(^{(19)}\), all studies in this category reported
mean within-person change in fruit and vegetable intake
from baseline to follow-up. Depending on the sampling
strategy used, these results could be presented in three
ways: (i) change in fruit and vegetable intake among
shoppers at the new retailer; (ii) change in fruit and
vegetable intake among residents of the neighbourhood
where the new retailer opened; or (iii) the difference-
in-differences comparing mean change in fruit and
vegetable intake among residents of the intervention

\(v\) comparison neighbourhood (Table 2).

Of the five studies that reported change in fruit and
vegetable intake among shoppers at the new retailer, most
reported modest, albeit not always statistically significant,
increases in mean intake \((n \ 4)\)\(^{(24-26,32,37)}\), although one
study reported a small decrease\(^{(22,23)}\). For example, one
study of forty-three shoppers at a mobile market in Troy,
New York, USA reported a statistically insignificant 0-45-
serving increase in daily fruit and vegetable intake six
months after the market expanded its route to serve
additional stops (95% CI –0-23, 1-14)\(^{(37)}\). Another study of
Table 2: Effect sizes of the impact of the opening of a new retailer of healthy foods on within-person change in fruit and vegetable consumption among adults (n = 6)

<table>
<thead>
<tr>
<th>Reference(s)</th>
<th>Retailer</th>
<th>Country</th>
<th>Outcome measure</th>
<th>Sample</th>
<th>Mean difference</th>
<th>95% CI or statistical significance</th>
<th>Follow-up interval</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change in fruit and vegetable intake among adult shoppers at the retailer</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Abusabha et al. (37)</td>
<td>Mobile market</td>
<td>USA</td>
<td>BRFSS screener</td>
<td>Forty-three adults aged ≥55 years</td>
<td>+0.45 servings</td>
<td>−0.23, 1.14</td>
<td>6 months</td>
</tr>
<tr>
<td>Freedman et al. (32)</td>
<td>Farmers’ market</td>
<td>USA</td>
<td>NCI FVS</td>
<td>Forty-one adults with diagnosis of diabetes</td>
<td>+0.54 servings</td>
<td>−1.14, 2.23</td>
<td>5 months</td>
</tr>
<tr>
<td>Wrigley et al. &amp; Gill and Rudkin (24–27)</td>
<td>Supermarket</td>
<td>UK</td>
<td>7 d food diaries</td>
<td>276 adults</td>
<td>+0.23 portions</td>
<td>P = 0.034</td>
<td>6–7 months</td>
</tr>
<tr>
<td>Dubowitz et al. (22,23)</td>
<td>Supermarket</td>
<td>USA</td>
<td>Two 24 h dietary recalls</td>
<td>368 adults</td>
<td>−0.32 servings</td>
<td>NS</td>
<td>7–14 months</td>
</tr>
<tr>
<td><strong>Change in fruit and vegetable intake among adult residents of neighbourhood that received new retailer</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Evans et al. (36)</td>
<td>Fruit and vegetable stand/market</td>
<td>USA</td>
<td>NCI FVS</td>
<td>Sixty-one adults</td>
<td>+0.42 servings</td>
<td>SD = 2.49, P = 0.210</td>
<td>2 months</td>
</tr>
<tr>
<td>Wrigley et al. &amp; Gill and Rudkin (24–27)</td>
<td>Supermarket</td>
<td>UK</td>
<td>7 d food diary</td>
<td>615 adults who were responsible for domestic food arrangements for the household</td>
<td>+0.04 portions*</td>
<td>NS</td>
<td>6–7 months</td>
</tr>
<tr>
<td>Cummins et al. (16–18)</td>
<td>Supermarket</td>
<td>UK</td>
<td>Two-item screener assessing usual daily intake</td>
<td>191 adults who were the main food shopper for their homes</td>
<td>+0.29 portions</td>
<td>P = 0.07</td>
<td>11 months</td>
</tr>
<tr>
<td>Dubowitz et al. (22,23)</td>
<td>Supermarket</td>
<td>USA</td>
<td>Two 24 h dietary recalls</td>
<td>571 adults who were the primary food shopper for their homes</td>
<td>−0.27 servings</td>
<td>SE = 0.08, P &lt; 0.001</td>
<td>7–14 months</td>
</tr>
<tr>
<td><strong>Difference-in-difference in fruit and vegetable intake comparing adult residents of intervention v. comparison neighbourhood</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Cummins et al. (16–18)</td>
<td>Supermarket</td>
<td>UK</td>
<td>Two-item screener assessing usual daily intake</td>
<td>412 adults</td>
<td>−0.15*</td>
<td>NR</td>
<td>11 months</td>
</tr>
<tr>
<td>Dubowitz et al. (22,23)</td>
<td>Supermarket</td>
<td>USA</td>
<td>Two 24 h dietary recalls</td>
<td>831 adults who were the primary food shopper for their homes</td>
<td>−0.14</td>
<td>NS</td>
<td>7–14 months</td>
</tr>
</tbody>
</table>

BRFSS, Behavioral Risk Factor Surveillance System; NCI FVS, National Cancer Institute Fruit and Vegetable Intake Screener; NR, not reported.

*Result was calculated by hand based on information provided in the article.
Dietary impact of new retailers – review

most studies included in the present review focused on recent openings of healthy food retailers in low-income communities with limited access to healthy foods. The methodological approaches to evaluating these initiatives, including the research designs, sampling approaches, follow-up intervals and outcome measures, varied widely. Although all study designs were limited in their ability to causally attribute any observed change in fruit and vegetable consumption to the opening of the retailer itself, evaluations of supermarket and grocery store openings tended to use more rigorous study designs (e.g. two-group repeated measure or repeated cross-sectional designs with larger representative samples), while evaluations of farmers’ markets, fruit and vegetable stands, and mobile markets tended to use weaker designs (e.g. post-test only designs with smaller convenience samples).

Across study types, results suggest that the dietary impact of the new retailer may be greatest among adults who choose to shop there. For example, three out of four repeated measures studies of shoppers at the new retailer found modest increases in fruit and vegetable consumption, ranging from 0.23 to 0.54 daily servings at 6–12 months follow-up (24–27,32,37). Although most of these effect sizes did not reach statistical significance, two reported small sample sizes, calling into question whether they were powered to detect dietary change of this magnitude. These effect sizes are similar in magnitude to those reported by a systematic review of behavioural interventions to increase fruit and vegetable intake (39), and prior research has documented that even small increases in fruit and vegetable intake may be related to reductions in energy density (40). Additionally, results from all three post-test only designs that surveyed shoppers at the new retailer found that relatively high proportions of shoppers reported they were eating more fruits and vegetables since starting to shop there (55–98%) (35–35).

The impact of the opening of a new retailer on fruit and vegetable consumption among the broader community of residents of the neighbourhood where the retailer opened was less clear. Studies that used either repeated measures or repeated cross-sectional designs found no evidence of change (21–27,29,30) or modest increases (16–21,28,30) or decreases (20–23) in fruit and vegetable consumption. The variability in results may be explained in part by the heterogeneity in methodological approaches used, including eligibility criteria and methods used to sample intervention neighbourhood residents. Those that also sampled from a comparison neighbourhood were unable to detect a significant difference in mean change in fruit and vegetable consumption between the two groups.

We are limited in our ability to comment on differential dietary impact by retailer type due to the methodological heterogeneity among studies included in the present review. However, evaluations of one category of retailer – supermarkets – tended to have the most methodological consistency, with four out of five studies employing a repeated measures design. These studies found mixed results regarding the impact of the new retailer on fruit and vegetable consumption among shoppers (22–27), residents...
of the intervention community\textsuperscript{16–18,22–27}, and differences between residents of intervention and comparison communities\textsuperscript{16–18,22,23}. Although previous reviews have documented systematic disparities in access to supermarkets among many neighbourhoods throughout the USA\textsuperscript{5}, research regarding the causal links between access to supermarkets and improved dietary intake is inconclusive\textsuperscript{6}. In the light of the large-scale initiatives focused on policy, systems and environmental changes to improve community retail food environments, many of which focus on introducing supermarkets into low-income communities, more rigorous research with greater methodological consistency is needed regarding the impact of supermarkets on dietary behaviour\textsuperscript{12–15,41}.

A strength of the present review is that it is the first to our knowledge to summarize the state of scientific knowledge regarding the potential dietary impact of opening new retailers of healthy foods within a community. Limitations of the review include potential publication bias and incomplete retrieval of relevant articles from the keyword search strategy. Additionally, most studies evaluated the dietary impact of the opening of new retailers within low-income neighbourhoods with limited access to healthy foods in the USA. The extent to which these findings would generalize to other geographic contexts (e.g. developing countries, non-Western contexts, etc.) is unknown. Additionally, the review focused exclusively on the impact of these retailers on fruit and vegetable intake among adults. The impact on fruit and vegetable intake among children or on other outcomes relevant to dietary behaviour or chronic disease prevention remains unknown. Many articles that were considered for\textsuperscript{42,43} or included in the present review\textsuperscript{20–23}, or have been published since\textsuperscript{44–46}, assessed other outcomes of interest, including area-level access to healthy foods, change in other dietary behaviours (e.g. change in total energy intake, dietary quality, consumption of specific food groups) or BMI. These may be outcomes of potential interest for future reviews.

Results from the present review suggest that opening a new retailer of healthy foods in limited-access communities may be an appropriate strategy to improve short-term fruit and vegetable intake among adults who choose to shop there, although more research is needed to confirm these findings and to understand the potential impact of this approach on the broader community and/or over longer periods of time. Interventions that focus on other structural interventions, such as improving the in-store environments of existing retailers, may be a more appropriate strategy for improving population-level dietary behaviour\textsuperscript{47,48}. Limitations of this body of research include a reliance on pre-experimental or quasi-experimental designs with limited ability to establish causality, potentially underpowered studies reliant on small sample sizes, and the use of a range of outcome measures and follow-up intervals that prevents meta-analytic synthesis of results. Recommendations for future research include designing adequately powered studies that are methodologically aligned with those of previous work, to facilitate comparisons and summary of these initiatives and strengthen the evidence base regarding this potential dietary impact of this approach to improving community food environments.

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