

Supporting Healthy Shopping Patterns Among Low-Income New Yorkers

December 2021





Background

GRANTEE	PUBLIC HEALTH SOLUTIONS, ON BEHALF OF THE NEW YORK CITY MAYOR'S OFFICE OF FOOD POLICY
GRANT PERIOD	JUNE 2017 – OCTOBER 2019
GRANT AMOUNT	\$200,000
CO-FUNDING & ADDITIONAL FUNDS LEVERAGED	HELMSLEY CHARITABLE TRUST: \$650,000 THE NEW YORK COMMUNITY TRUST: \$200,000 THE STATEN ISLAND COMMUNITY FOUNDATION: \$100,000 THE NEW YORK CITY YOUNG MEN'S INITIATIVE: \$217,000

Food insecurity—including poor nutrition—contributes to chronic and significant health problems. Lack of access to healthy, affordable fruits and vegetables has been a long-standing barrier for low-income communities and communities of color to act on recommended dietary guidance. As a result, diet-related diseases are especially acute in these communities. Low-income New Yorkers report eating only two servings of fruits and vegetables daily, less than half of the U.S. Department of Agriculture's (USDA) recommendation of at least five per day.

Nutrition incentive programs—such as New York City's Health Bucks, which help Supplemental Nutrition Assistance Program (SNAP) recipients purchase more fresh fruits and vegetables—are proven to make healthy foods more affordable for low-income consumers and encourage healthy purchases. The New York State Health Foundation (NYSHealth) is supporting the expansion of nutrition incentive programs. But there are obstacles to scaling and improving current models, of which none act as a silver bullet for solving the food insecurity issues that too many New Yorkers face. For example, most of these programs are available only to people enrolled in SNAP. In addition, these benefits can only be redeemed at certain places, such as farmers markets, which may not be useful to New Yorkers who do not have access to such locations and typically purchase their food and other basic necessities at larger chain grocery stores. Seasonal incentive programs that can be used only at farmers markets are also potentially limited in creating long-lasting behavioral change.

NYSHealth awarded Public Health Solutions a grant to help the New York City Mayor's Office of Food Policy pilot an incentive program designed to be more accessible and to support long-term healthy shopping patterns. The Mayor's Office of Food Policy took the lead in conducting a proof-of-concept study to benefit up to 4,000 food-insecure and/or low-income New Yorkers living in Brownsville and East New York, Brooklyn; the North Shore of



Background (continued)

Staten Island; and Morrisania in the South Bronx. NYHealth funds specifically supported the Brownsville part of the pilot.

The pilot sought to demonstrate if and how point-of-sale incentives at retail locations can improve shopping and eating behaviors and reduce health problems among low-income residents. The intended beneficiaries of the program were food-insecure New Yorkers who regularly accessed food pantries and/or Medicaid-funded clinics. Households participating in the pilot were eligible for a half-off discount of up to \$10 per week on fresh fruits and vegetables at participating local supermarkets. For example, if a customer placed \$20 worth of fruits and vegetables on the checkout counter, then swiped her discount card, she would have been charged only \$10.

The pilot involved multiple partners:

- In Brownsville, NYC Health + Hospitals' East New York Diagnostic and Treatment Center (ENY) served as the community-based organization partner. ENY was chosen for its demonstrated commitment to addressing poor nutrition and food insecurity by helping patients better manage their diabetes, as well as its "farmacy" food prescription partnership with [Project EATS](#) to help patients better manage their chronic diseases by connecting them to fresh produce.
- Brick-and-mortar food retailers were also key partners in the project, offering point-of-sale incentives in their stores. Retailers were selected if they were full-service grocery stores; had a presence in some or all of the target neighborhoods; and responded positively to the invitation to participate.
- Solutran, a firm with national experience in electronic benefits transfer (EBT) processing for the Women, Infants, and Children (WIC) and SNAP programs, developed a technology called Healthy Savings to provide immediate point-of-sale discounts on healthy foods. Solutran's scope of work also included recruiting, executing contracts with, training, and managing the supermarkets on this project, as well as coding and distributing Healthy Savings cards to community-based partner organizations.

New York University (NYU) conducted a short-term evaluation to examine the effect of the nutrition incentives on participant outcomes in two areas: (1) whether this type of program is effective at changing behavior and (2) if the program is likely to be sustainable and could demonstrate a return on investment for stores as a result of increased purchases. Ideally, positive results could encourage the original set of supermarkets to continue their participation and convince additional supermarkets to join the program.



Grant Activities & Outcomes

The project's start date was delayed by seven months, until January 2018, because of technical errors in the discount card software. While the technical error was resolved by November 2017, the food retail partners could not do the software upgrade as they headed into their busy holiday season. Refresher training was provided in January for all anchor partners, and the initiative officially launched on January 22, 2018, when the first participants were enrolled.

After this technical issue was resolved, community-based organizations focused on enrollment. However, only 673 participants out of an expected 4,000 from the targeted neighborhoods were enrolled. The majority of participants came from Staten Island, where residents have more access to larger national chain supermarkets than in the other pilot communities. Approximately 60% of participants were enrolled in SNAP, 65% had annual household gross incomes of less than \$25,000, 45% identified as Black or African American, and 42% identified as Hispanic. Nearly all enrollees participated in at least one form of food assistance (e.g., SNAP, WIC).

Upon enrollment, residents participated in a baseline survey about their shopping habits. Among the findings: 40% reported poor access to quality fresh produce in their neighborhoods, and most did some of their shopping at Western Beef (87%) or Stop & Shop (77%), two of the participating retailers.

Supermarket retailers and their employees were trained on how to manage and accept the incentive cards. Employees at community-based organizations were also trained on strategies to recruit and enroll participants.

A few weeks into the program, it became apparent that changes were necessary to boost both rates of enrollment and participants' card usage, which hovered around 25%. Enrollers at community-based organizations were asked to spend more time with participants to better explain how the system worked. For example, some participants did not fully understand that the card was not a cash-transfer benefit, but rather a half-off produce coupon. Community-based organizations were also asked to re-engage cardholders who had not used their cards. At the same time, Solutran and community-based organizations expanded marketing of the program, sending e-mails and scheduling store visits to engage cardholders.

Additionally, some customers reported to community-based organizations that cashiers at participating retailers were unfamiliar with the program. In response, Solutran provided more training and education to the stores. Because Solutran managed the relationship with the grocery retail outlets, the Mayor's Office of Food Policy and community-based organizations



Grant Activities & Outcomes (continued)

could not step in to address communication challenges directly.

The NYU evaluation team conducted a survey at the six-month mark, but no final survey was completed at the end of the 19-month project. Six months into the pilot program, only 365 enrollees were still participating. The project team did expect that there would be drop off in participation, originally estimating a 45% attrition rate of enrollees by the end of the intervention. Although there were far fewer enrollees recruited for the project than anticipated, the attrition rate was still roughly 45%. Several contributing factors led to low enrollment and ongoing participation rates in the pilot, as documented by the NYU evaluation team, including:

- Most of the participants in the target neighborhoods, with the exception of Staten Island, did not regularly shop at the supermarkets participating in the pilot. Solutran set out to recruit national food retailers, but did not first solicit community input to ask residents where they did the majority of their shopping. Solutran has a strong network of supermarket partners nationally and had previous experience implementing this kind of program in other jurisdictions. However, this was Solutran's first foray into New York City, where it was less familiar with many of the supermarkets in the targeted neighborhoods, which tend to be independently owned. More research should also have been conducted to better understand the shopping habits of the different neighborhoods targeted in the pilot.
- Participants reported that participating Healthy Savings food retailers were too far away and required too much travel time.
- Community-based partners and supermarket employees regularly reported confusion about how the program was supposed to work.
- Participants reported that prices were still too high at participating food retailers, even with the savings card.
- Participants also reported difficulty using the program's mobile app and that there were language barriers for non-English-speaking users.

Because of low enrollment and participation, the pilot was extended for an additional nine months. Some changes were implemented to support participation, such as moving from a \$10 per week to \$40 per month structure to ensure that participants were able to take full advantage of the benefit. However, these changes did little to improve final outcomes. Among the findings of the six-month survey:



Grant Activities & Outcomes (continued)

Food Security

- 19% of the participants self-reported that they had a higher level of food security.

Program Utilization

- Participants redeemed Healthy Savings an average of 5.6 times over the six-month study period, with the Staten Island participants using it most often (8.7 times).
- About one-third of participants reported buying more than half or all their groceries at a participating store since receiving the card.
- Three-quarters of participants (primarily from Staten Island) reported that the stores had the produce they wanted.
- Brownsville and East New York participants reported having more difficulty than other sites in traveling to a participating Healthy Savings store.

Produce Purchase and Consumption

- In Brownsville, participants reported no measurable changes in fruit and vegetable consumption. Although many enrollees did report shopping at participating supermarkets, these venues were not where they specifically did the majority of their fruit and vegetable shopping. Many also reported the quality of produce was not good.
- Participants reported that the incentive was still not enough to purchase fruits and vegetables at the participating retailers; other barriers included a lack of transportation to participating retailers and confusion using the card.

Self-Reported Retail Participation

- All stores reported seeing new customers.
- Three-quarters reported sales of produce increased.
- Three-quarters reported stocking more produce.
- One-third reported training staff was a burden.
- The most frequently reported challenge was technical problems with applying the discount or knowing which food items were eligible.



Grant Activities & Outcomes (continued)

Common barriers

- The locations of participating stores and prices of groceries.
- Participant and vendor understanding of how the discount program worked.
- The recruitment and retention of participants.

Overall, the Healthy Savings pilot program did not show a significant change in the consumption of healthy foods and reduction of food insecurity among participants, except for the Staten Island site. Because of these performance results, the program was closed out as of December 31, 2019.





Lessons Learned

The pilot provided lessons that should be considered in any future food access program. Recommendations for how to improve this kind of nutrition incentive program in the future include:

- Community members must have a prominent role in designing programs that are intended to improve healthy food access. Although participants in this pilot were indeed food insecure, fruit and vegetable incentives by themselves were not enough to encourage enrollment or change participants' shopping patterns. Residents should be consulted as to where they do most of their shopping, with more specific questions asked such as where they do their produce shopping and why, and if they use different grocery stores to purchase different types of items (e.g., meat vs. produce). Recruitment under this pilot was instead geared toward national supermarket chains, with not enough attention paid to the fact that residents use more than one kind of grocery store to do their shopping.
- Nutrition incentive programs should be designed to be easily understood and used by both consumers and retailers. The design of this incentive was confusing from the start. Community-based organizations could not properly explain it to their clients, and retailers could not properly explain it to their cashiers—even after Solutran retrained partners, the program was still confusing to all stakeholders.
- A robust recruitment and participation strategy needs to be in place—and one that reflects the needs and wants of the community.

Roles and goals among partners should be clearly defined from the start. This pilot had many different partners, most of whom had not worked together before. There were communication gaps among the partners, which were exacerbated by the fact that Solutran managed the relationship with the grocery retail outlets, and the Mayor's Office of Food Policy and community-based organizations could not step in to address communication challenges directly.

The Mayor's Office of Food Policy acknowledged from the outset that ongoing communication would be critical for addressing any operational issues that arise and ensuring the success of the pilot. While it expected to convene the stakeholders regularly and share evolving challenges and successes, regular communications did not come to fruition. The NYU evaluation of the project was expected to last 18 months, but only a post-survey of participants was conducted at the six-month mark.



Lessons Learned (continued)

Overall, multiple factors contributed to the pilot's lackluster results. Food insecurity exists for a variety of reasons, especially in New York City. Each of the communities that participated in this program was vastly different, and yet the project was designed with a one-size-fits-all approach for improving food security. This is an overall challenge facing nutrition incentive programs, as shopping norms are difficult to change. There are other hurdles that impact people's shopping patterns that this incentive did not address, such as participants' limited funds for grocery shopping, transportation to participating stores, time availability for shopping, and childcare issues.

Although this NYSHealth-funded pilot ultimately did not succeed, other nutrition incentive programs show potential and should be further explored. In 2019, the New York City Department of Health and Mental Hygiene, with support from a USDA grant, launched a similar, yet improved, program, "Get the Good Stuff," which offers a dollar-for-dollar match on fruits, vegetables, and beans purchased. Although this program is only for SNAP-eligible New Yorkers at participating supermarkets, the model seems promising: For every \$1 spent in SNAP benefits at participating supermarkets on eligible fresh, frozen, canned, and dried fruits, vegetables, and beans, shoppers get \$1 added to a program loyalty card to spend on eligible foods on their next purchase. The program is currently available at six supermarkets located in Brooklyn, Queens, and the Bronx. Since "Get the Good Stuff" was launched at the first store in June 2019, more than 4,700 SNAP households have enrolled in the program.



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