

HEALTHY BEVERAGE INITIATIVE TOOLKIT



CENTER FOR
Science IN THE
Public Interest

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

Acknowledgements

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The Center for Science in the Public Interest (CSPI), founded in 1971, is a non-profit health-advocacy organization. CSPI conducts innovative research and advocacy programs in the areas of nutrition, food safety, and alcoholic beverages and provides consumers with current information about their own health and well-being. CSPI is supported by the 900,000 member-subscribers in the United States and Canada to its *Nutrition Action Healthletter* and by foundation grants. CSPI does not accept funding from government or industry.

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CONTENTS

PREFACE	i
INTRODUCTION	2
OPTIONS FOR VOLUNTARY GROCERY STORE CHANGES TO REDUCE CONSUMER PURCHASES OF SUGAR DRINKS	3
Placement of Products	3
Option 1: Eliminate or reduce sugar drinks in floor displays and end caps	3
Option 2: Change placement of products on aisle shelves to emphasize low/no-calorie drinks and deemphasize sugar drinks	4
Option 3: Eliminate or limit sugar drinks at checkout-aisle coolers	5
Product Pricing	5
Option 1: Limit discounts on sugar drinks.....	5
Option 2: Charge more to display sugar drinks than low- and no-calorie drinks in Cooperative Marketing Agreements	6
Option 3: Charge higher slotting fees to shelve new sugar drinks than for shelving low- and no-calorie drinks	6
Advertising	6
Option: Eliminate or limit advertising and publicity for sugar drinks in grocery stores.....	6
Signage	7
Option: Provide in-store signage that gives consumers health information about the various beverage choices	7
Vending Machines	8
Option 1: Remove, reduce or rearrange sugar drinks in store vending machines	8
Option 2: Change pricing and promotion strategies to emphasize no-calorie choices	9
TALKING POINTS FOR ANTICIPATED QUESTIONS FROM RETAILERS	10
TIPS	11
REGULATORY ALTERNATIVES	13
APPENDIX A: IMPORTANCE AND PERCEIVED FEASIBILITY OF INTERVENTION OPTIONS TO REDUCE THE RETAIL PROMOTION OF SUGAR DRINKS	14
APPENDIX B: REGULATORY OPTIONS CHECKLIST FOR GROCERY STORE IMPROVEMENTS	16
APPENDIX C: TOP 10 SUPERMARKETS, MASS MERCHANDISERS, AND CLUBS BY REVENUE	17
APPENDIX D: PARENT COMPANY CHAINS IN SELECT STATES	18
APPENDIX E: PROFILES OF TOP 10 SUPERMARKETS, MASS MERCHANDISERS, AND CLUBS	19
APPENDIX F: OTHER RESOURCES	30

PREFACE

Sugary drinks are the single greatest source of calories in the American diet. Despite recent declines in sugary drink consumption, Americans still consume far more than is good for their health. As a result, a large percentage of the population remains at risk for becoming obese or developing other chronic health problems like diabetes, heart disease, and cancer. To avert this alarming trend, America's local health departments and their community partners work together to implement policies that protect or improve the public's health, and create conditions that help people make healthy choices, such as becoming more physically active, eating healthier foods, and decreasing consumption of sugary drinks.

The National Association of County and City Health Officials (NACCHO), the voice of approximately 2,800 local health departments, is a leader, partner, and catalyst to ensure that people are healthier and living longer.

In response to the surge in chronic diseases resulting from sugary drinks, the Center for Science in the Public Interest, with input from NACCHO, developed this Healthy Beverage Initiative Toolkit for local health departments and the local business leaders who have the power to change how sugary drinks are marketed and sold.

From emphasizing the marketing of non-caloric beverages to shelf placement, promotional pricing, educational signage, and clearing the check-out aisles of unhealthy beverages, the Toolkit contains a range of practical options to ensure that local health departments and business leaders can create healthier shopping environments and meet the individual needs of their community.

NACCHO supports the Healthy Beverage Initiative and encourages local health departments to engage in community-wide partnerships, coalitions and other efforts to reduce marketing of sugary drinks and to promote the consumption of healthier drinks. Voluntary efforts such as the ones made by local grocers will surely make health the easier choice.



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INTRODUCTION

Supermarkets play a big role in America's sugar drink addiction: about 45 percent of all sugar drink purchases are made in supermarkets, mass merchandisers, and club stores. That's why grocery retailers have an opportunity to play a positive role in helping consumers make healthier choices and in helping to reduce the epidemic of obesity and overweight that burdens two-thirds of the American population and imposes immense economic and social costs on all of us.

By choosing to re-design the in-store marketing of sugar drinks and focusing more on healthier beverage choices, supermarkets could help to sway consumer purchasing behavior toward opting for healthier, rather than sugar drinks. Relatively modest changes, such as adjusting shelf placement, promotional pricing, clearing the check-out aisles of unhealthy beverage choices and other retail strategies could have measurable effects on consumer purchases.

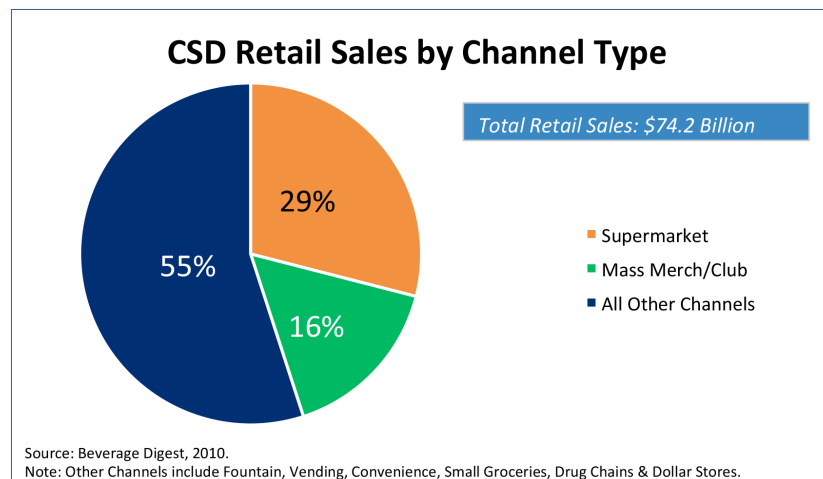
Even the beverage industry has acknowledged the need to emphasize healthier beverages. As reported by the *Beverage Digest* on February 8, 2013, "multiple executives said that getting consumers to buy and drink more diet and low-calorie drinks is at least part of the answer [to addressing concerns about obesity] – but it's also a challenge." The same issue of *Beverage Digest* reports promising industry attitudes about executives' interests in nudging consumers toward healthier beverages, and their reported statements suggest "using more displays, promotions and feature ads for diet and low-calorie products" as well as changing the nature of the advertising of the products themselves.

This toolkit offers tips for public health advocates who wish to approach retail grocers about voluntarily creating healthier shopping environments that will reduce sugar drink consumption among their patrons and improve their health.

As sensible as the suggestions in this toolkit may be for improving public health, grocery stores generally will be resistant. Their prime goal is to maximize their profits, not promote health. Their current practices have been constantly refined over the decades to maximize sales of soft drinks, and those products are one of the biggest

sources of store revenues. Also, and not unreasonably, some chain executives likely would fear that if they adopted measures that would displease some of their customers, competitors would take advantage of them. Ideally, though, some supermarket executives would be interested in experimenting, if only in a small number of stores, with new marketing practices that would encourage customers to choose healthier, lower-calorie beverages. Health officials and others could encourage that by offering to provide public praise for the chain or perhaps incentives including preferences in addressing zoning applications. Should discussions with grocers fail (or never start), city or state health departments have regulatory options that they could implement.

Health advocates interested in encouraging supermarkets to emphasize low-calorie beverages in their marketing plans might start with metropolitan regions where one chain has a significant proportion of the market. Alternatively, they could approach several of the largest retailers in a single metro region simultaneously. Changes that are undertaken by the major chains within a specific market region could help reduce the risk of creating competitive vulnerabilities among participating grocery retailers. A third focus could target the very largest, national mass merchandisers (e.g., Walmart, Target) and clubs (e.g., Sam's, Costco), which account for about 16 percent of CSD retail sales.



OPTIONS FOR VOLUNTARY GROCERY STORE CHANGES TO REDUCE CONSUMER PURCHASES OF SUGAR DRINKS

This report discusses voluntary options that are designed to reduce purchases of sugar drinks in grocery stores while shifting consumers toward non-caloric products. Their perceived importance and feasibility by several health officials are noted in Appendix A. This guide also specifies which options would require changes to the Cooperative Marketing Agreement (CMA) between the grocery retailer and beverage company and identifies potential challenges the grocery retailer may face in attempting to implement these changes.

Common Abbreviations

CMA—Cooperative Marketing Agreement – Grocery store chains enter into CMAs that define the kind of marketing the store will implement to promote sales of bottlers or distributors. CMAs are typically binding annual contracts by supermarket chains, not just single stores. The agreements cover issues related to the amount, type, and timing of promotional activities and specify the kinds of products that will be promoted. Those activities are compensated by the beverage company. The revenue from the CMAs, in addition to the profits gained from the products themselves, are important for stores' bottom lines. While figures may differ from place to place, a typical CMA between a retailer and a beverage company might yield about \$15,000 per store per year. CMAs have distinct terms for carbonated and still beverages. It is important to realize that, except for the few largest supermarkets (such as Walmart, Kroger, and Safeway), most retailers don't have the negotiating power to dictate the terms of a CMA when meeting with bottlers.

CSD—Carbonated Soft Drink

DSD—Direct Store Delivery

FLM—Fast Lane Marketing – Check-out-aisle displays

SSB—Sugar Sweetened Beverages

SSD—Sparkling Soft Drink – Coca-Cola's term for carbonated drinks

Placement of Products

Option 1: Eliminate or reduce sugar drinks in floor displays and end caps

One third of all SSB sales in grocery stores come from floor displays.¹ Stores could help shift consumer purchases to low-calorie options by: (1) reducing the number and duration of floor displays and end cap displays that feature full-calorie beverages or (2) featuring only diet and low-calorie products on end caps and floor displays

Implementing or Modifying the CMA

The Cooperative Marketing Agreement (CMA) between the grocery chain and a beverage company details the types of products to be featured on floor and end-cap displays (i.e., bottled water, carbonated soft drinks, etc.). The CMA also specifies the minimum number of display weeks for each product. The compositions of those displays change periodically depending



Photo credit: Creative Magazine, website: www.creativemag.com

¹ Supermarket Segmentation Study, 2001.

on sales experience. While the CMA usually specifies display frequencies for carbonated drinks versus still drinks (like sports drinks or bottled water), it does not distinguish between regular and diet drinks. Hypothetically, a grocery retailer could choose to display diet beverages exclusively or more often than full-calorie beverages without violating the terms of a CMA.

Potential challenges

Water has a lower profit margin than soda, so featuring bottled water on end caps and floor displays could reduce profits. Grocery stores may have to re-negotiate the CMA to change the frequency of bottled-water (or seltzer-water or flavored-seltzer-water) displays because that may be agreed upon separately from the frequency of displays for carbonated soft drinks. Since diet soda and regular soda have similar profit margins, displaying diet drinks more frequently or prominently may not adversely affect profits. Stores also could experiment by featuring higher-profit specialty drinks (or healthful foods). Chain stores could experiment with different strategies in small numbers of stores.

Option 2: Change placement of products on aisle shelves to emphasize low/no-calorie drinks and deemphasize sugar drinks

Eye-level is the prime location for products on grocery store shelves. Grocery stores could re-organize their plan-o-grams (detailed layouts of products on shelves) to place low and no-calorie drinks at eye level while moving full-calorie beverages to lower or higher shelves. Another shelving variation that may help emphasize non-SSBs would involve separating all diet drinks from SSBs, condensing them in one section of the aisle. This layout may eliminate the need for customers to scan through regular beverages to find their diet counterpart, and would be particularly feasible where diet drinks are popular.

Shelving Arrangement

Plan-o-grams are not negotiated in the CMA; they are developed and controlled by the retailer based on previous product sales and profitability patterns, as determined by “category captains.” Within a geographic region, the beverage company with the most dominant market share in a particular beverage category (i.e., CSD) is deemed the “category captain.” As the category captain, the beverage company has the ability to buy sales data from grocery chains and analyze those data to determine the optimal shelving layout to sell the most products from that company. Thus, distributors heavily influence plan-o-grams.

Additionally, beverage and food companies sometimes pay premiums called “slotting fees” to ensure shelving space for a company’s new products. The length of time those products stay on the shelves depends solely on their performance (i.e., if sales are low, the store will drop or give less prominence to the products). Retailers could lose revenues if they restricted their prime shelf space to new low-calorie beverages.

Potential challenges

- Stores might fear that changes in layout would make it harder for customers to find the products they were looking for.
- Cost of Inventory Changes—If putting diet drinks at eye level or giving them more shelf space than full-calorie drinks might reduce overall sales, retailers will balk.



Photo credit: © Xi Zhang | Dreamstime.com

Example

In 2004, a three-store Pennsylvania chain, Stauffers of Kissel Hill (SKH), revamped its plan-o-gram to emphasize diet drinks. The reset was implemented after Coca-Cola Enterprises analyzed SKH's sales data and discovered strong performance of reduced-calorie carbonated soft drinks. The new layout was designed to make it easier for customers to find and buy diet beverages by grouping them together rather than stocking each diet drink next to its full-calorie counterpart.

Option 3: Eliminate or limit sugar drinks at checkout-aisle coolers

Products placed at check-out aisles capitalize on impulse purchases by consumers. Instead of stocking sugar drinks at check-out aisles, grocery retailers could stock only low or no-calorie options in the coolers. Alternatively, retailers could reduce the prominence of sugar drinks in coolers by: (1) stocking sugar drinks on lower shelves, and (2) increasing the percentage of low and no-calorie drinks in the coolers. Other options include (1) removing sugar drinks and junk foods from a few check-out aisles and designating them as “family friendly” or “healthier check-out” aisles and (2) experimenting with SSB-free check-out aisles in a small number of stores.

Implementation and the CMA

The section of the CMA that deals with check-out aisle displays is called Fast Lane Marketing (FLM). A CMA often includes an agreement on the minimum percentage of a company's products that will be stocked in the check-out aisle coolers. For instance, a CMA with the Coca-Cola Company might specify that Coke products take up 85 percent of the space in check-out lane coolers. Beverage companies often pay for and install the coolers in exchange for a minimum stocking percentage, but the agreement likely does not specify which of the company's products must be stocked.

Potential challenges

In the same way they handle grocery shelves, the beverage distributor may stock the coolers directly. Grocery retailers would need to explain the layout changes to the distributor and ensure that they are being implemented.

Example

Eight Martins stores (a subsidiary of the Ahold chain) in the Richmond, Virginia area are testing “Healthy Ideas Aisles” that, according to an Ahold spokesperson, feature healthier choices, including 100% juice, better-for-you snacks, fresh fruits, kid-friendly magazines, and other kid-friendly non-food items in their check-out aisles.

Product Pricing

One of the most obvious ways of encouraging people to choose lower-calorie beverages is to charge less for them. In practice, though, bottlers and retailers almost always charge the same for both, even though diet drinks are cheaper to produce (artificial sweeteners are less expensive to use than high-fructose corn syrup or sugar).

Option 1: Limit discounts on sugar drinks

Most grocery stores feature discounts on a brand's regular and diet versions at the same time. Stores could encourage consumers to choose diet and other low-calorie drinks by: (1) running discount promotions only for low-calorie drinks or (2) reducing the frequency and amount of discounts on sugar beverages. A national consumer-opinion poll, commissioned by CSPI in June of 2012, found that 68 percent of respondents would

support a grocery store policy to promote or discount healthier beverages, such as seltzer, bottled water, unsweetened teas, and low-fat milk, more often than sugar drinks.

Implementation and the CMA

Beverage companies are legally prohibited from dictating retail prices to grocery stores. Discounts are at the discretion of the grocery retailer.

Potential Challenges

If consumers are not willing to switch to diet beverages to take advantage of the discounted price, total sales could fall or the store could lose customers who chose to shop where regular beverages are as heavily discounted as non-caloric drinks. It is also a little more convenient for retailers to advertise that, say, Coke and Diet Coke cost the same.

Option 2: Charge more to display sugar drinks than low- and no-calorie drinks in Cooperative Marketing Agreements

Grocery retailers could renegotiate their beverage CMAs to differentiate between sugar-sweetened products and non-sugar-sweetened products, charging higher rates for displays of SSBs.

Implementation and the CMA

The CMA specifies the type and frequency of displays for the different beverage categories (carbonated soft drinks, still beverages, etc.) and sets different rates depending on the product category. Retailers could request higher rates to display sugar beverages.

Potential challenges

CMAs with beverage companies do not distinguish between sugar and non-sugar carbonated drinks. Grocery retailers would have to negotiate the separation of diet drinks from regular drinks in the CMA to charge different rates for displays. Beverage companies may not be willing to agree to increased rates, and only the few largest chains have the wherewithal to negotiate as equals with bottlers.

Charging more to display full-calorie beverages could create an unintended negative consequence—incentivizing supermarkets to display sugar drinks more frequently because they would earn more money.

Option 3: Charge higher slotting fees to shelve new sugar drinks than for shelving low- and no-calorie drinks

Since slotting fees apply only to new products, grocery retailers could request higher slotting fees for new sugar drinks or offer lower slotting fees for new low- and no-calorie beverages.

Implementation and the CMA

Slotting fees are negotiated between the grocery retailer and the beverage company separately from the CMA.

Potential challenges

Most grocery store chains may lack the negotiating power to demand higher slotting fees for certain products. Also, grocers might not want to accept lower income due to lower slotting fees for healthier products.

Advertising

Option: Eliminate or limit advertising and publicity for sugar drinks in grocery stores

Stores regularly feature sugar drinks by means of print promotions, including advertisements in circulars, newspapers, magazines, and grocery cart messaging. Other promotions take place in stores, including special-

ly large attention-getting displays (sometimes called “spectaculars” in the industry). Advertising, along with displays, drive purchasing behavior and can increase sales and consumption. As a result, limiting promotions of sugar drinks could be a powerful strategy to change the kinds of beverages that consumers buy. To maintain income, stores could increase the promotion of low-calorie beverages through their various advertising and pricing strategies.

Implementation and the CMA

Advertising is a significant focus of Cooperative Marketing Agreements. The CMA determines the annual number of advertisements for the company’s products, broken down by packaging formats (e.g., 12-ounce cans, 2-liter bottles, and 6-packs of 500mL cans). The CMA also determines when a store will display featured ads for beverage products during both primary (including the Super Bowl, Memorial Day, 4th of July, Labor Day, Christmas–New Year’s) and secondary holidays.

Current CMAs do not distinguish between sugar-sweetened beverages and low- or no-calorie beverages. If retailers insisted, the advertising section of the CMA could include different requirements and payments for high- and low-calorie beverages. Such a change could allow more opportunities to negotiate a higher percentage of ads for low- or no- calorie beverages. On the other hand, if that doesn’t happen, retailers could still ask for a voluntary shift to allow more advertising for low- or no-calorie beverages than for sugar drinks.



Photo credit: California Center for Public Health Advocacy

Potential challenges

Store retailers might be troubled by a suggestion to reduce advertising of SSBs. To avoid this, recommendations should be framed as “revenue enhancing” measures. Instead of asking for reduced advertising, advocates should ask for more advertising of non-caloric products and frame the change as an opportunity to increase sales of healthier drink options. Additionally, loyalty and satisfaction are very important to stores, and provide another framing concept opportunity. By implementing these voluntary changes, a store could market itself as “the healthy supermarket” that cares about consumers’ well-being and helps them make healthier purchases.

Signage

Option: Provide in-store signage that gives consumers health information about the various beverage choices

Informative signs are most effective when placed at the point of decision—near the items on the shelves. Signage could include:

- Specific data about sugar drinks such as:
 - The number of teaspoons of sugar in a product
 - The percentage of the recommended daily intake of added sugar contained in a specific beverage
 - The amount of physical activity required to burn off the calories in the product
- General information about the consumption and health effects of added sugars (high-fructose corn syrup and sugar)

If healthful beverages are priced lower than full-sugar ones, signs or labels could highlight the prices to entice consumers to purchase those products. Signage should not patronize customers nor make them feel defensive;

instead the signs should provide informative facts that will enable them to make healthier choices. An additional, large, motivational sign, situated near the shelves, that encourages consumers to make healthy beverage choices, might increase the effectiveness of the shelf signage and increase the sales of healthier beverages. In a national telephone poll commissioned by CSPI in June 2012, 64 percent of consumers supported the statement, “grocery stores should provide information in the beverage aisles about the calorie and sugar content of the drinks and the health risks of drinking too many sugar drinks.” The results from that opinion poll strengthen the case for implementing in-store signage.

Implementation and the CMA

Signage is not included in the CMA, but is a voluntary option that stores could consider in order to convey a healthier image to their consumers. Informational signage could also be coordinated with promotions of low- or no-calorie drinks.

Potential Challenges

Stores might be reluctant to irritate consumers, who might react negatively to signs they deem to be patronizing. To reduce that risk, stores could use a healthy living/wellness frame or classify the effort as assisting the exercise of personal responsibility by providing consumers with the information they need to make healthier choices.

Examples (from other sectors)

1. Boston Public Health Commission – developed a point-of-purchase traffic-light poster and brochure to help municipal agencies, healthcare institutions, organizations, and retail establishments create healthier beverage environments. Numerous Boston hospitals also implemented the educational traffic-light approach. Although the system is purely informative and does not require a reduction of unhealthy “red” products, many city agencies and other institutions (e.g., hospitals and recreation centers) that use the system eventually changed the distribution of the products available and even eliminated “red” products entirely. Refer to www.cityofboston.gov/Images/Documents/rethink%20your%20drink_tcm3-25915.pdf

2. Massachusetts General Hospital implemented a traffic-light-style color-coding system (red, yellow, green) for food and beverages sold in its cafeteria. Researchers found that the labeling approach decreased consumption of red (unhealthy) choices and increased green (healthy) choices. In addition to the labeling initiative, the researchers rearranged items to make the green products more accessible. The results show that consumer behavior can be shaped positively with relatively simple interventions. ajph.aphapublications.org/doi/abs/10.2105/AJPH.2011.300391



Photo credit: Boston Public Health Commission

Vending Machines

Option 1: Remove, reduce or rearrange sugar drinks in store vending machines

In-store vending machines can be reconfigured to sell only low- or no-calorie beverages or to carry a higher percentage of those drinks. Another improvement would involve rearranging products in vending machines by moving low- or no-calorie beverages to eye level to make them more noticeable while shifting sugar-sweetened beverages to lower slots in the machines to reduce their visibility. In any case, though, vending machines are minor sales vehicles in supermarkets.

Implementation and the CMA

Vending machines are not explicitly mentioned in CMAs. The contracts regarding machines are controlled by separate vendors.

Potential challenges

While vending contracts vary in duration, they are renegotiated periodically. Each chain could consider negotiating with its current vendor to ask for a gradual transition process to increase the ratio of low- and no-calorie beverages relative to SSBs.

Contract terms and lengths vary by vendor, so if the contract is short term, then it might be beneficial to wait until the renegotiation period. Some vending contractors are making changes themselves by offering healthier food and beverages to merchants.

Numerous hospitals and city properties (e.g., Boston and Seattle) have adopted healthy vending policies and phased out SSBs from cafeterias and vending machines, often by preceding the change with an educational awareness campaign.



Photo credit: California Center for Public Health Advocacy

Option 2: Change pricing and promotion strategies to emphasize no-calorie choices

Supermarkets could charge a lower price for low- and no-calorie beverages sold from in-store vending machines. This would incentivize people to choose those drinks over their sugar counterparts. Supermarkets could also offer more promotional discounts on low- and no-calorie beverages and fewer discounts on sugar drinks through its vending machines. Stores can choose to promote a low- or no-calorie brand on the front of its vending machines instead of a full-calorie product (e.g., the vending machine in the photo above promotes a brand of bottled water instead of a sugar drink).

Implementation and the CMA

Vending machines are not explicitly mentioned in CMAs. The contracts regarding machines are controlled by separate vendors.

Potential challenges

Consumers may simply choose not to purchase a beverage at the vending machine if they cannot find their preferred drink, leading to lost revenue. However, since in-store vending machine sales are usually convenience and impulse buys, choosing to emphasize healthier options might influence consumer choices.

Examples (from other sectors)

1. Cleveland Clinic – SSBs were phased out of cafeterias and vending machines over several years. To begin, the ratio of non-sugar to full-sugar beverages was set at 70:30. Several years later, all SSBs were removed. More info at: www.cleveland.com/healthfit/index.ssf/2010/07/sugar-sweetened_food_beverages.html.

2. Nemours Foundation – This Delaware-based foundation created a healthy vending guide with sample policies and nutrition requirements to assist efforts by organizations to improve their food choices in vending machines. The experience of several pilot projects implemented in schools in different states across the country demonstrated that the changes didn't hurt revenues and even increased gross receipts in California schools by 81 percent. Nemours Health and Prevention Services conducted a 'competitive pricing' pilot project that saw an 80% increase in sales of healthier items that were priced 50% lower than the average cost. Overall revenue was not affected by the price changes. More info at: www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/resource/healthyvending.pdf

TALKING POINTS FOR ANTICIPATED QUESTIONS FROM RETAILERS

Retailers' Concern: We need the money from sugar drink sales to maintain our business. Grocery stores have low profit margins and sugar drinks are a key driver of profit.

Approach: The voluntary actions we are promoting seek to hold sales steady, or even increase sales, while reducing calories per serving sold. Since diet sodas have the same profit margins as regular sodas, emphasizing diet products may not reduce sales or profits.

Retailers' Concern: There's no evidence on the impact of these kinds of measures, whether they'll actually help consumers or hurt my business. How do I know that making these changes won't cost me lots of money?

Approach: Just as with shelving new products, there is some risk involved in changing the approach to sugar drinks. Since none of the voluntary changes we're asking for need to be permanent, your company could run a trial period or pilot program in several stores and measure the changes' impact on profits and consumer opinion. You may find that the changes actually improve customer loyalty and bring in new customers, while you contribute to a healthier America.

Retailers' Concern: If I constrain customer choice, I risk alienating customers and losing their business. I don't want to be perceived as part of the "nanny state."

Approach: Most of these options can be framed as an effort to make it easier for your customers to make healthy choices for themselves and their families, rather than an intrusion into their right to choose. In fact, many of the voluntary options, if they are promoted properly, have the potential to increase brand loyalty and purchase intent. Your company could gain a reputation as an industry leader that cares about the health and wellness of its customers and their families.

Retailers' Concern: Our competition might take advantage of our "good deeds" and try to steal our consumers by offering better deals for sugar drinks. Many customers are price-sensitive and shop around to get the best deals.

Approach: We are also working with other stores in your area to implement the same measures. With most stores in the area implementing the same—or similar—voluntary actions, it's less likely that you will lose customers. On the contrary, advertising the efforts as a sign of how much your company cares about the health and welfare of its customers could deliver positive PR and increased customer loyalty. Also, many of the voluntary options do not involve pricing changes at all; for example, changing the way you display diet and regular drinks and installing educational signage in the beverage aisle don't affect price.

Retailers' Concern: Sugar drinks bring in a lot of revenue and help me balance a tight bottom line. You're suggesting that I advertise less?

Approach: Reducing sugar drink advertising would certainly help to reduce overconsumption, but you can also increase advertising for the non-caloric products that your supermarket sells. This along with other measures can help shift customers towards healthier drink options while increasing your revenues from those products.

TIPS

Tip #1: Research the supermarket landscape in your region

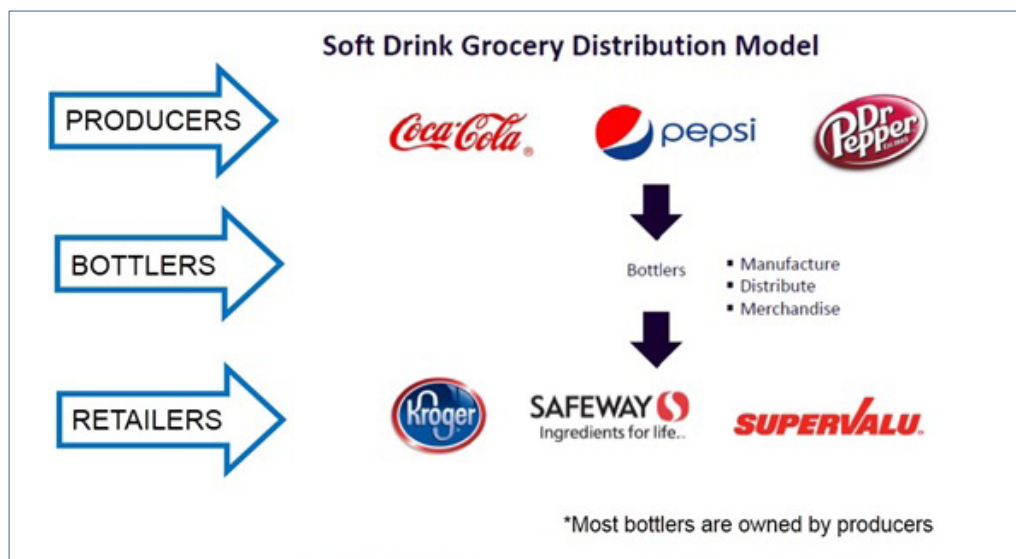
Identify the stores and chains that operate in your region. It is useful to know their size and share of the market in the region, as well as any health-based policies or programs that they may already have underway. Appendix E provides profiles of the top 10 national supermarket chains in the country, but it is useful to have a general understanding of the local chains operating in your area as well. For general information about the industry, visit the Food Marketing Institute (FMI) website at www.fmi.org. To stay up-to-date on industry news and for more information on retailer ranking and research, visit the Progressive Grocer website at www.progressivegrocer.com and the Supermarket News website at supermarketnews.com. For recent facts about consumer preferences, see the *2012 Food and Health Survey: Consumer Attitudes toward Food Safety, Nutrition, and Health* conducted by the International Food Information Council Foundation (IFIC).

Tip #2: Invite all the right players to the meeting.

To enhance a meeting's chances of success, ask the chain(s) to meet with its CEO, product manager, and/or soft-drink buyer at corporate headquarters (see Appendixes C, D, and E for information about grocery chains.). The buyer covers all the chains owned by the same company (i.e., talk to the buyer for the Kroger Co. chain about Ralph's, King Soopers, Fred Meyer, and Fry's)

Tip #3: Include additional meeting players from the community.

While it is important to have the decision makers at the table, if the meeting consists solely of public health officials and grocery executives, the company might believe the entire conversation will revolve around regulation and compliance issues. The addition of an interested local business leader(s), representatives of local heart or diabetes associations, a prevention-oriented physician, or a youth group might convey a more amicable approach.



Tip #4: Plan the order of your requests during the meeting.

Identify priorities in your meetings, such as:

1. Focus on adjusting displays in stores (i.e., limiting the number of SSB display weeks in the CMA). Address the need to re-balance the coolers in check-out lanes to provide a greater proportion of no- or low-calorie drinks.
2. Ask for greater emphasis on no- or low-calorie drinks in advertising and also ask chains to modify the advertising section of the next CMA to emphasize no- or low-calorie beverages.

Tip #5: Create a list of benefits that the grocery chain might receive by cooperating.

It is important to prepare a list of reasons why the grocery chain should endorse proposed changes to the beverage environment, beyond the health factors. A city or county health department could create an incentive system to offer awards to supermarkets (and perhaps other marketers of SSBs, such as corner stores) that agree to implement suggested changes. For example, the Philadelphia Department of Public Health is launching a healthy supermarket pledge challenge to encourage local supermarkets to make healthy food and beverages more available and affordable. A community-based leadership coalition might recognize the particular chain as a community leader or present an award. Awards and press coverage could enable a chain to develop a good reputation for holding its consumers' health in higher regard.

Tip #6: Develop a plan to assess the impact of voluntary actions.

Information is largely absent on the effects of supermarket SSB interventions; therefore, data from pilot projects might be very informative. Ask grocery executives if they would provide data on sales and/or profits before and after the implementation of any new practices, and enlist the help of nearby academics to study the impacts. Stores could also conduct before/after surveys to gauge consumer perceptions of the new measures. Achieving positive results with one local chain grocer would increase the prospects for change on the national level.

Tip #7: Determine your city's or county's legal authority to mandate changes in grocery stores.

This will help you understand which regulatory options you can pursue in case voluntary actions do not succeed. Use the "Regulatory Options" checklist in Appendix B for starters.

REGULATORY ALTERNATIVES

If grocery chains decline to take voluntary steps that would help reduce consumption of sugar drinks, health advocates and health officials could explore regulatory avenues to bring healthy changes to supermarkets. Indeed, regulatory action has the advantage of providing the “level playing field” that companies always like and preventing one supermarket from taking advantage of a competitor that was encouraging customers to switch from regular to low- or no-calorie drinks. It would also eliminate any anti-trust concerns that could arise if major marketers in a given area adopt the same measures. Appendix B outlines a range of regulatory options.

ChangeLab Solutions, an Oakland, California, based nonprofit organization that researches law and policy solutions to improve public health, has a broad suite of legal resources on strategies to address sugar-sweetened beverages, including strategies that apply in the retail environment.

These resources include model policies and agreements, and also include fact sheets explaining the legal issues involved with policies requiring shelf signage, restricting product placement, regulating the location and types of retailers, and more innovative policy approaches to regulate retail sales. All of these materials can be accessed at: changelabsolutions.org/childhood-obesity/sugar-sweetened-beverage-regulation ChangeLab Solutions is also available to provide technical assistance to communities considering these approaches.

LEGAL AUTHORITY TO MANDATE INTERVENTIONS

Many local health departments do not have, or do not know whether they have, the legal authority to mandate certain intervention options. Ideally, departments should determine their authority to mandate changes before requesting voluntary actions by grocery chains (use the “Regulatory Options” checklist in Appendix B). It is useful to know that some departments *do* have certain regulatory authority:

New York City Department of Health and Mental Hygiene—Can limit serving sizes of soft drinks in restaurants²; can require restaurants to provide healthy beverages as the default in kid’s meals.

Los Angeles Department of Public Health—Can require restaurants to provide healthy beverages as the default in kid’s meals.

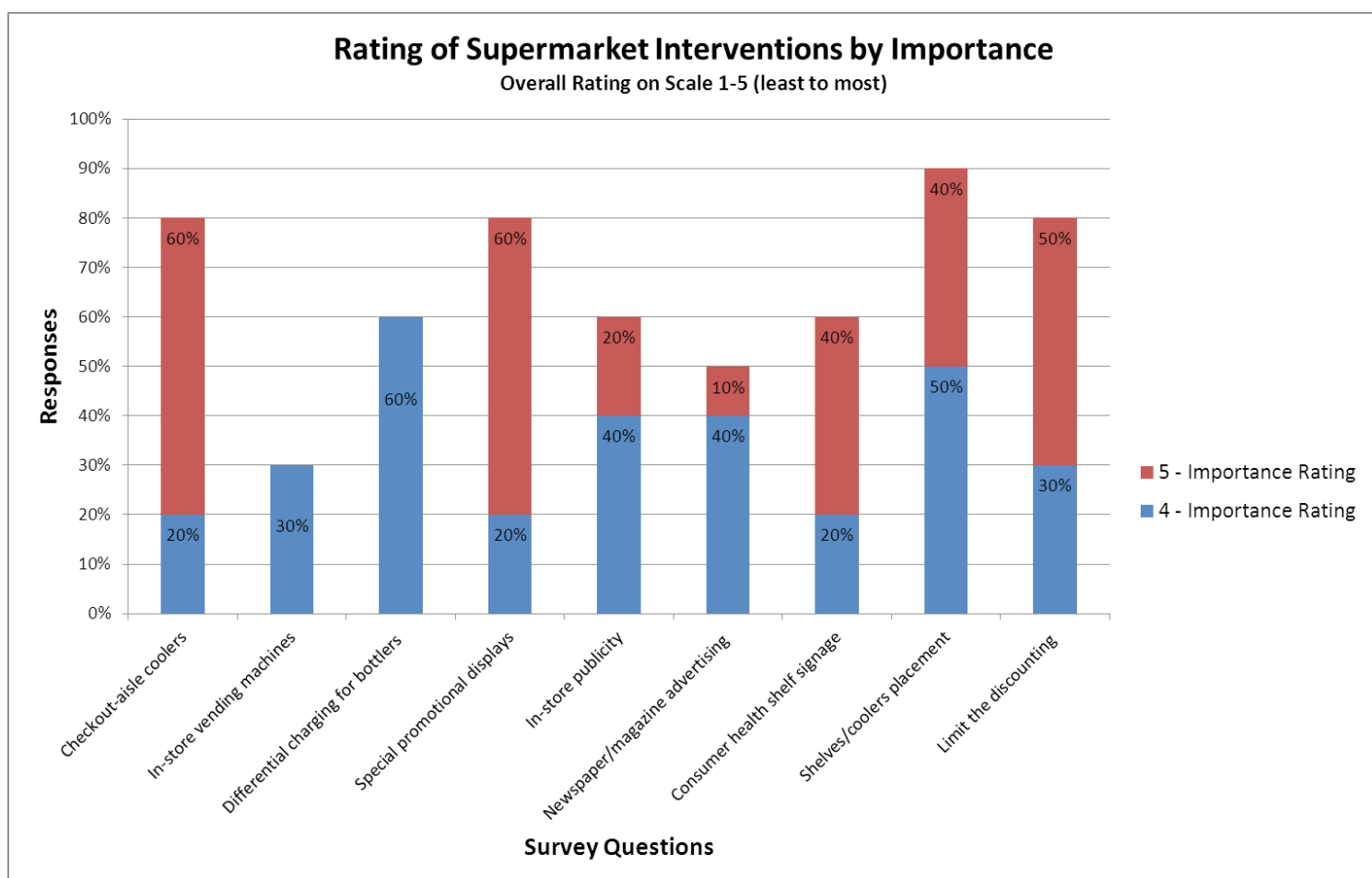
Philadelphia Department of Public Health—Can require shelf signage.

² This response predated the March 11, 2013 decision by the Supreme Court (the lower-level court) of New York which held that the New York City Board of Health lacked such authority. That ruling is currently under appeal.

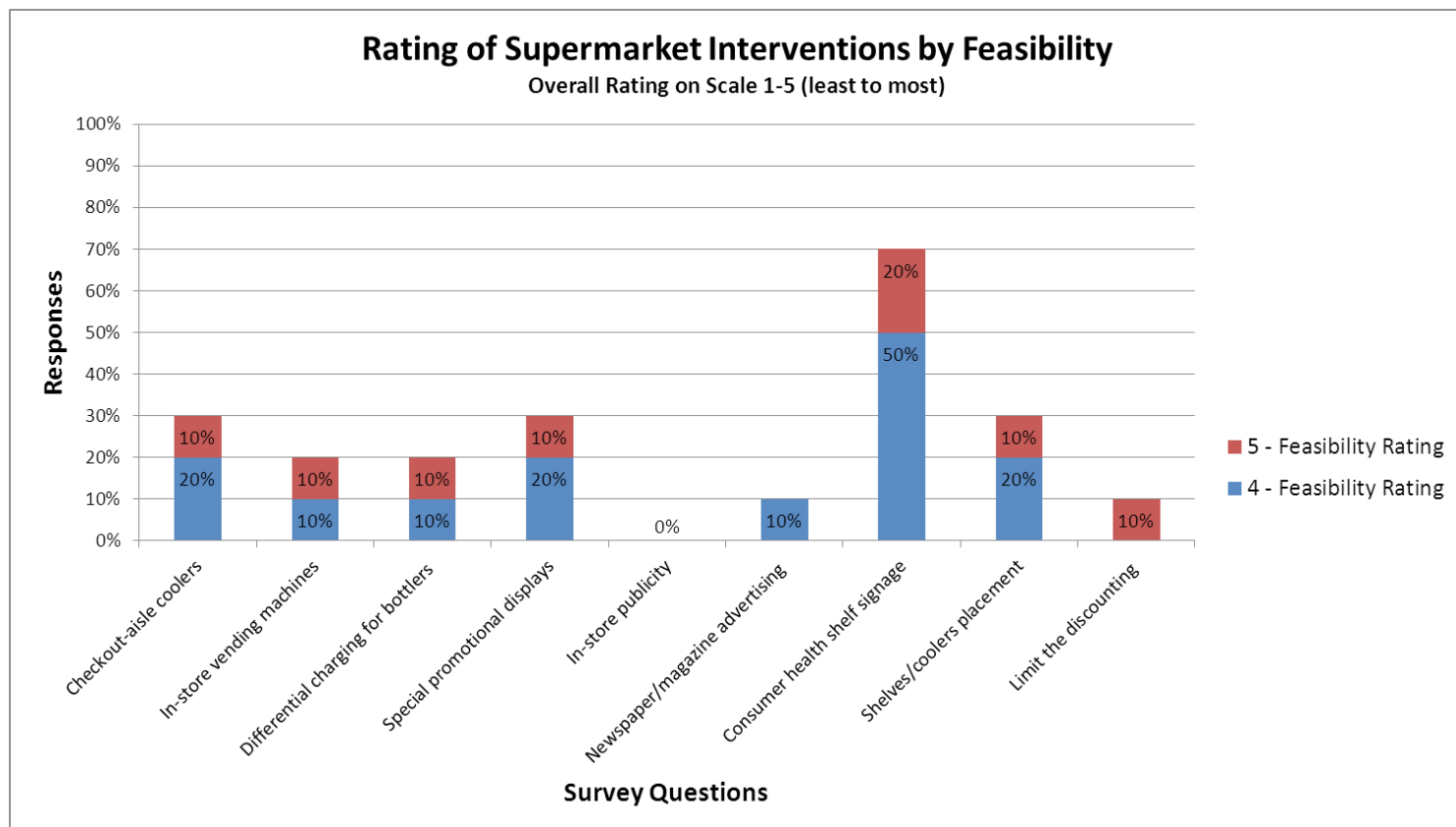
APPENDIX A: IMPORTANCE AND PERCEIVED FEASIBILITY OF INTERVENTION OPTIONS TO REDUCE THE RETAIL PROMOTION OF SUGAR DRINKS

In April 2012, CSPI surveyed state and local health officials about potential supermarket interventions to reduce the consumption of sugar drinks. Out of nine interventions, the options that were rated “important” by most of the eight respondents included:

1. Adjusting the placement of sugar drinks on shelves and in coolers
2. Eliminating or limiting sugar drinks in checkout-aisle coolers
3. Eliminating or reducing the size and frequency of promotional sugar-drink displays
4. Limiting price discounts on sugar drinks, but not on non-caloric drinks
5. Providing shelf signage with consumer health information about sugar drinks



However, the perceived *feasibility* of each intervention differs from the intervention's importance rating. Changing shelf and cooler placement, which was ranked “important” by 90 percent of the respondents in this small survey, was deemed “feasible” by only 30 percent. Consumer health signage, the fifth-rated measure for importance, was perceived as the most feasible, with 80 percent of respondents ranking it positively. That option was the only one rated “feasible” by more than half the respondents. While the opinions of health officials are interesting, it would take discussions with supermarket officials to determine the actual feasibility of different measures.



APPENDIX B: REGULATORY OPTIONS CHECKLIST FOR GROCERY STORE IMPROVEMENTS

Strategy	Does my department have the legal authority to do this? (Yes/No/Murky)	How politically feasible is this option, from 1 to 5? (1 = Not feasible at all, 5 = Absolutely feasible)	Rank your top 5 options	Next Steps
Pricing				
Enact an excise tax on SSBs				
Impose a regulatory fee on SSBs				
Set a minimum price for sugar drinks, similar to policy precedents related to tobacco				
Establish “proportional pricing” on SSBs to eliminate or reduce volume discounts				
Reduce retail-based price discounting on SSBs				
Incentive-based Strategies				
Link funding from healthy food financing initiatives to reduced availability/sales of SSBs				
Offer store public recognition for promoting healthier beverages				
Link preferential administrative procedures to reduced availability of SSBs				
Signage				
Require informational signage (e.g., “The average 16 oz. sugar-sweetened drink contains 15 teaspoons of sugar.”)				
Require prominent labeling of calories on shelves				
Require warning labels near beverage shelves and displays (e.g., “Drinking non-diet soft drinks increases the risk of obesity.”)				
Sales and Marketing				
Require no- or low-calorie drinks to be shelved at eye-level height				
Restrict SSB sales near schools or establish limits on density of SSB retailers through licensing or zoning				
Cap portion sizes of non-diet SSB sold or the ratio of large portions sold				
Prohibit sales in specific types of venues				
Regulate contents (or placement of contents) of in-store vending machines				
Prohibit displaying sugar drinks on end caps				

Note: Consult ChangeLab Solutions, www.changelabsolutions.org, for more information.

APPENDIX C: TOP 10 SUPERMARKETS, MASS MERCHANDISERS, AND CLUBS BY REVENUE

Parent Company & Headquarters	2011 Annual Sales - FY 2012 (\$B)	Names Under Parent Company	Total # of Stores	States in Operation
Wal-Mart Stores, Inc. (Bentonville, AK)	264.2	Walmart, Walmart Express, Walmart Market, Walmart Supercenters, Sam's Club	4,750	All 50 States
Kroger Co. (Cincinnati, OH)	82.2	Baker's, City Market, Dillons, Dillons Marketplace, Food 4 Less, Foods Co., Fred Meyer, Fry's, Fry's Marketplace, Gerbes, Jay C, King Soopers, Kroger, Kroger Fresh Fare, Kroger Marketplace, Owen's, Pay Less Super Markets, QFC, Ralphs, Scott's Food & Pharmacy, Smith's, Smith's Marketplace	3,624	AL, AK, AZ, AR, CA, CO, GA, ID, IL, IN, KS, KY, LA, MI, MS, MO, MY, NE, NV, NM, NC, OH, OR, SC, TN, TX, UT, VA, WV, WY (31 total)
Costco Wholesale Corp. (Issaquah, WA)	87.05	Costco	592	AL, AK, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, OH, OR, PA, SC, TN, TX, UT, VT, VA, WA, WI (40 total)
Target Corp. (Minneapolis, MN)	70	CityTarget, SuperTarget, Target, Target Greatland, Target Pfresh	1,770	All states except VT
Safeway (Pleasanton, CA)	41.1	Carrs-Safeway, Dominick's Finer Foods, Genuardi's Family Markets, Pak'n Save, Safeway Food and Drug, Randall's Food Markets, Simon David, Tom Thumb Food & Pharmacy, Vons Food and Drug, Pavilions	1,678 (US & Western Canada)	AK, AZ, CA, CO, D.C., DE, HI, ID, IL, MD, MT, NE, NV, NJ, NM, OR, PA, SD, TX, VA, WA, WY (22 total)
Supervalu (Eden Prairie, MN)	37.5	ACME, Albertsons, Club Foods, Farm Fresh, Hornbacker's, Jewel-Osco, Lucky, Save-A-Lot, Shaw's/Star Market, Shop 'n Save, Shoppers	2,349	AL, AZ, CA, CO, CT, FL, ID, IL, IN, ME, MD, MA, MI, MN, MS, MO, MT, NV, ND, OH, OR, PA, TX, UT, VA, WA, WV, WI
Publix Super Markets (Lakeland, FL)	29.9	Publix	1,049	AL, FL, GA, SC, TN
Ahold USA (Carlisle, PA & Quincy, MA)	24.2	Giant, Martin's Food Stores, Peapod, Stop & Shop	745	CT, DE, IN, MA, MD, NH, NJ, NY, PA, RI, VA, WI, WV (13 states total and D.C.)
Delhaize America (Salisbury, NC)	19.2	Bottom Dollar Food, Food Lion, Hannaford Bros., Harveys, Sweetbay	1,627	DE, FL, GA, KY, MD, MA, ME, NC, NH, NJ, NY, PA, SC, TN, VA, VT, WV (& D.C.)
H.E. Butt Grocery Company (San Antonio, TX)	18	Central Market, H-E-B plus!, Joe V's Smart Shop, Mi Tienda, Montrose Market	306	TX (and northern Mexico)

Data from Supermarket News 2012

APPENDIX D: PARENT COMPANY CHAINS IN SELECT STATES

Location	Stores
Arizona	Kroger (Fry's, Fry's Marketplace, Smith's); Costco; Safeway (Safeway Food and Drug); Supervalu (Albertson's); Target; Wal-Mart
California	Kroger (Food 4 Less, Foods Co., Ralphs); Costco; Safeway (Pak'n Save, Safeway Food and Drug, Vons Food and Drug); Supervalu (Albertson's, Lucky); Target; Wal-Mart
Connecticut	Costco; Safeway (Save-A-Lot, Shaw's/Star Market); Ahold USA (Stop & Shop); Target; Wal-Mart
Illinois	Kroger (Food 4 Less, Kroger); Costco; Safeway (Dominick's Finer Foods); Supervalu (Jewel-Osco); Hy-Vee; Target; Wal-Mart
Massachusetts	Costco; Supervalu (Save-A-Lot, Shaw's/Star Market); Ahold USA (Stop & Shop); Delhaize America (Hannaford); Target; Wal-Mart
Missouri	Kroger (Dillons, Gerbes, Kroger); Costco; Supervalu (Save-A-Lot, Shop n Save); Hy-Vee; Target; Wal-Mart
Nevada	Kroger (Food 4 Less, Smith's); Costco; Safeway (Vons Food and Drug, Safeway Food and Drug); Supervalu (Albertson's, Lucky); Target; Wal-Mart
New York	Costco; Ahold USA (Stop & Shop); Delhaize America (Hannaford); Target; Wal-Mart
Oregon	Kroger (Fred Meyer, QFC); Costco; Safeway (Safeway Food and Drug); Supervalu (Albertson's); Target; Wal-Mart
Pennsylvania	Costco; Safeway (Genuardi's Family Markets); Supervalu (ACME, Save-A-Lot,); Ahold USA (Giant Food Stores, Martin's); Delhaize America (Bottom Dollar Food, Food Lion); Target; Wal-Mart
Texas	Kroger (Kroger, Kroger Marketplace); Costco; Safeway (Randall's Food Markets); Supervalu (Albertson's, Save-A-Lot); HEB Grocery Co. (Central Market, H-E-B plus!, Joe V's Smart Shop, Mi Tienda, Montrose Market); Target; Wal-Mart
Washington	Kroger (Fred Meyer, QFC); Costco; Safeway (Safeway Food and Drug); Supervalu (Albertson's); Target; Wal-Mart

APPENDIX E: PROFILES OF TOP 10 SUPERMARKETS, MASS MERCHANDISERS, AND CLUBS

Walmart

Kroger

Costco

Target

Safeway

Supervalu

Publix Supermarkets

Ahold USA

Delhaize

H.E. Butt

**Tagline:**

“Saving people money to help them live better [...]. It’s the focus that underlies everything we do at Walmart. And for the millions of customers who shop in our stores and clubs around the world each week, it means a lot.”

Parent company: Wal-Mart Stores, Inc.

Other names: Walmart, Walmart Express, Walmart Market, Walmart Supercenters, Sam’s Club

Statistics:

2011 Annual Sales: \$264.2 billion

Size: 4,750 U.S. stores; **U.S. Locations:** All 50 states

Management: Michael Duke, President and CEO

Nutrition Programs:

Healthier Food Initiative: Pillars (Launched in Jan.’11)

1. Reformulating thousands of everyday packaged food items by 2015
2. Making healthier choices more affordable
3. Developing strong criteria for a simple front-of-package seal
4. Providing solutions to address food deserts by building stores in underserved communities
5. Increasing charitable support for nutrition programs



Learn more at: www.walmartstores.com/nutrition

The “Great For You” icon, implemented in February 2012 as part of the Healthier Food Initiative, aims to help customers instantly identify healthy food and beverage items. This icon appears on the front of the package of their private label brand products based on rigorous nutrition criteria (Nutrition criteria at: www.walmartstores.com/nutrition/greatforyou.aspx).

Products marked with “Great for You” icon: www.walmartstores.com/nutrition/pdf/Walmart-GreatForYou-Product-List.pdf

Website: www.walmartstores.com

General supermarket information: www.supermarketnews.com



Parent Company: Kroger Co.

Other names: Baker's, City Market, Dillons, Dillons Marketplace, Food 4 Less, Foods Co., Fred Meyer, Fry's, Fry's Marketplace, Gerbes, Jay C, King Soopers, Kroger, Kroger Fresh Fare, Kroger Marketplace, Owen's, Pay Less Super Markets, QFC, Ralphs, Scott's Food & Pharmacy, Smith's, Smith's Marketplace

Statistics:

2011 Annual Sales: \$82.2 billion

Size: 3,624 stores in U.S.; **U.S. Locations:** AL, AK, AZ, AR, CA, CO, GA, ID, IL, IN, KS, KY, LA, MI, MS, MO, MY, NE, NV, NM, NC, OH, OR, SC, TN, TX, UT, VA, WV, WY (31 total)

Management: David Dillon, CEO and Chairman

Nutrition Programs:

Nutritional recommendations listed at: kroger.staywellsolutionsonline.com/Wellness/Nutrition/

Kroger Co.'s recommendation on healthy beverages:

"What should be the drink of champions among kids? Water or milk. To add more pizzazz to plain water, buy low-calorie flavored water or make your own with lemon or lime. Steer your kids toward skim or 1% milk. [...] Stick with pure citrus juice (orange and grapefruit, calcium fortified but without added sugar). [...] Although many children love apple juice, it is high in natural sugar. [...] Limit the amount or dilute it with water." (kroger.staywellsolutionsonline.com/Wellness/Nutrition/Children/1,158)

www.kroger.com

General supermarket information: www.supermarketnews.com



Tagline:

"Costco is known for carrying top quality national and regional brands, with 100% satisfaction guaranteed, at prices consistently below traditional wholesale or retail outlets."

Parent Company: Costco Wholesale Corp.

Other names: Costco

Statistics:

2011 Annual Sales: \$87.05 billion

Size: 605 U.S. stores; **U.S. Locations:** AL, AK, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, OH, OR, PA, SC, TN, TX, UT, VT, VA, WA, WI (40 total)

Management: Craig Jelinek, CEO

Nutrition Program:

"Live Healthy" nutrition program for Costco employees and their families as part of employee medical plan:

- Nutrition tips and recipes online
- Coaches and dieticians to advise on nutrition and health
- Discount on select Weight Watchers programs

www.costcobenefits.com/cms/live-healthy/index.shtml

www.costco.com

General supermarket information: www.supermarketnews.com

**Tagline:**

"Expect More. Pay Less.®"

Parent Company: Target Corp.

Other names: CityTarget, SuperTarget, Target, Target Greatland, Target Pfresh

Statistics:

2011 Annual Sales: \$70 billion

Size: 1,770 U.S. stores; **U.S. Locations:** All states except VT

Management: Gregg Steinhafel, Chairman and CEO

Nutrition Program:

Target is a founding member of The Alliance to Make US Healthiest, a non-partisan organization and coalition that facilitates partnerships between national and grass-roots efforts, fosters innovative actions, and connects individuals to spark a nationwide social movement to make the U.S. the healthiest nation in a healthier world.

"Members of the coalition are committed to making health and well-being a priority in industry, government, individuals, families, and communities. Its scope of interest extends beyond healthcare to a commitment to health equity and understanding the many factors that shape an individual's opportunity for well-being."

hereforgood.target.com/well-being/community/

www.ushealthiest.org

www.target.com

General supermarket information: www.supermarketnews.com



**Tagline:**

“As one of the largest food & drug retailers in North America (based upon sales), Safeway Inc. is an innovative company founded on a simple value philosophy: taking care of our customers and employees and sharing with them the success they help make possible.”

Parent company: Safeway

Other names: Carrs-Safeway, Dominick’s Finer Foods, Genuardi’s Family Markets, Pak’n Save, Safeway Food and Drug, Randall’s Food Markets, Simon David, Tom Thumb Food & Pharmacy, Vons Food and Drug, Pavilions

Statistics:

2011 Annual Sales: \$41.1 billion

Size: 1,678 stores in U.S. & in Western Canada; **U.S. Locations:** AK, AZ, CA, CO, DC, DE, HI, ID, MD, MT, NE, NM, NV, OR, SD, VA, WA, WY

Management: Steven Burd, Chairman & CEO

Nutrition Program: SimpleNutrition

Safeway screens products to ensure they meet nutrition and ingredient criteria and then tags them with up to two key benefit messages. The ones that do meet the criteria are further evaluated to determine whether they earn Benefit Shelf Tags.

The criteria for tagging are based on the latest published health guidelines from the USDA/U.S. Department of Health and Human Services and the Institute of Medicine, food labeling guidelines from FDA and USDA, and current available nutrition science.

www.safeway.com/ShopStores/Healthy-Living.page?

www.safeway.com (USA); www.safeway.ca (Canada)

Corporate Profile can be found at www.safeway.com/ShopStores/Investors.page#iframe-top

General supermarket information: www.supermarketnews.com



**Mission Statement:**

"We will provide America's Neighborhoods with a superior grocery shopping experience enhanced by local expertise, national strength and a passion for our customers."

Parent company: SUPERVALU

Other names: ACME, Albertsons, Cub Foods, Farm Fresh, Hornbacher's, Jewel-Osco, Lucky, Save-A-Lot, Shaw's/ Star Market, Shop 'n Save, Shoppers

Statistics:

2011 Annual Sales: \$37.5 billion

Size: 2,349 U.S. stores; **U.S. Locations:** AL, AZ, CA, CO, CT, FL, ID, IL, IN, ME, MD, MA, MI, MN, MS, MO, MT, NV, ND, OH, OR, PA, TX, UT, VA, WA, WV, WI

Management: Wayne Sales, President, CEO and Chairman

Nutrition Programs:

In several of SUPERVALU's markets, nutrition tours are held for school-aged children.

SUPERVALU supports programs that promote healthy lifestyles and nutrition, particularly those focusing on diet-related disease prevention and management. It has partnered with the American Heart Association's Go Red for Women campaign to raise awareness and help support healthy lifestyles.

www.supervalu.com/sv-webapp/community/giving.jsp

www.supervalu.com

General supermarket information: www.supermarketnews.com



Parent company: Publix Super Markets

Other names: N/A

Statistics:

2011 Annual Sales: \$29.9 billion

Size: 1,049 U.S. stores; **U.S. Locations:** AL, FL, GA, SC, TN

Management: Ed Crenshaw, CEO

Nutrition Programs:

Publix nutritional shelf tags (right) provide clear information about a products' nutrients. Nutrient criteria for these tags are based on FDA labeling criteria and the Dietary Guidelines for Americans.

www.publix.com/wellness/food/nutrition-center/Nutrition-Facts.do

Other:

Publix annually supports five organizations in companywide campaigns: Special Olympics, March of Dimes, Children's Miracle Network, United Way and Food for All.

Each year (usually in September), Publix associates contribute to United Way, largely through payroll donations. In 2011, Publix raised \$25.9 million for United Way.

www.publix.com

General supermarket information: www.supermarketnews.com



**Tagline:**

"Better choice. Better value. Better life. Every day."

Parent company: Ahold USA

Other names: Giant - Carlisle, Giant - Landover, Martin's Food Stores, Peapod, Stop & Shop

Statistics:

2011 Annual Sales: \$24.2 billion

Size: 745 U.S. stores; **U.S. Locations:** CT, DE, IN, MA, MD, NH, NJ, NY, PA, RI, VA, WI, WV (13 states total and D.C.)

Management: Dick Boer, CEO, Carl Schlicker, COO, Ahold USA

Nutrition Programs:

"Kid Healthy Ideas" program—Customers earn triple the points every time they buy a "Kid Healthy Idea" product, as part of the A+ School rewards program. This aims to encourage parents to buy healthy products for their children as well as raise money for schools.

Nutrition education in-store tours for children

"Healthy Ideas" magazine available to customers for no charge

www.ahold.com/#!/Ahold/Healthy-living.htm

www.ahold.com

General supermarket information: www.supermarketnews.com



Parent company: Delhaize America

Other names: Bottom Dollar Food, Food Lion, Hannaford Bros., Harvey's, Sweetbay

Statistics:

2011 Annual Sales: \$19.2 billion

Size: 1,627 U.S. stores; **U.S. Locations:** DE, FL, GA, KY, MD, MA, ME, NC, NH, NJ, NY, PA, SC, TN, VA, VT, WV (and D.C.)

Management: Pierre-Olivier Beckers, CEO

Nutrition Programs:

“Increasing the visibility of healthier products to customers is a top priority.” (Delhaize America has in-store nutritionists, in-store guided tours, front-of-package nutritional information, & product rating based on nutritional value.)

Delhaize America is reducing sodium in line with its National Salt Reduction Initiative (NSRI) partnership. (“first U.S. retailer committed to reducing sodium in certain packaged food categories by an average of 20 percent over 5 years”)

The Guiding Stars algorithm rates products from 0 to 3 in terms of nutrition. (3 means highest nutritional value.)

Delhaize America implemented “Facts Up Front” (also known as “nutrition keys”) in 2011. They provide information about calories, saturated fat, sodium and sugar. Up to two optional positive nutrients may be highlighted for products that achieve at least one star in the Guiding Stars rating system.

www.delhaizegroup.com/en/Sustainability/OurSustainabilityPerformance/HealthyProducts/HealthyEating.aspx

www.delhaizeamerica.com

General supermarket information: www.supermarketnews.com





Parent company: H.E. Butt Grocery Company

Other names: Central Market, H-E-B plus!, Joe V's Smart Shop, Mi Tienda, Montrose Market

Statistics:

2011 Annual Sales: \$18 billion

Size: 306 U.S. stores; **U.S. Locations:** TX (and Northern Mexico)

Management: Charles C. Butt, Chairman and CEO

Nutrition Program:

Nutrition initiatives unlisted; Nutritional recommendations and advice at:

www.heb.com/page/healthy-at-heb?_DARGS=/common/global-nav.jsp,41_A&_DAV=4

H.E.B. recommendations on beverage consumption:

“Beverages contribute substantially to the calorie intake for most Americans. Although they provide needed water, many beverages add calories to the diet without providing essential nutrients, especially regular sodas, fruit drinks and alcoholic beverages.

Other beverages, however, such as fat-free or low-fat milk and 100% fruit juice, provide a number of nutrients along with the calories they contain. Currently, American adults ages 19 years and older consume an average of about 400 calories per day as beverages.”

www.heb.com/sectionpage/healthy-at-heb/food-eat-better/how-much-water/sd30670143

www.heb.com

General supermarket information: www.supermarketnews.com

APPENDIX F: OTHER RESOURCES

Candy at the Cash Register – A Risk Factor for Obesity and Chronic Disease

www.nejm.org/doi/full/10.1056/NEJMp1209443

CDC and Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide

www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

CDC MAPPS strategy

www.cdc.gov/chronicdisease/recovery/PDF/N_and_PA_MAPPS_strategies.pdf

Catalina Marketing and Food Marketing Institute study: Helping Shoppers Overcome the Barriers to Choosing Healthful Foods

info.catalinamarketing.com/files/133/Healthful_Foods_Study.pdf

Harnessing the Power of Supermarkets to Help Reverse Childhood Obesity

<http://www.rwjf.org/content/dam/web-assets/2011/04/harnessing-the-power-of-supermarkets-to-help-reverse-childhood-obesity.pdf>

National Alliance for Nutrition & Activity: Model Beverage and Food Vending Machine Standards

cspinet.org/new/pdf/final-model-vending-standards.pdf

NPLAN Soft Drink Industry Guide

[changelabsolutions.org/sites/changelabsolutions.org/files/ChangeLab-Beverage_Industry_Report-FINAL_\(CLS-20120530\)_201109.pdf](http://changelabsolutions.org/sites/changelabsolutions.org/files/ChangeLab-Beverage_Industry_Report-FINAL_(CLS-20120530)_201109.pdf)

Recommendations for Healthier Beverages – Healthy Eating Research

www.healthyeatingresearch.org/images/stories/comissioned_papers/her_beverage_recommendations.pdf

Retail Grocery Store Marketing Strategies and Obesity: An Integrative Review

dihealtheconomist.com/media/glanz_supermarket_strategies.pdf



