



# The Marketing of Unhealthy Food and Beverages in African-American Communities

Generating community-partnered research on obesity in black communities

## SUMMARY

The [African American Collaborative Obesity Research Network](#) (AACORN) has been analyzing inequities in food environments in black communities, focusing initially on documenting these inequities and understanding how black adults and children perceive and respond to them, and then on identifying potential solutions. This research started in October 2007 and continues through July 2015. It is supported by the Robert Wood Johnson Foundation (RWJF).

Through literature reviews, original research, and in collaboration with other RWJF grantees, the network's research has filled important gaps in the evidence about the disproportionate marketing of unhealthy food and beverages in black communities through heightened availability, targeted advertising and promotions, and other methods. The network's research also has shed light on how these practices influence purchases of high-calorie, low-nutrition food by black adults and youth, and how diverse black community stakeholders perceive the need for change in these business practices.

To enable multi-site collaboration and information sharing among investigators, the network created necessary administrative infrastructure, such as dedicated staff and a website, and hosted virtual and in-person meetings.

AACORN also launched a pilot, teenager-led counter-marketing campaign—Shaping Our Health by Influencing Food Trends, or SHIFTDemand. Using social media and in-person meetings, the campaign's teenagers encouraged their peers to advocate for change in the availability and affordability of healthy food in their neighborhoods.

## Key Findings

Key findings from this work through July 2014 include:

- For black adults and youth of diverse education and income levels in four cities—Baltimore; Birmingham, Ala.; Chicago; and Durham, N.C.—price was mentioned as the primary determinant of food-purchasing decisions. Taste, convenience, and

quality were important secondary concerns (DiSantis et al., *American Journal of Public Health*).

- Caregivers in Birmingham were convinced that all types of food marketing contributed to unhealthy eating in black youth and were aware that ads were targeted to the youth. However, views about the overall impact of food companies on black communities were mixed due to factors such as loyalty to companies that sponsored local events or scholarships, as well as uncertainty about how much weight should be given to parental vs. food company responsibility (Baskin et al., *Public Health Nutrition*).
- Adults in Baltimore emphasized the effectiveness of commercials, billboard ads, and coupons as enticements to teens to consume high-calorie foods especially in light of the lack of nutrition education they receive (Bibeau et al., *Appetite*).
- Children's exposure to television advertisements for sugar-sweetened beverages was higher in local media markets with higher proportions of black children in the population and also higher in media markets with lower median incomes. In media markets with higher proportions of black children and adolescents and lower median household income, exposure to television advertisements was significantly greater for fast-food restaurants, compared with full-service restaurants (Powell et al., *Health & Place*).
- Low-income African-American shoppers in Philadelphia were more likely to purchase sweet or grain-based snacks and sugar-sweetened beverages when they were on sale vs. not on sale. The likelihood of purchasing fruits or vegetables on sale was not significantly different than when they were at full price (Phipps et al., *Preventing Chronic Disease*).
- Data from focus groups and interviews with black consumers in three cities, policymakers serving black communities in two cities, and food retailers serving black communities in three cities highlighted varying perspectives on the complexities of stimulating consumer demand for marketing of a healthier product mix in local retail outlets. All raised issues of fairness and many raised issues of the need to protect the viability of businesses serving black communities (webinar and unpublished reports to RWJF).

For more information on the sources of findings, please see this report's [Bibliography](#).

## Funding

RWJF has funded this network with six grants totaling \$5,647,251<sup>1</sup> to the University of Pennsylvania running from October 2005 through July 2015. See this report's [The Work Continues](#) section for more information on work being conducted under the 2014–15 grant.

## CONTEXT

The obesity rate for blacks is higher than for whites and obesity is particularly prevalent among black women and children.<sup>2</sup>

Strictly speaking, obesity is the result of overeating and inactivity. However, research shows that “broader contexts,” such as racism, poverty, unsafe neighborhoods, and a lack of access to healthy food make it difficult for people who confront these problems to maintain a healthy weight. “Accordingly, approaches to obesity prevention and treatment that are effective in African-American communities require a focus on life contexts in these communities,” wrote the authors of an AACORN article in *Preventing Chronic Disease*.<sup>3</sup>

In 2002, there was a dearth of research into such models of obesity prevention in black communities, so the article's lead author—Shiriki Kumanyika, PhD, MPH, professor of epidemiology at the University of Pennsylvania Perelman School of Medicine, launched AACORN. The mission: to improve the quality, quantity, and effective translation of research addressing weight-related issues in African-American communities.

A major aim of this network is to enhance the visibility and integration of the perspectives of African-American investigators within the larger obesity research arena and especially in relation to research on African-Americans. AACORN's membership is predominantly African-American. An important goal is to encourage and support black researchers who investigate the causes of obesity in black communities and develop possible solutions based on a combination of lived experience in black communities and their expertise as researchers.

As the network's leadership explained in a report to RWJF, the African American Collaborative Obesity Research Network's goal is to ensure that the evidence accumulated through myriad research projects comes together into “a coherent story” that

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<sup>1</sup> Grant ID 53856 (\$193,633, October 1, 2005 to November 14, 2006); ID 58746 (\$254,239, November 15, 2006 to November 30, 2007); ID 61202 (\$3,401,159, December 1, 2007 to May 31, 2012); ID 70014 (\$650,000, June 1, 2012 to June 30, 2013); ID 70889 (\$648,220, July 1, 2013 to July 31, 2014); ID 71958 (\$500,000, August 1, 2014 to July 31, 2015).

<sup>2</sup> Ogden CL, Carroll MD, Flegal KM. “Prevalence of Obesity in the United States.” *Journal of the American Medical Association*. 312(2):189–90.

<sup>3</sup> Kumanyika SK, Whitt-Glover MC, Gary TL, et al., *ibid*.

“can be used to inform policy solutions that improve obesity prevention and control efforts in black communities.”

The network emphasizes collaboration not only among researchers within the network, but also with residents of local communities.

*“Instead of looking at [a community] through the problem, we try to understand the people and then see where the problem or issue is situated within their lives. It is a major shift if you think about it.*

*“Who are the people in [a] community? ...If we see something that we think needs to be changed, we need to ask how do people in these communities view the change? Where would they be going with it and how can we work with that?”—Project Director Shiriki Kumanyika*

### **RWJF’s Interest in This Area**

In 2005, RWJF made a \$500 million commitment to reverse the upward trend in childhood obesity—a commitment it renewed for another 10 years in 2015, as part of its new focus on building a Culture of Health that enables all in American society to lead healthier lives, now and for generations to come.

A Culture of Health includes achieving a healthy weight in all populations in all communities. The work of AACORN fits squarely within this goal.

### **THE PROJECT**

From October 1, 2005 to July 31, 2014, AACORN focused on these activities:

- Building the research evidence base demonstrating that unhealthy food is marketed disproportionately in black communities through food availability, advertising and promotions, and other methods and also describing the influence of these marketing variables on the purchase of high-calorie, low-nutrition food by black adults and youth.
- Creating the infrastructure—such as dedicated staff, website, and virtual and in-person meetings—for a large research network, enabling formal, multi-site collaboration on numerous research projects and informal information sharing among investigators and community members.

- Using social media and other communications tools to spur black youth to advocate for change in the availability and affordability of healthy food in their neighborhoods.

## **Building the Research Evidence Base**

While the network's members pursue their own research on myriad topics related to obesity, the RWJF-funded work focused primarily on food and beverage marketing practices and the associated perceptions and responses of consumers in black communities. To this end, in late 2007, the network launched a multi-year, multi-phase research project, Food Research for African American Market Equity.

The goals of the project were to:

- Understand how the marketing practices of food producers, retailers, and restaurants influence black consumers' preferences and buying decisions with respect to healthy items, such as fruits and vegetables, and unhealthy ones, such as sugar-sweetened beverages and potato chips
- Develop a community-led campaign to advocate for increased availability of healthy food

## **Targeted Marketing Practices**

The initiative built on a literature review of studies published between 1992 and 2006 about the geographic availability, advertising and promotion, and pricing of foods and beverages for African-Americans, compared with whites or the general market. This AACORN collaboration was based on work funded by the RWJF national program, *Health & Society Scholars*<sup>4</sup> and a National Institutes of Health grant.

This review documented relatively greater availability of unhealthy foods and beverages and greater exposure to promotions for such foods and beverages in black communities or media channels. Systematic differences in pricing in black versus other communities were not identified in the small number of studies that had examined this issue (Grier et al., *American Journal of Public Health*).

Network researchers were also involved in two separate quantitative studies, not funded under RWJF auspices, which examined the content of outdoor advertising in various neighborhoods. In the first study, researchers used global positioning system (GPS) devices and digital cameras to record the location and content of outdoor advertisements in a cross section of ZIP codes representing both low- and high-end income brackets, as well as a predominant (greater than 50 percent) population of African-Americans, Latinos, or whites. The locations studied were in Austin, Texas; Los Angeles; New York; and Philadelphia.

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<sup>4</sup> For more information on this program, see the [Program Results Report](#).

The advertisements studied had content in one of the following areas: food, non-alcoholic or alcoholic beverages, physical activity, sporting goods (both clothing and other products), screen entertainment, and other health-related topics (Hillier et al., *Health & Place*).

The second study focused on the prevalence of outdoor advertisements for unhealthy products located near child-serving institutions, such as schools, day-care centers, and libraries. The study focused on Austin, Texas; Los Angeles; and Philadelphia (Yancey et al., *Milbank Quarterly*).

Targeted marketing to black communities was evident in findings from these studies: disproportionately high density of outdoor advertising in ZIP codes with predominantly African-American residents and greater clustering of unhealthy commercial message around schools in predominantly black neighborhoods in Philadelphia.

Exposure to outdoor ads for unhealthy products was also notably higher in low-income communities compared to high-income communities, where outdoor ads were uncommon.

### ***Consumer Perspectives on Food Marketing***

Network researchers first conducted a literature review to identify evidence about the demand for healthy foods in black communities and found very little (Harrison, unpublished report). They then conducted original research to explore this question and ascertain the impact of targeted marketing practices on consumers' buying and eating behavior related to healthy foods.

This research involved qualitative interviews in multiple geographic locations with black consumers. These qualitative studies included:

- ***A study in Baltimore*** that examined how African-American residents felt about the way food is marketed to them and the impact of this marketing on the eating behavior of adolescent girls. Seven adults and nine girls—who were recruited from an all-girl, public, college-prep high school—participated in the study through small group interviews and a field exercise in which the study participants took photographs in their communities to answer the question: “What influences teenaged girls to eat what they do?” (Bibeau et al., *Appetite*)
- ***A study in Birmingham, Ala.***, on caregivers' opinions about how food marketing influences what young children (ages 3 to 11) eat. Trained community members interviewed 25 caregivers in six predominately low-income and African-American neighborhoods (Baskin et al., *Public Health Nutrition*).



- ***A study in Chicago*** on caregivers' opinions, using a similar approach to the study in Birmingham, with 25 caregivers of 3 to 11 year-old children as participants (unpublished).
- ***A study in Durham, N.C.***, on parents' perspectives of environmental and cultural factors that influence their children's food preferences and on the behaviors young children use to influence parents' food purchasing behaviors. Eighteen caregivers and 12 youth were interviewed; focus groups were conducted with 21 youth and a subset of the parents who were interviewed (unpublished).
- ***A multi-site analysis of pooled data from the four studies above.*** The objective was to explore how prices influence food-purchasing decisions. The pooled data set included a total of 75 adults or parents and 42 teenagers (DiSantis et al., *American Journal of Public Health*).

### **Stakeholder Views on the Need for Change**

The second phase of this research involved additional qualitative research at the same four AACORN field sites to identify views of African-American community stakeholders on the need of businesses to change their marketing practices in black communities.

- ***Focus groups with a total of 37 adults and teens in black communities in Philadelphia (pilot study) and a total of 67 in Durham, N.C., and Prince Georges County, Md.***, to obtain reactions to various food marketing scenarios showing evidence of inequities in the availability of healthy food or techniques used to target black communities. (Grier and Lassiter, recording on the American Public Health Association [website](#)).
- ***Individual interviews with 16 food retailers and 16 policymakers*** in black communities in Chicago and Birmingham, Ala., about the food-marketing practices targeted at black audiences (unpublished report to RWJF; also available in a [webinar](#)).

### **Pricing Studies**

In June 2012, AACORN launched a third round of research studies—many involving quantitative data—which focused on the possible role of food-pricing strategies on the healthfulness of eating patterns in black communities. Evidence indicating price-related targeted marketing was noted in the literature review that motivated this research program (Grier and Kumanyika, *American Journal of Public Health*, 2008); whereas AACORN's multisite qualitative study (DiSantis et al., *American Journal of Public Health*, 2013) indicated a major influence of price on black consumers' food-purchasing patterns.

The studies focused on pricing included:

- *A mixed method study using electronic data of supermarket purchases* by 82 primarily low-income African-American shoppers in a Philadelphia grocery store, and three focus groups with 20 shoppers from the same store. The goal was to analyze the influence of discounted prices on the purchases of healthy and unhealthy food products. Researchers analyzed purchases in four unhealthy categories—sweet snacks, grain-based snacks, savory snacks, and sugar-sweetened beverages—and three healthy categories—low-fat milk, fruits, and vegetables (Phipps et al., *Preventing Chronic Disease*).
- Working with researchers from the RWJF national program, *Bridging the Gap*,<sup>5</sup> the obesity network used *data from Bridging the Gap's Community Obesity Measures Project* to analyze the prevalence of special prices on healthy versus unhealthy versions of food and beverage products in a nationwide sample of food stores. The Community Obesity Measures Project's data was collected in a nationwide sample of food retail outlets in U.S. communities where a nationally representative sample of public middle- and high-school students reside.

Researchers made on-site direct observations at grocery stores, supermarkets, convenience stores, and other food outlets in more than 150 neighborhoods in 2010, 2011, and 2012. Using this data, researchers analyzed prevalence of special prices for a set of healthy and unhealthy food and beverage products by type of store and according to the racial and income composition of the neighborhoods where the stores were located (unpublished report to RWJF).

### **Sparking New Approaches**

- AACORN also worked with the RWJF national program *National Policy & Legal Analysis Network to Prevent Childhood Obesity*,<sup>6</sup> also called NPLAN, to consider strategies—such as sale prices on healthy food—to encourage consumers to buy whole grains, lean protein, fruit, and vegetables. To this end, AACORN authored an unpublished report outlining the evidence base supporting the use of price discounts on healthy food. The report was based on a review of 25 pilot studies or policy experiments between 1993 and 2013 that examined the impact of price discounts and subsidies on food purchases—and subsequent consumption—in supermarkets or farmer's markets. In general, there were two types of study participants: consumers enrolled in the federal government's Supplemental Nutrition Assistance Program, or SNAP, and consumers of diverse ethnic, racial, and socioeconomic backgrounds.

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<sup>5</sup> *Bridging the Gap* is a research program dedicated to examining how public policies and environmental factors influence the diet, physical activity, and tobacco use among youth and related health outcomes, such as obesity. For more information, read the [Progress Report](#).

<sup>6</sup> The National Policy & Legal Analysis Network to Prevent Childhood Obesity is a project of [ChangeLab Solutions](#), Oakland, Calif., which specializes in drafting model laws, policies, and recommendations in land use planning, transportation planning, childhood obesity prevention, tobacco control, food systems, and school environments. See the [Program Results Report](#) for more information on NPLAN.



As Kumanyika explains, “There are a lot of people who are interested in this. We have our eyes out for what [pricing strategy for healthy food] might be worth trying and then the question is: Who might try it?”

- To obtain more information about what types of pricing or price promotion strategies would appeal to consumers and would be deemed feasible by retailers, AACORN researchers at the University of Arkansas for the Medical Sciences in Little Rock, Ark., led a project in collaboration with staff from the mayor’s office and the University of Arkansas, Division of Agriculture Cooperative Extension Service. The researchers held a total of seven focus groups in 2013 with 43 black female household shoppers enrolled in numerous government-run programs, such as SNAP or Head Start. They also conducted interviews with seven retailers from five local or regional grocery stores. The University of Pennsylvania’s Mixed Methods Research Laboratory helped analyze the qualitative data (unpublished).

### **Targeted Advertising to Youth**

- **Analysis of television advertisements.** During this third phase of work, the network’s researchers also evaluated racial differences in the exposure of children and teenagers to advertisements for unhealthy food. For this study, AACORN worked with investigators from *Bridging the Gap*, to analyze television advertisements in 87 local media markets.

Using Nielsen English language television ratings from 2003–07 and U.S. Census data, researchers analyzed the differences in children’s and teenagers’ exposure to local food and beverage ads based on the racial, ethnic, and socioeconomic makeup of a local media market. The food categories were: cereals, sweets, beverages (including sugar-sweetened versus non-sugar-sweetened beverages and regular versus diet soda), snacks, other foods, and fast-food and full-service restaurants (Powell et al., *Health & Place*).

AACORN awarded numerous subcontracts to researchers over the course of the RWJF funding. For a list, see the [Appendix](#).

### **Growing the Infrastructure**

The leadership of AACORN also created the infrastructure necessary to grow from 11 charter members in 2002 to 65 members in 2014.

To do this, in 2007 the network leadership hired a full-time administrative director and launched a [website](#), including a public portion and members-only intranet. The project team also held biennial research workshops during which speakers summarized current research and findings and attendees developed consensus recommendations for future research. (For more information on the biennial workshops, see the network’s [website](#).)

To share its research findings with the larger research community, the network's members published dozens of reports, journal articles, academic book chapters, and a 2014 [supplement](#), which includes 10 systematic literature reviews, in the journal *Obesity Reviews*. The reviews also were presented at the network's invitation-only research meeting in 2012.

To commemorate its 10th anniversary, the network's leadership created a traveling exhibit, *Achieving Healthy Weight in Black Communities: Looking Back and Looking Forward*. The exhibit's approach is community-based and positive. The network also posted on its [website](#) three downloadable [handouts](#) based on the traveling exhibit.

The exhibit and handouts were designed to help the network's members engage community partners in their obesity-related research projects.

To help local activists address health and wellness issues in their local communities, the network also created a [section](#) of its website with descriptions and links to externally created tools.

For details about these grant products, see this report's [Bibliography](#).

*“A theme that has become increasingly important and supported by the work we have done is the need to be positive. [We don't need to come] in with a negative perspective, for example looking at how communities are being victimized. That may not be helpful and it may not work.”—Project Director Shiriki K. Kumanyika*

## Engaging Teenagers

Based on the data collected in the first two phases, AACORN designed and implemented a teenager-led counter marketing campaign—[Shaping Our Health by Influencing Food Trends](#), or SHIFTDemand. They developed its website and social media presence on Facebook, Twitter, and YouTube. There were two goals of the project:

- To increase awareness among black teenagers (ages 14 to 18) about the ways unhealthy food and beverages are marketed to them through advertising, pricing promotions, and easy availability in their local grocery and convenience stores and fast-food restaurants.
- To encourage teens to advocate for increased access to affordable healthy food and beverages in their communities.

AACORN's executive director, two high school students, and a doctoral student in communications actively managed the project for 18 months. During a nine-month study period, nearly 200 teenagers attended in-person events and 1,200 participated online.

The online component went live in September 2011. In-person events were held in five cities: Birmingham, Ala.; Chicago; Durham, N.C.; Seat Pleasant, located in Prince Georges County, Md., and Philadelphia.

The two teen-led content contributors and AACORN's executive director presented information about this work at AACORN's biannual meeting in 2012 and at the Health Promotion Council of Southeastern Pennsylvania's Youth Advocacy Institute in spring 2013.

As of December 2014, researchers were writing a journal article describing this project and its key findings.

## Communications

With funding from RWJF and other sources, AACORN also hosted a [workshop](#)—"Bridging Communication Gaps to Achieve Healthy Weight in Black Communities"—in August 2014. The goal of the workshop was to identify effective ways to share information, including information cited in this report, with members of black communities. One outcome of the workshop to date has been AACORN's articulation of [key messages](#) related to food, physical activity, and weight in black communities.

## KEY FINDINGS

The following findings appeared in journal articles, research briefs, and in reports to RWJF, and were disseminated through other channels such as webinars, as noted:

### Marketing Influences on Food Purchasing and Consumption

- **Convenience, availability, and low prices influence what food products teen girls buy. Food advertisements and taste also influence what they buy (Bibea et al., [Appetite](#)).<sup>7</sup>**
- **Among caregivers of African-American children (ages 3–11), some noted that their children regularly consumed healthier foods, especially under parental guidance.** However, many expressed concerns that their children preferred junk food

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<sup>7</sup> Bibea WS, Saksvig BI, Gittelsohn J, Williams S, Jones L, Young DR. "Perceptions of the Food Marketing Environment Among African American Teen Girls and Adults." *Appetite*. 58(1): 396–399, 2012.

(e.g., soda and potato chips) and fast foods (hamburgers, French fries) (Baskin et al., *Public Health Nutrition*).<sup>8</sup>

And nearly half of those caregivers interviewed, when asked directly, said marketing of those food products supports unhealthy food choices among children. However, they also noted that these same companies also help African-American communities through their financial support of scholarships, extracurricular activities, and community events (Baskin et al., *Public Health Nutrition*).<sup>9</sup>

- **For black American adults and youth of diverse education and income levels in four cities—Baltimore, Birmingham, Ala., Chicago, and Durham, N.C.—price was mentioned as the primary determinant of food-purchasing decisions.** Taste, convenience, and quality were important secondary concerns (DiSantis et al., *American Journal of Public Health*).<sup>10</sup>

### Targeted Advertising

- **The exposure of children and teenagers to local food and beverage television ads was significantly higher in local media markets with a higher percent of black children and adolescents and significantly lower in markets with higher median household incomes** (Powell et al., *Health & Place*)<sup>11</sup>
- **Children’s exposure to television ads for sugar-sweetened beverages was higher in local media markets with higher proportions of black children in the population and also higher in media markets with lower median incomes.** For children and adolescents together, exposure to ads for sugar-sweetened beverages was higher in lower-income media markets, compared with higher-income media markets (Powell et al., *Health & Place*).<sup>12</sup>
- **In media markets with higher proportions of black children and adolescents and those with lower median household income, children and adolescents’ exposure to television advertisements was significantly greater for fast-food restaurants, compared with full-service restaurants** (Powell et al., *Health & Place*)<sup>13</sup>

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<sup>8</sup> Baskin MK, Herbey I, Williams R, Ard JD, Ivankova N, Odoms-Young A. “Caregiver Perceptions of the Food Marketing Environment of African-American 3–11- year-olds: A Qualitative Study.” *Public Health Nutrition*. 16(12): 2231–2239, 2013.

<sup>9</sup> Baskin MK, *ibid*.

<sup>10</sup> DiSantis KI, Grier SA, Odoms-Young A, Baskin ML, Carter-Edwards L, Young DR, Lassiter V, Kumanyika SK. “What ‘Price’ Means When Buying Food: Insights From a Multisite Qualitative Study With Black Americans.” *American Journal of Public Health*. 103(3): 516–522, 2013.

<sup>11</sup> Powell LM, Wada R, Kumanyika SK. “Racial/Ethnic and Income Disparities in Child and Adolescent Exposure to Food and Beverage Television Ads Across U.S. Media Markets.” *Health & Place*. 29: 124–131, 2014.

<sup>12</sup> Powell LM, *ibid*.

<sup>13</sup> Powell LM, *ibid*.

## Consumers Views of Targeted Marketing

- **During focus groups with adults and teens in Philadelphia, Prince Georges County, Md., and Durham, N.C., participants indicated awareness of targeted marketing strategies but opinions of these strategies were mixed.** They expressed understanding of these strategies from both business owner and consumer perspectives.

The findings highlighted differences in perceptions of healthy food environments by age and gender, and opportunity to engage youth in discussion about generating solutions (Grier and Lassiter, recording on the American Public Health Association [website](#)).

## Retailer and Policy Maker Views of Targeted Marketing

- **During interviews with network researchers, food retailers, and policymakers serving black communities in Chicago and Birmingham, Ala., participants emphasized the importance of consumer education to increase demand for healthy food rather than regulations governing food-marketing practices, such as prohibitions on new fast-food restaurants.** Food marketers expressed interest in promoting healthy food options, preferring a business-led approach to a government-led one (unpublished report to RWJF).<sup>14</sup>

## Pricing Influences

- **Low-income African-American shoppers were more likely to purchase sweet or grain-based snacks when they were on sale.** The likelihood of purchasing fruits or vegetables on sale was not significantly different than when they were at full price (Phipps et al., *Preventing Chronic Disease*).<sup>15</sup>
- **In a nationwide U.S. sample of food retail outlets in communities where a nationally representative sample of public middle- and high-school students reside, sale prices on products were more likely to be available for less healthy versions—such as certain types of sweetened beverages vs. bottled water and high-sugar vs. low-sugar versions of cereal—or larger sizes—such as family sizes of juice or potato chips.** An exception to this finding was for bread: whole-grain versions were more likely to be on sale (30% of the time) compared with white bread

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<sup>14</sup> *Is Food Marketing Targeting Black Americans Unfair? Views of Food Retailers and Policymakers on Marketing Tactics and Policy Solutions*, Philadelphia: African American Collaborative Obesity Research Network, 2012. Unpublished.

<sup>15</sup> Phipps EJ, Kumanyika SK, Stites SD, Singletary SB, Coolblall C, SiSantis KI. “Buying Food on Sale: A Mixed Methods Study With Shoppers at an Urban Supermarket, Philadelphia, PA 2010–2012.” *Preventing Chronic Disease*. September 2014.

(20% of the time). And discounted prices for milk prices were equally prevalent for all fat contents, skim, 2 percent, and whole milk (unpublished report to RWJF).<sup>16</sup>

## LESSONS LEARNED

### 1. **Adopt a community-centered approach to research on health disparities.**

According to Project Director Shiriki Kumanyika, public health researchers often view residents of disadvantaged communities as “victims” to be rescued, rather than as partners in research to document problems and develop solutions. Early in its research on inequities in the food environments in black communities, for example, AACORN set up focus groups to find out what black parents and teenagers thought about the topic. From these conversations, researchers learned that youth were interested in advocating for change in their local food environments—a finding that led to the SHIFTDemand project.

### 2. **Becoming a good qualitative research shop takes time, resources, and training.**

“It [qualitative research] is very time-consuming compared to analyzing quantitative data, and it is a different process. We had to gear up for that because we didn’t have that kind of capacity when we began to do this kind of work. Even though some of us had done qualitative work in the past, we had to train up in new methods,” Kumanyika says.

Even with training, researchers at AACORN partnered with a mixed methods research lab at the University of Pennsylvania for a project involving interviews of consumers and food retailers in Little Rock, Ark. The goal was “to make sure we can do justice to [the information] rather than just read over some transcripts and in an ad hoc fashion say, ‘This is what it means.’”

### 3. **It is often challenging for public health researchers who have preconceived notions about marketers and the effects of marketing practices on health to design research that allows for diverse perspectives to emerge.** As summarized by Sonya Grier, PhD, a marketing expert and Director of AACORN food marketing research initiatives, “Designing marketing studies for public health purposes requires that researchers take a different perspective, holding back certain assumptions both when framing questions and interpreting the answers.”

### 4. **For multi-site research studies, it is best to find partners who can follow the same protocol, but this does not always allow for tailoring to site-specific interests.** For example, in research studies involving interviews with consumers, investigators in Birmingham, Ala., and Chicago followed the same research protocol, while investigators in Baltimore and Durham, N.C. created unique protocols.

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<sup>16</sup> *Using Price Discounts to Promote Healthier Home Food Availability as a Childhood Obesity Prevention Strategy: A Review of Existing Evidence*. Philadelphia: African American Collaborative Obesity Research Network, July 2014. Unpublished.



“I think if you are going to do research in a community-partnered way, you have to allow for flexibility and benefit from differences in the communities rather than making them all march down the same road,” Kumanyika says. However, if you determine that a single protocol is an essential component of your project, expect “more front-end work” in picking sites, she adds.

5. **Engaging members of a research network requires sensitivity to their time constraints.** “You want to make sure they feel engaged and have ownership of what the network is doing, while not making unreasonable demands—or what would be perceived as unreasonable—because they all have day jobs. Their accountability is really more to their home institutions than it is to us,” Kumanyika says.
6. **Management of a research network involves ongoing communication with members.** The goal is to continually stimulate within-network collaborations and ensure “there aren’t missed opportunities for individuals to connect and share knowledge,” says Vikki Lassiter, MS, executive director of AACORN.

## THE WORK CONTINUES

With funding from an RWJF grant that started in August 2014,<sup>17</sup> AACORN plans to publish an index to score the food environment, a research instrument it began working on in 2013.

The index—Environments Supporting Healthy Eating (ESHE)—will likely reflect variables based on available data such as:

- The ratio of healthy food outlets to the total number of food outlets
- Policies that impact the pricing of unhealthy food products
- Policies that impact the dissemination of nutrition information, including in schools and child care institutions

The network plans to create two versions of the index: One designed to evaluate the food environment on a county and state level (slated for publication online by June 2015) and a second that guides the use of this county/state level index at the neighborhood or community level (slated for publication by August 2015). The community-level index will allow activists to add neighborhood-specific data—such as on the mix of healthy or unhealthy products in stores and restaurants—by collecting it themselves.

With funds from this same RWJF grant, AACORN also intends to complete a sustainability plan it began in 2013, and create a new operating model. The network staff may decide to transition it to a new organizational home or to become a tax-exempt organization. Both the strategic plan and the operating model will reflect the network’s

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<sup>17</sup> Grant ID 71958 (\$500,000, August 1, 2014 to July 31, 2015)

plan to evolve its organizational mission from the prevention of childhood obesity to building a Culture of Health.

“We see our traditional emphasis on equity issues related to food, nutrition, and physical activity as critical to a Culture of Health, but also recognize that this approach can and should be integrated into a comprehensive approach to health promotion and health equity,” the network’s leadership wrote in its grant proposal to RWJF.

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## APPENDIX

### Research Subcontractors

(Current as of their contracted work.)

#### **Multisite Qualitative Study With Black Americans About Impact of Food Prices on Buying Decisions<sup>18</sup>**

##### **Lori Carter-Edwards, PhD**

Assistant Professor  
Department of Community & Family Medicine  
Duke University School of Medicine  
Durham, N.C.  
\$182,800

##### **Monica Baskin, PhD**

Professor  
Division of Preventive Medicine  
University of Alabama at Birmingham School of Medicine.  
\$182,800

##### **Angela Odoms-Young, PhD**

Assistant Professor of Kinesiology and Nutrition  
Institute for Health Policy and Research  
University of Illinois at Chicago  
\$182,800

##### **Deborah Rohm Young, PhD, MBA**

Associate Professor of Kinesiology  
University of Maryland  
College Park, Md.  
\$182,800

#### **Mixed Methods Study With Urban Shoppers in Philadelphia<sup>19</sup>**

##### **Etienne Phipps, PhD**

Director  
Center for Urban Health Policy and Research  
Albert Einstein Health Network  
Philadelphia, Pa.  
\$20,000

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<sup>18</sup>Published as “What ‘Price’ Means When Buying Food: Insights From a Multisite Qualitative Study with Black Americans.” *American Journal of Public Health*. 103(3): 516–522, 2013.

<sup>19</sup>Published as Phipps EJ, Kumanyika SK, Stites SD, Singletary SB, Coolblall C, SiSantis KI. “Buying Food on Sale: A Mixed Methods Study With Shoppers at an Urban Supermarket, Philadelphia, PA 2010–2012.” *Preventing Chronic Disease*. September 2014.

## Identifying Retail Pricing Strategies for Healthy Food<sup>20</sup>

### T. Elaine Prewitt, DrPH

Associate Professor  
Department of Health Policy and Management  
University of Arkansas for the Medical Sciences  
Little Rock, Ark.  
\$35,448

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