



A REPORT BY THE ALL-PARTY PARLIAMENTARY GROUP  
ON A FIT AND HEALTHY CHILDHOOD

# HEALTHY FAMILIES: THE PRESENT AND FUTURE ROLE OF THE SUPERMARKET

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This Report was prepared by A Working Group of the All-Party Parliamentary Group on a Fit and Healthy Childhood and we are grateful for the contributions of:

HELEN CLARK	Chair of the Working Group
PHIL ROYAL	APPG Secretariat
HELEN WEST	APPG Secretariat
SARAH CLOTHIER	Slimming World
SHARON SMITH	University of Northampton
BEN CHUI	Cancer Research UK
DR. KRISTY HOWELLS	Canterbury Christchurch University
CATH HODGSON	British Specialist Nutrition Association Ltd
LUCY PORTER	University of Exeter
DR. DEBORAH ALBON	University of Roehampton
PIPPA BAGNALL	Resilience & Co
DR. ESTELLE MACKAY	Public Health Nutritionist
PAUL AAGAARD	Recipe for Change
AOIFE NGUYEN	Natural Hydration Council
BETH BRADSHAW, MSc. ANutr.	Food and Nutrition Lead, Food Active
ALEX HOLT, MSc. ANutr.	Project Officer, Food Active

# THE ALL-PARTY PARLIAMENTARY GROUP AND THE WORKING GROUP

The Working Group that produced this Report is a sub-group of the All-Party Parliamentary Group on a Fit and Healthy Childhood.

The purpose of the APPG is to promote evidence-based discussion and produce reports on all aspects of childhood health and wellbeing including obesity; to inform policy decisions and public debate relating to childhood; and to enable communication between interested parties and relevant parliamentarians. Group details are recorded on the Parliamentary website at <https://publications.parliament.uk/pa/cm/cmallparty/190911/fit-and-healthy-childhood.htm>

The Working Group is chaired by Helen Clark, a member of the APPG secretariat. Working Group members are volunteers from the APPG membership with an interest in this subject area. Those that have contributed to the work of the Working Group are listed on the previous page.

The Report is divided into themed subject chapters with recommendations that we hope will influence active Government policy.

The Officers of the APPG are:

## CHAIR

Steve McCabe MP

## CO CHAIR

Baroness (Floella) Benjamin OBE

## VICE CHAIRS

Diana Johnson MP, Lord McColl of Dulwich, Julie Elliott MP, Adam Holloway MP

# CONTENTS

	<u>Page:</u>
INTRODUCTION	5
SUMMARY OF RECOMMENDATIONS	7
1. THE DEFINITION, HISTORICAL BACKGROUND AND PURPOSE OF THE SUPERMARKET INCLUDING THE EVOLUTION OF FOOD BUYING AND SELLING PATTERNS	11
2. THE CURRENT SITUATION	15
3. THE CHALLENGE FOR THE DEVOLVED UK	20
4. MATTERS OF ACCESS, ETHNIC/CULTURAL DIVERSITY AND DISABILITY AFFECTING SUPERMARKET SHOPPING	25
5. FOOD POVERTY AND THE SUPERMARKET	32
6. PERSONAL FAMILY EXAMPLES OF TYPICAL SUPERMARKET SHOPPING EXPERIENCE	36
7. INTERNATIONAL PRACTICES AND EXAMPLES	40
8. THE WAY FORWARD FOR A FIT AND HEALTHY POPULATION	47

# HEALTHY FAMILIES: THE PRESENT AND FUTURE ROLE OF THE SUPERMARKET

## A REPORT BY THE ALL-PARTY PARLIAMENTARY GROUP ON A FIT AND HEALTHY CHILDHOOD

### INTRODUCTION

In 2014, the All-Party Parliamentary Group on A Fit and Healthy Childhood published its first report.

'Healthy Patterns for Healthy Families':

<https://royalpa.files.wordpress.com/2018/04/healthypatternsreport.pdf>

observed that:

'Obesity is a family affair and it starts early,' stating also:

'The family unit that can create bad practice is itself best placed to learn and pioneer new and healthier ways of living.'

A supermarket is redolent of much more than affording a physical space in which to shop and its appeal is ubiquitous:

'A person buying ordinary products in a supermarket is in touch with his deepest emotions.' (JK Galbraith)

'I never make a trip to the United States without visiting a supermarket. To me, they are more fascinating than any fashion salon.' (Wallis Simpson)

'There is space in the supermarket shelf for all us of.' (Hugh Grant)

'A Martian would think that the English worship at supermarkets not in church.' (Jonathan Sacks)

The truly catholic nature of the supermarket therefore is not in doubt, but with influence goes responsibility and responsibility for addressing the current obesity epidemic involves everyone.

In families it is usually the case that purchasing decisions lie with parents. Yet research has shown that children have influence over them when it comes to food shopping; by making requests and developing brand loyalty:

<https://www.foodengineeringmag.com/articles/96053-study-children-hold-strong-influence-over-food-purchasing-decisions>

In this report, we contend that the grocery industry must be accountable for their role in an obesogenic environment. The social context most likely to support making healthy behaviour changes is the family. For families, supermarkets represent more than merely places in which to spend their money. They establish the values that underpin the ways in which people conduct their lives.

Today, supermarkets have become accustomed to the sharp end of a traditionally bad press along with the name recognition that epitomises their success.

Familiar food stores stand accused of perpetuating an obesogenic environment; sacrificing healthy choices on an altar of profit, nudging unwitting customers into unhealthy buying and encouraging a promotional environment at variance with healthy eating guidelines.

Yet by educating and empowering individual family units to make healthy changes, supermarkets can drive the solution to the obesity epidemic instead of attracting a substantial share of the blame that properly accrues to a perpetrator of the problem.

In January 2019, the Government opened a consultation on reducing 'in store' promotions of food and drink that is high in fat, sugar and/or salt (HFSS) and the Department for Health and Social Care's Childhood Obesity Plan has called for sugar and calorie reduction alongside a potential ban on advertising and promotions targeting children. However, at the time of writing, the industry's enthusiasm for product reformulation has been tepid and definitive successes have been countered by up-selling, Buy One Get One Free offers (BOGOF) and the increased availability of supersized products.

Families have choices - but so do supermarkets. The clock is ticking on the obesity epidemic and its 'add on' costs continue to rise.

Supermarkets have reached a fork in the road.

Which path will they choose?

## SUMMARY OF RECOMMENDATIONS

1. THE DEFINITION, HISTORICAL BACKGROUND AND PURPOSE OF THE SUPERMARKET INCLUDING THE EVOLUTION OF FOOD BUYING AND SELLING PATTERNS. No recommendations given.

2. THE CURRENT SITUATION:

2.1 Government to encourage supermarkets to promote healthy choices by showcasing virtuous examples (such as the ones listed below) in the next stage of the Obesity Strategy:

<https://www.foodnavigator.com/Article/2018/09/10/Making-healthy-eating-easier-Tesco-and-Jamie-Oliver-promote-healthy-diets>

<https://www.independent.co.uk/life-style/food-and-drink/waitrose-healthy-eating-specialists-customer-advice-nutrition-shop-floor-supermarket-a8311946.html>

2.2 The Government to increase the powers of the Consumer Marketing Authority to ensure that all trading outlets comply with consumer law.

3. THE CHALLENGE FOR THE DEVOLVED UK:

3.1 The family unit to be included in the DfE's guidance to school governors on ideas to encourage a healthy eating ethos. Guidance to include advice about recommended water consumption and re-modelled as 'community diet packs'

3.2 Continuous professional development in food education for teachers; mandatory also for trainee teachers within teacher education including school-based settings

3.3 Development of more supermarket shopping techniques to support family units in making healthy choices. These might include trolley dividers, recipe guidance, supermarket floor design and encouraging the choosing of bottled water (which can be as cheap as 17p for a 2 litre bottle)

3.4 Greater emphasis in the supermarket on matters such as 'edible weight' which would help the shopper to understand that healthy choices can be cheaper; thus addressing the perception that healthy food is always price-prohibitive for families on a modest income

3.5 The devolved UK Governments to promote a healthy consumption culture via supermarket, family unit and school-based education.

4. MATTERS OF ACCESS, ETHNIC/CULTURAL DIVERSITY AND DISABILITY AFFECTING SUPERMARKET SHOPPING:

4.1 'Match pricing' for products in local convenience stores with large brand same-company stores

4.2 Increasing the provision of healthier food and drink items in local

convenience stores and improving the quality of the products currently available

- 4.3 Supermarkets to consider providing weekly 'shuttle bus' services for communities currently situated in 'food deserts'
- 4.4 The Government to reconsider cuts to local authority transport budgets and reinstate bus services that cater for isolated/deprived communities alongside similar schemes that offer a reduced cost for service use; particularly on routes that traverse supermarket sites
- 4.5 Additional consumer research to ascertain which healthier products and brands would appeal to customer ethnic minority groups with the aim of ensuring that these products are stocked where possible
- 4.6 Offer promotions on healthier, culturally-appropriate products to engage people from ethnic minority groups
- 4.7 Government to address product labelling with a focus on surmounting language barriers (ie clear labelling of halal products, multi-lingual signage)
- 4.8 All supermarkets to adopt schemes such as 'quiet hours' designed to make their physical environments more sensitive, respectful and inclusive and seek to develop these schemes beyond a specific focus
- 4.9 All supermarket staff to have comprehensive training to educate them about specific medical conditions so that they improve their understanding of families with disabled children/family members and are enabled to perform their roles in making stores more accessible
- 4.10 Supermarkets to provide more changing rooms/ appropriate toilet facilities for customers with a disability and who require more space and appropriate facilities
- 4.11 Online facilities offered by supermarkets to provide greater flexibility in order to reflect the difficulties in planning, encountered by families with disabled members/children.

## 5. FOOD POVERTY AND THE SUPERMARKET:

- 5.1 Supermarkets to re-balance promotions away from products that are high in fat, sugar and/or salt (HFSS) to healthier foods so that families experiencing food poverty may enjoy greater access to them
- 5.2 Supermarkets to source surplus food and drink to food banks/schemes that use and prepare healthy and nutritious meals for the local community; thus helping to reduce the pressure on families
- 5.3 Lidl and Aldi specify (as part of their business ethic) which foods are suitable for food banks. As regular supermarket practice, this could have a positive influence on the nutritional value of food bank donations
- 5.4 The Government to work with leading supermarkets to provide information/advice in-store on how to consume a diet that is consistent with the Eatwell Guide on a low income. This might include leaflets and information at sale points throughout the store to nudge choices that are

healthier and also inexpensive

- 5.5 Ultimately the Government must address as of urgency, the health inequalities that are driving food poverty and ill health amongst the UK's most disadvantaged communities. All households must have enough money to thrive as well as survive and healthy food should be more accessible and less expensive than unhealthy food.

## 6. PERSONAL FAMILY EXAMPLES OF TYPICAL SUPERMARKET SHOPPING EXPERIENCE:

- 6.1 Supermarkets to consider how best to promote healthy foods and decrease the promotion of unhealthy foods. This relates beyond TV and online advertising to the physical space of the shop itself
- 6.2 Supermarkets to promote healthy eating to children eg offering healthy food samples to them (with caregivers' knowledge and consent). Low-income families in particular may be disinclined to purchase an item of (healthy) food if their child has not tried it and expressed a liking
- 6.3 Supermarkets to make shopping for healthy foods more exciting for children via 'child-appeal' labelling. Ideas about how to help children to become healthy shoppers could be offered to families eg A4 handouts at health centres/children's centres/supermarkets
- 6.4 Professionals working with families to promote shopping as a key learning experience for children eg about foods which are healthy (or not) and embedding other learning such as mathematics. Where intensive family work is undertaken, this might involve accompanying them on shopping trips
- 6.5 Supermarkets to work more closely with communities via listening and responding to their ideas about making shopping for healthy foods a positive family experience. Research shows that people like to shop where they are made welcome (Cannuscio CC, Hillier A, Japyn A, Glanz K, 2014, 'The Social Dynamics of Healthy Food Shopping and Store Choice in an Urban Environment', *Social Science and Medicine*, 122: 13-20). This responsiveness should be shown towards all family members including children.

## 7. INTERNATIONAL PRACTICES AND EXAMPLES:

- 7.1 Supermarkets are the 'food gatekeeper' for the weekly shop and should be subject to increased scrutiny by public health researchers, advocates and policy makers
- 7.2 Increased publicising of supermarket tactics globally that push consumers to buy more unhealthy food options
- 7.3 Supermarkets to implement educational programmes such as tours for young people with a nutrition expert at an appropriate age

- 7.4 Supermarket to control the criteria for child eye-level in the placing of products
- 7.5 Additional research into the area of provision/seeming support for unhealthy 24 hour snacking trends
- 7.6 Use of supermarket logos and leaflets to promote healthy eating
- 7.7 Global scrutiny of portion size, marketing, placement, affordability and the ubiquitous availability of sugary energy drinks at supermarket outlets
- 7.8 Study of French shopping habits; in particular the use of successful select frozen food stores.

#### 8. THE WAY FORWARD FOR A FIT AND HEALTHY POPULATION:

- 8.1 Customers should have access to clear, accurate nutritional and value for money information on all products
- 8.2 Access to affordable, healthy food should be increased by opening stores (particularly smaller, convenience-style) in areas of high deprivation that currently have poor supermarket provision
- 8.3 Healthy, affordable snacks that appeal to low income consumers should be stocked, either by 'own brand' products or offering support to smaller businesses who already produce healthier snacks and are looking to break into this market
- 8.4 Fruit, vegetables and other healthy foods to be positioned in prominent locations within stores and HFSS foods removed from these spots
- 8.5 Price discounts and promotions to be offered on healthy foods such as fruit and vegetables while promotions on HFSS foods should be restricted
- 8.6 Government to provide more information in the context of health and education campaigns about the psychology of shopping and the importance of lists and meal planning
- 8.7 Water fountains to be installed in all supermarket foyers
- 8.8 Healthier food promotions to be more prominent including larger front of store display units and window posters
- 8.9 Government to consider legislative controls (with built-in review process) on price and multi-buy promotions.

## 1. THE DEFINITION, HISTORICAL BACKGROUND AND PURPOSE OF THE SUPERMARKET INCLUDING THE EVOLUTION OF FOOD BUYING AND SELLING PATTERNS

At the close of the 19<sup>th</sup> century, a family food shop was not 'one stop.' Instead of a 60 minute weekly dash, bolstered by a super-sized trolley, the process resembled an expedition, encompassing some (or all) of:

- A call on the butcher to buy meat (customers could also pick from a restricted selection of canned goods and bread)
- Stopping at the fruit store for fresh produce
- 'Outdoor retail'; frequenting the milk wagon and scanning the goods hawked by horse-and-wagon peddlers; anything from baked goods to fish or ice
- A final foray into the local grocery for canned goods; sugar in 100-pound sacks, potatoes, barrelled sauerkraut, molasses, bacon in slabs and butter in tubs.

But there were no aisles for a trolley. Customers queued at the counter, told the grocer what they wanted and the store clerk delivered the order.

In 1916, the 'shopping revolution' got off to an inauspicious start with the launch of the 'Piggly Wiggly' store in Memphis Tennessee.

'Astonished customers were given baskets (shopping carts weren't invented) and sent through the store to pick what they needed – a job formerly reserved for clerks.' ('Jane and Michael Sterns' Encyclopaedia of Pop Culture', Nov 1992).

Once they had become habituated to a vista of stocked aisles, Piggly Wiggly's customers voted with their feet. The shop grossed \$114,000 in its first six months with a trifling \$3,400 in expenses and soon there were 1,000 of them in 40 states.

The self-serve grocery was here to stay – and meant business.

The 1929 Depression brought families to their knees, struggling to afford food. Michael Cullen, who managed a Kroger grocery store, proposed opening a huge self-serve outlet, far from high rent districts and enabling shoppers to purchase everything that they needed under one roof. Pitching to the Kroger Vice President, Cullen envisaged:

'Monstrous stores, size of same to be about forty feet wide and hundred and thirty to a hundred and sixty feet deep... located one to three blocks from the high rent district with plenty of parking space, and the same to be operated as a semi-self-

service store – twenty percent service and eighty percent self-service,’ (‘About King Kullen Supermarkets’, King Kullen: America’s First Supermarket):  
[www.kingkullen.com](http://www.kingkullen.com)

There was a low price/cash sales ethos.

His letter was deemed unworthy of a response, but undeterred, Cullen plundered his own assets and in March 1930, ‘King Kullen the Price Wrecker’ opened its doors in an abandoned warehouse in Jamaica Long Island.

With the slogan ‘Pile it high, sell it low!’ and boosted by his comprehensive insider knowledge of the market, Cullen conjured a runaway success. He bought slashed-price merchandise from food manufacturers’ surplus stocks and the ‘monstrous’ size of his store enabled him to buy in huge bulk at lower prices than the competition. Within two years, one store had become seven and The American Food Marketing Institute (FMI) concluded that King Kullen fulfilled its own five point criteria for a supermarket:

- Separate departments for produce
- Self service
- Discount pricing
- Chain marketing
- Dealing in high quantities

(D Simionis [Ed] ‘Inventors and Inventions’, 2008).

In 1933, Cincinnati’s Albers Supermarket became the first store to call itself a ‘supermarket’.

As chain stores swept the country, a swathe of independent grocers fumed impotently in their wake and conspired with the media to mount a grudge guerrilla initiative against the upstarts. ‘Time’ magazine disparaged supermarkets as ‘cheapies’, assuring the American public that these giant disgraces were unfortunate corollaries of bad times and that what was here today would be gone tomorrow.

Independent grocers launched supermarket boycott campaigns, arguing that they used ‘unfair’ methods to wrong-foot their competitors such as late-night opening and selling stock at near cost. But customers viewed such retailing ‘crimes’ in the light of a shopping incentive and continued to patronize the miscreants. The State of New Jersey outlawed the sale of food at, or below, cost – and then withdrew it when customers protested about being compelled to pay more for no good reason.

The baby boom years marked the point of no return.

In 1951, 'Collier's' magazine reported that at least three new supermarkets opened per day in the United States and the tempo quickened in the 1960s. In 1950, supermarket produce amounted to 35% of all food sales in America and by 1960, 70%. Small groceries were on the wane.

The media then performed a brazen volte-face: supermarkets were no longer the 'bête noir' but were born again as the 'crème de la crème' of an ingenious American dream.

From 1956 onwards, the US Government deployed the former 'disgraces' as propaganda weapons to promote 'the American way'. Soviet Premier Nikita Khrushchev and the UK's Queen Elizabeth were spellbound as supermarket guides demonstrated the intricacies of wrapping a steak in cellophane. The US Information Agency pulled off an unforeseen coup when the Pope turned up to bless an American supermarket!

The US Government established demonstration stores in several European cities where people were astonished to witness the sheer diversity of the food cornucopia that had been assembled under one roof.

Italians were especially perplexed by the concept; initially distrusting American motives as witnessed by a spate of articles teeming with 'supermarket conspiracy theories' published by left wing newspapers. On a practical level, an Italian public marvelled at the vast range of food products to hand, including pet food (which did not exist at that time in Italy). The pet food sector alone pulled such a huge crowd that it had to be removed. Italians were also overwhelmed at the concept of self-service and the fact that food could be physically touched before purchase.

Supermarkets are widespread in many countries today but remain an enduring international symbol of American culture, 'can do' and 'know-how'.

Britain's supermarket development trailed considerably behind that of America and it is estimated that by 1947, 'self-service' consisted of just 10 shops.

In March 1948, Co-operative Food opened Britain's first fully self-service store in Southsea's Albert Road (although the co-operative movement had introduced some self-service elements before the end of the Second World War). Supermarket and self-service retailing was hampered by wartime food rationing and the post-war Labour Government chose to stem the potential for an economic melt-down triggered by unfettered spending, by prolonging the controls.

1954 saw an end to rationing and 1950s Britain relaxed into a personal consumption boom; an ideal climate for supermarket development.

The Conservative Government and some sections of the grocery trade were self-service store champions, perceiving a twin advantage of efficiency for the customer and labour-saving for retailers. Tesco and Sainsbury were two of the first multiples to pioneer self-service grocery outlets and Tesco (operating 20 self-service units in 1950 and 35 by May 1951) recorded satisfactory trading in them. New chains Premier, Victor Value and Fine Fare had 330 supermarkets between them by 1961, outstripping Tesco and Sainsbury five times over. The 1950 sum of 50 supermarkets had become 572 by 1961. By 1969, the trend was a pattern with 3,400 supermarkets trading throughout Great Britain.

The trade journal 'Self Service and the Supermarket' defined a supermarket as:

'A store not less than 2,000 square feet of sales area, with three or more check-outs and mainly operated by self service, whose range of merchandise comprises all basic food groups, including fresh meat, fresh fruit and vegetables, plus basic household requisites.'

For the first time, customers could accomplish an entire shop under one roof and in the absence of 'over the counter' recommendations, planning and layout held sway.

The first supermarket interiors were austere and modern and during the 1950s, commentators called for these harsh spaces to be alleviated via the use of light and colour. Shop layouts were re-designed; counters and fittings replaced by wall shelving, free-standing shelves situated to facilitate a smooth customer flow and attractive displays were arranged at the shop back to draw customers in. Interiors also demonstrated a commitment to hygiene (a legal requirement by the 1940s). New fittings were designed for easy cleaning with plastics and laminates replacing wood.

The transformation of layout and merchandise made the new supermarkets dazzling – and potentially perplexing – spaces for consumers.

During the 1950s and 60s, the food product range expanded and convenience goods such as pre-packaged cake mixes become increasingly common. New, 'exotic' imports adorned the shelves including garlic, aubergines, spaghetti, pizza and multiple types of cheese. In 1964, Mollie Tarrant, a commentator for The British Market Research Board noted that:

'To an unparalleled extent the housewife can also shop for food, household goods and other things in the one store. Inside the supermarket she is in a new and exciting, although to some people, a confusing atmosphere. She may shop to music or relayed sales messages: she is confronted with new products, daily bargains, unusual forms and colour combinations in packaging and increasingly sophisticated methods of display.'

Supermarkets were designed to entice the shopper – increasing the risk of shoplifting, Wire baskets were introduced to make customers keep their purchases on display and enabled them to select their goods and carry them to the checkout. This was not universally popular, and one woman is said to have hurled her wire basket at Alan Sainsbury in disgust at the opening of a new style Sainsbury store in the early 1950s.

Supermarkets were the fount of other temptations; including an easy access to alcohol that sounded alarm bells to some.

A 1974 report by the Christian Economic and Social Research Foundation holds the prevalence of the supermarket off licence responsible for a corresponding rise in the inebriation of women and young people and frets:

'The pub is a resort of respectable males and not a place for a young woman to go on her own; the off-licence attached to a public house is hardly better. But the off-licence of a grocery supermarket is respectable for all...'

Aside from contemporary and market research, there is little evidence of how the dawn of the supermarket changed the experiences of shoppers across Britain between 1947-1975. 'The Reconstructing Consumer Landscapes Project' conducted by researchers from the universities of Exeter and Surrey has been designed to explore the reactions of shoppers from different geographical regions to supermarkets.

## 2. THE CURRENT SITUATION

Supermarket sales generate high revenues for the retail sector and in 2018 the UK grocery retail market was valued at £184.8 billion:

<https://www.statista.com/statistics/611361/grocery-retail-market-value-in-the-united-kingdom-uk/>

In the 2016/17 financial year, 10% of household spending was on food and non-alcoholic drinks:

<https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/bulletins/familyspendingintheuk/financialyearending2017>

In October 2018, Tesco commanded the biggest market share of UK supermarkets at 27.4%:

<https://www.statista.com/statistics/280208/grocery-market-share-in-the-united-kingdom-uk/>

and in 2017, the four biggest UK outlets (Tesco, Sainsburys, Asda and Morrisons) recorded £18.2 billion in sales:

<https://statista.com/topics/1983/supermarkets-in-the-united-kingdom-uk/>

The potential for supermarket impact beyond the confines of a weekly family budget is therefore considerable.

Supermarkets are a key component of today's obesogenic environment; contributing to excess calorie consumption and deploying a range of tactics to encourage shoppers to buy more.

Store layout, daily promotions and sensory cues comprise a formidable arsenal in the campaign to jolly the customer into buying additional items regardless of nutritional value. Consumer antennae are unlikely to twitch because such tactics are normalised as part of marketing method; rendering the experience more akin to a seduction than an assault:

<https://www.bbc.co.uk/guides/z27yg82>

Price promotion is a frontline weapon and Cancer Research UK (Timothy Coker, Harriet Rumgay, Emily Whiteside, Gillian Rosenberg, Jyotsna Vohra, 2019, 'Paying the price: New evidence on the link between price promotion, purchasing of less healthy food and drink, and overweight and obesity in Great Britain') found that around 3 in 10 food and drink items purchased in Great Britain are bought because of it.

Households making the greatest use of price promotion bought more products higher in fat, salt and/or sugar (HFSS).

The overwhelming price promotion bias towards unhealthy products impacts buying behaviour; those succumbing pick more from unhealthy categories such as confectionery, cakes, crisps, sugary drinks, desserts and sweetened yoghurts. Less susceptible customers purchase more from 'healthy' lines such as unsweetened yoghurts, fruit and vegetables and 'other food' including the staples of bread and eggs, soup and prepared fruit and vegetables.

'Paying the price' made connections between overweight and obesity and high promotional purchasing. The upper quartile of promotional purchasers are 53% more likely to be overweight/obese than the lower quartile; income and age demographics notwithstanding.

This is corroborated by Food Active's survey of adults living in North West England.

'Purchases of price promotion on less healthy food and drink in the North West' (2019) cited crisps, chocolate and sweets confectionery, yoghurt and sugar-sweetened beverages as the foods commonly bought on promotion. Such promotions were not cost-effective, but triggered excessive expenditure on in-store, spur of the moment impulse buys.

Price promotions such as Buy One Get One Free (BOGOF) or upselling nudge consumers into extra spend. 'Upselling' is designed to:

'Persuade a customer to buy something additional or more expensive':

<https://www.google.co.uk/search?q=what+is+upselling>

The practice is not attendant upon customer request:

<https://www.rsph.org.uk/uploads/assets/uploaded/055c2d87-c3ab-4dfb-ba4aa44b9488c88f.pdf>

Supermarket price promotions might include upselling, BOGOF offers, or supersized products. The concept of 'popping in' for 'a couple of essentials' and then leaving encumbered with bags bursting at the seams with 'not to be missed' time-limited offers is the cliché that is firmly grounded in fact.

'Meal deals' represent a familiar supermarket charm-offensive; typically consisting of a sandwich, drink and snack. The downside is that this 'bargain' might contain up to 30 teaspoons of sugar:

<https://www.independent.co.uk/life-style/health-and-families/supermarket-meal-deals-lunch-sugar-content-high-study-wh-smith-boots-tesco-sainsburys-a8029381.html>

Supermarket 'special offers' are receiving increasing scrutiny with some stores subject to a 2015 'super-complaint' to the Competition and Markets Authority from consumer group 'Which'. Specific strategies raised included questionable bulk buying savings claims, 'value' reductions and 'two for one' offers and official guidance from the Chartered Trading Standards Institute was subsequently issued to ensure that supermarket prices complied with consumer law.

However, 'Which' has alleged that the practices are still current and awaits a response to its latest findings from the CMA. Tom Ironside representing The British Retail Consortium which represents supermarkets said:

'[These stores] seek to provide the best value for consumers on the hundreds of thousands of product lines they sell.

This is often through promotions and discounts, which can change week to week, even on the same product lines, as retailers seek to cut the cost for shoppers.'

However, Natalie Hitchens from 'Which' countered:

'Four years on from our super-complaint, many of the big supermarkets are clearly still in the wrong, with numerous examples of dodgy discounts and never-ending offers. These retailers must stop tricking shoppers with deceptive deals and spurious special offers. If not, the CMA must intervene.' ('The Daily Mail'), 'Supermarkets still tricking shoppers with bogus offers', 28<sup>th</sup> August 2019).

Supermarket layout is designed to boost sales (usually of unhealthy products).

Non-price-based promotions marshal the weapons of appearance and floor-positioning to prompt impulse shopping (Leighton J and Bird G, 2012, 'The effect of branding on consumer choice', Mountain View Learning) and The Obesity Health Alliance ('Out of place: the extent of unhealthy foods in prime locations in supermarkets,' 2018) found that 43% of all food and drink promotions situated in prominent places (entrances, checkouts, aisle-ends, free-standing display units) were for sugary food and drink as defined by Public Health England's sugar reduction programme.

Fruit and vegetables amounted to less than 1% of products promoted in high profile locations.

Evidence suggests that positional promotions increase consumer purchases independent of any price reduction, and that heightened visibility (such as placing a product in an island) may give 'bargain' kudos regardless of price tag (Garrido-Morgado A and Gonzalez-Benito O, 2015, 'Merchandising at the point of sale: differential effect of end of aisle and islands', BRQ Business Research Quarterly, 18(1):57-67). The effect on sales can be the equivalent of a price discount.

Research led by the University of Cambridge, identified that voluntary measures to restrict sweets and confectionary promotion at checkouts produced an instantaneous 17% reduction in purchases (Ejlervskov KT, Sharp SI, Stead M, Adamson AJ, White M, Adams J, 2018, 'Supermarket policies on less-healthy food at checkouts; Natural experimental evaluation using interrupted time series analyses of purchases', PLoS Med 15(12): e1002712). A year later, shoppers were still buying over 15% fewer of the items compared to when no policy was in place.

Another technique is to mingle healthy and unhealthy items, thus encouraging consumers to 'reward' themselves for a virtuous choice by snapping up its unhealthy neighbour!

Fruit and vegetables are in general, positioned at the entrance of a supermarket; triggering a 'feel good' factor as these are chosen first – before an inevitable guilt-free splurge occasions the addition of some unhealthy items from the shop rear. Dairy and other staples are also placed at the back occasioning the shopper to negotiate an array of unhealthy temptations en route. Free samples prompt impulse buying; usually of unhealthy, processed products:

<https://digitalcommons.butler.edu/cgi/viewcontent.cgi?referer=https://scholar.google.co.uk/7httpsredir=17article=10217context=buwell>

Promotional products often catch the eye at the aisle end.

Adults and children fall victim to these strategies. Australian researchers found that children requested food that was located at their height level while waiting in the checkout queue:

<https://academic.oup.com/heapro/article/29/2/267/2805693>

One study found that 73% of parents had to combat food demands from their children during the shopping expedition and 88% of these were for unhealthy foods. 'Pester power' and the availability of unhealthy products in supermarkets combine to form a toxic cocktail – and one that is a clear contributor to the childhood obesity epidemic of today.

What can be bought at the supermarket is as important as the in-house marketing strategy used to sell it.

High in fat, sugar and/or salt (HFSS) foods fill a disproportionate amount of supermarket shelf space. The Obesity Health Alliance has judged the promotional environment of the supermarket to be diametrically opposed to healthy eating guidelines:

<http://obesityhealthalliance.org.uk/?s=unhealthy-supermarket-promotions-bad-wallets-waistlines%2F>

Inexpensive food has an obvious appeal at a time when one in 14 UK people have had recourse to a food bank:

<https://www.independent.co.uk/news/uk/home-news/food-banks-uk-how-many-people-adults-poverty-a8386811.html>

and if HFSS items are cheaper than healthier alternatives this is unlikely to change.

In addition, discount coupons contribute to the overall sale increase of HFSS food items, along with unplanned purchases:

<https://www2.gov.scot/resource/0043/00438751.pdf>

and the heady mix of promotions, discount offers and coupons that epitomise a trip to the supermarket may combine to persuade the shopper that money is being saved – but this is often at the long term expense of healthy choices.

As can be seen, a supermarket can represent a metaphorical landmine for an unsuspecting customer; oblivious to the fact that a basket of 'value for money' products is in reality, a cumulative family-sized health grenade.

In face of such an insidious attack what is the best line of defence?

Recommendations:

- 2.1 Government to encourage supermarkets to promote healthy choices by showcasing virtuous examples (such as the ones listed below) in the next stage of the Obesity Strategy:  
<https://www.foodnavigator.com/Article/2018/09/10/Making-healthy-eating-easier-Tesco-and-Jamie-Oliver-promote-healthy-diets>  
<https://www.independent.co.uk/life-style/food-and-drink/waitrose-healthy-eating-specialists-customer-advice-nutrition-shop-floor-supermarket-a8311946.html>
- 2.2 The Government to increase the powers of the Consumer Marketing Authority to ensure that all trading outlets comply with consumer law.

### 3. THE CHALLENGE FOR THE DEVOLVED UK

Across the four Home Countries, the role of education (in particular, food education) can have a significant influence on a family's lifestyle and habit development; facilitating their ability to de-code marketing messaging and choose healthy products when shopping. Ultimately, education is the responsibility of government and current approaches are given below.

#### England

In 2019, the Department for Education launched a new healthy schools rating scheme (DfE 2019a, 'Healthy schools rating scheme. Guidance for schools', London; Crown copyright) with a remit to:

'Support children's understanding of healthy eating and develop knowledge and skills that will enable them to lead healthy lives.'

The aim was to foster healthier family lifestyles by embedding healthy eating in the school curriculum, establishing cooking clubs, growing food at school and

enabling children to acquire 'hands on' experience by assisting the catering staff in food preparation.

The Change 4 Life campaign has developed resources for the persuasive purpose of equipping teaching staff with the knowledge and understanding to show parents the healthier swaps that their children are learning about – and to make such swaps themselves when visiting the supermarket.

Role modelling is important (particularly within primary settings) in helping children to develop lifelong preferences and build individual patterns of healthy eating and physical activity (Howells K with Carney A, Castle N and Little R, 2017, 'Mastering Primary Physical Education', London, Bloomsbury).

In 2019, DfE reviewed the school food in England (only) (DfE 2019b, 'School food in England. Advice for governing bodies', London: Crown copyright).

The advice contains a focus on drinking water being supplied on school premises and ensuring that it is free of charge.

However, no guidance is provided with regard to the World Health Organisation (WHO 2004, 'Guidelines for drinking-water quality: recommendations (vol.1) or the European Food Safety Authority ('Scientific Opinion on Dietary Reference Values for Water, EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA), EFSA Journal 8(3), 1459-1507) who both recommended the amount that children should drink per day; or in a school day.

Research projects of an England/Ireland comparison and a focused comparison of 4 and 5 year olds in a deprived area of coastal south east England (Coppinger T & Howells K, 2019, 'International Comparison of Children's Knowledge, Barriers and Reported Fluid Intake Across the School Day', International Journal of Nutrition 4(1) pp.1-8; and Williamson J & Howells K, 2019 'Young Children's Understanding of Fluid Intake', International Journal of Nutrition 4(4) pp.1-8.) show that children have a limited understanding of how much they need to drink.

Given that they do not recognise signs of their own thirst and dehydration automatically, it follows that teaching staff and the family unit are needed to help children to establish healthy drinking habits. The importance of teaching children about healthy eating is widely accepted, but the equally crucial requirement for them to be taught about healthy drinking behaviours is not.

A new focus should therefore be to teach children about healthy diet behaviours.

## Wales

Since 2006, families in Wales have been supported via the Department of Health's Healthy Start scheme (in which low-income families and pregnant women were supplied with free milk, fresh fruit and vegetables). Such NHS food schemes arose from the Second World War years' introduction of a Welfare Food Scheme directed at addressing food shortages and ensuring that children and pregnant women received the right nutrients for healthy family development (Wales NHS 2006, 'Health in Wales. Healthy Start rolls out across Wales'):

<https://www.wales.nhs.uk/news/5711>

Healthy Start was also introduced throughout the devolved UK and still exists today. It is open to all children under 18 with advice offered to breastfeeding mothers to ensure that young children receive the best start in life. Families can access the programme by applying for vouchers to help them to buy basic foods and 'healthy start' vitamins. For women, these include folic acid, vitamins C and D; and for children vitamins A for healthy growth, C for healthy tissue and D for strong bones and teeth. However, the requirement to present vouchers to obtain free supplies in pharmacies, other retail outlets including supermarkets, is perceived by some as a source of stigma that deters them from claiming their entitlements.

Within Wales, Flying Start Health Teams combine health visitors and community nursery nurses to offer 1:1 home-based as well as community sessions to support parents in family unit eating behaviour; in particular giving advice on weaning, appropriate portion size and how to support and understand children's nutrition (Caerphilly County Borough Council, 2014, 'Health support and guidance'):

<https://www.caerphilly.gov.uk/Services/Children-and-families/How-to-get-help-and-support/Flying-Start/Health-support-and-guidance.aspx>

In Wales, (Statutory Instruments 2013, 'The Healthy Eating in Schools: Nutritional Standards and Requirements, Schedule 3, Lunch in Maintained Primary and Secondary Schools' Regulation 6):

<http://www.legislation.gov.uk/wsi/2013/1984/made/data.pdf>

it is recommended that primary school children receive a weekly portion of fish; twice weekly for secondary age children. In comparison to the other devolved countries, fish is placed higher than meat in the guidance and as a specific separate focus.

This may encourage children in Wales to request fish more within their family unit. It is not known if they use pester power for fish in the supermarket or whether it is one of the more unaffordable items, making it inaccessible in supermarkets in

deprived areas of Wales. The other specific focus identified in school meals in Wales is potatoes; to be served no more than twice a week if cooked in fat or oil.

### Scotland

In 2019, the Scottish Government reviewed school food ('Consultation on Nutritional Requirements for Food and Drink in Schools. Report on responses to the consultation', Edinburgh: Crown 2019) and made more specific suggestions than their England counterpart. These included a requirement of two portions of vegetables and one of fruit to be offered as part of a primary school lunch.

The Scottish Government have suggested banning crisps at lunchtime and permitting only plain savoury crackers, breadsticks or oatcakes with 'plain' defined as an item that is low in salt and sugar. The amount of red or red processed meat must be limited to no more than 175g over a school week (in the interest of limiting the risk of colorectal cancer).

Much of a child's day is spent in school and it is important for them to understand why they are given or withheld specific foods. They will then be better equipped to make requests at home (or question what they are given) which may in turn impact a family's supermarket buying.

The reasons behind the food decisions set out by the Scottish Government should be shared by teachers with children and their parents to ensure lifelong habit development as well as life-wide (a concept that does not follow the child's life alone – but aids them in making choices beyond the school gates within family life).

Children's potential pester power may then prompt healthier choices for the whole family; in particular whilst shopping as a unit in the supermarket (Howells and Jess M, 2019, 'The complexity of young children's physical education', AIESEP International Conference Building Bridges for Physical Activity and Sport, New York, June 2019).

### Northern Ireland

Northern Ireland has pioneered family unit guidance since 2007 when the Public Health Agency, on behalf of the Department for Education, introduced support for food choices (and in particular, packing healthy lunches).

The guidance highlighted that the contents of over half of lunchboxes never include fruit; providing explanations about the amounts of fat, salt and sugar

contained by the regular lunchbox items in order to help support healthier supermarket shopping choices.

In order to interest children in the composition of a 'healthy' packed lunch, a 10 day variety plan was supplied to help them to develop their own preferences and parents were advised to involve their children in lunch box packing – especially those of primary age.

A leaflet was also designed to help parents to develop their own understanding of food education, including basic 'did you know?' questions, tips on keeping lunches cool and rudimentary non-judgemental safety and food hygiene concepts for the whole family (Public Health Agency, 2007, 'Are you packing a healthy lunch?' School Food, Belfast: Public Health Agency).

### Supermarkets in the devolved UK

The major criticism of UK supermarkets in encouraging healthy eating behaviours is the relative cost of, for example, fruit and vegetables as opposed to processed foods, crisps, white bread and fizzy drinks which are some of the cheapest (and unhealthiest) foods on supermarket shelves (Blythman J, 2013, 'Tesco have got a nerve trying to 'encourage' healthy eating when their fruit and veg costs so much'): <https://www.independent.co.uk/voices/comment/tesco-have-got-a-nerve-trying-to-encourage-healthy-eating-when-their-fruit-and-veg-costs-so-much-8634646.html>

However, a 2017 study examined the actual edible weight of 78 food items and found healthy food and drink to be cheaper than less healthy alternatives (Rodionova Z, 2017, 'Healthy foods cheaper than junk food in UK supermarkets, study reveals'): <https://www.independent.co.uk/news/business/news/healthy-food-cheaper-uk-supermarkets-obesity-poor-diets-asda-tesco-study-iea-a7607461.html>

Yet the firm perception that buying healthy food from a UK supermarket is cost-prohibitive must be addressed; The Trussell Trust reports that 14 million people (including 4.5 million children) live in poverty and that between April 2018 – March 2019 Trussell Trust food banks provided 1.6 million food supplies for families in need. (Trussell Trust, 2019, 'Record 1.6m food bank parcels given to people in the past year as the Trussell Trust calls for end to Universal Credit five week wait'): <https://www.trusselltrust.org/2019/04/25/record-1-6m-food-bank-parcels/>

The Trust records a 19% increase from 2017-2018; illustrating the daily struggle that some families have to find the money for food in the four Home Countries today.

Food prices vary according to UK location and those in Scotland and Northern Ireland tend to be higher than the average in England (Corfe S, 2018, 'What are the barriers to eating healthily in the UK?' London: The Social Market Foundation). Corfe also found that people living in London, the East and South East of England pay more than in the North of England and that 25% of those surveyed felt that:

'Healthy food was unaffordable in the UK' notably, fresh meat and fish.

Accessibility (being without a car or bus route to reach a supermarket that sells affordable, healthy food) was seen as yet another barrier to healthy eating in the UK and this was a significant in particular for the 55 plus age group.

Recommendations:

- 3.1 The family unit to be included in the DfE's guidance to school governors on ideas to encourage a healthy eating ethos. Guidance to include advice about recommended water consumption and re-modelled as 'community diet packs'
- 3.2 Continuous professional development in food education for teachers; mandatory also for trainee teachers within teacher education including school-based settings
- 3.3 Development of more supermarket shopping techniques to support family units in making healthy choices. These might include trolley dividers, recipe guidance, supermarket floor design and encouraging the choosing of bottled water (which can be as cheap as 17p for a 2 litre bottle)
- 3.4 Greater emphasis in the supermarket on matters such as 'edible weight' which would help the shopper to understand that healthy choices can be cheaper; thus addressing the perception that healthy food is always price-prohibitive for families on a modest income
- 3.5 The devolved UK Governments to promote a healthy consumption culture via supermarket, family unit and school-based education.

#### 4. MATTERS OF ACCESS, ETHNIC/CULTURAL DIVERSITY AND DISABILITY AFFECTING SUPERMARKET SHOPPING

##### Access

Many factors influence a family's dietary habits and research in Scotland examined the impact of the residential area (White M, 2006, 'Food Access and Obesity', Obesity Reviews, 8:99-107). Places with few local outlets in which to buy healthy fresh food are called 'food deserts'; a term originating in 1990s Scotland and defined by the United States Department of Agriculture (USDA) as:

'Urban neighbourhoods and rural towns without ready access to fresh, healthy and affordable food. Instead of supermarkets and grocery stores, these communities may have no food access or are served only by fast food restaurants and convenience stores that offer few healthy, affordable food options.' (United States Department of Agriculture, 2013, 'Food Deserts').

The Social Market Foundation suggests that just under one in ten (8%) deprived areas in England and Wales are 'food deserts'; about three quarters are in urban areas with the remaining 24% in rural areas (Social Marketing Foundation, 2018, 'What are the barriers to eating healthily in the UK?').

In the UK, most food intended for in-home consumption is from a supermarket (Defra, 2008, 'Food Statistics Pocketbook'):

<https://webarchive.nationalarchives.gov.uk/20130103024812/http://www.defra.gov.uk/statistics/foodfarm/food/pocketstats/>

In the 1990s, large supermarkets became familiar 'out of town' sights and their extensive ranges of low-price products impacted adversely upon smaller town-and city-situated retail outlets; prompting the closure of many (Wrigley N, 2008, 'Food deserts in British cities: policy context and research priorities', *Urban Studies*, 39(11), 2029-2040).

Just visiting an 'out of town' outlet is challenging for those on low incomes.

Data shows that 85% of households with weekly incomes under £150 have no car (Oxfam and Church Poverty Action, 2013, 'Walking the breadline') those on the lowest incomes are more likely to cite lack of car access or not being near to a healthy/affordable supermarket as a deterrent to healthy eating and over a fifth (22%) of those with an annual household income of £10,000 or less considered these factors to be significant (Social Marketing Foundation 2018, as above).

Daily food insecurity is increasing in the UK (Kellogg's, 2018, 'Can everyone access affordable nutritious food? A picture of Britain's deprived food deserts').

Taxi journeys to the supermarket may be financially prohibitive and bus travel is in a 12 year trough because of service reduction and rising costs (The Independent, 2018, 'Bus travel hits 12-year low as prices rise and services axed'):

<https://www.independent.co.uk/news/uk/home-news/bus-travel-numbers-price-rise-public-transport-a8584211.html>

Cost notwithstanding, carrying shopping from supermarket to bus stop and thence home may be physically demanding; especially for elderly or disabled people.

In recent years, local 'convenience' stores in the UK have mushroomed. A 50,000 plus total includes 1,500 owned by brands such as Tesco (Express) and Sainsburys (Local). However, these may be more expensive than their larger counterparts.

'Which' data:

<https://www.which.co.uk/news/2017/03/supermarket-convenience-stores-charge-up-to-7-more/>

shows that smaller convenience stores may add a premium to some items compared with larger same-brand supermarkets. This is demonstrated via a price comparison between food baskets from London Tesco Metro and Sainsbury Local outlets and their main store equivalents. The 'convenience' baskets were costlier by 7% and 5% respectively.

Convenience store prevalence also raises dietary issues.

An analysis of price promotional activity in convenience and larger supermarkets in Ireland (>70,000 items) showed 35% of special offer supermarket products to be high in fat, salt and/or sugar (HFSS) compared with 56% in convenience stores.

This suggests that convenience store access solutions may be offset by a health deficit.

Canadian and US studies have suggested that supermarket access might stimulate healthier food buying due to wide product ranges at a number of price points and with costs driven lower through supermarket competition.

However, an impact evaluation following the opening a supermarket in a Philadelphia location formerly known as a 'food desert' found that although residents' perceptions of accessibility showed a moderate improvement, there were no consequent changes in fruit and vegetable intake or body mass index.

Researchers concluded that the effectiveness of interventions to improve physical access to food and reduce obesity by encouraging supermarkets to locate in under-served areas therefore remains unclear (Cummins A, Flint E, and Matthews SA, 2014, 'New neighbourhood grocery store increased awareness of food access but did not alter dietary habits or obesity', Health Aff (Millwood) 33(2):228-291).

A UK supermarket density study found an increase in both vegetables and unhealthy food intake - and that living near to convenience stores was associated with an increased consumption of crisps, chocolate and white bread (Skidmore P et al, 2010, 'Impact of neighbourhood food environment on food consumption in children aged 9-10 years in the UK SPEEDY (Sport, Physical Activity and Eating

Behaviour: Environmental Determinants in Young People) study, *Public Health Nutrition*, 13(7):1022-30).

### Ethnic and Cultural Diversity

Some research suggests that the UK's ethnic minority groups are poorly supported in maintaining a culturally-appropriate healthy lifestyle and often suffer from adverse health outcomes (Leung G and Stanner S, 'Diets of minority ethnic groups in the UK: influence on chronic disease risk and implications for prevention', *Nutrition Bulletin*, 2011.36(2):p.161-198).

It was found that Black Caribbean and Black African parents were often unable to provide nutritious family meals because some traditional ingredients were not available in the supermarket (Rawlins E et al, 'Perceptions of healthy eating and physical activity in an ethnically diverse sample of young children and their parents: the DEAL prevention of obesity study', *J Hum Nutr Diet*, 2013. 26(2): p. 132-44).

These families are likely to resort instead to an independent local store for their purchases.

South Asian parents were more likely to consider that supermarkets met their needs, showing that it is not unrealistic to expect a supermarket to provide the ingredients necessary for healthy diets across a range of cultural and culinary traditions.

However, healthy eating is often more costly and less accessible for ethnic minority groups.

Bowyer and colleagues (Bowyer S et al, 'Shopping for food: lessons from a London borough', *British Food Journal*, 2009, 111(5): p. 452-474) examined the availability and affordability of a typical 'healthy' food basket for White British, Turkish, and Black African and Black Caribbean people living in Hackney.

The main supermarkets stocked everything required for a 'healthy' White British basket, but not for the other groups who were compelled to fall back on multiple shops and markets; with smaller outlets more likely to stock culturally appropriate food than larger chain supermarkets.

The supermarket-supplied 'ethnic products' were viewed sceptically by the relevant groups, suggesting that adjusting taste to 'suit' British palates made the items less palatable to the intended customer base.

A later study corroborated the findings (Ginn A et al, 'Mapping access to community-developed healthy food baskets including cost and availability', Health Education Journal, 2016. 75(8): p. 911-924). Fruit and vegetables of choice for some ethnic groups were more scarce and expensive than at local markets. Cheaper canned or frozen supermarket varieties were often disliked by ethnic minority groups and the size of available staples such as rice were a barrier to some shoppers who preferred to buy in bulk.

Poor literacy levels can make family shopping difficult and current food labelling does not provide sufficient clarity about the health status of foods purchased by ethnic groups.

Research with UK Muslim consumers has shown that the perceived usefulness of the labelling for halal products can have a significant impact on consumer purchasing intentions (Jamal A and Sharifuddin J, 'Perceived value and perceived usefulness of halal labelling: The role of religion and culture', Journal of Business Research, 2015. 68(5): p. 933-941).

Jamal also found that entrepreneurs who managed shops aimed to attract ethnic minority custom used strategies such as offering price promotions on specific, culturally-appropriate products whilst running mainstream consumer products at the usual price (Jamal A, 'Playing to win: an explorative study of marketing strategies of small ethnic retail entrepreneurs in the UK', Journal of Business Research, 2015. 68(5): p. 933-941).

Supermarkets could adopt like strategies to facilitate the provision of culturally-appropriate foods in a way that signposts healthier options whilst reassuring ethnic minority customer groups that their shopping preferences are being addressed.

## Disability

Such is the value of the 'purple pound' (the disabled economy; estimated at £249bn) that it is the interests of supermarkets to encourage the custom of people with disabilities:

<https://wearepurple.org.uk/the-purple-pound-infographic>

Yet barriers to access and daily discrimination mean that disabled people (including families with disabled children) who want to spend their money often lack opportunity. There are approximately 800,000 disabled children in the UK; 7% of all children:

<https://www.dlf.org.uk/content/key-facts>

This is a growing group and between 1975–2002 there was a 62% increase in the number of disabled children (Emerson and Hatton, 2005).

In recent years, supermarkets have introduced initiatives designed to improve the shopping experience for disabled people and families.

An early measure was Sainsburys' disability-friendly trolley introduced in 2014 and designed with parents of disabled children. The trolleys are fitted with a padded seat and harness and are intended to support children with disabilities such as cerebral palsy and autism. However, their overall number is still insufficient and a petition to Parliament has been launched requiring supermarkets in law to provide special shopping trolleys:

<https://petition.parliament.uk/petitions/252678>

A particular focus has been given to supporting families with autistic children. Weekly 'quiet hours' can provide them with a nominated period where measures are taken to make shopping environments more welcoming.

In 2018, Morrisons introduced a quiet hours scheme to its 489 UK stores with lighting dimmed, music switched off; limited use of tannoy systems and check-out beeps turned down. Asda stores nationwide have worked with local groups to introduce regular quiet hours and there has been some activity from Tesco and Sainsburys who supported the National Autistic Society's Autism Hour campaign in October 2018 and subsequently permitted store managers to introduce schemes at discretion.

The measures are popular with parents. There may also be benefit for supermarkets in providing training for staff to recognise the challenge that many people with autism can have with social interaction; in addition to sensory issues that may be exacerbated by a supermarket environment.

There is an increased need for supermarkets to offer 'self-care' products for people with disabilities and following a campaign by a parent in 2018:

<http://brodymeandgdd.com>

Tesco launched a range of larger nappies for children with disabilities; becoming the first UK supermarket to do so.

Campaign lead, Laura Rutherford stated:

'I discovered that whilst the NHS continence service is fantastic; referral age, eligibility, waiting time and the number of nappies a family receive differs greatly throughout the UK. Because of this, there is a huge demand for larger nappies in supermarkets':

<https://www.tescopl.com/news/2018/tesco-becomes-first-uk-supermarket-to-launch-larger-nappies-specifically-designed-for-children-with-disabilities/>

On 24<sup>th</sup> December 2018, the Government announced an intention to consult on how it can increase provision of Changing Places toilet facilities in specific new, large buildings frequently used by the public. Changing Place toilets meet the needs of people with profound and multiple learning disabilities as well as those with other physical disabilities.

There are over 1,300 Changing Place toilets today and the Government recognises that provision for the 250,000 plus people in the UK who need them is still haphazard. While supermarkets are only one of many public places covered within the consultation:

<https://www.gov.uk/government/consultations/changing-places-toilets>

installing such facilities would be an important step in making parents feel more comfortable when visiting stores to buy what they need for their families.

An increasing number of families do their weekly shop online and this can represent a solution for those with a disabled child or other family member. However, the busy schedule of care can make a requirement to order shopping online and book a precise delivery slot slip off the 'to-do' list. It is important for supermarkets to recognise the challenges faced by these families and to make necessary adjustments for online shopping to be a viable option.

However, visiting a supermarket can stimulate social engagement and reduce isolation for families who may find it difficult to access goods and services.

They should not be made to feel that for them, shopping must be done online, at home and alone and that the family trip to a supermarket is only an option for others.

#### Recommendations:

- 4.1 'Match pricing' for products in local convenience stores with large brand same-company stores
- 4.2 Increasing the provision of healthier food and drink items in local convenience stores and improving the quality of the products currently available
- 4.3 Supermarkets to consider providing weekly 'shuttle bus' services for communities currently situated in 'food deserts'

- 4.4 The Government to reconsider cuts to local authority transport budgets and reinstate bus services that cater for isolated/deprived communities alongside similar schemes that offer a reduced cost for service use; particularly on routes that traverse supermarket sites
- 4.5 Additional consumer research to ascertain which healthier products and brands would appeal to customer ethnic minority groups with the aim of ensuring that these products are stocked where possible
- 4.6 Offer promotions on healthier, culturally-appropriate products to engage people from ethnic minority groups
- 4.7 Government to address product labelling with a focus on surmounting language barriers (ie clear labelling of halal products, multi-lingual signage)
- 4.8 All supermarkets to adopt schemes such as 'quiet hours' designed to make their physical environments more sensitive, respectful and inclusive and seek to develop these schemes beyond a specific focus
- 4.9 All supermarket staff to have comprehensive training to educate them about specific medical conditions so that they improve their understanding of families with disabled children/family members and are enabled to perform their roles in making stores more accessible
- 4.10 Supermarkets to provide more changing rooms/ appropriate toilet facilities for customers with a disability and who require more space and appropriate facilities
- 4.11 Online facilities offered by supermarkets to provide greater flexibility in order to reflect the difficulties in planning, encountered by families with disabled members/children.

## 5. FOOD POVERTY AND THE SUPERMARKET

'Food poverty' has been defined as an inability to afford, or access food to constitute a healthy diet (Department of Health, 2005, 'Choosing a better diet: a food and health action plan') and is intrinsic to the entrenched health inequalities that persist in the most vulnerable communities. It is caused by a variety of economic, social and environmental factors (Bristol City Council, 2013, 'Food Poverty: what does the evidence tell us?').

UK-wide food poverty has increased over the past decade (Joseph Rowntree Foundation (2017) 'UK Food Poverty') despite the UK being the fifth richest country in the world. Estimates suggest that around four million children currently live in food poverty (Food Ethic Council, 'Food Poverty'):

<https://www.foodethicscouncil.org/issue/food-poverty/>

an 'unofficial' figure derived from food bank use, deprivation levels, free school meals uptake and household food insecurity.

The Department of Work and Pensions' belated decision (since April 2019) to incorporate the national index of food insecurity into an established UK-wide annual survey that monitors household incomes and living standards has been welcomed by campaigners (End Hunger UK, 2019, 'Campaign win! UK Government agrees to measure household food insecurity'):

<http://endhungeruk.org/campaign-win-uk-government-agrees-to-measure-household-food-insecurity/>

However, in January 2019, an Environmental Audit Select Committee review of the Sustainable Development Goals in the UK recorded a growth in inadequate access to healthy and nutritious food (particularly for children) one of the highest prevalence in Europe. It indicted the Government for inaction; thereby impacting the poorest communities most severely (House of Commons, 2019, 'Sustainable Development Goals in the UK follow up: Hunger, malnutrition and food insecurity in the UK').

The biggest driver of food poverty is a lack of money.

Low income families are therefore nudged by economic reasons towards a diet characterised by highly processed, calorie-dense foods with less fibre, vitamin and mineral content.

Consequent long-term health risks can include non-communicable diseases such as heart disease, type 2 diabetes and cardiovascular illness; in the short term, some children will go to school malnourished and hungry. A higher incidence of obesity and excess weight is found in both men and women from low socio-economic groups (Office of National Statistics, 2016, 'Health Survey for England for England 2015') yet the Government's Childhood Obesity Plan fails to mention food poverty (HM Government, 2016, 'Child Obesity Plan: a plan for action', Childhood Obesity Plan: Chapter 2).

In 2016, Public Health England's recommendations for the population's food intake appeared in the 'Eatwell Guide' (Public Health England, 2016). The Guide defines advised proportions of a diet in five categories: fruit and vegetables; carbohydrates such as potatoes, rice and pasta; proteins including beans, fish, eggs and meat; dairy and oils & spreads.

However, The Food Foundation (The Food Foundation, 2018, 'The Broken Plate') found that financial cost prohibits access to a healthy diet for the most disadvantaged households. The poorest 10% would have to spend 74% of their disposable income on food (6% in the richest 10% of the population). In addition, research indicates that over a third (39%) of people in the richest fifth of the population eat the recommended five portions of fruit and vegetables per day;

compared with 15% in the poorest fifth (Joseph Rowntree Foundation, 2017, 'UK Poverty 2017').

Campaigns such as Change4Life that encourage families to base their diet upon Eatwell recommendations are therefore disregarding those on the lowest incomes. A Social Marketing Foundation survey ('What are the barriers to healthy eating?' 2018) states that 10% of respondents altered their shopping behaviours to avoid high food prices with 23% admitting to buying cheaper and less nutritious food (34% in households with an annual income of £10,000 or less) and 38% were now shopping in a 'cheaper' supermarket.

10% of respondents reported that they had sacrificed some of their own food intake so that other family members including children could eat; rising to 14% in the lowest income households.

HFSS foods are disproportionately evident in supermarkets and The Obesity Health Alliance has stated that the promotional environment within supermarkets contravenes healthy eating guidelines:

<http://obesityhealthalliance.org.uk/2018/11/19/place-unhealthy-supermarket-promotions-bad-wallets-waistlines/>

Data from 'Which?' demonstrated that 53% of all supermarket promotions involved less healthy food (typically HFSS) compared to 27% of healthier products (Which? 2014, 'Half of supermarket promotions are on unhealthy foods says Which'):

<https://inews.co.uk/news/health/supermarkets-discounts-unhealthy-food-obesity-which/>

In 2019, the Government consulted on restricting promotions of less healthy food by price, especially multi-buy promotions.

As a population-level intervention, restricting HFSS product promotion by location and price is likely to have a positive effect on health inequalities ('Sweet success: will sugar taxes improve health?', The Lancet Diabetes & Endocrinology, Vol 5, Issue 4, 235. Doi).

Tailored interventions for specific groups may only result in behaviour change amongst more affluent groups, but population-level activity often benefits the most deprived communities where obesity rates are highest.

The food industry has argued that restricting HFSS promotions would cost consumers more, but the purpose of promotions is to drive sales and encourage shoppers to spend more money than they had originally planned (Martin et al,

2017, Rapid Evidence Review: 'The impact of promotions on high fat, sugar and salt (HFSS) food and drink on consumer purchasing and consumption behaviour and the effectiveness of retail environment interventions', Edinburgh: Health Scotland).

The Money Advice Service has estimated that promotional offers can make the consumer spend almost £1,300 more per year (Money Advice Service, 2016, 'Shopping offers make us spend £1,300 more per year').

Food Standards Scotland ('Monitoring retail purchase and price promotions in Scotland', 2018):

[https://www.foodstandards.gov.scot/downloads/Monitoring\\_retail\\_purchase\\_and\\_price\\_promotions.pdf](https://www.foodstandards.gov.scot/downloads/Monitoring_retail_purchase_and_price_promotions.pdf)

found that overall, food and drink purchased on promotion was more expensive than food and drink without a promotion.

A combination of promotions, discount, offers and coupons may appear to represent money saving, but in reality, encourages extra spend; to the great detriment of the most disadvantaged people (Public Health England, 2015, 'Sugar reduction: the evidence for action, Annex 4, analysis of price promotion', pdf).

Price is a determinant of buying decisions (Retail Grocery Store Marketing Strategies and Obesity; An Integrative Review). An evidential review of the relationship between food price and purchasing, found that price hikes on unhealthy foods reduced sales whereas dips on healthier options increased them.

If HFSS products are cheaper, more of them will be sold.

Recent research from Cancer Research UK found that the use of price promotions in the UK was consistent across all demographics (Timothy Coker, Harriet Rumgay, Emily Whiteside, Gillian Rosenberg, Jyotsna Vohra, 2019, 'Paying the price: New evidence on the link between price promotions, purchasing of less healthy food and drink, and overweight and obesity in Great Britain') and that therefore a decision to restrict unhealthy price promotions would not disproportionately affect low income families.

In May 2019, Slimming World and RSPH (Royal Society for Public Health) commissioned public polling of 2,084 adults from across the UK to ascertain their views on how supermarkets contribute to the obesity epidemic and how they could do more to help people to live healthily.

50% of those surveyed agreed that there are more unhealthy products on supermarket shelves than healthy products. Supermarkets are the sole largest

source food source for families in England and could support disadvantaged households in making the healthy choice the easy choice.

The ways in which supermarkets price, market and advertise their food and drink could help to make the healthy choice also the accessible choice.

Supermarkets could therefore drive the solution to the food poverty that has the UK's most deprived communities in thrall; rather than remaining as at present, a perpetuator of unfair and ongoing disadvantage.

#### Recommendations:

- 5.1 Supermarkets to re-balance promotions away from products that are high in fat, sugar and/or salt (HFSS) to healthier foods so that families experiencing food poverty may enjoy greater access to them
- 5.2 Supermarkets to source surplus food and drink to food banks/schemes that use and prepare healthy and nutritious meals for the local community; thus helping to reduce the pressure on families
- 5.3 Lidl and Aldi specify (as part of their business ethic) which foods are suitable for food banks. As regular supermarket practice, this could have a positive influence on the nutritional value of food bank donations
- 5.4 The Government to work with leading supermarkets to provide information/advice in-store on how to consume a diet that is consistent with the Eatwell Guide on a low income. This might include leaflets and information at sale points throughout the store to nudge choices that are healthier and also inexpensive
- 5.5 Ultimately the Government must address as of urgency, the health inequalities that are driving food poverty and ill health amongst the UK's most disadvantaged communities. All households must have enough money to thrive as well as survive and healthy food should be more accessible and less expensive than unhealthy food.

## 6. PERSONAL FAMILY EXAMPLES OF TYPICAL SUPERMARKET SHOPPING EXPERIENCE

Until recently, children's influence on family shopping has been overshadowed by a time-honoured focus on adult decision-making about food.

However, a recognition of 'pester-power' (Huang et al, 2016, 'Pester Power and Its Consequences: Do European Children's Food Purchasing Requests Relate to Diet and Weight Outcomes?' Public Health Nutrition, 19(13): 2393-2403) resonates with

many parents' real-life experiences of shopping with children and the negotiations that arise.

Children are subject to multiple food advertisements; they consume it (in and outside their home) and are socialised into the retail food environment through shopping trips from an early age (Lively K, Babwale O, Thompson D, Morris AS, Harris JL, Sisson SB, Cheney MK, Lora KR, 2017, 'Mothers' Self-Reported Grocery Shopping and Behaviours with their 2-7 year-old Children: Relationship between Feeding Practices and Mothers' Willingness to Purchase Child-Requested, Nutrient-Poor, Marketed Foods, and Fruits and Vegetables', *Public Health Nutrition*, 20(18): 3343-3348).

Research into parental and child supermarket behaviour has found that an estimated fifth of all purchasing decisions are affected by the preferences and influence of children. On average, 17% of grocery shoppers are accompanied by a child, but the child's influence may be significant even if not physically present (Page B, Sharp A, Lockhsin and Sorenson H, 2017, 'Parents and Children in Supermarkets: incidence and influence', *Journal of Retailing and Consumer Services*, 40: 31-39).

The issue has risen in importance; in part because of a perceived relationship between 'pester-power' and children's weight.

In a study of children (aged 2-9 years) and their parents (Huang et al, as above) 63% of parents stated that they 'sometimes' acquiesced to their child's demands for certain foods whilst shopping. Evidence also linked 'pester power' to weight and diet; parents who 'often' complied with their children's demands for the high-sugar and high-fat foods promoted on TV were more likely to have an overweight child.

Families from UK countries were not part of the survey, but Swedish and German parents reported far fewer instances of pestering than their Hungarian and Italian counterparts. This may indicate a cultural variance and/or the influence of government measures such as the restriction on TV marketing of high-fat and high-sugar products. Sweden has very strict regulation.

Other research (Gaumer CJ, Arnone CS, Ashley-Corleaur C, 2013, 'Child-influence: Depth Interviews with Pre-Operational Child Consumers and their Parents', *Journal of Food Products Marketing*, 19(3): 219-235) focused on the influence of 2-7 year olds and examined the decision-making process itself.

In-depth interviews with individual members in 20 families in Maryland US served to illustrate the complexity of family purchase decision-making. Both parents and

the children themselves acknowledged that this group of children had affected purchases made (despite an unsophisticated use and choice of persuasive method).

Another study (Lively et al, as above) demonstrated the complexity of consumer behaviour when shopping.

Mothers who used food as a reward in order to control their children's behaviour were readier to buy the type of high-fat, high-sugar foods their children had requested. However, it is argued that more could be done to mobilise children in a positive way as food-purchase influencers; thus pointing to children's potential in boosting the healthy food purchasing of their families.

This is the theme of other research (Wingert K, Zachary DA, Fox M, Gittelsohn J, Surkan PJ, 2014, 'Child as Change-Agent. The Potential of Children to Increase Healthy Food Purchasing', *Appetite*, 81: 330-336) conducted with African-American low-income families.

Many parents thought that supermarket layout made healthy choices difficult (eg the placement of sweets at check-outs as well as prominent displays of unhealthy food elsewhere). Other parent-initiated ideas included healthy sample food tasters for children and providing food-related activities for older children during a shopping trip, such as a small cooking class.

The study signposts a more positive way of working with children; underpinned by the concept of the child as a 'health-promoting actor' (Christensen P, 2004, 'The Health-Promoting Family; A Conceptual Framework for Future Research', *Social Science and Medicine*, 59(20: 377-387).

Children are credited as active participators in family food decisions; thus facilitating a way in which families could be nudged towards buying healthier food.

Educating children about food in and outside school would form part of a strategy which could be developed from the earliest years. Shopping trips are learning opportunities for children and can be utilised to help support them to eat healthy foods. Involving children directly in food purchasing can have a positive effect on their attention to novel foods containing vegetables (Allirot X, Maiz E, Urdaneta E, 2018, 'Shopping for Food with Children: A Strategy for Directing their Choices towards Novel Foods Containing Vegetables', *Appetite*, 120;287-296).

The extracts below in which parents describe their shopping experiences are taken from two case studies supplied by 'Slimming World':

Clare O'Connell

Height: 5ft 6½ inch

Starting weight: 17st 10½ lbs

Weight now: 10st 1lbs

Weight loss: 7st 9½ lbs

Clare, 33, lives in Redhill with her husband and two children:

"My son was around eight months old when I realised I needed to change my life for myself and my family.....I was a young woman, a mum of two, and I didn't look how I wanted to and feel how I deserved to.

I picked up loads of tips in my 'Slimming World' group about how to tackle food shopping, avoiding the foods and offers that would normally tempt me. Since becoming a member I always plan my meals in advance – I ignore offers on the shelves and stick to my list. I also involve my children with food shopping and make sure I'm passing good habits onto them, rather than picking up items that have cartoon characters, we talk about food choices, and I always let them pick a piece of fruit to snack on."

Azra Bashir

Height: 5ft 5½ in

Starting weight: 14st 9lbs

Weight now: 10st 6lbs

Weight loss: 4st 3lbs

Azra, 41, lives in Birmingham with her husband and three children:

"My weight problems began as a child.....as I got older I gained more weight with each of my three pregnancies and by my 30s I thought I was destined to be overweight forever.

I saw a banner for my local 'Slimming World' group, and decided to join.

The basic concept of the eating plan is making meals from scratch and that's the Asian way – finding fresh ingredients and putting them all together to make beautiful food. In the past, I'd always disliked food shopping – I felt guilty about the unhealthy food I put in my basket, but promotions and special offers made it easier for me to justify buying them. Now I don't even look at special offers on unhealthy products, I go straight to the fresh ingredients!"

## Recommendations:

- 6.1 Supermarkets to consider how best to promote healthy foods and decrease the promotion of unhealthy foods. This relates beyond TV and online advertising to the physical space of the shop itself
- 6.2 Supermarkets to promote healthy eating to children eg offering healthy food samples to them (with caregivers' knowledge and consent). Low-income families in particular may be disinclined to purchase an item of (healthy) food if their child has not tried it and expressed a liking
- 6.3 Supermarkets to make shopping for healthy foods more exciting for children via 'child-appeal' labelling. Ideas about how to help children to become healthy shoppers could be offered to families eg A4 handouts at health centres/children's centres/supermarkets
- 6.4 Professionals working with families to promote shopping as a key learning experience for children eg about foods which are healthy (or not) and embedding other learning such as mathematics. Where intensive family work is undertaken, this might involve accompanying them on shopping trips
- 6.5 Supermarkets to work more closely with communities via listening and responding to their ideas about making shopping for healthy foods a positive family experience. Research shows that people like to shop where they are made welcome (Cannuscio CC, Hillier A, Japyn A, Glanz K, 2014, 'The Social Dynamics of Healthy Food Shopping and Store Choice in an Urban Environment', *Social Science and Medicine*, 122: 13-20). This responsiveness should be shown towards all family members including children.

## 7. INTERNATIONAL PRACTICES AND EXAMPLES

Large supermarket growth has been rapid and in many countries, their accessibility is a cornerstone of change in the food system (Popkin B, 2009, 'The World is Fat. The Fads, Trends, Policies and Products that are Fattening the Human Race', Avery, New York).

In the US, where Walmart founder, Sam Walton famously averred:

'There is only one boss - the customer. And he can fire everyone in the company from the chairman down, simply by spending his money elsewhere.'

Changes in food distribution occurred relatively slowly, unlike in the developing world. In Latin America alone, supermarket share of all retail food sales increased

from 15% in 1990 to 60% in 2000. Carrefour, Tesco and Walmart etc have replaced Farmers' Markets as major food sources; cultural diversity has been subsumed by a world-wide homogenous diet with an emphasis on unhealthy food choice.

Uniform global tactics to spur greater food purchase include:

- Bigger shopping carts
- Fresh fruit situated towards the store front; a bright display lifts mood and prompts the 'spending urge'
- 'Slow-trade' check-outs (over 60% of shoppers ditch goods at check-outs so the check-out ambience is made less conducive to shelf-stale dropping)
- 'Lingering' music; a rhythm slower than the average heart beat prompts a longer stay and 29% purchase increase
- End of the aisle price promotions to trigger spending.

(Lindstrom M, 2008, 'Buyology – the truth and lies about why we buy', Double Day Publishing New York).

These ploys are complicated by the rising cost of eating healthily; perceived as fuelling the current global obesity crisis:

- In Mexico (70% of adults are obese/overweight) ready meals are cheaper; green vegetable price has increased since 1990
- In Brazil (obesity doubled since 1980) crisps, biscuits, energy bars and sugary drinks formulated to be 'hyper-palatable' are much more widely consumed
- In China, green vegetables have doubled in price over the last 20 years
- In Korea, the price of cabbage has risen by 60%.

(Wiggins S et al, 2015, 'The Rising Cost of a Healthy Diet: changing relative prices of foods in high-income and emerging economies', Overseas Development Institute, London).

EuroCoop represents 19 national associations of consumer co-operatives across Europe; operating as retailers but democratically controlled by consumers.

In 2015, its report 'Tackling Obesity: Consumer Co-operatives Leading the Way' (EUROCOOP, 2015):

[www.eurocoop.coop](http://www.eurocoop.coop)

presented some good practice examples including the ones listed below.

## Denmark, Norway and Sweden

All authorities use a keyhole label to facilitate healthy choice. Such products contain reduced sugar, fat and salt and more fruit, vegetables and whole grains. The Nordic community 'spot' the label which appears to increase awareness of nutritional value and food fat percentage. Denmark's additional logo indicates a high whole grain content (pasta, cereals, flour and ready meals). 'Varruset'; a 'Co-op Sweden' initiative, promotes physical activity among girls and women of all ages and in 2015, 121,700 women ran this 5k race (held 18 times between summer and spring) in 17 different cities. Norway and Denmark have curtailed the advertising of junk food on supermarket products.

## Finland

Since 2000 a healthy heart choice symbol has been displayed on over almost 1100 products by 112 food companies. 73.9% of female and 54.8% of male consumers confirm that they have purchased because of it.

## Israel

Cooperatives sponsor community physical activity; in Israel 'Hapoel Jerusalem' is a leading basketball team with a historical connection to the Co-op.

## The Netherlands

Following a survey, Co-op members launched a 'Month of Healthy Nutrition', focusing on vegetable consumption and cooking. The 'Netherlands Choice' logo evaluated the effectiveness of a voluntary logo on healthier food products. New products were developed in the area of snacks, processed food and vegetables, fruit juices/drink and soups. Other research found that distributing recipe flyers containing words like 'healthy and 'low calorie' led to overweight people buying 75% fewer snacks (Greenwood V, 2014, 'The Mind Games of Supermarkets', BBC).

## Austria

A University of Vienna study found that double the purchases in supermarkets are triggered by children and that 3-7 year olds were not deterred from making requests by being pushchair or shopping trolley bound. Parents were more likely to respond positively to in-store requests earlier in a shopping trip and to appeals rather than demands (Ebster C, 2013, 'Hard evidence: do supermarket checkouts make kids obese?', The Conversation).

Other global projects involving supermarkets include the ones listed below.

## United States

A study of parents of obese/non-obese children suggested that mothers felt competent to take preventative action against their child's overweight/obesity but could not always summon the requisite energy. Healthier products stocked at check-outs and a limited availability of HFSS foods would help (Bailey S, 2013, 'Hard Evidence: do supermarket checkouts make kids obese?', The Conversation).

A New York City Health Department initiative, 'Shop Healthy NYC' aims to increase healthy food access and support sustainable food retail changes.

Programmes:

- Encourage food retailers to promote healthy food and increase stock
- Collaborate with distributors and suppliers to facilitate purchases and widespread promotions of healthy foods
- Engage customers to support participating retailers and increase neighbour access to healthy foods.

A programme evaluation across 170 participant supermarkets found that 75% displayed low calorie drinks and water at eye level; the ratio of unhealthy to healthy food advertisements moved from 11:1 to 1:1; store advertisements for water increased from 3% to 12% and 64% of customers who saw Shop Healthy NYC material considered buying the healthier option.

The New York 'Healthy Food and Communities Fund' (HFCCF) sponsored by Goldman Sachs is focused on the supermarket; it is thought that 3 million city residents lack access to fresh and healthy food near their home. A toolkit was produced as 66% of grocery shoppers who were keen to improve their health were receptive to healthy food choice advice. Only 25% felt that their supermarket helped them to address their own health concerns. The toolkit asks supermarkets to:

- Create a produce section offering ready-to-eat fruit and vegetables and pre-prepared produce in individual bags
- Promote healthier prepared foods especially for children
- Implement nutrition guidance/labelling programmes
- Use shelf space, position and end cap displays to promote healthy items
- Use store layout to maximise customer interest in healthy, profitable items
- Use promotional strategies such as coupons, contests and Buy One Get One Free (BOGOF). Price is a key food choice influencer.

The project recognises that 60% of supermarket purchases are unplanned yet parents feel that they are most likely to pay attention to health information displayed in the supermarket. 67% of shoppers said that in-store sampling influenced the purchase of a food item bought for the first time ('Helping Shoppers overcome Barriers to Choosing Healthful Foods', 2010, Catalina Marketing).

Yet there are many obstacles. In the US, Mondalez International (owner of Cadburys UK) has fronted the Willy Wonka-style chocolate egg hunts advertised in supermarkets. Cash prizes encourage children to gorge on chocolate. Linked to this, many US supermarkets promoted chocolate Easter eggs over a full month in advance of Easter (Lay K, 2019, 'Shops egging us on to buy Easter treats fuel obesity', The Times, 29th March).

### Germany

Although check-outs account for just 1% of sales space, they generate more than 7% of total sales. Research has suggested that end of aisle items accounted for up to 30% of supermarket sales – so much so that globally, manufacturers often pay 'slotting fees' to secure spots (Bailey S, as above).

### France

In 2014, French consumers rated Picard (a quality frozen food company) as their favourite brand.

67% of Picard's substantial fruit and vegetable range is grown in France and there are strict limits on pesticide and fertiliser use. The attraction is a combination of convenience, lack of food waste and portion control. Picard is now expanding into Belgium, Italy, Switzerland and Sweden ('France's Favourite Grocery Store Only Sells Frozen Food. Surprised? You Shouldn't Be!'):

<https://www.thekitchn.com/frances-favorite-grocery-store-only-sells-frozen-food-surprised-you-shouldnt-be-233463>

France has seen a lower incidence of obesity in recent years; possibly due in part to the fact that in their grocery shopping:

- French people tend to use local shops
- Shop refrigerators are smaller and stock food on a meal-by-meal basis
- French people tend to select quality over quantity; budget permitting
- French shoppers prefer fresh food
- French grocery shopping promotes a healthier lifestyle.

## Australia

Research from Melbourne Deakin University found marketing techniques to be significant in persuading customers to make healthier choices including:

- Custom-designed signs on all shopping baskets and trolleys plus floor stickers directing shoppers to healthier options
- Healthy choice star ratings on packaging.

62% of customers noticed the trolley signs with 25% believing that they affect buying patterns. 88% wanted the signage to remain after the conclusion of the study (Cameron A, 2016, 'New Research from Deakin University has found innovative marketing techniques encourage supermarket customers to buy more healthy foods', Funded by Vic Health).

Research projects have also examined respectively, both the extent of price promotions in Australia (Zorbas C et al, 2019, 'The Frequency and magnitude of price-promoted beverages available for sale in Australian Supermarkets', Australia and New Zealand Journal of Public Health):

<https://www.ncbi.nlm.nih.gov/pubmed/31180614>

and parental awareness of child pester power in the supermarket (Collins C, 2019, 'The power of pestering,' World Cancer Research Fund International):

<http://www.wcrf.org/int/blog/articles/2019/03/power-pestering>

## New Zealand

In 2016, New Zealand's leading supermarkets agreed a voluntary accord to encourage healthy eating by reformulating foods (also a health star rating). Food advertising to children must now meet high ethical standards and the food environment should not be manipulated towards unhealthy high-profit foods (Vandervijvere S et al, 2018, 'Towards healthier submarkets; a national study of in-store food availability, prominence and promotions in New Zealand', European Journal of Clinical Nutrition. 72:971-978).

## Japan (and South Korea)

These countries have an obesity rate of below 4%. The average adult consumes 200 fewer calories daily than the average Briton and Japanese and Korean diets are high in rice, vegetables and fish. It is though that the state direction of school lunches has altered children's tastes and choices; resulting in a demand for change regarding food currently available in supermarkets (The Times, 2019, Public Health. Wed 3rd July, (p29) London).

## Nicaragua

The Government is struggling to motivate the population to return to organic, sustainable farming methods as chemically-intensive practices and eating cheap processed foods from supermarkets become the norm (McCarthy J, 2015, 'Not-so-SUPERmarkets: how grocery stores spur the global obesity epidemic', Global Citizen).

## Kenya, Africa

Changing dietary habits is fuelling an obesity/diabetes crisis in African countries as people buy from supermarkets instead of eating food that they grow.

'Supermarketisation' is a major public health concern as individuals choose to buy processed rather than fresh food. Africa is a latecomer to the obesity epidemic but is fast catching up (Lyons K, 2017, 'Supermarkets Are Creating an Obesity Crisis in African Countries, Experts Warn', The Guardian):

<https://www.theguardian.com/global-development/2017/oct/03/supermarkets-creating-obesity-crisis-african-countries-experts-warn-middle-class-malnutrition>

Access to alcohol varies in different countries.

The US has some beverage control states but in the UK, alcoholic beverages are sold in all supermarkets regardless of store size. This makes it highly accessible. Australia and some US states have drive-through liquor stores which increase the ease of alcohol purchase.

Spend on alcohol can detract from the purchase of fresh food and other products which may have an adverse impact on low income families.

Recommendations:

- 7.1 Supermarkets are the 'food gatekeeper' for the weekly shop and should be subject to increased scrutiny by public health researchers, advocates and policy makers
- 7.2 Increased publicising of supermarket tactics globally that push consumers to buy more unhealthy food options
- 7.3 Supermarkets to implement educational programmes such as tours for young people with a nutrition expert at an appropriate age
- 7.4 Supermarket to control the criteria for child eye-level in the placing of products
- 7.5 Additional research into the area of provision/seeming support for unhealthy 24 hour snacking trends
- 7.6 Use of supermarket logos and leaflets to promote healthy eating

- 7.7 Global scrutiny of portion size, marketing, placement, affordability and the ubiquitous availability of sugary energy drinks at supermarket outlets
- 7.8 Study of French shopping habits; in particular the use of successful select frozen food stores.

## 8. THE WAY FORWARD FOR A FIT AND HEALTHY POPULATION

Supermarkets have a major role to play in the drive to improve the nation's health. A huge proportion of food consumed in the UK is purchased from them (Kantar Worldpanel, 'Grocery Market Share', Great Britain, 2018) and in 2016, UK customers spent £96 billion on food and non-alcoholic drinks in the grocery sector (Guy's & St Thomas' Charity, 'Healthy Returns: opportunities for market-based solutions to childhood obesity', 2018).

Reach and influence should be balanced by responsibility; affording supermarkets prime opportunity for intervention in the fight to tackle obesity and also some 'non-communicable diseases' such as diabetes.

However the full potential is as yet untapped.

Recent history has shown that a voluntary approach by retailers (such as the UK Government's Public Health Responsibility Deal) has been largely ineffective. Analysis by the House of Lords Science and Technology Committee concluded that industry pledges to reduce obesity:

'Do not reflect the available evidence about how to tackle the problem of obesity' and were 'not a proportionate response to the scale of the problem.' (House of Lords Science and Technology Committee (2011) 'Behaviour Change – 2<sup>nd</sup> Report of the Session 2010-12).

The House of Commons Health Committee also identified that voluntary controls on price promotions and discounting are unlikely to work; highlighting a need for mandatory measures (House of Commons Health Committee, 2017, 'Childhood Obesity: follow-up' paragraph 41).

In order to support families in healthier decision-making, supermarkets must address the current retail environment by ensuring that healthy foods are available and on sale in conveniently-located stores.

The concept of food deserts was discussed earlier and an obvious solution is for supermarkets to open new stores in areas that fit this classification. Major retailers are already making inroads into the convenience sector by opening smaller,

locally-based stores. The approach could be extended into areas that currently have poor access to affordable food.

Convenience stores are used increasingly by lower income customers, but it is important to consider the relevant demographic. People from ethnic minority groups are more likely to shop at smaller, independent stores (in order to access culturally appropriate foods) and their needs should be addressed to the same extent by convenience stores owned by big name retailers.

An increase in the number and variety of supermarkets can have the adverse effect of increasing access to unhealthy foods (Epstein LH et al, 'The built environment moderates effects of family-based childhood obesity treatment over 2 years', *Ann Behav Med*, 2012 44(2): p. 248-85). The in-store environment should therefore be reassessed to ensure the availability of healthy foods that meet families' requirements.

A particular focus could be the snack food market.

Snacks are popular across all income groups but tend to comprise a higher proportion of all foods consumed from those on lower incomes (Guy and St Thomas' Charity, as above). Healthier snacks are expensive to produce but major retailers could increase their availability to low income families by:

- Developing own-brand lines with the additional financial cost supported (at least in the short term) from other less expensive products
- Diverting surplus 'waste food' towards the production of affordable healthy snacks/convenience foods
- Supporting small business producers of healthy snacks whose products align closely with the social mission of larger retailers in supporting the health of employees and customers.

The placement of HFSS items 'out of context' should cease with such products placed beside 'like' items and not promoted to key locations or next to other items likely to drive purchase eg HFSS popcorn with DVDs.

Healthy products (rather than HFSS foods) should be placed in prime locations such as end-of-aisle, eye-level on shelves and at check-outs.

Often, prominent display locations have already been purchased by manufacturers, presenting immediate barriers to altering a specific in-store environment.

However, a solution is the creation of new display locations specifically for healthier product placement. This strategy has been found to be successful in increasing fruit and vegetable sales without impacting pre-existing product placement agreements with manufacturers (Payne C and Niculescu M, 'Can healthy checkout end-caps improve targeted fruit and vegetable purchases? Evidence from grocery and SNAP participant purchases', Food Policy, 2018. 79: p. 318-323).

Supermarkets are a beverage purchase point; for both in-home and immediate consumption.

Water is the healthy soft drink as it provides hydration without sugar. Given the variety of drink choices available in retail outlets, water should be present, prominent and encouraged. Research assessing the impact of removing bottled water from sale resulted in an increase in sales of drinks with more calories and sugars. The change in availability in retail outlets led to increased consumption of less healthy bottled drinks overall (Berman ER, Johnson RK, 'The Unintended Consequences of Changes in Beverage Options and the Removal of Bottled Water on a University Campus', Am J Public Health. 2015 July;105(7): 1404-148).

Straightforward solutions can be effective.

A study by Public Health England found that increasing the availability of healthy snacks and bottled water within hospital vending machines increased the sales of these products without impacting the economic viability of the machines (Public Health England, 'Hospital vending machines: helping people make healthier choices', 2018). The average sugar per beverage purchased decreased significantly. It is an example of how basic changes to a retail environment can impact crucial consumer behaviour without precipitating negative impacts on sales for retailers.

Water should always be available in retail outlets in the same packaging and format as other soft drinks and placed prominently to encourage sales.

To encourage shoppers to drink more water, supermarkets could install sensor-activated water fountains in foyers (as by Network Rail at Waterloo Station). Healthy food promotions should highlight the foods that can contribute a large amount of water to the diet; including cucumber (98% water) watermelon (92%) tomatoes (94%) and strawberries (91%). A front of store display unit should be set up for water-rich foods as and when in season and when cost is lower.

The Government should consider introducing restrictions on multi-buy promotions and extending to other forms of price promotion such as temporary price reductions.

Temporary price reductions are becoming increasingly prevalent; in Scotland, rising from 21% in 2010 to 26% in 2016 (Scottish Government, 2018, 'Reducing Health Harms of Foods High in Fat, Sugar or Salt: Consultation Paper'). A significant proportion of HFSS food and drink is bought on temporary price reduction; almost 40% of crisps, savoury snacks and confectionery and over 30% of sugary soft drinks (Food Standards Scotland, 2018, 'Monitoring retail purchase and price promotions in Scotland 2010-2016').

Any mechanism to reduce the purchase of unhealthy food and drink on this type of promotion has potential for significant gains in tackling obesity. UK governments should investigate how restricting such planned temporary price reductions on HFSS food and drink would work (as well as any potential impact of these restrictions; including for low income families).

Some supermarkets are already taking measures to promote healthy eating such as two from Tesco: 'Free Fruit for Kids (healthier kids, happier shopping) and 'Healthy Little Swaps Basket.'

'Free Fruit for Kids' is an initiative in which free fruit is given to parents for their children to eat during shopping trips (instead of sweets). As of 29<sup>th</sup> July 2019, Tesco claimed to have distributed over a million pieces of free fruit in the two years since the campaign launch. This is a well-intentioned campaign that could be even more effective were it to be given greater visibility in-store.

The 'Healthy Little Swaps' Tesco campaign nudges shoppers to buy food items that in total are 44% lower in saturated fat and 53.9% lower in sugar. However, the promotion 'swaps' basket states that the nudge price reductions are time-limited. To help shoppers make the healthier choice their first choice, the healthy products should be cheaper permanently than those with HFSS content.

Recommendations:

- 8.1 Customers should have access to clear, accurate nutritional and value for money information on all products
- 8.2 Access to affordable, healthy food should be increased by opening stores (particularly smaller, convenience-style) in areas of high deprivation that currently have poor supermarket provision
- 8.3 Healthy, affordable snacks that appeal to low income consumers should be stocked, either by 'own brand' products or offering support to smaller businesses who already produce healthier snacks and are looking to break into this market
- 8.4 Fruit, vegetables and other healthy foods to be positioned in prominent

- locations within stores and HFSS foods removed from these spots
- 8.5 Price discounts and promotions to be offered on healthy foods such as fruit and vegetables while promotions on HFSS foods should be restricted
  - 8.6 Government to provide more information in the context of health and education campaigns about the psychology of shopping and the importance of lists and meal planning
  - 8.7 Water fountains to be installed in all supermarket foyers
  - 8.8 Healthier food promotions to be more prominent including larger front of store display units and window posters
  - 8.9 Government to consider legislative controls (with built-in review process) on price and multi-buy promotions.