Healthy Food Options Audit

Healthier Jupiter

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Abstract

A steady rise of obesity prevalence over the past 50 years has led to a global pandemic, resulting in over 2.1 billion people being classified as obese or overweight worldwide. Obesity can lead to a multitude of negative health effects such as type 2 diabetes, coronary heart disease, and cancer, globally causing approximately 3.4 million preventable deaths each year. In the US, both youth and adult obesity are on the rise with prevalence rates of 18.5% and 42.4%, respectfully. Aside from age, other sociodemographic characteristics such as race/ethnicity and socioeconomic status (SES) also account for differences in obesity prevalence. The primary driving factors of obesity include an increase in unhealthy diet and sedentary behavior. These factors are especially exacerbated by the presence of an unhealthy community environment (e.g. lack of sidewalks and parks, increased presence of fast food restaurants, inaccessible healthy food options, etc.). In this study, the Jupiter, Florida, community is assessed for its access to healthy food options through the administration of a healthy food options audit. Upon completion, it was found that, on average, healthy foods are more expensive than their less healthy counterparts in grocery store settings, most likely leading lower-income populations to choose less healthy options. Additionally, signage promoting healthy foods along with nutritional information was generally lacking in fast food restaurants, even though healthy food options were available at a comparable price in these same restaurants. Finally, convenient access to healthy foods at registers was not present. Future work should examine how best to increase access to, and knowledge of, affordable healthy food options, to those individuals at greatest risk for food insecurity both in Jupiter, and elsewhere.

Keywords: *obesity, healthy food options, Florida, food environment*

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Objectives

Goal: To identify if individuals visiting and residing in the Jupiter, Florida, community, especially those of low-income status, have access to healthy food options.

Objective 1. Collect data by performing a Healthy Food Options Audit of the Jupiter, FL, area.

Activity 1.1. Identify an appropriate auditing tool.

Activity 1.2. Identify geographic boundaries to perform audit.

Activity 1.3. Perform Healthy Food Options Audit.

Objective 2. Data analysis of Healthy Food Options Audit.

Activity 1.1. Analyze data using Excel and statistical procedures provided by the Nutritional Environment Assessment Tool (NEAT).

Objective 3. Review findings from data analysis of healthy food options audit, propose future recommendations, and create a report on healthy food options for Jupiter, FL.

Activity 2.1. After completion of data analysis, review findings and compose a list of future recommendations which will target various stakeholders (schools, community members, local government, nonprofits, businesses, etc.).

Activity 2.2. Create comprehensive report based on data analysis, findings, and recommendations.

Objective 4. Create supplementary documents to facilitate utilization of findings and recommendations from the Healthy Food Options Audit for Jupiter, FL.

Activity 3.1. Compose a map which identifies the locations of low-income communities, schools, and quality and price of food locations.

Activity 3.2. Create one page pamphlet which reviews the findings and can be distributed to stakeholders.

Background and Literature Review

The availability of, and access to, healthy food options is critical when attempting to battle the ongoing obesity pandemic and promoting healthy lifestyles. Obesity is a chronic disease involving an excess amount of body fat that can lead to major negative health outcomes such as type 2 diabetes, hypertension, cancer, stroke, coronary heart disease, and end stage renal diseases (Hales, et al., 2020). Obesity is determined using the body mass index (BMI) which takes into account an individual's weight and height to determine overall body fat using the formula of kilograms/m^2. Classifications for adult BMI include: normal (18.5 to 24.9), overweight (25-29.9), obese (30-39.9), and extremely obese ($\geq$ 40) (National Institute of Health [NIH], 2020). Currently, more than 2.1 billion people are classified as overweight or obese worldwide, resulting in more than 3.4 million preventable deaths (Smith & Smith, 2014) and $2.0 trillion in health expenses endured by the global economy, annually (Tremmel, et al., 2017). As of 2016, the United States is ranked 12th highest in obesity prevalence at 42.4% and leads in obesity prevalence when compared to other developed countries (Central Intelligence Agency (CIA), n.d.). With that, the prevalence of obesity continues to rise in the US: The prevalence of adult obesity increased from 30.5% in 1999-2000 to 42.4% in 2017-18, whereas the presence of severe obesity increased from 4.7% to 9.2%, over the same time period (Centers for Disease Control and Prevention [CDC], 2020). The age group which suffers most from obesity is adults ages 40 to 59 years old, who have an obesity prevalence of 44.8% (Hales, et al., 2020). Along with the observed increases in obesity prevalence among US adults, youth obesity is also of concern, with 18.5% of children from 2 to19 years old being classified as obese in 2015-2016 in the US. Aside from age, differences in obesity prevalence also occur among various races and ethnicities. From 2017 to 2018, adult obesity prevalence was highest among non-Hispanic blacks (49.7%) and

Hispanics (44.8%), followed by non-Hispanic whites (42.2%), with the lowest prevalence being recorded among non-Hispanic Asians (17.4%) (Hales, et al., 2020). Along with differences in obesity rates across racial and ethnic groups, obesity prevalence also varied by income status, with 41% of obese adults having incomes at or above 350% of the poverty line, with an additional 39% of obese adults living between 130% and 350% of the poverty line, and 20% below 130% of the poverty line (Ogden, C, et al., 2010). Thus, those with higher incomes generally showed a higher prevalence of obesity. Finally, obesity can also be significantly associated with education for women, with obesity prevalence increasing as education decreases; this trend is not found amongst men (Ogden, C, et al., 2010). As stated earlier, obesity is also associated with increased health expenditures, along with higher unemployment, decreased socio-economic activity, and social disadvantages such as being less likely to be selected as a friend during adolescence (Bluher, 2019) (Schaefer & Simpkins, 2014). These factors together, cost the US economy $1.7 billion annually (Milken Institute, 2018), with individual annual health expenditures for those who are obese also on the rise, increasing from $3,070 in 2005 to $3,508 in 2010 (Biener, et al., 2017). As the pandemic of obesity and chronic disease manifests in the United States, it is of vital importance for research to be performed on the underlying causes of this national health problem and the possible ways to mitigate its negative effects (Conway, et al., 2018). Current research points to community environments, particularly food and eating environments, as one of the main culprits of the obesity and chronic diseases pandemic (Story, et al., 2008), along with an individual's general nutritional knowledge (Wardle, 2000). As a result, many obesity interventions have been readily studied and include, but are not limited to, reduction of caloric intake (diet), increase in energy expenditure (exercise), education, health promotion, incentives for healthy living, and social marketing (Bluher, 2019). Along with

this, a recent focus on the changing of retail food environments (RFEs) has shed light on the possible causes and solutions for the obesity pandemic (Wilkins, et al., 2019). With regard to RFEs, a key area of focus has been the identification of food deserts (areas in which healthy food options are scarce) and/or food swamps (areas which are saturated with unhealthy food options), as living in such environments has shown to increase the risk for obesity and related chronic diseases (Hager, et al., 2017). However, it should also be noted that the obesity and chronic disease crises do not solely stem from food deserts or food swamps; it is possible for regions not classified as food deserts and/or food swamps to also be affected by the crises. Such a situation is likely in Jupiter, Florida, which is an area that is not classified as a food desert, as there are many healthy food options, but accessibility to these options may be limited, especially, to its lower-income and culturally diverse community. This possible issue has become of interest to Healthier Jupiter, an organization partnered with Jupiter Medical Center, which has resulted in the creation and performance of a healthy food options audit. Jupiter is an urban community, which is covered by the 33410, 33458, 33468, 33471, and 33478 zip codes. It is home to over 65,000 residents, with over 8% living below the poverty line. The median age for the community is 46.4 years old and it is composed of 79% non-Hispanic whites, 14% Hispanics, 3% non-Hispanic Asians, 2% non-Hispanic blacks, and 2% identifying as 2+ race/ethnicities (U.S. Census Bureau, 2018). Data from this project is expected to be beneficial in answering, “Do individuals visiting and residing in the Jupiter community, specifically those of low-income status, have access to healthy foods?” Along with this, the food audit is expected to make positive impacts on the local RFE by providing information to the local community and its decision makers about the current status of the RFE which will hopefully promote less expensive healthy food options and policy changes in the future.

Methodology and Project Design

In order to identify the food options available to the local Jupiter, FL community it was determined by Healthier Jupiter that a food options audit needed to be performed. To do this, the Nutrition Environment Assessment Tool (NEAT) was used to assess the community, as this tool is designed to help communities determine whether their environment supports healthy eating habits (NEAT, 2011). NEAT provides various modules depending on the food environment, and the ones used in the Jupiter Healthy Food Options Audit included the grocery stores assessment module, convenience stores assessment module, and restaurants assessment module (Ref. *Fig. 1*). Each module contains questions about food options, prices, and neighborhood characteristics and is intended to evaluate the nutritional environment across differing categories of food vendors. Modules were completed for every identified food retailer in the geographic area that agreed to the audit. Prior to auditing food retailers, a background form (Ref. *Fig. 2*) and explanation of the project was provided to each store manager and upon consent an audit took place. Initially, assessment scores were to be produced by NEAT; however, as of early 2020, this software no longer exists and instead a modified approach of analyzing the data via Excel was used. Due to time constraints, the entire geographic area of Jupiter, FL, was not able to currently be reviewed but serves as a future project. Geographic boundaries were determined through consultation with Healthier Jupiter to include ones that would encompass communities that have been previously identified as being underserved and compromised of the 33458, 33477, and 3347 zip codes. Geographic boundaries included Indiantown Rd. west from Jupiter Farms and east to Alternative A1A (Dixie Hwy), Center St., Loxahatchee River Rd. from Center St. to N. Central Blvd, N. Central Blvd. to Donald Ross Rd., Central Blvd, Indian Creek Pkwy., and Military Trl. to Donald Ross Rd. These designated main commercial corridors encompassed areas where the food

environment was assessed (Ref. *Fig. 3*). Time constraints also limited sources of food retailers. Again, through consolidation with Healthier Jupiter, the food retailers chosen were grocery stores and supermarkets, convenience stores and mini-marts, fast food restaurants, and alternative sources (e.g., pharmacies) (Ref. *Table 1*). The total number of food retailers identified in the pre-determined geographic boundaries was 39.

Food Retailer	Number
Grocery Stores & Supermarkets	10
Convenience Stores and Mini-Marts	12
Fast Food Restaurants	12
Alternative Sources	5
Total	39

Table 1: Number of food retailers identified in geographic location by type.

Results

Response:

Of the 39 identified retail food outlets in the geographic boundary, 26 (66.67%) were audited. Reasons for lack of participation included declining consent and language barriers. The most responsive food retailers were fast food restaurants and alternative sources (with a 100% response rate), while the least responsive food retailers were convenience stores and mini-marts (with only a 16.67% response rate) (Ref. *Table 2*).

Food Retailer	Number
Grocery Stores & Supermarkets	7
Convenience Stores and Mini-Marts	2
Fast Food Restaurants	12

Alternative Sources	5
Total	26

Table 2: Number of food retailers that agreed to audit.

Grocery Stores:

Seven grocery stores were audited for price differences between healthy and less healthy staple food options of milk, beef, bread, and juice. Along with this, the percentage of healthy food options available within 5 feet of cash registers was also recorded as it was a metric used within NEAT as a measure for convenience of access to healthy versus unhealthy foods.

For milk, the healthy food option was classified as low fat (1%) or non-fat skim milk and the less healthy food option was whole milk. Of the 7 grocery stores, all stores provided both milk options for the same price. Price variation amongst stores ranged from $2.03 to $4.49 per gallon of milk, with the average price being $3.84 per gallon.

For beef, the healthy food option was classified as 90%+ lean ground beef and the less healthy food option was 70-80% lean ground beef. Of the 7 stores, 6 sold the healthier option for a greater price and 1 sold it for a lesser price. Price variation amongst stores for the healthy option ranged from $4.49 to $6.19 per pound and $4.12 to $5.99 for the less healthy option. On average, the healthier option cost $0.89 more per pound than the less healthy option.

For bread, the healthy option was classified as 100% whole grain bread and the less healthy option as white, enriched bread. All 7 stores sold the healthy option for more, with prices ranging from $2.19 to $2.99 per loaf for the healthy option and $1.38 to $2.29 per loaf for the less healthy option. On average, the healthier option cost $0.83 more per loaf.

For juice, the healthy option was classified as 100% juice while the less healthy option was a juice drink. Of the 7 stores, 6 sold the healthy option for a higher price while 1 only offered the

healthy option and not the less healthy option. Price for the healthy option ranged from $2.58 to $4.19 per half gallon and $1.50 to $2.59 per half gallon for the less healthy option. On average, the healthier option cost $1.60 more per half gallon than the less healthy option.

Finally, it was also recorded that most grocery stores did not display healthy food options near the register (Ref. *Table 3*).

ID	Milk	Beef	Bread	Juice	Cash Register
1	$0.00	+$0.44	+$1.12	+$1.08	0-25%
2	$0.00	+$0.40	+$1.24	+$1.68	0-25%
3	$0.00	+$1.57	+$0.54	+$1.63	0-25%
4	$0.00	+$1.70	+$1.14	+$1.63	26-50%
5	$0.00	+$1.70	+$0.54	+$1.60	0-25%
6	$0.00	+$1.90	+$0.54	+$2.00	0-25%
7	$0.00	-$1.50	+$0.70	N/A	51-75%

Table 3: Price differences between heathy and less healthy food options along with percent of healthy food options displayed near registers for grocery stores.

Convenience Stores and Mini-Marts:

Two convenience stores and mini-marts were audited for their lowest percent milk, and the availability of fresh fruit and vegetables. Along with this, data regarding food prices compared to grocery stores using a Likert scale and the percent of healthy food options within 5 feet of the register were also recorded. Both stores provided reduced-fat milk and fresh fruit, whereas only one store provided fresh vegetables. Prices at both stores were a little more than those compared

to a grocery store, and healthy food options were not necessarily present in high quantities at the register (Ref. *Table 4*).

ID	Lowest % Milk	Fresh Fruit	Fresh Vegetables	Price to Grocery Store	Cash Register
1	Reduced fat (2%)	Yes	Yes	A little more	0-25%
2	Reduced fat (2%)	Yes	No	A little more	0-25%

Table 4: Presence of healthy food items, price compared to grocery stores, and percent of healthy food options displayed near registers for convenience stores and mini-marts.

Fast Food Restaurants:

Twelve fast food restaurants were audited for their healthy food options, the price of healthy versus less healthy food options, signage such as advertisements and language promoting healthy menu options, nutrition information, healthy beverages, and healthy substitutions. All 12 fast food restaurants were recorded for providing healthy food options at similar prices to their less healthy food options. Signage that promoted healthy menu options either did not exist or mainly promoted unhealthy options in all restaurants. Calorie information was available to the public at all locations; however, only two locations provided in-depth nutrition information such as sodium, sugar, and fat content per item. Healthy beverages were available at all fast food locations except one. Finally, 9 of the 12 locations provided healthy side substitutions (Ref. *Table 5*).

ID	Healthy Options	Price H vs LH	Signage	Nutrition Info	Healthy Beverages	Healthy Substitutions
1	Yes	Same	Only unhealthy	Calories	Yes	Yes
2	Yes	Same	>50% unhealthy	Calories, sodium, sugar, fat	Yes	No

3	Yes	Same	>50% unhealthy	Calories	No	No
4	Yes	Same	Only unhealthy	Calories	Yes	Yes
5	Yes	Same	Only unhealthy	Calories	Yes	Yes
6	Yes	Same	>50% unhealthy	Calories	Yes	Yes
7	Yes	Same	>50% unhealthy	Calories	Yes	Yes
8	Yes	Same	>50% unhealthy	Calories	Yes	Yes
9	Yes	Same	>50% unhealthy	Calories	Yes	Yes
10	Yes	Same	>50% unhealthy	Calories, sodium, sugar, fat	Yes	Yes
11	Yes	Same	>50% unhealthy	Calories	Yes	Yes
12	Yes	Same	>50% unhealthy	Calories	Yes	No

Table 5: Availability of healthy food options, price of healthy versus less healthy food options, signage, nutrition information, healthy beverages, and healthy substitutions at fast food restaurants.

Alternative Sources:

Data for healthy food options for alternative food sources were fairly uniform. Of the 5 alternative food sources, all provided nonfat (skim) milk as their healthiest milk option. Fresh fruit and vegetables were not available at any of the sites and prices for food items were a little more than that at grocery stores. Also, the percent of healthy food options within 5 feet of the register was below 50% for each site (Ref. *Table 6*).

ID	Lowest % Milk	Fresh Fruit	Fresh Vegetable	Price to Grocery Store	Cash Register
1	Nonfat (skim)	No	No	A little more	0-25%

2	Nonfat (skim)	No	No	A little more	0-25%
3	Nonfat (skim)	No	No	A little more	26-50%
4	Nonfat (skim)	No	No	A little more	0-25%
5	Nonfat (skim)	No	No	A little more	26-50%

Table 6: Presence of healthy food items, price compared to grocery stores, and percent of healthy food options displayed near registers for alternative sources.

Recommendations and Conclusion

Upon analysis of the data, a few major findings were determined. First, of the staple foods reviewed in grocery stores (milk, beef, bread, and juice), all healthier options were substantially more expensive than those classified as less healthy, aside from milk which did not have any price differentiations per a gallon between whole or 2% milk and 1% or skim milk. Lean ground beef (90+%) was $0.89 more per a pound than the less lean option (70-80%), whole grain bread was $0.83 more per a loaf than white enriched bread, and 100% juice was $1.60 more per half gallon than juice drinks. These price differences show the existence of a price gap between the healthy and less healthy food options which is most likely reflective in other food groups, as well. Such a price gap can result in low-income residents opting for less healthy food choices even when healthy options are available resulting in an increased risk for obesity in this population. Along with this, across all but one food retailer, it was found that healthy food options were not promoted within 5 feet of the register resulting in unhealthy food options being more convenient last minute choices. When reviewing fast food restaurants, it was found that healthy food options were available across all retailers at similar prices as unhealthy options but were not necessarily publicized; healthy food options were not evident in advertising signage and

nutritional information, aside from calories, was generally lacking. These findings point to the need for changes in the RFE for Jupiter, FL. Recommendations for improving access and promotion of healthy foods include:

1. Minimizing the price margins between healthy and less healthy food options, especially those which are defined as staple food products.
2. Increase the amount of healthy food options available within 5 feet of registers to being over 50%.
3. Improving healthy food promotion signage and nutritional information at fast food restaurants to encourage healthy choices, as these have been found to be approximately the same price as unhealthy options at these retailers.
4. Increase the presence of fresh fruits and vegetable options at alternative sources (e.g., pharmacies).
5. Promote healthy food education for local community through creating and providing educational pamphlets (see Activity 3.2., which was not able to be completed due to time limitations), along with online information which can be distributed by Healthier Jupiter.
6. Speak with local policy makers to encourage improvement of the RFE in Jupiter, FL.

Along with this, future improvements to the project design will help retain an even more detailed understanding of Jupiter's RFE. Recommendations include:

1. Expanding geographic boundary and inclusion of other food retailers.
2. Encouraging convenience stores and mini-marts to participate in the audit by making them aware of their importance to the community's health.
3. Finding Spanish-speaking volunteers to perform audits in stores where Spanish is the primary language.

4. Furthering research into physical access to healthy foods (e.g. bus routes, walkability, etc.).

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Appendices

Nutrition Environment Assessment Tool (NEAT)
Convenience Stores Assessment Module - Print Version

This print version includes the questions and scoring for the NEAT Convenience Stores Assessment. The print version does not replace the online version and should be used as a tool to help you understand what is included in the online assessment and/or to assist your team in collecting the information needed to answer the assessment questions. For example, you might take a copy of the print version to the convenience store, small store or corner store you are assessing and mark your answers in preparation for entering the information online.

The paper/print version differs from the online version in the following ways:

- The online version automatically shows the questions you need to answer based on your previous answers. In this print version, instructions on which questions to answer and which to skip are shown in red font.
- The online version provides context sensitive help including mouse overs to provide definitions of terms or links to additional information. The words in blue font indicate where you would find context sensitive help in the online version.
- The online version automatically calculates scores.
- Each of the questions in the assessment is associated with a best practice statement. When you submit your online assessment, the best practices you have achieved, partly achieved or not achieved will be displayed on your feedback report based on the answers you've provided. You cannot see the association of questions to best practices on this print version.
- The best practices not achieved or partly achieved become the basis for your online action plan. Without completing the online assessment, you cannot have access to the online action plan.

NOTE: There are a number of items in this assessment that do not have point values displayed. These are unscored questions that will be useful for your team for informational purposes; they are required unless noted otherwise.

Convenience Stores

Health disparities among low income and minority households are well documented. These households are often a great distance from grocery stores where healthy food options are typically more available. Convenience stores/small stores/corner stores are frequently used to fill the gap but often do not offer healthier options or offer them at high prices. The Convenience Store assessment evaluates the extent to which such stores in your community offer healthy options at a reasonable price and promote healthy eating.

1. **Provide the name and zip code of the convenience store, small store or corner store that you are assessing.**

   Name of Convenience Store 1:
   (Limit of 25 characters for display purposes)

   Zip code (5 digits):

2. **Dates you started and ended the information collection process for assessing this convenience store/small store/corner store (MM/DD/YYYY):**

   Date Started:

   Date Ended:

3. **Does this convenience store/small store/corner store accept any of the following?**
   a) Women, Infants, and Children's (WIC) vouchers
   ❍ Yes (4 pts) ❍ No (0 pts)

   b) Supplemental Nutrition Assistance Program (SNAP) Bridge cards or SNAP vouchers
   ❍ Yes (4 pts) ❍ No (0 pts)

   c) Double Up Food Bucks
   ❍ Yes (4 pts) ❍ No (0 pts)

4. **What is the lowest fat milk available at this store?**
   ❍ Whole milk (0 pts)
   ❍ Reduced fat (2%) milk (1 pt)
   ❍ Low fat (1%) milk (5 pts)
   ❍ Non-fat (skim) milk (8 pts)

5. **How many types of FRESH FRUIT are available at this store?** *An example of two types is an apple and a banana. If there are two varieties of the same product (for example, a Granny Smith and Fuji apple), those only count as one type.*
   ❍ None (0 points)
   ❍ 1 to 5 types (4 pts)
   ❍ 5 or more types (8 pts)

Answer 5a if the answer to Q5 is 1 to 5 or 5 or more.

5a. How would you describe the quality of the fresh fruits?
   ❍ Good. All fresh/edible (8 pts)
   ❍ Moderate. Some fresh/edible, some overripe or shows signs of rotting (4 pts)
   ❍ Poor. Little fresh/edible, most show signs of over ripeness or rotting (1 pt)
   ❍ Very poor. None edible (0 pts)

6. **How many varieties of FROZEN FRUIT with no added sugar are available at this store?**
   ❍ None (0 pts)
   ❍ 1 to 5 types (2 pts)
   ❍ 5 or more types (5 pts)

7. **How many types of CANNED FRUIT with no added sugar available at this store?**
   ❍ None (0 pts)
   ❍ 1 to 5 types (2 pts)
   ❍ 5 or more types(5 pts)

8. **How many types of FRESH VEGETABLES are available at this store?** *An example of two types is romaine lettuce and red peppers. If there are two varieties of the same product (for example, red onion and yellow onion), those only count as one type.*
   ❍ None (0 pts)
   ❍ 1 to 5 types (4 pts)
   ❍ 5 or more types (8 pts)

Answer 8a if the answer to Q8 is 1 to 5 or 5 or more

8a. How would you describe the quality of the fresh vegetables?
   ❍ Good. All fresh/edible (8 pts)
   ❍ Moderate. Some fresh/edible, some overripe or shows signs of rotting (4 pts)
   ❍ Poor. Little fresh/edible, most show signs of over ripeness or rotting (1 pt)
   ❍ Very poor. None edible (0 pts)

9. **How many types of FROZEN VEGETABLES with no added salt are available at this store?**
   ❍ None (0 pts)
   ❍ 1 to 5 types (2 pts)
   ❍ 5 or more types (5 pts)

10. **How many types of CANNED VEGETABLES with no added salt available at this store?**
    ❍ None (0 pts)
    ❍ 1 to 5 types (2 pts)
    ❍ 5 or more types (5 pts)

11. **Compared to prices at the local grocery store, are the prices for most fruits and vegetables at this store:**
    ❍ Small store fruits and vegetables cost a lot more (0 pts)
    ❍ Small store fruits and vegetables cost a little more (2 pts)
    ❍ About the same (10 pts)
    ❍ Small store fruits and vegetables cost a little less (12 pts)
    ❍ Small store fruits and vegetables cost a lot less (14 pts)

12. **Which of the following price incentives for healthy foods and beverages does this store provide?** *Check all that the store provides; if none or there are no healthy offerings, do not check any.*
    ❑ Coupons
    ❑ Bundling
    ❑ Lower prices
    ❑ Double Up Food Bucks

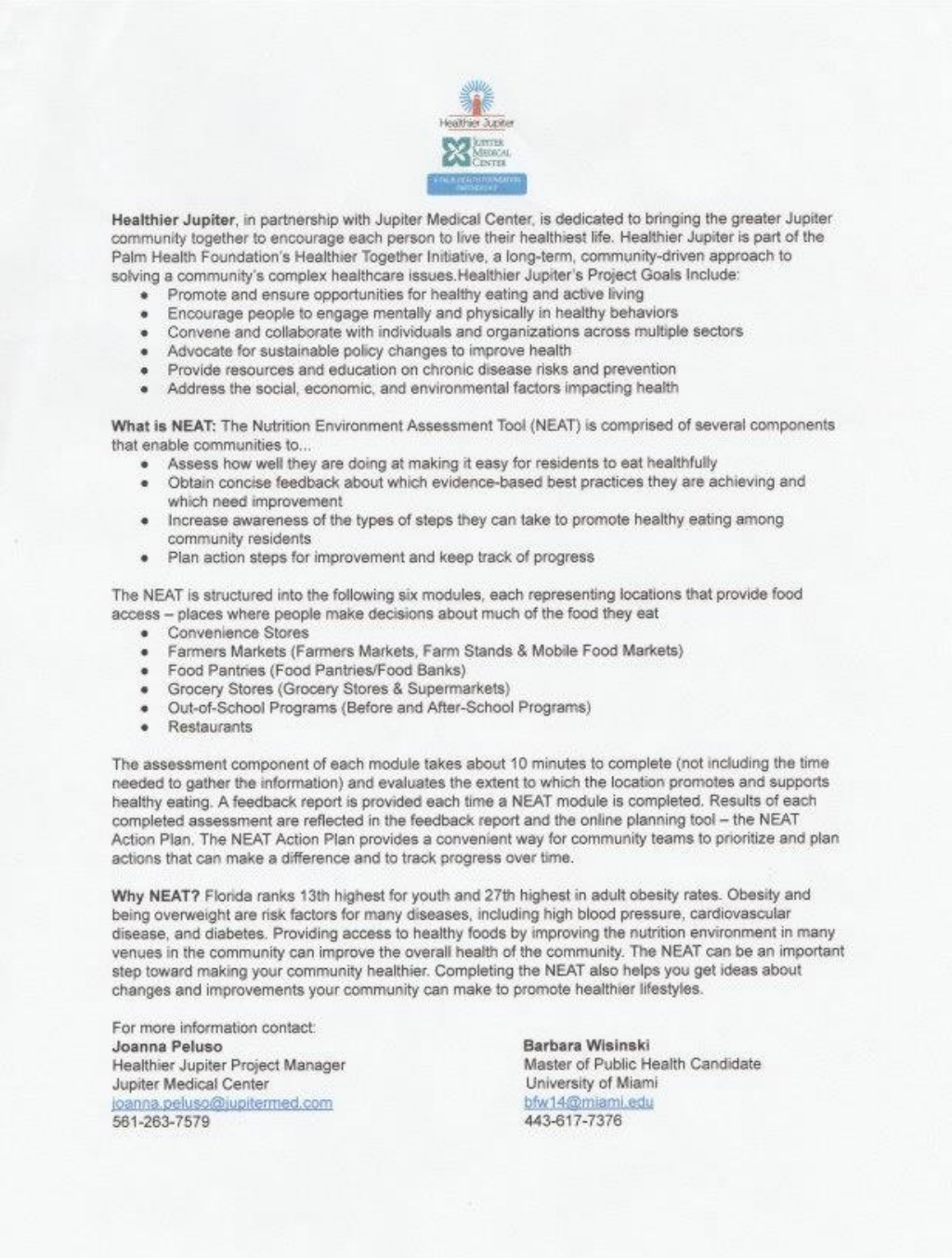
    How many of the items were checked in the list above?
    ❍ Store does not offer any healthy foods/beverages (0 pts)
    ❍ No price incentives checked (0 points)
    ❍ 1 to 2 types (2 pts)
    ❍ 3 or more types (4 pts)

13. **Which of the following promotional displays and signage does this store use to help people choose healthy food or beverages?** *Check all the types of promotional displays and signage seen in the store; if none or there are no healthy offerings, do not check any.*
    ❑ Retail Signage
    ❑ Go, Slow, Whoa signage (color labeling to help people choose healthy items)
    ❑ Healthy shelf tags
    ❑ Designated healthy food section

    How many of the items were checked in the list above?
    ❍ Store does not offer any healthy foods/beverages (0 pts)
    ❍ None (0 points)
    ❍ 1 to 2 types (2 pts)
    ❍ 3 or more types (5 pts)

14. **Within 5 feet of cash register stations, what percentage of products is healthy versus less healthy?**
    ❍ 0-25% healthy (0 pts)
    ❍ 26-50% healthy (1 pt)
    ❍ 51-75% healthy (3 pts)
    ❍ 76% or greater healthy (5 pts)

Figure 1: Example of NEAT assessment module (convenience stores).



Healthier Jupiter, in partnership with Jupiter Medical Center, is dedicated to bringing the greater Jupiter community together to encourage each person to live their healthiest life. Healthier Jupiter is part of the Palm Health Foundation's Healthier Together Initiative, a long-term, community-driven approach to solving a community's complex healthcare issues.Healthier Jupiter's Project Goals Include:

- Promote and ensure opportunities for healthy eating and active living
- Encourage people to engage mentally and physically in healthy behaviors
- Convene and collaborate with individuals and organizations across multiple sectors
- Advocate for sustainable policy changes to improve health
- Provide resources and education on chronic disease risks and prevention
- Address the social, economic, and environmental factors impacting health

What is NEAT: The Nutrition Environment Assessment Tool (NEAT) is comprised of several components that enable communities to...

- Assess how well they are doing at making it easy for residents to eat healthfully
- Obtain concise feedback about which evidence-based best practices they are achieving and which need improvement
- Increase awareness of the types of steps they can take to promote healthy eating among community residents
- Plan action steps for improvement and keep track of progress

The NEAT is structured into the following six modules, each representing locations that provide food access – places where people make decisions about much of the food they eat

- Convenience Stores
- Farmers Markets (Farmers Markets, Farm Stands & Mobile Food Markets)
- Food Pantries (Food Pantries/Food Banks)
- Grocery Stores (Grocery Stores & Supermarkets)
- Out-of-School Programs (Before and After-School Programs)
- Restaurants

The assessment component of each module takes about 10 minutes to complete (not including the time needed to gather the information) and evaluates the extent to which the location promotes and supports healthy eating. A feedback report is provided each time a NEAT module is completed. Results of each completed assessment are reflected in the feedback report and the online planning tool – the NEAT Action Plan. The NEAT Action Plan provides a convenient way for community teams to prioritize and plan actions that can make a difference and to track progress over time.

Why NEAT? Florida ranks 13th highest for youth and 27th highest in adult obesity rates. Obesity and being overweight are risk factors for many diseases, including high blood pressure, cardiovascular disease, and diabetes. Providing access to healthy foods by improving the nutrition environment in many venues in the community can improve the overall health of the community. The NEAT can be an important step toward making your community healthier. Completing the NEAT also helps you get ideas about changes and improvements your community can make to promote healthier lifestyles.

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Figure 2: Background information regarding NEAT and audit provided to each food retailer surveyed.

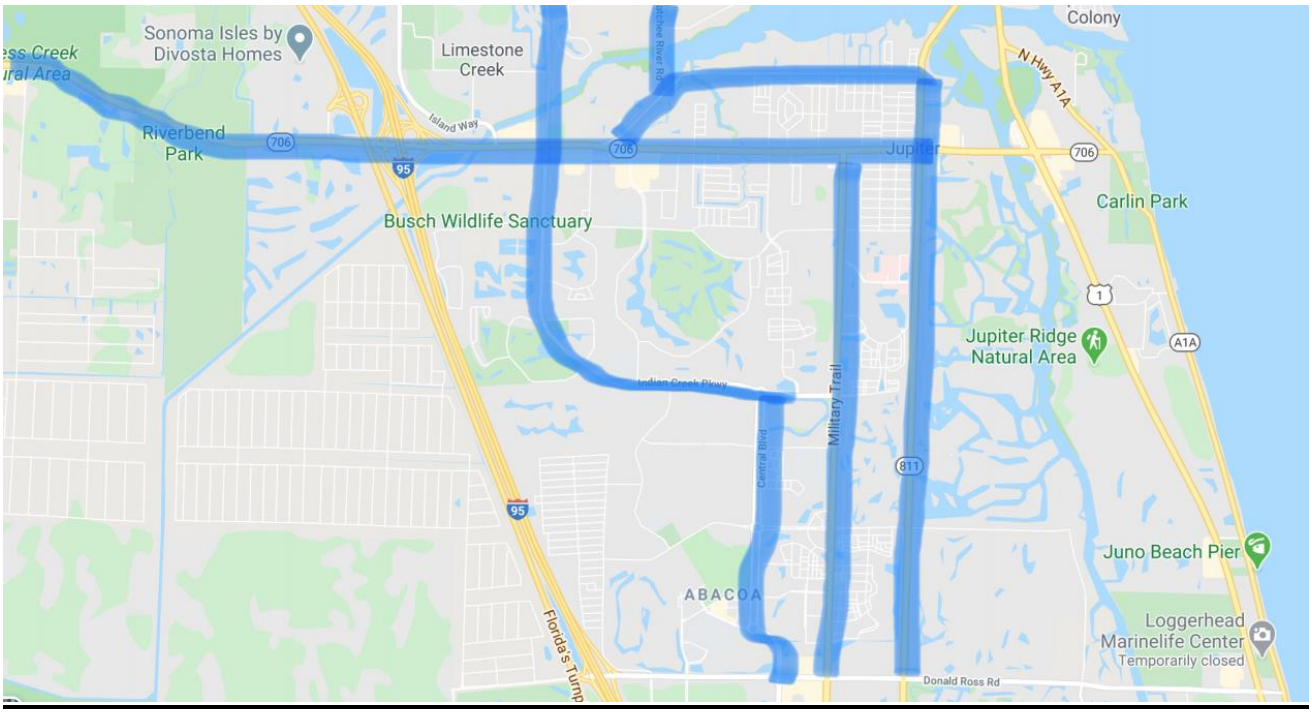

Figure 3: Map of commercial corridors surveyed in Jupiter, FL healthy food options audit.