HEALTHY FOOD ACCESSIBILITY IN GROCERY STORES IN CENTRAL MASSACHUSETTS

Barbara Olendzki, MPH, RD; Viji Patil, MS; Lili Chen, MS; Hua Zheng, PhD; Guoshu Yuan, MS; Elizabeth

Procter-Gray, PhD; Wenjun Li, PhD

Division of Preventive and Behavioral Medicine, University of Massachusetts Medical School, Worcester,

Contact information: Barbara Olendzki, barbara.olendzki@umassmed.edu

BACKGROUND. Accessibility to healthy food is one of the most influential community-level factors

affecting obesity and chronic disease. The Community Nutrition Environment Evaluation Data System

(C-NEEDS) is a set of instruments for objectively assessing availability and quality of 61 major healthy

and unhealthy food items in foods stores in the Northeast region.

METHODS. The C-NEEDS was developed considering seasonal variations, cultural relevance and utility to

cardiovascular health research. Both inter- and intra-rater reliability tests showed a high degree of

agreement. Using the instruments, we conducted four rounds of longitudinal surveys of 107 grocery

stores in Worcester County, Massachusetts between 2007 and 2010. A healthy food availability index

(HFAI, 0-37 points) was calculated for each store, a higher score indicating a greater availability and

better quality of healthy foods. Using linear regression models, we examined variations in HFAI in

relation to community household income and housing density.

RESULTS. Store-level HFAI did not vary significantly by tertile of community median income, but did

vary by housing density. High-density communities (upper tertile) had the greatest percentage of stores

in the top HFAI tertile (34-37 points). Middle-density communities had the greatest percentage of

stores in the low HFAI tertile (0-17 points). A majority of the stores located in low-density communities

had middle range of HFAI (18-33 points). The mean HFAI increased with each successive round of

grocery store surveys (β =2.02/round [95% confidence interval 0.74-3.31]).

CONCLUSION. Access to healthy foods improved slightly over time, however, notable disparities still

existed in Central Massachusetts during the study period. Better access was associated with community

housing density but not median household income. Further studies on the causes of the disparities may

inform public health organizations about necessary community actions to reduce these disparities.