

# 2017 Choose Healthy Now 7-Eleven Evaluation Report

A Report for the Hawai'i State Department of Health by Meghan McGurk, MPH

## **Executive Summary**

Choose Healthy Now, a program of the Hawai'i Department of Health and the Hawai'i Public Health Institute, aims to help Hawai'i residents to choose healthier snacks and drinks in retail and community venues statewide. Since 2014, the program has increased awareness and availability of healthier food and beverage options through prominent product placement and signs called "point-of-decision" prompts. The program is funded through the CDC 1422 Grant, which seeks to create supportive nutrition and built environments for adults diagnosed with high blood pressure or pre-diabetes, or are part of the priority populations of Native Hawaiians, Pacific Islanders, and Filipinos, and/or people with low incomes, in communities around the Federally Qualified Health Centers (FQHC). In September 2017, 7-Eleven launched an adapted form of Choose Healthy Now in all of their stores statewide.

The purpose of this evaluation study was to see if 7-Eleven customers are aware of the new Choose Healthy Now prompts and what influence the prompts have on customers' purchasing behaviors. Also, it was to understand the impact the project has on priority populations and/or those with chronic conditions. <u>The findings in this report are intended to assist the Choose Healthy Now team in their continued work with 7-Eleven, and in future Choose Healthy Now implementation in other venues.</u>

To capture this information, we surveyed adult customers as they exited four 7-Eleven locations on O'ahu at lunchtime on three weekdays. Three locations were in rural communities served by FQHC participating in the grant (Ka'a'awa, Wai'anae, Waimānalo), and one town location (Makiki). We surveyed one additional day at the Makiki location to compare data between the rural and town locations. In total, we approached 734 people and 163 people participated (a response rate of 22%). Just over half of the participants were from the grant's priority populations. Over a third of the study participants had been diagnosed with a chronic condition. <u>These demographics show that implementing Choose Healthy Now in 7-Eleven locations in the target communities is a way to reach priority populations and people with chronic conditions.</u>

To evaluate the awareness and impact of the signs on 7-Eleven customers, we asked all respondents to freely recall if they saw any signs that encouraged them to buy healthier products. About a quarter of people we surveyed, freely recalled seeing a sign for healthier products. Of those people, 17% said the signs influenced their choices. When we showed participants examples of the Choose Healthy Now signs, the rate of recall increased to almost half of the survey participants. Of the people who saw the Choose signs with prompting, 13% said the signs influenced their choices.

Some of the ways that respondents were influenced by the signs were that it encouraged them to buy fruit when they had not planned to buy any, or it made them think about eating healthily. The most common reason people gave to explain why the signs did not influence them was that they knew what they were going to buy when they walked into the store. We found that the majority of respondents bought what they had planned to buy. Convenience and price were the two factors that respondents most frequently said influenced their food and drink choices. <u>These results show there was some influence of the signs, especially on those who had not made up their minds yet. Pricing strategies should be considered to attempt to reach those who have their minds set when they walk into 7-Eleven stores.</u>

We hypothesized that those who had heard the Choose Healthy Now commercial, who often thought about nutrition or health when choosing a snack or drink, or who had been diagnosed with a chronic disease would be more likely to see the Choose Healthy Now signs in the store. However, there were no statistically significant differences based in seeing the signs due to any of these factors. There was also no significant difference in seeing the signs between rural or town locations. The only statistically significant association with seeing the signs was being not of priority populations. Priority populations were slightly less likely to see the signs than non-priority populations. *This should be explored further to ensure that the grant's priority populations are being reached.* 

U.S. and Canadian studies on the effects of nutrition information labeling in a variety of settings showed between 32%-82% of people noticed the nutrition information, and 14.5%-27% used the signs to make their purchases.<sup>1,2</sup> Our rates of prompted recall are similar to the lower end of those rates. Additionally, two studies with low income and minority populations had recall rates more similar to our findings. One study of signs with calorie information at New York City fast food restaurants found 54% of low-income, minority respondents saw the signs.<sup>3</sup> Another study in disadvantaged neighborhoods in France found spontaneous recall of the signs was 15%, and prompted recall of the signs was 31%.<sup>4</sup> <u>Our findings are very similar to</u> *existing evidence in other similar target communities.* 

The findings in this study have limitations. They only represent 7-Eleven customers exiting the selected stores at lunchtime on weekdays. Responses of those who shop at different times or did not agree to participate may be different. In addition, 7-Eleven tailored the signs to meet their needs. Therefore, the findings only represent the 7-Eleven implementation of Choose Healthy Now, not the implementation in all other venues in Hawai'i.

<u>Overall, this evaluation provides useful evidence of the reach and</u> <u>impact of Choose Healthy Now in 7-Eleven stores--shopping venues of</u> <u>relevance to priority populations--and provides important insights for</u> <u>future work using point-of-decision prompts to improve public health in</u> <u>Hawai'i.</u>

#### **Choose Healthy Now**

Choose Healthy Now, a program of the Hawai'i Department of Health and the Hawai'i Public Health Institute, aims to help Hawai'i residents to choose healthier snacks and drinks in retail and community venues statewide. The program works to increase awareness and availability of healthier food and beverage options using prominent product placement and signs called "point-of-decision" prompts. The program is part of a grant from the Centers for Disease Control (1422) that seeks to create supportive nutrition and built environments for adults who have been diagnosed with high blood pressure or pre-diabetes. The grant specifically aims to support the priority populations of Native Hawaiians, Pacific Islanders, and Filipinos, and/or people with low incomes, in communities around Hawai'i's Federally Qualified Health Centers (FQHC). Nine FOHC are also participating in the grant to provide additional diagnosis and clinical supports (e.g., lifestyle change programs for prediabetes and hypertension) for these priority populations. Through the Choose Healthy Now Program, people who are at risk of, or have been diagnosed with, a chronic disease can find healthy options so they can make the lifestyle changes needed to reduce their disease burden.

On September 8, 2017, 7-Eleven launched the Choose Healthy Now Program in its 64 stores statewide.

#### **About the Study**

The goal of this evaluation was to see if 7-Eleven customers are seeing the Choose Healthy Now "point-of-decision" prompts, and if so, what influence the prompts are having on their purchases. We also wanted to see if there were differences by demographic or other factors in whether or not people saw, and were influenced by, the Choose Healthy Now prompts. We specifically wanted to know if there were differences in noticing the prompts based on whether or not a person had been diagnosed with a chronic disease, if they were part of the priority populations or other ethnicities, or if they had seen or heard the Choose Healthy Now TV or radio commercial. We also wanted to know there were differences in seeing the signs by how often a person considers health or nutrition value when choosing a snack or drink. Finally, we wanted to know if there were differences in seeing the signs by rural (1422 grant target community locations) or the "town" locations.

Exit surveys were conducted at four 7-Eleven locations on Oʻahu between November 27 and December 8, 2017. Three locations were in the 1422 grant target communities of Koʻolauloa, Waiʻanae, and Waimānalo, representing rural Oʻahu and the target communities of the 1422 grant. (The 7-Eleven in Kaʻaʻawa was selected to represent the Koʻolauloa community.) Data was collected on three days in each of these locations. The comparison location selected to represent "town" was in Makiki. The Makiki 7-Eleven was selected as a control location because census data showed its zip code had the highest proportion of Native Hawaiian, Filipino, and other Pacific Islanders of the town zip codes that were not in the main service areas of one of the participating 1422 Federally Qualified Health Centers. We were trying to eliminate the potential bias of exposure to Choose Healthy Now through the Federally Qualified Health Centers' grant activities. Data was collected on four days in Makiki in order to have enough data to compare the town location to the three rural locations.

We approached all adults exiting the 7-Eleven locations between 11:00 AM-1:00 PM on the days of the survey. Only adults, who were Hawai'i residents, were eligible to participate in the study. The survey was read aloud to participants. It took 5 minutes to complete. Participants were orally consented and given a fruit-shaped bag for their time. This study was approved by the University of Hawai'i's Office of Research Compliance Human Studies Program.

#### **Response Rate**

Of the 734 adult residents that were approached during the exit survey times, 475 (65%) were male and 259 (35%) were female. A total of 165 people consented to participate in the survey. However, two surveys were removed from the sample. One survey was removed because the participant rescinded his consent, and the second survey was removed because we were unsure of one respondent's comprehension of the questions after he agreed to participate. The final number of surveys in the study was 163, resulting in a 22% response rate (see below).

#### **Response Rate by Location**

	Number Approached	Number of Responses	Response Rate (%)
Kaʻaʻawa (Rural)	97	28	<b>29</b> %
Wai'anae (Rural)	193	48	25%
Waimā́nalo (Rural)	136	33	24%
Total Rural	426	109	26%
Makiki (Town)	308	54	18%
TOTALS	734	163	22%

### **About Respondents' Purchases**

All respondents were asked if they purchased any food or drinks from 7-Eleven today and 140 (86%) of the respondents had.



The 140 people who had bought a food or drink were asked: what they bought, if they had bought what they had planned to buy when they walked into the store, and what factors were most important in making their choices today.

During data analysis, the food and drinks that participants said they purchased were coded into whether or not they were one of the Choose Healthy Now labeled items. Then, they were coded into general food categories for ease of reading. On a few occasions, exact product names were not recorded so we could not tell if a product was a Choose Healthy Now item. In those cases, we were conservative and coded the product into a non-Choose Healthy Now item. Respondents' food and drink purchases are listed in the table on page 6.

# **Respondents Food and Drink Purchases**

Items Purchased	# of Times Listed			
Soda/Diet Soda	35			
Sweets (Candy, Cookies, Ice Cream, etc.)	21			
Water*	20			
Musubi	18			
Coffee/Iced Coffee	17			
Juice	16			
Chips/Crackers	15			
Energy/Sports Drinks	14			
Bento	13			
Other Drinks (Sparkling Water, Beer, Coconut Water, etc.)	13			
Other Hot Foods (Adobo, Lap Chong, Pizza, etc.)	12			
Baked Goods/Pastries	11			
Other Foods/Snacks	11			
(Loaf of Bread, Cheese, Li Hing Mango, etc.)				
Slurpee	11			
Sweetened Iced Tea	11			
Banana*	10			
Manapua	9			
Taquito	7			
Ito En Green Tea*	7			
Sandwich/Wrap/Sushi	6			
Pork Hash	4			
Low-fat Unsweetened Milk*	2			
Salad*	2			
Chicken Cilantro Sandwich*	1			
Cut Fruit*	1			
Lime*	1			
TOTAL	288			
*Choose Healthy Now Items				

Of all 288 products that respondents said they purchased, 45 (or 16%) were Choose Healthy Now items. Again, these numbers are conservative. In addition, of the 140 people who bought food or drinks, 25% purchased at least one Choose Healthy Now item.

# Did you buy what you had planned?



The majority of people who bought a food or drink (80%) had their minds made up when they walked into the store.

## Two most important factors influencing food or beverage choices

The 140 participants who bought a food or drink were asked what two factors were most important in making their food or beverage choices today. Response options were convenience, price, taste, health or nutrition, and other. These were derived from other studies that explored factors influencing food choices.<sup>5-7</sup> In one study, people who placed a high value on a snack's taste or price were less likely to buy a healthy snack being promoted by the project.<sup>5</sup> We wanted understand what was driving 7-Eleven customers purchases, and to see if there were any relationships between the factors that influenced their choices buying a Choose Healthy Now item.

Most people gave two factors. However, some people felt that there were either fewer or more factors that influenced their choices. The following chart shows all responses given. Convenience and price were the most reported factors influencing customer choices, while health or nutrition was the least reported factor.



Some of the other responses were habit (7), looking for specific items (7), hunger (6), buying items for someone else (5), thirsty (5), it's hot out (3), I like this brand (2), I wanted a Slurpee (2), etc.

# Free Recall of Any Healthy Signs

All 163 survey respondents were asked to recall if they had seen any advertisements encouraging them to purchase healthy products anywhere in the store today, without seeing examples of any of the signs. We did this to see if the Choose Healthy Now signs resonated enough with the respondents that they freely recalled seeing them.



### Did seeing the signs influence what you purchased today?

If respondents remembered seeing any signs encouraging them to buy healthy items, they were asked if the signs influenced what they chose to purchase, and to explain why or why not. Of the 36 people who saw a sign encouraging them to buy healthy products, six of them (17%) said the signs influenced them. Some of respondents' explanations are shared below. **Why?** 

- I didn't plan to buy fruit and I bought fruit. (1 person)
- It influenced me but I was out of cash. (1 person)
- The signs are encouraging; I wanted energy. (1 person)
- Depends on if I'm in the mood to buy it...I like knowing options are there and having a variety. (1 person)
- It helps identify new items to try. (1 person)

#### Why not?

- I had my mind set/I knew what I wanted to buy. (12 people)
- I'm not interested in healthy food. (4 people)
- I didn't buy anything. (2 people)
- I was buying things for someone else. (1 person)
- I was going to buy the chicken sandwich but it was \$4.99 vs \$3.99 for the other sandwich. (1 person)
- Fruits are cheaper elsewhere. (1 person)
- I'm low on cash today. (1 person)
- I don't know (1 person)
- Signs aren't super big. If they were bigger, I'd try it. (1 person)
- It would have influenced me but the sign was in front of a different coffee. (*He interpreted his sweetened canned coffee as healthy but the sign wasn't in front of it.*) (1 person)
- I was looking for something while I waited for the bus. (1 person)

## **Choose Healthy Now Signs**



On each day of data collection, our survey teams checked to see what signs were present in the 7-Eleven. We wanted to know what signs customers would potentially be exposed to or influenced by. We also counted the number of unhealthy signs that were present to see what other ads could influence customer behaviors. The total number of each type of sign was calculated for each location and day and then averaged across all three days (or four days for town) of data collection. (See the table below.) About one out of every three signs (36%) that respondents were exposed to were Choose Healthy Now signs.

# Average # of Signs Present in Each Location During the Exit Surveys

	Average # of Choose Healthy Now Signs	Average # of Unhealthy Signs	Total Average # of Ads
Kaʻaʻawa (Rural)	42 (35%)	78 (65%)	120
Wai'anae (Rural)	38 (30%)	90 (70%)	128
Waimānalo (Rural)	40 (36%)	70 (64%)	110
Total Rural	<b>120 (34%)</b>	238 (66%)	358
Makiki (Town)	41 (44%)	53 (56%)	94
TOTAL	161 (36%)	291 (64%)	452

We also checked to see how many of the Choose Healthy Now signs were at eye level and how many were out of place. Of all the Choose Healthy Now signs present on all days of data collection, over a third (39%) of the signs were at eye level. In addition, only 4% of all the Choose Healthy Now signs present on all days of data collection were not in front of the corresponding product. All the locations had a display for fresh fruits and two of the locations had two displays. All had their fresh fruit display in a prominent location. Only one of the locations did not have a fresh fruit display near the register or front door. Only one store did not have the Chicken Cilantro Sandwich sign on the front door.

# **Prompted Recall of Choose Healthy Now Signs**

We then showed all 163 participants examples of some of the Choose Healthy Now signs and asked them if they had seen any of them in the store today.



Showing examples of the Choose Healthy Now signs increased the percent of people who reported seeing the signs from 22% with the free recall to 46%.

# Did seeing the Choose Healthy Now signs influence what you purchased today?

Again, if respondents had seen the sign, we asked them if the signs influenced them and to explain why or why not. Ten of the 75 people (13%) who saw a Choose Healthy Now sign said it influenced what they chose to buy today. Some of respondents' explanations are shared below.

Why

- It encouraged me to buy fruit. (2 people)
- It influenced me to buy a banana but I didn't because I didn't like how they looked. (1 people)
- It encouraged me to drink something healthy instead of soda. (1 person)
- It reminded me that I should start eating healthier. (1 person) **Why not?**
- I had my mind set when I walked into the store. (22 people)
- I'm not interested in healthy options. (4 people)
- I didn't buy food today. (4 people)
- I didn't know what the signs meant/didn't pay attention to them. (3 people)
- I was out of cash. (3 people)
- I don't know why not. (3 people)
- I can eat those things at home. (2 people)
- I didn't want a banana. (2 people)
- I was buying something for someone else. (1 person)
- I can buy fruit cheaper at the grocery store. (1 person)
- I'm a farmer and try to eat local produce. It would be nice if 7-Eleven carried local fruits. (1 person)

### **Sign Awareness in Other Studies**

Studies on the effects of nutrition information labeling in a variety of settings (cafeterias, grocery stores, and restaurants) in both the United States and Canada, have shown a range of 32%-82% of people who noticed the nutrition information.<sup>1,2</sup> Those studies also found that 14.5%-27% of the people who saw the nutrition information said they used it to make their purchases. The rate of prompted recall that we found in our study falls into the range of these other studies, while our rate of sign influence is just under the lower end of their ranges.

Two studies among low income and minority populations, found rates similar to the ones we found. One study of the impact of calorie information signage in New York City fast food restaurants found 54% of low-income, minority respondents saw the signs.<sup>3</sup> Another study in disadvantaged neighborhoods in France found spontaneous recall of the signs was 15%, and prompted recall of the signs was 31%.<sup>4</sup> (Rates we found of spontaneous recall and aided recall were 22% and 46%, respectively.)

#### **Choose Healthy Now Commercial**

We also asked respondents if they had heard the Choose Healthy Now radio ad or seen the commercial on TV. If they reported seeing or hearing the ad, we asked if exposure to the ad influenced what they purchased in the store today.



#### **Influence of Choose Healthy Now Commercial**

Nine of the 59 people (15%) who saw or heard the Choose Healthy Now commercial said they were influenced by the commercial.

## **About the Respondents**

Participants were asked to identify their gender, age, the one race or ethnic group that best described them, and whether or not they lived in one of the 1422 target communities. Over half of the 163 respondents were male.



There were respondents from every age group in the sample. However, there were slightly more respondents that were 55 years or older and half of the respondents were 45 years or older.



More Native Hawaiians participated in the survey than other ethnicities. Other responses were Pacific Islander, Tahitian, Polynesian, Native American, Greek, Indonesian, and mixed ethnicities when a respondent felt they couldn't choose only one.



We then combined the Native Hawaiian, Filipino, Samoan, Micronesian, Guamanian/Chamorro, and other ethnicities like Tahitian, Pacific Islander to see how many of the respondents were from priority populations. Eighty-seven of the 162 people who respondent to the question were from priority populations.



Most of the people responding lived in the area around the 7-Eleven where they were surveyed. In both the Makiki and Wai'anae survey locations 45 of the respondents lived in the surrounding community, and in both the Ka'a'awa and Waimānalo locations 23 of the respondents lived in the surrounding community.

	# from Koʻolauloa Area	# from the West Side	# from Waimānalo Area	# from Honolulu Area	Other area	Total
Kaʻaʻawa (Rural)	23	0	1	1	3	28
Wai'anae (Rural)	0	45	0	2	1	48
Waimānalo (Rural)	1	1	23	5	3	33
Makiki (Town)	1	3	0	45	4	53*
TOTAL	25	<b>49</b>	24	53	11	162

# Where Respondents Lived by Survey Location

\*One person from Makiki did not answer this question.

There were slightly more respondents in the overall sample who lived in Honolulu than in other areas of Oʻahu. Other locations people lived were ʻAiea, Kailua, and Kāneʻohe, Kauaʻi, Sunset Beach, Wahiawā, and Waipahu.



### **Chronic Health Conditions**

Survey respondents were asked if they had ever been told by a doctor, nurse, or other health professional that they had any of the following health conditions: high blood pressure, borderline high blood pressure, diabetes, or pre-diabetes/borderline diabetes.



Respondents most often reported being diagnosed with high blood pressure (38 people) or borderline high blood pressure (18 people). Although, a few anecdotally mentioned that they had been cured of their high blood pressure. Pre-diabetes (16 people) and diabetes (10 people) were the next most frequently reported chronic diseases.

In addition to these diseases, women were also asked if they had ever been diagnosed with gestational diabetes. Of the 67 women who responded to the survey, only 4 women had been diagnosed with gestational diabetes, and 8 had missing data.

Of the 60 people with any chronic disease, 18 (30%) freely recalled seeing a sign encouraging them to purchase healthy items. Of those 18 people, 3 (17%) said the signs influenced their purchases. Of the 60 people who indicated they had any of the chronic diseases, 29 (48%) said they saw the Choose Healthy Now signs in the 7-Eleven, when they were prompted with the signs. Two of those 29 people (7%) said that the signs influenced them. Of the 60 people with any chronic disease, 25 (42%) said they saw or heard the Choose Healthy Now commercial. Of those 25 people, 4 (16%) said the commercial influenced their purchases in 7-Eleven.

# **Importance of Nutrition Value**

Survey respondents were finally asked to tell us if two statements were often true, sometimes true, or never true for them. They could also say they did not know or skip the question. The statements were, "I think about health or nutrition value when I choose a drink," and "I think about healthy or nutrition value when I choose a snack."



\*n=163 for both statements

The same proportion of respondents said that they "often" think about health or nutrition when they choose a snack (49%) as they do when they choose a drink (49%). However, slightly more of the respondents said that they "sometimes" think about health or nutrition value when they choose a drink (38%) than when they choose a snack (34%).

#### **Differences in Rural vs Town Respondents**

We ran Pearson Chi-square  $(x^2)$  tests to see if there were any differences between the demographics of the respondents in the town and rural locations. There were no significant differences in gender by rural or town locations. However, there were statistically significant differences in the age groups ( $x^2=12.76$ , p=0.01) of the rural and town respondents (See Appendix A, Table 1). There were more older adults in the town location. We then looked at the 1422 priority populations compared to all other nonpriority population ethnicities in the rural versus town locations. There were more respondents from priority populations in the rural locations than in the town location. This difference was statistically significant ( $x^2=16.9$ , p=0.00). (See Appendix A, Table 1.)

We also looked at whether or not there was an association between having any of the five borderline or chronic diseases and if the participant was surveyed at a rural or town location. There were no statistically significant associations.

#### **Differences in Seeing the Choose Healthy Now Signs**

We also ran Pearson Chi-square  $(x^2)$  tests to see if there were associations between seeing the signs and either the demographic factors or other survey responses (See Appendix A, Tables 2 and 3, respectively). There were no significant differences in seeing the signs by rural and town locations.

There were also no differences in seeing the Choose Healthy Now signs based on gender, age, or where people lived. There were, however, associations between ethnicity and seeing the signs ( $x^2$ =3.897, p=0.048). Priority populations were less likely to have reported seeing the signs than the other ethnic groups. However, this effect was small (phi=-.168).

Our other hypotheses were that people who had been diagnosed with a chronic disease would be more likely to see the signs than someone who had no chronic diseases, that someone who often thinks about health or nutrition value when choosing a snack or drink would be more likely to see the signs, and that someone who had seen or heard the Choose Healthy Now radio or TV commercial would be more likely to see the signs. However, there were no statistically significant associations between any of these factors and seeing the signs. Finally, we thought that knowing what you wanted to buy when you walked into the store would make you less likely to notice the signs. Anecdotally this seemed to be true; however, there was no statistically significant difference for this variable as well.

#### **Differences in Sign/Ad Influence**

There were not enough people who were influenced by the signs or commercials to look for differences by the hypothesized factors.

#### **Differences in Buying a Choose Healthy Now Item**

The only statistically significant difference in whether or not a person bought a Choose Healthy Now item was if health or nutrition value was one of the factors that influenced their purchase,  $x^2(1, n=139)=12.446$ , p=.00, phi=.322. This is an expected finding.

#### Limitations

This study has several limitations. The data is only representative of 7-Eleven customers exiting the selected stores at lunchtime on the weekdays of the survey. Responses of those who did not participate in the survey, or of those who shop at 7-Eleven on other days and times, may be different from these results. It is possible that people who participated in our study were different from the rest of the 7-Eleven population. In addition, 7-Eleven modified the signs to meet their company's needs. Therefore, the findings only represent the 7-Eleven implementation of the Choose Healthy Now program, not implementation in all other Choose Healthy Now venues.

### Conclusion

The rates of seeing the Choose Healthy Now signs are very similar to a few studies looking specifically at low income and minority populations. In addition, the rates we found fall within the rates of awareness and just under the rates of influence of other similar studies. Considering the fact that some of the other interventions studied provided more nutrition information (e.g. calories, fat, etc.), or had all three colors of the traffic-light coding system, our results are fairly positive.

Other findings were that one out of four people, who bought a food or drink, purchased a Choose Healthy Now item. A few of those people said that the signs influenced what they purchased. In addition, a few of the people with a chronic condition also saw the signs and were influenced by them. Although this was not statistically significant, it shows that Choose Healthy Now can reach people with chronic conditions.

There was no significant difference in seeing the signs based on if a respondent said that health or nutrition was a factor in making their food or beverage choice today. However, those who said that health or nutrition was a factor influencing their choice were more likely to buy a Choose Healthy Now product than people who had indicated other factors. This difference was statistically significant. The only difference in seeing the signs was in whether or not a person was from the priority populations or other ethnicities. This should be explored further to ensure that the grant's priority populations are being reached. Perhaps additional mutual reinforcement strategies, such as patient referrals to Choose Healthy Now venues, or the shopping lists and recipe booklets currently being implemented in the target communities, will help to increase the impact on priority populations. In addition, continued work with 7-Eleven has great potential to reach priority populations, considering over half of the people we surveyed were of priority populations.

A major factor in why participants did not see the signs and did not purchase a Choose Healthy Now item was that they had made up their minds about what they were going to buy prior to walking into the store. Further efforts to influence people before they walk into the store should be explored to increase reach to 7-Eleven customers. Also, price was one of the top factors influencing people's purchases. Other studies have found that pricing strategies can increase the purchase of healthier options.<sup>5-7</sup> Perhaps 7-Eleven should implement pricing strategies to increase the purchase of healthier products among customers who know what they are going to buy when walking into the store.

Overall, the findings in this evaluation report are useful in understanding the reach and impact of Choose Healthy Now in a venue of importance to priority populations, and can be used to inform not only the current 7-Eleven implementation of Choose Healthy Now, but also future point-of-decision prompt initiatives to improve public health in Hawai'i.

This report was prepared for the Hawai'i State Department of Health Chronic Disease Prevention and Health Promotion Division and 7-Eleven Hawai'i by Inji Kim, Uyen Vu, MEd, and Meghan McGurk, MPH, of the Healthy Hawai'i Initiative Evaluation Team at the University of Hawai'i's Office of Public Health Studies on January 25, 2018. Direct questions to Meghan McGurk at <u>mcgurkm@hawaii.edu</u> or (808) 956-3401.



# Appendix A

<b>Table 1: Demographic</b>	<b>Differences in</b>	<b>Rural vs</b>	Town Respondents

	Rural n (%)	Town n (%)	Total	<b>X</b> <sup>2</sup>	p value
Male	60 (63.2%)	35 (36.8%)	95		
Female	49 (73.1%)	18 (26.9%)	67	1.35	p= 0.25
Age 18-25	17 (85.0%)	3 (15.0%)	20		
Age 26-34	30 (83.3%)	6 (16.7%)	36		
Age 35-44	11 (47.8%)	12 (52.2%)	23		
Age 45-54	18 (58.1%)	13 (41.9%)	31		p=.01*
Age 55 and older	31 (62.0%)	19 (38.0%)	50	12.76	Phi=0.28
Priority populations: Native Hawaiian, Filipino, Other Pacific Islander	71 (81.6%)	16 (18.4%)	87		
Non-Priority Populations: All Other Ethnicities	38 (50.7%)	37 (49.3%)	76	16.14	p=0.00* Phi=-0.329
Any of the Chronic Conditions	37 (61.7%)	23 (38.3%)	60	0.991	p=0.32
None of the Chronic Conditions	72 (70.6%)	30 (29.4%)	102		

\*Statistically significant at p<0.05

# Table 2: Differences in Seeing the Choose Healthy Now Signs

	Did you see any of the Choose Healthy Now signs?					
	Yes n (%)	No n (%)	Total n (%)	<b>X</b> <sup>2</sup>	p-value	
Rural Survey Location: Ka'a'awa, Wai'anae, Waimānalo	50 (45.9%)	59 (54.1%)	109			
Town Survey Location: Makiki	25 (46.3%)	29 (53.7%)	54	0.000	p=1.0	
Male	39 (41.1%)	56 (58.9%)	95			
Female	35 (52.2%)	32 (47.8%)	67	1.556	p=.212	
Priority Populations: Native Hawaiian, Filipino, Other Pacific Islander	33 (37.9%)	54 (62.1%)	87			
Non-Priority Populations: All Other Ethnicities	41 (54.7%)	34 (45.3%)	75	3.897	p=.048* Phi =168	
Age 18-25	8 (40.0%)	12 (60.0%)	20			
Age 26-34	18 (50%)	18 (50%)	36			
Age 35-44	11 (47.8%)	12 (52.2%)	23			
Age 45-54	15 (48.4%)	16 (51.6%)	31			
Age 55 and older	22 (44.0%)	28 (56.0%)	50	.700	p=.951	
Where do you live?						
Honolulu	25 (47.2%)	28 (52.8%)	53			
Koʻolauloa	10 (40%)	15 (60.0%)	25			
Waimānalo	15 (62.5%)	9 (37.5%)	24			
West Side	23 (46.9%)	26 (53.1%)	49			
Other	1 (9.1%)	10 (90.9%)	11	9.075	p=.059	

\*Statistically significant at p≤0.05

# Table 3: Differences in seeing the Choose Healthy Now Signs

	Did you see any of the Choose Healthy Now signs?						
	Yes n (%)	No n (%)	Total	$\chi^2$	p-value		
Have you ever been told by a doctor that you have any of these conditions: borderline high blood pressure, high blood pressure, pre-diabetes, diabetes, or gestational diabetes?							
Any of the Conditions	29 (48.3%)	31 (51.7%)	60				
No Conditions	45 (44.1%)	57 (55.9%)	102	0.127	p=.721		
I think about health or nutrition valu	ie when I choose	a snack.					
Often True	38 (47.5%)	42 (52.5%)	80				
Sometimes True	26 (41.9%)	36 (58.1%)	62				
Never True/ I don't know	9 (47.4%)	10 (52.6%)	19	0.472	p=.790		
I think about health or nutrition valu	ie when I choose	a drink.					
Often True	35 (44.3%)	44 (55.7%)	79				
Sometimes True	28 (50.9%)	27 (49.1%)	55				
Never True/ I don't know	10 (37.0%)	17 (63.0%)	27	1.474	p=.479		
Did you buy what you had planned to buy when you walked into 7-Eleven today?							
Yes	49 (43.8%)	63 (56.3%)	112				
No	16 (57.1%)	12 (42.9%)	28	1.122	p=.290		
Did you see the Choose Healthy Now Commercial or hear the radio ad?							
Yes	31 (52.5%)	28 (47.5%)	59				
No/ I don't know	44 (42.7%)	59 (57.3%)	103	1.088	p=.297		

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