



Sales Data Collection Strategies for California Healthy Retail Recognition Pilot Program

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INTRODUCTION

Nationwide, public health advocates are working with small food retailers to improve food access in underserved neighborhoods. It is difficult to gather reliable sales data from small food retailers. Small stores do not collect sales data consistently, and very few separate sales data into categories that public health advocates are interested in, such as produce or low-calorie drinks. Storeowners may be suspicious of program staff that ask for this data and can be unwilling to share information. These challenges in collecting sales data makes it difficult to accurately evaluate whether or not small store interventions lead to increased purchases of healthy food.

Small food store sales data collection strategies were reviewed to identify common methods used and to determine the rigor of each one. An online search of healthy food retailer program reports was conducted. Those reports are detailed in Appendix A. Five experts in the field were interviewed. These experts included:

- Dr. Joel Gittelsohn, Baltimore Healthy Stores (Maryland)
- James Johnson-Piatt, Urbane Development (National reach)
- Anthony Maziarz, Toledo-Lucas County Health Department (Ohio)
- Nora Hoeft, Minneapolis Healthy Corner Store Program (Minnesota)
- Erin Creeden, Marion County Public Health Department (Ohio)

Six common, reliable methods for tracking sales data of healthy foods in small stores were found: point-of-sale (POS) systems; WIC vouchers; handwritten ledgers, receipts, and tallies; food sales recall; measuring inventory; and customer intercept surveys. This report gives an overview of these six methods, identifies best practices reported by key informants, and includes summary tables and sample instruments. Findings, analysis, and sample instruments can be used to inform the Healthy Retail Recognition Pilot Program's sales data collection strategy. If sample instruments are used or adapted by the Healthy Retail Recognition Pilot, please give credit to the original source. Because sales data collection in small food retailer programs is an emerging practice, this report is limited by the small number of experts and healthy food retailer program reports that exist.

SALES DATA COLLECTION STRATEGIES

The following six sales data collection strategies are listed in order from most rigorous to least rigorous, based on expert opinions. Each description includes strengths, weaknesses, and examples of healthy food retail programs that have used the collection method.

Point-of-Sale Systems

Point-of-Sale (POS) systems are considered the gold standard for collecting sales data at retail outlets. A POS system is a computerized system that tracks and reports transaction data. POS systems vary in design. Supermarkets use sophisticated systems with touch screens, scanners, and scales. These POS systems include a database of items, item barcodes, prices, and customizable information such as grocery type or nutrition information. This information makes it easy to run tailored reports showing sales of produce or other healthy items. Most small food retailers that use a POS system have a much more basic model. These typically include a keypad, but no scale or scanner. The software usually does not separate items into categories, such as produce. POS systems range in cost from approximately \$100 for a very basic version to over \$1,000 for a single register.

Some healthy food retailer programs have worked with stores that use a POS system. Five corner stores that worked with the Food Trust in Philadelphia received POS systems as part of an intervention testing the feasibility and reliability of POS systems in collecting sales data. POS systems are quite expensive, so programs such as the Minneapolis Healthy Corner Store Program and the Toledo Eat Well Live Healthy program recruited stores that already used a POS system. Ideally, cashiers press a button each time they process a sale of produce or another healthy item, and the POS system runs a report documenting how many produce sales occurred and how much revenue was earned from produce sales.

The main limitation of this method is that it relies on cashiers to consistently press a button every time produce or another healthy item is sold. Most small stores do not already collect this information. Therefore, program staff needs to reprogram a store's POS system so that it includes a produce tracking button and train cashiers to press it during produce transactions. Both the Minneapolis and Toledo programs found that many produce sales were not being recorded due to cashier error. The Food Trust, which introduced new POS systems in stores, provided ongoing technical assistance and training around using the system.

Vouchers from the Women, Infants, and Children Supplemental Nutrition Program

Another reliable way to collect sales data is through vouchers from the Women, Infants, and Children (WIC) Supplemental Nutrition Program. WIC is a federally-funded nutrition program for women who are pregnant, breastfeeding, or just had a baby; infants under one year old; and children under five years old. Participants must be income-eligible and at risk for poor nutrition. WIC provides customers with vouchers for authorized healthy foods, which can be redeemed at WIC-approved vendors. If a program works with a WIC-approved store, staff can collect data on WIC vouchers used towards WIC-approved healthy foods at that store. WIC vendors are required to keep records of WIC sales and

must report sales to the state at the end of each month, which ensures some level of accurate data reporting.

The Toledo Eat Well Live Healthy program works with one WIC-approved store and collected WIC data during its pilot year. In Ohio, there are two types of WIC vouchers: one is for produce, and one is for other merchandise. Program staff requested produce voucher data from the storeowner before program kickoff and at multiple points during the following year.

The limitations of this method are twofold. First, this method only captures sales data from WIC participants for WIC-approved foods. Second, WIC vouchers are for a specific amount of money, and data will only show the amount of WIC money spent. For example, if a customer buys \$12 worth of produce and uses a \$10 WIC voucher towards the purchase and covers the additional \$2 with their own money, the WIC data will only report a \$10 sale.

Store staff food sales recall

Food sales recall interviews are a useful method when storeowners do not keep rigorous written sales records. Recall is a retrospective data collection method where a subject is interviewed about something that happened over a defined period of time. The Baltimore Healthy Store (BHS) program used this method and asked store staff whether specific food was stocked, whether the amount of food stocked changed, and how many units of the food were sold during the previous week. BHS program staff recommends interviewing the person in charge of stocking the food, who may not necessarily be the storeowner. Data was gathered every two or three months. The weekly food sales record instrument used by the BHS program is in Appendix B.ⁱ

The limitation of this method is that it relies on the accuracy of an employee's memory. For that reason, program staff is advised to ask about time periods no longer than one week prior, and to ask about fifteen items maximum.

Handwritten ledgers, receipts, and tallies

Some programs rely on handwritten accounts of sales in the form of ledgers, receipts, and tallies. Detailed ledgers are the most accurate source of sales data, but very few small stores keep ledgers, and even fewer break down sales by category in their ledgers. Some programs ask storeowners to keep a handwritten account of healthy food sales. These can take the form of handwritten receipts or tallies on a sheet of paper. Ideally, these accounts are stored in a lock box with a single slot for papers so that everything is kept in one place and nothing gets lost.

The primary constraint of this method is that it places an additional burden on cashiers. Workers need to be trained and monitored in order to ensure that they are consistently and correctly keeping track of healthy food sales. This method is considered less reliable than the above methods, given the burden on workers to collect data.

Measuring inventory

When it is difficult to get storeowners to keep track of sales, programs can try to capture a store's inventory. There are two primary ways to do this. First, program staff can determine how much inventory is in the store at specific points of time and track changes over time. The Hartford Food System program measured the square footage of healthy foods in a store, and the Lindsay Heights Healthy Corner Store Initiative in Milwaukee took photographs of healthy food in a store. These methods do not provide a very accurate account of how much inventory a store has, but they are easier than counting individual units of healthy food.

Second, program staff can access distributor records to determine how much of a specific food a store purchased. It is common for small stores to purchase produce from large box stores such as Wal-Mart, in which case program staff can ask the storeowner to keep receipts. Some small stores order produce from wholesalers. Programs can ask the distributor for sales or delivery information or ask the store owner to keep track of orders and receipts. The Healthy Foods Here program in Seattle King County looked at the frequency of a store's inventory orders from specific wholesalers. The Baltimore Healthy Stores program receives electronic records of sales to a specific store directly from the wholesaler.

This method assumes that a store sells everything that it buys from a wholesaler or box store. It does not account for spoilage or theft. While wholesaler records are more reliable than measuring square footage or taking photographs, most small stores do not work with wholesalers.

Customer intercept surveys

Similar to food sales recall by store staff, some programs use customer intercept surveys to determine what customers are purchasing. An example question might be: How many times did you buy potato chips in the last week? Ideally, program staff would track the same customers and interview them about purchases before and after an intervention. However, programs that use this method tend to survey customers at a single point in time due to resource constraints. The Minneapolis Healthy Corner Store Program surveyed 210 customers across seven stores to learn about customer purchases and perceptions after implementing store enhancements. The survey instrument can be found in Appendix B.

One of the limitations of this method is that it is difficult to track the same customers and therefore record changes in purchasing habits. Participants may change phone numbers or addresses and it can be difficult to follow up with them.

BEST PRACTICES

During the interviews, experts shared best practices for collecting sales data. These include:

- **Gain the storeowner's trust before asking for sales data.** Many storeowners consider sales data to be sensitive information. Program staff reports that they will visit a storeowner two or three times before asking for sales data. They use this time to build rapport with a storeowner and demonstrate that they will deliver on their promises. For example, setting an appointment with a storeowner and showing up when expected goes a long way towards gaining trust.
- **Be upfront about data collection needs.** It can be time-consuming and burdensome for storeowners to collect data for program staff. It is important to be clear about what type of data is needed and how frequently.
- **Collect data on a monthly basis.** Sales will fluctuate day-to-day and week-to-week. There are also seasonal sales patterns. For example, many people visit family or travel out of town in the summer and therefore do not shop at their regular corner store. In some parts of the country, people travel to warm destinations during the winter months. In order to make sure that sales data is not affected by these fluctuations, it is a good practice to collect data on a monthly basis for at least six months in a row.
- **Choose specific food items to collect data on.** It is important not to overwhelm store staff with requests for unnecessary data. Program staff should choose a maximum of ten to fifteen items to collect data on. This also helps program staff narrow their own scope of analysis.
- **Ask for data in different ways.** There may be cases when a store's sales data appears inaccurate. In order to ensure that data is reliable, it is important to ask for information in multiple ways. Program staff can then triangulate this data to see if the story it tells adds up. See Appendix C for sample questions.
- **Invest program staff time in data collection.** Small stores often have a very lean staff, and it is common for the storeowner to be the sole worker. Instead of asking a storeowner to incorporate another task into their busy day, program staff can be responsible for most of the data collection. This is a potential benefit to the storeowner, who can learn more about his or her business from the data collected.

- **Share data with the storeowner.** Storeowners may be more willing to share their data if they see the final results. Sharing results also gives storeowners proof of whether or not selling healthy items is profitable.

TABLE: SALES DATA COLLECTION STRATEGIES RATINGS

This table provides a high-level comparison of the six sales data collection strategies. The strategies are rated across the following factors: accuracy, expense, burden on storeowner and staff, and burden on program staff. The ratings assume that each collection strategy is being implemented accurately. For example, the POS System is rated as having high accuracy, assuming that store staff is correctly tracking all healthy food sales.

| | POS System | WIC Vouchers | Sales Recall | Ledgers, receipts, tallies | Measuring inventory | Customer Surveys |
|---------------------------------------|-------------------|---------------------|---------------------|-----------------------------------|----------------------------|-------------------------|
| Accuracy | High | High | Moderate | Moderate | Moderate | Moderate |
| Expense | High | Low | Moderate | Low | Moderate | Moderate |
| Burden on storeowner and staff | High | Moderate | Moderate | High | Moderate | Low |
| Burden on program staff | High | Moderate | Moderate | Moderate | High | High |

Ratings are based on the expert opinions captured in this report. *Accuracy* ratings factor in the reliability of the data collection strategy. For example, systematized methods like POS systems or WIC vouchers are more reliable than methods that rely on storeowner or customer recall. *Expense* ratings focus on the expense to the program, rather than the storeowner, and factor in equipment and materials, such as POS systems, and personnel time, such as time spent developing and implementing surveys. *Burden on storeowner and staff* ratings consider how much data collection is done by the storeowner and whether owners and staff need to learn new skills. *Burden on program staff* ratings factor in whether program staff need to provide technical assistance, develop instruments, or collect data.

APPENDIX A: SUMMARY OF PROGRAMS REVIEWED AND THEIR SALES DATA COLLECTION STRATEGIES

| Program name | Location | Food type tracked | Methodology | Incentive offered for sales data? | Observations about methodology |
|---|----------------------------|--|--|--|---|
| Minneapolis Healthy Corner Store Program ^{ii,iii} | Minneapolis, Minnesota | <ul style="list-style-type: none"> Produce | <ul style="list-style-type: none"> POS system Customer receipts | <ul style="list-style-type: none"> \$50 gift card for owner at each data collection point \$10 gift card for customer survey | <ul style="list-style-type: none"> POS systems not used accurately by all cashiers POS does not capture WIC purchased produce Need to educate store owners and cashiers on how to use POS systems Difficult to know if all receipts were collected and accounted for Method relies on cashier accuracy and storeowner motivation |
| The Food Trust Healthy Corner Store Initiative ^{iv,v} | Philadelphia, Pennsylvania | <ul style="list-style-type: none"> All items sold at corner stores Food items categories included beverages, dairy, deli, groceries, produce, and snacks | <ul style="list-style-type: none"> POS system Purchased and installed POS systems in 5 corner stores | <ul style="list-style-type: none"> No | <ul style="list-style-type: none"> Data collection using POS systems is clean, fast, and efficient POS system installation and training can be costly and time consuming |

| Program name | Location | Food type tracked | Methodology | Incentive offered for sales data? | Observations about methodology |
|--|-------------------------------------|--|---|--|--|
| Eat Fresh, Live Well Healthy Corner Store Initiative^{vi} | Toledo, Ohio | <ul style="list-style-type: none"> Produce | <ul style="list-style-type: none"> POS system WIC vouchers | <ul style="list-style-type: none"> No | <ul style="list-style-type: none"> Different stores use different POS systems, so program staff need to learn multiple systems Many produce sales not captured due to cashier error WIC vouchers only capture sales of WIC-approved sales by WIC participants |
| Hartford Food System^{vii} | Hartford, Connecticut | <ul style="list-style-type: none"> Regular groceries including reduced fat milk, 100% fruit juice, fresh vegetables, and whole wheat bread Junk food | <ul style="list-style-type: none"> Inventory Measured in square feet of shelf space | <ul style="list-style-type: none"> No | <ul style="list-style-type: none"> Method does not capture grocery or junk food sales |
| Healthy Foods Here^{viii} | King County and Seattle, Washington | <ul style="list-style-type: none"> Produce | <ul style="list-style-type: none"> Inventory Measured indirectly through ordering frequency | <ul style="list-style-type: none"> No | <ul style="list-style-type: none"> Method does not capture how much produce storeowners purchase from wholesaler Method does not capture how much produce customers purchase from store |

| Program name | Location | Food type tracked | Methodology | Incentive offered for sales data? | Observations about methodology |
|---|----------------------|---|---|--|---|
| Lindsay Heights Healthy Corner Store Initiative^{ix} | Milwaukee, Wisconsin | <ul style="list-style-type: none"> • Produce | <ul style="list-style-type: none"> • Inventory • Collected and analyzed photographs of healthy food displays | <ul style="list-style-type: none"> • No | <ul style="list-style-type: none"> • Experienced difficulty collecting uniform data from corner store owners • Method does not give numerical break down of the sale of produce |
| Healthy Neighborhood Store Alliance (HNSA)^{x,xi} | Oakland, California | <ul style="list-style-type: none"> • Produce | <ul style="list-style-type: none"> • Tallies • Used a worksheet to document quantity sold and unit price to come up with sales data | <ul style="list-style-type: none"> • No | <ul style="list-style-type: none"> • Hand calculations and manual form entry leave room for human error |

| Program name | Location | Food type tracked | Methodology | Incentive offered for sales data? | Observations about methodology |
|---|---------------------|--|--|--|---|
| Baltimore Healthy Stores^{xii} | Baltimore, Maryland | <ul style="list-style-type: none"> Promoted foods including low-sugar cereal, high-fiber cereal, low-fat milk, cooking spray, baked or low-fat chips, low-salt crackers, fresh fruits, whole wheat breads, diet beverages, and 100% fruit juice | <ul style="list-style-type: none"> Food sales recall Analyzed changes in stocking of promoted foods Combined stocking and sales values to come up with a Healthy Food Stocking and Sales Score (HFSS) | <ul style="list-style-type: none"> No | <ul style="list-style-type: none"> Most storeowners do not keep accurate records of their sales Storeowners with accurate sales records feel that this information is highly confidential |

APPENDIX B: MINNEAPOLIS HEALTHY CORNER STORE PROGRAM CUSTOMER POST-SURVEY

This survey was developed by the Minneapolis Health Department.

Store Name: _____ Date: _____
 Time: _____

Screening Questions:

- Are you 18 years of age?** Yes
 No
- In the past 3 months, have you shopped at this store at least once per week?** Yes
 No

Note to surveyor: If customer answers “Yes” to the Screening Questions, they are eligible to take the survey and receive a \$10 gift card. Please read the following statement to all eligible customers, then read each question and mark the appropriate response.

Hello, the City of Minneapolis Department of Health and Family Support is working with (store name) to increase the availability of fresh fruits and vegetables. The University of Minnesota is assisting the City in gathering information about how the program is working. As a customer, we are interested in learning about your shopping habits. Would you like to participate in a brief survey? If you choose to answer the following questions, you will receive a \$10 Target gift card. Your answers will be totally confidential and you don't have to participate if you don't want to. Do you have any questions?

1. Do you shop at any other convenience stores at least once a week? If so, which ones?

| | | |
|---|-----|----|
| | Yes | No |
| 2. Did you notice fresh produce for sale today in this store? | | |
| a. If NO: Have you ever seen fresh produce for sale in this store? | Yes | No |

| | | |
|--|-----|----|
| 3. Did you buy any fresh produce today at this store? | Yes | No |
|--|-----|----|

- 4. How frequently do you buy fresh produce at this store?**
- Several times a week
 - About once a week
 - Several times a month
 - About once a month
 - Never

5. In the past month, what types of fresh produce have you purchased at this store? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Potatoes | <input type="checkbox"/> Hot Peppers |
| <input type="checkbox"/> Onions | <input type="checkbox"/> Bananas |
| <input type="checkbox"/> Lettuce | <input type="checkbox"/> Apples |
| <input type="checkbox"/> Cucumbers | <input type="checkbox"/> Oranges |
| <input type="checkbox"/> Tomatoes | <input type="checkbox"/> Grapes |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Other (please describe): _____ |
| <input type="checkbox"/> Green Peppers | <input type="checkbox"/> None |

6. Since September, would you say that you have purchased “more”, “less”, or “about the same” amount of produce at this store?

- More
 Less
 About the same
 I don't purchase produce from this store

7. Would you consider buying fresh produce at this store in the future? Yes No **If NO:**

Why not? Check all that apply.

- Too expensive
 Poor quality
 Didn't have the types of produce I wanted
 I purchase my fresh produce somewhere else
 I don't buy fresh produce
 Other (please specify): _____

8. How much do you agree with the following statements:

- The fresh fruits and/or vegetables in my neighborhood are of high quality

- Strongly Agree
 Agree
 Neither agree nor disagree
 Disagree
 Strongly Disagree

- A large selection of fresh fruit and/or vegetables is available in my neighborhood

- Strongly Agree
 Agree
 Neither agree nor disagree
 Disagree
 Strongly Disagree

9. Do you think of yourself as:

- White
- Black or African American
- Hispanic or Latino
- Asian American
- American Indian/Native Alaskan
- Other (please specify): _____

10. Is your background one of the following?

- Cambodian
- Egyptian
- Ethiopian
- Hmong
- Iranian
- Laotian
- Liberian
- Somali
- Vietnamese
- Other (please specify): _____
- None of the above

APPENDIX C: BALTIMORE HEALTHY STORES FOOD SALES RECALL SURVEY INSTRUMENT

Checked by _____
Date: ___/___/___

Weekly Promoted Food Sales Record

Store Name: _____
Data collector: _____

Respondent Name: _____

Entered by _____
Date: ___/___/___

| Phase 1: Healthy eating for your kids | Pre-phase (Date: Day:) | | | Post-phase (Date: Day:) | | |
|--|-------------------------------|------------------------------------|------------------------------------|--------------------------------|------------------------------------|------------------------------------|
| | Unit | In stock in the last 7 days? (Y/N) | # of units sold in the last 7 days | Unit | In stock in the last 7 days? (Y/N) | # of units sold in the last 7 days |
| Low sugar cereals: Cheerios, Kix, Special K, corn flakes, Chex (corn, rice), Toasted oats | Box | | | Box | | |
| High- fiber cereals: Chex (Wheat) , Wheaties, Any Bran cereals, Grape-n uts, Total (whole grain) | Box | | | Box | | |
| Low-fat (2%) | G / HG | | | G / HG | | |
| Low- fat (1%, skim milk) | G / HG | | | G / HG | | |
| Phase 2: Cooking at home | Pre-phase (Date: Day:) | | | Post-phase (Date: Day:) | | |
| | Unit | In stock in the last 7 days? (Y/N) | # of units sold in the last 7 days | Unit | In stock in the last 7 days? (Y/N) | # of units sold in the last 7 days |
| Cooking spray | Can | | | Can | | |

| | | | | | | |
|--|--------------------------------------|---|---|---------------------------------------|---|---|
| Fresh fruits | | | | | | |
| Fresh vegetables | | | | | | |
| Canned fruits (in water, juice) | Can | | | Can | | |
| Canned vegetables | Can | | | Can | | |
| Frozen fruits | Package | | | Package | | |
| Frozen vegetables | Package | | | Package | | |
| Tuna in water | Can | | | | | |
| Phase 3: Healthy Snacks | Pre-phase (Date: Day:) | | | Post-phase (Date: Day:) | | |
| | Unit | In stock in the last 7 days? (Y/N) | # of units sold in the last 7 days | Unit | In stock in the last 7 days? (Y/N) | # of units sold in the last 7 days |
| Baked chips, low-fat chips | 1 oz Bag | | | 1 oz Bag | | |
| Pretzel, low-fat crackers | 1 oz Bag | | | 1 oz Bag | | |
| Fresh fruits | | | | | | |
| Fresh vegetables | | | | | | |
| Canned fruits (in water, juice) and vegetables | Can | | | Can | | |
| Canned vegetables | Can | | | Can | | |
| Frozen fruits | Package | | | Package | | |

| | | | | | | |
|---------------------------------------|--------------------------------------|---|---|---------------------------------------|---|---|
| Frozen vegetables | Package | | | Package | | |
| Phase 4: Carry-out foods | Pre-phase (Date: Day:) | | | Post-phase (Date: Day:) | | |
| | Unit | In stock in the last 7 days? (Y/N) | # of units sold in the last 7 days | Unit | In stock in the last 7 days? (Y/N) | # of units sold in the last 7 days |
| Whole wheat breads | Loaf | | | Loaf | | |
| Lite, Low fat, fat free mayonnaise | Jar | | | Jar | | |
| Chicken / Turkey slices | Lb | | | Lb | | |
| Phase5: Low Calorie Drinks | Pre-phase (Date: Day:) | | | Post-phase (Date: Day:) | | |
| | Unit | In stock in the last 7 days? (Y/N) | # of units sold in the last 7 days | Unit | In stock in the last 7 days? (Y/N) | # of units sold in the last 7 days |
| Diet soda / other diet drinks | Can | | | Can | | |
| 100% fruit Juice | Bottle | | | Bottle | | |
| Water, Flavored waters | Bottle | | | Bottle | | |

APPENDIX D: TRIANGULATION QUESTIONS TO ASK STOREOWNERS

Programs that are just getting started may need to do additional probing to ensure that their sales data collection strategy is capturing accurate data. Key informants suggested the following questions as a way to get acquainted with a store's overall sales trends. These questions are intended as a suggested jumping-off point. Program staff is encouraged to tailor and expand on these questions based on their relationships with storeowners and business knowledge.

- What types of record-keeping mechanisms do you use?
- What are your top five best selling products?
- What are your sources of greatest revenue, including all services and goods such as lottery tickets and money wiring?
- How much are your overall sales?
- How much is your overall profit?
- What is your typical markup?
- How many customers do you have on an average day?
- How much does the average customer spend?
- What percentage of your transactions are through SNAP or WIC?

ⁱ For information on how BHS sales data was analyzed, see: "A corner store intervention in a low-income urban community is associated with increased availability and sales of some healthy foods", Song, HJ et al (2009), accessed Aug 5, 2014 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3043106/>

ⁱⁱ For more information on the Minneapolis Healthy Corner Store Program, see: "Healthy Corner Stores", Minneapolis Health Department (2013), accessed Aug 5, 2014 from <http://www.minneapolismn.gov/health/living/cornerstores>

ⁱⁱⁱ For more information on sales data collection methodology, see: "Testing an Evaluation Model for Assessing the Efficacy of the Minneapolis Healthy Corner Store Program", Minneapolis Health Department (2013), accessed Aug 5, 2014 from <http://www.minneapolismn.gov/www/groups/public/@health/documents/webcontent/wcms1p-115543.pdf>

^{iv} For more information on The Food Trust's POS system program, see: "Changing Checkout: Implementing point of sales systems in Philadelphia corner stores", Young, CR et al (2013), accessed Aug 5, 2014 from <https://apha.confex.com/apha/141am/webprogram/Paper283135.html>

^v For more information of The Food Trust's program evaluations, see: "Philadelphia's Healthy Corner Store Initiative", The Food Trust (2012), accessed Aug 21, 2014 from http://thefoodtrust.org/uploads/media_items/hcsi-y2report-final.original.pdf

^{vi} For more information on the Eat Fresh, Live Well Healthy Corner Store Initiative, see: "Healthy Communities", Toledo-Lucas County Health Department, accessed Aug 5, 2014 from <http://www.lucascountyhealth.com/#/health/healthy-communities>

^{vii} For more information on the Hartford Food System, see: "Strategies that Work", Hartford Food System (2008), accessed Aug 5, 2014 from http://www.hartfordfood.org/publications/healthy_retailers08.pdf

^{viii} For more information on the Healthy Foods Here program, see: "Healthy Foods Here: Recommendations for Future Programming", Public Health - Seattle and King County (2013), accessed Aug 5, 2014 from <http://www.urbanfoodlink.com/wp/wp-content/uploads/2013/03/HFH-Recommendations-for-Future-Programming-Single-page.pdf>

^{ix} For more information on the Lindsay Heights Healthy Corner Store Initiative, see: “Around the Corner to Better Health Report 2013”, Lindsay Heights Healthy Corner Store Initiative (2013), accessed Aug 5, 2014 from <http://www.walnutway.org/sites/files/HCSI%20Report%202014.pdf>

^x For more information on the HNSA program, see: “Healthy Neighborhood Store Alliance Toolkit”, Mandela Marketplace (2013), accessed Aug 5, 2014 from <http://www.healthycornerstores.org/wp-content/uploads/2013/09/Pages-from-Healthy-Neighborhood-Store-Alliance-Toolkit-1-13.pdf>

^{xi} For the HNSA sales data collection tool, see page 30: “Store Owner Satisfaction Assessment”, Healthy Neighborhood Store Alliance (2013), accessed Aug 5, 2014 from <http://www.healthycornerstores.org/wp-content/uploads/2013/09/Pages-from-Healthy-Neighborhood-Store-Alliance-Toolkit-14-34-1.pdf>

^{xii} For more information on Baltimore Healthy Stores sales data collection methods, see: “A corner store intervention in a low-income urban community is associated with increased availability and sales of some healthy foods”, Song, HJ et al (2009), accessed Aug 5, 2014 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3043106/>