



Review Paper

Community-oriented actions by food retailers to support community well-being: a systematic scoping review

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ABSTRACT

Objectives: Growing inequalities, austerity public funding, and the COVID-19 pandemic have contributed to heightened interest in mobilising the assets and resources within communities to support health and well-being. We aimed to identify the type of actions or initiatives by food retail stores intended to support local communities and contribute to well-being.

Study design: A Scoping Review.

Method: A scoping review was conducted in Scopus, Web of Science, and of grey literature to identify the extent of study of food retail stores in supporting community well-being, types and outcomes recorded from community-oriented actions. Data extraction included: population targeted, the content of initiative/action, outcomes recorded and key insights. Studies were grouped into broad categories relating to their actions and objectives.

Results: Actions were associated with either strengthening communities or public health prevention or promotion. Few studies reported clearly on impact, and most accounts of impact on well-being and broader community outcomes were narrative accounts rather than objectively measured. Although rigorous capture of outcomes was absent, there were consistent themes around partnership and community insights that are relevant to the development and implementation of future actions in communities.

Conclusions: This is an under-researched area that may nevertheless hold potential to support the broader public health effort in communities. To provide clear recommendations for specific investments, there is merit in identifying a subset of health and well-being outcomes most likely to be associated with food retailer community actions in order to assess and capture impact in future. We propose that the theoretical underpinning associated with asset-based approaches, which take account of context and community conditions, would be a useful framework for future study.

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Introduction

Inequalities, well-being, and community assets

The UK is widely acknowledged to be one of the most unequal societies¹ exacerbated by a decade of austerity in public services disproportionately impacting the poorest regions.² The enduring global pandemic and corresponding policies to control it, such as

reduced access to public space and constraints on community support groups' ability to operate, have further affected the most vulnerable groups, disadvantaged areas, and worsened structural inequalities through associated turmoil in employment and job security.^{3,4}

As economic performance and Gross Domestic Product (GDP) – value added through the production of goods and services – are increasingly criticised as masking such inequalities, community well-being is gaining traction as a useful lens through which to assess a country. Community well-being is conceptualised as *'the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential*

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for them to flourish and fulfil their potential.^{5, p.358} Hence, as well as structural drivers such as education and employment, *community conditions* are also emphasised as highly influential on wider determinants of health and well-being.^{6–9} Correspondingly, there has been increasing emphasis in recent policy on place-based strategies and community-centred approaches that understand and identify the role of local resources or ‘assets’, and their ‘mobilisation’ in favour of improving well-being outcomes for the population.^{9–12}

These assets can be: direct actions; formal services; infrastructure around organisations, such as partnerships and networks of support between people in a community; the built environment and community spaces; community knowledge and insights, and human resources like staff and volunteers.^{7,9} The impact of these aspects, specifically on health, well-being and inequalities, has hence become a focus both of study and theory development on asset-based approaches.^{13,14}

Social responsibility

Research and evaluation of the role of community-centred and asset-based approaches have, however, almost entirely focused on the statutory, voluntary and community sectors. Corporations, whether in retail, finance or insurance, nevertheless have well-established Corporate Social Responsibility (CSR) strategies aspects of which may contribute to community conditions and social infrastructure.¹⁵ We suggest that many business operations, goods and services have the potential to affect dimensions of human well-being, for example: indirectly through support to community groups and buildings, grant funding and donations; or directly by designating staff with responsibilities for making community links and get involved with local groups and ‘good causes’.

A ‘unique’ position?

As well as supporting livelihoods and local economies as providers of employment, corporate organisations can influence education and training, community connections, and physical and mental health (and behaviours) through the supply of goods and services. Supermarkets, large self-service food stores which are a recognisable face of food retail, also have what is described as an ‘anchor positioning’, being present in thousands of localities and interacting daily face-to-face with the public both as customers and workforce. Indeed, the ‘lynchpin’ status of food stores within communities has been highlighted in the well-managed supply of essentials during the COVID-19 pandemic, a factor boosting trust in the sector.¹⁶

We argue that a community-centred and asset-based lens offers a strong rationale through which to consider food retailers more strategically as contributors to the well-being of their catchment communities. Supermarkets in particular need to find a way to bring together economic and social value for customers and their communities at the time of considerable change and high competition.¹⁷ In order to gain a solid understanding – and a strong foothold – with their customer base, hyper-local insights which could include key drivers for well-being could be key.

Aims

Given the context of enduring inequalities across the UK and austerity budgets for public services, exacerbated by the global COVID-19 pandemic, there is a need for action to improve community well-being. Accepting that community-centred and contextualised action is important to addressing inequalities, the evidence base is nevertheless still developing, even in respect of the statutory and voluntary sector.^{14,18,19} We are still further behind in

understanding what role and impact the private sector has in this space, so there is an urgent need to discover the current state of play. By performing a global scoping review of community-oriented initiatives by food stores and supermarkets – as an example of food retail embedded in communities – we aimed to identify the type of actions engaged in which could support well-being outcomes in local communities.

Methods

To determine the scope of the published literature and the extent to which impact is reported, we asked: what kind of studies have been conducted on food retailer actions to support communities; what are the types of activities described; and what evidence of outcomes or impact on community well-being is presented? In line with the stated purposes for a scoping review,²⁰ we followed the PRISMA guideline²¹ and updated guidance²² to examine the types of evidence published, identify key concepts and gaps in the research.

Search strategy

Pilot searches were run through Scopus in July 2020 using a combination of search blocks for (1) Community engagement intervention; (2) Food retail organisations and food shops; (3) deprived communities; (4) outcomes associated with well-being. Search strategies were then refined with the keywords being identified through seed papers and iterative searches and run in February 2021 for Scopus and Web of Science Core Collection. Further references were found via forward and backward citation tracking of included papers and tracking of included papers using www.connectedpapers.com. A search of the grey literature was carried out using a sequence of Google strategies, with five pages of results being screened per search string. English language websites of key food retailers were also searched for published and unpublished literature. See [Appendix A](#) for full strategies.

Inclusion criteria and study selection

Two researchers independently screened results against the inclusion criteria in EndnoteX9, and papers were included if they were based on: *Primary research* (studies or evaluations of community interventions involving food retail stores); *Descriptive reports* of community interventions involving food retail stores; *Secondary research* (reviews of community interventions involving food retail stores). Papers were excluded if they had no direct mention of either food retail stores or actions related to community well-being. We also excluded papers describing well-being-related interventions if the food retail stores were not actively engaged (e.g. childhood obesity actions not initiated by the store or involving actions within the store). The decisions, where either reviewer was uncertain, were discussed and reconciled with any disagreements referred to a third reviewer.

Charting the results

Data were extracted on the actions described in the full papers according to a template based on the TiDier checklist,²³ including population/issue; the aim of initiative; inputs/delivery; type of outcome reported; and any qualitative observations or insights pertinent to the review questions. In keeping with the ambitions of a scoping review to largely ‘map’ the evidence, no formal assessment of quality was performed.²² Basic analysis was carried out to map the distribution of studies by type and population of interest, and tables were produced to summarise the range of actions

covered by the literature, content, inputs and any reported outcome. To provide a synthesis of the literature, we considered alignment between the different types of action/intervention identified and a UK framework of community-centred approaches to supporting well-being (10, 18). We then created a final categorisation, according to which we present our results, below.

Results

The searches of electronic databases found 5003 titles and abstracts once duplicates were removed; 5083 records were identified, including 80 from hand searches, grey literature searches, connectedpaper.com and reference mining (see Fig. 1), and the titles and abstracts of these were screened to decide whether they were in scope. Then 69 papers were retrieved and assessed. This resulted in 24 papers extracted and coded to produce a ‘map’ of literature in this area. Table 1 presents the included studies and data charting summary (see Table 2).

Type of paper

There was a range of documents captured (24), reflecting the breadth of sources searched, with research papers being the most frequent (11). Of the research papers, methods included four case studies, two evaluations, two papers on the same natural experiment, one combination of a literature review and multistage qualitative research, one matched case-control, and one (adapted) Asset-Based Community Development collaboration. Six reports

published by either retailers or policy actors were included (6), four discussion papers (4), two web-based articles (2), and one conference paper (1).

Population of interest

The majority of studies were carried out in the UK, with a further nine of relevance both to the UK and global food retail practice. In terms of the population targeted by the initiative, most focused on a neighbourhood or city with high deprivation (13) or a targeted ‘vulnerable’ population, such as people with specific health conditions (6), and one paper covered both (1). The remaining actions reported were either non-targeted or not well described (4).

The food retailer approach to supporting the community

Two broad categories of intervention were identified out of the process of charting and synthesis: strengthening communities; and public health promotion and prevention. Further sub-categories emerged based on the detail of actions, e.g. ‘strengthening communities’ included: community regeneration; community cohesion; and community infrastructure. ‘Public health promotion and prevention’ comprised: promotion of healthy lifestyles; and prevention or control of specific health conditions or diseases. Some papers straddled sub-categories, either because single interventions incorporated multiple approaches; or multiple interventions were covered by the same paper (e.g. in the case of a retailer report).

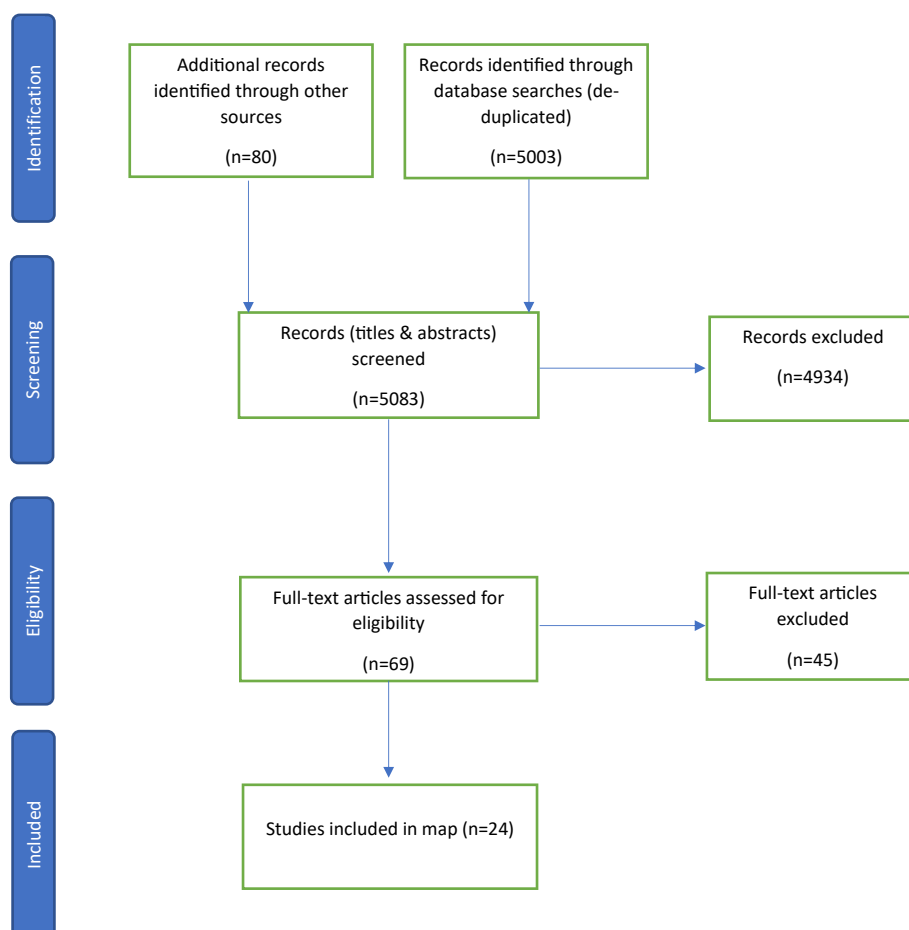


Fig. 1. PRISMA Study Selection flow chart.

Table 1
Data charting summary.

Bibliographic details	Type of paper	Issue	Intervention	Activities	Intervention type	Process measures	Health outcomes (individual)	Health outcomes (community)	Well-being (individual)	Well-being (community)	Economic or financial assessment
Cantaragiu R (2019) ³¹	Research paper	Food waste & poverty	'The Food Bank' project	Co-financing project and goods donation.	Strengthening communities	✓					✓
Carley M et al. (2001) ²⁴	Report	Regeneration & sustainability	Multiple e.g. Borough Market Partnership, Kwik Save & Healthy Castlemilk pensioners voucher scheme, Seacroft Tesco Partnership	Employment schemes, voucher schemes, childcare programs, local business support.	Strengthening communities	✓		✓		✓	✓
Casanas B et al. (2011) ³²	Conference paper	Elderly Influenza	Vaccination program	In-store pharmacy resources for vaccine administration.	Public health	✓	✓	✓			✓
Colls R and Evans B (2008) ⁴⁵	Discussion paper	Child obesity	Exploration of in-store healthy eating strategies	Nutritional signposting and healthy eating in-store guided tours.	Public Health						
Cummins et al. (2005) ²⁵	Research paper	Deprivation - diet and psychological health	Store development	Introduction of large-scale food retailing.	Multiple: strengthening communities; public health	✓	✓	✓		✓	✓
Cummins et al. (2008) ²⁶	Research paper	Deprivation - diet, psychological health and local regeneration	Store development & local partnership	Introduction of large-scale food retailing & associated local employment scheme	Multiple: Strengthening communities; public health	✓	✓	✓	✓	✓	✓
Gittelsohn J et al. (2006) ⁴⁷	Research paper	Obesity & related chronic disease	Healthy Stores Program	In-store cooking demonstrations, recipe cards, mass media support.	Public health	✓					
Gore R et al. (2020) ³³	Research paper	Evaluation of hypertension prevention program	REACH FAR intervention, including 'Shop Healthy' Program	In-store healthy food promotion combined with local health education and screening.	Public health						
Hepburn P and Thompson M (2018) ²⁷	Report	Deprivation	Hattersley & Mottram regeneration partnership.	Introduction of large-scale food retailing, long-term unemployment scheme and funding for community hub.	Strengthening communities				✓	✓	✓
Imrie R and Dolton M (2014) ²⁸	Discussion paper	Urban regeneration	Store development and local partnerships	Introduction of large-scale food retailing, building affordable housing and infrastructure investment.	Strengthening communities	✓					
KPMG LLP 2018 ³⁴	Report	Tesco's economic & social contribution to the UK	Multiple local and national interventions	Funding community champions, charity	Multiple: Public health;					✓	✓

Lee R M et al. (2015) ³⁵	Research Paper	Obesity & related chronic disease amongst an African American community	Eat Right-Live Well! campaign	partnerships, funding community projects, food donation, community spaces. Stock changes, labelling, advertisements and price reductions; in-store taste tests and recipe cards; community events; staff training.	strengthening communities	Public health	✓		✓
Marques F et al. (2010) ⁴³	Research Paper	Sustainability and inequality	Community initiatives and environmental preservation	Food bank donations and funding neighbourhood initiatives and seed donations.	Strengthening communities				
McEachern MG, Warnaby G. (2019) ⁴¹	Discussion Paper	Health promotion and community development	Health, community and employment initiatives	Blood pressure checking, apprenticeships, community education, seasonal events.	Strengthening communities				
McQuaid R et al. (2005) ²⁹	Research Paper	Unemployment	'Alloa Initiative' partnership programme i.	Employment programme - teaching personal presentation, teamwork, retailing skills and customer care.	Strengthening Communities			✓	✓
Onemanchester (2017) ⁴⁴	Website (case study)	Food poverty and social stigma	Support for a community shop	Goods donations by supermarkets and cooking classes.	Strengthening communities				
Price C et al. (2004) ³⁶	Research paper	Ageing in place	University-community-retail partnership to facilitate community education	In-store community workshops.	Public Health		✓		✓
Reilly M (2017) ³⁷	Website (case study ×3)	Community development	Multiple local community case studies	In-store community holistic space; yoga classes; bird feeding community education and festival sponsorship.	Multiple: strengthening communities and public health				
Rybczewska M and Sparks L (2020) ⁴²	Research paper	Community development	Multiple local community interventions	Funding local projects, breakfast clubs, free food delivery	Strengthening communities				✓
Surkan PJ et al. (2016) ⁴⁶	Research Paper	Obesity & related chronic disease amongst an African American community	Eat Right-Live Well! campaign	Stock changes, labelling, advertisements and price reductions; in-store taste tests and recipe cards; community events; staff training.	Public health		✓		✓

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Table 1 (continued)

Bibliographic details	Type of paper	Issue	Intervention	Activities	Intervention type	Process measures	Health outcomes (individual)	Health outcomes (community)	Well-being (individual)	Well-being (community)	Economic or financial assessment
Tesco and Groundwork 2021 ³⁸ The Co-operative (2019) ³⁹	Report Report	COVID-19 pandemic Corporate social responsibility	National charity partnership Multiple local and national interventions	Funding for community groups Steel Warriors Partnership repurposing confiscated knives into gym equipment, funding community groups etc. Fundraising; event facilitation; and education and awareness raising	Strengthening communities Multiple: Strengthening communities and public health	✓	✓	✓	✓	✓	✓
The National Charity Partnership, 2018 ⁴⁰	Report	Diabetes	National Charity Partnership	Fundraising; event facilitation; and education and awareness raising	Public health	✓	✓	✓	✓	✓	✓
Wrigley N et al. (2002) ³⁰	Discussion paper	Deprivation	Seacroft Partnership	Introduction of large-scale food retailing, long-term unemployment scheme.	Strengthening communities	✓	✓	✓	✓	✓	✓

Strengthening communities

Table 1 shows that the majority of studies corresponded to ‘strengthening communities’ actions. Within these, seven papers covered actions which were part of a broader *community regeneration* programme.^{24–30} Specific actions included: store support to affordable housing; local employment initiatives; and funding the creation of a community ‘hub’ intended to bring community groups together. Inputs often involved collaborations or partnerships between supermarkets and local authorities, local or national charities, employment or educational training providers, educational institutions, housing associations, community groups and faith groups.^{24–40} Resource inputs included funding for community spaces and new job opportunities or job training.^{27,30,33,40}

A subcategory included activities we interpreted as fostering *community cohesion*, with food shops offering shared space in-store, in one example for educational activities on ‘ageing in place’, or well-being activities and classes.^{33,36,37,41,42} Inputs included the free usage of store space; and/or staff time to host groups and events. One report highlighted the role of ‘Community Champions’, dedicated staff whose role is to assist and enable local projects.³⁴

A final subcategory related to supporting *community infrastructure*.^{31,34,38,39,43,44} Actions included grant funding or donations to support communities in running emergency services, such as food banks, and assisting with the development of outdoor activity spaces. Environmental protection was a common theme, e.g. waste reduction and sustaining the natural environment, e.g. connecting individuals to wildlife or promoting sustainable practices through the funding or facilitation of educational events and activities.^{34,37,41} Typically, inputs predominately involved goods (food donation), and financial resources, assigned either through charity partnerships, direct donations to groups or project-based funding, but they could also include donations of staff time and store space.

Public health promotion and prevention

A second approach to supporting communities are actions aligned with health promotion or prevention. Those with a promotion focus included healthy lifestyles work delivered through in-store events, such as food tours, tastings and educational events, and supporting fitness and sports.^{34,35,37,39,44,45} Inputs included: financial resources for promotional material; training and equipment; direct grants to community groups; and staff time and training for in-store healthy eating tours.

Those focusing on prevention or control of specific health conditions or diseases^{32–34,39–31,47} included: in-store vaccination programmes; awareness and educational programmes for conditions like hypertension; in-store blood-pressure monitoring; and campaigns on the heart or circulatory diseases, or loneliness. Inputs included donations of space (both for storage of medical equipment and store-space for demonstrations), funding for training and resources (educational material and medical equipment) and staff time to assist with programmes.^{32,34,36,37,46} Also included here were financial donations towards cause-specific awareness campaigns and collaborations and partnerships on a specific prevention strategy, for example, the Tesco/British Heart Foundation and Diabetes UK charity partnership.⁴⁰

Reported outcomes and impact

The extent to which outcomes were formally assessed reflects the breadth and type of literature included, and potentially also the duration of the study and intervention (Tables 1 and 3). Indeed some – predominantly discussion papers and small case studies –

Table 2
Data charting of inputs, partnerships, and location.

Bibliographic details	What?	Who?	Where?	Duration
Cantaragiu R (2019) ³¹	Collaborations and Partnerships, community resources	Lidl and Junior Chamber International	Romania	2 years (at time of publication)
Carley M et al. (2001) ²⁴	Collaborations and Partnerships, community resources	Various – Sainsbury's, Tesco, Kwik Save, Borough Market, local businesses, local community groups and local councils	UK-wide (various locations)	Various/unspecified
Casanas B et al. (2011) ³²	Community resources, collaborations and partnerships	Publix supermarkets, Publix Pharmacy and University of South Florida	Florida, USA	1 year
Colls R and Evans B (2008) ⁴⁵ Cummins et al. (2005) ²⁵	Community resources Collaborations and partnerships, community resources	Tesco, Sainsbury and Asda Tesco, Glasgow Chamber of Commerce, a local training college, and regeneration companies	UK-wide Springburn, Glasgow, UK	Unspecified 1 year
Cummins et al. (2008) ²⁶	Collaborations and partnerships, community resources	Tesco, Glasgow Chamber of Commerce, a local training college, and regeneration companies	Springburn, Glasgow, UK	1 year
Gittelsohn J et al. (2006) ⁴⁷ Gore R et al. (2020) ³³	Community resources Collaborations and partnerships, community resources	Supermarket and local media REACH FAR programme involving supermarkets, faith-based sites, restaurants, New York City Department of Health and Mental Hygiene	Republic of the Marshall Islands New York and New Jersey, USA	10 weeks 24 months
Hepburn P and Thompson M (2018) ²⁷	Collaborations and partnerships, community resources and community infrastructure	Tesco, Tameside MBC, Jobcentre Plus, Work Solutions, The Skills Funding Agency, and Peak Valley Housing Association	Hattersley and Mottram, Greater Manchester, UK	11 years (plus further 10 post-paper publications)
Imrie R and Dolton M (2014) ²⁸	Community infrastructure, community resources, collaborations and partnerships	Planners from Lambeth, local councillors, the architects of Tesco's scheme, Collado Collins, Tesco's planning consultants, GL Hearn, and other development organisations, such as London Thames Gateway Development Corporation (LTGDC) and Leaside Regeneration Company (LRC)	Bromley-by-Bow, East London, UK	length of study 12 months, intervention unspecified
KPMG LLP (2018) ³⁴	Community resources, collaborations and partnerships	British Heart Foundation, Diabetes UK, Cancer Research, Groundwork, FareShare, Trussel Trust and local community groups, local community stakeholders, local community groups	UK-wide	1 year
Lee et al. R M (2015) ³⁵	Community resources, collaborations and partnerships	Johns Hopkins Bloomberg School of Public Health (and student assistance), local community groups, registered dietitian	Baltimore, USA	9 months
Marques F et al. (2010) ⁴³ McEachern M G and Warnaby G (2019) ⁴¹	Community resources Community resources	None specified Independent cooperative retailers, local schools and community groups	Sao Paulo, Brazil (various cities) Greater Manchester, UK	Unspecified Interviews carried out between 2015 and 2016, intervention lengths unspecified
McQuaid R et al. (2005) ²⁹	Employment initiatives, collaborations and partnerships	Clackmannanshire Council, Jobcentre Plus, Scottish Enterprise Forth Valley (the Local Enterprise Company), and Triage Central	Alloa, Scotland, UK	8 weeks (length of Alloa Initiative Employability Training Course), total length of study unspecified
Onemanchester (2017) ⁴⁴	Community resources	One Manchester Community Fund, FareShare, Tesco, M&S, Healthy Me Healthy, Rainbow Haven project, University of Manchester	Anson, Manchester, UK	Unspecified
Price C et al. (2004) ³⁶	Collaborations and partnerships, community resources	Specialist university faculty, Ohio Dept of Aging, local area agency on aging, local AARP chapter, county extension agents and local students	Ohio, USA	1+ years

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Table 2 (continued)

Bibliographic details	What?	Who?	Where?	Duration
Reilly M (2017) ³⁷	Community resources, community infrastructure, collaborations and partnerships	Local festival and schools	Wisconsin, Texas and Colorado, USA	Unspecified
Rybaczewska M and Sparks L (2020) ⁴²	Community resources	None specified	Edinburgh, Glasgow and Falkirk, Scotland, UK	Unspecified
Surkan PJ et al. (2016) ⁴⁶	Community resources	Local organisations and faith groups	Baltimore, USA	9 months
Tesco and Groundwork (2021) ³⁸	Collaborations and partnerships, community resources	Groundwork	UK-wide	4 months
The Co-operative (2019) ³⁹	Collaborations and partnerships, community resources, community infrastructure	Various e.g. Steel Warriors, British Red Cross, Keep Britain Tidy	UK-wide	1 year
The National Charity Partnership (2018) ⁴⁰	Collaborations and partnerships, community resources	British Heart Foundation, Diabetes UK	UK-wide	3 years
Wrigley N et al. (2002) ³⁰	Community infrastructure, community resources and partnerships and collaborations	Seacroft Partnership, in association with Leeds City Council, property developers Asda St James, the employment services agency, the shop workers' union USDAW and the East Leeds Family Learning Centre	Seacroft, Leeds, UK	Unspecified

gave no account of outcomes.^{37,41,43–45} Due to the diversity of actions covered by the literature, varied study designs, and no common or consistent measure of outcomes, a clear picture of effectiveness or concrete impact is not discernible.

The most commonly measured aspect of interventions related to implementation (n = 11), for example, of in-store healthy eating initiatives or of new retail development in a food 'desert';^{25,26,35,47} community well-being outcomes (n = 10); and economic and job outcomes (n = 11). Individual health (n = 6) and community health outcomes (n = 6) were infrequently reported, with change to individual well-being (n = 2) the least cited. For public health promotion or prevention actions, studies measured outcomes both quantitatively and qualitatively. Two were natural experiments focused on the same healthy eating initiative.^{25,26} These were the most comprehensive reports on outcomes and included bivariate analysis of dietary outcomes for fruit and vegetable intake, self-reported using the General Health Questionnaire (GHQ-12) and qualitative focus groups. Only marginal improvements in health were observed, however, and reported as not statistically significant.^{25,26} This was also the case for studies interested in healthy eating, recording increases in sales of fruit and vegetables as a proxy for impact on customer health.⁴⁶

Focus on outputs over outcomes

Whether the focus was more closely allied to health promotion or community development, studies fell short of reporting on effectiveness and impact and instead were limited to recounting outputs rather than outcomes. Commonly reported were counts of actions delivered (n = 14), such as high uptake and successful vaccine administration, and delivery of a waste reduction initiative.^{29,31,32} This was similar in retailers' own reporting of CSR or Environment and Sustainability Goals (ESG).³⁴ For example, national charity partnerships and community grants schemes were largely evaluated according to amounts donated to community groups, the number of projects supported, groups reached, and by volunteer hours.^{34,38,40,48} Some gave breakdowns by sub-group of beneficiaries, e.g. children and young people, older people, socially isolated people and people/households on a low income, and some

used case studies to provide more insights into the impact on individuals or groups.

Even when striving to report on Social Return on Investment (SROI), assessment of the social return largely failed to pinpoint any difference made to health or well-being. While Cantaragiu estimated a positive SROI from a food waste initiative in Romania, the paper did not detail how changes in 'mentalities, community involvement, reduction of social exclusion' were assessed.^{31, p. 509} Overall, the reporting of any difference made to community well-being lacked specificity, and consideration of 'success factors' tended to dominate the narrative. However, this did enable a number of common insights on implementation to be drawn out.

Community knowledge and insights

As well as social and economic value, one study emphasised the importance of knowledge and understanding of local challenges and context.^{42, p. 4} Similarly, Surkan et al. highlighted the 'community driven' approach conceived by the store owner as influential in securing financial and in-kind support and flexibility,^{46, p. 119} and Lee et al. the owner-initiation resulting in greater enthusiasm, commitment, and impetus for the intervention.^{35, p. 855} Being a family business with a long community history was also felt also to be influential to the successful implementation of a 'culturally adapted' programme.^{33, p. 1535}

Conversely, a failure to understand the community could reportedly result in unintended consequences. A study of a regeneration development, including a new supermarket, intentionally located on the periphery of a residential area to create a

Table 3
Type of outcome reported.

Type of outcome reported	Number of studies
Process outcomes	11
Health (individual) outcomes	6
Health (community) outcomes	5
Well-being (individual) outcomes	2
Well-being (community) outcomes	10
Economic or financial assessment	9

more outward-looking community and stimulate ‘bridging’ social capital⁴⁹ in practice led to a ‘hollowing out’ of the community, both in a physical and a social sense.^{27, p. 22}

Partnership and effective partnerships

Partnerships could be based on the sharing of knowledge or skills,^{25–27,29–31} donation of financial resources,^{28,34,37,38} or a combination of these.⁴⁰ They were also reportedly key to access and enabling community collaboration, particularly where partners were well embedded in their community.^{33,39} Carley et al. highlighted the overall success of a ‘strategic, participative approach’ to ensure retail revival fostered long-term social and economic benefits, incorporating actors across different levels of decision-making.^{24, p. 67} Whilst predominantly capturing employment outcomes, McQuaid et al.²⁹ also adopted frameworks to draw out features of successful partnerships to guide future practice, such as: having a clear strategy, incentives for collaboration, and making the best use of partners’ resources and skills. Again, a partnership model was felt to be influential in enabling corporate resources to be mobilised for a vaccination programme,³² and features such as ‘flexibility, pragmatism and support for one another’ were highlighted as important to success.^{40, p. 19}

Community insights and partnership are both key features of Asset-Based Community Development (ABCD), a five-stage process, adapted by Price et al.³⁶ in their ageing in place community education study, beginning with the identification of partnerships and their strengths and closing with the embedding of more sustainable community outreach.⁵⁰

Discussion

Food retailer initiatives towards local communities is an under-researched area that may nevertheless have the potential to support the broader public health effort in communities. ‘Building back’ from the global pandemic depends not only on the immediately pressing aspects of financial security and material well-being but also on whether we have the economic, social and environmental assets and infrastructures in place to foster well-being and build resilience.^{51–53}

This review has shown, even within a relatively small body of literature, that food retailers are involved in diverse actions with a bearing both on community conditions and on health behaviours. We consider that these actions could contribute to the community conditions influential to well-being, as seen through the community-centred and asset-based lenses outlined in the introduction to this paper. Strengthening communities actions involved contributing resources (or assets) of time, money (large and small grants to local groups), goods and space, and were often underpinned by development of partnerships and collaborations. These have the potential to be felt locally in terms of improved civic infrastructure, built environment, better connections between people or groups, and increased capacity in the community and voluntary sector to provide support and activities. From time, space, goods and financial resources dedicated to health promotion and health care actions, changed behaviour amongst groups could cumulatively make a difference to dietary health or physical activity in the local population and/or protection from disease. Yet, we found that impact on community well-being was not actively captured in any of these studies, and reporting of health and well-being-related outcomes that might contribute to any change was generally weak. Intent to assess the impact of community oriented CSR actions is present, however, as observed in the growing attention to social value and social return on investment, e.g. in CSR/ESG impact reporting. Nevertheless, we have shown that to

date, these have been ‘high level’, dominated by the presentation of ‘counts’ of outputs and not the evaluation of outcomes in the context of local areas. This is a significant barrier to understanding what works in what circumstances and where CSR strategies and actions of food retail and business more broadly can effectively support the local infrastructure for community resilience.

To this evidence gap, we add the challenge to food retailers as businesses. While philanthropic donations and ad hoc community investment is a feature of supermarket CSR, there is increasing pressure on companies to create ‘shared value’ by aligning business goals and competencies with the development priorities of local stakeholders.^{17,54} The studies included in this review suggest there could be movement in this direction, in that incorporating community knowledge and resources is reportedly influential to the successful implementation of actions. Alongside the aforementioned influence of investment in partnerships, these are key aspects of community-centred asset-based working.

We argue, therefore, that the theoretical underpinning associated with these approaches (reflecting the human, physical and organisational resources), which includes consideration of context and community conditions, could be a useful framework for future study of food retailer community actions. We recommend that future research also focus in depth on identifying a subset of health and well-being outcomes most likely to be associated with such initiatives and attempt to identify where social value is accrued across local systems.

Limitations

This was a complex search across a broad literature and several disciplines. Pilot searches were conducted to test search string sensitivity, including in application to searches of grey literature. While care was taken to ensure the search strategy was as inclusive as possible within our parameters, it is possible that some literature of relevance was missed through indexing or other reasons.

Author statements

Ethical approval

Ethical approval was not required as this is a scoping review of extant literature.

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Competing interests

We have no conflicts of interest to declare.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.puhe.2021.09.029>.

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