

Entrepreneurialism and health-promoting retail food environments in Canadian city-regions

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Summary

The retail sector is a dynamic and challenging component of contemporary food systems with an important influence on population health and nutrition. Global consensus is clear that policy and environmental changes in retail food environments are essential to promote healthier diets and reduce the burden of obesity and non-communicable diseases. In this article, we explore entrepreneurialism as a form of social change-making within retail food environments, focusing on small food businesses. Small businesses face structural barriers within food systems. However, conceptual work in multiple disciplines and evidence from promising health interventions tested in small stores suggest that these retail places may have a dual role in health promotion: settings to strengthen regional economies and social networks, and consumer environments to support healthier diets. We will discuss empirical examples of health-promoting entrepreneurialism based on two sets of in-depth interviews we conducted with public health intervention actors in Toronto, Canada, and food entrepreneurs and city-region policy actors in St. John's, Canada. We will explore the practices of entrepreneurialism in the retail food environment and examine the implications for population health interventions. We contend that entrepreneurialism is important to understand on its own and also as a dimension of population health intervention context. A growing social scientific literature offers a multifaceted lens through which we might consider entrepreneurialism not only as a set of personal characteristics but also as a practice in networked and intersectoral cooperation for public and population health.

Key words: health-promoting environments, food, community-based intervention, public policy, urban social entrepreneur

INTRODUCTION

The retail food sector is a dynamic and challenging part of contemporary food systems with an important influence on population health and nutrition (Ni Mhurchu

et al., 2013). Global consensus is clear that policy and environmental supports are essential to promote healthier diets and reduce the burden of non-communicable

diseases including obesity (Swinburn *et al.*, 2013; World Health Organization, 2013; Calancie *et al.*, 2015; Hawkes *et al.*, 2015). Retail food environment interventions typically comprise public health actors working in cooperation with retailers, distributors, decision makers and community members to increase geographic or store-level access to healthier foods or reducing the availability and appeal of less healthy choices. Many interventions adopt goals such as community development, economic development or ecological sustainability alongside health aims (Mah *et al.*, 2016). Intersectoral approaches are essential, since retail interventions involve networks of public and private sector actors whose aims, interests and values may not immediately align (Hawkes *et al.*, 2013; Sacks *et al.*, 2013).

In this article, we investigate entrepreneurialism as a form of social change-making within the retail food environment, drawing from two empirical studies from city-regions in Canada. Throughout this article, we use four related terms as follows. Entrepreneur, as noun, refers to individuals colloquially, or conceptually, labelled as such: e.g. small business owners or policy entrepreneurs. Entrepreneurship as noun similarly refers to the overall practice of being an entrepreneur. We spend less time in the article on these. In contrast, we emphasize entrepreneurial-as-adjective with entrepreneurialism as its noun, to convey how individuals can demonstrate characteristics and practices that may constitute important forms of entrepreneurship, whether or not these individuals are labelled entrepreneurs. In doing so, we draw from the growing breadth of social scientific literature on entrepreneurial actors, emerging from different disciplines, which offers a multifaceted framework through which we might understand and enable diverse health promotion practices. Social entrepreneurship for health promotion has been examined previously in this journal (de Leeuw, 1999; Catford, 2008); at the time, the focus was on policy entrepreneurship, e.g. to inform healthy public policy efforts within health promotion. We suggest that it is time for a revival of study on entrepreneurialism in health promotion. Intervention development in areas of health promotion practice such as the retail food environment rely on transdisciplinary concept-sharing on who entrepreneurs are and how they do their work, in structural contexts that include institutions and firms, governments and markets. Moreover, health promotion action in the food system increasingly requires the collaboration of conventional and unconventional allies. For example, a population health intervention to stock and merchandize a healthier version of an existing food item in a convenience store might draw equally on actions theorized in the business literature on

product innovation by store owners and employees; economic development literature on social impact of enterprises or the policy studies literature on actions by street-level practitioners such as public health nutritionists who work in the community, in addition to policy entrepreneurship. Further, this article speaks to earlier literature on health ‘champions’ but reaffirms the language of entrepreneurialism, which we believe more adequately addresses how contemporary health-promoting entrepreneurial activity involves working across and outside institutions, among networks and entails creative practices in social systems—innovations.

First, we provide a brief overview of the literature on retail food environments and population health, with a focus on small food businesses. Second, we describe how entrepreneurs are theorized in several relevant areas of social scientific inquiry. Third, we present methods and findings from two city-region empirical studies, with attention to strategies that entrepreneurial individuals use to navigate the retail environment. Fourth, we will discuss how entrepreneurial actors in this study engage with a constituency, convey normative ideas, act practically within change processes and enable environmental-level shifts. Our findings emphasize that in networked contexts, entrepreneurialism as a practice enabled social change more than the individual characteristics of entrepreneurs that has been primarily described in the literature. Finally, we will discuss possibilities for future research in how health-promoting entrepreneurial strategies could be enabled within complex intervention contexts.

OVERVIEW OF RETAIL FOOD ENVIRONMENTS AND POPULATION HEALTH

‘Obesogenic’ retail food environments and their relationship to energy imbalance and poor diet quality are of global academic and policy concern (Swinburn *et al.*, 1999). Retail food environment research includes studies of the *community food environment*, i.e. geographic disparities in food access, and *consumer food environment*, i.e. in-store shopping experience including availability of items and merchandizing including placement, pricing and promotions (Cummins and Macintyre, 2006; Glanz *et al.*, 2005, 2007; Glanz, 2009; Ni Mhurchu *et al.*, 2013). Features of both community and consumer food environments appear to affect dietary and health outcomes, including weight-related outcomes, although the evidence is mixed in terms of what features matter most. This mixed

evidence has meant heterogeneity in how the literature interprets and attributes the effects of retail interventions implemented in particular contexts. For example, the emerging international consensus is that USA is the only nation where broad evidence for ‘food deserts’ exists (Cummins and Macintyre, 2006; White, 2007; Caspi *et al.*, 2012). In Canada, low-income neighbourhoods have equal, if not better, access to retail food sources of healthier food, and it is the predominance of less healthy options or ‘food swamps’ that may be of greater concern (Minaker *et al.*, 2016).

Small food businesses have increasingly received attention as a setting for retail food environment intervention where the effects of the intervention can be more clearly understood within local contexts (Gittelsohn *et al.*, 2012; Pinard *et al.*, 2016). Setting aside known methodological issues in the literature (Gittelsohn *et al.*, 2012; Pinard *et al.*, 2016), addressed recently in part through more robust research designs (Lent *et al.*, 2014; Ayala *et al.*, 2015; Budd *et al.*, 2015), small businesses are an important health promotion setting to study from health and health equity perspectives. They are places where populations encounter physical and social environmental exposures to food and conduct material exchanges. They are of economic importance (Runyan and Droge, 2008; Quinn *et al.*, 2013), and differential structural supports for small businesses in competitive markets is a matter of local economic development. The business literature has examined how small stores foster social connections, offer specialized goods and services tailored to local markets and create value for consumers where disparities in access to goods might otherwise exist (Coca-Stefaniak *et al.*, 2005; Clarke and Banga, 2010). The population nutrition intervention literature has identified small food stores as a promising consumer environment to promote healthier diets (Gittelsohn *et al.*, 2012, 2014; Budd *et al.*, 2015; Pinard *et al.*, 2016).

A key gap in the evidence on the health promotion potential for small food businesses, however, is how action should be negotiated and coordinated among the actors who bring diverse sectoral interests and values to working in the retail space. Interventions in small food stores garner strong public and community support (Gittelsohn *et al.*, 2012; Pinard *et al.*, 2016) but are often led by public health actors who bring specific principles and goals to a retail environment. Store owner motivation, capacity and behaviour are crucial to intervention implementation (Dannefer *et al.*, 2012; Health Canada, 2013; Gittelsohn *et al.*, 2014; Harries *et al.*, 2014; Budd *et al.*, 2015); yet, key retailer concerns such as financial impact of interventions is virtually absent

from the health literature (Cameron *et al.*, 2016). Within this context, we suggest that invigorating the idea of health-promoting entrepreneurialism is worthy of attention by population health researchers, practitioners and policymakers.

THEORIZING ENTREPRENEURIALISM

In this section, we will introduce terms from distinct but related areas of social science in which entrepreneurial actors and the work they do have been theorized, with relevance to population health interventions in the retail food environment. We have elected to highlight terms that are used across organization and system contexts. We excluded terms that have been used in food studies such as ‘moral entrepreneur’ which refer to processes of institutionalization and social control (Becker, 1963); we also excluded the ‘competent boundary spanner’, a term relevant to intersectoral action but that underemphasizes the creative aspect of entrepreneurial practice.

Much of the current work on special individuals who actively make social change can be traced to 1960s diffusion of innovations theory (Rogers, 1962). In Rogers’ formulation, these individuals were ‘opinion leaders’ or ‘change agents’ who leverage their relationships as well as their communication skills to secure the adoption of novel ideas, practices or objects—innovations. Rogers noted how actors skilled in heterophilous communication—ideas exchanged among individuals who differ in their personal attributes, beliefs and norms—are important to diffusion. Rogers’ theory has been widely applied in the health promotion literature (Haider and Kreps, 2004; Nykiforuk *et al.*, 2011).

In public policy studies, distinctive actors who catalyse social change were termed ‘policy entrepreneurs’ by Kingdon (Kingdon, 2003) in his influential Multiple Streams Theory. Policy entrepreneurs capitalize on windows of opportunity to align or ‘couple’ policy problems, potential solutions and political processes receptive to their ideas, and in so doing, mobilize change in the policy agenda. Kingdon’s policy entrepreneurs possess three important characteristics: they are well-connected or highly effective in forging strategic relationships; they have a voice or claim to be heard and are tenacious. Public health professionals have been analysed as policy entrepreneurs in research on school health environments (Craig *et al.*, 2010), child health promotion at the municipal level (Guldbrandsson and Fossum, 2009) and tobacco control (Cairney *et al.*, 2011).

More recently, policy researchers have analysed the innovative work individuals do in the public sector, when faced with uncertainty and growing complexity of policy issue areas and shifts in how we approach the business of governing: a revival of interest in practices of ‘street-level bureaucrats’ who effectively become the face of public policy for citizens (Lipsky, 1980). Lipsky’s work examined the perils of discretionary actions by practitioners in public sector bureaucracies, arguing for institutional reform and greater accountability to citizens who could become an important force in shaping practitioner behaviour. Policy scientists in the interpretivist tradition have since taken up this question of how front-line workers not only implement but also actively shape policy. Van Hulst *et al.* describe the ‘exemplary practitioner’ who solves problems by embracing uncertain and ambiguous conditions, and responding creatively to those conditions by applying a well-developed repertoire of tools on a case-by-case basis (van Hulst *et al.*, 2011, 2012; Durose *et al.*, 2015). In a study of urban social development in five Dutch cities, they conclude that exemplary practitioners ‘show a mix and dose of entrepreneurialism, strategic networking and empathic engagement that differ from standard bureaucracy’ [(van Hulst *et al.*, 2012), p. 446] but that this entrepreneurial work may be vulnerable if their environment is unreceptive to their way of working. Cels *et al.* (2012) prefer the term ‘social innovators’ to articulate this type of public sector action, highlighting the ability of these individuals to leverage the legitimacy, support and resources that are essential for operating within institutional mandates.

‘Social entrepreneurship’ is another term that has gained traction as a means to address collective problems and create value for citizens through leading social changes that span the non-profit, private and public sector (Austin *et al.*, 2006; Cels *et al.*, 2012). Social entrepreneurs have been characterized in how they differ from business entrepreneurs: in how they apply their entrepreneurial orientation and in what drives their work (Austin *et al.*, 2006). In addition to networking and risk management skills, social entrepreneurs’ work is organized around a core social value proposition as opposed to a market niche-oriented proposition; they use networks for credibility as opposed to capital investment; risk credibility and reputation rather than finances and gain social and human capital instead of financial rewards (Shaw and Carter, 2007).

In the business and marketing literature, special attention has been paid to those who lead successful small-and-medium-sized enterprises and innovate within them. As described earlier, small businesses are

significant in national economies and provide important services to communities (Coca-Stefaniak *et al.*, 2005). Beyond individuals, business research articulates firms as holding an ‘entrepreneurial orientation’ associated with the level of competitiveness and success of the enterprise (Tajeddini *et al.*, 2013). The characteristics of entrepreneurial orientation include flexibility, creativity and adaptability, to facilitate the ability to identify changes and exploit them (Home, 2011). An entrepreneurial orientation in the retail sector is associated with an ability to introduce small, sustainable changes to existing business models that are attentive to both current and future customer needs (Home, 2011; Tajeddini *et al.*, 2013).

METHODS

Identifying entrepreneurialism

We recruited participants through purposive and referral sampling from known city-region food policy networks. The principal inclusion criterion was that individuals had to be established as important to entrepreneurial activity, defined among their peers in the policy network of interest or actual small business entrepreneurs, i.e. owners of a for-profit private sector small retail food business. We included actors who could comment firsthand on practices within local policy environments, such as public health unit and government staff. In both studies, we were interested in how actors carried out their everyday work, their interpretation of how they did so successfully (or not) within the local policy environment and the opportunities and constraints to promoting health, broadly defined, within their environment. We expected that our sample would include individuals from the following researcher-defined social groups working in the field of retail food business: community leaders with formal cultural or political roles; informal ‘opinion/thought leaders’; public health practitioners; government staff and for-profit private sector small retail food business owners. In keeping with our objective to better understand entrepreneurial practice within the retail sector as it relates to health promotion, we sought to interrogate entrepreneurial characteristics of and practices among individuals in each of these social groups not only among the business owners.

Toronto sample

We conducted interviews with $n = 7$ key informants as part of the Food Retail Environments Shaping Health study, a pre-post, controlled, quasi-experimental study

led by the municipal public health unit to examine the impact of two population health interventions on food purchasing and diet quality of community members in low-income neighbourhoods in Toronto, Canada: a mobile fresh produce vending bus and a 'healthy corner store' conversion of a neighbourhood convenience store. At the end of the intervention period, we completed semi-structured, in-depth interviews of 16–46 min (average 32 min) with informants. Interviews were done in-person, audio recorded with written informed consent and transcribed verbatim. Participants included the owner of the retrofitted neighbourhood convenience store (1); a retail business advisor for the intervention (also a member of the municipal Board of Health and the city food policy council) (1); a staff member of the community non-profit organization delivering the mobile vending intervention (1); community development advocates from partner organizations (2) and members of the public health unit staff who led the evaluation (2).

St. John's sample

We conducted interviews with $n = 17$ key informants as part of the Missing Middle study, an environmental scan of policy levers enabling a healthy and sustainable food environment for the city-region of St. John's, Canada. Semi-structured, in-depth interviews of 19–70 min (average 52 min) were conducted in-person, except one interview that was conducted by telephone due to inclement weather. All interviews were audio recorded with written informed consent and transcribed verbatim. Participants included community leaders (2), a politician on municipal council (1), municipal government planning staff members (3), provincial government staff members from health and business departments (2), a business association director (1) and small retail food business owners (8). Among the business owners, we sought to include perspectives from three types of retail business settings engaged in local city-region food system promotion: small grocery stores, restaurants and primary agricultural producers engaged in direct marketing of their products to consumers.

Analysis

Transcripts were cleaned against the raw data; one team member coded transcripts initially using qualitative analysis software, applying a directed content analysis approach (Hsieh, 2005), where an initial list of concepts based on the entrepreneur theories discussed earlier were used (deductive analysis), with additions and refinements based on observations from the data

(inductive analysis), to capture theoretically significant as well as emergent themes (Miles *et al.*, 2013). Coded transcripts/written summaries were read and deliberated upon by four team members for each of the studies. Quotations used in this article have been de-identified with numerical references starting 1 for Toronto and 2 for St. John's. We removed the 'you know' discourse marker (all other discourse markers, such as 'like', were retained) and repeated words 'a, a', for clarity of reading. Themes were debriefed by two team members who led the writing of the first draft of this article; all co-authors contributed to refining the analysis, interpreting the findings and editing the final article.

RESULTS

Seeding innovation

Like others who have studied entrepreneurial activity, we found that actors in our study who engaged in entrepreneurial activity innovated in terms of new ideas, practices or products; additionally, we noted that individuals were skilled in establishing new relationships between people or social groups. Entrepreneurial actors described how they identified a need or gap, and an imperative to respond to it, even under conditions of uncertainty or previous failure.

If I had my time back, maybe I would have done this a little differently. But when you're presented in the situation and you're like, you see the possibility. ...that's one thing I didn't want to do, was take a couple of years off to go work in an oil, offshore or something, was because I was like, I'm afraid that someone else is going to do this in the time that I'm gone. (2-1)

Responsiveness to a constituency

Among our participants, innovation was pursued in a way that was responsive to a constituency. We use the governing term 'constituency' to describe how the entrepreneurial actors in our research defined a set of social groups on whose behalf they felt they acted as agent, including customers, community members or other actors in the local food policy network. Responsiveness was a bidirectional process: entrepreneurial actors observed the needs of their constituency and were open to input from them. This information would then be used to assess what 'demand' existed for social change. Actors from both public and private sectors in our studies represented this using the language of customer service.

I come at it from a point of very customer-centered; what do the customers want, how is this going to better

serve them, what's going to appeal to them. ...customers are very picky about price but they also care a lot about store appearance, store layout, customer service, so if you're treating them well, they'll come back more often. If they like you, they'll spend more, so small things like that—that most small business owners don't even think about, creating personal relationships. (1–3)

If you have a big hotel and the service, I mean your agent, the booking agent or like whatever the agent is, the front office agent is not good, nobody would like to come inside the building. [Interviewer: Even if it's a beautiful hotel?] Yeah they don't. I don't. Maybe 50% not. So you are losing your business for 50%, right? (1–5)

Enacting practical solutions

We observed that entrepreneurial actors did not simply leap to fill a perceived gap. They did so purposefully, with specific experience applicable to the situation, or by applying their existing knowledge in new ways. In doing so, entrepreneurial actors played an important role in catalysing behaviour among their constituents.

I get that consensus building is very important, I get pulling everyone to the table is very important, but the challenges I saw were that people weren't taking enough ownership. So it was consensus building, but no one was actually going and doing it so to... say okay, we're going to roll up our sleeves and we're going to make this happen. And then within a month or so of that, seeing it happen, right, was great. (1–3)

Innovation is not easy—it can be frustrating. However, our participants articulated how they could not simply continue on the same path when things did not work—they needed to take concrete practical action to change the situation. Although the innovation itself could be a new way of thinking about an existing circumstance, the exercise of entrepreneurial action was typically through enacting practical solutions to a specific problem. Entrepreneurs recognize when action needs to be taken now, even if the changes they opt to try have been 'tried before'.

Some of the entrepreneurial actors in our studies referred to their actions as a type of 'common sense' decision-making. This seems to refer to use of intuition or application of tacit knowledge. However, in examining the strategies that participants actually employed to solve problems, we found that practical skill in using objective information gathered about constituency interests, values and behaviours was actually at the core of entrepreneurial decision-making. This was a continual process of gathering 'data' that could be analysed and acted upon. Some participants commented on how they

made social observations; others described objective retail data-gathering and many commented on the need to be sensitive and open to feedback from others.

I think a lot of conversations start to help, but really the goal is data, right? And this is why a POS system is so important, because if you show people how much money they make off of certain things versus other things, it actually, it opens their mind, and they actually see, because it's real hard numbers. (1–2)

[My store co-owner] likes to talk. I like to hear. (1–6)

We found that the strength of engagement with their constituency gave entrepreneurial actors a confidence and drive to apply their practical skills. Constituency relationships—and entrepreneurship more broadly—were often referred to by participants as 'personal' rather than professional. Participants spoke of personal financial or reputational risks in implementing innovations; their lived experience as a member of a vulnerable community, or personal interactions with retail businesses and a personal role in the success or longevity of the innovations they introduced.

The success of our business essentially is on our shoulders. It's, we do this because we love it and so do ninety percent of the people we know through the personal connections, and because we're all very passionate about what we do, it makes getting the connections or keeping the connections a little bit better. It's always the same handful of people doing a lot of the stuff. (2–10)

Tenacity as an entrepreneurial strategy

Other research has articulated how entrepreneurial actors are typically persistent to achieve their aims—over months or more often years (Kingdon, 2003; Cels et al., 2012). Tenacity can be viewed as a character trait or quality; as one participant called it, 'I think it's because I'm like a dog with a bone I didn't let it go. (2–5)' We also saw that tenacity is how entrepreneurs practice. Entrepreneurial actors were tenacious in various ways—in their persistence with testing different solutions to problems; a willingness to manage own and others' expectations and a long-term view of the process of innovation.

Well we kept looking around... and we said okay, well I'll try that and see if—and everybody loved it. They want to be able to pick out their own sized potatoes, they want one carrot if they want it, or they would want one parsnip and so it worked perfect... every year we've tried to add some, to grow something new to offer and see what's in the supermarkets that people are buying, cause if we can grow it here, then why not, we'll try

it and let's see, so that's worked out. Like kale. That stuff grows like weeds. (2–6)

In other words, entrepreneurial actors sense that something is next—the trajectory is one of forward progress. This doesn't always mean that their actions are always rewarded with positive gains towards an end but they recognize the value in propelling an initiative, even while waiting for earlier results. Sometimes, propelling the initiative means communicating the steps that have already been taken to a constituency. Entrepreneurial actors sense that enough time needs to go by to understand a spectrum of tangible outcomes of innovation and are willing to incorporate that waiting time into their practice.

When you, after you make a survey, or you have no idea what they need, when you put them on the shelf, you have to let them know. Like, make a sign. Or make some flyer, or some coupon. Let them know. Let them come to the store to find. But don't expect they will sell good at once. Yeah. Because before, they don't come here to buy this, because there is no such vegetables. ... Now you have it, they may come once a week or sometimes come to see. And then they come more frequently, I think that's the way. (1–6)

Managing conflict through trade-offs

Entrepreneurial actors know that trade-offs are necessary when promoting health and other social objectives in the retail sector. We were surprised to discover, however, that participants did not speak of trade-offs as a matter of conflict of values. Rather, the individuals in our research believed that they had good agreement with their constituencies on goals and priorities but that practical trade-offs were needed due to limited resources or to ensure fair resource distribution, including space/physical resources, time, financial resources or human resources.

Participants brought different expectations and applied diverse practices in terms of how they made decisions balancing competing demands. Consistent among entrepreneurial actors was the application of knowledge about their constituency, their skills in actively managing change and in communicating change. Participants emphasized that transparency about their decision-making and the reasoning behind it—strategically communicated—was important to maintain their credibility and influence.

DISCUSSION

The entrepreneurial actors we discuss in this article enacted innovation through practical changes in the retail

food environment, relationship cultivation and communication. Entrepreneurialism for these individuals means innovating in response to, and dependent on their relationships with, a constituency. In using the term constituency, we aim to convey how population health intervention in the retail food environment brings together public health and collective social aims—including equity and representation of diverse and local interests—with for-profit business aims such as the creation of value for individual consumers through material exchanges. In this way, participants in this study bridge the strategies that public health and policy actors use to connect stakeholders and champion issues with the practical everyday actions that entrepreneurs employ to make businesses successful. Interrogating the intersection between strategies to achieve social value and strategies to achieve business aims offers a novel contribution to the resurgent literature on entrepreneurialism and its value to public health.

The participants in our research were agents of change by taking action on behalf of, and in facilitating action by, their constituents. They spoke of formal organizational capacity and responsibilities but we hesitate to call this an exercise of 'authority' or 'leadership' as per other entrepreneurial research, without additional data to fully assess the structural contexts that would allow further inferences about authority and power relations. What we did find was that constituencies were spoken of in the normative language of 'customer service'. This is partly explained by the need for an in-depth understanding of consumer behaviour as it works in the retail food environment but may also suggest that entrepreneurial actors who work in this space see their relationship to constituencies in a practitioner or service orientation, rather than a leadership or management one.

In other words, the kind of entrepreneurialism we observed was practical. In the literature on intersectoral action (Williams, 2002)—and in public health practice—this has also been referred to as a competency. Entrepreneurial actors were not only communicators: 'opinion leaders' (Rogers, 1962) or brokers of relationships and norms (Kingdon, 2003). They were adept at implementing concrete environmental changes as an expression of innovation—not only in shifting attitudes or agendas. Our entrepreneurial actors are 'everyday fixers' (Hendriks and Tops, 2005), one element of the typology that makes up the concept of exemplary practitioners described by van Hulst (van Hulst *et al.*, 2012). This entails practical problem solving through gathering 'data'—continued observations about people and their environments—as well as interpreting how innovation is meaningful to a constituency. Entrepreneurial actors

were therefore geared towards acting creatively, incrementally and efficiently, with a view to innovation over the long-term.

Entrepreneurialism and population health intervention context

The results of this study contribute to the literature on the context of the complex social systems in communities in which population health interventions are delivered and evaluated (Hawe *et al.*, 2004b, 2009, 2012). As others have articulated with regard to neighbourhood governance in city-regions, our focus on entrepreneurialism does not imply that only exceptional individuals are capable of negotiating social change; rather, we assert that what entrepreneurial actors do is an important component of intervention processes that deserves closer study (van Hulst *et al.*, 2012). In doing so, we aim to demonstrate that in a networked governance context, it is important to understand and interrogate the practices of diverse actors enacting and constructing entrepreneurialism within food businesses not only of those who are traditionally labelled business 'entrepreneurs'. Contemporary public health practice calls on health promoters to make sense of the implementation of comprehensive environmental intervention strategies in settings (Poland *et al.*, 2009, 2011; Poland and Dooris, 2010). The retail food environment is a setting that has received growing attention in public health nutrition and health geography but calls for intervention have only intensified some of the practice paradoxes that health promoters face. Should public health unit staff see themselves as agents in the success of retail businesses, particularly small businesses that operationalize values of community cohesion and local economic development? How does health promotion practice in food premises to address environmental non-communicable disease risks differ from the strategies to address communicable diseases, as scope of practice of the health inspector begins to blur with that of dietetic professionals? Do business owners who have health aims in mind practice health promotion? Should local businesses treat customers as constituents or consumers, and what are the implications of those perspectives for health promotion? How does an ecological public health practice proceed within the built environment and marketplace of a store? What do public health practitioners and business owners have to offer each other in creating a more supportive environment for healthier food choices?

What is clear from the literature and that we have begun to articulate through the findings in this article is that entrepreneurial actors are practical innovators, and this is an important asset for social change in population

health. This capacity is reflected not only in characteristics of individuals but also their practice strategies. Intervention researchers have described how using theory from the policy sciences, economic and community development and business literature can enhance efficacy and effectiveness of population health interventions. Complex interventions that articulate a well-developed theory of change have been demonstrated to produce more favourable outcomes than those without a framework of the central processes or drivers that cause change for individuals and communities (Hawe *et al.*, 2004a; Moore *et al.*, 2014). We observed entrepreneurial activity across diverse social groups, including public health practitioners and small business owners, indicating a need to think broadly about who promotes and supports public health interventions and how they do so. This is especially relevant for interventions that require high degrees of intersectoral partnership and action, and that engage with non-traditional public health allies such in the for-profit small business sector.

LIMITATIONS

This article had several limitations. First, this study is limited by a small sample size focusing on small retail food businesses in city-region governance contexts, which may preclude broad generalization to other areas of public health intervention. Second, our empirical aim was to study entrepreneurial actors; an important area for future research would be to gather additional data on the structural context for entrepreneurial activity, to gain a better understanding of the policy and environmental facilitators and barriers to entrepreneurial practice. Third, we did not characterize in detail the process of social change that was marked by entrepreneurialism, although we did identify that new ideas, practices, relationships and products could all represent social innovations. Further study in the retail food environment could begin to distinguish these innovations and the entrepreneurial actions they entail; e.g. to reduce the appeal of less healthy food options, in contrast to promoting healthier ones, may require different trade-offs and conflict management. Fourth, we have not considered whether and how the outcomes of entrepreneurial actions could be conditional on effective implementation of innovations or whether innovation is relatively more actor- or institution-dependent.

CONCLUSION

This article offers insights into the strategies that entrepreneurial actors use to enact health-promoting social changes

in the retail food environment. Entrepreneurialism merits renewed attention in public health and health promotion. Consistent with newer conceptualizations of entrepreneurial individuals within networked governance contexts, we contend that a renewed focus on entrepreneurial activity is not a faddish use of the term but a needed asset in the health promotion arsenal for local intersectoral action, especially where public health needs to negotiate collective action among diverse actors in a setting where market, state and civil society interests intersect, such as food systems. Earlier work on ‘champions’ and ‘change agents’ tended to highlight the special characteristics of individuals and their capacity to engage in social learning; a networked governance approach would suggest that a relational approach to understanding how entrepreneurialism is enacted within diverse constituencies offers greater insight into the types of policies and environments that could enable health-promoting behaviour.

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