Disparities in Food Availability around Schools in a Large Brazilian City

Maria Alvim Leite

Preventive Medicine Department, Medicine School, University of São Paulo

Maíra Macário de Assis Ariene Silva do Carmo Thales Philipe Rodrigues da Silva

Postgraduate Program in Child and Adolescent Health, Medicine School, Federal University of Minas Gerais

Mário Círio Nogueira

Collective Health Department, Medicine School, Federal University of Juiz de Fora

Michele Pereira Netto

Nutrition Department, Federal University of Juiz de Fora

Renata Bertazzi Levy

Preventive Medicine Department, Medicine School, University of São Paulo

Larissa Loures Mendes

Nutrition Department, Nursing School, Federal University of Minas Gerais

Citation: Leite, M. A., de Assis, M. M., do Carmo, A. S., da Silva, T. P. R., Nogueira, M. C., Netto, M. P., Levy, R. B., & Mendes, L. L. (2021). Disparities in food availability around schools in a large Brazilian city. *Children, Youth and Environments, 31*(1), 146-164. Retrieved from http://www.jstor.org/action/showPublication?journalCode=chilyoutenvi

Abstract

The food environment around schools may influence the food consumption and health outcomes of children and adolescents. We conducted a cross-sectional exploratory census study in Juiz de Fora, Minas Gerais, Brazil, to investigate the food environment in the neighborhoods of schools. Schools were classified according to administration (public/private), location (central/peripheral), and neighborhood socioeconomic vulnerability. The density of food stores around schools was divided into four categories: i) only or mainly selling unprocessed or minimally processed food, ii) mixed, iii) only or mainly selling ultra-processed food, and iv) supermarkets and hypermarkets. We calculated the Euclidian distances (m) from schools to each nearest establishment category and plotted circular buffers of

250, 500, and 1000 m radius around schools to evaluate the density of food stores inside the circular areas. A total of 316 schools and 4,690 establishments were included in the study. We found that the closest establishment category around schools was those selling only or mainly ultra-processed food. Schools were situated where there was a concentration of food stores; being in the central district was the most influential factor with regard to their presence around schools. Moreover, the density of food stores around schools decreased as the district's vulnerability increased. To fight against an obesogenic environment around schools, public policies are needed to regulate the commodities being sold nearby.

Keywords: food environment, geographical variations, schools, socio-economic inequalities, ultra-processed food

Background

Traditional efforts toward obesity prevention and treatment focus on changes in individual behavior; more specifically, attitudes toward energy intake and expenditure (Reed, Viola, & Lynch, 2014). However, the increasing prevalence of obesity and other chronic non-communicable diseases worldwide indicates an association with other determinants beyond genetics and individual choices, such as social and environmental factors (Penney, Almiron-Roig, Shearer, McIsaac, & Kirk, 2014).

More than two decades ago, Egger and Swinburn developed an ecological model to better understand the determinants of obesity. They realized that the traditional view of obesity as a personal disorder that requires treatment was not containing the obesity pandemic and a shift was needed (Egger & Swinburn, 1997). This broad perspective resulted in the concept of "obesogenic environments" in which the sum of the surroundings, opportunities, or conditions of life promote obesity in individuals or populations. This paradigm helped in developing theoretical models that consider the characteristics of built environment, culture, and socioeconomic factors as population health determinants (Swinburn, Egger, & Raza, 1999).

Today it is known that environmental or contextual characteristics, such as urban infrastructure, location of food-related establishments, traffic, crime, and others, influence dietary and physical activity patterns. Boclin, Faerstein, and Ponce de Leon (2014) found that residents in neighborhoods with higher social development indices have more leisure-time physical activity, showing that the environment influences the promotion or prevention of obesity in several ways. It is important to note that some social vulnerability markers, such as race and ethnicity, must be considered in analyzing the role of the environment in health outcomes. Kumanyika and colleagues suggested that high-risk populations, such as African American communities, are understudied and need target interventions to have a greater impact on preventing obesity and promoting health (Kumanyika, Swank, Stachecki, Whitt-Glover, & Brennan, 2014).

Children and adolescents worldwide spend a significant part of their time in and around schools, often consuming one to three meals a day during school hours. Thus, the quality of food available within and surrounding schools can significantly influence the health outcomes of this population (O'Toole, Anderson, Miller, & Guthrie, 2007; Story, Nanney, & Schwartz, 2009). Recognizing the prevention of childhood obesity as a global priority, Penney and colleagues (2014) argue that interventions in this area, including social marketing campaigns with a focus on environment and policy changes, can show promising results.

In Brazil, there are public and private schools. The municipality, state, or federation manages the public schools. In all public schools, the most important policy for protecting children and adolescents' eating is the National School Feeding Program (Programa Nacional de Alimentação Escolar), which has existed since 1955 and consists of food supply and food and nutritional education for students at all stages of basic education (Ministério da Educação do Brasil, 2008).

The regulation of food sales at school canteens and at establishments around schools, however, is incipient in Brazil. The first law prohibiting the sale of unhealthy food in school canteens was passed in 2001 (São Paulo, 2001). There are some laws spread across Brazilian states and municipalities prohibiting certain food sales inside schools (Gabriel et al., 2012) and a few regulations on food sales in the neighborhoods of schools.

Few studies have been conducted in Brazil or other Latin American countries concerning the characteristics and distribution of food stores around schools. Therefore, this study aimed to investigate the community food environment in school neighborhoods in urban districts in a large Brazilian city, evaluating the differences in the food environment according to school characteristics and location.

Methods

Study Design and Setting

This is a cross-sectional exploratory census study, whose analysis unit is the territory around public and private schools in Juiz de Fora in 2016.¹

Juiz de Fora is a large city located in the Zona da Mata Mineira, in the southeastern part of the state of Minas Gerais. In 2010, it had a Municipal Human Development Index (MHDI) of 0.778, placing it among Brazilian cities with high levels of development (MHDI between 0.700 and 0.799) (IBGE, 2010). However, its Gini index of 0.58 (Atlas do Desenvolvimento Humano no Brasil, 2013) shows high intraurban social inequality.

According to the 2010 census data released by the Brazilian National Institute of Geography and Statistics (IBGE, 2010), the municipality had a population of 516,247 inhabitants, with 98.86% of the residents in urban areas. Sidewalks are present in 88.38% of the urban area, closed sewage in 99.16%, public lighting in 99.24%, and 56.03% of the urban area is green space (IBGE, 2010).

Data

Considering school territories as units of analysis, we evaluated environmental variables concerning the food environment and the health vulnerability index.

We extracted the complete list with data of all schools in Juiz de Fora in 2016 from the open-access website of the Secretary of State for Education, Government of Minas Gerais. The relevant information for the study was as follows: name (for identification), full address, administration (federal, state, municipal, or private), and education level provided by the school. The inclusion criterion was urban schools that offered at least one of the following levels of education: preschool, elementary school, or high school.

¹ This study is part of the project, "Built and Social Environments: Relationship with Overweight, Obesity, and Food Consumption by Children and Adolescents of Juiz de Fora, Minas Gerais," developed by Universidade Federal de Juiz de Fora and approved by the Research Ethics Committee (protocol number 522.694/ 2014).

From the complete addresses of the schools, their geographical coordinates (latitude and longitude) were obtained through the Find Latitude and Longitude website. We used the Geographic Information System QGIS 2.8.6 for the school georeferencing.

In order to characterize the community food environment around Juiz de Fora schools, we utilized a secondary database containing the full addresses of all establishments in the food retail sector in Juiz de Fora in 2016. We obtained this database from the Minas Gerais State Secretariat of Finance. The Secretariat is a governmental body that has information on the location of commercial establishments described according to the National Classification of Economic Activities. This is comparable to a label that describes and categorizes the different types of commercial establishments according to their main economic activity (IBGE, 2016). We obtained data on street food vendors and farmers' food markets from the Secretariat of Urban Activities of Juiz de Fora (Juiz de Fora, 2019). The food establishments were georeferenced following the same methodology used for schools. Because of incomplete addresses, we lost 139 food stores from the study.

We grouped the establishments according to their main economic activity and the nature, purpose, and degree of processing of the predominant food sold, based on the NOVA food classification² (Monteiro et al., 2019; Table 1). Supermarkets and hypermarkets (i.e., "superstores") were analyzed separately from other establishments, considering their large sizes and the lack of consensus in the literature regarding the influence of buying food from supermarkets on consumer attitudes because of the wide range of food available in these spaces (Machado, Claro, Canella, Sarti, & Levy, 2017; Larson, Story, & Nelson, 2009).

Table 1. Classification of food establishments according to the main activity and types of food sold

- **A. Only or mainly selling unprocessed or minimally processed food:** Butchers, vegetable and fruit stores, farmers' markets, fish markets, dairy markets, and street vendors mainly selling unprocessed and minimally processed food*
- B. Mixed: Restaurants and bakeries
- **C. Only or mainly selling ultra-processed food:** Candy shops, snack bars, minimarkets, street vendors selling solely or mainly ultra-processed food**
- D. Supermarkets and hypermarkets

* Coconut water, garlic, spices, fruits, cane juice, raw beans, pineapple, green corn, and/or honev

** Biscuits, hot dogs, burgers, fried savories, pastries, popsicles, industrialized potato chips, confectionery, and/or chocolate

² The NOVA food framework has been proposed as an approach to classify all foods and beverages into four groups according to the nature, extent, and purpose of their processing: (i) unprocessed or minimally processed foods; (ii) processed culinary ingredients; (iii) processed foods; and (iv) ultra-processed foods.

We used the health vulnerability index to categorize the various districts within the urban area according to socioeconomic deprivation levels. For Juiz de Fora, this index was constructed using data from the 2010 Census (IBGE, 2010) following the methodology elaborated by the Municipal Health Secretariat of Belo Horizonte (Belo Horizonte, 2013). This is a synthetic indicator that associates different socioeconomic and environmental variables and is useful for analyzing health events. It allows us to analyze the characteristics of population groups living in certain geographic areas, identify inequalities in the epidemiological profile of social groups, and point out intra-urban socioeconomic differences (Friche, 2011; Barbosa, 2011). The index comprises eight indicators grouped into two dimensions (sanitation and socioeconomic conditions).³

By applying the vulnerability index to the districts of the urban area, we classified the districts, as well as the school and food establishments within them, as low, medium, high, or very high risk (Belo Horizonte, 2013).

Data Analysis

In order to explore the food environment in school neighborhoods, we calculated the Euclidian distances (meters) from schools to each nearest food establishment category using ArcGIS 10.5. We also plotted circular buffers of 250, 500, and 1000 m radius—equivalent to 5, 10, and 20 minutes of walking around each school (Chiang et al., 2011)—and evaluated the density of food stores inside the circular areas using QGIS 2.8.6. We performed all descriptive analyses using the Statistical Software for Professionals (STATA), version 14.1. The planimetric reference system used in spatial data manipulation was the Geocentric Reference System for Americas (SIRGAS 2000), which is a geodetic reference system officially adopted in Brazil. We categorized the schools according to administration (public or private), location (central or peripheral), and neighborhood socioeconomic vulnerability. No statistical tests were conducted to compare the descriptive characteristics of schools or buffers because this is a census study. Figure 1 is an illustration of the food environment around two of the schools studied.

³ More information about this index is available at https://prefeitura.pbh.gov.br/sites/default/files/estrutura-de-governo/saude/2018/publicacaoes-da-vigilancia-em-saude/indice_vulnerabilidade2012.pdf

* School
Only or mainly selling unprocessed or minimally processed foods
Mixed
Only or mainly selling ultra-processed foods
Supermarkets and hypermarkets
250 m buffer
1000 m buffer
District

500 0 500 1000 1500 m

Figure 1. Visualizing the food environment in the neighborhoods around two of the schools studied

Source: Authors (2020), based on data from Minas Gerais (2016), and Juiz de Fora (2016).

Results

The study included 316 schools attended by children aged 4 to 17 years. Of the total studied schools, 179 (56.64%) were private. Most schools were in peripheral locations (91.14%) in medium vulnerability (44.94%) districts. The study included 4,690 food establishments (Table 2).

Table 2. Average distance from schools to food establishments in meters in Juiz de Fora, Minas Gerais, Brazil (2016)

		Average distance (m) from food establishments:							
School types	N (%)	Only or mainly selling unprocessed or minimally processed food	Mixed	Only or mainly selling ultra- processed food	Supermarkets and hypermarkets				
		Mean (SD)							
All schools 31 (100		205.47m	96.60m	76.11m	569.66m				
		(244.55)	(108.59)	(99.69)	(634.28)				
Separated by administra	tion								
Public	137	231.81m	111.61m	85.32m	681.44m				
	(43.35)	(292.75)	(119.02)	(122.34)	(763.50)				
Private	179	185.30m	85.11m	69.07m	484.11m				
	(56.65)	(198.53)	(98.69)	(77.70)	(499.59)				
Separated by address									
Downtown	28	94.18m	57.31m	40.92m	201.79m				
	(8.86)	(53.73)	(47.20)	(39.13)	(126.37)				
Peripheral districts	288	216.29m	100.42m	79.54m	605.43m				
	(91.14)	(253.07)	(112.11)	(103.11)	(652.36)				
Separated by socioecond	mic vulnera	ability of district							
Low vulnerability	107	144.19m	67.84m	58.78m	321.82m				
	(33.86)	(114.24)	(56.86)	(60.47)	(206.69)				
Medium vulnerability	142	218.67m	92.09m	71.04m	493.78m				
	(44.94)	(216.56)	(73.86)	(56.18)	(361.12)				
High vulnerability	67	275.35m	152.07m	114.56m	1,126.20m				
	(21.20)	(390.99)	(186.89)	(181.04)	(1,070.70)				

^{*} SD = standard deviation

Table 2 shows that the establishments closest to schools sold only or mainly ultraprocessed food. Smaller distances to all food stores were noted for private schools and those located downtown and in low-vulnerability districts. Food stores only or mainly selling unprocessed or minimally processed food as well as supermarkets and hypermarkets were more distant from schools than other types of establishments. The higher the district vulnerability, the greater the distance from schools to all types of food stores.

Table 3. Mean density of food establishments by category (number per km²) in school neighborhoods in Juiz de Fora, Minas Gerais, Brazil (2016)

School types	Establishments only or mainly selling unprocessed or minimally processed food		Mixed establishments		Establishments only or mainly selling ultra-processed food distance from the school:			Supermarkets and hypermarkets distance from the school:				
	distance from the school:			distance from the school:								
	250 m	500 m	1,000 m	250 m	500 m	1,000 m	250 m	500 m	1,000 m	250 m	500 m	1,000 m
		Mean (SD)										
All schools	19.3	14.23	10.53	45.33	37.87	29.67	72.93	58.68	46.56	2.39	1.87	1.25
	(31.63)	(19.77)	(11.56)	(49.05)	(37.59)	(27.17)	(97.89)	(69.89)	(46.74)	(4.48)	(2.24)	(1.27)
Separated by administration												
Public	19.67	13.71	8.59	39.63	31.66	24.02	73.49	53.93	38.10	2.19	1.63	1.02
	(41.30)	(23.57)	(10.58)	(58.20)	(38.97)	(24.83)	(133.22)	(79.61)	(43.06)	(4.61)	(2.10)	(1.23)
Private	19.03	14.63	12.01	49.68	42.62	34.00	72.52	62.33	53.03	2.59	2.06	1.43
	(21.56)	(16.35)	(12.08)	(40.26)	(35.89)	(28.13)	(58.34)	(61.41)	(48.5)	(4.36)	(2.33)	(1.28)
Separated by address												
Downtown	68.03	56.61	39.42	125.32	113.09	88.33	245.55	219.18	161.44	6.91	6.28	4.42
	(76.33)	(41.21)	(5.82)	(92.20)	(42.82)	(15.10)	(237.28)	(121.88)	(25.07)	(7.23)	(2.77)	(0.71)
Peripheral	14.57	10.11	7.72	37.54	30.56	23.97	56.16	43.09	35.39	1.98	1.45	0.94
	(17.16)	(8.79)	(7.36)	(33.95)	(27.8)	(20.50)	(45.12)	(34.73)	(30.43)	(3.86)	(1.65)	(0.80)
Separated by vulnerability index of district												
Low	29.9	25.22	20.21	77.62	71.30	57.07	121.21	109.37	89.34	3.41	3.00	2.38
vulnerability	(46.91)	(29.13)	(13.99)	(67.38)	(45.51)	(27.88)	(149.22)	(98.42)	(53.76)	(5.30)	(2.84)	(1.46)
Medium	15.89	10.13	6.57	33.41	24.87	18.50	53.48	37.27	28.50	2.24	1.64	0.82
vulnerability	(19.66)	(9.10)	(6.13)	(23.89)	(15.29)	(12.35)	(39.27)	(23.21)	(22.67)	(4.33)	(1.72)	(0.60)
High	9.68	5.33	3.44	18.95	12.04	9.60	37.08	23.16	16.50	1.12	0.57	0.37
vulnerability	(10.29)	(3.92)	(2.64)	(15.89)	(8.19)	(7.31)	(28.21)	(13.06)	(10.05)	(2.65)	(0.94)	(0.45)

^{*} SD = standard deviation

Table 3 shows that the predominant type of food establishment around all schools was that which sold only or mainly ultra-processed food. Higher densities of all food stores were noted for private schools and those located in downtown and in low-vulnerability districts. Furthermore, the density of food stores around schools decreased as the district's vulnerability increased. As the size of the analyzed area increased, the density of establishments decreased, indicating that there is a concentration of food establishments closer to schools.

Location appeared to more strongly influence the food environment in the school neighborhood than whether the school was public or private. Specifically, being

located in the central district, among the analyzed characteristics, was the factor that most influenced the presence of food establishments around schools. Supermarkets and hypermarkets were the establishments least frequently found around schools and the most distant to them.

Discussion

This study sought to provide some answers about the community food environment surrounding schools in a large Brazilian city. The food environments vary according to the schools' administration, location, and district socioeconomic vulnerability.

As socioeconomic vulnerability increases, there is a decrease in the density of all types of food establishments in school neighborhoods. Therefore, students at schools located in less-fortunate districts have fewer choices about where to eat or buy food (Ford & Dzewaltowski, 2008; Beaulac, Kristjansson, & Cummins, 2009). This might happen because higher-vulnerability districts are less attractive for operating food establishments because of precarious infrastructure, higher crime rates, and lower purchasing power of consumers (Sharifi et al., 2017; Duran, Diez Roux, Latorre, & Jaime, 2013). Consequently, students might have different relationships with the food environment around their school, depending on the school neighborhood's level of vulnerability. While those who studied in the poorest regions might have fewer options of where to eat, the ones who studied in richer regions—and especially downtown—are hyper-exposed to a wide range of food stores, although these do not necessarily provide many options for healthy food. However, studies show that a lack of options for where to buy and eat healthy food can be associated with negative health outcomes (Dubowitz et al., 2012; Courtemanche & Carden, 2011; Prince et al., 2012).

It is not new that socioeconomic inequities related to the individual and their context interfere with food consumption and nutritional status (Black, Macinko, Dixon, & Fryer, 2010). According to the "deprivation amplification" hypothesis, socially disadvantaged individuals experience a further contextual disadvantage regarding their access to health-promoting resources due to their coexisting place characteristics (Macintyre, 2007). People who live, work, and study in deprived urban areas are disproportionately affected by stress and risk factors for obesity, such as higher crime rates, discrimination, social vulnerability, reduced access to healthcare resources, lower access to healthy food establishments, and limited opportunities to practice safe physical activity (Garasky, Stewart, Gundersen, Lohman, & Eisenmann, 2009; Dawson-McClure et al., 2019). The distribution of food establishments can reinforce community inequities in relation to access to healthy food and limited food choices (Day & Pearce, 2011).

It is noteworthy that low-income people, at all ages, have many more barriers to access healthy food, either because of lower purchasing power or limited access to healthy food in the neighborhood where they live, study, and work (Duran et al., 2013). In addition, other factors, such as less time available to devote to practices related to food preparation and consumption, lower access to information regarding healthy eating, and greater stress, also have an effect (Drewnowski, 2009).

The most abundant establishments in school neighborhoods in Juiz de Fora are those selling only or mainly ultra-processed food. Proximity to unhealthy food establishments is considered a risk factor for weight gain in this population (Fiechtner et al., 2015; Macintyre, McKay, Cummins, & Burns, 2005). Our findings are in agreement with other results reported in the literature that show that the low quality of food sold around schools exposes children and adolescents to a lowquality food environment (Day & Pearce, 2011; Austin et al., 2005; Kipke et al., 2007; Engler-Stringer, Shah, Bell, & Muhajarine, 2014; Morin, Demers, Robitaille, Lebel, & Bisset, 2015; Leite et al., 2012; Missbach, Pachschwöll, Kuchling, & König, 2017; Day, Pearce, & Pearson, 2015). Studies conducted in the U.S. and Brazil showed that children and adolescents had easy access to establishments that offer fast food or ultra-processed food at a short distance from schools and were exposed to low-quality food environments (Austin et al., 2005; Kipke et al., 2007). In New Zealand and Canada, this exposure was more intense in regions with lower socioeconomic levels (Day & Pearce, 2011; Engler-Stringer et al., 2014; Morin et al., 2015).

Schools are located in places where there is a concentration of food stores. The schools may have been a magnet for the attraction of different food establishments to their neighborhoods, or perhaps schools are built in places where this concentration already exists. Defending the first hypothesis, due to the high circulation of children, adolescents, and parents or guardians around schools, these areas might be perceived as interesting niches for operating food establishments (Day & Pearce, 2011; Austin et al., 2005; Gilliland et al., 2012).

People tend to consume what is easier to reach (Bucher et al., 2016), and if ultra-processed foods are more easily available, it is easier to choose these foods. For example, in Quebec, Canada, researchers found that greater access to fast-food restaurants around high schools was associated with a higher consumption of junk food during lunch after controlling for variables related to the student (e.g., age, gender, and health perception), their family (parents' level of education), and school characteristics (urban/rural and area deprivation) (Cutumisu et al., 2017). Usually, ultra-processed products are more convenient to transport to establishments located in distant and less affluent urban areas because they are standardized formulations with long-term stability and often do not require special transportation, storage or marketing (Monteiro et al., 2019).

It is important to note that establishments in the category "only or mainly selling unprocessed or minimally processed food" (such as butchers, vegetable and fruit stores, fish markets, and dairy markets) will not usually be frequented by children and adolescents, especially to buy food to be consumed during school hours. However, as noted above, the school neighborhood is a live territory where children and adolescents' guardians also circulate and buy food that will be part of the family diet. A systematic review by Karpyn and colleagues showed that increasing access to healthy food products in stores, particularly while utilizing promotion strategies, increases healthy food sales and purchase and improves dietary outcomes (Karpyn, McCalllops, Wolgast, & Glanz, 2020).

The findings of this study can be extrapolated to cities similar to Juiz de Fora and help to explain the food environment scenario in school neighborhoods in Brazil and other low- and mid-income countries. To fight against an obesogenic environment around schools, public policies are needed to regulate what is being sold around these institutions. A possible intervention could encourage healthier food retail to be set up a short distance from schools. Other interventions such as ultraprocessed food taxation, limitations on marketing strategies, especially those targeting children and adolescents, warning labeling on the front of packages, and food and nutritional education are also important in inhibiting the consumption of ultra-processed food by young people.

Our study methodology raises possible limitations. Using secondary data sources may have led to inaccurate results. However, we audited a sample of food establishments and tested the database quality. We found the data of 78.6% of establishments to be consistent. In addition, we used Euclidian distance and buffers to determine paths and school territory, which are virtual boundaries in the school neighborhood. The choice of this territorial cut was based on previous studies already conducted and published in peer-reviewed scientific journals (Austin et al., 2005; Kipke et al., 2007; Laska, Hearst, Forsyth, Pasch, & Lytle, 2010).

Despite these limitations, this census study considers all schools in the city and gives us a macro view of the territory.

Conclusions

The findings demonstrate that schools and food establishments seem to have spatial correlation; socioeconomic vulnerability is inversely proportional to food establishments' density in the school neighborhoods, and the closest and densest establishments in school neighborhoods are those selling only or mainly ultraprocessed food.

This poor-quality food environment around schools exposes children and adolescents to risk factors for the overconsumption of ultra-processed food and, consequently, obesity and other negative health outcomes. Students' experiences with the food environment around schools differ according to school characteristics, such as administration, location, and neighborhood socioeconomic vulnerability. Public policies are needed to regulate the food environments in school neighborhoods and ensure equitable access to healthy food.

Acknowledgements

We thank the Brazilian National Council for Scientific and Technological Development and Brazilian Coordination for the Improvement of Higher Education Personnel for financial support.

Maria Alvim Leite is a Ph.D. student in Public Health at the University of São Paulo, where she is also a member of the Center for Epidemiological Research in Nutrition and Health (Nupens). Prior to earning a master's degree in Public Health

at the Federal University of Juiz de Fora (UFJF) in February 2017, she worked as an editorial assistant at the World Public Health Nutrition Association Journal. She completed part of her undergraduate degree at the University of Porto (Portugal), and graduated in Nutrition at UFJF in August 2014.

Maíra Macário de Assis is a Ph.D. student in Health Sciences in the area of Child and Adolescent Health at the Federal University of Minas Gerais, where she is also a member of the Group of Studies, Research and Practices in Food Environment and Health. She earned a master's degree in Public Health and an undergraduate degree in Nutrition from the Federal University of Juiz de Fora. She has worked with groups of overweight and obese adolescents and in nutritional assistance in daycare centers.

Ariene Silva do Carmo has a Ph.D. in Health Sciences - Child and Adolescent Health from the Faculty of Medicine of the Federal University of Minas Gerais. She is a member of groups recognized by the National Council for Scientific and Technological Development, including Group of Interventions in Nutrition; Study, Research and Practice Group in Education, Food and Nutrition; and the Center for Studies in Food and Nutrition in the Life Cycles. She is also a member of the Study Group on Nutritional Epidemiology and of the Study Group on Research and Practices in Food Environment and Health.

Thales Philipe Rodrigues da Silva is a nurse who earned a master's in Health and Nursing from the graduate program of the School of Nursing at the Federal University of Minas Gerais in 2018, and graduated from the School of Nursing at UFMG in 2016. He is currently a doctoral candidate in Health Sciences - Child and Adolescent Health at the Medical School of UFMG.

Mário Círio Nogueira, Ph.D., has been a Professor in the Department of Collective Health at the Faculty of Medicine of the Federal University of Juiz de Fora (UFJF) since 2013. He earned his Ph.D. in Brazilian Health at UFJF in 2018. He was recognized as a specialist in Homeopathy in 2010 and Family and Community Medicine in 2004 by the Brazilian Medical Association. He specialized in Homeopathy at Instituto Hahnemanniano do Brasil (2006) and completed his Residency in General and Community Medicine at State University of Rio de Janeiro in 1998. He is a 1996 graduate in Medicine from UFJF.

Michele Pereira Netto, Ph.D. is currently an adjunct professor at the Federal University of Juiz de Fora. She earned her doctorate in Health Sciences at the Federal University of Minas Gerais in 2010, a master's degree in Nutrition Science (2005) and an undergraduate in Nutrition (2003) from the Federal University of Viçosa. She has experience in the area of nutrition, with emphasis on nutritional analysis of the population.

Renata Bertazzi Levy, Ph.D. is scientific researcher VI in the Department of Preventive Medicine in the Faculty of Medicine of the University of São Paulo (USP) and collaborating researcher at the Center for Epidemiological Research in Nutrition and Health at USP. She is also an advisor to the Postgraduate Program in Nutrition

and Public Health and the Postgraduate Program in Preventive Medicine. Her doctorate (2007) and master's (2002) degrees are in Public Health from the Faculty of Public Health at USP. Her undergraduate is in Nutrition from the Pontifical Catholic University of Campinas. She has experience in the area of public health with an emphasis on nutritional epidemiology.

Larissa Loures Mendes, Ph.D. is currently an adjunct professor in the Department of Nutrition at the Federal University of Minas Gerais (UMFG), collaborating professor of the UMFG Postgraduate Program in Public Health, and leads the UMFG Group of Studies, Research and Practices in Food Environment and Health. She earned her master's degree (2008) and doctorate (2012) in Nursing at the Nursing School of UFMG, and her undergraduate in Nutrition from the Federal University of Ouro Preto (2005). She has experience in the area of nutrition in public health.

References

- Austin, S. B., Melly, S. J., Sanchez, B. N., Patel, A., Buka, S., & Gortmaker, S. L. (2005). Clustering of fast-food restaurants around schools: A novel application of spatial statistics to the study of food environments. *American Journal of Public Health*, 95(9), 1575–1581. https://doi.org/10.2105/AJPH.2004.056341
- Barbosa, A. D. (2011). Caracterização e distribuição espacial dos acidentes escorpiônicos em Belo Horizonte, Minas Gerais, 2005 a 2009 [Characterization and spatial distribution of scorpion accidents in Belo Horizonte, Minas Gerais, 2005 to 2009]. (Master's Thesis, Federal University of Minas Gerais, Brazil.) Retrieved from https://repositorio.ufmg.br/handle/1843/BUOS-8NFFV7
- Beaulac, J., Kristjansson, E., & Cummins, S. (2009). A systematic review of food deserts, 1966-2007. *Preventing Chronic Disease*, 6(3), A105.
- Belo Horizonte (2013). *Índice de Vulnerabilidade da Saúde 2012*. Retrieved from https://prefeitura.pbh.gov.br/sites/default/files/estrutura-degoverno/saude/2018/publicacaoes-da-vigilancia-emsaude/indice_vulnerabilidade2012.pdf.
- Black, J. L., Macinko, J., Dixon, L. B., & Fryer, G. E. J. (2010). Neighborhoods and obesity in New York City. *Health & Place*, 16(3), 489–499. https://doi.org/10.1016/j.healthplace.2009.12.007
- Boclin, K. de L. S., Faerstein, E., & Ponce de Leon, A. C. M. (2014). Características contextuais de vizinhança e atividade física de lazer: Estudo Pró-Saúde. *Revista de Saúde Pública, 48*(2). https://doi.org/10.1590/S0034-8910.2014048004935

- Ministério da Educação do Brasil (MEC) (2008). Fundo Nacional de Desenvolvimento da Educação. Secretaria de Educação a Distância. 2nd ed., atual. Brasília: MEC, FNDE, SEED.
- Atlas do Desenvolvimento Humano no Brasil (2013). PNUD (Programa das Nações Unidas para o Desenvolvimento). Instituto de Pesquisa Econômica Aplicada (IPEA), Fundação João Pinheiro.
- Bucher, T., Collins, C., Rollo, M. E., McCaffrey, T. A., De Vlieger, N., Van der Bend, D., ... Perez-Cueto, F. J. A. (2016). Nudging consumers towards healthier choices: A systematic review of positional influences on food choice. *The British Journal of Nutrition*, 115(12), 2252–2263. https://doi.org/10.1017/S0007114516001653
- Chiang, P. H., Wahlqvist, M. L., Lee, M. S., Huang, L. Y., Chen, H. H., & Huang, S. T. Y. (2011). Fast-food outlets and walkability in school neighbourhoods predict fatness in boys and height in girls: A Taiwanese population study. *Public Health Nutrition*, 14(9), 1601–1609. https://doi.org/10.1017/S1368980011001042
- Courtemanche, C., & Carden, A. (2011). Supersizing supercenters? The impact of Walmart supercenters on body mass index and obesity. *Journal of Urban Economics*, 69(2), 165–181. https://doi.org/10.1016/j.jue.2010.09.005
- Cutumisu, N., Traoré, I., Paquette, M.-C., Cazale, L., Camirand, H., Lalonde, B., & Robitaille, E. (2017). Association between junk food consumption and fast-food outlet access near school among Quebec secondary-school children: Findings from the Quebec Health Survey of High School Students (QHSHSS) 2010-11. *Public Health Nutrition*, 20(5), 927–937. https://doi.org/10.1017/S136898001600286X
- Dawson-McClure, S., Brotman, L. M., Theise, R., Palamar, J. J., Kamboukos, D., Barajas, R. G., & Calzada, E. J. (2019). Early childhood obesity prevention in low-income, urban communities. *Journal of Prevention & Intervention in the Community*, 42(2), 152–66. https://doi.org/10.1080/10852352.2014.881194
- Day, P. L., & Pearce, J. (2011). Obesity-promoting food environments and the spatial clustering of food outlets around schools. *American Journal of Preventive Medicine*, 40(2), 113–121. https://doi.org/10.1016/j.amepre.2010.10.018
- Day, P. L., Pearce, J. R., & Pearson, A. L. (2015). A temporal analysis of the spatial clustering of food outlets around schools in Christchurch, New Zealand, 1966 to 2006. *Public Health Nutrition*, 18(1), 135–142. https://doi.org/10.1017/S1368980013002863
- Drewnowski, A. (2009). Obesity, diets, and social inequalities. *Nutrition Reviews*, 67(Suppl 1), S36-9. https://doi.org/10.1111/j.1753-4887.2009.00157.x

- Dubowitz, T., Ghosh-Dastidar, M., Eibner, C., Slaughter, M. E., Fernandes, M., Whitsel, E. A., ... Escarce, J. J. (2012). The Women's Health Initiative: The food environment, neighborhood socioeconomic status, BMI, and blood pressure. *Obesity*, 20(4), 862–871. https://doi.org/10.1038/oby.2011.141
- Duran, A. C., Diez Roux, A. V, Latorre, M. do R. D. O., & Jaime, P. C. (2013). Neighborhood socioeconomic characteristics and differences in the availability of healthy food stores and restaurants in Sao Paulo, Brazil. *Health & Place*, 23, 39–47. https://doi.org/10.1016/j.healthplace.2013.05.001
- Egger, G., & Swinburn, B. (1997). An "ecological" approach to the obesity pandemic. *BMJ*, 315(7106), 477–480. https://doi.org/10.1136/bmj.315.7106.477
- Engler-Stringer, R., Shah, T., Bell, S., & Muhajarine, N. (2014). Geographic access to healthy and unhealthy food sources for children in neighbourhoods and from elementary schools in a mid-sized Canadian city. *Spatial and Spatio-Temporal Epidemiology*, 11, 23–32. https://doi.org/10.1016/j.sste.2014.07.001
- Fiechtner, L., Sharifi, M., Sequist, T., Block, J., Duncan, D. T., Melly, S. J., ... Taveras, E. M. (2015). Food environments and childhood weight status: Effects of neighborhood median income. *Childhood Obesity*, 11(3), 260–268. https://doi.org/10.1089/chi.2014.0139
- Ford, P. B., & Dzewaltowski, D. A. (2008). Disparities in obesity prevalence due to variation in the retail food environment: Three testable hypotheses. *Nutrition Reviews*, 66(4), 216–228. https://doi.org/10.1111/j.1753-4887.2008.00026.x
- Friche, A. A. de L. (2011). A utilização de indicadores de contexto na análise de eventos de saúde [The use of context indicators in the analysis of health events]. (Doctoral Thesis, Federal University of Minas Gerais, Brazil.)

 Retrieved from https://repositorio.ufmg.br/handle/1843/BUOS-8QDL3N?mode=full
- Gabriel, C. G., Ricardo, G. D., Ostermann, R. M., Corso, A. C. T., de Assis, M. A. A., Di Pietro, P. F., & de Vasconcelos, F. de A. G. (2012). Regulamentação da comercialização de alimentos no ambiente escolar: Análise dos dispositivos legais brasileiros que buscam a alimentação saudável. *Revista Do Instituto Adolfo Lutz, 71*(1), 11–20.
- Garasky, S. A, Stewart, S. D., Gundersen, C., Lohman, B. J., & Eisenmann, J. C. (2009). Family stressors and child obesity. *Social Science Research*, *38*(4), 755–766. https://doi.org/10.1016/j.ssresearch.2009.06.002

- Gilliland, J. A., Rangel, C. Y., Healy, M. A., Tucker, P., Loebach, J. E., Hess, P. M., ... Wilk, P. (2012). Linking childhood obesity to the built environment: A multi-level analysis of home and school neighbourhood factors associated with body mass index. *Canadian Journal of Public Health = Revue Canadienne de Sante Publique*, 103(9 Suppl 3), eS15-21. https://doi.org/10.1007/BF03403830
- Instituto Brasileiro de Geografia e Estatistica (IBGE) (2010). Censo 2010. Retrieved from http://www.censo2010.ibge.gov.br/
- Instituto Brasileiro de Geografia e Estatistica (IBGE) (2016). Comissão Nacional de Classificação. Classificação Nacional de Atividades Econômicas. Rio de Janeiro. Retrieved from http://www.cnae.ibge.gov.br/
- Juiz de Fora (2019). Secretaria de Atividades Urbanas da Prefeitura de Juiz de Fora. Retrieved from https://www.pjf.mg.gov.br/secretarias/sau/
- Karpyn, A., McCallops, K., Wolgast, H., & Glanz, K. (2020). Improving consumption and purchases of healthier foods in retail environments: A systematic review. *International Journal of Environmental Research and Public Health, 17*(20), 7524. https://doi.org/10.3390/ijerph17207524
- Kipke, M. D., Iverson, E., Moore, D., Booker, C., Ruelas, V., Peters, A. L., & Kaufman, F. (2007). Food and park environments: Neighborhood-level risks for childhood obesity in east Los Angeles. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine, 40*(4), 325–333. https://doi.org/10.1016/j.jadohealth.2006.10.021
- Kumanyika, S. K., Swank, M., Stachecki, J., Whitt-Glover, M. C., & Brennan, L. K. (2014). Examining the evidence for policy and environmental strategies to prevent childhood obesity in black communities: New directions and next steps. Obesity Reviews: An Official Journal of the International Association for the Study of Obesity, 15(Suppl 4), 177–203. https://doi.org/10.1111/obr.12206
- Larson, N. I., Story, M. T., & Nelson, M. C. (2009). Neighborhood environments: Disparities in access to healthy foods in the U.S. *American Journal of Preventive Medicine*, *36*(1), 74–81. https://doi.org/10.1016/j.amepre.2008.09.025
- Laska, M. N., Hearst, M. O., Forsyth, A., Pasch, K. E., & Lytle, L. (2010). Neighbourhood food environments: Are they associated with adolescent dietary intake, food purchases and weight status? *Public Health Nutrition*, 13(11), 1757–1763. https://doi.org/10.1017/S1368980010001564
- Leite, F. H. M., De Oliveira, M. A., Cremm, E. D. C., De Abreu, D. S. C., Maron, L. R., & Martins, P. A. (2012). Availability of processed foods in the perimeter of public schools in urban areas. *Jornal de Pediatria*, 88(4), 328–334. Retrieved

- from https://doi.org/10.2223/JPED.2210
- Machado, P. P., Claro, R. M., Canella, D. S., Sarti, F. M., & Levy, R. B. (2017). Price and convenience: The influence of supermarkets on consumption of ultraprocessed foods and beverages in Brazil. *Appetite*, *116*, 381–388. https://doi.org/10.1016/j.appet.2017.05.027
- Macintyre, S., McKay, L., Cummins, S., & Burns, C. (2005). Out-of-home food outlets and area deprivation: Case study in Glasgow, UK. *International Journal of Behavioral Nutrition and Physical Activity*, *2*(16). https://doi.org/10.1186/1479-5868-2-16
- Macintyre, S. (2007). Deprivation amplification revisited; or, is it always true that poorer places have poorer access to resources for healthy diets and physical activity? *International Journal of Behavioral Nutrition and Physical Activity*, 4(1), 1-7.
- Missbach, B., Pachschwöll, C., Kuchling, D., & König, J. (2017). School food environment: Quality and advertisement frequency of child-oriented packaged products within walking distance of public schools. *Preventive Medicine Reports*, 6, 307–313. https://doi.org/10.1016/j.pmedr.2017.03.021
- Monteiro, C. A., Cannon, G., Levy, R. B., Moubarac, J.-C., Louzada, M. L., Rauber, F., ... Jaime, P. C. (2019). Ultra-processed foods: What they are and how to identify them. *Public Health Nutrition*, 22(5), 936–941. https://doi.org/10.1017/S1368980018003762
- Morin, P., Demers, K., Robitaille, É., Lebel, A., & Bisset, S. (2015). Do schools in Quebec foster healthy eating? An overview of associations between school food environment and socio-economic characteristics. *Public Health Nutrition*, 18(9), 1635–1646. https://doi.org/10.1017/S1368980014003139
- O'Toole, T. P., Anderson, S., Miller, C., & Guthrie, J. (2007). Nutrition services and foods and beverages available at school: results from the School Health Policies and Programs Study 2006. *The Journal of School Health, 77*(8), 500–521. https://doi.org/10.1111/j.1746-1561.2007.00232.x
- Penney, T. L., Almiron-Roig, E., Shearer, C., McIsaac, J.-L., & Kirk, S. F. L. (2014). Modifying the food environment for childhood obesity prevention: Challenges and opportunities. *The Proceedings of the Nutrition Society, 73*(2), 226–236. https://doi.org/10.1017/S0029665113003819
- Prince, S. A., Kristjansson, E. A., Russell, K., Billette, J.-M., Sawada, M. C., Ali, A., ... Prud'homme, D. (2012). Relationships between neighborhoods, physical activity, and obesity: A multilevel analysis of a large Canadian city. *Obesity*, 20(10), 2093–2100. https://doi.org/10.1038/oby.2011.392

- Reed, S. F., Viola, J. J., & Lynch, K. (2014). School and community-based childhood obesity: Implications for policy and practice. *Journal of Prevention & Intervention in the Community, 42*(October), 37–41. https://doi.org/10.1080/10852352.2014.881172
- São Paulo (2001) Portaria 11, de 15 de fevereiro de 2001. Dispõe sobre a proibição de comércio e venda de alimentos aos alunos da Rede Municipal de Ensino, e dá outras providências. Diário Oficial do Município.
- Sharifi, M., Sequist, T. D., Rifas-shiman, S. L., Melly, S. J., Duncan, D. T., Horan, C. M., ... Taveras, E. M. (2017). The role of neighborhood characteristics and the built environment in understanding racial/ethnic disparities in childhood obesity. *Preventive Medicine*, *91*, 103–109. https://doi.org/10.1016/j.ypmed.2016.07.009
- Story, M., Nanney, M. S., & Schwartz, M. B. (2009). Schools and obesity prevention: Creating school environments and policies to promote healthy eating and physical activity. *The Milbank Quarterly, 87*(1), 71–100.
- Swinburn, B., Egger, G., & Raza, F. (1999). Dissecting obesogenic environments: The development and application of a framework for identifying and prioritizing environmental interventions for obesity. *Preventive Medicine*, 29(6 Pt 1), 563–570. https://doi.org/10.1006/pmed.1999.0585