



Access to Healthy Foods in Low-Income Neighborhoods Opportunities for Public Policy



RUDD REPORT

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Fall, 2008

ACCESS TO HEALTHY FOODS: WHAT IS THE PROBLEM?

As rates of overweight, obesity, and diet-related chronic diseases climb throughout the population, the Surgeon General as well as doctors and dietitians advise Americans to eat plenty of fresh, healthy, and unprocessed foods such as fruits, vegetables, and whole grains every day.

However, *all Americans do not have equal access to these recommended foods.*

Low-income people, minorities, and rural residents suffer the highest rates of preventable, diet-related diseases linked to insufficient consumption of healthy foods. Some reasons:

- Low-income areas have fewer supermarkets and groceries that carry healthy foods than do predominantly white, middle- and high-income neighborhoods.
- Stores in low-income neighborhoods stock fewer healthy items and have significantly lower-quality fresh produce.
- When available, the cost of fresh foods in low-income areas is often prohibitive.
- Public transportation to supermarkets is often lacking.

These and other factors combine to make it difficult for people living in low-income areas to take the steps recommended to maintain a healthy weight. Result: A public health problem with major costs and consequences.

In response, communities around the country have set a goal to bring healthy and affordable foods within easy reach of populations that normally cannot access them.

Policy makers are instrumental to the success of such a goal. This Rudd Report provides key information necessary to make informed decisions about ways to help all Americans gain regular access to affordable, healthy foods.

WHAT IS MEANT BY “HEALTHY FOODS” IN THIS REPORT?

- Fresh fruit
- Fresh vegetables
- Low-fat dairy
- Trans fat-free products
- Whole grain products
- Lean meats

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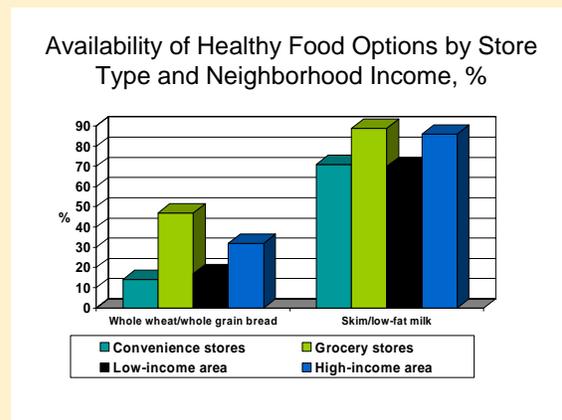
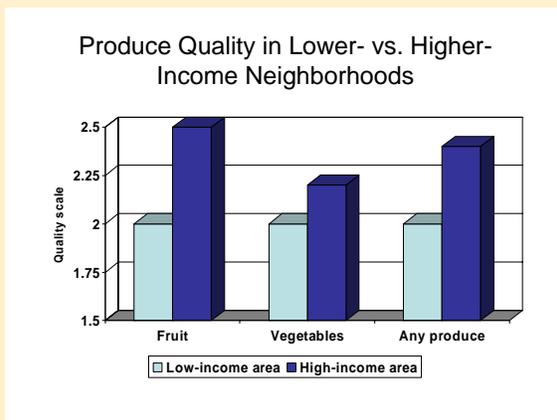
WHY THIS ISSUE IS RELEVANT TO POLICY MAKERS

- The U.S. Surgeon General, in his *Call to Action to Prevent and Decrease Overweight and Obesity*ⁱ, recommends that governments create policies that promote environments in which healthy dietary options are easily accessible.
- Effective obesity policy addresses changes to the *environment* which help *individuals* take responsibility for improving their own nutrition. Increasing access to healthy foods for those who lack it is an example of such a policy.
- Prevention of obesity and related chronic diseases such as diabetes and heart disease can significantly decrease health-related costs that burden both government and the individual.ⁱⁱ
- Bringing supermarkets to low-income areas, and helping smaller groceries expand their stock of healthy and affordable items, is a win-win situation for communities and residents who gain:
 - ⇒ access to healthy foods
 - ⇒ increased potential to reduce obesity through healthy eating
 - ⇒ new jobs
 - ⇒ increased revenue
 - ⇒ increased potential for commercial revitalization
 - ⇒ capacity-building of community organizations and coalitions
- Local businesses will also benefit from:
 - ⇒ market expansion and increased revenue
 - ⇒ more foot traffic to neighborhoods
 - ⇒ contributing to the community's public health and economic well-being

RUDD CENTER STUDY FINDS SIGNIFICANT DIFFERENCES AMONG NEIGHBORHOODS IN QUALITY AND VARIETY OF HEALTHY FOODS

A study published in the September 2008 journal *Health Affairs*ⁱⁱⁱ compared food availability and prices in large and small stores in low- and middle-income neighborhoods in New Haven, CT. The findings below reinforce the need for policy on access to healthy foods:

- The quality of the fresh produce in low-income neighborhood stores was significantly lower than in high-income neighborhoods.
- There were fewer healthier varieties of foods such as low-fat dairy, lean meat products, or whole grains in low-income stores vs. high-income.



OPPORTUNITIES FOR POLICY MAKERS TO INCREASE ACCESS TO HEALTHY FOODS

- Create task forces to:
 - ⇒ examine the incentives and barriers to implementation (e.g. zoning, urban land use policies, tax incentives)
 - ⇒ assess communities' strengths and challenges (e.g., market size, buying power, leakage of retail money from the neighborhood, stability, access to public transportation)
 - ⇒ begin discussions with supermarket chains about the issue of access in lower-income areas
 - ⇒ foster relationships between local health departments and convenience/grocery stores to encourage sales of more healthful foods
- Introduce urban land use policies and tax incentives that will attract supermarkets to low-income neighborhoods.
- Work with city and urban planners to develop affordable and accessible public transit to help residents reach groceries or supermarkets.
- Establish statewide and local food policy councils to provide a forum for public and private stakeholders to suggest policies, share information, and plan for increased access to healthy foods.
- Enhance accessibility to grocery stores through public safety efforts such as better lighting and police patrolling.
- Create incentive programs to retrofit groceries with equipment to store and sell fresher and more healthful produce and whole grains (e.g. grants or loans to purchase refrigeration equipment).
- Create incentives to establish farmers' markets, and mechanisms for WIC and Food Stamp recipients to use them.

EXAMPLES OF STATE AND LOCAL INITIATIVES*

In **NEW YORK CITY** the Department of Health and Mental Hygiene works with small grocery (bodega) owners to offer 1% milk for sale. NYC also has a Green Carts program—food carts that sell only fresh fruits and vegetables in neighborhoods that lack access.¹

In 2003, **PENNSYLVANIA** passed a statewide economic development initiative to bring groceries and farmers' markets to underserved communities. The Governor also created the Fresh Food Financing Initiative to support building 10 new stores in underserved rural and urban communities in the state. The first supermarket opened in 2004, creating more than 125 jobs for local residents.²

Following a food assessment of an **AUSTIN, TX** low-income African American and Hispanic neighborhood with high rates of diet-related diseases, a report resulted in a new bus route transporting residents to two supermarkets, legislation allowing land allocations for community gardens and farmers' markets, establishment of a food policy council, and the renovation of a local grocery store.³

After completing a Food System Assessment Study in **MILWAUKEE, WI** neighborhoods where 40 percent or more of the population earned incomes below the poverty level, the Fondy Food center was created for 35 local farmers to sell their produce. The market installed technology to accept Food Stamps as payment for fresh produce.⁴

OAKLAND, CA City Council members raised \$1.2 million to build the Mandela Co-Op in the underserved West Oakland area. It sells fresh, affordable produce grown by African American farmers, hires local workers, and reserves 33 percent of its profits for employees.⁵

*References found on p. 8.

SCIENTIFIC STUDIES RELATED TO ACCESS TO HEALTHY FOODS*

TOPIC	EVIDENCE SUMMARY
<p>Many poor and minority people in the United States have higher rates of overweight and obesity and related chronic diseases such as diabetes.</p>	<ul style="list-style-type: none"> ▪ Obesity and diabetes disproportionately affect some racial/ethnic groups and the poor.^{1,2} <ul style="list-style-type: none"> ⇒ Obesity rates are higher among women with low incomes and low education levels.^{3,4,5} ⇒ The association of obesity and low income is less consistent among men.^{6,7} ▪ Seventy-six percent of non-Hispanic blacks and seventy-six percent of Mexican Americans aged 20 years and older were overweight or obese in 2004, compared to sixty-four percent of non-Hispanic whites.⁸ ▪ Compared to whites, blacks and Hispanics have higher rates of diabetes: <ul style="list-style-type: none"> ⇒ Whites: 5.4 percent males and 4.7 percent females ⇒ Blacks: 8.0 percent males and 8.3 percent females ⇒ Hispanics: 7.1 percent males and 7.5 percent females⁹
<p>Obesity and related chronic diseases such as diabetes are linked to lower-quality diets and a lack of access to healthy foods.</p>	<ul style="list-style-type: none"> ▪ The lack of affordable, healthy foods is linked to a higher incidence of obesity, diabetes, and other related health problems.¹⁰ ▪ The limited resources for food in low-income neighborhoods causes decreased food expenditures and a lower-quality diet higher in fat and calories, leading to obesity and overweight.¹¹ ▪ A four-state study found the presence of convenience stores is associated with a higher prevalence of obesity and overweight; the presence of supermarkets is associated with a lower prevalence of obesity and overweight.¹² ▪ For children and adolescents, living in a U.S. neighborhood with higher convenience store density is associated with a higher probability of being overweight.¹³ ▪ Findings from a nationwide study show that people with no supermarkets near their homes are less likely to have a healthy diet than those with the most stores; people living in the worst-ranked food environments are less likely to eat a healthy diet than those in the best-ranked.¹⁴ ▪ According to a study conducted in New York City, diabetes-healthy foods are more available in a largely white, affluent neighborhood than in a largely racial/ethnic minority neighborhood.¹⁵
<p>Increased access to healthy foods is linked to positive health outcomes in children and adults.</p>	<ul style="list-style-type: none"> ▪ Evidence from a 4-year study of a nationally representative group of elementary school children shows that lower fruit and vegetable prices predict significantly smaller increases in Body Mass Index (BMI).¹⁶ ▪ National data reveal that greater availability of chain supermarkets is significantly associated with lower BMI and overweight in adolescents; greater availability of convenience stores is significantly associated with higher BMI and overweight in that population.¹⁷ ▪ A 12-community survey indicated a positive correlation between the availability of healthy products in stores and the reported healthfulness of individual diets.¹⁸

*All references for scientific studies found on pg. 7.

TOPIC

EVIDENCE SUMMARY

Increased access to healthy foods is linked to positive health outcomes in children and adults (continued).

There are fewer supermarkets and more small groceries in low-income, minority, and rural areas, making access to healthy and affordable foods more difficult.

Supermarkets can be successful in inner city neighborhoods. Small groceries have the potential to provide more healthful foods.

- Neighborhood socioeconomic status in the U.S. is positively associated with consumption of fruits and vegetables, suggesting that increasing the availability of fresh produce and healthy foods in lower-income neighborhoods can help residents improve their diets.¹⁹
- Community-level comparisons show a positive correlation between the availability of healthful products in stores and the reported healthfulness of individual diets.²⁰
- *Low income, racial/ethnic minority neighborhoods*
 - ⇒ A national study found that low-income neighborhoods have only three-fourths as many chain supermarkets as middle-income areas; African American neighborhoods have only half and Hispanic only one-third as many chains as predominantly white areas.²¹
 - ⇒ An examination of census tracts in three states revealed that minority and racially-mixed neighborhoods have more than twice as many grocery stores and half as many supermarkets as white neighborhoods.²²
 - ⇒ This same census-based study also found that low-income neighborhoods have four times as many grocery stores and half as many supermarkets as the wealthiest areas.²³
 - ⇒ According to a Minnesota study, the biggest factor contributing to higher food costs in low-income neighborhoods is the lack of large chain stores.²⁴
 - ⇒ A Chicago study found that residents of poor neighborhoods must travel more than two miles to access the same number of supermarkets as are available within a half-mile to residents of non-poor areas.²⁵
 - ⇒ A four-state study found there are four times more supermarkets in white neighborhoods than in black neighborhoods, and larger numbers of supermarkets in wealthier neighborhoods.²⁶
 - ⇒ High-poverty, mixed-race, or African American areas of St. Louis, MO are less likely than white high-income areas to have access to healthy food choices.²⁷
- *Rural areas*
 - ⇒ Fewer large grocery stores were found in rural areas in a Mississippi study; rural residents must travel more than 30 miles to reach a large store.²⁸
 - ⇒ A USDA report concludes that food prices are higher in central cities and rural areas where poor people tend to live, and where the food stores are typically smaller.²⁹
- There is strength in densely-populated inner-city markets: a study found that the 100 largest U.S. cities' low income neighborhoods offered significant growth opportunities for retail companies, with a combined spending capacity of more than \$120 billion.³⁰
- Untapped buying power in inner-city neighborhoods is estimated in the billions of dollars in cities like Detroit, representing opportunities for commercial investors and corporate retailers. This would prevent “retail leakage”—community money being spent outside the community.³¹
- Fewer supermarkets and more small groceries were found in New York state neighborhoods of color compared to white neighborhoods; supporting those small grocers may be a better strategy to ensure access to healthy foods.³²

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OTHER RESOURCES

Community Security Food Coalition	www.foodsecurity.org
Healthy Corner Stores Network	www.healthycornerstores.org/index.php
Healthy Stores Project, Bloomberg School of Public Health, Johns Hopkins University	www.healthystores.org/index.html
Literacy for Environmental Justice	www.lejyouth.org/programs/food.html
Local Initiatives Support Corporation	www.lisc.org
Mari Gallagher Research and Consulting Group	www.marigallagher.com
PolicyLink: Healthy food retailing	www.policylink.org/EDTK/HealthyFoodRetailing
Prevention Institute ENACT Strategy	www.preventioninstitute.org/sa/enact/neighborhood/shopkeepers.php
Public Health Law and Policy	www.healthypanning.org/foodretailfunding.html
Social Compact	www.socialcompact.org
The Food Trust	www.foodtrust.org
University of Wisconsin at Milwaukee, Purchasing Power Profiles and Workforce Density Data for All Census Tracts and Residential ZIP Codes in U.S.	www.uwm.edu/Dept/ETI/PurchasingPower/purchasing.htm