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Access to Food – Urban Perspective

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Introduction

Food access in historically-excluded urban communities has not been systematically tracked over time by any set of indicators. At the same time, we know that full service grocery stores have largely disappeared from the inner-city landscape, replaced by corner stores, bodegas, liquor and convenience stores and fast food outlets. Before responding to the four questions related to measures, indicators and data sources, I also want to raise the issue about the questions we are asking along this particular dimension of sustainability. We need to make sure we are asking the right questions and pursuing the correct analysis as we attempt to track indicators of “food access in urban communities”. The issue at hand is not simply one of access to food regardless of type, quality or vendor. The availability of retail food outlets that sell high-quality, nutritious food at affordable prices is one important factor for encouraging individuals to select a healthy diet and subsequently reduce the risk for obesity and diabetes.^{1,2} A study by PolicyLink reminds us that the food environments of lower-income communities and communities of color are of particular concern, given that obesity and diabetes rates are highest in these communities. Lower-income neighborhoods and communities of color have fewer grocery stores and an abundance of fast food restaurants and convenience stores compared to higher-income and predominantly Caucasian neighborhoods.³⁻⁷ When grocery stores are not accessible, residents often resort to purchasing generally higher-calorie, lower-nutrient food sold at nearby convenience stores and fast food restaurants. Even in situations in which healthy food choices are readily available and accessible, poor individual dietary choices are often made. This leads one to believe that there are deep-rooted cultural factors driving decisions and that, while access to healthy, fresh and sustainably grown food is a necessary condition to healthier diets, it is by no means a sufficient condition in and of itself. Notwithstanding the above, I was able to respond to the four questions that were posed for all symposium speakers.

The Wallace Center at Winrock International has developed a draft set of national indicators to track availability of “good food” (described as healthy, green, fair and affordable). While none of the attributes in their set of indicators is synonymous with “access”, we can find some reasonable proxy indicators in this set.

Key Measures and Indicators / Data Sources

1. Number and Size of Food Deserts

“Food desert” is a term used to describe a geographical area in which there is an imbalance of healthy food options; where physical access to “marginal” food outlets or fast food restaurants is greater than access to full-service grocery stores. A similar measure to food balance, Retail Food Environment Index (RFEI) has also been used to indicate access to healthy food. RFEI is calculated by dividing the total number of fast-food restaurants and convenience stores by the total number of grocery stores and produce vendors within a given radius around the home (0.5 miles in urban areas).

Data sources: for analyses of links between urban food deserts and public health outcomes, see www.marigallagher.com/projects. For description of the Retail Food Environment Index and its link to health, see California Center for Public Health Advocacy, PolicyLink, and the UCLA Center for Health Policy Research 2008. Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes

2. Prevalence of Household Food Insecurity

Food insecurity occurs whenever the availability of nutritionally adequate and safe food, or the ability to acquire acceptable foods in socially acceptable ways, is limited or uncertain. While food insecurity is as dependent on affordability as access, most communities in which the prevalence of food insecurity is high are also communities in which food access is limited.

Data sources: Current Population Survey, reported by Economic Research Service, USDA. <http://www.ers.usda.gov/briefings/foodsecurity>

3. Prevalence of Diet Related Disease

While the top causes of mortality used to be infectious diseases and accidents, chronic diseases associated with diet have moved to the top of the list. In part, this is because people are living longer; but poor diets clearly play a role as well. A larger proportion of the population having access to healthier foods should be reflected to a lower prevalence of diet-related disease.

Data sources: Centers for Disease Control, National Center for Health Statistics for leading causes of death <http://www.cdc.gov/nchs/fastats/deaths.htm> and mortality associated with each; For links between specific cancers and diet, see World Cancer Research Fund/American Institute for Cancer Research. 2007. Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective. Washington, DC: AICR, 2007.

4. **Direct Farm to Consumer Sales**

As direct sales (which are usually whole and minimally processed foods) increase in urban communities through farmers markets, CSA's, etc, we would expect this to indicate greater access overall.

Data source: Value of agricultural products sold directly to individuals for human consumption. U. S. Agricultural Census, http://www.agcensus.usda.gov/publications/2002/volume_1.chapter_1_US/st99_1_002_002.pdf.

Trends and Limitations of Key Indicators

Unfortunately, most indicators, especially in the current economic climate, are moving in directions that would indicate that access to fresh and healthy food in urban communities is becoming even more limited. While awareness of the **prevalence of food deserts** is increasing, there does not appear to be much concerted effort to shift this, except for isolated situations. One limitation with this indicator is the effort required to measure progress. There are no convenient current data sources that track either food balance or RFEI. The greatest limitation with **food insecurity** as an indicator is that while regularly reported by public sources, reports are on a state-wide basis. Refinement of the data to a more local level is done on a project-by-project basis. Food security is highly correlated with affordability. As food prices rise and income levels remain stable or drop in a community, food insecurity rises. One limitation to using **prevalence of diet-related diseases** as an indicator is the uncertainty of direct links between diet and some specific diseases. New scientific evidence may show stronger or weaker correlations, as causal mechanisms are better understood.

In terms of trends, rates of both obesity and diet related disease are increasing in inner-city urban communities and it would be expected that, without major shifts in food access, affordability, and change in diet, these trends will continue. While many reports point to **direct farm to consumer sales** increasing overall, the Agricultural Census is conducted only every five years, and data are not available until a few years after the year of the survey. Although a survey was conducted in 2007, national data on 2007 direct sales are not yet publicly available. The Census probably does not capture all sales, and farmers have some incentive to under-report direct sales if participating in a farmers' market in which they must pay a proportion of total sales to the market. Many advocates suggest that inner city farmers markets may be a good partial solution to the

food access issue; however, direct sales remain a very small percentage of overall food retail and are unlikely to expand to a significant percentage anytime soon.

Status of Our Knowledge

In my view, none of the currently available indicators is adequate for either describing or tracking the issue of food access in urban communities. In cases in which good data exist, it is usually only at one point in time (e.g. The Food Marketing Policy Center at University of Connecticut published a comprehensive issue paper in 1995 on "*The Urban Grocery Store Gap*".⁸). The problem is that these results, while providing a thorough snapshot of the issue, are based on 1990 census data, and have not been updated – so tracking this situation over time becomes difficult.

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