



## Food and Beverage Access

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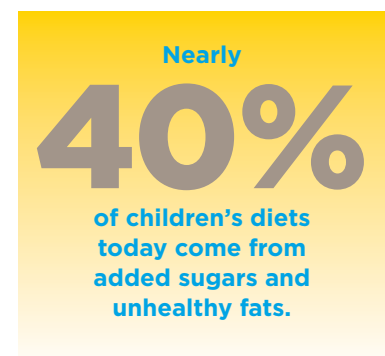


Neighbor Carts sell fresh produce in underserved areas of the city.

### Nationwide

Over 23.5 million Americans do not have access to a grocery store within one mile of their home.<sup>(1)</sup> This represents 8.4% of the U.S. population and 33% of the population living in low-income communities. Residents of these communities have limited access to fresh fruits, vegetables, and other healthful foods, while calorie-dense and nutrient-poor foods and beverages sold at fast food restaurants and corner stores are plentiful. A study in Philadelphia found that children consumed an average of 357 excess calories a day on the way to and from school.<sup>(2)</sup> Nearly 40% of children’s diets today come from added sugars and unhealthy fats.<sup>(3)</sup>

Advocates for healthy food access have employed community-level interventions as well as incentive programs for retailers to ensure produce and other healthful foods are available in all neighborhoods. Pennsylvania’s Fresh Food Financing Initiative utilizes a public-private partnership to provide grants and loans to incentivize supermarket development in underserved communities. The initiative’s success – 88 fresh food retail projects in 34 counties that created or preserved more than 5,023 jobs and improved access to healthy food for over half a million people – has inspired other states and cities to follow suit.<sup>(4)</sup> California, New York, and New Orleans have launched similar programs, with many other states on track to join them. In 2012, the State of Illinois announced the Illinois Fresh Food Fund, modeled after these programs.



Programs are also underway to incentivize healthier offerings at the corner stores and small storefront groceries that are often the most accessible retail outlets in lower-income communities. These corner store “conversions” not only increase the amount and variety of healthful offerings – including fruits, vegetables, whole grain products, and low- or no-fat dairy – but often include other strategies such as point-of-purchase displays (encouraging shoppers to pick the healthier options at the point of sale), cooking demonstrations, or taste tests. An analysis of sixteen healthy corner store interventions in low-income neighborhoods found consistent improvements in the availability, purchase, and customer intake of the healthier products. Programs that employed multiple strategies were found to be the most successful interventions.<sup>(5)</sup>



Community-level interventions – such as farmers’ markets, community gardens, and mobile produce carts – are often less expensive, require less space, and are quicker to implement than programs that encourage new store development, yet are also effective at promoting fresh food access and consumption. Studies have found that the introduction of farmers’ markets or smaller farm stands are associated with increased community fruit and vegetable intake<sup>(6)</sup> and that community gardens can improve food access and food security.<sup>(7) (8)</sup>

The policies and practices guiding the emergency food system offer valuable opportunities to promote healthy food access, not just for the program participants but also for other community members. For example, when the federal Women, Infants, and Children (WIC) program increased the funds available to participants for the purchase of fruits and vegetables, community-level access to produce in convenience and grocery stores in low-income neighborhoods increased.<sup>(9)</sup>

The USDA’s *2010 Dietary Guidelines for Americans* lists both foods and nutrients to increase and foods and food components to reduce.<sup>(10)</sup> The Institute of Medicine recommends that “governments and decision makers in the business community [and] private sector should make a concerted effort to reduce unhealthy food and beverage options and substantially increase healthier food and beverage options at affordable, competitive prices.”<sup>(11)</sup> Both sets of recommendations are based on a large body of research that supports the need for individuals to balance high-quality and low-quality calories in their diets and the need for a similar balance in the quality of calories available to us in our environments. Creative approaches to consumer education are a vital tool to support individuals as they strive for calorie balance. One recent study found that posting signage prominently in corner store beverage cases with the caloric content of a soda or juice led to a one-third reduction in the purchase of sugar-sweetened beverages. Even more effective was signage noting that the beverages comprised 10% of daily caloric intake or required 50 minutes of running to “work off.” These alternative approaches reduced sugar-sweetened beverage purchases by up to 50%.<sup>(12)</sup> Even as healthy foods become more accessible, public health and community advocates must also develop, evaluate, and disseminate innovative strategies to reduce the availability of less healthy foods and beverages and encourage substitution of healthier options for high-calorie, less nutritious foods and beverages.

## Chicago

Collaborative efforts by community groups, public health advocates, and city government agencies helped reduce the number of Chicagoans living in communities with limited access to healthy food by almost 40% between 2005 and 2010.<sup>(13)</sup> Despite this progress, an estimated 380,000 Chicagoans still live in so-called “food deserts,” and well over 100,000 of these residents are children.<sup>(13)</sup>

Citywide, over 70% of students do not eat the recommended number of fruit and vegetable servings per day, and almost a third of high school students drink one or more sugar-sweetened beverages a day.<sup>(14) (15)</sup>



### Current Strategies/Progress to Date

Local advocates have employed many strategies to increase the availability and affordability of fruits, vegetables, low-fat dairy, whole grains, and other healthful foods and beverages, especially in underserved neighborhoods. Chicago’s City Council approved new ordinances removing barriers to urban agriculture and permitting mobile produce carts. In an effort to address health equity, produce vendors that operate mobile carts under the new program must conduct at least 50% of their business in communities that are underserved by healthy food retail.

The city has also engaged in a year-long process to craft a comprehensive plan to address obesity through building a healthier food culture in Chicago. Led by several city agencies and CLOCC, the process integrated the contributions of over 400 representatives of diverse public, private, and non-profit organizations and will result in the creation of a Chicago food plan, *A Recipe for Healthy Places*. The plan aims to contribute to the prevention of obesity and related diseases through changes to residents’ day-to-day environment to support healthy eating. It also includes recommendations for a public education campaign to promote healthy lifestyles and discourage the consumption of unhealthy foods. Readers with a particular interest in government-coordinated food access interventions are referred to *A Recipe for Healthy Places* for additional information and guidance.

Chicago community groups and corner store owners are forging collaborations to increase the stock of fresh, high-quality produce in local stores. CLOCC, the West Humboldt Park Development Council, and the Inner-City Muslim Action Network (IMAN) have partnered with corner stores in the West Humboldt Park, Austin, Englewood, and West Englewood neighborhoods to improve not only the availability but also the quality of fruits and vegetables. The strategy includes positioning the more healthful offerings prominently within the store and informational displays and in-store events to improve customer awareness and increase demand.

Farmers’ markets, whether city-sponsored or community-driven, are available throughout the city with an increasing presence in underserved neighborhoods. Many Chicago farmers’ markets now accept LINK cards available through the Supplemental Nutrition Assistance Program (SNAP) to further address inequities in the affordability of fresh fruits and vegetables. In 2012, Mayor Rahm Emanuel’s administration announced their plan to establish five new farmers’ markets across the city.



According to GreenNet Chicago, there are over 600 community gardens in Chicago. The numbers of these that are food-producing or “edible gardens” is unknown. A number of organizations have come together, with support from CLOCC and others, to develop an inventory of edible gardens. Many neighborhoods across the city have established networks of edible gardens and some are using innovative approaches to link the food produced to local retail so that residents not involved in the gardens have access to the food they produce. Backyard share programs, which connect homeowners that have available garden space with eager but land-less apartment or condo dwellers, are an emerging approach to increasing urban agriculture in underserved neighborhoods.

## Recommendations for the Next Decade

### Goal 1: Make healthy foods and beverages easily accessible to all children where they live, learn, and play.

**Objective 1-1:** Increase local healthy food production.

- **Strategy a:** Expand urban farming and agriculture.
- **Strategy b:** Expand community gardening.

**Objective 1-2:** Increase the sale of healthy food and beverages.

- **Strategy a:** Expand availability of healthy food and beverages in existing retail establishments (e.g., corner stores, restaurants, cultural institutions, sport and entertainment venues).
- **Strategy b:** Encourage new healthy food and beverage retail.
  - **Tactic:** Promote the City of Chicago’s produce merchant license.
  - **Tactic:** Promote the availability of food financing options (e.g., Illinois Fresh Food Fund).

**Objective 1-3:** Increase the availability of healthy food and beverages in the emergency food system.

- **Strategy a:** Ensure that food and beverages made available through government-funded food assistance programs meet the *Dietary Guidelines for Americans* ([www.cnpp.usda.gov/dietaryguidelines.htm](http://www.cnpp.usda.gov/dietaryguidelines.htm)).
- **Strategy b:** Work with food pantries and emergency meal programs to stock and deliver healthy foods and beverages.
- **Strategy c:** Create, expand, and promote linkages between supplemental food programs (e.g., SNAP) and local food and beverage retail to ensure that Chicagoans who receive public food assistance can take advantage of farmers’ markets, produce carts, and other healthy food and beverage retail.

### Goal 2: Create a culture of demand for healthy foods and beverages through widely visible public health campaigns. (See Health Promotion and Public Education section)

**Objective 2-1:** Disseminate evidence-based health messages to educate children and families about the importance of a healthy diet through popular media, outdoor advertising space, and in public buildings.

- **Strategy a:** Disseminate CLOCC's 5-4-3-2-1 Go!<sup>®</sup> message and complementary messages that promote consumption of healthy food and beverages.
- **Strategy b:** Post consistent nutrition messages in food pantries and other emergency food distribution locations to educate program participants.
- **Strategy c:** Inform community residents of the availability of farmers' markets, community gardens, and mobile food vending.

**Objective 2-2 :** Restrict advertising/marketing of high-calorie, low-nutrition foods and sugar-sweetened beverages, especially to children. (See **Business Sector and Industry Practices** section)

- **Strategy a:** Educate Chicago decision makers (e.g., elected officials, institutional leaders, parents) about the diverse approaches to advertising used by food and beverage marketers (e.g., logo placement, online games, toys, and cartoon character use).
- **Strategy b:** Support national and local strategies to limit food marketing to children.

**Goal 3: Reduce the availability of and access to calorie-dense and nutrient-poor food and beverages in Chicago communities and institutions.**

**Objective 3-1:** Work with food retail establishments to decrease the amount of calorie-dense and nutrient-poor food and beverages available for purchase.

**Objective 3-2:** Use a combination of incentives and disincentives to restrict unhealthy foods and beverages sold in public venues.

- **Strategy a:** Eliminate all high-calorie, low nutrition snacks and sugar-sweetened beverages from vending machines.
- **Strategy b:** Provide financial incentives to businesses that sell a greater amount of healthy foods and beverages than unhealthy foods and beverages.

**Objective 3-3:** Achieve greater balance in pricing of healthy vs. unhealthy food and beverages.

- **Strategy a:** Implement dollar-matching programs (e.g., "double value coupons") for consumers that participate in federal nutrition assistance programs including SNAP and WIC to increase affordability of healthy foods.
- **Strategy b:** Adjust pricing in vending machines, restaurants, and food retail establishments to make healthy foods and beverages cheaper and unhealthy foods and beverages more expensive.



The Glenwood Sunday Market in Rogers Park.

## References

1. U.S. Department of Agriculture. Access to Affordable and Nutritious Foods: Measuring and Understanding Food Deserts and Their Consequences. 2009. [http://www.ers.usda.gov/media/242675/ap036\\_1\\_.pdf](http://www.ers.usda.gov/media/242675/ap036_1_.pdf).
2. Reedy J and Krebs-Smith SM. Dietary sources of energy, solid fats, and added sugars among children and adolescents in the United States. *Journal of the American Dietetic Association*, 2010. 110(10): 1477-84.
3. Borradaile KE, Sherman S, Vander Beur SS, et al. Snacking in children: the role of urban corner stores. *Pediatrics*, 2009. 124(5): 1293-1298.
4. The Food Trust. Pennsylvania Fresh Food Financing Initiative. <http://www.thefoodtrust.org/php/programs/fffi.php#>.
5. Gittelsohn J, Rowan M, Gadhoke P. Interventions in small food stores to change the food environment, improve diet, and reduce risk of chronic disease. *Preventing Chronic Disease*, 2012. 9(59):110015.
6. Evans AE, Jennings R, Smiley AW, et al. Introduction of farm stands in low-income communities increases fruit and vegetable among community residents. *Health and Place*, 2011. 18(5): 1137-1143.
7. Litt JS, Soobader MJ, Turbin MS, et al. The influence of social involvement, neighborhood aesthetics, and community garden participation on fruit and vegetable consumption. *American Journal of Public Health*, 2011. 101(8): 1466-1473.
8. Corrigan, MP. Growing what you eat: developing community gardens in Baltimore, Maryland. *Applied Geography*, 2011. 31(4): 1232-1241.
9. Andreyeva T, Luedicke J, Middleton AE, et al. Positive influence of the revised special supplemental nutrition program for Women, Infants and Children food packages on access to healthy foods. *Journal of Academy of Nutrition and Dietetics*, 2012.112(6): 850-858.
10. Institute of Medicine. Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. 2012. <http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx>.
11. U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans 2010. <http://www.cnpp.usda.gov/publications/dietaryguidelines/2010/policydoc/policydoc.pdf>.
12. Bleich SN, Herring BJ, Flagg DD, et al. Reduction in Purchases of Sugar-Sweetened Beverages Among Low-Income, Black Adolescents After Exposure to Caloric Information. *American Journal of Public Health*, 2012. 102(2): 329-335.
13. Mari Gallagher Research and Consulting Group. The Chicago Food Desert Progress Report 2011. 2011. [http://www.marigallagher.com/site\\_media/dynamic/project\\_files/FoodDesert2011.pdf](http://www.marigallagher.com/site_media/dynamic/project_files/FoodDesert2011.pdf).
14. Chicago Department of Public Health. Healthy Chicago: A Public Health Agenda for a Healthy City, Healthy Neighborhoods, Healthy People and Healthy Homes. <http://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/PublicHlthAgenda2011.pdf>.
15. Centers for Disease Control and Prevention. Chicago, IL, High School Youth Risk Behavior Survey, 2011. 2011. <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?LID=IL>.

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