**Time to Revisit Food Deserts**

https://opinionator.blogs.nytimes.com/2012/04/25/time-to-revisit-food-deserts/



Daniel Borris for The New York Times A market in San Antonio, Tex.

In [last week’s Fixes column](https://web.archive.org/web/20210507070636/https:/opinionator.blogs.nytimes.com/2012/04/25/2012/04/18/conquering-food-deserts-with-green-carts/) I reported on a variety of initiatives that New York and other cities are engaged in to increase the availability of healthy food for sale, particularly fresh produce, in low-income neighborhoods that are believed to have insufficient access. The efforts include bringing in green carts and green markets to serve these areas, as well as offering financial, zoning and other incentives to attract new supermarkets and improve the quality and quantity of fresh food offerings in bodegas and corner stores. The work is explicitly designed to address what the government and many health experts have dubbed the problem of “food deserts.” It has catalyzed new retail food vendors in low-income areas, many of which have become successful businesses.

As The Times also reported last week, however, some [new studies have questioned whether food deserts are as pervasive a problem](https://web.archive.org/web/20210507070636/https:/www.nytimes.com/2012/04/18/health/research/pairing-of-food-deserts-and-obesity-challenged-in-studies.html?_r=1) as the government and other researchers have long believed they are. The studies also challenge whether efforts to increase access to supermarkets in low-income areas will achieve the ultimate goal of these policies: reducing obesity and other diet-related diseases among the people who live there. When I wrote my column last week, I had not seen this new research. Since then, I read the studies, as well as a number of others, and spoke to more food experts. I’m still convinced that convenient access to fresh food remains a significant barrier for many low-income people around the country, but I have been persuaded that the standard way “food deserts” have been defined [[1]](read://https_web.archive.org/?url=https%3A%2F%2Fweb.archive.org%2Fweb%2F20210507070636%2Fhttps%3A%2F%2Fopinionator.blogs.nytimes.com%2F2012%2F04%2F25%2Ftime-to-revisit-food-deserts%2F#ftn1) may overemphasize — and in some cases mischaracterize — the problem of access and draw attention from other factors that influence what people buy and eat, like food prices, preparation time and knowledge, marketing, general levels of education, transportation, cultural practices and taste.  
  
One of the advantages of a term like “food desert” is that it is simple and memorable. As such, the issue caught the attention of policy makers, funders and academics in a way that it would not have had it been defined as “inequitable access.” It has also tilted the debate heavily toward the question of how to stimulate new fresh food sources. But the big questions remain: Is access to healthy food a primary barrier to healthy eating? And, if so, will increasing it lead to better health outcomes?

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The conventional answers have been yes to both questions. A literature review ([pdf](https://web.archive.org/web/20210507070636/https:/www.thefoodtrust.org/catalog/download.php?product_id=171)) conducted by two nonprofits, PolicyLink and The Food Trust (which focuses on food access) reviewed 132 studies and reported that a “large and consistent body of evidence” supported the contention that many residents of low-income, minority and rural communities lack sufficient opportunities to buy healthy and affordable food. However, one recent [study](https://web.archive.org/web/20210507070636/https:/www.sciencedirect.com/science/article/pii/S0277953612000810), which looked at more detailed food industry categorizations than those of past studies, did not support this, at least not at the national level (it did not examine local-level variations). It found that low-income areas had more of all types of retail food vendors than higher income areas.

This study drew on a national survey that tracked children from kindergarten to fifth grade. One of its limitations was that, like many such surveys, the children who were unable to be tracked for the duration of the survey (about 60 percent) were more likely to be minorities and from urban areas, though the researcher used statistical methods to control for missing data. “I’m not saying food deserts don’t exist,” explained Helen Lee, a policy fellow at the Public Policy Institute of California, who conducted the study. “But I’m saying that if you compare wealthier neighborhoods to poor neighborhoods, you don’t see a systematic pattern in differences in availability.”

Much of the research on food access draws on business data sets, which include things like types of businesses, locations and sizes, but not information about, say, the quality or variety of food in a store. A number of social service workers I spoke with brought up this point. Joel S. Berg, the executive director of the New York City Coalition Against Hunger, said that the new studies reminded him of the quote from Chico Marx: Who are you going to believe, me or your own eyes?

“I spend a great deal of time in low-income neighborhoods,” Berg said. “And even where food stores exist on paper, their selection and quality is so low that I think most people would consider the areas food deserts.” (One of the advantages of green carts and farmers’ markets is thought to be the attractiveness and freshness of the produce.)

If access is a major problem, successful efforts to increase it should lead to better eating and better health. But it’s hard to find strong connections between food access (as determined by proximity and number of grocers) and health. If we’re talking about teenagers, some [studies](https://web.archive.org/web/20210507070636/https:/www.ncbi.nlm.nih.gov/pubmed/17884578) have found that greater access to supermarkets is associated with lower Body Mass Index (B.M.I.) and also that [easier access](https://web.archive.org/web/20210507070636/https:/www.nber.org/papers/w14721) to convenience stories is associated with a higher B.M.I. (Teenagers can walk to stores and buy their own snacks; schoolchildren can’t.) However, a [longitudinal study](https://web.archive.org/web/20210507070636/https:/archinte.ama-assn.org/cgi/content/short/171/13/1162) published last year looking at young and middle-aged adults, found that while fast food consumption was associated with fast food availability for low-income people, consumption of fruits and vegetable and diet quality were *not* related to the availability of grocery stores.

There are a number of plausible explanations for this, and efforts to address obesity need to consider them. Parke E. Wilde, an associate professor at the Friedman School of Nutrition Science and Policy at Tufts University (who writes a [blog](https://web.archive.org/web/20210507070636/https:/usfoodpolicy.blogspot.com/) on U.S. food policy) notes that the majority of Americans — including low-income Americans — do their grocery shopping by car, even if they don’t own one. This is a crucial detail that I failed to account for in my previous column. The U.S.D.A.’s 2009 study on food deserts reports that 5.5 percent of the nation’s households (about 5.8 million) live at least half a mile from a supermarket and are *without* access to a vehicle ([pdf](https://web.archive.org/web/20210507070636/https:/www.ers.usda.gov/Publications/AP/AP036/AP036b.pdf), p.19). Of those households, 2.5 million are within low-income areas. This is the group that seems most hard hit. The report also notes that 93 percent of people in low-income, low-access areas do their shopping with a vehicle, but the figure remains at 65 percent even when grocery stores are within walking distance. No doubt, price is a significant factor in the decision to drive to a big box store.

The question of access should take these patterns into account. It’s worth studying those who lack vehicle access *and* grocery stores within walking distance. Another question is whether people who need to do their shopping by car, especially if they don’t own a car, shop less frequently and, therefore, stock up on non-perishable foods. That was the situation I reported on in my previous column in Highland Falls, N.Y. (Perishable doesn’t always equate with healthier. Dr. Lee explained that frozen peas are healthier than fresh peas and they’re cheap and easy to find.) It’s also worth looking more closely at the shopping patterns of people who frequent inner city supermarkets that take pains to meet community needs like Jeffrey Brown’s ShopRite stores — stores that receive subsidies because of the increased start-up costs of serving low-income areas.

Second, the dominant constraint in the lives of low-income people is lack of money. From 1985 to 2000, the prices of fresh fruits and vegetables rose 40 percent while prices of fats and soft drinks decreased by about 15 and 25 percent, respectively, noted Arielle E. Traub, a Senior Systems Analyst at the New York City Health and Hospitals Corporation in a report she wrote for the Johns Hopkins Bloomberg School of Public Health. Researchers have found that energy-dense foods (those that contain the most calories per gram, which is to say sweets and starchy foods) — are [far less expensive](https://web.archive.org/web/20210507070636/https:/well.blogs.nytimes.com/2007/12/05/a-high-price-for-healthy-food/) than low-energy and nutritious foods like fruits and vegetables. In fact, measured on a per-calorie basis, they are one *tenth* the price.

Third, as Abhijit V. Banerjee and Esther Duflo observe in their excellent book, “Poor Economics,” poor people “choose their foods not mainly for their cheap prices and nutritional values, but for how good they taste.” Being poor or near poor in the United States means being exposed to a million luxuries that are beyond your reach. Even simple things most Americans take for granted — like taking the kids to a movie — are unaffordable. But a tasty meal is not. Junk foods that combine fat, salt and sugar in proportions that make them highly desirable, maybe even addictive — foods that hit the so-called “[bliss point](https://web.archive.org/web/20210507070636/https:/www.nytimes.com/2009/06/23/health/23well.html)” — are never too expensive or far from reach.

To make their point, Banerjee and Duflo quote George Orwell’s description of the life of poor British workers in his book “The Road to Wigan Pier”: “A millionaire may enjoy breakfasting off orange juice and Ryvita biscuits; an unemployed man does not… When you are unemployed you don’t *want* to eat dull wholesome food. You want to eat something a little *tasty*. There is always some cheap pleasant thing to tempt you.” In this context, it may indeed help to have more green carts on the sidewalks, where pedestrians can more easily make impulse purchases of oranges or strawberries instead of doughnuts or chips (to satisfy cravings for tasty treats).

Finally, just as the problem of obesity is connected to poverty; it is connected to education. One of the most consistent predictors of health, including reduced obesity, is higher [maternal education](https://web.archive.org/web/20210507070636/https:/www.nature.com/ijo/journal/v29/n4/full/0802914a.html). This has been found across [cultures](https://web.archive.org/web/20210507070636/https:/www.sciencedirect.com/science/article/pii/S1871403X09000209). There are many excellent educational initiatives that aim to teach young people about healthy eating — like the [Healthy Schools Program](https://web.archive.org/web/20210507070636/https:/www.healthiergeneration.org/schools.aspx) and [Cooking Matters](https://web.archive.org/web/20210507070636/https:/cookingmatters.org/). But if raising the level of education of mothers is one of the most reliable ways of improving family health, it may make sense to think of general educational efforts — like City Year’s [In School & On Track](https://web.archive.org/web/20210507070636/https:/www.cityyear.org/inschool_ontrack.aspx), which reduces high school dropout rates, or [College Summit’s](https://web.archive.org/web/20210507070636/https:/www.collegesummit.org/aboutus/results_and_metrics/our_outcomes/) college access programs for low-income youth — as effective health promotion, too.

As with so many problems, education seems to be the most reliable long-term answer. But nothing in the field of nutrition is straightforward. As soon as I had that thought, I came across yet another [study](https://web.archive.org/web/20210507070636/https:/www.ncbi.nlm.nih.gov/pubmed/16754818), which looked at preschool children from 20 large American cities. Here, researchers found that obesity rates were considerably higher among Hispanics than blacks or whites — but that the disparities could *not* be attributed to differences in maternal education or household income. If they are related to cultural or genetic factors, what are the implications?

In May, the Institute of Medicine will release a report entitled “[Accelerating Progress on Obesity Prevention](https://web.archive.org/web/20210507070636/https:/www.iom.edu/Activities/Nutrition/ObesityPrevProgress.aspx).” I look forward to reading it and will continue to report on this issue. If you are aware of any pertinent research that sheds light on these matters, please write in.

FOOTNOTE

[1] The term “food desert” is often applied indiscriminately, but the government does have a standard [definition](https://web.archive.org/web/20210507070636/https:/www.ers.usda.gov/data/fooddesert/about.html): a census tract that contains concentrations of low-income people in which at least a third of the population lives more than a mile from a supermarket or large grocery store. (For rural areas, the distance is 10 miles.)

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