



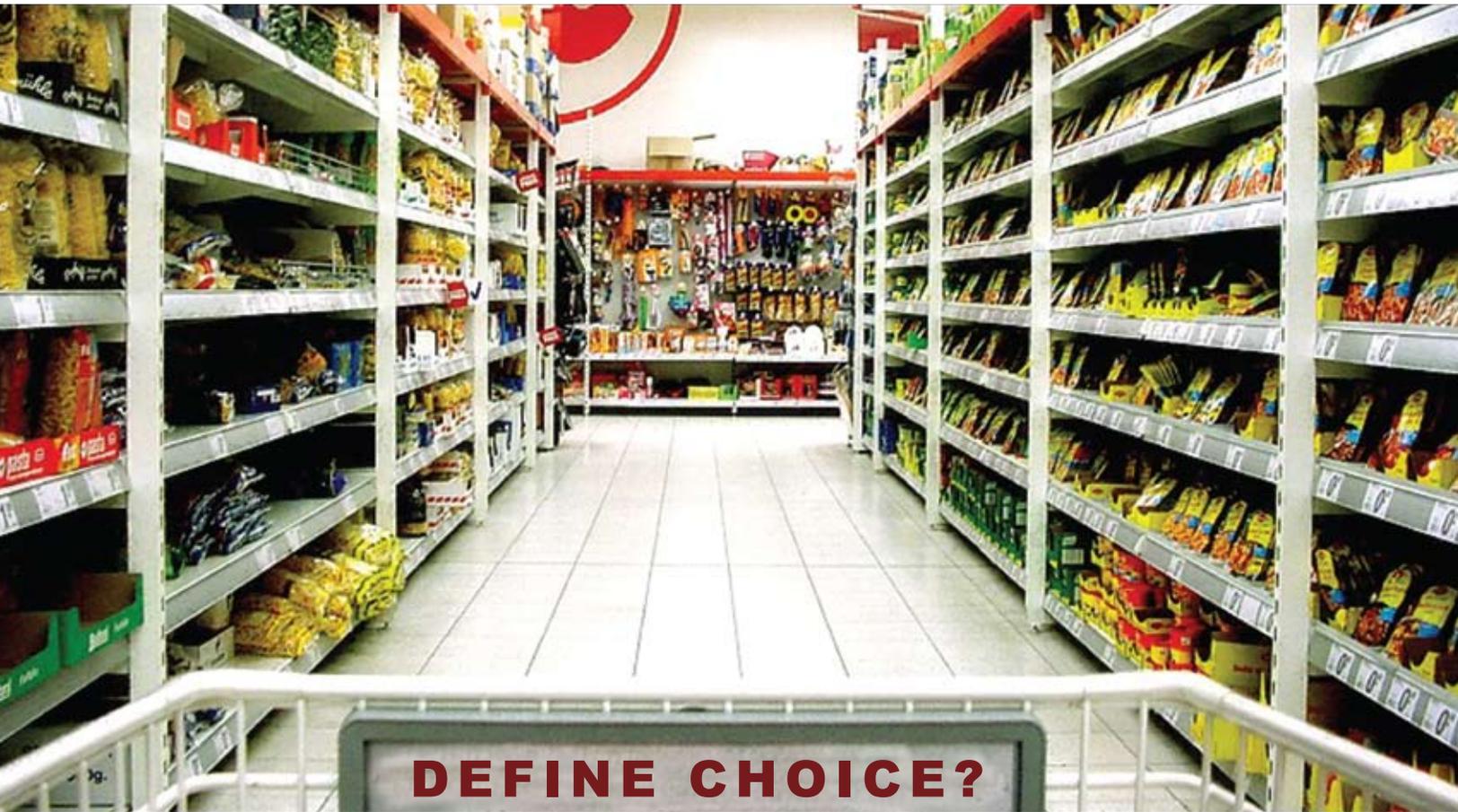
CHC

Community Health Councils, Inc.



Does Race **Define** What's in the Shopping Cart?

While cultural factors are most often cited in other studies as reasons for poor health in communities of color, this study shows the extent to which cultural factors are overshadowed by food choices in African American communities.



"In virtually every meaningful food category, African American shoppers never even have the opportunity to obtain the healthiest and most nutritionally sound foods available in the marketplace."

Does Race Define What's in the Shopping Cart?

A quick glance at the health profile of African Americans in the US reveals that obesity, cardiovascular disease (CVD), and diabetes are areas of serious concern that will require a wide range of strategies and solutions to reverse recent trends. Currently, two out of every five African American adults suffer from obesity, the highest rate of any racial/ethnic group in the US. Meanwhile, CVD is the leading cause of death among both African American men and women, taking the lives of more than 100,000 individuals each year. And more than 11% of all African Americans aged 20 years or older suffer from diabetes — though one-third of them do not know it.

It would be easy to associate these depressing statistics with vaguely identified “cultural” factors that supposedly play into these alarming numbers. Yet, while the frequency and severity of obesity, CVD, and diabetes are all affected by an individual’s daily food choices and level of physical activity, it would be premature to jump to poorly defined “cultural” factors without first examining the nutritional and physical activity resources African Americans have available to them. Clearly, “living healthy” means eating healthily and exercising regularly. But eating healthily depends, in large measure, upon regular access to healthy foods. Through a groundbreaking, multi-year study, Community Health Councils has found that race, geography, and the availability of healthy foods play a substantial role in determining what African Americans in Los Angeles eat.

Responding to concerns about premature death in African American communities, Community Health Councils sought and received a multi-year grant through the Centers for Disease Control and Prevention’s REACH 2010 Initiative to engage cross sections of the targeted communities in efforts to reduce health disparities in cardiovascular disease and diabetes. To this end, CHC formed the African Americans Building a Legacy of Health (AABLH) Collaborative in 2000.

In the summer of 2001, CHC and the AABLH Collaborative embarked upon a six-month study of nutritional resources in three predominantly African American areas of Southern California — South Los Angeles, East Inglewood, and North Long Beach — as well as one contrast area in West Los Angeles (WLA).

Using a participatory research model, community-based organizations (CBOs) and local residents teamed with researchers to gather, sift, and interpret the raw data. The resulting Nutrition Resource Environment Study was designed not only to ascertain where residents in these three neighborhoods were shopping for their food and what they were shopping for, but whether or not healthy food choices were readily available to them once they arrived at their local retail food outlet. Market study assessments began in July of 2001 and continued until December, with reassessments between October and November of 2006.

CHC and the AABLH Collaborative found that not only did residents in the three target communities have far fewer markets to choose from to buy their foods, but that the choices available to them in local food markets were markedly less healthy than those that were available to residents in WLA. These results suggest that race is a key determinant in the availability of healthy food, since the food choices that our team of researchers found in lower-income neighborhoods in South Los Angeles were largely consistent with the choices found in the relatively more affluent Inglewood and Ladera Heights areas.

The results suggest that, phantom “cultural” factors aside, issues of geography and race, and their influence on the local food marketplace may be playing an important role in the current health status of African American communities. This also means that well-crafted food policies designed to ensure that African American residents have healthy food choices could play a significant role in reversing these dangerous health trends.

What's in the Shopping Cart?

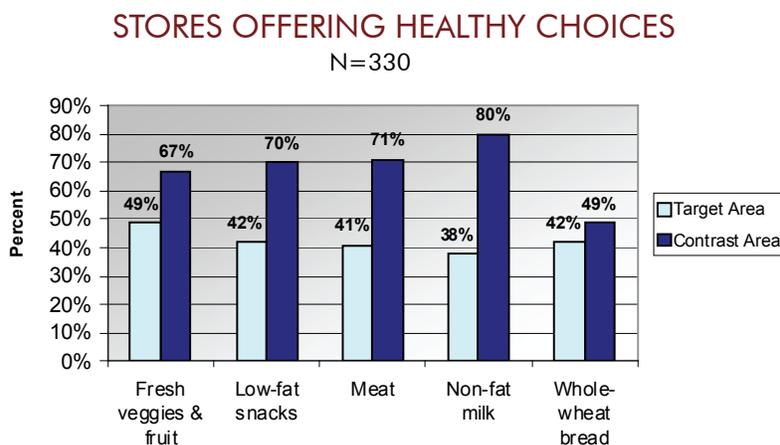
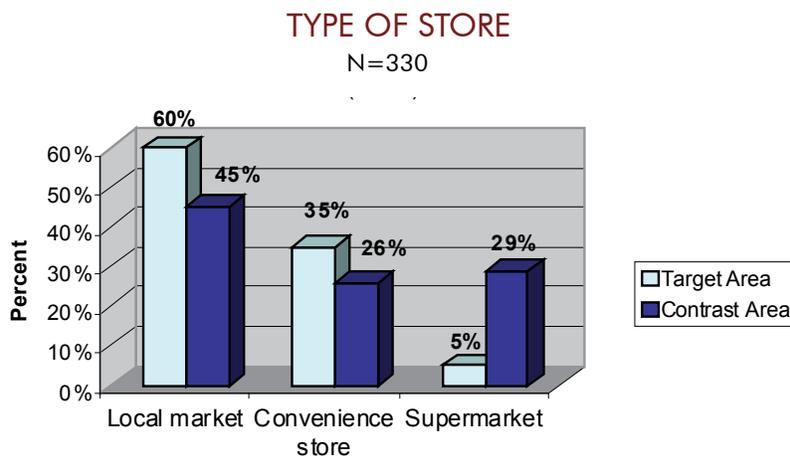


When we follow shoppers into their preferred food markets, the healthy food disparities between African American Angelenos and their Westside counterparts become most clear. Initial “Shopping List” surveys reveal a consistently lower chance of finding healthy foods in target area retail food outlets covered in our surveys.

In every “Shopping List” category, African American shoppers clearly are not being given the healthiest choices possible. Not only do they have fewer options for retail food outlets, but once they walk through the doors of their preferred food market, their choices are similarly curtailed. We found major disparities in the availability of meat, non-fat milk, and low-fat snacks, and significant deficiencies in the availability of fresh produce and whole wheat bread. The in-depth “Healthy Food Assessments” only confirmed what,

in broad outlines, the “Shopping List” data had already shown — that in virtually every meaningful food category, African American shoppers never even have the opportunity to obtain the healthiest and most nutritionally sound foods available in the marketplace.

The “Assessments” revealed that African Americans are more likely to be offered full-fatted beef and pork (versus leaner alternatives), less likely to have regular access to leaner poultry varieties and cuts, and less likely to find fresh fruits and vegetables on market shelves. The same picture emerges when we turn to dairy products and the relative absence of soy-based alternatives. And finally, given the unreasonably high incidence of diabetes and hypertension among African Americans, the dearth of sugar-free, low-salt, and diabetic-specific foods is alarming.



Let's Look Inside the Stores



The Nutrition Resource Environment Study shows that African American residents in Los Angeles have far fewer options when grocery shopping for themselves and their families. It is clear ...

- That African American residents have far less access to large, regional and national chain supermarkets
- That they must, instead, settle for shopping at local markets and/or convenience stores
- That, far from providing a healthy selection of products, these smaller, local stores fail to stock and sell a whole range of healthy foods from fresh fruits and vegetables, to leaner meats and poultry, to low-fat dairy and snack foods, to soy-based alternatives and diabetic-specific and low-salt options
- And that, if African American shoppers hope to provide and prepare healthy food for their families, they will have to travel farther than their WLA counterparts to reach it.

CHC's study shows that what ends up in a shopping cart is also a matter of a person's race, and not simply a function of their home address, their income, or ill-defined cultural behaviors. It is only a short intellectual step to see how the severely limited availability of healthy foods can have much longer-term implications for overall health in African American communities. Even a cursory glance at the health profile of various populations in the US suggests that African Americans are in serious need of healthy food choices to promote preventative strategies to the diseases that most directly affect them.

Without the support of the marketplace, the options available to most African American residents in the target areas are either unhealthy and dangerous, on the one hand, or time-consuming and costly, on the other. In other words, those Angelenos who most need nutritional support in order to get healthy foods into their shopping carts are among those least likely to get it.

Finally, the absence of healthy food options in both quantity and quality in the target areas is not simply the result of larger inequities but is, itself, a root inequity that generates others in its wake. Clearly, the example of Ladera Heights reveals that socio-economic status and household income are not sufficient to secure healthy food choices. If this were so, the 72 percent of African American residents of Ladera Heights would be enjoying at least as many healthy food options as their Westside counterparts.

Yet this is not the case. The residents of Ladera Heights, just like their much poorer neighbors, must either buy less healthy foods or get in their cars to travel to retail food outlets that support healthy food choices. Based on the results of this study, it may not be too much to suggest that the uniformly poor food choices available in African American communities in Los Angeles play a significant role in generating and sustaining the health inequalities from which African Americans suffer.



Recommendations & Strategies

We have divided our recommendations into three key policy areas. These policies are founded on those strategies that, based on the research, CHC believes will be most effective, efficient, and timely. Namely, (1) to improve existing nutrition and physical activity resources, (2) to support cost-effective alternative resources, and (3) to promote investment in under-resourced areas to increase access to healthy foods and physical activity.

Municipal Policies

- Provide landowner incentives that encourage healthy property uses (for example, pocket parks, food retail, neighborhood food cooperatives) within a specified timetable or stimulate the development of healthy food retail outlets and open space through zoning
- Improve the quality of food through public health standards and surveillance
- Incorporate public health strategies and priorities in city municipal codes, including in development, revision, and redevelopment & resuscitation plans

Market-based Policies

- Strengthen the city's financial and planning incentive package to attract larger, chain grocery stores and sit-down restaurants that provide wholesome food options by developing marketing strategies with measurable objectives and timetables
- Support strategies that foster a variety of retail food investor/entrepreneurial opportunities, such as public/private partnerships, community ownership and cooperatives
- Provide municipal support for grants and below-market-rate micro-loans that promote store transformations that increase their capacity to offer fresh, wholesome foods (from, for instance, liquor, cigarettes, and sweet- and fat-laden snacks to fresh produce, whole grain products, low-fat milk)

Community-based Policies

- Educate policymakers and other stakeholders on the link between public health and community planning of the built environment and integrate this concept in the curricula of regional urban planning and public health schools/programs
- Support community-based efforts to promote a Standards of Quality Agreement for food retailers and suppliers that raises expectations in the sale and promotion of food products
- Encourage strategies to establish farmers markets, community gardens, food cooperatives and green roofs and other urban gardening technologies that can also reduce the effects of the regional urban heat island

Conclusion

In an ideal world, everyone would have easy access to healthy foods, to regular opportunities and places to engage in vigorous cardiovascular activity. The reality for African Americans living in Los Angeles is something much less friendly. With large retail food markets few and very far between, African Americans must make tough decisions between long treks for healthy foods or decidedly less healthy choices at their local retail food outlets. Clearly, healthy food is available in Southern California. However, health-conscious shoppers should not have to travel long distances or move across town to get it. Neither should the availability of things like skinless chicken breasts, low-fat potato chips, soy milk, or whole grain pasta be a matter of the color of one's skin. However, what we do find encouraging is that unlike so many "pie-in-the-sky" ideals, healthy food choices for African Americans in Los Angeles is an eminently achievable goal. With the right mix of community, market, and municipal policies, Los Angeles could quickly become just as healthy for central city African Americans as for the rest of its residents.

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CHC's REACH 2010 Economic Parity Advisory Committee

CGH Collaborators:

Coalition of 100 Black Women, Los Angeles Chapter
Gilbert Academy Alumni Association of Southern California
Hamilton United Methodist Church

Atlantic Community Development Corporation

Central Baptist Church

Faithful Central Bible Church

National Council of Negro Women, Long Beach Chapter

Walker Temple AME Church

Contributors:

Community Health Councils

Lark Galloway-Gilliam, MPA, Executive Director

Gwendolyn Flynn, Policy Director

Mia Boykin, Community Liaison

Jonathon Nomachi, MPP, Data Manager

Janice Taylor, Communications Director

Michael Murashige, PhD

LaVonna Blair Lewis, PhD, MPH, USC School of Policy, Planning and Development

David Sloane, PhD, USC School of Policy, Planning and Development

Design & Printing: Aaron Makela of Roman Press

Contact: artifaction@gmail.com

FOR MORE INFORMATION, CONTACT:

CHC

Community Health Councils, Inc.



Community Health Councils
3731 Stocker Street, Suite 201
Los Angeles, CA 90008
Tel.: 323.295.9372
Fax: 323.295.9467
e-mail: info@chc-inc.org
www.chc-inc.org

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