



# Searching for Healthy Food

## *The Food Landscape in California Cities and Counties*

POLICY BRIEF NO 5

JANUARY 2007

### SUMMARY

California is in the midst of a growing obesity epidemic. There is increasing evidence that what we eat and the likelihood of being obese are influenced by the foods available in neighborhoods—what we call the food landscape or food environment. The California Center for Public Health Advocacy (CCPHA) conducted a study of the food environment in California as revealed by the distribution of retail food outlets—fast-food restaurants, convenience stores, supermarkets and produce vendors—and found that in 2005, the state had more than four times as many fast-food restaurants and convenience stores as supermarkets and produce vendors. There was substantial variability in the ratio of retailers across cities and counties. Steps must be taken to ensure that every California community has a healthy food environment.

### THE OBESITY EPIDEMIC AND THE FOOD ENVIRONMENT

California is in the midst of a growing obesity epidemic.<sup>1</sup> Overweight and obesity\* are serious health issues, associated with increased risk of morbidity and mortality from chronic diseases, including cardiovascular disease and diabetes.<sup>2,3</sup> In 2002, the prevalence of obesity in the state was 19.2 percent, twice the prevalence just 12 years earlier.<sup>4</sup> More than half of all California adults are now obese<sup>4</sup> or overweight.<sup>5</sup> Among California 5th, 7th, and 9th graders, 28.1 percent were overweight in 2004.<sup>6</sup> In 2000 alone, the cost of medical care, workers' compensation, and lost productivity attributable to overweight, obesity, and physical inactivity for California adults was \$21.7 billion.<sup>7</sup>

\*Overweight is defined as Body Mass Index (BMI) greater than 25.0 and less than or equal to 29.9 and obesity is defined as BMI greater than or equal to 30.0.

In the simplest sense, obesity is the result of an imbalance between an individual's energy intake and energy expenditure. Looking more deeply at the origins of obesity, however, reveals a complex array of factors that influence the balance between "calories in" and "calories out." Although individual choice is an essential component in selecting a diet appropriate for one's level of physical activity, translating that choice into healthy eating brings a constellation of factors into play. To act on a decision to eat a nutritious diet, the consumer must have information about the nutritive value of a food choice and be able to find and afford it. In other words, the consumer requires a "food environment" in which healthy choices can be readily identified and easily purchased.

## THE RETAIL FOOD ENVIRONMENT

**T**here is growing evidence that what we eat—and the likelihood of being obese—are influenced by the food environment.<sup>8</sup> Recent decades have seen substantial changes in the way Americans live, work, and eat. Since the 1970s, food expenditures have been shifting from food eaten at home to food eaten away from home. Out-of-home food expenditures ballooned from 27.6 percent of a family's food budget in the early 1970s to 41.9 percent of that budget in 2002–2003.<sup>9</sup> Similarly, the share of calories from food eaten away from home rose from 18 percent in 1977–1978 to 34 percent in 1995.<sup>10</sup> Children may be the most affected by these shifts: between 1977 and 1996, the amount of food that children consumed from restaurants nearly tripled.<sup>11, 12</sup>

### *Fast Food: An Increasing Share of Calories Consumed*

Since 1982, fast-food restaurants have claimed an increasing share of the food eaten away from home.<sup>13</sup> Research has shown that eating at fast-food restaurants is associated with unhealthy eating patterns and negative health consequences. In adults, eating at fast-food restaurants is associated with higher caloric intake,<sup>14</sup> lower vegetable consumption,<sup>15</sup> and higher rates of obesity.<sup>15</sup> For children and adolescents, fast-food consumption is associated with higher caloric intake, greater consumption of sweetened beverages, and lower consumption of fruits and vegetables.<sup>16</sup> On a typical day, 30 percent of American children eat at least one fast-food meal.<sup>17</sup>

As fast-food restaurants have proliferated, they have competed for customers by increasing portion size and advertising value in larger servings.<sup>11, 13, 18-20</sup> Research has demonstrated that when people are served more food, they eat more food.<sup>21-23</sup> Furthermore, research has demonstrated that people consistently underestimate the caloric content of fast-food meals, particularly when the portion size is very large.<sup>24</sup> Not surprisingly, large portion sizes have been implicated in several studies for their role in the obesity epidemic.<sup>12, 20, 25, 26</sup> It is now not uncommon for a fast-food meal to approach an entire day's worth of calories.<sup>18</sup>

### *Supermarkets*

Supermarkets are defined by the grocery industry as “any full-line self-service grocery store generating a sales

volume of \$2 million or more annually.”<sup>27</sup> Supermarkets are a significant source of food for American families, with 73.5 percent of grocery sales attributable to supermarkets in 2000<sup>28</sup> and 81 cents of every dollar spent in supermarkets going toward food purchases.<sup>29</sup> American supermarket sales reached \$478.9 billion in 2005.<sup>27</sup> The industry focuses on providing a wide array of products to consumers, including fresh produce, meats, grain and dairy products, and ready-to-eat foods. Fresh produce plays a significant role in grocery sales. From 1987 to 1997, the number of different items sold in supermarket produce sections nearly doubled, from 173 to 335, on average.<sup>30</sup>

The availability of supermarkets appears to be associated with dietary behaviors and health status. Research studies have shown that people who live near supermarkets are more likely to eat the recommended amounts of fruits and vegetables<sup>31</sup> and are less likely to be obese.<sup>32</sup> Living near a supermarket is positively associated with a higher-quality diet.<sup>33</sup> Conversely, in Chicago, living in neighborhoods with high numbers of fast-food restaurants compared to grocery stores was associated with premature death due to diabetes, cancer and cardiovascular disease.<sup>34</sup>

The relationship between supermarkets and dietary behaviors is in part significant because of the changing nature of the grocery industry. The number of supermarkets in the United States peaked in 1985 at 27,765 and has declined by 11 percent since then.<sup>35</sup> Much of this decline is due to a wave of grocery store closures and consolidation that began in 1996 in an effort to increase efficiency.<sup>36</sup> For example, San Jose and Sacramento both experienced major grocery store closures in 2006. This consolidation in the grocery industry could reasonably be expected to have an impact on the health of people who no longer have access to nearby supermarkets.

### *Convenience Stores*

The National Association of Convenience Stores defines a convenience store as “a retail business with primary emphasis placed on providing the public a convenient location at which to purchase from a wide array of consumable products (predominantly food or food and gasoline services).”<sup>37</sup> Products sold include a variety of calorie-dense, nutrient-poor beverages and

snacks. Many convenience stores now include a selection of foods prepared to go. Convenience stores typically are smaller than 5,000 square feet and have extended hours of operation, with many operating 24 hours a day, seven days a week.

### Produce Vendors

Retail outlets whose primary function is the sale of produce include produce stores and farmers markets. Nationwide, fruit and vegetable markets make up a very small fraction of food stores, with only 2,917 such stores operating nationally in 1992.<sup>35</sup> A certified farmers market is a location approved by a county agricultural commissioner where authorized farmers sell produce they have grown themselves directly to consumers.<sup>38</sup> A system of certified farmers markets has been established in California to strengthen the connection between farmers and consumers.

## THE STUDY: UNDERSTANDING THE FOOD ENVIRONMENT IN CALIFORNIA

To further understand the California food environment, the California Center for Public Health Advocacy (CCPHA) examined the distribution of retail food outlets in the state. We used April 2005 data from the GIS and mapping software firm of ESRI to identify and locate businesses with industry codes identifying them as fast-food restaurants, convenience stores, supermarkets and produce stores. We supplemented this data set with a listing of California farmers markets. Convenience stores attached to gas stations were not included in our study because data were incomplete for this type of business. Of the retail food businesses included in the study, supermarkets and produce vendors (produce stores and farmers markets) are places where healthy foods such as fruits and vegetables are readily available, while fast-food restaurants and convenience stores are places where such products are less readily available.

We used GIS software to assign each retail food outlet to the appropriate census tract. Total numbers of retail outlets were then summed across census tracts to determine the number of outlets by city and county.

### The Retail Food Environment Index (RFEI)

To describe the retail food environment, we developed the Retail Food Environment Index (RFEI). For the state as a whole, and for cities and counties with populations greater than 250,000, we divided the sum of the number of fast-food restaurants and convenience stores by the sum of the number of supermarkets and produce vendors (both produce stores and farmers markets). A high RFEI means that a region has a large number of fast-food restaurants and convenience stores compared to supermarkets and produce vendors.

## FINDINGS

The study found a statewide RFEI of 4.18, meaning that in 2005 for California as a whole there were more than four times as many fast-food restaurants and convenience stores as supermarkets and produce vendors. We identified a total of 26,627 retail food outlets in California in 2005: 14,823 fast-food restaurants, 6,659 convenience stores, 3,853 supermarkets,

### THE RETAIL FOOD ENVIRONMENT INDEX (RFEI)

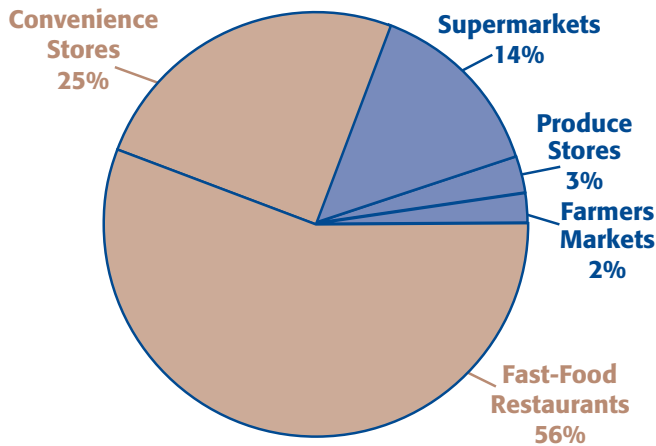
The RFEI is constructed by dividing the total number of fast-food restaurants and convenience stores by the total number of supermarkets and produce vendors (produce stores and farmers markets) in an area (city, county, state).

$$\text{RFEI} = \frac{(\# \text{ Fast-Food Restaurants} + \# \text{ Convenience Stores})}{(\# \text{ Supermarkets} + \# \text{ Produce Stores} + \# \text{ Farmers Markets})}$$

The result is the ratio of retail food outlets in a community that are likely to offer little in the way of fruits, vegetables, and other healthy foods to those in which such products are likely to be more readily available. For example, a community with an RFEI of 2.0 has twice as many fast-food restaurants and convenience stores as it does supermarkets and produce vendors.

847 produce stores and 445 farmers markets. The pie chart shows the proportion of each type of retail food outlet in the state.

### Distribution of Retail Food Outlets in California



*In California as a whole, there are more than four times as many fast-food restaurants and convenience stores as supermarkets and produce vendors, for a Retail Food Environment Index (RFEI) of 4.18.*

The RFEI varied substantially among counties and cities with populations greater than 250,000 (see table at right). Among counties, San Bernardino has the highest ratio at 5.72, meaning that there are nearly six times as many fast-food restaurants and convenience stores as supermarkets and produce vendors in the county. Santa Cruz County has the lowest ratio at 1.84, meaning that, on average, the nearest retail food outlet is still almost twice as likely to be a fast-food restaurant or convenience store as a supermarket or produce vendor. Other counties with more than five times the number of fast-food restaurants and convenience stores as supermarkets and produce vendors are Sacramento (5.66), Fresno (5.34), Orange (5.13), and Solano (5.08).

Among the 13 California cities with populations greater than 250,000, two (Bakersfield and Fresno) have at least six times, and two others (Long Beach and Riverside) have at least five times the number of fast-food restaurants and convenience stores as supermarkets and produce vendors.

### Discussion

This study establishes that there are more than four times as many fast-food restaurants and convenience

stores in California as supermarkets and produce vendors. Our finding may in fact underestimate the ratio because our calculation did not include convenience stores associated with gas stations. In addition, we found substantial variations among California communities in the distribution of healthy and unhealthy retail food outlets. Further studies are needed to better understand the factors contributing to the distribution of retail food outlets in California communities. Additional studies are also needed to investigate the consequences to Californians of living in neighborhoods with a less healthy balance of food outlets. Although we have not yet examined whether the retail food environment is associated with adverse health in California, the growing body of evidence that the retail food environment plays an important role in determining health suggests that steps should be taken to assure a healthy food environment in all California communities.

### Retail Food Environment Index (RFEI) by County and City\* (Sorted by RFEI)

COUNTY	RFEI
SAN BERNARDINO	5.72
SACRAMENTO	5.66
FRESNO	5.34
ORANGE	5.13
SOLANO	5.08
KERN	4.87
STANISLAUS	4.79
CONTRA COSTA	4.66
RIVERSIDE	4.63
ALAMEDA	4.61
LOS ANGELES	4.60
TULARE	4.42
SANTA CLARA	4.32
SAN DIEGO	4.20
SAN JOAQUIN	4.03
VENTURA	3.86
SAN FRANCISCO	3.85
PLACER	3.84
SANTA BARBARA	3.00
SAN MATEO	2.79
SONOMA	2.52
MONTEREY	2.14
SAN LUIS OBISPO	2.01
MARIN	1.85
SANTA CRUZ	1.84

CITY	RFEI
BAKERSFIELD	6.63
FRESNO	6.23
LONG BEACH	5.80
RIVERSIDE	5.58
SACRAMENTO	4.97
ANAHEIM	4.79
STOCKTON	4.73
SAN JOSE	4.62
SAN DIEGO	4.58
SANTA ANA	4.40
LOS ANGELES	4.24
SAN FRANCISCO	3.85
OAKLAND	3.81

\*California counties and cities with populations greater than 250,000 as estimated by the California Department of Finance.

*The higher the RFEI, the greater the number of fast-food restaurants and convenience stores compared to supermarkets and produce vendors.*

## CALIFORNIANS NEED HEALTHIER FOOD CHOICES

Every Californian deserves to live in a neighborhood where healthy food is at least as available as unhealthy food. Most Californians today do not live in such neighborhoods. We found more than four times as many fast-food restaurants and convenience stores in California as supermarkets and produce vendors. In many cities and counties, the ratio was even higher. Steps must be taken to shift the relative availability in favor of healthy food choices in our state. Such steps

are outlined in the California Obesity Prevention Plan<sup>39</sup> released by the California Department of Health Services in September 2006 and in the Governor's Vision for a Healthy California<sup>40</sup> released in September 2005. These documents specifically identify access to healthy foods and accurate information about nutritional content of restaurant foods as key strategies for controlling California's obesity epidemic.

### ACTIONS NEEDED

The California Center for Public Health Advocacy calls on federal, state and local policy makers to enact policies that promote a healthy food environment for all Californians. Specifically, we call on them to enact policies to accomplish the following:

- 1. Increase the number of grocery stores and other produce vendors in neighborhoods that have limited access to fruits, vegetables, and other healthy foods.** State and local governments should implement policies that stimulate and support retail projects that provide access to healthy foods through strategies such as grants, loans, and zoning regulations.
- 2. Support other innovative retail strategies to increase the availability of fruits, vegetables, and other healthy foods in California neighborhoods.** State and local governments should support nontraditional approaches to expanding access to healthy food—such as mobile vendors, direct farm-to-consumer sales, healthier options at fast-food restaurants, and training and technical assistance for retailers.
- 3. Set reasonable limits on the number of fast-food restaurants and convenience stores in California neighborhoods.** The health implications of these establishments should be considered in the community design and permitting process. State and local governments should seek a balance of retailers that support both the economic *and* health needs of communities.
- 4. Utilize federal nutrition assistance programs, such as Food Stamps and WIC, to make fruits, vegetables, and other healthy foods more affordable to low-income families.** Even with food assistance programs, many families find it difficult to afford healthy food. Increasing families' financial ability to purchase healthy foods will increase the demand for healthy food retailers. State and local governments should enhance assistance programs so that families are better able to purchase healthy foods. For example, the state should fund the fruit and vegetable incentive program established through AB 2384 (Leno, 2006).
- 5. Require food retailers such as fast-food restaurants to provide consumers with nutritional information for all items on menus and menu boards.** Given the proliferation of fast-food restaurants and convenience stores, consumers need immediate access to the nutrient content of items sold by these retailers so that they can make healthier choices. State and local governments should require retailers to post nutrition information on menus and menu boards.

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Copies of this publication and an expanded methodology can be accessed online at [www.publichealthadvocacy.org/searchingforhealthyfood.html](http://www.publichealthadvocacy.org/searchingforhealthyfood.html).

## SCIENTIFIC ADVISORY PANEL

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CCPHA convened a panel of experts to review the findings of the analysis and to provide insight on the policy recommendations. The Scientific Advisory Panel included Deborah Cohen, MD, MPH (RAND Corporation); Calvin Freeman (Calvin Freeman & Associates); Richard Jackson, MD, MPH (University of California, Berkeley); Leslie Mikkelsen, RD, MPH (Prevention Institute); Michael Rodriguez, MD, MPH (University of California, Los Angeles); and Victor Ruben, PhD (PolicyLink). Affiliations are listed for information only.

The views expressed in this policy brief are those of CCPHA and do not necessarily reflect the views of the members of the Scientific Advisory Panel or their institutions.

## ABOUT THE CALIFORNIA CENTER FOR PUBLIC HEALTH ADVOCACY

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The California Center for Public Health Advocacy is an independent, nonpartisan, non-profit organization that raises awareness about public health issues and mobilizes communities to promote the establishment of effective health policies. The California Public Health Association-North and the Southern California Public Health Association founded the Center in 1999. CCPHA is currently supported by grants from The California Endowment, the California Vitamin Cases Consumer Settlement Fund, and Kaiser Permanente, as well as by private contributions.

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