14

# Health Concern Access to Healthy Food

Environmental factors, like social determinants of health, have an important role in shaping community health. In 2013, the USDA Economic Research Service designated 24 census tracts in Greensboro and High Point, as well as other areas of the CHNA assessment area in Thomasville, Burlington, Reidsville and Winston-Salem, as food deserts, areas where residents do not have ready access to full-service supermarkets and have high rates of poverty. Although there has not yet been a great deal of research on the relationship between the food environment and community health, there is evidence that residing in a food desert is associated with a high prevalence of overweight, obesity, and premature death. [1-2] Supermarkets traditionally provide healthier options than convenience or corner stores. [3] Limited access to fresh fruits and vegetables is a barrier to healthy eating and is related to premature mortality. [4]

# Data Highlights

- Guilford County has over 45,000 residents who live more than one mile from a supermarket and live in a census tract with more than 20% living below the poverty level.
- The 24 food desert census tracts are concentrated in highminority areas of southeast and east Greensboro and central High Point.
- Though residents in food deserts areas lack access to fullservice supermarkets, they typically have convenience stores nearby.
- Many residents living in food desert areas qualify for SNAP/EBT benefits.
- As many as 42% of households in food desert tracts have no vehicle available to shop for food.
- 84% of convenience stores in food desert areas were found to accept SNAP/EBT benefits, but only 12% carried fresh vegetables. Convenience stores also carried little in the way of other healthy foods such as whole grain products and low-fat dairy products.
- Focus group participants reported concern over the high costs of healthy food. Even with SNAP benefits many residents have trouble putting food on the table.
- There is a lot of interest among immigrant and refugee residents in planting gardens. There is a need for more community gardens for immigrants and refugees.

# Inside this Chapter

- Limited Access to Healthy Food, by County
- Food Desert Census Tracts
- Low Access to Supermarkets and High Poverty
- Convenience Store Availability
- Households with SNAP/EBT Benefits
- Households with No Vehicle Present
- Availability of Selected Items at Convenience Stores in food deserts.
- Highlights from Focus Groups
  - Cost of Food
  - Community Gardens
  - Need for gardening and healthy eating education

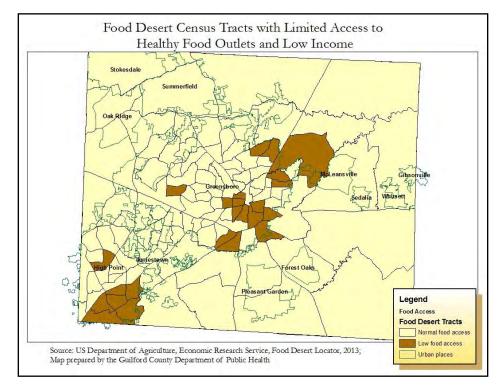
### Access to Healthy Food

Limited Access to Healthy Food, by Regional and Peer County, 2012

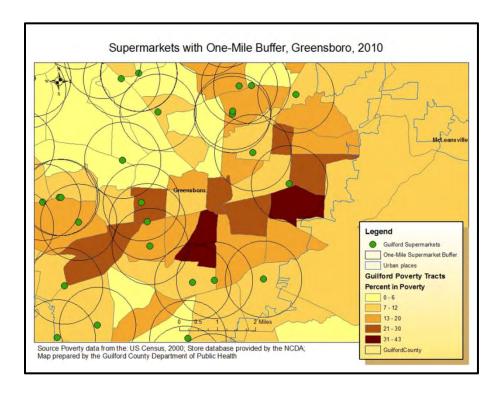
Residence	Percent of population who are low income
	and do not live close to a supermarket
North Carolina	10%
Alamance	16%
Davidson	0%
Forsyth	11%
Guilford	9%
Randolph	22%
Rockingham	29%
National Benchmark	0%
Cumberland	16%
Durham	7%
Mecklenburg	6%
Wake	6%

Source: USDA Environmental Food Atlas, County Health Rankings, 2013, <a href="http://countyhealthrankings.org">http://countyhealthrankings.org</a>

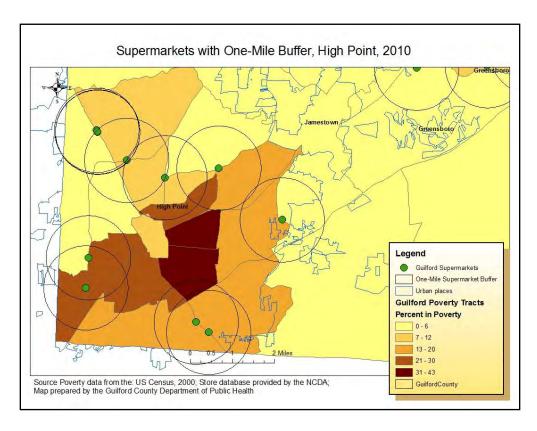
• North Carolina counties range from 0-29% in the percentage of residents who are low income and do not live near a supermarket, with Guilford estimated at 9%, which amounts to about 45,000 with low access to healthy food outlets. Among peer counties Guilford has a higher percentage of the population with limited healthy food access than Mecklenburg, Durham, and Wake, but a smaller percentage than Forsyth and Cumberland.

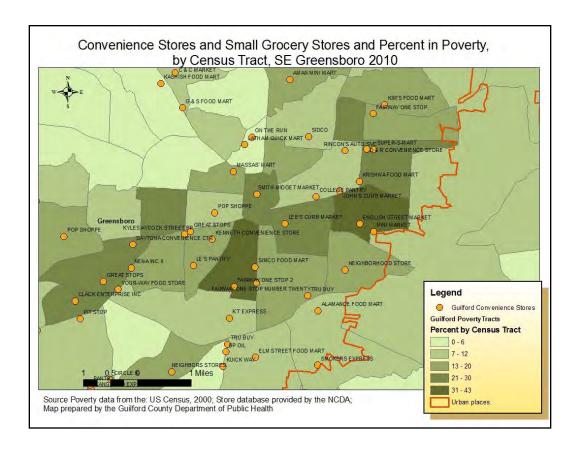


• 24 Census tracts in Guilford County were designated in 2013 as "food deserts," census tracts characterized by low access to healthy food outlets.

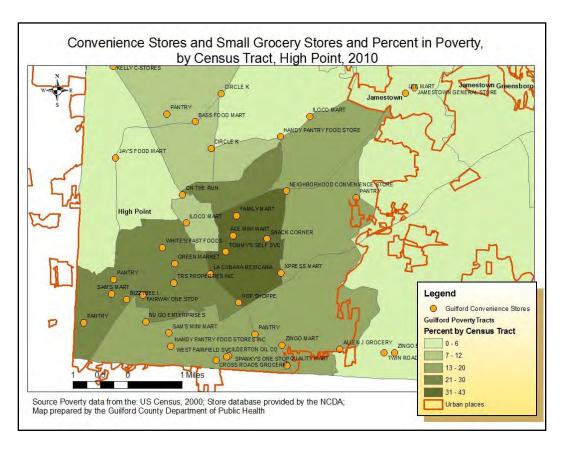


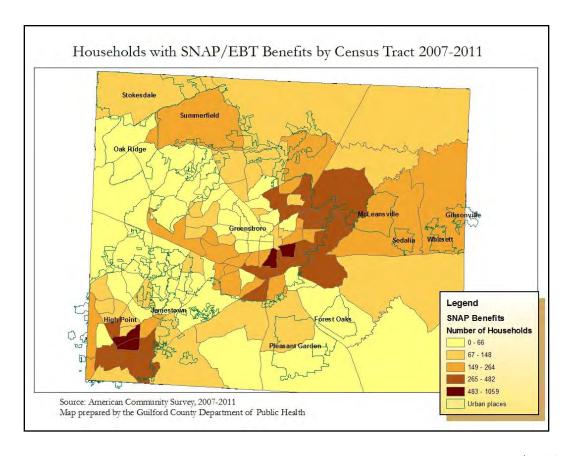
- Food deserts are defined as areas where at least 1/3 of residents live more than a mile from a supermarket and over 20% of residents live below the poverty level.
- Food desert areas in Guilford County are located in high-poverty, high-minority areas of Greensboro and High Point.



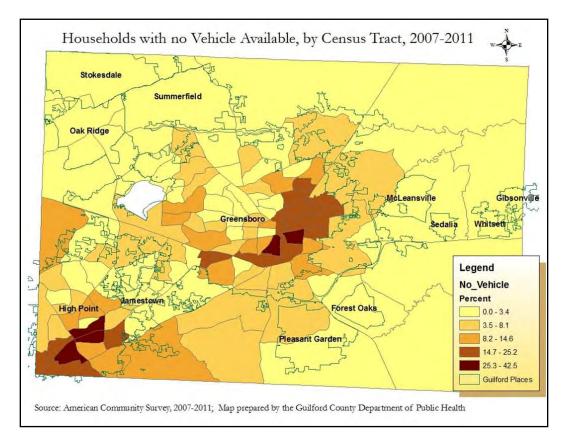


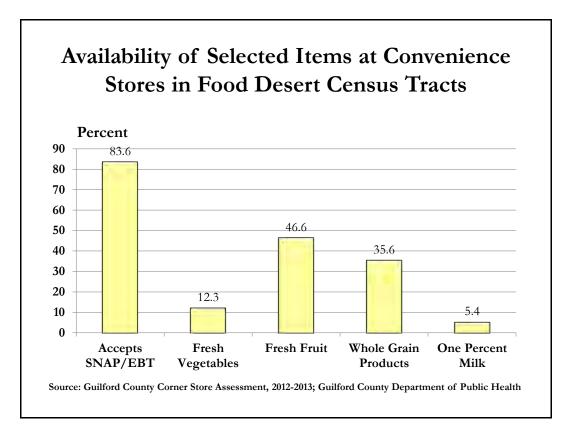
 Food desert areas of the county lack supermarkets, but tend to have numerous convenience stores and other small markets.





- Food desert census tracts tend to have larger numbers of households that qualify for SNAP/EBT benefits.
- Residents of food desert areas often lack transportation to drive to other areas that have supermarkets.





• Residents of food desert census tracts lack ready access to supermarkets but typically have convenience stores nearby. In an assessment of 73 convenience stores and small markets in and around food deserts in Guilford County, 84% of stores accepted SNAP/EBT cards in payment. However, only 12% of stores carried fresh vegetables. The proportion of stores that carried other healthy items such as whole grain bakery products and low fat milk Because many food desert residents lack access to a vehicle to shop for food at supermarkets in other parts of the county, all too often they spend their SNAP/EBT dollars for higher-priced, lower-quality food at convenience stores.

## **Highlights from Focus Groups**

Patients need assistance with access to healthy and nutritious foods. It is cheaper to buy processed foods that will not expire, particularly in families with children. Malnutrition has been identified as an emerging issue because of hunger and limited access to healthy food within the county. Families struggled to afford any food once their bills were paid. Furthermore, only one stand accepts food stamps at the farmers market. However, they are not always at the market. Another challenge to be considered is subsidized resources, such as SNAP, do not differentiate individuals who may be diabetic. This means that there are no special accommodations for their diet which should be changed.

The majority of immigrant and refugee residents expressed interest in cultivating community gardens. Throughout the language-specific focus groups, only one apartment complex allowed their residents to maintain a vegetable garden (Avalon Trace apartment complex in Greensboro). The gardens here started as part of an AmeriCorps initiative on behalf of an onsite Community Center staffed by the Center for New North Carolinians. The apartment management has been generous with allowing residents the opportunity to plant gardens throughout the complex. Gardens can be seen in the main quad, growing near the creek on the far side of the apartment complex and immediately surrounding residents' apartment units.

Immigrants and Refugees and Healthy Food Access

Immigrant and refugee residents of Guilford County noted challenges accessing healthy foods to eat. The most notable barrier was the high cost associated with healthy food. Many refugee families in particular are eligible for the Supplemental Nutrition Assistance Program (SNAP); however, even with this program affording healthy foods remains a barrier.

Not all apartment complexes allow residents to plant gardens, however. Apartment management often cited that there was not enough green space available to plant adequate gardens. The majority of participants stated that they were not allowed to even plant just small gardens immediately outside of their units. Many immigrant participants either owned their own home or rented a house complete with a yard. These participants were more likely to be able to grow their own vegetables. Some residents stated that even though they rented a house with a large yard their landlords would not always allow them to have a garden. Renters in these situations were allowed to use the outdoor space but were not allowed to modify the outdoor space.

Refugee residents in particular noted that while they would like to have garden space, there is need for assistance and education. Many immigrant and refugee residents have relocated to Guilford County from countries of origin with very different climates. Residents expressed the need to learn about the different produce grown in this area and new gardening techniques that are more conducive to this climate. The one resident that had a garden noted that she did not know all of the vegetables that were growing in it or how to prepare them. She was given seeds to plant but was not given any further instructions on how to prepare the vegetables once they were ready to be consumed. Education about gardening in this climate would be a component necessary to the success of potential community gardens.

### **References:**

- [1] Ahern M, Brown C, Dukas S. A national study of the association between food environments and county-level health outcomes. The Journal of Rural Health. 2011;27:367-379.
- [2] Schafft KA, Jensen EB, Hinrichs CC. Food deserts and overweight schoolchildren: Evidence from Pennsylvania. Rural Sociology. 2009;74:153-277.
- [3] Wrigley N, Warm D, Margetts B, Whelan A. Assessing the impact of improved retail access on diet in a 'food desert': A preliminary report. Urban Studies. 2002;39.112061-2082.
- [4] Brownson RC, Haire-Joshu D, Luke DA. Shaping the context of health: A review of environmental and policy approaches in the prevention of chronic diseases. Annu Rev Public Health. 2006;27:341-70.

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	122