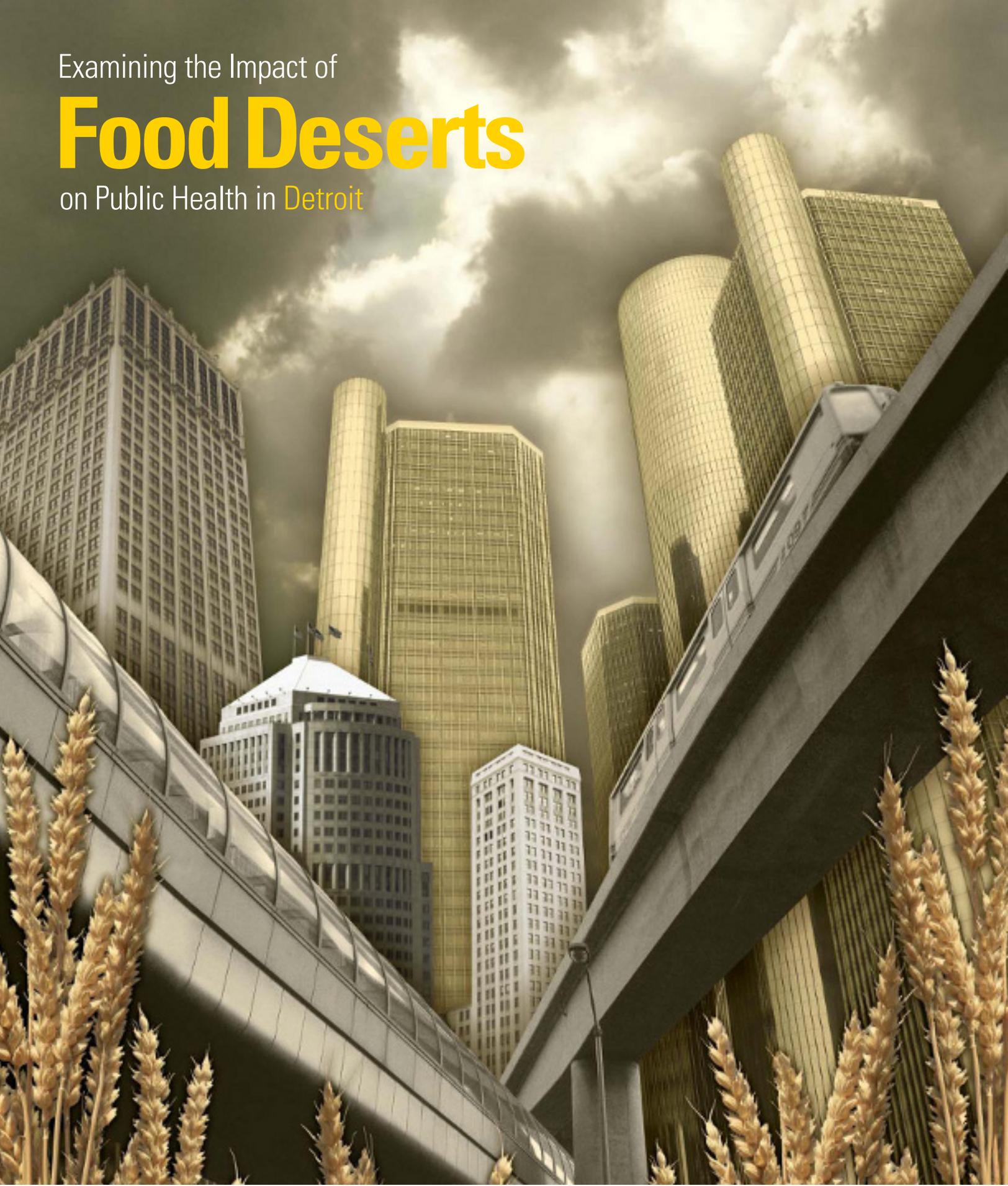


Examining the Impact of

Food Deserts

on Public Health in Detroit



MARI GALLAGHER

RESEARCH & CONSULTING GROUP

Pages 1-4 Only

© Copyright 2007 Mari Gallagher Research & Consulting Group

Dear Colleague:

For 80 years, LaSalle Bank has helped build and sustain the communities we serve by providing residents, small businesses and non-profit organizations with the resources and assistance necessary to be healthy and vibrant members of the community.

As a community bank, LaSalle is committed to understanding the needs of the neighborhoods we serve. We know that many Detroit communities are challenged by limited access to healthy food. Many areas of Detroit have been designated “food deserts,” areas with no or distant grocery stores and limited access to nutritious food options. Similarly, public health officials and community advocates have also been alarmed by the growing prevalence of diet-related diseases in Detroit, such as obesity and diabetes.

As rates of these and other chronic health problems continue to rise, researcher Mari Gallagher proposed, and LaSalle Bank commissioned, a report to explore the health consequences of food deserts. And, indeed, it appears that residents of food deserts experience higher rates of certain diet-related health conditions.

We hope that the findings herein and discussion at the *Stranded in the Food Desert* forum will reveal both the challenges and opportunities involved in providing equal access to healthy food to affected neighborhoods – and that it will inspire new understanding of this important community health issue, and action that begins to bring solutions. Thank you to Mari Gallagher, Detroit Local Initiative Support Corporation and the many organizations and individuals who contributed to this report.

Sincerely,



Robert S. Grossinger

Senior Vice President

Community & Sustainable Development

Foreword

This report ought to serve as a wake-up call, and my guess is that it will by documenting the serious problem of food deserts clearly and forcefully. It is much harder now to avoid the conclusion that action to address it in Detroit warrants a high priority.

Mounting evidence from around the country over the past few years has heightened our awareness of two facts. First, health problems in America's low-income communities generally are substantially and persistently more severe than they are in the rest of the nation. Second, poor nutrition is a major contributor to that outcome.

This report demonstrates that, in Detroit, a fundamental underpinning of poor nutrition is the dearth of retail outlets that sell a range of nutritious foods at reasonable prices. Fast food and other fringe food outlets are everywhere, yet there are comparatively few quality grocery stores where fresh and healthy foods can be purchased. Particularly striking is the evidence concerning USDA Food Stamp retail patterns. The idea behind the original Food Stamp program was that poor families could use their Food Stamp allocation to acquire the ingredients of a decent diet. In Detroit, however, the Food Stamp program consists primarily of fringe retailers such as liquor stores, gas stations, and convenience stores – retailers whose range of food offerings is limited and dominated by products that are blatantly bad for your health.

These circumstances are not news to the residents of Detroit. Yet it is often the case that problems that “everybody knows about” can go on for decades without anyone addressing them. What captures our attention is when someone finally measures and documents the magnitude of the problem in a reliable and

compelling way. That is what Mari Gallagher and her colleagues have done in this report.

Several things go into making the case compelling. One is the use of highly detailed block, tract and neighborhood level data for Detroit and the surrounding region; aggregated data for the city as a whole or for major sub-areas would not have made the point. Another is the application of the Food Balance Score – a measure developed by Gallagher's group that can describe the problem in a truly comparable way across different types of urban, suburban, and rural geographies. Evidence is presented that a balanced food environment – shorter distances to grocers and longer distances to fast food and other fringe food options – directly correlates to better diet-related community health. As we live in a time when the human and financial costs of treating diet-related diseases are skyrocketing, this might be the report's most compelling call for collective action.

So what can be done? Detroit is not alone in its problem or in its search for solutions. Fresh research in many U.S. cities shows that the market potential of inner city neighborhoods is considerably higher than retailers have typically understood it to be. Not everyone who lives in the Detroit food desert – or other American food deserts for that matter – is poor. Furthermore, even poor families buy food, as eating is a daily requirement of the human condition. The good news is that there have been notably successful supermarket investments in previously underserved neighborhoods in several cities over the past few years, and community, government, and business leaders in Detroit have also been advancing their own local solutions. Hard work lies ahead, but this is one area where hopelessness or inaction is not a warranted response.

Thomas Kingsley, The Urban Institute

Thomas Kingsley is a noted urban scholar and the head of the National Neighborhood Indicators Partnership, a collaborative effort to democratize data and neighborhood-level information systems for local policymaking, community building, and community improvement.

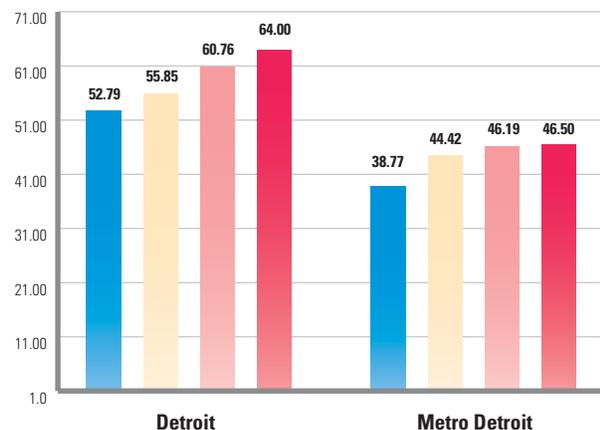
Executive Briefing

Examining the Impact of Food Deserts on Public Health in Detroit

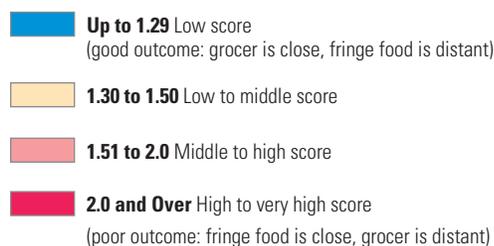
Overview

We know Detroit as the birthplace of Henry Ford's moving assembly line, an invention that put America on wheels. Detroit also installed the first mile of paved concrete, the first traffic light, and the first urban freeway. But today, the Motor City has the distinction of being the most expensive place in the U.S. in which to own and operate an automobile¹; more than a fifth of Detroit households are carless.² Never having been a city known for its public transportation, Detroit is now an even tougher place in which to do simple things, such as make a trip to the grocery store. The increased costs of driving parallel Detroit's new title: world's top potato chip consumer.³ But what are the health costs for residents of any city consuming potato chips, high fat burgers, or soda in greater and greater quantities over more nutritious, fresh foods on a regular basis? Science has repeatedly demonstrated that diet equals health, but to what degree is our health determined by the kinds of foods that are available to us?

Chart 1: Diet-Related Years of Potential Life Lost by Food Balance Scores by Detroit and Metro Detroit Tracts Per 100 Population



Food Balance Scores Chart Legend



This is the focus of *Examining the Impact of Food Deserts on Public Health in Detroit*. Our premise is that the health and vitality of urban communities are block-by-block phenomena. Therefore, we first measure the distance from every block in Detroit and the surrounding metropolitan area to the closest grocery store, fast food establishment, and other food venues. We consider the locations of USDA Food Stamp retailers and conduct an analysis of their distribution by specific retail category.⁴ Then we develop an empirical score to quantify the balance of food choices available to residents. Finally, we compare food access and food balance directly to diet-related health outcomes. Here is what we found:

1. Diet-related health outcomes in both Detroit and Metro Detroit are worse in areas of food imbalance, even after accounting for differences in income, education, and race.

2. Within the Metro Detroit area, the City of Detroit suffers most. Roughly 550,000 Detroit residents – over half of the city's total population – live in areas that are far out-of-balance in terms of day-to-day food availability.⁵ This means that they must travel twice as far or further to reach the closest mainstream grocer as they do to reach the closest fringe food location, such as a fast food restaurant or a convenience store.

3. Considerable life is lost as a result. To measure this effect, we correlated Food Balance Scores (the distance to the closest grocer divided by the distance to the closest fringe food location) with diet-related Years of Potential Life Lost (YPLL) calculations. YPLL measures the impact of premature death from a certain cause, in this case, food imbalance. In our charts and maps throughout this report, red tones signify a poor outcome, blue tones signify a good outcome, and neutral tones signify an average outcome. Chart 1 shows us that, as Census tracts in Detroit and Metro Detroit become more out-of-balance (moving toward the red zone), premature death increases, most strikingly in Detroit. The pattern repeats itself each time. How many additional years of collective life are lost in the most out-of-balance areas? For Detroit, diet-related YPLL for the average tract in the in-balance blue zone is roughly 53 years per 100 people, and for the average tract in the most out-of-balance red zone, diet-related YPLL is 64 years per 100 people. This means that there is an additional 11 years of collective life lost per every 100 people on average in those most out-of-balance Detroit tracts. In Metro Detroit, there is an additional 7 years of collective life lost in the most out-of-balance tracts per every 100 people compare to the in-balance zone. We are careful not to suggest cause and effect or to generalize our findings to the individual. However, we again find evidence that communities with food imbalance are more likely to experience worse diet-related health outcomes than other communities, even when those communities have similar socio-economic characteristics. The types of food options we live closest to – along with many other factors – are related to our health.