

Supermarket Access in Low-Income Communities

This paper is part of a series of nutrition policy profiles prepared by Prevention Institute for the Center for Health Improvement (CHI).

Background

Research shows that there are fewer supermarkets located in low-income neighborhoods than in middle class or affluent ones. In 1995, the University of Connecticut's Food Marketing Policy Center examined census and grocery store information for 21 major metropolitan areas across the United States. The study found there were 30 percent fewer supermarkets in low-income areas than in higher-income areas; it also found low-income consumers were less likely to possess automobiles, further limiting their access to food choices.¹ The problem of unequal access to quality supermarket foods is more common in urban areas, though supermarket access is also an issue in poor rural areas. For example, in 1988, the average number of supermarkets in poor rural areas nationwide was 2.9 per county, while in non-poor rural areas it was 3.9 per county.²

Due to the lack of supermarkets in low-income areas, residents' local shopping options are often limited to smaller neighborhood stores. Small stores offer fewer food choices at higher prices than supermarkets. Reasons for differences in price, quality, and selection are varied, and are often tied to "economies of scale." For example, smaller stores cannot buy in volume, have limited access to large-scale wholesale produce, and often do not have the space or equipment needed to offer fresh produce on a daily basis.³

Studies have shown that prices at neighborhood markets can exceed those at chain supermarkets by as much as 76 percent.⁴ A United States Department of Agriculture (USDA) report found that smaller stores also are unlikely to offer the variety of products carried by most major supermarkets.⁵ In a 1993 study in Eastern Pennsylvania, researchers found that the average full-service supermarket offered 19 kinds of fruit, 29 kinds of vegetables, and 18 kinds of meat, while the average small store only carried 6 kinds of fruit, 5 kinds of vegetables, and 2 kinds of meat.⁶ The study also showed that the produce and other foods offered in smaller stores were often lower in quality.

Fewer supermarkets in urban, low-income communities mean less access to healthy foods. Not only are low-income residents' food purchases limited by financial constraints, but residents also do not have ready access to fresh, high quality, affordable foods. Limited supermarket access makes it harder for people to meet their dietary needs, and may therefore contribute to escalating rates of chronic disease in low-income communities. Diseases such as cancer, cardiovascular disease, and diabetes are linked to poor nutrition. Low-income populations experience a disparate burden of chronic diseases.⁷

Policy

Develop public/private partnerships to increase the number of supermarkets in underserved areas.

Many cities are exploring “public/private partnerships” as a way to meet the public’s need for infrastructure, community facilities, and services. Public/private partnerships are agreements between government and private sector organizations that feature shared investment, risk, responsibility, and reward. Reasons for such arrangements often involve financing, design, construction, operation, and maintenance of public infrastructure and services.⁸ Cities such as Pittsburgh, Boston, and New York have used public/private partnerships to bring supermarkets into underserved areas.⁹ Partnerships between local government and supermarket business leaders can help bring supermarkets into underserved areas, thereby increasing food access in areas that have been overlooked by the retail food industry.

Rochester, New York is one city where this type of partnership has proved successful. During the 1980s, the number of supermarkets in the Rochester metropolitan area had declined. In 1970, there were 42 full service supermarkets in Rochester, catering to 242,000 residents. By 1995, Rochester’s population had declined to 232,000, and there were only 8 supermarkets.¹⁰ Residents who wished to shop at supermarkets were forced to travel to outlying suburbs. Thus, they were spending some of their grocery money on transportation costs to get to and from the store.

Rochester’s Mayor William Johnson worked together with a local nonprofit citizens group (Partners Through Food) to bring large retail supermarkets back into Rochester. After a few failed attempts to work with independent grocers, the advocates turned to Tops. A major supermarket chain in the area, Tops had previously shown no interest in opening a store in Rochester. After a lengthy negotiation process, Tops agreed to build four new stores and expand an existing structure. The city agreed to contribute public monies to the project.¹¹ Public funds were compiled through the Federal Enterprise Community Zone program, the CDBG program, Urban Renewal Trust Fund, and the HUD 108 program.¹² In addition, Rochester also committed to partnering with Tops in developing a comprehensive plan to help improve the areas where the supermarkets would be located.¹³

Effectiveness

No official study has been conducted to monitor the success of Tops’s five-store project in Rochester. However, Rochester has been applauded nationwide for the project’s successful completion. The Upper Falls store is serving an area that has not had a supermarket since 1989. The store is thriving, and neighborhood residents now have a store within walking distance that offers a wide variety of food options. The city continues to encourage residents to shop at the new stores by conducting community outreach efforts on behalf of the store, improving public safety by reassigning a police station to the area and including several service agencies (such as banks) in the mall where the store is located.¹⁴ The Tops Corporation is using Rochester as a model of how the supermarket chain can contribute to urban redevelopment.

Contact

Dana Brunett, Senior Economic Development Specialist
Economic Development Department, City of Rochester
Tel: (716) 428-6336

Acknowledgments

Dana Brunett, Senior Economic Development Specialist, Economic Development Department, Rochester, NY

Kameshwari Pothukuchi, Ph.D., Assistant Professor, Department of Urban and Regional Planning, Wayne State University, Detroit, MI

Advisory Committee

Kate Clancy, Ph.D., Director of the Henry A. Wallace Center for Agriculture and Environmental Policy at WINROCK International, Rosslyn, VA

Andy Fisher, Executive Director, National Community Food Security Coalition, Venice, CA

Arnell Hinkle, RD, MPH, CHES, Executive Director, California Adolescent Nutrition and Fitness Program (CANFit), Berkeley, CA

Sheldon Margen, MD, Professor Emeritus, Public Health Nutrition, University of California at Berkeley, Berkeley, CA

Marion Nestle, MPH, Ph.D., Chair, Department of Nutrition and Food Studies, New York University, New York, NY

Margo Wootan, D.Sc., Director of Nutrition Policy, Center for Science in the Public Interest, Washington, DC

Prevention Institute's nutrition policy profile series is funded in part by a grant from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education, and disease prevention programs.

¹ Cotterill RW, Franklin AW. *The Urban Grocery Store Gap*. Storrs: Food Marketing Policy Center, University of Connecticut; 1995. Food Marketing Policy Issue Paper No. 8.

² Morris PM. *Higher Prices, Fewer Choices: Shopping for Food in Rural America*. Washington, DC: Public Voice for Food and Health Policy; 1990.

³ Clancy, Kate. Personal communication.

⁴ Wilson LA. *Nutrition and Food Cost Study*. Oakland, Calif: Alameda County Social Services Agency; 1994.

⁵ Weinberg Z. No place to shop: food access lacking in the inner city. *Race, Poverty & the Environment*. Winter 2000.

⁶ Hoats K. *The Cost of Being Poor in the City: A Comparison of Cost and Availability of Food in the Lehigh Valley*. Lehigh, Pa: Community Action Committee of the Lehigh Valley; 1993.

⁷ *Healthy People 2010: National Health Promotion and Disease Prevention Objectives*. Washington, DC: US Dept of Health and Human Services; 2000. Publication (PHS) 91-50213.

⁸ British Columbia Ministry of Municipal Affairs. *Public Private Partnership: A Guide for Local Government* [online report]. May 1999. Government of British Columbia Web site. Available at: <http://www.marh.gov.bc.ca/LGPOLICY/MAR/PPP>. Accessed May 13, 2002.

⁹ Pothukuchi K. *Attracting Grocery Retail Investment to Inner-City Neighborhoods: Planning Outside the Box*. Detroit, Mich: Wayne State University; 2000.

¹⁰ National Council for Urban Economic Development. Food for thought: Rochester invests in inner city grocery stores development. *Economic Developments*. February 1, 1997;XXII:1-2,6-7.

¹¹ Ibid.

¹² Johnson WA. *Good Practice Case Study: Upper Falls Shopping Center Progress Report*. Paper presented at: Alumni Institute of the Mayors' Institute on City Design; November 13-15, 1997; Charlottesville, Va.

¹³ National Council for Urban Economic Development. Food for thought: Rochester invests in inner city grocery stores development. *Economic Developments*. February 1, 1997;XXII:1-2,6-7.

¹⁴ Ibid.