Brenda Last Name

Instructor Name

Course Number

Date

Research Paper: Food deserts in the US

“Food deserts” refers to the region which has a poor or limited access to the good quality and nutritious food (Rodier et al.). The term was initially invented in Scotland in the 1990s. After the concept was introduced, it was realized that food distribution wasn’t equal among different areas of the country. Food deserts were reported to be found in the low income and underdeveloped areas. Such areas are reported to contribute to malnutrition among people and other health problems such as heart diseases and Stoutness (Rodier et al.). Studies show that those regions are marked by the scarcity of food retailers, for example, urban areas, that mainly contain either less or no stores and employees (Rodier et al.). These areas particularly might have only fast-food restaurants and convenience stores containing few healthy and affordable items. There has been a lot of debate on this regarding the inequality of food distribution. In the USA, it is related to the status of food stores and socio-economic features (Rodier et al.). According to the USDA, it is characterized by two ways 1) “Low-income areas”, either having a poverty rate of 20% or a family income less than 80% of total population 2) “Low-access areas”, marked by the 33% of population living closer to the supermarkets (Wright et al.). It is determined that the inhabitants of the USA are only able to buy nourished and fresh quality products if they are present in those areas. However, the prices of such items fluctuate greatly (Rodier et al.). Another study has concluded that access to fast food outlets and convenience stores is directly related to the socioeconomic curve. With the sector deprivation, access to the stores keeps on decreasing. It shows that food deserts are strongly responsible for providing unhealthy and low-quality food to the people although they want to buy fresh quality food (Rodier et al.). Literature shows that access to food relates directly to whether people live close to supermarkets. Thus it is concluded, that food access might be spatially related as well. Other factors that have contributed to the food access are spatial proximity to the supermarkets, the desired food purchase store or the kind of food purchased (Rodier et al.).

Different theories have been presented to explain the origin of food deserts in the United States. One theory state that small neighborhood stores are out of business due to the large chain supermarkets (Wright et al.). They are at risk of closing down due to those supermarkets which have parking lots, long working shifts, lesser consumer prices, and more variety. Some even take your items to the car which is not offered by the small stores. On the other hand, these supermarkets are only accessible to people who have their cars or use public transportation. Thus People without transportation are forced to go to convenience stores where quality food is rarely available. Another theory suggests that, when wealthy people from the inner city areas migrated to the suburban areas, half of the supermarkets closed down (Wright et al.). This contributed to the development of the food deserts as the average income of the mid-city areas dropped due to less consumption. Other theories relate the food access in some areas to racial consumption and poverty. When data on the consumption of dietary foods was assessed, it was shown that the greater income and white population have greater access to nutritious food as compared to black and less income population. This was due to the larger number of supermarkets in the white communities while the black communities only had access to the convenience or small grocery stores (Wright et al.).

As land prices in urban areas are higher relatively as compared to the suburban areas, retailers find it difficult to develop their supermarkets because of the loss of profit due to the transportation of goods (Wright et al.). All of these theories contribute to the fact that food deserts are established with the sole purpose of gaining profit by providing low-quality expensive foods. They are an establishment of gluttonous, profit gaining entrepreneurship.

According to the USDA, 6529 out of 74,134 census tracts are reported to contain food deserts. This makes it 9% of total tracts. Among these, three fourth contribute to urban while the rest constitute suburban. An average of 13.6 million people compromising on food quality breathe inside these 6529 census tracts (Wright et al.). The comparison report has been published by USDA that contrasts the demographic features of food deserts based upon different census tracts. Unsurprisingly food deserts are more likely to contain smaller populations, abandoned houses, less educated habitats, fewer income rates and high rates of unemployment. Areas that have higher rates of poverty are more likely to constitute food deserts as compared to the similar low poverty rate areas in either rural or densely populated areas (Wright et al.).

The studies on the food desert have seemed to demonstrate that people prefer to consume foods that are available to them in their vicinity (Wright et al.). As the area grows more and more in offering the unhealthier choices by the development of supermarkets and convenience stores become scarce, the choice of food among people keeps on changing. The number of hypotheses can be deduced which include 1) People are usually not that educated about nutritious foods that is why they make poor food choices 2) People are educated and make the right choices about food but can’t afford to 3) people's choices of food are based on customs, habits, traditions, and culture. Studies have shown that all of these play a role to a certain degree (Wright et al.). This paper describes the various elements of a concept based on evidence derived from credible sources.

**Discussion**

(Dubowitz et al.) conducted that with the introduction of supermarket concept, eating patterns and perceptions have changed. It particularly may not due to the use of supermarkets. Introducing supermarkets in food deserts has contributed to the improvement of life due to certain factors such as the equal distribution of nutritious food, improved diet and low risk of health problems such as stoutness. Although the influence couldn't be measured by the previous studies, two neighborhoods i.e. Pittsburgh and Pennsylvania were analyzed in 2011 and 2014. One of the neighborhood had established two supermarkets. Several positive impacts were observed where the new supermarket had been established. New supermarket neighborhood contributed to the development of positive changes such as nutrient quality, the average intake of calories from sugars, solid fats and alcohol. All of this improvement showed an ultimate positive change in perceiving nutritious food. The research concluded that it is suitable to establish a supermarket in the food deserts. As the quality of food largely impacts the health and diet patterns, the caution should be maintained.

(Beaulac et al.) analyzed the studies based on the development of food deserts in the socioeconomically impaired areas. Major, assessable and observational studies conducted with physical and market-based methodologies in high-income countries were reviewed. This primarily included the peer-reviewed articles from 1966 to 2007. Results were analyzed quantitatively according to which inclusion criteria were encountered by 49 studies. Evidence showed major differences in food access in the US based on race and income. The study concluded that in the United States, food deserts either exist in the areas where the income is low or areas that are populated by black people.

Various research has analyzed food deserts, based upon limited access to nutritious food. However, little research contributes to the consumption pattern of an individual. (Rodier et al.) determined other factors that contributed to the consumption of healthy nutrient foods and vegetables. Results were obtained from people, who had the responsibility of handling domestic consumptions in the two food deserts located in Montreal city. Findings showed that several other factors were responsible for the consumption of healthy foods other than physical access. These include knowledge about food-related to accessibility in wholesale and supply.

(Block and Subramanian) suggested a reorientation of policy that caused a difference in the distribution of diet quality. It was estimated that differences in race, poverty level and diet intake plans are the main reasons, people of America cannot obtain healthy foods. There is little or no supporting evidence regarding the eradication of food deserts to reduce the differences in food quality. This demands an urgent need for approved policies that can contribute to the reduction of these differences in food quality. Policies for the development of programs that educate people on making healthy choices should be introduced especially in educational and healthcare departments. Unnatural foods such as sugary drinks should undergo high assessment.

Additionally, studies have been conducted to analysis on how the local environment contributes to the consumption of healthy and high-quality food. Access to high-quality food is limited in the areas that constitute supermarkets. (Walker et al.) examined a review of literature based on the food deserts located in America. Results deduced from these studies were based largely on race, access to supermarkets, socioeconomic status, and chain vs no chain stores.

This review was extensively based on the information obtained on the food deserts in America. The key focus was to analyze the consumption of poor-quality foods as a result of the development of these food deserts. Moreover, it gave an insight into the challenges people of these areas might be facing in obtaining healthy and affordable foods. However, additional research is needed to explore the other aspects of these areas such as the effect of residing in a food desert. As it is concluded that living in these areas might contribute to the consumption of unhealthy foods by wrong choice of food consumption, it is yet to discover the extent these additional factors such as personal choices might go to. Another area where more contribution needed is, accessing the impact of policy on food availability. Few studies that have contributed to showing policy-related concerns propose the elimination of race and income-based differences in accessing the food availability. This calls for an immediate need for policymakers to make change by developing new policies that contribute to addressing these communities to buy healthy and nutritious food. Education is a key factor in improving access to healthy food. It is tied to three main paradigms that help learn the patterns of agriculture, modification of food and various experiences. Knowledge always leads to curiosity. This means that providing people with the necessary education about certain food will enable them to make the right and healthier choice of food. The education might also lead to the development of cooperation between the organizations that pursue common goals. As the information increases, the culinary experience also increases which contributes to the development of agriculture (Rodier et al.). These studies correlate with the studies which impress upon the development of urban agriculture with increased education. Interest in food production is thought to be developed as a result of improved education which in turn leads to food modification. The studies correspond to the fact that geographical access is a significant feature of food deserts but solely not. Along with this fact, the growth of the economy and education play a role as well.

**Conclusions**

In light of the evidence, it is concluded that the United States constitutes a lot of food deserts. There is a lot of data for us to conclude that the Americans livings in the marginal areas and having low wages cannot have access to healthy food. There were mixed studies on the dependence of the prices concerning the quality of food. Wellbeing and socioeconomic variations have an impact on the environment in which we are living, working, and playing regardless of the individual differences. Much evidence was found in the environment of food retail for the structural differences and believes that these differences have an impact on diet and diet-related results. Lower-income region has less access to the stores and supermarkets and this thing obstructs obtaining healthy food. In the year 2001, the rate of lower-wage Americans were 26.5%, who did not own a car. This barrier along with the other obstacles like an increased number of small, autonomous stores located in the low-income region bound people to shop at the stores that have high charges. In these stores, Poor diet consists of an extensive selection of unhealthy food and poor collection of healthy foodstuffs. Food desert theory is that people existing within the neighborhood while not having access to the complete service, will get food insecurities and eat a poorer diet than others. So, the apparent way out is to increase the number of full-service markets to these areas, but it is very difficult to obtain profit from the lower-income residents, that is the only reason these markets are not available yet. No efforts have been made to overcome the economics. Previous supermarkets didn't create a remarkable impact on underserved areas because the eating choices and food purchasing habits usually don't alter.

Introduction of new supermarkets to the low-income neighborhood increase the quality of diet. However, the improvements do not emerge due to the normal use of the new supermarkets that do not correlate with the change of BMI. The results showed that the supermarket's resident with continued financing is suitable but should be dealt with caution and harmonized with the study on placement impact on BMI and other health and diet-related behaviors. Another study emphasizes the features influencing the buying of healthy food items in the food deserts concerning the consumer's point of view. This study fills the research gaps by examining the psychological factor in the study. With the comparison to previous studies this study considers and focuses on the need of the individual rather than issues of framework and supply. The result showed that the access factor has a weak impact on consumption behaviors. This study is the first to bring the importance of new perception in the matter of food desert. This research also indicates that the fruits and vegetables offered promotions and it was not necessary for these promotions to directly enhance the percentage of the purchase. The need for access is increased by the promotions or in other words, stores only offered promotions to those who required access. The buying and consumption only increase when access is satisfactory. Keeping in mind the issues of food desert and dietary quality, it has critical payoffs for the wellbeing of the population. Different types of programs and policies should be promoted to support efficiency while studying them. These measures promote healthy food consumption and should also take certain steps to assemble the basic infrastructure. We ought to center our efforts on activities more likely to progress dietary quality and diminish differences.

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