

Food Access & Liquor Stores

Historical Overview

Discriminatory public and private policies have deprived people of color from access to health-enabling goods and services. A lack of healthy food outlets and overabundance of liquor stores are part of the legacy left behind by several decades of systematic disinvestment in low-income neighborhoods of color. Beginning in the 1930s, redlining practices of federal housing and lending institutions marked certain neighborhoods as “undesirable” places for residential and commercial investment.^{1,2} Urban neighborhood decline escalated in the face of post World War II urban renewal and suburbanization. To make way for federal highway construction and city-initiated development projects to “renew” blighted areas, properties and businesses were seized by eminent domain, large parts of neighborhoods were bulldozed, and many residents and businesses were uprooted.³ The population in urban centers declined and became increasingly segregated as middle-class (generally White) families migrated out of cities to settle in the suburbs.^{1,4} Supermarkets were among the businesses that were pushed out of or left inner cities in the 1960s and 1970s—taking with them jobs, tax revenues, and healthy food offerings.^{1,2,4} Many small independent groceries and corner stores were forced to close down. To stay viable, remaining stores have had to charge higher prices or focus on higher-margin sales of processed foods and beverages, along with alcohol and cigarettes.^{2,4} In some cities, opposition has arisen to corner stores that have become de facto liquor stores.^{1,2} Liquor stores in low-income communities of color have long been a source of tension and outrage, as manifested in the urban riots of the 1960s and Los Angeles riots in 1992—as they have tended to be associated with alcohol-related problems and crime rather than healthful goods and economic opportunities.

Passed in 1977 to require equal access to credit in all communities, the Community Reinvestment Act has opened up opportunities for new investment and retail activity in low-income neighborhoods of color.^{1,4} In 2000, the New Markets Tax Credit program was enacted to help stimulate private sector investment in low-income communities. In addition, community development corporations have emerged in urban centers nationwide that can advance economic and neighborhood revitalization (including supermarket development).^{2,4} However, significant challenges in accessing capital and barriers to healthful retail development persist.

What Research Tells Us

Food Deserts: Lack of Healthful Foods in Low-Income Neighborhoods

Food “deserts”, or places with little to no access to healthy food choices, are often found in low-income urban neighborhoods.^{4,6} In addition to the historical forces described above, supermarkets are less likely to be located in low-income areas for several reasons: spending power of residents in these areas is perceived to be low; actual or perceived rates of crime are higher so insurance, security, and other operating costs are elevated; land parcels of appropriate lot size are limited and costs of acquiring and redeveloping urban sites are high; and access to financing for businesses in these areas remains difficult.⁴

Access to healthful foods within low-income neighborhoods is further complicated by lack of money and transportation to get to the nearest full-service grocery store—where fresh produce, meat, and dairy products are more readily available.^{4,6} A recent study in three California counties (Alameda, Contra Costa, and Santa Clara) found that only 52% of people in low-income areas live within a half mile of a supermarket.⁷ Reliance upon public transit can mean fewer trips to the grocery store or only being able to purchase small quantities of groceries.^{1,7} Residents in these areas are frequently relegated to shopping at neighborhood corner stores, which typically sell non-perishable or poor-quality foods at higher than average prices.^{1,4,8} While supermarkets and fresh produce vendors are lacking in these neighborhoods, there is an overabundance of unhealthful food outlets, including fast food restaurants.^{4,9}

Poverty often results in food insecurity (which can take the form of skipped meals, limited portions, or poor-quality foods) and increases vulnerability to both hunger and obesity.^{1,10} The budget constraints faced by low-income households can lead to malnutrition and hunger.¹⁰ At the same time, many of those experienc-

ing food insecurity find themselves at increased risk of obesity, especially given their local food environment. A recent study in California concluded that the higher the ratio of fast food restaurants and convenience stores to grocery stores and fresh produce vendors in communities, the higher the prevalence of obesity and diabetes.¹¹ In places where healthful foods are scarce and expensive, low-income households are “forced to buy cheaper, higher-calorie foods in order to make their food budgets last.”¹⁰ In addition, opportunities for physical activity tend to be more limited in low-income, high-crime neighborhoods (see Physical Activity and Neighborhood Conditions section). Greater consumption of high-calorie foods and reduced levels of physical activity have led to an intensifying obesity epidemic nationwide, but especially in low-income communities of color.¹¹⁻¹³ Health risks associated with obesity include increased risk of coronary heart disease, stroke, cancer, and diabetes—all chronic diseases and leading causes of death that disproportionately affect African Americans.^{11,13,14}

Current analysis and planning around food access in low-income communities have mostly focused on single factors (e.g., number of grocery stores, distance from the nearest full-service grocery store). In order to plan appropriate strategies, however, food access must be looked at in relation to a broader set of factors, including: viable transportation options and distance; affordability of food choices; proximity to unhealthful food sources; neighborhood safety; consumer preferences (such as store appearance, food selection, and availability of ethnic-specific foods); store hours of operation; and cultural and language competence of store owners and workers.¹

Liquor Stores: An Unhealthful Oversaturation in Low-income Neighborhoods

The very corner stores that lack healthy foods often have an abundant supply of alcohol and cigarettes, as these are products that bring in higher profit mar-

gins.^{2,4} These stores add to the higher density of liquor outlets found in low-income communities of color, which has implications for the physical availability of alcohol as well as health and quality of life in these neighborhoods.^{15,16,17} For African American and Latino males, potential health consequences are serious since they are at higher risk for alcohol-related diseases.^{18,19} In addition, liquor stores in these neighborhoods typically sell alcohol chilled and in larger containers, “ready for immediate consumption on a street corner, in a nearby park, or in a motor vehicle—drinking patterns more likely to result in excessive drinking, public drunkenness, automobile crashes, and physical violence.”^{17,20}



Social and physical conditions in these neighborhoods also suffer. Liquor stores become places “where social control is weaker and social interactions that lead to crime are more likely.”^{21,22} These stores often act as magnets for illegal activity and gathering places for loiterers, drug dealers, and prostitutes.^{23,24} As the number of alcohol outlets increases, so do levels of crime and violence.^{15,17,21,22} A high density of liquor stores contributes to urban blight and sense of neighborhood disorder, engendering feelings of personal powerlessness and psychological distress.^{25,26} They can also pro-

mote perceived lack of safety and limited walkability in the community. Moreover, the over-concentration of liquor stores in these already marginalized neighborhoods “may reproduce inequality by marking them as ‘the ghetto,’” which leads to further stigmatization and disinvestment.²⁷

A Look at Alameda County

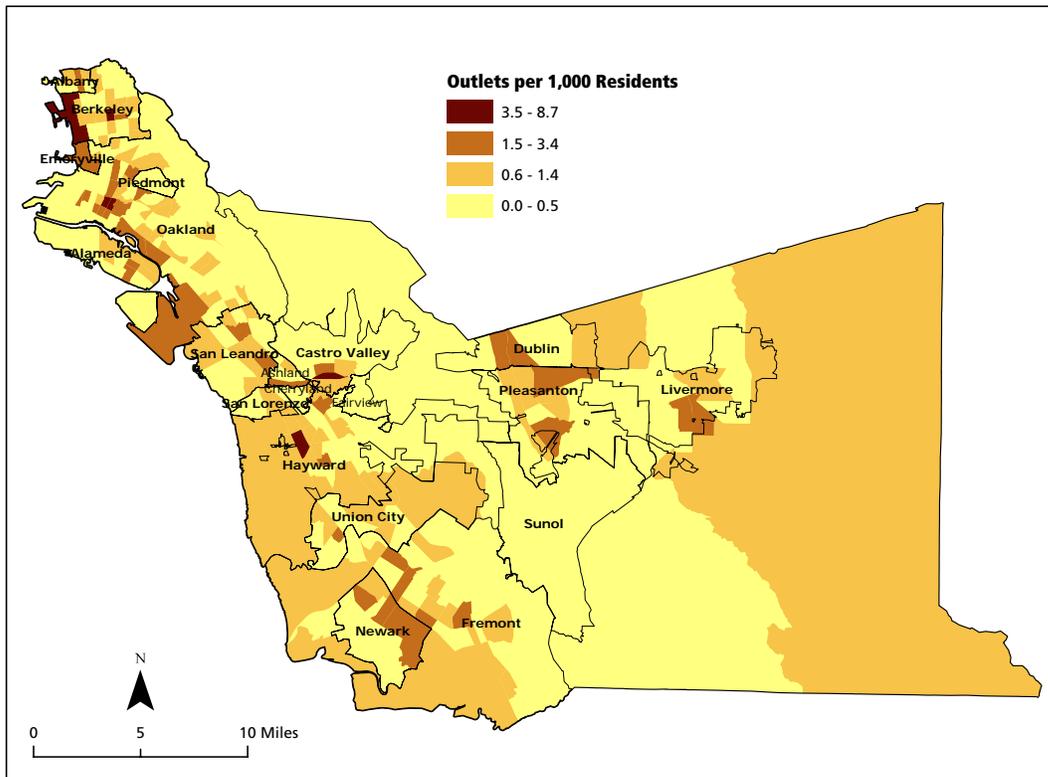
Limited Access to Healthful Food in Many Neighborhoods

Large stores are more likely to offer a broad range of healthful food options than smaller stores. A full-service grocery store with produce department and butcher counter is typically 10,000 to 20,000 square feet.¹ There are many more small stores (less than 3,000 square feet) in Oakland and Alameda County than large stores (greater than 10,000 square feet). This is especially true of Oakland, where only 5.3% of stores are large compared to 11.0% in the rest of the county. To expand access to healthful foods, more small stores will need to be encouraged and supported in carrying fresh produce and other nutritional foods or larger supermarkets and grocery stores will need to be attracted and developed in Oakland.

Map 9 on page 100 shows the concentration of unhealthful food outlets, including fast food restaurants and convenience stores, by neighborhood (census tract). Neighborhoods that are darkly colored have a higher density of fast food restaurants and convenience stores. Although there is not a clear spatial, racial/ethnic, or poverty correlation in these data, it can be seen that there are many areas in Alameda County with a high density of unhealthful food outlets.^a A recent study in California determined that there are over four times the number of fast food restaurants and convenience stores compared to grocery stores and produce vendors in Alameda County.¹¹ Decreasing

a. There are some limitations to this analysis. This is based on business directory information based on NAICS codes, which may classify outlets incorrectly—those listed as convenience may, in fact, be small grocery stores or vice versa.

Map 9: Fast Food and Convenience Store Density, Alameda County



Source: California Center for Public Health Advocacy, with data from ESRI/InfoUSA 2005.

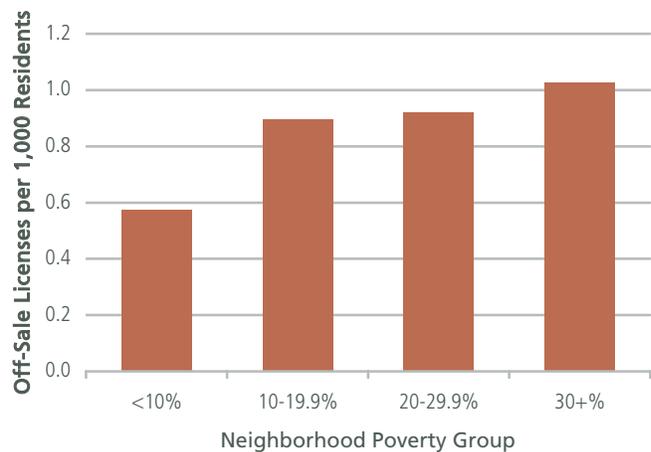
the number of unhealthful food outlets and increasing access to healthful food vendors is critical to improve local food environments that are putting residents and certain neighborhoods at increased risk of obesity and diabetes.¹¹

More Off-Sale Liquor Outlets in Higher Poverty Areas

Besides an overabundance of unhealthful food outlets and too few grocery stores, certain neighborhoods in Alameda County also suffer from a high concentration of liquor stores. Map 10 on page 101 shows the density per 1,000 residents of off-sale liquor licenses (liquor stores and other retail outlets that sell liquor for consumption off the premises). The distribution of these licenses is highly correlated with neighborhood poverty levels—the number of liquor stores nearly doubles from 0.57 per 1,000 persons in the lowest poverty areas to 1.03 in the highest poverty areas (Figure 45).

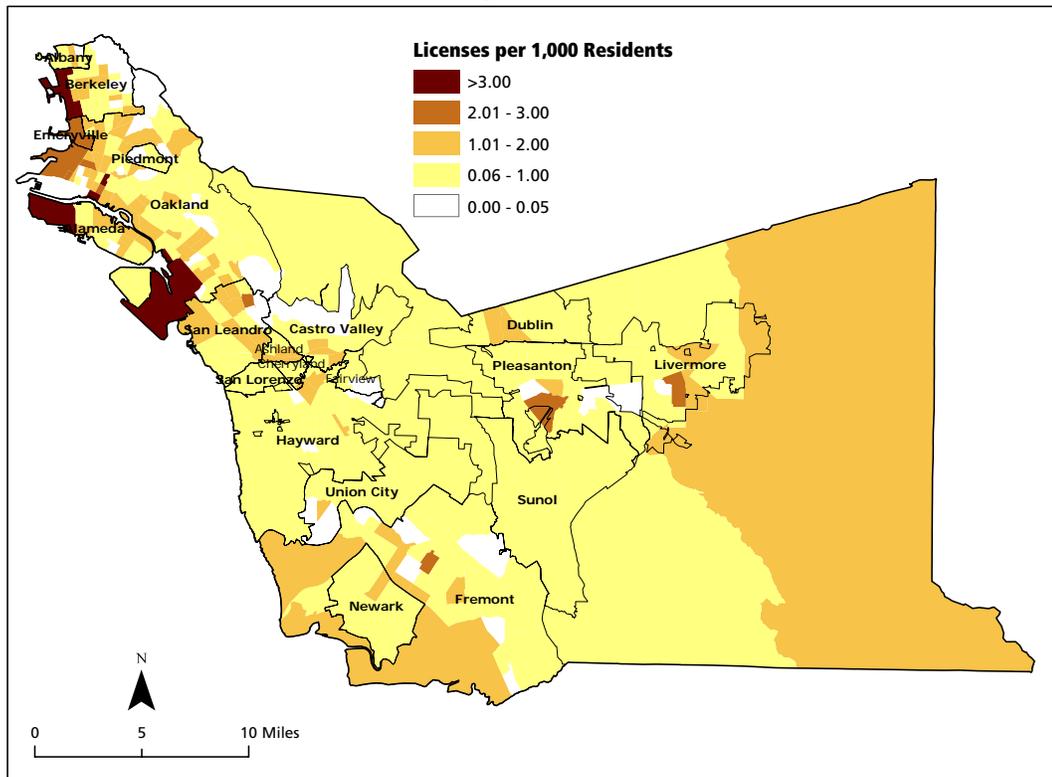
Higher liquor store density is associated with increased rates of violence. Figure 46 on page 101 shows that the rate of Part 1 and Part 2 crimes (which include most property and violent crimes) increases as liquor store density increases. The more liquor stores per 1,000 people, the more Part 1 and 2 crimes. While many other factors influence crime rates, like economic and

Figure 45: Liquor Store Density by Neighborhood Poverty, Alameda County



Sources: California Department of Alcohol Beverage Control. 2007, Census 2000.

Map 10: Density of Off-Sale Liquor Licenses, Alameda County

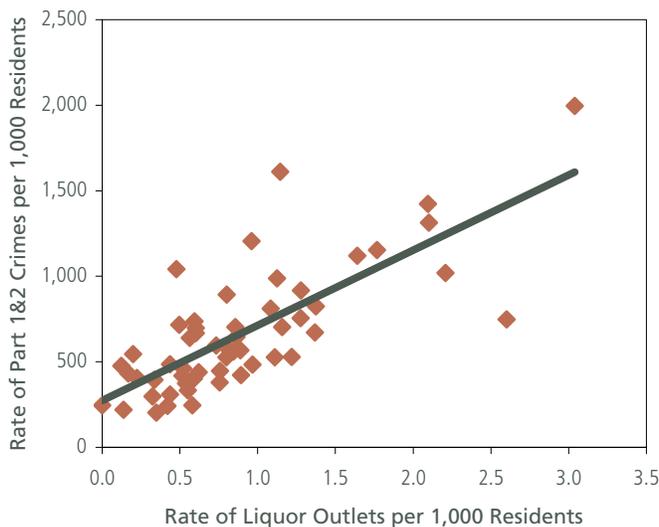


Source: California Department of Alcohol Beverage Control, 2007.

social conditions in neighborhoods, this high correlation (0.96) suggests that the concentration of liquor

stores is an aspect of the physical environment that significantly contributes to crime.²⁸

Figure 46: Rates of Liquor Outlets Compared to Rates of Part 1 & 2 Crimes by Police Beat, Oakland



Sources: Spiker S, Sorrelgreen E, Williams J, 2007, with data from California Department of Alcohol Beverage Control, 2007 and Oakland Measure Y data 2007.

Data to Action: Policy Implications

In Alameda County, there are many neighborhoods with a high density of unhealthy food outlets. Low-income urban neighborhoods especially suffer from limited availability and affordability of healthful foods. Meanwhile in many of these same neighborhoods, the physical availability of alcohol is high and quality of life is undermined by an over-saturation of liquor stores. To improve these unequal and health-negating neighborhood conditions, the following policy goals and strategies are suggested.

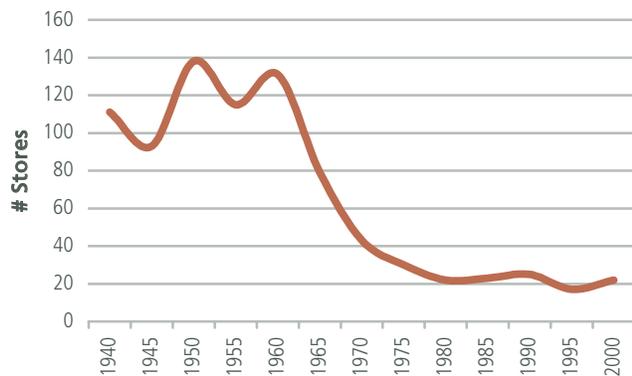
Food Access

- Limit the number and density of fast food restaurants:¹¹ Use zoning and land use regulations to

A Look at the Food and Liquor Store Environment in West Oakland

West Oakland is an example of a low-income urban community with far better access to alcohol and unhealthful foods than fresh produce and other healthful options. There is no large grocery store (>10,000 square feet) in West Oakland, since the last remaining one closed its doors in 2007. The West Oakland community was once served by numerous small independent grocers, but urban renewal projects (including the Cypress Freeway and BART construction) in the 1950s and 1960s displaced many of these food stores (Figure 47).²⁹ Since then, the community has struggled with high levels of food insecurity, which is exacerbated by enduring conditions of poverty. According to Census 2000 data, 61% of West Oakland households earned an income of less than \$30,000 in 1999. The number and ratio of food stores to persons living in West Oakland has drastically declined over time. There were nearly 140 stores or 2.0 per 1,000 residents in 1950, but only 23 food stores or 0.9 per 1,000 residents in 2000.²⁹

Figure 47: Number of Food Stores, West Oakland



Source: Fuller A, 2006.

Census 2000 data indicate that more than 35% of households in West Oakland do not have a car, compared to 11% of households in the overall county. This implies that over one-third of residents primarily rely on walking and public transportation. To access a full-service grocery store using public transportation, residents may spend up to two hours of travel since there are no direct transit routes to the stores nearest to West Oakland. Given these transportation barriers, residents often rely upon neighborhood markets as a primary source of food.

Mandela Marketplace collected data from 22 retail stores that sell food or liquor in the 12 highest-poverty West Oakland census tracts. Findings were that 100% sold unhealthful snack foods; 96% sold alcoholic beverages; and 80% sold some type of fruit or vegetable. The quality of the produce in these stores was generally poor, and fresh food items were not well marketed or maintained. In order to purchase fresh foods at a discount rate, store owners often purchased more than they could sell within the shelf life of the produce. Produce tended to be sold even if it had sat out too long, had not been stored properly, or was deteriorating. In addition, store owners frequently had to raise fresh food prices to minimize their dollar loss.

limit the number of fast food restaurants, especially in low-income neighborhoods and around schools that currently suffer from a high density of these outlets. Local planning and zoning efforts should take into account the health consequences of building new fast food restaurants in communities that are already overburdened with unhealthful food outlets.

- *Increase healthful food availability in neighborhood stores and other outlets:*^{1,11} 1) Provide financial incentives (in the form of grants, loans, and tax benefits) and other support (including facade improvement, equipment purchase, training and technical assistance) to enable existing stores to provide healthful foods at affordable prices; 2) Use general plans and zoning regulations to prioritize the development of alternative sources of fresh

produce such as farmers' markets, community gardens, and community- and school-based produce stands; 3) Work with community groups and residents to support them in efforts to increase healthful food availability.

- *Retain and attract supermarkets and full-service grocery stores:*^{1,11} 1) Use economic development and redevelopment incentives (such as grants, loans, tax credits, land assembly and eminent domain) to encourage new stores to locate in low-income neighborhoods as well as improve existing stores; 2) Identify potential locations for full-service grocery retail in general plans and zoning regulations and prioritize that use in those locations; 3) Support community groups and coalitions in advocacy efforts to attract and retain full-service grocery stores (preferably locally owned) in underserved neighborhoods; 4) Provide demographic and other local economic data to shift business sector perceptions about local demand for healthful food retailers (i.e., local purchasing power)

Liquor Stores

- *Establish and enforce regulations to restrict the number of liquor stores:* 1) Ensure that California's Department of Alcoholic Beverage Control limits the number of off-sale liquor stores that are authorized to operate in census tracts which already have an over-concentration of off-sale premises. State legislation should mandate use of public health criteria in the ABC licensing process; 2) Ensure that the Oakland Planning Commission and other city planning commissions deny business license applications in areas that are already over-concentrated with off-sale premises.
- *Enforce regulations to limit nuisance activity around liquor stores:* Enforce the 1996 law that Oakland passed to hold liquor stores responsible for high levels of nuisance activities such as litter, prostitution, and drug dealing in and around stores, with the option of revoking their operat-

ing permit if proof of serious nuisance issues is obtained and violations persist.

- *Increase local control over problem liquor stores:* Establish a framework under which local governments can act to mitigate negative impacts on a community's health and welfare that result from an over-concentration of liquor stores, such as allowing the creation of alcohol impact zones where liquor store operations can be more tightly restricted.
- *Stop alcohol advertising that targets low-income communities of color:* Restrict alcohol advertisements on storefronts and around schools and playgrounds.
- *Assist with conversion of liquor stores to other retail that meets community needs.* Provide redevelopment dollars, credit for repair and loans, and business plan development.

References

1. Bolen E, and Hecht K. *Neighborhood Groceries: New Access to Healthy Food in Low-income Communities*. 2003. Available at: <http://www.cfpa.net/Grocery.PDF>. Accessed March 20, 2008.
2. PolicyLink. *Healthy Food Retailing: Roots of the Access Gap*. Available at: <http://www.policylink.org/EDTK/HealthyFoodRetailing/Why.html#7>. Accessed April 25, 2008.
3. Cox W. *The Role of Urban Planning in the Decline of American Central Cities*. Available at: <http://www.demographia.com/db-xplannerscities.pdf>. Accessed April 20, 2008.
4. Feldstein L, Jacobus R, and Laurison H. *Economic Development and Redevelopment: A Toolkit on Land Use and Health*. 2006. Available at: http://www.healthyplanning.org/ecdev_toolkit/EcDevToolkit.pdf. Accessed May 20, 2008.
5. Hutchinson E. *Liquor Store Attacks Go Deeper than Booze*. 2005. Available at: http://news.newamericamedia.org/news/view_article.html?article_id=b4e9325402f2cb20b16c3b6e6e49b95f. Accessed May 1, 2006.
6. Wrigley N. Food Deserts in British Cities: Policy Context and Research Priorities. *Urban Studies*. 2002;39(11): 2029-2040.
7. Hobson J, and Quiroz-Martinez J. *Roadblocks to Health: Transportation Barriers to Health Communities*. 2002. Available at: <http://www.transcoalition.org/reports.html>. Accessed May 2, 2006.
8. Troutt D. *The Thin Red Line: How the Poor Still Pay More*. San Francisco, CA: West Coast Regional Office, Consumer's Union. 1993.
9. Block J, Scribner R, and DeSalvo K. Fast Food, Race/Ethnicity, and Income: A Geographic Analysis. *American Journal of Preventive Medicine*. 2004;27(3): 211-217.
10. Food Research and Action Center. *Hunger and Obesity? Making the Connections*. Available at: <http://www.frac.org/pdf/Paradox.pdf>. Accessed April 15, 2006.
11. Babey S, Diamant A, et al. *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*. California Center for Public Health Advocacy, PolicyLink, and the UCLA Center for Health Policy Research. 2008. Available at: <http://www.publichealthadvocacy.org/designedfordisease.html>. Accessed May 6, 2008.
12. Centers for Disease Control and Prevention, National Center for Health Statistics. *Prevalence of Overweight and Obesity Among Adults: United States, 2003-2004*. 2007. Available at: http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overweight/overwght_adult_03.htm. Accessed April 15, 2008.
13. Grantmakers in Health. *Weighing in on Obesity: America's Growing Health Epidemic*. Washington, DC: 2002. Available at: http://www.gih.org/usr_doc/Obesity.pdf. Accessed May 1, 2006.
14. Centers for Disease Control and Prevention, Office of Minority Health & Health Disparities. *Health Disparities Affecting Minorities: African Americans*. 2000. Available at: <http://www.cdc.gov/omhd/Brochures/PDFs/1PBAA.pdf>. Accessed April 17, 2008.
15. Gorman D, and Speer P. The Concentration of Liquor Outlets in an Economically Disadvantaged City in the Northeastern United States. *Substance Use and Misuse*. 1997;32: 2033-2046.
16. Stewart K. *How Alcohol Outlets Affects Neighborhood Violence*. Pacific Institute for Research and Evaluation. Available at: <resources.prev.org/documents/AlcoholViolenceGruenewald.pdf>. Accessed April 15, 2008.
17. LaVeist T, and Wallace J. Health Risk and Inequitable Distribution of Liquor Stores in African American Neighborhoods. *Social Science and Medicine*. 2000;51(4): 613-617.
18. Jones-Webb R. Drinking Patterns and Problems among African Americans: Recent Findings. *Alcohol Health and Research World*. 1998;22(4): 260-264.
19. Caetano R. Alcohol-Related Health Disparities and Treatment-Related Epidemiological Findings Among Whites, Blacks, and Hispanics in the United States. *Alcoholism: Clinical and Experimental Research*. 2003;27(8): 1337-1339.
20. Johns Hopkins Bloomberg School of Public Health. *Off-Premises Liquor Stores Targeted to Poor Urban Blacks*. Press Release. 2000. Available at: http://www.jhsph.edu/publichealthnews/press_releases/PR_2000/alcohol_off_premises.html. Accessed April 15, 2008.
21. Gruenewald P, and Remer L. Changes in Outlet Densities Affect Violence Rates. *Alcoholism: Clinical and Experimental Research*. 2006;30(7): 1184-1193.

22. Lipton R, and Gruenewald P. The Spatial Dynamics of Violence and Alcohol Outlets. *Journal of Studies on Alcohol*. 2002;63: 187-195.
23. DeFao J. Crackdown Targets 3 Problem Liquor Stores: Fearful Neighbors Cautiously Await Results of City's Action. *San Francisco Chronicle*. February 26, 2006.
24. Graham K. Isn't it Time We Found Out More about What the Heck Happens around American Liquor Stores? *Addiction*. 2006;101(5): 619-620.
25. Downey L, and Van Willigen M. Environmental Stressors: The Mental Health Impacts of Living near Industrial Activity. *Journal of Health and Social Behavior*. 2005;46(3): 289-305.
26. Geis K, and Ross C. A New Look at Urban Alienation: The Effect of Neighborhood Disorder on Perceived Powerlessness. *Social Psychology Quarterly*. 1998;61(3): 232-246.
27. Kwate N, and Lee T. Ghettoizing Outdoor Advertising: Disadvantage and Ad Panel Density in Black Neighborhoods. *Journal of Urban Health*. 2007;84(1): 21-31.
28. Spiker S, Sorrelgreen E, and Williams J. *2007 Liquor Outlet Report: A Preliminary Analysis of the Relationship Between Off-Sale Liquor Outlets and Crime in Oakland for 2007*. Oakland: Urban Strategies Council. 2007. Available at: http://www.urbanstrategies.org/programs/csj/documents/Liquor_Outlets_v_Crime_in_Oakland_10-25-2007.pdf. Accessed April 20, 2008.
29. Fuller A. *A History of Food Insecurity in West Oakland, CA: Supermarket Location*. 2006. Available at: <http://www.peoplesgrocery.org>. Accessed April 25, 2008.
30. ??California Adolescent Nutrition and Fitness Program and the California Pan Ethnic Health Network. Communities of Color Issue Briefing Paper: Addressing the Obesity Epidemic—Public Policies for Healthy Eating and Physical Activity Environments. Berkeley/Oakland, California. August 2003.
31. Prevention Institute. Healthy Eating and Physical Activity: Addressing Inequities in Urban Environments. Oakland, CA. May 2007.

Data Sources

1. California Center for Public Health Advocacy. *Searching for Healthy Foods*. Computer File, with data from ESRI/InfoUSA 2005. Information available at: <http://www.publichealthadvocacy.org/searchingforhealthyfood.html>.
2. U.S. Census Bureau. *Census 2000*. Available at: <http://www.factfinder.census.gov/>.
3. California Department of Alcohol Beverage Control. *License Query System*. Available at: <http://www.abc.ca.gov/datport/LQSMenu.html>.
4. Spiker S, Sorrelgreen E, Williams J. *2007 Liquor Outlet Report: A Preliminary Analysis of the Relationship Between Off-Sale Liquor Outlets and Crime in Oakland for 2007*. Oakland: Urban Strategies Council. 2007. Available at: http://www.urbanstrategies.org/programs/csj/documents/Liquor_Outlets_v_Crime_in_Oakland_10-25-2007.pdf. Accessed April 20, 2008.
5. Fuller A. *A History of Food Insecurity in West Oakland, CA: Supermarket Location*. 2006. Available at: <http://www.peoplesgrocery.org>. Accessed April 25, 2008.