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Appendix A: Findings

**Model Licensing Ordinance**

**for Healthy Food Retailers**

Developed by ChangeLab Solutions, a nonprofit organization that provides legal information on matters relating to public health. The legal information in this document does not constitute legal advice or legal representation. For legal advice, readers should consult a lawyer in their state.

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The [Municipality] does ordain as follows:

**SECTION I. FINDINGS.** The [Municipality] hereby finds and declares as follows:

**WHEREAS, obesity is a major public health crisis in the United States.** Currently, more than two-thirds of American adults, and almost one third of children and teens, are overweight or obese. The adult obesity rate has more than doubled since 1980, while the childhood obesity rate has more than tripled in the same period of time.[[1]](#endnote-1) In [insert State, County or City name], [ \_\_\_\_\_ ] percent of adults and [ \_\_\_\_\_ ] percent of children and teens are overweight or obese. Obesity increases risk for many types of chronic disease, including high blood pressure, high cholesterol, diabetes, heart disease, stroke, arthritis, and cancer. Obesity and overweight not only affect an individual’s health and happiness, but they also cost our country billions of dollars in health care and lost productivity.[[2]](#endnote-2) While obesity affects a cross-section of American society, low-income people and people of color are disproportionately affected. Blacks and Latinos experience higher obesity rates than Whites in almost every state, and poverty is correlated to obesity regardless of race or ethnicity.[[3]](#endnote-3)

**COMMENT:**You can find obesity and overweight data specific to your state in the latest report on obesity from the Trust for America’s Health, available at: <http://healthyamericans.org/assets/files/TFAH2011FasInFat10.pdf> on pages 12-13. Data on changes in obesity and overweight rates over the last twenty years are available on pages 33-34.

For local data, a county may be able to locate county-level obesity data at: [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

**WHEREAS, people who eat less healthy foods are at greater risk for obesity, overweight, and cardiovascular disease.** In particular, there is evidence that low levels of fruit and vegetable consumption are correlated with higher rates of obesity.In 2009,the states with the lowest rates of fruit and vegetable consumption were also states with the highest rates of obesity,while the states with the highest rates of fruit and vegetable consumption were among the least obese states in the United States.**[[4]](#endnote-4)** Consumption ofproduce and whole grains is also linked to lower risk for cardiovascular disease, while consumption of saturated fat, trans fat, and refined sugars are linked to higher risk for cardiovascular disease.[[5]](#endnote-5)

**WHEREAS, Americans are eating less fruits and vegetables and more fats than recommended by dietary guidelines.** Between 1985 and 2008, the average adult’s daily caloric intake increased by approximately 300 calories, with nearly half of this increase coming from added fats and oils.[[6]](#endnote-6) During the same period of time, American adults continued to eat less produce than recommended by dietary guidelines.[[7]](#endnote-7) In [insert state, county, or city name], only [ \_\_\_\_\_ ] percent of adults ate the recommended amounts of fruit and vegetables in 2009.

**COMMENT:** State level data on fruit and vegetable consumption is available at: <http://healthyamericans.org/assets/files/TFAH2011FasInFat10.pdf> on pages 27-28.

**WHEREAS, the availability and accessibility of healthy food directly affects dietary choices and health outcomes.** There is evidence that the presence of a full-service grocery store or supermarket is correlated with increased fruit and vegetable intake among residents in the same neighborhood or Census district.[[8]](#endnote-8) Studies have also found that greater shelf space dedicated to fresh produce and other healthy food items correlates with greater consumption of healthy food among local residents.[[9]](#endnote-9) Furthermore, several studies have found that communities who have easy access to supermarkets and other stores that offer healthy food experience lower BMI and lower rates of chronic disease. Conversely, communities that lack access to supermarkets have higher BMI and suffer from higher rates of premature death and chronic disease.[[10]](#endnote-10) Neighborhoods with more fast food restaurants and convenience stores than grocery stores experience high rates of obesity and chronic disease across all income brackets.[[11]](#endnote-11)

**WHEREAS, millions of Americans lack access to healthy food options in their own neighborhoods.** In particular, many neighborhoods have a gross undersupply or complete lack of grocery stores and supermarkets. A national study conducted by the USDA in 2009 found that 116 million Americans have to travel more than one mile to get to the nearest supermarket.[[12]](#endnote-12) In addition, more than 2 million of those households have no vehicle, making supermarket access much more difficult.[[13]](#endnote-13) Food deserts, or geographic areas that lack affordable and nutritious food options, are disproportionately found in low-income neighborhoods and neighborhoods of color. A number of studies have found that predominantly black and racially mixed neighborhoods have fewer supermarkets and large grocery stores than white neighborhoods of comparable socio-economic status.[[14]](#endnote-14) Residents in low-income areas also spend more time traveling to the nearest grocery store than residents of higher income areas.[[15]](#endnote-15) Even within low-income neighborhoods that do have supermarkets, stores in these areas tend to offer fewer healthy food options than similar stores in more affluent neighborhoods.[[16]](#endnote-16) Food access is not solely an urban issue. About 2.3 million people live in low-income rural areas where the nearest grocery store is more than 10 miles away, and 100,000 of these households have no vehicle to get there*.*[[17]](#endnote-17) In [insert state, county or city name], [ \_\_\_\_\_ ] census tracts qualify as “food deserts,” according to the USDA. Within these census tracts, [ \_\_\_\_\_ ] percent of people have to travel more than [one mile for metropolitan areas, 10 miles for rural areas] to get to the nearest supermarket or large grocery store.[[18]](#endnote-18)

**COMMENT:** Data on food deserts can be found using the USDA’s interactive food desert locator map, which provides data on low-income census tract areas where greater than 33 percent of the population lives more than one mile to the nearest supermarket or large grocery store, available at: [www.ers.usda.gov/data-products/food-desert-locator/go-to-the-locator.aspx](http://www.ers.usda.gov/data-products/food-desert-locator/go-to-the-locator.aspx)

**WHEREAS, in many U.S. neighborhoods, it is not only difficult to access healthy food but also very easy to access unhealthy food.** While supermarkets are severely lacking in low-income neighborhoods and neighborhoods of color, small grocery stores, convenience stores, liquor stores, and fast food restaurants are in abundant supply.[[19]](#endnote-19) In a study assessing neighborhood demographics and store type, low-income census tracts were found to have more than twice the amount of convenience stores and four times as many small grocery stores than high income tracts.[[20]](#endnote-20) Another study found that predominantly black neighborhoods had one additional fast food restaurant per square mile compared with predominantly white neighborhoods.[[21]](#endnote-21) A national study of U.S. Census data found that low-income zip codes had greater numbers of small grocery stores in all areas and more convenience stores in urban areas in comparison to higher income zip codes.[[22]](#endnote-22) In low-income neighborhoods where options are limited, small food retailers can become an important food source for local families. They also frequently supply snacks for children attending nearby schools. A 2009 study of middle school food purchasing behavior found that 42 percent of children surveyed shopped at a corner store twice a day, with chips, candy, and beverages being the most commonly purchased items.[[23]](#endnote-23)

**WHEREAS, small food retailers in low-income areas tend to offer fewer healthy food options and sell food at higher prices than grocery stores in higher income areas.[[24]](#endnote-24)** Small food retailers face spatial, distribution, and financial factors that affect their ability to carry healthy foods at an affordable price. These factors lead many small food retailers to charge higher prices for similar items than at grocery stores or supermarkets[[25]](#endnote-25) and to stock a majority of high-profit foods that are high in fats and sugars and low in nutrients.[[26]](#endnote-26) The variety and quality of foods in small food stores also tends to be lower than in grocery stores, with many small food retailers selling no fresh produce at all.[[27]](#endnote-27) Given the predominance of small food retailers in low-income neighborhoods, the selection of food sold in these stores is particularly consequential for the health of low-income communities, families, and children.

**WHEREAS, policy solutions aiming to improve healthy food access in low-income neighborhoods need to address the prevalence of small food retailers.** Public health advocates have recognized that working with small food retailers to improve the quality and variety of food sold in their stores is a critical way to directly improve the food environments of low-income neighborhoods.[[28]](#endnote-28) A number of efforts to assist small food retailers in improving their offerings have been undertaken nationwide.[[29]](#endnote-29) However, these efforts are resource-intensive and have limited reach.

**WHEREAS, food retailer licensing offers an enforceable way to improve and increase healthy food options in all food retailers.** By requiring all eligible food stores to carry a minimum amount of staple food options and produce in order to receive a license, public health and city officials can have a large impact on the food supply in low-income neighborhoods. In addition, if all stores devote more shelf space to staple foods and produce, less space will be dedicated to foods that are high in fat, sugar and sodium. Requiring a healthy food license of all food stores will also allow local governments to more effectively enforce existing business regulations and taxes affecting public health, including tobacco and alcohol laws.

**NOW THEREFORE,** [ Municipal Legislators *(e.g., city council)* ] intend, by adopting this healthy food retailer licensing ordinance, to improve healthy food access in all neighborhoods of [*insert city/state name*] and reduce critical health disparities related to nutrition-related chronic disease.

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2. *Id.* at 8, 109. [↑](#endnote-ref-2)
3. *Id.* at 20-24. [↑](#endnote-ref-3)
4. *Id.* at 27-28. [↑](#endnote-ref-4)
5. US Department of Agriculture, Economic Research Service. *Access to Affordable and Nutritious Food—Measuring and Understanding Food Deserts and Their Consequences: Report to Congress*. 2009, p. 56. Available at: www.ers.usda.gov/media/242675/ap036\_1\_.pdf. [↑](#endnote-ref-5)
6. US Department of Agriculture, Economic Research Service. Food Availability (Per Capita) Data System, Data Set: Loss-Adjusted Food Availability: Calories. 2011. Available at: www.ers.usda.gov/datafiles/Food\_Availabily\_Per\_Capita\_Data\_System/LossAdjusted\_Food\_Availability/calories.xls. [↑](#endnote-ref-6)
7. *See* Kimmons J, Gillespie C, Seymour J, et al. “Fruit and Vegetable Intake Among Adolescents and Adults in the United States: Percentage Meeting Individualized Recommendations.” *The Medscape Journal of Medicine,* 11(1): 26, 2009. Available at: [www.ncbi.nlm.nih.gov/pmc/articles/PMC2654704/?report=printable](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2654704/?report=printable). [↑](#endnote-ref-7)
8. *See* Moore LV, Diez Roux AV, Nettleton JA, et al. “Associations of the Local Food Environment with Diet Quality–A Comparison of Assessments Based on Surveys and Geographic Information Systems: The Multi-Ethnic Study of Atherosclerosis.” *American Journal of Epidemiology*, 167(8):917-924, 2008. Available at: <http://aje.oxfordjournals.org/content/167/8/917.full.pdf+html>; *See also* Zenk SN, Lachance LL, Schultz AJ, et al. “Neighborhood Retail Food Environment and Fruit and Vegetable Intake in a Multiethnic Urban Population.” *American Journal of Health Promotion,* 23(4): 255-264, 2009. Available at: [www.cfah.org/hbns/archives/viewSupportDoc.cfm?supportingDocID=742](http://www.cfah.org/hbns/archives/viewSupportDoc.cfm?supportingDocID=742); Rose D and Richards R. “Food Store Access and Household Fruit and Vegetable Use Among Participants in the US Food Stamp Program.” *Public Health Nutrition*, 7(8):1081-1088, 2004. Available at: [www.ncbi.nlm.nih.gov/pubmed/15548347](http://www.ncbi.nlm.nih.gov/pubmed/15548347); Morland K, Wing S and Diez Roux A. “The Contextual Effect of the Local Food Environment on Residents’ Diets: The Atherosclerosis Risk in Communities Study.” *American Journal of Public Health,* 92(11): 1761-1767, 2002. Available at: <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.92.11.1761>.; *See also* Laraia BA et al. “Proximity of supermarkets is positively associated with diet quality index for pregnancy.” *Preventive Medicine*, 39: 869–75, 2004. ABSTRACT ONLY available at: [www.sciencedirect.com/science/article/pii/S0091743504001768](http://www.sciencedirect.com/science/article/pii/S0091743504001768). [↑](#endnote-ref-8)
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10. *See* Ahern M, Brown C and Dukas S. “A National Study of the Association Between Food Environments and County-Level Health Outcomes.” *The Journal of Rural Health*, 27(4): 367-379, 2011. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1748-0361.2011.00378.x/pdf>; *See also* Bodor JN, Rice JC, Farley TA, et al. “The Association between Obesity and Urban Food Environments.” *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 87(5): 771-81, 2010. Available at:<http://prc.tulane.edu/uploads/Bodor%202010_JUHepub_Obesity%20Urban%20Food%20Envir.pdf>. *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: [www.healthpolicy.ucla.edu/pubs/files/Designed\_for\_Disease\_050108.pdf](http://www.healthpolicy.ucla.edu/pubs/files/Designed_for_Disease_050108.pdf); Rundle A, Neckerman KM, Freeman L, et al. “Neighborhood Food Environment and Walkability Predict Obesity in New York City.” *Environmental Health Perspectives,* 117(3): 442-447, 2008. Available at: [www.ncbi.nlm.nih.gov/pmc/articles/PMC2661915](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661915); Mary Gallagher Research and Consulting Group. *Examining the Impacts of Food Deserts on Public Health in Chicago.* 2008. Available at: [www.marigallagher.com/site\_media/dynamic/project\_files/1\_ChicagoFoodDesertReport-Full\_.pdf](http://www.marigallagher.com/site_media/dynamic/project_files/1_ChicagoFoodDesertReport-Full_.pdf); Liu GC, Wilson JS, Qi R, et al. “Green Neighborhoods, Food Retail and Childhood Overweight: Differences by Population Density.” *American Journal of Health Promotion,* 21(4 Suppl): 317-325, 2006. Available at: [www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/Green\_Neighborhoods.pdf/$File/Green\_Neighborhoods.pdf](http://www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/Green_Neighborhoods.pdf/$File/Green_Neighborhoods.pdf); Inagami S, Cohen DA, Finch BK, et al. “You Are Where You Shop: Grocery Store Locations, Weight, and Neighborhoods.” *American Journal of Preventative Medicine,* 31(1): 10-17, 2006. Available at: [www.healthydurham.org/docs/file/committees/obesity\_chronic\_care/ShopBMI.pdf](http://www.healthydurham.org/docs/file/committees/obesity_chronic_care/ShopBMI.pdf) [↑](#endnote-ref-10)
11. *Designed for Disease*, *supra* note x, at 6. [↑](#endnote-ref-11)
12. *Access to Affordable and Nutritious Food—Measuring and Understanding Food Deserts*, *supra* note v, at 19. [↑](#endnote-ref-12)
13. *Id.*  [↑](#endnote-ref-13)
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15. *Access to Affordable and Nutritious Food—Measuring and Understanding Food Deserts*, *supra* note v, at 31-32. [↑](#endnote-ref-15)
16. *See* Franco et al., *supra* note x, at 564. [↑](#endnote-ref-16)
17. *Access to Affordable and Nutritious Food—Measuring and Understanding Food Deserts*, *supra* note v, at28. [↑](#endnote-ref-17)
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20. Moore and Diez Roux, *supra* note xix, at 329. [↑](#endnote-ref-20)
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24. Treuhaft and Karpyn*, supra* note xiv, at 14. [↑](#endnote-ref-24)
25. *Access to Affordable and Nutritious Food—Measuring and Understanding Food Deserts and Their Consequences*, *supra* note v, at 77. [↑](#endnote-ref-25)
26. Borradaile et al., *supra* note xxiii, at 1294; *See also* Laska MN, Borradaile KE, Tester J, et al. “Healthy Food Availability in Small Urban Food Stores: A Comparison of Four US Cities.” *Public Health Nutrition*, 13(7):1031-1035, 2009. Available at: [www.ncbi.nlm.nih.gov/pmc/articles/PMC3077559/pdf/nihms283098.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3077559/pdf/nihms283098.pdf). [↑](#endnote-ref-26)
27. Laska et al., *supra* note xxvi. [↑](#endnote-ref-27)
28. *See, e.g.*, Raja S et al., *supra* note xiv, at 480; Song HJ, Gittelsohn J, Kim M, et al. “A Corner Store Intervention in a Low-Income Urban Community is Associated with Increased Availability and Sales of Some Healthy Foods.” *Public Health Nutrition*, 12(11): 2060-2067, 2009. Available at: [www.ncbi.nlm.nih.gov/pmc/articles/PMC3043106/pdf/nihms271223.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3043106/pdf/nihms271223.pdf); Healthy Corner Stores Network. “About Us.” <http://healthycornerstores.org/about/>. [↑](#endnote-ref-28)
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