

Charlotte-Mecklenburg  
Food Policy Council

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ELEMENTAL RESEARCH & CONSULTING

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# Executive Summary

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Nationally and locally, chronic disease is rising at alarming rates: 61% of Mecklenburg County residents are overweight or obese and our rates of cardiovascular disease, high blood pressure, and high cholesterol are on the rise. Diet and access to healthy food are essential to preventing and treating these chronic diseases, yet only 11% of residents eat the recommended daily number of servings of fruits and vegetables. A key factor is that access to healthy food is not equally available. This study of Charlotte and Mecklenburg County focuses on food access based on availability, affordability, and quality within neighborhood environments. Our overarching question is to see how the local food system has changed in the past five years to provide fresher, healthier, and safer foods through improved food access and food security for all Charlotte and Mecklenburg County residents.

In revisiting the 2010 Mecklenburg County Community Food Assessment, we focus our analysis on *food insecurity*, which is a more nuanced understanding of households and food access. While “food desert” is primarily a geographic distinction that tells us about food availability within a low-income community, it does not reveal enough about food security. Food security is more about the lived experience of households. By looking at food security we can begin to explore alternative strategies and policies for combating hunger and improving health in our community.

## Food Access Mapping

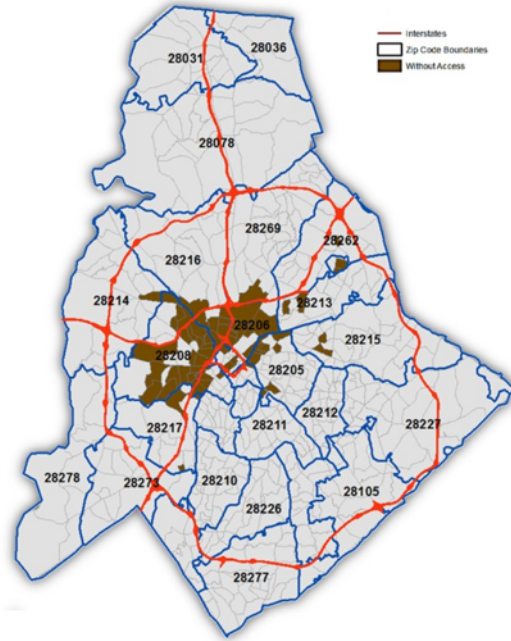
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We examined the food stores and their characteristics within the 373 census block groups (CBG) and 230 census tracts in Mecklenburg County, NC. All food stores with Standard Industrial Classification (SIC) codes listed that are associated with food sales that were in operation as of February 23, 2015 were used in this analysis, as well as restaurants and fast food restaurants. Through this, a total of 2078 stores were identified.

In 2015, Charlotte and Mecklenburg County were home to approximately 1 million residents. Through traditional *food desert* mapping techniques, we found that there are 64 Census Block Groups (CBGs) and 87,354 residents who are living in *food deserts*. This is an increase of 20.01% from 2010. However, there has also been a 37.08% increase in the number of non-full-service stores within these areas. This data indicates that these CBGs are gaining access to food stores with limited selection, though lacking proximity to a traditional Full-service Store (stores that sell a variety of fresh fruit, fresh vegetables, fresh meat, fresh dairy, and processed foods).

### High Food Insecurity Risk Areas

Relative to previous work, this study takes a different approach to identify high-risk areas for *food insecurity*, using drive time and radius mapping to focus on the true accessibility of food within Charlotte & Mecklenburg County. Through the utilization of these new mapping techniques, we created a new classification: **High Food Insecurity Risk Areas**. Census Block Groups were categorized as High Food Insecurity Risk Areas based on the following criteria: a drive time in excess of 5 minutes to a full-service store, a drive time in excess of 5 minutes to a store that sells fresh produce (fruits & vegetables), and a limited total offering of food stores for any type of food purchase.



**Brookshire Blvd Corridor (NC 16)** Between I85 & I485

**West Blvd Corridor (NC 160)** Between Billy Graham Pkwy & I485

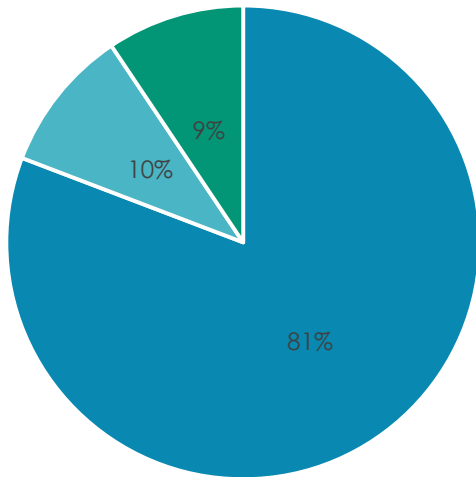
**Albemarle Rd Corridor (NC 27)** Between I485 & Mecklenburg County Boundary Line

### Voice of the Community

This study also incorporates a community-based survey and focus groups to help us better understand how food access affects Charlotte and Mecklenburg County residents. In the survey, we use a series of questions developed by the United States Department of Agriculture (USDA) to identify who is food insecure. Through both quantitative and qualitative measures, we look at how residents shop for fresh fruits and vegetables. We want to understand where residents shop and how they get there. And we examine these choices within the context of the values that drive people's decision-making regarding food.

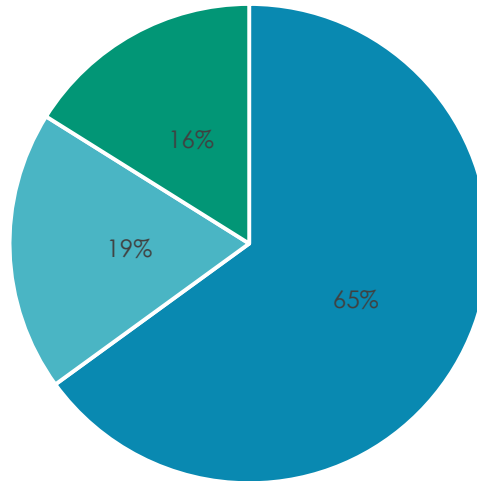
Based on our sample, overall rates of food security in Mecklenburg County are similar to national averages. When speaking about households with children, however, Mecklenburg County is doing worse than the nation as a whole.

**US households with children by food security status of adults and children, 2014**



- food secure households
- food insecurity among adults only in households with children
- food-insecure, children and adults

**Mecklenburg County households with children by food security status of adults and children, 2015**



- food secure households
- food insecurity among adults only in households with children
- food-insecure, children and adults

For households that receive public assistance, like SNAP (Supplemental Nutrition Assistance Program, formerly known as “food stamps”), adults can buy better food, but still may feel, “like I’m not a good Mom because I can’t give my kids the dairy that they need or the fruits and vegetables that they need.”

Close to 80% of residents use a full-service, chain grocery store as their primary place to purchase fresh fruits and vegetables and nearly all residents travel to their store of choice by personal vehicle (94% for full sample; 78% for food insecure households). Just under 25% travel 1 mile or less to their primary store, while 35.9% travel 1-3 miles and 23.7% travel 3-5 miles. Farmers markets, natural food stores, and wholesale clubs were also popular locations as primary stores.

Over half the sample (58.3%) reported facing no challenges in getting the fruits and vegetables they want. For those who identified challenges in the full sample, they were primarily cost of produce and time to prepare. For food insecure households, these were also challenges, but they listed transportation, lack of availability where they shop, and the need to carry what they buy as well. Cost, rather than distance to stores is the primary barrier to access.

We asked a number of questions related to the values that drive decision making. For the full sample of households, **freshness** was the most important overall, followed by cost, health/nutrition, and taste. **Cost** was still a primary driver in decision making for food insecure households, but they were interested in freshness and health/nutrition. Based on the focus group discussions, we learned that decision-making around food is far more complex. While most participants would agree that they, “try to get the best quality at the best price for the amount of time” available, in practice each shopping trip may look a little different. For example, in restaurants and farmers markets, “local” serves as a proxy for freshness and quality and most people are willing to pay a little more for the quality that comes with buying local. For most households, eating “healthy” means eating fresh vegetables and lean meats (70%), awareness of portion size (38%) and home cooking (30%).

For areas that were identified as food deserts in 2010, the focus groups were particularly instructive. While there are some newer grocery stores that offer lower prices, many residents still have to drive longer distances to get what they want to feed their families. They worry about the glut of fast food restaurants as much as they continue to call for economic incentives that will lead to more healthy, affordable, and convenient choices in their neighborhoods. They argue that the economic base is there, but that the money keeps flowing into wealthier neighborhoods.

Based on these findings, we have identified five key areas with opportunities for change: high food insecurity risk areas, healthy food access based on geography, healthy food access based on cost, food insecurity and values around the local food system, and neighborhood economic development as an aspect of food access. We see opportunities to expand access by creating new retail, enhancing existing retail, moving towards 100% availability of SNAP and WIC (Women with Infants and Children) at full-service groceries, developing innovative programs that increase distribution of high quality produce, and continuing or expanding programs that educate youth and adults on healthy eating. We also stress that attention to food insecurity needs to be part of city and county discussions around neighborhood economic development and we encourage incentives, grants, and zoning measures that will foster local entrepreneurship.

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