Executive Summary

By: Elizabeth Racine, DrPH, RD, Qingfang Wang, PhD, Devonda Gomez
University of North Carolina at Charlotte

Phase 2 of the Mecklenburg County Community Food Assessment consisted of two parts. First, focus groups comprised of food desert residents were conducted to explore their perceptions of food access. Second, we conducted an analysis of restaurants in Mecklenburg County to determine whether the concentration and type of restaurants were associated with population density, median income, racial/ethnic composition, and premature death to heart disease and diabetes. It is important to study the restaurant environment when assessing access to food as 48% of American’s food dollars are spent at restaurants.

Focus Groups

Four focus groups were held in October, 2010; each group consisted of 8-10 people. Two of the groups were comprised of residents participating in the Supplemental Nutrition Assistance Program (SNAP), this is the new name for the food stamp program, and two groups were comprised of residents not participating in SNAP. The focus groups suggested that those with transportation are willing to travel to multiple stores outside of their neighborhood to take advantage of sales and to maximize the amount of groceries they can purchase. Participants were typically happy with their primary food stores, enjoying the variety and quality of the food available. However, they reported that at times they are unhappy with the prices, quality, staff, and distance to stores. Transportation was not a problem for the majority of the participants; yet many report that transportation was a problem for others in their community. Many said that for the most part friends and family work together to transport friends and family to and from the store.

Participants were interested in the produce truck idea suggested by the Charlotte-Mecklenburg Food Policy Council but said there are a number of issues that would need to be thought through to make it work, such as cost and quality of the foods, acceptance of SNAP benefits, ownership and availability of a truck. Participants were particularly interested in cooking classes to learn how to make low cost, healthy, convenient meals.

Restaurant Analysis

Businesses that self identify as “restaurants” designated by the Standard Industrial Code (SIC) 5812R were identified on April 5, 2010 via the database, Business Wise. These “restaurants” are a sample of the establishments that serve food and drink (e.g. restaurants, food stands, school cafeterias, hospitals, churches, other business or organizations that serve food or drink) in Mecklenburg County. Restaurants were classified as fast food or full service. Fast food restaurants were considered those where the patron pays prior to eating the food and full service restaurants were those where the patron pays after they eat the food. The analysis included 1,267 restaurants; approximately 36% were fast food restaurants. The following are the results for each research question:
What is the relationship between the number of restaurants in a census block group (CBG) and population density within CBGs?

Results suggest that as population density increases the number of fast food restaurants decreases.

What is the relationship between the number of restaurants in a CBG and race/ethnicity of CBG residents?

We found that as the percent of Black residents increase the number of restaurants decrease; and as the percent of White or Asian residents increase the number of restaurants increase.

What is the relationship between the number of restaurants in a CBG and median income of CBG residents?

There was no relationship between the number of restaurants, whether fast food or full service, and median household income.

What is the relationship between the number of restaurants in a CBG and health indicators (premature deaths to diabetes and heart disease) of CBG residents?

We found that the number of premature deaths to heart disease were higher in CBGs with fast food restaurants: findings showed that there were 5% more deaths with each fast food restaurant occurrence. Findings also indicated that the number of premature deaths to diabetes was higher in CGBs with restaurants: there were 8% more deaths with each additional fast food restaurant; there were 3% more deaths with each additional full service restaurant. We acknowledge that there are a number of factors that may be associated with premature death due to diabetes or heart disease. In this analysis, we controlled for income, race/ethnicity, and population density. However, there are likely to be other unmeasured environmental factors and individual characteristics that may contribute to the findings.

Conclusion

In summary, we found that the majority of focus group participants travel by car to multiple stores to take advantage of sale prices. They would prefer to have an affordable grocery store closer to their home and they would like cooking classes to help them learn how to cook healthy, low cost, convenient meals. The analysis also found that access to fast food restaurants does not vary by income or the percent of Black or White residents. We also found that exposure to more restaurants, particularly fast food restaurants, is associated with premature death to heart disease and diabetes.

We suggest policy makers and stakeholders consider initiatives to further study the relationship between availability of restaurants and health, consider policies that encourage restaurants to post calories on menus and menu boards, consider the concentration of restaurants within a neighborhood when granting business permits, and implementing and evaluating cooking classes for the community.