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| **To:** | City Development |
| **From:** | Adrian Davis |
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| **Subject:** | Essential Evidence on a page: No 49. Food deserts |

Top line: The assumption that in the United Kingdom there are poor urban areas where residents cannot buy affordable, healthy food ("food deserts") and that this is a widespread problem is not well supported by the evidence. Overall, retail interventions may have either a small but important effect or no effect on diet and health.

The term "food desert" was reputedly first used by a resident of a public sector housing scheme in the west of Scotland in the early 1990s. It first appeared in a government publication in a 1995 document. Government reports have said that food deserts may damage public health by restricting the availability and affordability of foods that may benefit health. These reports have influenced several policy recommendations designed to promote adequate retail provision of food for those with a low income or who live in poor neighbourhoods. The reports have aimed to identify best practice and innovative approaches to improving shopping access in such neighbourhoods.

Until this century there was little research to test some of the crucial links assumed to exist between food retail access, compromised diets, and poor health. A number of studies have since assessed the impact of new superstores on food access and the consequent viability of local shops. Research to explore 'food deserts'[1] has noted that the term has been used increasingly by academics, policy makers, and community groups to describe populated urban areas where residents do not have access to an affordable and healthy diet. The researchers described 'factoids' which are assumptions or speculations reported and repeated until they are considered true and that food deserts was just such a factoid.

Work to test validity of the concept of 'food deserts' has included a major before-and-after investigation into the impact on the eating habits of low-income families in the Seacroft area of East Leeds after a large, new Tesco store opened. This is one of the top 5% most deprived places in England. After the store had opened self-esteem among residents improved and benefits were also in terms of transport costs and convenience. The Leeds study concluded that access to food improved notably after the intervention. The average distance travelled to the main food store fell to under 1 km, and the percentage of people walking to the main food store tripled to over 30%. Substantial increases in consumption of fruit and vegetables of between 0.25 and 0.5 portions per day were also reported, particularly for respondents who switched to the new provision.[2] However, positive changes were countered by significant worries among people on low incomes about temptations to overspend and waste money. One conclusion was that it is important to consider area based action to improve accessibility to healthy food in low income, socially excluded neighbourhoods alongside health promotion policies focused on the individual.

In contrast, a Glasgow study found little evidence for an overall effect of the opening of a new supermarket for fruit and vegetable consumption in portions per day, while a Newcastle study concluded that food deserts exist only for a minority of people who do not or cannot shop outside their immediate locality and for whom the locality suffers from poor retail provision of foods that compose a healthy diet.

[1] Cummins, S., Macintyre, S. 2002 "Food deserts" – evidence and assumption in health policy making, *British Medical Journal*, 325: 436-438.
[2] Cummins, S. et al, 2005 Large scale food retail interventions and diet, *British Medical Journal, 330: 683-684.*