

The Green Cart Initiative – Will It Work?

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Mayor Michael Bloomberg and City Council Speaker Christine Quinn recently proposed that the city issue 1,500 licenses to street vendors selling fresh fruits and vegetables in areas of the city with high rates of obesity and heart disease and little access to healthy foods. The new “Green Carts” would target specific areas of the city where the consumption of fresh fruit and vegetables is the lowest in the city. The number of carts in each borough would be proportionate to its population. 500 permits would be issued in the Bronx and Brooklyn, 250 in Queens, 200 in Manhattan, and 50 in Staten Island.¹

But if Green Carts are going to have an impact in neighborhoods with low access to fresh produce they will need to be part of a much wider strategy to improve the diets of New

Yorkers. That strategy would need to address the many personal and institutional barriers to healthy diets.

The Reasons for Green Carts

In support of the Green Cart initiative, the city's Department of Health (DOH) points to ample evidence that fruits and vegetables, when eaten three times or more a day, significantly lower the risks of heart disease and stroke and lower diabetes rates and death from all causes. They also note that "people tend to shop close to home; the availability, price, and quality of food in the immediate neighborhood has a strong impact on diet."²

Obesity rates in New York tend to be higher in areas that lack access to fresh fruit and vegetables³ -- with the exception of places in Staten Island that are dependent on the automobile and also have high obesity rates. For example, a 2004 study showed that 58% of bodegas and supermarkets on the Upper East Side stocked fruits, vegetables, and other foods recommended for people seeking to promote stable blood sugar, compared to 18% of East Harlem stores. East Harlem has a relatively higher rate of diabetes, which is related to blood sugar levels.⁴ The Health Department argues that the availability of fresh fruits and vegetables can help change people's behavior, and they project that as a result of the new program some 75,000 New Yorkers will increase their consumption of fresh fruits and vegetables and that at least 50 lives will be saved per year⁵.

But Are Pushcarts The Answer?

Making fresh produce available in areas now served primarily by fast food restaurants and grocery stores selling limited if any produce certainly can do no harm in terms of community health. Local retailers, however, might oppose the project claiming that it will cut into their business. Currently, retailers who sell fresh produce in areas targeted for the Green Carts argue that the carts are not necessary because enough fresh produce is already available for sale. They also worry that pushcart owners will not stay in their designated spots but move into areas that are already served by other retailers, ignoring regulations that limit where they can operate. Areas selling less fresh produce also usually have less pedestrian traffic, so pushcart owners will naturally seek to sell in front of the higher traffic retail strips in an effort to take advantage of an already established customer base. As Richard Lipsky, a lobbyist for small retailers, comments in his blog, MomandPopStores, "The one sure thing here is that peddlers will stay close to shopping areas where the produce is being sold, and any "roaring success" that results will be business that is taken from the tax paying small businesses...."⁶

Beyond this concern about potential competition, the bigger question is whether a handful of pushcarts in a few neighborhoods will have any significant effect on health problems that affect every neighborhood in the City. In a 2004 Community Health Survey, researchers found that 90% of New Yorkers eat fewer than the recommended 5 servings of fruits and vegetables a day, and 14% eat none at all.⁷ If the argument holds that access to fresh fruits and vegetables has a direct and significant effect on people's eating habits, one would expect these percentages to be lower.

It is unlikely that obesity and illnesses associated with poor nutrition and lack of available fresh produce can be significantly affected without a host of other measures beyond pushcarts. If residents are already entrenched in certain patterns of buying food, cooking, and eating, and have developed tastes that don't include fresh fruits and vegetables, what will get them to change? In many areas of human health, people often make unhealthy choices that deviate from the ideal nutrition program, even when healthy foods are readily available. They are influenced by widespread advertising. Less healthy food choices are often quick fixes, more convenient, or more appetizing. For example, a Toronto study demonstrated that people living closer to supermarkets bought more fresh fruits and vegetables than residents living further away -- and the new initiative is based, in part, on the results of this study. However, the fruit and vegetable consumers also bought more food that was unhealthy for them than those living further away.⁸

The question then is what guides people's desire for certain foods besides proximity and availability? What factors lead to the consumption of more fruits and vegetables and what will lead to less consumption of foods contributing to diabetes, heart disease, and obesity?

The Many Aspects of Poor Diet

According to a study done by T. Furst, people make food choices based on three factors, which they call life course, influences, and personal system⁹. *Life course* refers largely to the effects of experiences people have had with food in the course of their lives. An example, cited in the study, of someone influenced by *life course* when choosing food is taken from an interview with an elderly man: "I was in the army years ago. When you ate in the army, you were really hungry and you barely looked sometimes at the food. You just took some of everything."

Influences are made up of individual ideals and personal factors that emerge in the different contexts in which food is consumed. Ideals appear to influence how people make the distinction between what they believe they *should* be doing as opposed to what they ought to do. For example, some people think they should be eating in a healthier way, but have many reasons why they can't -- they cite the taste of food, how much time it takes to prepare or eat, convenience, cost, and so on. Or they think certain foods *should* be eaten in certain ways and don't want to deviate from them; potatoes, for example, *should* be eaten with sour cream and butter (even if the sour cream and butter are unhealthy).

Personal systems have to do with previous patterns of behavior that have become habitual and that lead people to follow priorities other than personal health. An example of someone influenced by *personal systems* is a person who has to buy food based on the relationships of their family with food. Family members may have food preferences that are not the healthiest but are dictated by vulnerability to food allergies, lack of resources, or the ease of cooking for a large group.¹⁰

This study, which is similar to many others carried out by public health researchers, suggests that if people are to make full use of the new fruit and vegetable carts and get their full benefit, the program has to be integrated in their social milieu, consciousness, and ways of living.¹¹

How do policy makers affect people's eating habits when food is so intimately tied in with peoples' ways of life and not just their nutritional choices? They need to look at broader environmental interventions comprised of strategies that reach people by influencing not only the availability of healthy food, but also access to information for making healthy food choices, and nutrition education.

But education by itself, like the Carts by themselves, will not be effective unless it is combined with other strategies. For example, Glanz and Mullis reviewed various programs and found that those that simply provided literature in supermarkets on the healthfulness of foods did not have a large influence on food selection. Similar results were found by Wechsler et al in their review of programs that posted cues to buy more healthful products near snack machines.¹² However, more interactive programs incorporated into workplaces and schools, which included a nutrition point system or games and competitions advocating healthy eating and exercise, were more effective.¹³ In the article by Wechsler et. al. on the use of school environments to promote healthy eating and physical activity, the authors show that by using competition and rewards, students excelled more in gym class. They also found that by combining education sessions, taste tests, and incentives, students increased their low fat milk consumption from 25 to 57%.¹⁴

In order to incorporate fruits and vegetables into people's eating routine, social framework, and consciousness, addressing things like taste and community involvement should be a priority. For example, in addition to the Green Carts, the initiative could include cooking demonstrations as well as free samples of healthy food. Schools and workplaces could be made aware of the Green Carts and could get involved by providing the environmental support for healthier eating as well. A nutritionist could visit the carts from time to time, providing more direct guidance and support. The owners of the pushcarts could also be given pamphlets or information packets to distribute which could include recipes, health statistics, symptoms of healthy eating versus unhealthy eating, and strategies for how to manage time and cooking.

If the Green Carts are part of a wider strategy including education and other measures, perhaps it will be easier for everyone to support, even the existing food retailers, because it will increase the overall demand for healthy foods, creating more and not less business for store owners and supermarkets.

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- ¹ Testimony of Thomas R. Frieden, MD, MPH, Commissioner of the NYCDOH before the NYC Council Committee on Consumer Affairs regarding Intro. 665: Green Carts Proposal. 1/31/08.
- ² Graham R, Kaufman L, Novoa Z, Karpati A. *Eating in, eating out, eating well: Access to healthy food in North and Central Brooklyn*. New York, NY: New York City Department of Health and Mental Hygiene, 2006.
- ³ ‘Green Carts’ Will Increase Access to Healthy Foods, Improving the Health of an Estimated 75,000 New Yorkers: Proposed Amendment to the New York City Administrative Code, 2008.
- ⁴ Testimony of Thomas R. Frieden, MD, MPH, Commissioner of the NYCDOH before the NYC Council Committee on Consumer Affairs regarding Intro. 665: Green Carts Proposal. 1/31/08
- ⁵ Physical Activity and Nutrition: Health Bucks. New York City Department of Health and Mental Hygiene
- ⁶ “Ill Gotten Fruits,” 2/26/08. <http://momandpopnyc.blogspot.com/2008/02/ill-gotten-fruits.html>
- ⁷ ‘Green Carts’ Will Increase Access to Healthy Foods, Improving the Health of an Estimated 75,000 New Yorkers: Proposed Amendment to the New York City Administrative Code, 2008.
- ⁸ Creatore, Maria; Ross, Kelly; Gozdyra, Peter; Glazier, Richard; Tynan, Anne-Marie *Diabetes in Toronto* Institute for Clinical Evaluative Sciences. 2007, pp. 186-196.
- ⁹ Furst, T. et. al. « Food Choice: A Conceptual Model of the Process,” *Appetite*. Vol 26, issue 3 pp. 247-266, 1996.
- ¹⁰ *Ibid.*
- ¹¹ Karen Glanz and Rebecca M. Mullis. “Environmental Interventions to Promote Healthy Eating: A Review of Models, Programs, and Evidence,” *Health Educ Behav*. 15, 1988, 395.
- ¹² Howell Wechsler, Ed.D., M.P.H., Randolph S. Devereaux, A.B., Margaret Davis, M.D., M.P.H., and Janet Collins, Ph.D., “Using the School Environment to Promote Physical Activity and Healthy Eating,” *Preventive Medicine*. 31, 2000, S121–S137.
- ¹³ Karen Glanz and Rebecca M. Mullis. “Environmental Interventions to Promote Healthy Eating: A Review of Models, Programs, and Evidence,” *Health Educ Behav*. 15, 1988; 395.
- ¹⁴ Wechsler, et al., *op. cit.*