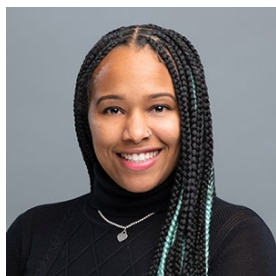


Failure to Eliminate Food Deserts Has Costs

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Project Focus: Addressing food disparities through nutrition education and hands-on cooking classes

Project Site: Harvey Brooks Foundation

Why have we as a society failed to pass laws that eliminate food deserts? Doing so would not only lower disparities related to food access, but also indirectly reduce diet related illnesses like heart disease, obesity and diabetes. A food desert is a neighborhood where people have limited or no convenient access to affordable, fresh, and healthy foods—such as fruits, vegetables, and whole foods—often because there are few or no nearby grocery stores.

As a Doctor of Nursing Practice student and an Albert Schweitzer Fellow focused on health equity and community-based prevention, I have seen firsthand how limited access to healthy food perpetuates chronic disease in underserved communities. Food deserts are not an abstract policy failure—they are lived realities that shape daily health decisions, disease trajectories and life expectancy.

While The Healthy, Hunger-Free Kids Act of 2010, USDA Smart Snacks in School Standards, and Illinois Administrative Code (23 Ill. Admin. Code §305) carefully regulate what children eat in schools on the federal and state level, the Illinois' Cannabis Regulation and Tax Act and Chicago's zoning ordinances control how close liquor stores can be to campuses and how many cannabis dispensaries operate in a neighborhood—there are still no policies that limit the number of fast-food chains or

encourage grocery and fresh produce stores. This gap impacts millions of families every day.

A recent peer reviewed study of 3,108 U.S. counties found that exposure to food deserts and a high number of fast food outlets were positively associated with obesity and diabetes. In regions already burdened by these diseases, unhealthy food environments exacerbate public health crises.

Another study presented at the American Heart Association's 2022 conference revealed that individuals with peripheral artery disease who lived in food deserts had a 17% higher risk of heart attack, stroke or early death compared to those living in areas with adequate food access. These people face severe cardiovascular outcomes—all because they can't access affordable, nutritious food.

The consequences of inaction are not abstract. Real families skip fresh produce to afford packaged convenience foods. Communities face preventable chronic illnesses due to systemic neglect.

Why? It comes down to economics and zoning: fast food restaurants provide inexpensive meals, while supermarkets and produce vendors face high startup costs, zoning barriers and low profit—especially in low income neighborhoods, where grocery stores struggle to break even. Without intentional policy, capital gravitates toward unhealthy food options.

We already regulate other areas of public health—why not food access? Here’s what legislation could accomplish:

- Cap fast food density in vulnerable ZIP codes by limiting new outlet permits.
- Provide incentives (tax breaks, grants, fast-track permitting) for produce markets and full-service grocery stores in underserved areas.
- Tie federal funding to zoning reform, encouraging cities to rezone land for healthy food access.
- Support mobile produce vendors, farmers’ markets, and urban agriculture—boosted by expanded SNAP benefits and public outreach.

These proposals aren’t revolutionary—they build on policy tools we already use for alcohol, tobacco and school nutrition. But by applying them to food deserts, we can begin dismantling the barriers preventing equitable access to healthy food.

If we’re serious about health equity, we must address access to fresh foods. With new evidence showing the direct links between food access and chronic disease, policymakers have no excuse. It’s time to legislate for justice and public health, not just convenience.

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