



**Maryland
Public Health
Association**

Mission: *To improve public health in Maryland through education and advocacy*

Vision: *Healthy Marylanders living in Healthy Communities*

HB617: Prince George's County – Alcoholic Beverages – Licenses for Supermarkets

Hearing Date: February 19, 2021

Committee: Economic Matters

Position: OPPOSE

On behalf of the Maryland Public Health Association's (MdPHA) Alcohol & Tobacco Network, we would like to thank you all for your work to establish alcohol regulations that will keep our youth and communities safe. We are opposed to and offer considerations for HB617, which would expand alcohol sales to certain supermarkets in Prince George's County that would be located in food deserts or food swamps.

In the vein of HB996, which would expand alcohol sales in grocery sales across the state, MdPHA is disappointed and a little confused on how expanding access to alcohol can be promoted as a solution to food deserts (i.e., a dearth of healthy foods) or food swamps (i.e., an overabundance of poor quality and junk foods). Our members have worked on numerous bills and community interventions to address food deserts, nutrition, and reduce obesity over the years, legislation stemming from scientific study and evaluation. Much of the research comes from our own experts at academic centers such as University of Maryland, Towson, and Johns Hopkins or from local community advocacy organizations working to increase urban farms; strengthen nutrition standards in public schools; or require only milk, water, or 100% juice instead of soda in kids' meals, to name a few.

Specifically, in 2020, MdPHA joined Sugar Free Kids, the American Heart Association-MD chapter, the Prince George's County Food Equity Council and other organizations to support the PG county council in passing **the most comprehensive kids' meal bill in the entire country**. It is through progressive and thoughtful efforts like this that our communities become healthier and provide residents with better positive choices.

We are unaware of any research or case studies that demonstrate expanding alcohol sales in supermarkets leads to alleviation of food deserts or food swamps.

What the literature does show, however, is that resource-poor and minority communities frequently have an excess of alcohol outlets compared to better resourced communities. One place this is demonstrated is Baltimore City, where there is a "liquor store on every corner," according to city residents.

Finally, it is important to understand the social and psychological structure of a food desert and what happens when you intervene. Logically, the idea has been that if you put a grocery store in a food desert, people will now have access to healthy foods and overall population health will improve. That has not exactly played out in practice as a standalone intervention. Some research has found that while

people will use the new grocery store, frequently their shopping habits will not change. In other words, they are now buying low-quality foods closer to home.^{1,2}

We unequivocally agree that many of our neighborhoods need high quality grocery outlets with affordable food, but this should also be part of a multi-layered approach that includes, for example, nutrition education beginning in childhood, higher taxes for junk foods and sugary beverages, and consistent coverage by Medicaid for ongoing dietitian services. In public health, we often use a socioeconomic model to guide much of our research and development of programs and interventions (Figure 1). This recognizes that individual health is encased in multiple levels of influence, from genetics to family to community to society overall. It helps to think about how to change the environment that individuals act within. Most of the time, intervening on multiple levels is what leads to more successful and sustainable change over time.

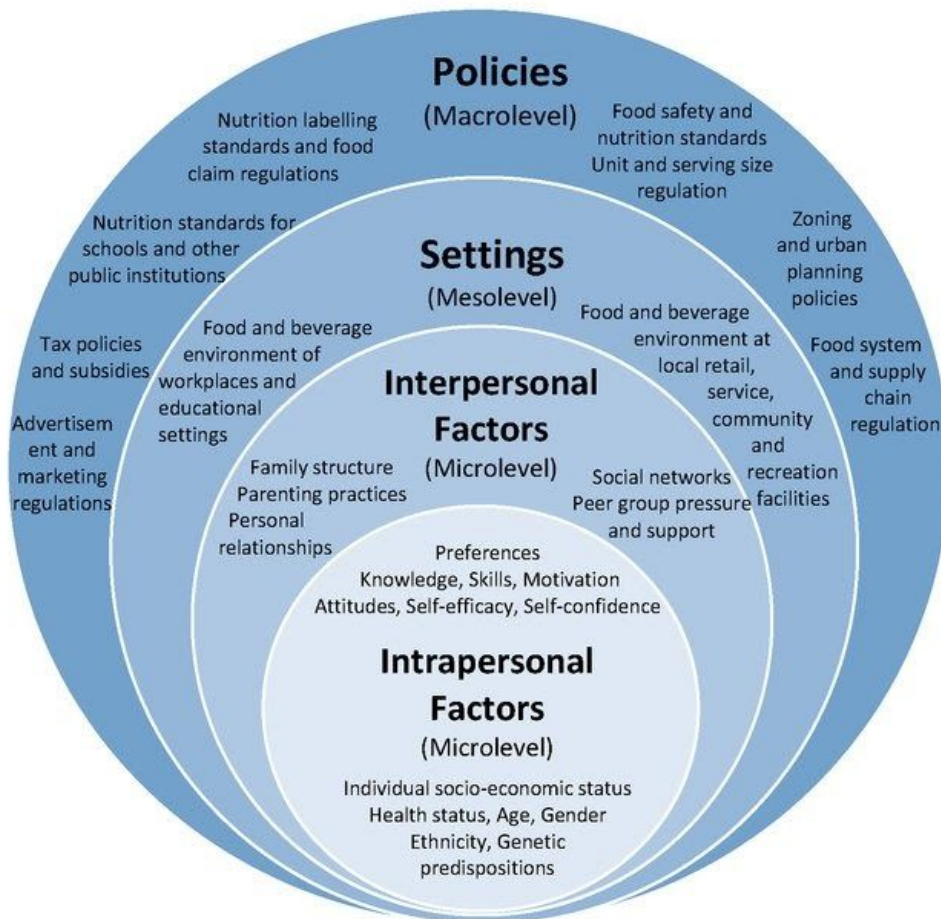
Finally, MD Code, Alcoholic Beverages, Section 1-308 (effective January 1, 2021) states that "The [Alcohol and Tobacco] Commission shall develop best practices for: (8) the development of a public health impact statement for all changes to the State alcoholic beverages laws. We urge the PG Delegation to study the impact of increasing alcohol outlet density in the target areas and how this may contribute to overall health of the community. If this has already been done and there is evidence to the contrary, we respectfully request access to this information.

We urge considerable additional discussion on HB617.

¹ Levi, R, Paulson, E, and Perakis, G, Fresh Fruit and Vegetable Consumption: The Impact of Access and Value (September 16, 2020). MIT Sloan Research Paper No. 5389-18, Available at <http://dx.doi.org/10.2139/ssrn.3691925>

² Allcott, H, Diamond, R, Dubé, J, Handbury, J, Rahkovsky, I, Schnell, M. 2019. Food deserts and the causes of nutritional inequality, *The Quarterly Journal of Economics*, 134(4):1793–1844, <https://doi.org/10.1093/qje/qjz015>

Figure 1. Socio-economic model, Adapted from CDC³



MdPHA is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education efforts and advocacy of public policies consistent with our vision of healthy Marylanders living in healthy communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 150-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our nation.

³ von Philipsborn P, Stratil JM, Burns J, Busert LK, Pfadenhauer LM, Polus S, Holzapfel C, Hauner H, Rehfues E. Environmental interventions to reduce the consumption of sugar-sweetened beverages and their effects on health. Cochrane Database of Systematic Reviews 2019, Issue 6. Art. No.: CD012292. DOI: 10.1002/14651858.CD012292.pub2.