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Policy Solutions To The 'Grocery Gap'

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ABSTRACT In 2001 the Food Trust, a nonprofit organization committed to ensuring access to affordable, nutritious food, focused attention on the lack of access to healthy foods in Philadelphia by creating food access maps and convening a task force. The campaign led to the creation of a statewide initiative that to date has funded seventy-eight fresh food outlets in Pennsylvania, increasing food access for 500,000 children and adults. This success has led to interest from other states and the federal government in expanding the initiative. Here we present the Food Trust's five-step framework for increasing access to fresh, healthy food in other locales.

The Food Trust is a nonprofit organization committed to ensuring that everyone has access to affordable, nutritious food. In 2001 it began to focus attention on the problem of supermarket access in Philadelphia, documenting the connection between the lack of supermarkets and deaths from diet-related disease.¹ These findings sparked Philadelphia City Council hearings and the formation of the Food Marketing Task Force, a diverse group of local leaders who came together to create policy recommendations to address the so-called grocery gap.

A visionary state representative from Philadelphia, Dwight Evans, championed the notion of addressing the gap at the state level. This led to a statewide Supermarket Campaign—a strategic advocacy effort—which in turn led to the creation of the Pennsylvania Fresh Food Financing Initiative (FFFI), with a commitment of \$30 million from the commonwealth between 2004 and 2006.² The initiative is now a \$120 million public-private partnership that has funded seventy-four fresh food outlets throughout the state, increasing fresh food access for 500,000 children and adults.³

The rationale for this campaign and its expansion

stemmed from two sources: first, a growing base of evidence that showed disparities in the location of supermarkets based on income and race;⁴⁻⁶ and second, a concern about growing rates of obesity, heart disease, cancer, and other diet-related diseases.

Research shows that consumers without ready access to supermarkets have more difficulty finding fruit and vegetables in their neighborhoods and pay more for these and other basic food items, compared with consumers who have access to supermarkets.^{4,5} Furthermore, a number of studies demonstrate that residents with supermarkets in their neighborhoods are more likely than those lacking supermarkets nearby to eat more fruit and vegetables,⁶ to have a healthy body weight,^{7,8} and to have a longer life span.⁹

Recommendations by the Centers for Disease Control and Prevention (CDC)¹⁰ and the Institute of Medicine (IOM)¹¹ support the development of supermarkets in underserved areas to prevent childhood obesity and related health problems and to stimulate economic revitalization.^{12,13} A 2009 study by the U.S. Department of Agriculture (USDA) found that 23.5 million people living in low-income areas lack access to a supermarket within a mile of their home and that 68 percent of low-income residents live in areas

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with limited or no supermarket access.¹⁴

This paper describes the process undertaken to establish policy supporting supermarket development in Illinois, Louisiana, and New York based on the Pennsylvania model. It also describes progress being made toward a national policy.

Pennsylvania's Initiative

The Food Trust developed a framework to describe the stages involved in translating and reproducing the Fresh Food Financing Initiative in locales beyond Pennsylvania. This model was initially crafted from the Pennsylvania experience and a literature review.¹⁵ It evolved as a result of experiences in Illinois, Louisiana, and New York. The process is divided into five phases, represented in the process framework diagram in Exhibit 1.

The process framework grew out of detailed notes from biweekly team meetings; in-depth interviews with project staff; stakeholder meeting notes; and staff journals that documented activities, challenges, and strategic decisions. We examined all documents, including minutes and agendas, contact notes, proposals, presen-

tations, and reports. The phases described below are not strictly linear and did not always occur chronologically.

Phase 1: Prepare And Inform

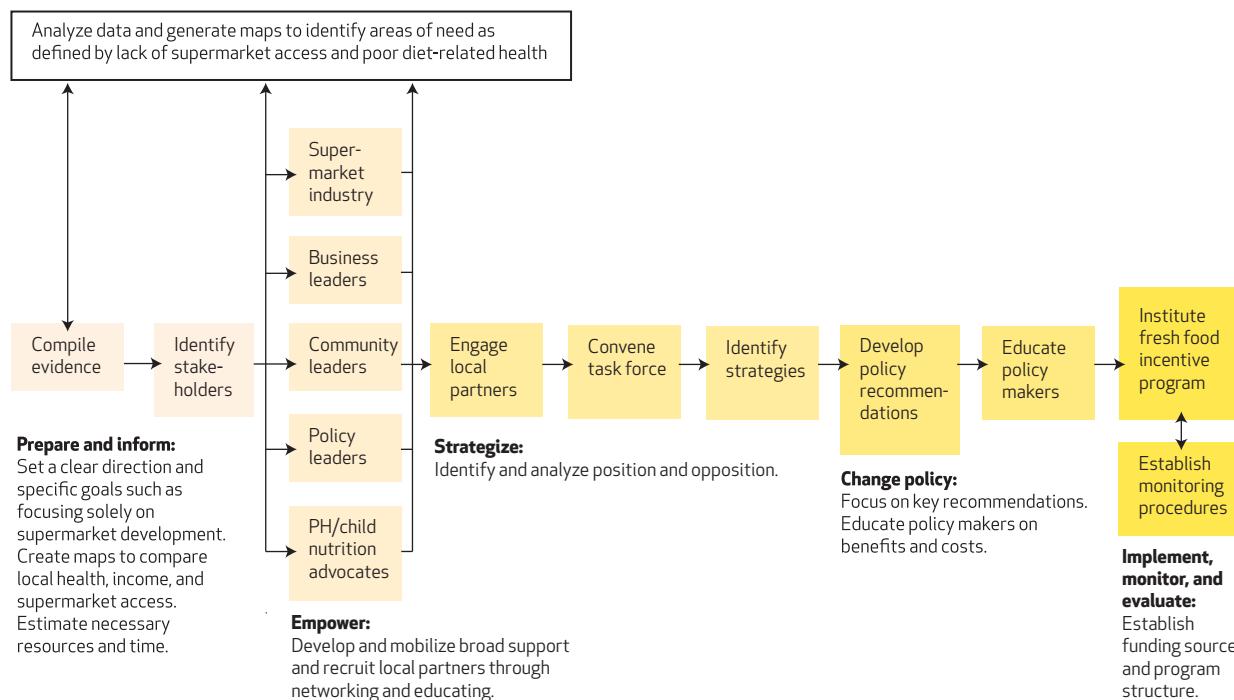
The preparation phase laid the groundwork for the Supermarket Campaign, including research and mapping to demonstrate the need for increased fresh food access in the target state or locale. Other activities not described here include staffing and fundraising for advocacy work.

SUPERMARKETS AND HEALTH: PREPARING A SCIENTIFIC EVIDENCE BASE The Food Trust conducted local and national research on the issue of supermarket access before replication efforts began. Research included a review of published and so-called gray literature sources (publications, often scientific or technical, issued by government, academia, business, and industry and not available through traditional databases or indexes).

A preliminary assessment of need included an examination of the number of supermarkets per capita and information about disease burden or health indicators in each locale. Generally, the

EXHIBIT 1

Process Framework For The Supermarket Campaign And Fresh Food Financing Initiative Replication



SOURCE Authors' analysis. NOTE PH is public health.

Food Trust considered states to have a higher level of need if they met two criteria: first, that they had fewer supermarkets per capita than the national average (1.16 supermarkets per 10,000 residents in 2006, based on proprietary Trade Dimensions data); and second, that they demonstrated rates of obesity or related diseases above the national average, such as a three-year average overweight and obesity rate of 59.4 percent between 2002 and 2004, according to the CDC's Behavioral Risk Factor Surveillance Survey.

MAPPING In addition, the Food Trust and local partners created maps as a tool to communicate the problem of fresh food access to policy makers and to demonstrate the need for action. Experts at local academic institutions, such as Loyola University in Chicago and Columbia University in New York, were contracted to document the coexistence of grocery store gaps, diet-related health outcomes (the indicator we used is diet-related deaths), and low-income areas, using Geographic Information Systems (GIS) software. In total, six maps were produced as part of a report for each location.

The first maps in each report depicted the locations of supermarkets and their sales volumes. Subsequent maps added layers of information such as population density and the proportion of residents dying from diet-related causes. Ultimately, the maps revealed the most vulnerable locations where residents had no or few supermarkets, low incomes, and high rates of diet-related deaths. Sample maps from the Illinois campaign are provided as Exhibits 2 and 3.

Phase 2: Empower

The empowerment stage involved engaging a wide range of local stakeholders and leaders.

CASTING A WIDE NET: BROAD INITIAL OUTREACH The Food Trust worked to unite leaders from diverse sectors around the goal of improving children's health and reducing skyrocketing obesity rates. Leaders included children's advocates, public health and economic development practitioners, supermarket industry executives, government officials, and civic-sector leaders.

In Illinois, Louisiana, and New York, the Food Trust staff conducted an analysis of all major stakeholders and relevant governmental, programmatic, and research activities related to health and food access. Analyses included extensive networking via outreach phone calls to local supermarket industry representatives, nonprofit agencies concerned with children's health, and governmental bodies such as health departments and academic institutions. Four meetings were held to gauge stakeholders' knowledge of the connection between supermarkets and

health, the existence of underserved communities, and existing local research or activities focused on closing the food access gap.

Our approach to engaging each of these sectors varied. For example, staff emphasized data on job creation to engage economic development officials. To engage health and children's advocates, we shared studies that connected supermarket access with improved diet.

NARROWING THE FIELD: IDENTIFYING LEADERS In each state, the Food Trust partnered with one or more local organizations to convene a multi-sector task force, including thirty to thirty-five task force members and two cochairs. The local partnerships were critical to facilitating work on the ground, such as identifying task force members, co-convening the task force, providing logistical support, and helping navigate the local political context.

The supermarket industry was an important and consistent partner, as was each state's supermarket association. Other partner organizations included academic, government, or community-based organizations. In Illinois we engaged a community-based organization, Voices for Illinois Children, as a partner and worked with two industry groups, the Illinois Food Retailers Association and the Illinois Retail Merchants Association. In Louisiana we partnered with the academically affiliated Prevention Research Center of Tulane University and with the Louisiana Retailers Association. In New York our partners included the New York City Food Policy Coordinator, the Food Bank of New York City, and the Food Industry Alliance of New York State.

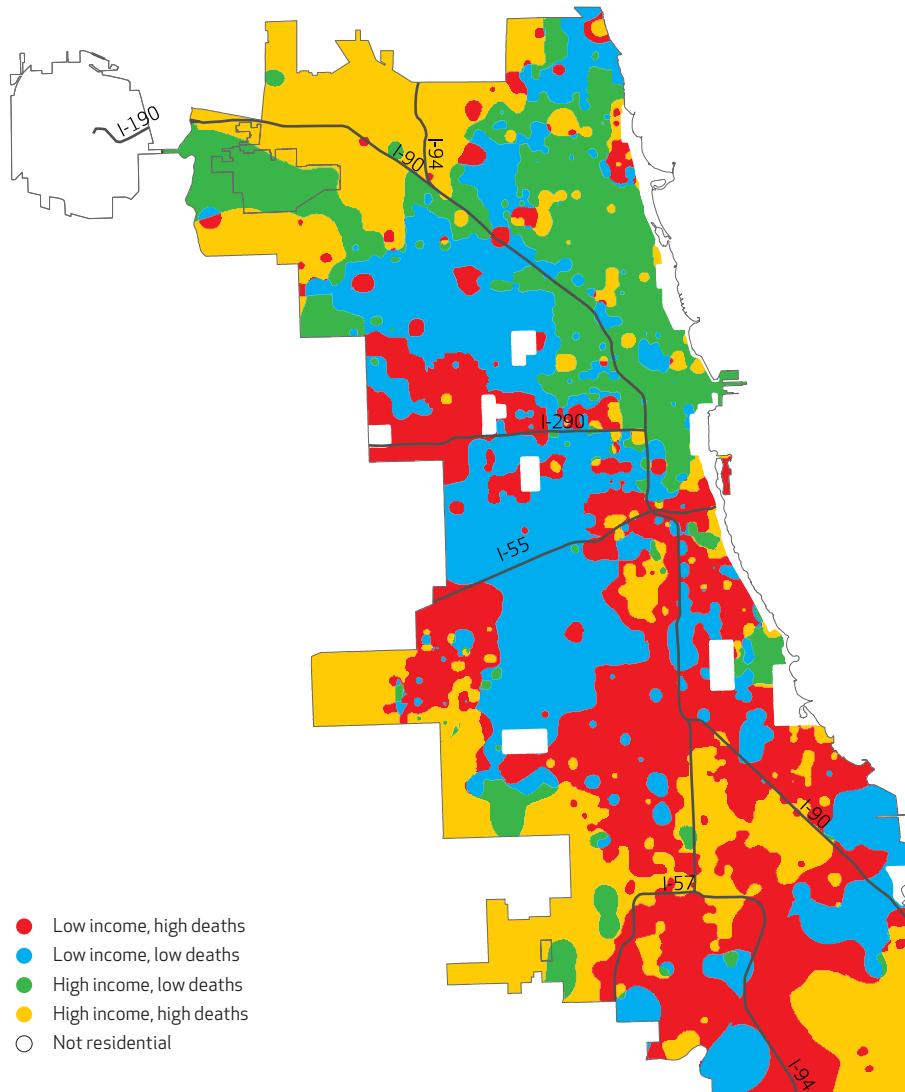
Project staff and local partners worked together to identify appropriate task force members. Ultimately, members included thirty to thirty-five widely respected, high-level leaders from the supermarket industry, government, public health, children's advocacy, economic development, financial, and civic sectors. The group was large enough to allow diverse, multi-sector representation but small enough to allow meetings to be effective and participatory.

The task force was led by two cochairs (one representing the supermarket industry and a second, the civic sector) who were selected by the Food Trust and partner organization staff. The industry cochair provided a grounded connection to the challenges faced in locating markets in underserved areas. The civic cochair ensured that task-force members heard the community perspective and bridged the gap between sectors. Cochairs were highly respected leaders with strong facilitation skills and a clear commitment to the issue.

Facilitating task-force meetings was often a

EXHIBIT 2

Income And Diet-Related Deaths In Chicago, Illinois



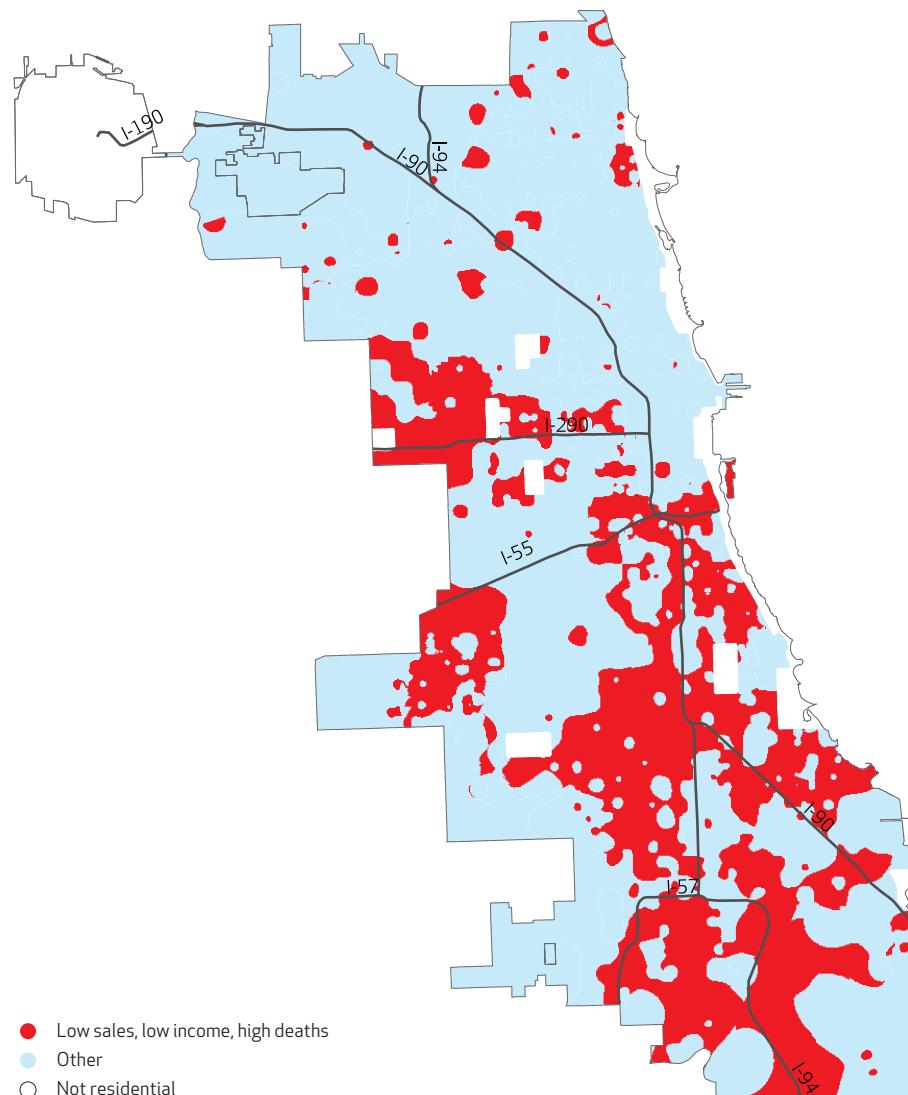
SOURCE Food Trust. The need for more supermarkets in Chicago. Philadelphia (PA): Food Trust; 2009. **NOTES** This map is the fifth in a sequence of maps that begins with where supermarkets are located and ends with a discussion of where they are not located. As the sequence of maps progresses, different variables are overlaid onto the maps to demonstrate the relationship between supermarket access, income, and health. The map shows the relative distribution of diet-related death and income across the city of Chicago. Of note are the areas in red, where low-income residents have the highest need for stores based on death rates.

delicate task, given the diverse interests in the room and the ambitious goals of the process. In New York, Jennifer Jones Austin, senior vice president of the United Way of New York City, cochaired the New York Supermarket Commission with Nicholas D'Agostino III, president and chief operating officer of D'Agostino Supermarkets. In Illinois, Deborah Harrington, president of the Woods Fund of Chicago, cochaired the Illinois Food Marketing Task Force along with Mark Anderson, president of Supervalu's Mid-

west/Southeast Region. In Louisiana, Natalie Jayroe, president and CEO of Second Harvest Food Bank of Greater New Orleans and Acadiana, cochaired the New Orleans Food Policy Advisory Committee with Jay Breaux, director of Breaux Mart Supermarkets.

Phase 3: Strategize

This phase involved coming to consensus around a specific set of recommended actions.

EXHIBIT 3**Income And Diet-Related Deaths In Chicago, Illinois: Areas With Greatest Need**

SOURCE Food Trust. The need for more supermarkets in Chicago. Philadelphia (PA): Food Trust; 2009. **NOTES** This map is the final map in the sequence and shows just the areas with greatest need. These areas, featured in red, are low-income areas with both low supermarket access (using supermarket sales as a proxy indicator) and high rates of diet-related deaths.

Task-force members committed to attending four meetings over the course of one year. Limiting the time commitment allowed inclusion of busy executives in task-force discussions. Although there were only four formal meetings, project staff and local partners worked between meetings to research issues and connect with stakeholders.

The first meeting laid the groundwork for the process, articulated evidence of lack of fresh food access including a presentation of the maps, and fostered discussion on the need for action and

the barriers to supermarket development.

The second meeting provided an overview of the supermarket development process and key barriers in underserved communities, with the focus shifted toward finding solutions, including case studies and development strategies. Barriers included lack of access to financing; higher costs for land assembly, construction, workforce training, and security in underserved communities; and complex regulatory environments. Presenters represented a variety of government agencies and organizations involved in the

supermarket development process, including local planning departments, city or state economic development authorities, the supermarket industry, and real estate development firms.

The third meeting included additional presentations and discussion on strategies for stimulating supermarket development, with the goal of crafting draft policy recommendations. The task force recommended strategies such as targeted financial and zoning incentives, modifications to existing economic development or workforce training programs, and regulatory changes. The need for a flexible financing program such as the Pennsylvania Fresh Food Financing Initiative emerged as a consistent recommendation.

At the fourth meeting, a final set of recommendations were approved and next steps were considered.

Phase 4: Change Policy

During the policy-change phase, recommendations moved from release by the task force to adoption by policy makers.

ISSUING POLICY RECOMMENDATIONS In each locale, the task force issued a final report that highlighted policy recommendations and was distributed to state and local policy makers, as well as to the media and the public.

EDUCATING POLICY MAKERS The Food Trust and local partners worked together to educate and engage policy makers about the recommendations. In all locales, task-force members and co-chairs held news conferences and testified at public hearings at the city or state level. In Louisiana, members of the Food Policy Advisory Committee also participated in a statewide Healthy Food Retail Study Group, which was created by the Louisiana State Senate in response to the committee's recommendations.

Phase 5: Implement, Monitor, And Evaluate

The campaigns have achieved policy changes at the city or state level in Pennsylvania, Louisiana, and New York. Illinois and New York have each invested \$10 million to create statewide financing programs—the Illinois Fresh Food Fund and the New York Healthy Foods, Healthy Communities Initiative, both modeled on the Pennsylvania Fresh Food Financing Initiative. At the city level, New Orleans invested \$7 million of federal Community Development Block Grant recovery funds to create the Fresh Food Retail Incentive Program, and New York City created the FRESH initiative to provide targeted financial and zoning incentives, such as real estate tax reductions,

The campaigns have achieved policy changes at the city or state level in Pennsylvania, Louisiana, and New York.

density bonuses, sales tax exemptions, and as-of-right development in manufacturing districts. In Louisiana, the Healthy Food Retail Act created a statewide program (the Healthy Food Retail Financing Program), but no funding has been allocated to date.

In Pennsylvania, the financing program is housed in the state's Department of Community and Economic Development and is administered through a public-private partnership including three nonprofit partners as follows.

The Reinvestment Fund, a visionary community development financial institution, leveraged the state funding three to one, creating a \$120 million financing program to provide grants and loans to develop fresh food retail. The Reinvestment Fund manages the granting and lending processes and provides technical assistance to borrowers and grantees.

The Food Trust works with the supermarket industry, developers, and communities to market the initiative and evaluates applications for financing to determine eligibility.

The Greater Philadelphia Urban Affairs Coalition is involved in projects to increase employment and contracting opportunities for women and minorities.

The partners report quarterly on program-related activities and outcomes. Indicators include the number of projects funded and dollars dispersed, square footage of project retail space, jobs created or retained, and residents served.

As of September 2009 the Pennsylvania Fresh Food Financing Initiative has committed \$59.7 million in grants and loans to seventy-eight projects across the state. These projects are expected to create or retain approximately 4,860 jobs and more than 1.5 million square feet of fresh food retail. The program has funded large and small projects (from 900 to 67,000 square feet) in underserved rural and urban

areas, including farmers' markets, cooperatives, public markets, and conventional supermarkets.

Scaling Up To The National Level

In 2009 efforts began to establish a national fresh food financing fund based on these state efforts. During the public debate over the 2008 Farm Bill, advocacy groups and legislators representing communities suffering from inequitable access to healthy food (such as Rep. Bobby Rush, who represents the South Side of Chicago) began to assert access to healthy food in the farm bill.

PolicyLink, a national research and policy organization, promoted a role for the Fresh Food Financing Initiative model and contacted the Food Trust to discuss national adoption. The Reinvestment Fund was brought in to provide financing and market research expertise. At present, the three organizations are working together to promote a national program.

Efforts include all of the elements in the state replication framework. The Prepare and Inform phase included conducting a review study of the more than 130 food access studies conducted in the United States during the past twenty years,¹⁵ preparing fact sheets describing the Pennsylvania Fresh Food Financing Initiative, and drafting a conceptual framework for a federal program. The Reinvestment Fund conducted a national analysis and found that nineteen million people live in low- and moderate-income areas that are underserved by full-service supermarkets and could support one or more new or expanded grocery stores.

The Empower phase involved extensive outreach, including efforts to educate members of Congress and federal agencies in charge of agriculture, housing and urban affairs, economic development, and commerce. The involvement and support of the food industry have also been critical. Outreach to garner grass-roots support has begun involving organizing and electronic advocacy. The Strategize phase is under way and will involve national stakeholder meetings in place of the task-force process.

As is true with the state efforts, activities unique to each phase have occurred simultaneously during the scaling-up effort. Educating policy makers, for example, has taken place throughout the process. In addition, political leaders are reaching out to learn about the Fresh Food Financing Initiative. For example, the initiative was the first local innovation spotlighted by the White House Office of Urban Affairs on its national tour to discuss a new vision for urban America in July 2009.

There is strong momentum for a national pol-

icy. In December 2009 thirty-two members of Congress from both political parties issued a resolution in the House recognizing the need for national policy to address limited access to healthy food in underserved communities. Legislation to create a national initiative was introduced in both the House and the Senate in February 2010. And the president's 2011 budget allocates \$400 million to a national healthy food financing initiative.

Lessons Learned

During the process, several lessons became apparent. We list them here, to enable others to gain from this project's experiences as they seek to replicate similar initiatives elsewhere.

ADAPT TO LOCAL CIRCUMSTANCES Strategies must adapt to local needs and opportunities. In Louisiana, for example, the rebuilding efforts after Hurricane Katrina provided an opportunity for city-level policy change, which represented a shift from the statewide financing program model. In both Louisiana and New York, promoting regional food systems was an important local priority. Task-force members structured recommendations to include incentives for farmers' markets and similar initiatives as well as supermarkets.

MAINTAIN FOCUS A focus should be maintained on fresh food retail. Such a relatively narrow focus enables task-force members to better understand the issue and achieve consensus around appropriate policy recommendations. Although some task-force members sought to broaden the scope, emphasizing this strategic focus and the success of the Pennsylvania campaign helped maintain momentum toward a single unifying goal.

Other priorities often can be tabled for future consideration. For example, some members in Louisiana wanted to address school food reform, but with strategic direction from the cochairs, the task force as a whole decided to focus first on achieving a first policy "win" around retail access to fresh food.

ENGAGE DIVERSE SECTORS It is critical to garner support from diverse political sectors around a single goal to achieve policy change. Our efforts brought together the public health and economic development camps, two sectors that have not traditionally worked together. Because we demonstrated that fresh food access promoted dual benefits—improved health and economic revitalization—it has been possible to leverage economic development resources toward public health purposes. These resources have included federal New Markets Tax Credits, which are available to those who invest in corporations

or other organizations that serve low-income communities; and Community Development Block Grant funding, which is administered through the federal Housing and Urban Development Department and which provides communities with funds to meet community development needs.

INCLUDE INDUSTRY Industry wants to be part of the solution. Supermarket industry leaders have interest in understanding the extent of the grocery-gap problem and its connection to health, and being a part of the solution to increase fresh food access in underserved markets. To date, the Food Marketing Institute, National Grocers' Association, and state and local industry associations have committed their support. The engagement and support of industry leaders has helped attract the attention of policy makers concerned with business and economic development priorities, who may not otherwise be involved with health or social justice issues.

NURTURE LOCAL EFFORTS Community-based organizations can influence public policy. The Supermarket Campaign emerged from an organization of ten staff members concerned about food access in local neighborhoods. The approach undertaken is one that small local agencies can undertake and champion.

CONDUCT MORE RESEARCH No longitudinal study has yet been conducted on the Fresh Food Financing Initiative. Yet early data suggest that it has improved access to fresh food in underserved communities and stimulated economic benefits, and that the Supermarket Campaign is replicable. Evaluation efforts to ensure that policy efforts are as effective as intended and to make midcourse corrections are also crucial.¹⁶ Finally, we recommend that future initiatives consider asking fund recipients to report data related to fresh food sales, access, or purchasing, to facilitate study of the impact of these interventions. ■

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