



Module 11: Food

Part 2: Supermarket Access

So what we're going to talk about now is really dive into the issue of supermarket access, thinking carefully both about how we began to mold a strategy to get the right people to the table to talk about what the problem was and also some of the successes and research that we are aware of to date.

So the Supermarket Campaign is the name that we gave to the strategy of bringing people together. People have been thinking about bringing people to the table for a long time, but what we did was really come up with a few critical criteria for what a reasonable set of expectations would be to really move the needle in a short period of time, to get the information we needed in order to move forward with the strategy. So what does that mean? That means we put together a strategy that included the leaders from the sector, so we wanted to see a multi-sector approach but at the same time we really wanted high level players who are able to clearly articulate what the problem was and potentially help to derive a solution.

We also really wanted to see that the meetings were sort of to a point and that we had a finite number of meetings. So we kept to three or four meeting strategy. It was four now and we figured out a way to make it three in some cases. Where we were able to hear from the experts, derive strategies or solutions to begin to get the public sector involved with solving the problem and then come to a consensus about what those solutions are.

So as we outline this process then the first phase we've called Prepare and Inform. And the goal there is to compile evidence. What is the state of the problem? In our case, we wanted to generate maps about where supermarkets were located, where they were not located, where people were suffering from high rates of diet related death and disease and where poverty was most prominent. And what we did then is come up with the nexus of those and described in a red zone the areas that were of greatest need.

Those greatest need maps then formed a clear picture of where the problem was and where the problem was too in terms of your town or your city and help to get the experts on the same page about what a strategy could be to move forward. We were able to get everyone to have a common understanding of the problem.



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In phase two we really talk about the stake holder piece. So this is really where the community advocates, the leaders, the economic development leaders, and certainly the grocery retail leaders, perhaps most importantly the grocery retail leaders came together in order to understand the problem and then identify some solutions.

So in phase three, where we're strategizing and developing recommendations, we have this task force that comes together. They're going to have just three or four meetings. They're going to identify what the barriers are. And what we did although it doesn't perhaps sound that unusual is really spend a lot of time asking industry what the challenges were and listening carefully to what the stakes were that they were up against in order to come back to the city and learn carefully and devise then carefully thought out recommendations for how best to ameliorate the barriers so that we could see progress and stores coming back. Then, eventually those barriers were flipped around into solutions and that became the policy recommendations that were developed.

In the fourth phase, we actually worked to change the policy. And so what happened is that the policy recommendations become the platform for moving the needle and educating the policy makers about what the problem is. And in Pennsylvania that ultimately resulted in a program, a \$120 million fresh food financing initiative program that was put forward to help grocers locate in underserved areas.

In Pennsylvania, the program resulted in aiding new or improved grocery stores. We saw a lot of retail space created. The image here is the new Fresh Grocer which is right down the street and jobs were also a big important part of this picture. So 5000 jobs were created and many residents, 400,000 on estimate were reached.

And we also saw the leverage of dollars so the \$120 million program in the state of Pennsylvania was really a partnership between the reinvestment fund, a community development financial institution which is termed a CDFI. Basically, a bank whose mission is to reinvest in communities. And so they received a \$30 million seed of money from the state which was given in three \$10 million dollar increments and from that they leveraged those dollars with private dollars resulting in this \$120 million fund but in addition we ended up with some other financiers coming to the table and really boosting the retail along corridors.

And when you have more retail and you have more jobs you have more tax revenue. So at the end of the day, we don't have a total number for how many dollars were leveraged but we do know from one case study in Philadelphia that the one store yielded a \$540,000 thousand increase in local tax revenue, so we can imagine what that would have created across 88 new stores.



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The program in Pennsylvania really formed a new idea for many people about how we could revitalize communities and at the same time benefit the health of Americans. There has been a number of other programs that we have worked with or have come into play nationally after the Pennsylvania Initiative was launched. New Jersey recently announced a \$20 million program. California now has a \$270 million program. Louisiana has a \$14 million program. In New York 30 million. New Orleans has the program. And Illinois has a \$13 million program. And we're seeing others coming on line or are expected to come on line thinking carefully about how they can do this in Colorado and Ohio and Maryland and Massachusetts may soon follow.

In California, the Fresh Works Fund is an interesting case study where we see the California Endowment really coming to the table with NCB capital impact, their CDFI. And other community and industry partners. And what they did was create this loan fund to bring grocery stores and farmers markets, other innovative forms of healthy food retail, so while we do call the supermarket campaign the supermarket campaign the reality is at the end of the day many retail formats have been able to benefit from this kind of program. So farmers markets, corner stores, even co-ops have also received funds from these kinds of mechanisms and in the case of the California Fresh Works Fund they're really seeking innovative forms of healthy food retail to be established and tried with dollars from the fund. At the same time too their interested in making sure the food retail is healthy not just solely through access to healthy food but also thoughtful approaches to say junk food free check out aisles or marketing ads also cigarette sales has been considered as we start to look at other approaches to healthy food.

And then of course we have a federal program. So the federal program is called The National Healthy Food Financing Initiative or HFFI. And when first lady Michelle Obama began her term as first lady, she really made it a priority to try and help all children across America become normal weight or solve the childhood obesity epidemic within a generation. And part of that of course is access to healthy and affordable food. The Healthy Food Financing Initiative's goal is to support the development of new and existing grocery stores and co-ops and farmers markets, other food retail, much like the other programs by providing grants, and tax credits and technical assistance to qualified applicants through a CDFI or a CDC that is a community development corporation. Again we're talking about not just one type of community but a variety of communities, urban, rural, low income, and underserved typically.

So the Healthy Food Financing Initiative, the federal program's goals are to improve public health, to create the jobs, spur economic development and to build more opportunities for farmers and ranchers and it's a partnership between the USDA, HHS, the Health and Human Services and also the Department of Treasury. To date, in fiscal year 2013 the budget request was \$285 million total across those three mechanisms and in 2012 we had \$32 million approved in treasury and HHS primarily.



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We have this interesting program moving forward. We know it's having benefits on the community in terms of establishing stores. We know that more people are having access to healthy and affordable food as a result and we also know that there are more jobs being created. But on April 17th 2012 a front page article was run in the NY Times that really called to question the approach.

One quote from the article that got a lot of attention was the one that's here "But if you're looking for what you hope will change obesity, healthy food access is probably just wishful thinking." And it really caused quite a stir across many policy makers, and programs, and foundations who were thinking carefully about whether or not they wanted to invest in this strategy. As a result created a new level of debate around whether or not this was a reasonable strategy.

So the big question became then should we bag it? Should we get rid of this access to affordable nutritious food as a strategy. I would argue that we absolutely should not.

So first I think that if we talk about helping people consume healthier and more affordable food what we really want to make sure is that they can find it. My point number one is that we've already acknowledged that this is part of a comprehensive approach. We have some evidence that it's working and at the same time I don't know what you would do without it. I think that it's one of the foundations of how we move forward in this conversation and it may not be the only approach that will work but I think it's an important part of a comprehensive approach.

Another key point is that we know that many Americans don't have affordable nutritious food nearby and so how would we solve obesity if that's the case. I think the third point is that there actually is some decent evidence to support this. It's not that there is an overwhelming amount of evidence as the article suggests to say that this is not working and in fact there's some challenges with doing the research that may actually contribute to some of those findings.

We've also touched upon the variety of benefits that we see from access to healthy food including economic development which if you'll remember from the pyramid is connected to jobs and poverty. So do we expect there to be magic when we put a super market in place? No we don't, but what we do expect is that we've created a new foundation for communities to move forward to promote health.



Many came out in defense of the approach and one quote that I found most moving was from Mari Gallagher who said "To my knowledge no one of any credibility has ever suggested that access was the entire solution or that anything involving the complicated relationship between diet and health is simple." And I think that has been echoed since. I'll also remind you that we recognize that it was part of a complex system and there the healthy food access strategy sits.

We do have some good evidence that this kind of strategy works. A couple of years ago I published with my colleagues at Policy Link, a report called The Grocery Gap and an updated report is forth coming but at the time reviewed all of the literature both gray and peer reviewed that had been published to date or at least what we could get our hands on looking at what we know about who has access to healthy food and why it matters. And what we found were a 132 studies which covered 20 years of research. Sixty-one of those were peer reviewed and seventy one were conducted by practitioners or policy researchers, local governments looking at the nature of the problem. And it's clear that there are absolutely disparities in access to healthy food and that there are links to consumption across a number of studies between where you live and what you eat.

I'll note that in our most recent iteration that hasn't been published just yet that we found since 2010, 171 studies for just those 2 years of research, so the amount of evidence that we have is really growing. If you think about in 20 years we only had 132 studies and in just the past 2 years we've had a 170 studies.

One study that is often cited that really helps people wrap their head around the connection between supermarket access and health is by Kimberly Morland and she published this in 2002 which talks about the intersection between race and ethnicity and fruit and vegetable consumption. And really what this study articulates is not just that we are able to see connections between fruit and vegetable consumption and super market access but also that the benefit may be more for those who are more disenfranchised.

So in this case, she looked at census tracks that were primarily African American or white and then looked at what happened when you added a supermarket, not prospectively, but when each supermarket when that same census track had one or more supermarkets. And what she found was that for the census tracks that were primarily African American, the difference in fruit and vegetable consumption was much higher than for each additional supermarket than it was for white census tracks and in fact the increase of fruit and vegetable consumption was 32% for the African American Census tracks while it was only 11% increase for each supermarket for the white census tracks.

When we think about how this research is being conducted this is often where the rubber meets the road. So right now what we have primarily are cross sectional designs that is data that looks at a broad spectrum of cities or states at the



same place and the same time thinking about who has access to a supermarket and who doesn't and what they're reporting in terms of their consumption. What we don't really have are comparison group designs or natural experiments that talk about what happens if you put a supermarket into a neighborhood that was formerly underserved. And really the calls are for more of this type of research that allows us to prospectively understand what the impact of a new supermarket is on a community's health.

In California there is a large study underway that we're involved with looking at a range of outcomes but again this is not a prospective study. This is really thinking about what self reported consumers are... it's a little bit of a prospective study but, what consumers are reporting in terms of how their consumption patterns have changed after a store is built. We don't have the benefit of those consumers however before the store was built.

So what we know about research is that it can be messy. The devil is often in the details and details can be difficult to parse out when you have large samples. So one challenge we see is with storing numeration. So in this example we have a brother supermarket that has one register and it however is doing quite a bit of business. So typically a supermarket is defined as doing \$2 million worth of business or more and in many data sets this is a great example of what a researcher might get and have to be able to make sense of and decide what is or isn't a store. And you could imagine if you were doing this across a state it can be very difficult to effectively tease out which stores are really supermarkets that are providing access to a variety of products and which stores may be a corner store in disguise.

Another issue we grapple with is store quality. I have talked to a number of people across the country about what their local store looks like and often I hear tales of smelly stinky stores, places that are dirty that would technically qualify as a supermarket but aren't places that people really want to shop.

We also see problems with respondent bias. And this is obviously isn't unique to this kind of research but I think as we're interpreting results it's important to think about really who responds to ongoing longitudinal studies and whether or not those folks are indeed representative of the community at large.

I think as we do work in low income communities and communities of color what we find is that the struggles are hard and if you're asking someone who has a number of challenges in their life to respond to a survey now and in six months and nine months from then, the tactics that you have to use in order to ensure that that person receives the information and is motivated to respond may be different than what you need for someone who's not enduring such challenges. And so we do see lower response rates for these kinds of studies and also an acknowledgement that the data may skew



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upper income, upper education, maybe even older if you have the case of land lines where you're calling people to get their feedback of how their behaviors might change.

The next part that we'll talk about is healthy corner stores, thinking about how corner stores provide access to food in communities.