BACKGROUND

This report is the work of Cincinnati's Food Access Task Force, established by City Council to address a problem brought to Council's attention by the Center for Closing the Health Gap (CCHG) (www.closingthehealthgap.org). Founded by former Cincinnati Mayor Dwight Tillery, CCHG is a Cincinnati-based non-profit organization whose mission is "to lead the efforts to eliminate racial and ethnic health disparities in Greater Cincinnati through advocacy, education and community outreach."

As authors of the motion establishing the Food Access Task Force, Vice Mayor David Crowley and Councilmember Laketa Cole, Chair of the Neighborhoods and Public Services Committee, served as the group's first honorary co-chairs. They also appointed members* from 14 interested organizations, including CCHG, the Avondale Community Council, Cincinnati Children's Hospital Medical Center and the Kroger Company. The co-chairs also named CCHG as the lead organization within the Task Force.

"We further move," the Council motion reads, "that the Food Access Task Force function as a pilot program, focusing on the communities of Avondale and Walnut Hills in its initial year of implementation." The motion goes on to describe the purpose of the task force as follows:

_The purpose of the Food Access Task Force is to address the disparity that exists between lower income communities and higher income communities regarding access to quality and healthy food supplies. Specifically, the Task Force is needed to locate innovative solutions and national best practices that have been used to eliminate this disparity. The Task Force is further needed to recommend those practices that can be replicated with success in Cincinnati’s communities._

This report accomplishes three specific objectives assigned to the Task Force by Vice Mayor Crowley and Councilmember Cole:

1. Assess the needs of low-income communities related to the disparity in access to healthy foods
2. Identify innovative solutions and national best practices currently deployed against the problem
3. Make policy recommendations to City Council that will redress disparities in access to healthy foods

*Task Force Members

Renee Mahaffey Harris, CCHG (Co Chair); Daniel Oerther, University of Cincinnati (Co Chair); Patricia Milton, Avondale Community Council; William Witten, Avondale Business Association; Rev. Clarence Wallace, Avondale Coalition of Churches-Carmel Presbyterian Church; Ozie Davis, Avondale Do Right! Campaign; Sean Rugless, Greater Cincinnati - Northern Kentucky African American Chamber of Commerce; Teressa Adams, Cincinnati Children’s Hospital; Jason Kershner, Cincinnati USA Regional Chamber; Stacy Wegley, Hamilton County Public Health; Brenden Cull, The Kroger Company; Linda Woods, The University Hospital; Sheila Posey, Uptown Consortium; Monica Hampton, Walnut Hills-Evanston Health Center; Mel Williams, Walnut Hills Do Right! Campaign
INTRODUCTION

Why is the ratio of fast food outlets to retailers of healthy food so much higher in Avondale than in Hyde Park? Both are densely populated urban neighborhoods with a strikingly similar number of residents, yet a drive through each community reveals a pronounced difference in access to healthy food.

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Population</th>
<th>White (%)</th>
<th>African-American (%)</th>
<th>Male/ Female (%)</th>
<th>Median Age</th>
<th>Median HH Income</th>
<th>Avg. Home Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyde Park (45208)</td>
<td>17,286</td>
<td>91</td>
<td>1</td>
<td>46/54</td>
<td>35.1</td>
<td>$88,780</td>
<td>$220,300</td>
</tr>
<tr>
<td>Avondale (45229)</td>
<td>17,912</td>
<td>14</td>
<td>83</td>
<td>47/53</td>
<td>35.2</td>
<td>$20,741</td>
<td>$107,900</td>
</tr>
</tbody>
</table>

Source: www.neighborhoodlink.com

Home to stores of two national grocery chains and a weekly farmer's market open from June through October, Hyde Park is an idyll of access to fresh, healthy food. Avondale, on the other hand, is what health researchers call a food desert, a community with limited access to healthy foods and a disproportionate number of fast food outlets. Food deserts tend to be low-income communities where residents' access to healthy food is limited by one of three factors:

1. The absence of a full-service grocery store in the community (Aldi's closed its Avondale store in 2008.)
2. Lack of transportation among residents, making it difficult to shop in other communities
3. Limited nutrition knowledge among residents, constraining their ability to make healthy food choices

What's more, residents of food deserts like Avondale suffer long-term health consequences as a result of disparities in access to healthy food. Chief among these health consequences are obesity and diabetes. According to "Designed for Disease," a 2008 report from PolicyLink, a national research institute, "People living in neighborhoods crowded with fast-food and convenience stores but relatively few grocery or produce outlets have a significantly higher prevalence of obesity and diabetes."

Impact On Children

As the Center for Closing the Health Gap (CCHG) has pointed out, children in these affected neighborhoods deserve special attention. Citing the rapid rise in childhood obesity, the Robert Wood Johnson Foundation (RWJF) noted in a July 2009 report F as in Fat, "the childhood obesity epidemic is putting today's youth on course to potentially be the first generation to live shorter, less healthy lives than their parents."

In January, RWJF provided grants to 21 coalitions across the country, including one in Cincinnati led by CCHG. The shared objective is to fight childhood obesity by using community advocacy to increase access to healthy foods. RWJF agreed that Cincinnati's Avondale community is a textbook local example of this national problem. The news release announcing RWJF's grants explains, "The Foundation places a special emphasis on reaching children at greatest risk of obesity: African-American, Latino, Native
American, Asian-American and Pacific Islander children and children living in low-income neighborhoods or neighborhoods that have limited access to affordable healthy foods...

Community advocates are galvanized by this disparity in access to healthy food because they recognize it as a serious – but reversible – community health issue. The persistence of food deserts triggers a sequence of negative outcomes for residents of these underserved communities, including increased obesity and diabetes among children and adults, followed ultimately by higher mortality rates. Echoing the RWJF report, the authors of a 2009 report on childhood obesity from the Institute of Medicine and the National Research Council of the National Academies, wrote "There is no more sobering thought than the growing consensus that the life expectancy of many of today's children will be less than their parents' because of the impact of early and continuing obesity on their health."

Advocacy Not Enough

Community advocates are ready to do battle, but advocacy is only half the solution. The other half lies in the hands of policymakers who have jurisdiction over such activities as land use, food marketing, health and nutrition programs, community planning and transportation, which can be managed to overcome needless disparities in access to healthy food. Working together and focusing on Avondale as a pilot, community advocates and policymakers can deliver positive outcomes for Cincinnati residents currently stranded in a food desert.

The first step is to acknowledge a simple fact from the preface of another PolicyLink report titled Why Place Matters: Building a Movement for Healthy Communities. "Where you live determines how you live," wrote the authors of this survey of place-based solutions implemented successfully in communities across the country. Step two in the process is to roll up our sleeves and embrace the hopeful assessment from this same report: "When policies and practices are put into place that improve the physical, economic, social and service condition of communities, the lives of those within the communities also improve."

Recognizing this fact, City Council established the Food Access Task Force and assigned to the group the following three objectives:

1. Assess the needs of low-income communities related to the disparity in access to healthy foods
2. Identify innovative solutions and national best practices currently deployed against the problem
3. Make policy recommendations to City Council that will redress disparities in access to healthy foods

This report details the Task Force's assessment of community needs, identifies some innovative solutions and best practices that can be replicated in Cincinnati and provides related policy recommendations to City Council.

COMMUNITY NEEDS

Qualitative Research

“I feel like they moved (the grocery store) over there on Ridge and I thought that was very, very uncalled for because they have biggs over there, they have Meijer’s over there, they got Wal-Mart over there that sells food. They took it out of the community and took it over there and that was very unnecessary and I am still bitter about it.”
- Avondale resident

“Can’t walk up the street anymore, it used to be easy to come up to (the grocery store) and get what you can. Me and my family aren’t mobile so we have to call people for rides and pay them for gas and gas is so expensive.”

- Avondale resident

“The market sells fruit, but they don’t keep up with their stuff. A lot of their fruit is molded, old and nasty.”

- Avondale resident

The Task Force’s assessment of community needs included qualitative and quantitative research. Shown above are some of the comments from interviews with Avondale residents that were part of the qualitative research. Each of these interviews underscored the daily burden imposed on people who cannot easily travel beyond a food desert to other areas to shop for healthy food. Struck by these observations, one member of the Task Force said, “It’s eye-opening and sad to realize that the things many of us take for granted are inaccessible to our neighbors.”

Another element of the qualitative research was a walking tour and food store survey of Avondale by members of the Task Force. Our objective was to see the neighborhood’s food offerings through residents’ eyes, observing directly what kinds of foods and options are available. In some instances, what we saw on our tour of neighborhood stores was deplorable.

At some food sellers, including vendors certified to participate in the federal government’s women, infants and children (WIC) nutrition program, we saw food on the shelves that should not have been for sale. We saw food that was not only beyond its “sell-by” or “pull-by” date, but also past the more serious "expiration" date. Manufacturers explicitly instruct retailers to throw away food items that remain unsold beyond the "expiration" date. Walking the neighborhood confirmed all the comments we heard in our interviews with residents and reinforced how limited the food choices are for someone in a food desert who lacks transportation.

Quantitative Research

Our quantitative research involved a more formal evaluation of neighborhood food stores. We trained 22 residents to research the availability of fresh, healthy food at 21 food outlets: 12 fast food or takeout restaurants, six convenience/general goods stores and three neighborhood markets. Researchers also rated the cleanliness and perceived safety of each food outlet. All locations were observed by two teams on two different days and at different times to ensure reliable results. For the purposes of this survey, we defined "healthy foods" as recommended options from the food groups within the USDA’s popular food pyramid (www.mypyramid.gov). The food groups are grains, vegetables, fruits, milk, oils and meat & beans.
Of all food outlets surveyed, the three neighborhood markets offered the highest percentage of healthy foods, but only one of the three stocked more than 50% of the recommended healthy foods. A summary of our findings is provided below:

Market 1

- 65% of healthy food items available, however only 20% of fresh foods (vegetables, fruits, lean luncheon meats, or dairy) available
- Nearly all (97%) of the available fruits and vegetables were in good condition (firm/crisp, little damage, good color, no dirt)
- Observers rated inside the store as safe, however there is a busy bus stop outside the store

Market 2

- 42% of healthy food items available
- Apples, oranges, and bananas were the only fresh fruits, but were rated in good condition
- 39% of whole grain items available

Market 3

- No fresh foods available
- 20% of healthy canned items available, but 100% of these were rated as old and dirty
- Researchers observed loitering outside the store; Environment was rated unsafe

Among the fast food and takeout restaurants, only two of 12 offered at least 30% of the recommended healthy foods and only one of the six convenience/general goods stores met this relatively low standard. See table below for a summary of the researchers' findings.

<table>
<thead>
<tr>
<th></th>
<th>Restaurants n = 12</th>
<th>Convenience/General goods n = 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outlets offering at least 30% of healthy foods</td>
<td>2 (16.7%)</td>
<td>1 (16.7%)</td>
</tr>
<tr>
<td>Outlets with health or nutrition information available</td>
<td>8 (66.7%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Outlets with overall cleanliness rated average or better</td>
<td>9 (75%)</td>
<td>4 (66.7%)</td>
</tr>
<tr>
<td>Outlets rated as safe</td>
<td>12 (100%)</td>
<td>5 (83.3%)</td>
</tr>
</tbody>
</table>

Our research and conversations with store customers, employees and other neighborhood residents revealed a set of basic community needs related to disparities in access to healthy food. These needs include a greater variety of fresh, healthy foods, better quality offerings and safer surroundings. Access to transportation is also a high-priority need. There's no shortage of nearby grocery stores and other outlets with high-quality food, but the term "nearby" is meaningless to the Avondale resident who has no car and can't easily reach those other outlets on public transportation.

Avondale isn't the only food desert in Cincinnati. As Council indicated when it established the Food Access Task Force, this project is a pilot that will yield solutions we can apply to other neighborhoods.
whose residents lack access to healthy food. Dwight Tillery, President of CCHG, has said, "Just as we would not deny people access to water in our cities, why would we deny them access to healthy food? Both are essential elements for sustaining life."

Let's look now at successes from other communities that we can replicate in Cincinnati.

**INNOVATION AND BEST PRACTICES**

I. Establish a Dedicated Public-Private Funding Mechanism

**Fresh Food Financing Initiative: Pennsylvania**

A 2002 study by the Food Trust, a non-profit organization in Philadelphia, found that the city's low-income neighborhoods needed at least 70 more supermarkets. Diet-related illnesses such as obesity and diabetes were significantly higher among residents of these neighborhoods and residents' food dollars were being spent outside the community instead of being recycled to promote increased economic activity. "At first, the Food Trust was more interested in the health issues," said David Adler, the organization's communication director, "but we began to see the lack of supermarkets as an economic development issue that expanded our idea of what constituted a healthy community."

Supermarkets, the Food Trust held, can create jobs, draw foot traffic and, ultimately, new economic development activity to previously dormant sections of the city. Targeting Philadelphia's underserved communities by zip code, The Food Trust also calculated so-called "retail float" or the dollars being spent outside the neighborhood as a consequence of the lack of retailers inside the neighborhood. Researchers determined that the retail float for food alone ranged from $11 million per square mile per year to $67 million per square mile per year inside targeted low income zip codes.

Additional work done by another organization turned up more interesting information: The Reinvestment Fund, a development finance corporation involved in Pennsylvania's supermarket restoration efforts, found that every $1 invested in supermarket construction yielded $1.50 worth of additional economic activity and boost property values by 4 – 7 percent.

The Food Trust's conclusions motivated Pennsylvania State Representative Dwight Evans to act. As co-chair of the Governor's Task Force on Working Families, he led the effort to establish a public/private partnership to tackle the issue. In 2004, the Pennsylvania legislature created the Fresh Food Financing Initiative (FFFI), which Representative Evans described as "An innovative and creative use of public and private funding that is a sterling example of sound public policy." FFFI was a first-of-its-kind grant and loan program to encourage supermarket development in underserved neighborhoods across the state.

Pennsylvania contributed $30 million in public seed money, which the organization leveraged into $165 million in private investment. The one-time investment from FFFI helps retailers of fresh food overcome high initial barriers to entry in targeted communities, including land acquisition, new construction, renovation of existing stores, energy efficiency upgrades and worker training. As of June 2009, FFFI has committed $57.9 million in grants and loans to 74
supermarket projects in 27 Pennsylvania counties, ranging in size from 900 to 69,000 square feet. In total, these projects are expected to give 400,000 residents greater access to healthy food, create or retain 4,854 jobs and introduce more than 1.5 million square feet of new food retail space.

Additionally, The Obama Administration kicked off its "National Conversation on the Future of Urban and Metropolitan America" with a town hall discussion in Philadelphia focused on the success of FFFI. This meeting included cabinet secretaries and other high-level members of the administration. Highlighting the link between food access, healthy children and healthy communities, the White House in a subsequent statement described FFFI as "a prime example of the type of collaborative partnership and innovative thinking needed in urban and metropolitan communities across the nation." And The Centers for Disease Control and Prevention selected FFFI to receive its Pioneering Innovation Award for the initiative's efforts toward obesity control and prevention.

Building on the success of FFFI in Pennsylvania, the Food Trust has gone on to establish similar initiatives in New York, Louisiana and Illinois and is currently working to set up programs in New Jersey and Colorado.

II. Attract New Kinds of Grocery Stores

Wal-Mart's "Urban Model" Stores

In March of this year, the Minneapolis/St. Paul Business Journal, a sister paper to Cincinnati’s Business Courier, reported that Wal-Mart Stores, Inc. is adding a full-service grocery to its existing Bloomington, Minnesota location without making the store much bigger. When the store reopens it will be just over 120,000 square feet or approximately 35% smaller than the average Wal-Mart Supercenter.

The new Bloomington store, located within 20 miles of downtown Minneapolis, will be one of the state’s smallest Supercenters and a model format the company uses for future developments or to convert other urban locations into Supercenters without having to expand or rebuild them. (Supercenters combine Wal-Mart's mix of general merchandise with full-service grocery stores.) According to Wal-Mart spokeswoman Amy Wyatt-Moore, "We’re working toward a format that’s more efficient and a smaller prototype...to be able to deliver a Supercenter experience for customers in urban markets."

At the same time it refines its new model Supercenter with a smaller footprint, Wal-Mart is contemplating entry into other urban markets. In 2006, then CEO Lee Scott announced the company’s plans to open 50 stores in areas heavily populated by minorities and in need of jobs and tax revenue. "Wal-Mart has never been afraid to invest in communities that are overlooked by other retailers," he said. "Where those businesses see difficulty, we see opportunity."

Recent news stories from the Wall Street Journal, the Washington (DC) Business Journal and Crain’s New York Business cite the retailing giant’s move to open grocery stores in Chicago, Washington, DC and New York City, respectively. Company officials told a Wall Street Journal reporter they are eyeing Chicago as a potential proving ground for their urban development strategy. The paper quotes John Bisio, Wal-Mart’s Chicago Director of Public Affairs saying "I
think people are starting to understand we can be relevant in the urban area and improve the quality of life."

In DC, where the company has been searching for enough land to accommodate an 80,000 to 100,000 square foot store, a local developer reports being in conversations with the company "about opening its first DC store." And in New York, a spokesman acknowledges the retailer is looking for space, saying "New York City residents want and need better access to our stores so they are not forced to travel to New Jersey or Long Island." (Data from the Food Trust group behind Philadelphia's FFFI program showed that when compared to the national number of supermarkets per capita, New York City has 137 too few supermarkets.)

**Small Neighborhood Grocer: Oakland's Mandela Foods Cooperative**

The City of Oakland provided funding to the Mandela Foods Cooperative, a 2008 start-up employee-owned grocery store in West Oakland. Through market research, the ownership group confirmed what they knew already as longtime residents of the low-income community that sits between Oakland and San Francisco: West Oakland had six fast food restaurants, two liquor stores and one grocery store geared primarily toward the region's Asian community.

The African American and Hispanic owners/employees pledged to offer a broader variety of "wholesome, fresh and affordable foods grown on local family farms." They also plan to offer "nutrition education classes and a cooperative economic investment program that provides multi-level investment for community residents." Through its Community and Economic Development Agency the City of Oakland awarded Mandela Foods Cooperative a $200,000 grant for building/tenant improvements at its site. The City noted the new venture "will provide wholesome, fresh and locally-grown foods at affordable prices...(and)...will provide jobs and investment opportunities for local residents through a cooperative business model that recycles profits back into the community."

**Stand Alone Produce Market: Green House Produce**

When a large grocery chain closed its neighborhood store, Oakland's low- to middle-income Auto Row district was left without a local provider of quality produce. To save the neighborhood, the City of Oakland established a community development grant fund and announced its intention to partner with community groups and faith-based organizations to attract new food businesses to the area.

Shortly after putting out a request for proposals, the City received an intriguing pitch from an entrepreneur who had been operating a produce market in another part of Oakland for 14 years. Mr. Abdu proposed building a 400 square-foot produce market next to the neighborhood's sole remaining grocery outlet, which offered excellent prices on canned and packaged non-perishables, dairy products and household items, but no fresh produce.

A new produce market, Mr. Abdu reasoned, would help the existing grocer – and the neighborhood – by giving customers and residents convenient access to fresh produce. The City liked the idea and accepted Mr. Abdu's proposal, eventually awarding him a $30,000 grant to
build Green House Produce, which today offers residents a wide variety of fresh fruits and vegetables.

III. Convert the Corner Store

Healthy Corner Store Initiative: Louisville

In 2007 Louisville's Center for Health Equity (CHE), a program of the city's Department of Public Health, partnered with the YMCA of Greater Louisville to develop the "Healthy Corner Store Initiative," an effort to increase access to healthy food for residents of a recognized food desert. The basic plan was to increase the availability of healthy food in an underserved community by offering financial incentives and other kinds of support to owners of corner stores to facilitate the ordering, stocking and sale of fresh fruits and vegetables. The Healthy Corner Store Initiative provided refrigerator cases, new signage, printed marketing materials and store façade upgrades.

Additionally, CHE approached community groups and area businesses to solicit in-kind support. This outreach yielded help in every area of the program's launch and evaluation: An architect and graphic design firm donated the physical redesign of the store layout and the marketing materials, respectively; Produce distributors donated new shelving and the first three weeks of produce inventory, in addition to providing technical assistance related to selling produce; Local chefs and nutrition educators collaborated with CHE on social marketing and nutrition education programs in the schools and nearby neighborhoods; and students from the University of Louisville's Masters Program in Public Health, evaluated the results at one of the pilot sites, Smoketown DollarPlus.

Smoketown DollarPlus began offering fresh produce January 14, 2009. For perspective, the median household income within that store's 40203 zip code is $13,458, compared to Avondale's median figure of $20,741. In their follow-up survey of DollarPlus shoppers, titled Healthy Corner Store Initiative: An Evaluation, the MPH Students report that 94 percent of respondents reported purchasing more fruit than they had before the program began and 97 percent reported purchasing more vegetables. Provided below is data from the MPH students' report comparing shoppers' purchasing behavior before and after the Healthy Corner Store Initiative was launched. Although they didn't ask exactly the same questions in their pre- and post-survey, it's clear the initiative made a significant difference in shopper's buying behavior. For example, before the program launch, only 18% of respondents reported buying fruits and vegetables once a week vs. 40% for fruit and 38% for vegetables just three months after the launch.

<table>
<thead>
<tr>
<th></th>
<th>Once a Week</th>
<th>Once a Month</th>
<th>Hardly Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of</td>
<td>Before (Jan. 09)</td>
<td>After (Apr. 09)</td>
<td>Before (Jan. 09)</td>
</tr>
<tr>
<td>Purchasing Fruits &amp;</td>
<td>18%</td>
<td>31%</td>
<td>43%</td>
</tr>
<tr>
<td>Vegetables</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following table compares the frequency of purchasing fruits and vegetables before and after the Healthy Corner Store Initiative was launched.
Frequency of Purchasing Fruit

<table>
<thead>
<tr>
<th></th>
<th>40%</th>
<th>36%</th>
<th>17%</th>
</tr>
</thead>
</table>

Frequency of Purchasing Vegetables

<table>
<thead>
<tr>
<th></th>
<th>38%</th>
<th>36%</th>
<th>12%</th>
</tr>
</thead>
</table>

In addition to promoting increased purchase of fruits and vegetables, the program generated increased profits for the store. "The store's gross earnings from fresh fruit and vegetables increased by about 300% in August compared with July," wrote one of the researchers in an email response to questions about the program. The combination of increases in store profits and more frequent purchase of fresh fruits & vegetables by neighborhood residents confirms conversion of the corner store as a promising strategy in the battle against food deserts.

A group is already pursuing this work nationally. Called The Healthy Corner Stores Network (HCSN) (www.healthycornerstores.org), the organization promotes efforts to bring healthier foods into corner stores in low-income and underserved communities nationwide. Led by the Community Food Security Coalition, The Food Trust, Public Health Law & Policy and Urbane Development, HCSN brings together community members, local government staff, non-profits, funders and others from across the country to share best practices, lessons learned and new approaches to common challenges. The report Healthy Food for All, from HCSN participant Institute for Agriculture and Trade Policy, provides short profiles of corner store projects around the country that have successfully expanded the selection of healthier foods within underserved communities.

IV. Provide Transportation Solutions

**Grocery Shuttle Service, Fresno, California**

As we noted, transportation continues to be one of the main barriers limiting residents' access to healthy options within food desert communities. One solution is for grocery stores to offer their customers free or low-cost shuttle service. For example, California’s Vallarta Supermarkets provides a free shuttle for customers from a low-income community near one of its stores in Fresno. The company says the service that takes customers home from the store has helped business. Quoted in a July, 2009 article in the Fresno Bee, district manager Jaime Romero, describes the shuttle as "well worth it."

Curiously, this option is less widely used than it could be. Major grocery chains have no mention of such a service on their websites, yet they are invested in other efforts to combat nutrition problems in the communities. Perhaps all that's needed is some outreach to retailers and encouragement to consider shuttle service as another way to combat local nutrition problems.

Also, new research can help determine why supermarkets that once had such programs no longer offer them. Citing a program run by Ralph's supermarket, a 2002 study by the Center for Advanced Studies in Nutrition and Social Marketing at the University of California, Davis, concluded that supermarkets can improve their profit margins and the health of their customers.
by offering shoppers free transportation. "It's a way for supermarkets to do well by doing good," said Dr. Diana Cassady, Director of the Center and senior author of the report.

Researchers conducted a market analysis of low-income neighborhoods in five California cities: Bakersfield, Fresno, Long Beach, Oakland and San Diego. They determined that a supermarket-sponsored shuttle service would be financially viable in any of the areas assuming at least 20% of the households without cars would use the service once a week to buy $25 worth of groceries. Depending on the zip code, estimated incremental annual revenues ranged from $545,700 to $1.5 million.

In their report, researchers detailed two examples of successful shuttle programs serving residents in low-income communities in Los Angeles. One program was run by Numero Uno Market, a small chain of supermarkets and the other is run by three stores in the Ralph's organization, a large California chain owned by Kroger. Numero Uno owned its fleet of vans while the Ralph's stores contracted with a shuttle company to provide the service to customers. Currently, however, neither chain offers the service and understanding why might persuade other grocers to take up a program the UC Davis report credited with contributing more than $1.4 million in incremental revenue to just one of the Numero Uno stores.

The idea of a grocery shuttle service is, of course, not new. Retailers have been using it for years to serve special populations such as seniors, college students and residents of apartment complexes. The main innovation here is reapplying to a different group of customers a business service that has proven its worth and its return on investment.

Stores benefit from shuttle programs in six ways:

- Revenue from additional shopping trips by existing customers
- Chance to recruit new customers
- Increased sales from larger purchases, which customers can now transport easily
- Reduced losses from stolen carts, previously used by customers to take groceries home
- Free publicity from signage inside and outside transport vans
- Improved customer and community good will

Deliver Fresh Food to Neighborhoods: Mobile Market, Detroit

If the customer can't reach the store, then maybe the store needs to reach the customer. In a Detroit neighborhood with 26 liquor stores and only one grocery, a community group called Peaches and Greens (www.centraldetroitchristian.org) is taking that suggestion to heart.

Operated by Central Detroit Christian, a community development corporation, the Peaches & Greens produce truck operates three seasons out of the year, delivering fresh fruits and vegetables to residents in the service area of Central Detroit Christian. The program's goal is to provide families in Detroit's central Woodward community with greater access to quality produce while promoting healthy food choices. Set up like a small market, the truck sells affordable produce to families on public assistance, homebound seniors and others who have limited access to healthy foods.
Peaches & Greens manages their own community gardens, where volunteers grow greens, tomatoes, and other vegetables used to stock the truck. The food is also offered at a neighborhood produce market, and organizers are working to persuade liquor stores and corner markets to stock their vegetables. “People will buy it,” says Lisa Johanon, executive director of Central Detroit Christian. “We’ve heard the stereotype that urban communities won’t eat healthy, but we’re seeing that isn’t true.”

Each of these examples targets a particular facet of this persistent problem. And all were helped in some way by enlightened public policies, which must be paired with effective community advocacy to develop a comprehensive solution to the disparity in access to healthy food.

We offer the following policy recommendations as ways of addressing the three main factors limiting our fellow Cincinnatians’ access to healthy foods: 1) The absence of a full-service grocery in the community; 2) Lack of transportation in low-income neighborhoods with no grocery; and 3) Limited nutrition knowledge among residents which constrains their ability to make healthy food choices.

These recommendations mirror those of a just-released report from the Institute of Medicine of the National Academies titled *Local Government Actions to Prevent Childhood Obesity*. Communities across the country are seeing the disparity in access to healthy food for what it is: a progressive problem that first lowers the quality of life and then prematurely ends the lives of our neighbors.

City Council can and should enact the following policy changes to reverse this needless curse. In a chilling report on the Black-White Mortality Gap titled "What If We Were Equal?," a group of researchers, including Dr. Adewale Troutman, Director of Louisville’s Metro Health Department, attributes "83,000 excess deaths per year among African Americans" to persistent health inequalities. Said another way, it is no exaggeration to characterize this as a life and death issue.

**POLICY RECOMMENDATIONS**

**Bold type = Most promising action steps.**

I. Improve Access to Healthy Foods

In Retail Outlets: Increase community access to healthy foods through supermarkets, grocery stores and convenience/corner stores.

1. Establish a metrics-based process for designating underserved neighborhoods as "food deserts," entitling them to participate fully in special incentives and programs. (E.g., process might calculate ratio of fast food outlets to providers of healthy foods, among other variables.)

2. Create incentive programs to attract supermarkets and grocery stores to underserved neighborhoods (e.g. tax credits, grant and loan programs, small business/economic development programs and other economic incentives).

3. Utilize the enforcement requirements for full-service grocery stores to enforce healthy food practices at convenience stores and mini-marts in Avondale as a 12-month pilot.
Announce this pilot as a first step toward city-wide enforcement of healthy food practices at all convenience stores and mini-marts.

4. Create incentive programs to enable current owners of small food stores in underserved areas to carry healthier, affordable food items (e.g., grants or loans to purchase refrigeration equipment to store fruits, vegetables and fat-free/low-fat dairy goods; free publicity; a city awards program; or linkages to wholesale distributors).

5. Use zoning regulations to enable providers of healthy food to locate in underserved neighborhoods (e.g., "as of right" and "conditional use permits")

6. Enhance accessibility to grocery stores through public safety efforts such as better outdoor lighting and targeted police patrolling.

7. Convene a panel of residents from food desert communities to ensure this effort remains connected to residents within the affected communities.

In Restaurants: Improve the availability and identification of healthful foods in restaurants.

1. Require menu labeling in chain restaurants to provide consumers with calorie information on in-store menus and menu boards.

2. Encourage non-chain restaurants to provide customers with calorie information on in-store menus and menu boards.

3. Offer incentives (e.g., special recognition or endorsement) for restaurants that promote healthier options (for example, by increasing the offerings of healthier foods, serving age-appropriate portion sizes or making the default standard options healthier, i.e., apples or carrots instead of French fries, and non-fat milk instead of soda in "kids' meals").

In Communities: Promote efforts to provide fruits and vegetables in a variety of settings, such as farmers' markets, farm stands, mobile markets, community gardens and youth-focused gardens.

1. Encourage farmers markets to accept Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food package vouchers and WIC Farmers Market Nutrition Program coupons; Encourage and make it possible for farmers markets to accept Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program) and WIC Program Electronic Benefit Transfer (EBT) cards by allocating funding for equipment that uses electronic methods of payment.

2. Improve funding for outreach, education and transportation to encourage use of farmers markets and farm stands by residents of lower-income neighborhoods, and by WIC and SNAP recipients.

3. Expand the City's current pilot urban gardening program to add Avondale as one of the Cincinnati neighborhoods authorized to establish community gardens on underutilized sites within the community. Request recommendations for appropriate sites within Avondale from the Food Access Task Force. Additionally, develop a set of measurable criteria such as average household income, presence of full-service grocery stores, etc. that can be used going forward to determine other communities’ eligibility for inclusion in the program.

4. Introduce or modify land use policies/zoning regulations to promote, expand and protect potential sites for farmers' markets, such as vacant city-owned land or unused parking lots.

5. Develop community-based group activities (e.g. community kitchens) that link procurement of affordable, healthy food with improving skills in purchasing and preparing food.
Through Public Programs and Worksites: Ensure that publicly run entities such as after-school programs, child-care facilities, recreation centers and local government worksites implement policies and practices to promote healthy foods and beverages and reduce or eliminate the availability of high-calorie, low-nutrition foods.

1. Mandate and implement strong nutritional standards for foods and beverages available in government-run or regulated after-school programs, recreation centers, parks and child care facilities (which includes limiting access to high-calorie, low-nutrition foods).
2. Ensure that local government agencies operating cafeterias and vending options have strong nutrition standards in place wherever foods and beverages are sold or available.
3. Provide incentives or subsidies to government-run or -regulated programs and localities that provide healthy foods at competitive prices and limit high-calorie, low-nutrition foods (e.g., after-school programs that provide fruits or vegetables every day and eliminate non-nutritious foods in vending machines or as part of the program.)

Through Government Nutrition Programs: Increase participation in federal, state and local government nutrition assistance programs (e.g., WIC, school breakfast and lunch, the Child and Adult Care Food Program [CACFP], the Afterschool Snacks Program, the Summer Food Service Program, SNAP).

1. Put policies in place that require government-run and –regulated agencies responsible for administering nutrition assistance programs to collaborate across agencies and programs to increase enrollment and participation in these programs (i.e., WIC agencies should ensure that those who are eligible are also participating in SNAP, etc.)
2. Step up enforcement of regulations for the handling and sale of food among participants in government-run and –regulated food programs such as WIC. Increased regulation will include shelf management of expiration dates and review of certifications to participate in the programs.
3. Ensure that child care and after-school program licensing agencies encourage utilization of the nutrition assistance programs and increase nutrition program enrollment (CACFP, Afterschool Snack Program and the Summer Food Service Program).

Breastfeeding: Encourage breastfeeding and promote breastfeeding-friendly communities

1. Adopt practices in public hospitals that are consistent with the Baby-Friendly Hospital Initiative USA (United Nations Children's Fund/World Health Organization). This initiative promotes, protects and supports breastfeeding through ten steps to successful breastfeeding for hospitals.
2. Permit breastfeeding in public places and rescind any laws or regulations that discourage or do not allow breastfeeding in public places and encourage the creation of lactation rooms in public places.
3. Develop incentive programs to encourage government agencies to ensure breastfeeding-friendly worksites, including providing lactation rooms.
4. Allocate funding to WIC clinics to acquire breast pumps to loan to participants.
Access to Drinking Water: Increase access to free, safe drinking water in public places to encourage consumption of water instead of sugar-sweetened beverages.

1. Require that plain water be available in local government-operated and administered outdoor areas and other public places and facilities.
2. **Adopt building codes to require access to and maintenance of fresh drinking water fountains (e.g., public restroom codes).**

Availability of High-Calorie, Low-Nutrition Foods: Reduce access to and consumption of high-calorie, low-nutrition foods.

1. **Implement a tax strategy to discourage consumption of foods and beverages that have minimal nutritional value, such as sugar-sweetened beverages.**
2. Adopt land use and zoning policies that restrict fast food establishments near school grounds and public playgrounds.
3. Implement local ordinances to restrict mobile vending of high-calorie, low-nutrition foods near schools and public playgrounds.
4. Implement zoning designed to limit the density of fast food establishments in residential communities.
5. Eliminate advertising and marketing of high-calorie, low-nutrition foods and beverages near school grounds and public places frequented by children and young people.
6. Create incentive and recognition programs to encourage grocery stores and convenience stores to reduce point-of-sale marketing of high-calorie, low-nutrition foods (i.e., promote "candy-free" checkout aisles and spaces.

II. Provide Transportation Options for Low-Income Residents with Limited Access to Healthy Foods

Transportation: Work with SORTA and grocery store retailers to provide additional transportation options for residents living in food deserts.

1. **Work with SORTA to realign bus routes or provide other transportation, such as mobile community vans or shuttles to ensure residents can access supermarkets or grocery stores easily and affordably through public transportation.**
2. Persuade SORTA to dedicate a group of buses to grocery routes and retrofit these vehicles to more easily accommodate grocery carts.
3. Build or upgrade bus shelters near popular grocery stores to provide additional space for shoppers with bags and/or grocery carts.
4. Create incentive or recognition programs to encourage grocery stores to provide free or reduced price shuttle service to customers traveling to or from designated food deserts.

III. Raise Awareness of the Importance of Healthy Eating
Media and Social Marketing: Promote media and social marketing campaigns about the benefits of healthy eating and the importance of preventing childhood obesity.

1. Develop media campaigns utilizing consistent messages and multiple channels (print, radio, internet, television, social networking, workplace and classroom materials and other options) to promote healthy eating (and active living).

2. Design a media campaign that establishes community access to healthy foods as a health equity issue and reframes obesity as a consequence of disparities in access to healthy foods.

3. Develop media advertising that counters campaigns for unhealthy foods targeting children and young people, as did the opponents of targeted tobacco and alcohol advertising.

NEXT STEPS

The impressive successes of Philadelphia's FFFI program and other best practices mentioned above show us how we can bridge what has come to be called the grocery gap. Closing this chasm is critical because it's also a health gap and a neighborhood economic development gap. The surprisingly basic nature of the community needs our Task Force discovered reveals an important fact about the issue of access to healthy food.

The kind of disparity we observed can be invisible unless you're looking for it. It's easy to assume everyone is just a whim away from high-quality, healthy choices for their next meal. However, as that member of the Task Force said during the walking tour of Avondale, "...the things many of us take for granted are inaccessible to our neighbors."

Knowing what we now know, how can we allow this level of disparity to continue in Cincinnati?
RESOURCES


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