

FOOD SECURITY
Issue Brief

Incentivizing Fresh Food Retail in Food Deserts: Lessons Learned from Pennsylvania and Maryland


Introduction

The term "food desert" describes communities that have limited access to affordable and nutritious foods. In the United States, food deserts occur most typically in urban and rural low-income neighborhoods and are more prevalent in communities of color. For example, a study conducted by researchers at the University of Illinois found that Black Americans had half and Hispanics had one-third the access to supermarkets as white Americans.¹

Income, transportation, and distance to grocery stores are just some of the barriers to accessing healthy food. An estimated 2.1 million households in America are far from a supermarket and do not have access to a vehicle to transport them.² Further, an estimated 335,000 individuals live more than 20 miles from a supermarket.³ Many food deserts contain an overabundance of fast-food chains, corner delis, convenience stores, and liquor stores that usually lack healthy and affordable foods. As a result, many residents are limited by the options available to them, as well as by what they can afford.

Food deserts indicate systemic socioeconomic injustice and trigger public health concerns for impacted communities. Residents with a lack of access to adequate food resources are more likely to have chronic diseases, such as diabetes, obesity, and cardiovascular disease. Along with unaffordable medical costs, chronic illnesses can cause other negative health conditions, such as diet-related cancers and even shorter life expectancies. In addition to negative health consequences, families living within food deserts also face long-term economic impacts. Specifically, children facing poor nutrition or chronic illness are more susceptible to social and behavioral problems in school, thereby hindering educational attainment and future economic success.⁴

Food deserts result from a myriad of causes, including discrimination and market dynamics. Thus, ensuring equitable access to healthy food requires a multi-pronged approach, including: changing nutrition assistance programs to encourage the purchase of healthy foods; prioritizing culturally appropriate nutrition education; making healthy foods more affordable; and cultivating healthy food enterprises in the communities that need



them the most.⁵ This issue brief will examine barriers to increasing healthy food retail in food deserts and the implementation of Fresh Food Financing Initiatives (FFFI) to overcome these barriers. The analysis below identifies four keys to success to help policymakers develop meaningful incentive programs that will draw healthy food retail to vulnerable communities.

The Creation and Persistence of Food Deserts

The current state of inequitable access to fresh food retail is best understood as the result of a history of disinvestment in minority communities and continuing barriers to attracting and sustaining grocery stores in underserved communities. Many low-income, minority communities across the country have little to no access to grocery stores and are instead reliant on smaller grocers or convenience stores, which face their own barriers to carrying fresh foods.

A. Loss of Healthy Food Resources


Food deserts are often described as a breakdown of the free market, but the distribution of fresh food retail has also been shaped by federal and state policies.⁶ “It is not by happenstance that low-income neighborhoods and communities of color are often devoid of affordable and nutritious food choices but have easy access to fast-food restaurants, bodegas and convenience stores. Rather, food deserts are a manifestation of structural inequities that have been solidified over time.”⁷

Beginning in the 1930s, discriminatory government lending, zoning, and urban renewal policies led to “white flight” from urban areas. Grocery stores and other retailers soon followed middle-income white residents to the suburbs.⁸ With greater access to inexpensive land and business-friendly suburban zoning policies, these businesses grew from an average size of 10,000 to an average of 40,000 square feet—away from the traditional model of smaller, specialty stores towards a larger, one-stop shop model.⁹ Large, suburban stores took advantage of economies of scale in ways that smaller, urban stores could not—cultivating their buying power with manufacturers to purchase at discounted rates and using their extensive distribution networks to more effectively forecast demand.¹⁰ By contrast, land was more expensive in urban areas, and city zoning laws and city regulations regarding noise, traffic, and pollution were less business-friendly.¹¹ Urban stores became more costly to maintain, and with smaller floor areas, less important to the success of large chains.¹² As a result, these stores were virtually abandoned, leaving the low-income and minority communities that remained in these areas with vastly diminished access to fresh foods.¹³

Rural areas, too, have suffered because of the consolidation of the food industry into fewer and larger stores. Like their urban counterparts, small town grocers lack the floor space and economies of scale to compete with the low prices offered by supercenters. In the vast rural landscape, this has led to an unequal distribution of food resources in which “there are areas of concentration, and areas where few or no grocery stores exist.”¹⁴

B. Structural Barriers to Attracting and Sustaining Healthy Food Retail

There is increased recognition today of the need for healthy food retailers in food deserts. Given the saturation of suburban markets and the relative lack of competition in urban areas, some scholars have even called urban markets the “new frontier” for grocery stores.¹⁵ And yet, many urban communities still struggle to attract and retain fresh food retailers. This incongruity has led some to believe that resistance to locating in low-income,



minority communities may be explained, at least in part, by continued discrimination.¹⁶ This point warrants significant consideration in crafting broader policy approaches and is largely beyond the scope of this brief.

Even on a purely structural level, establishing and operating grocery stores in urban areas can be more costly than in suburban ones. Finding a large enough parcel of land to accommodate a supermarket is often more difficult and costly in urban areas, especially when multiple parcels of land owned by different entities must be assembled.¹⁷ Zoning policies requiring a large amount of parking for urban grocery stores can be cost-prohibitive and building costs can be greater because construction is more regulated and permit or licensing fees are higher.¹⁸ Businesses may also find it more difficult to secure loans to operate in historically ignored communities.¹⁹

Operating costs, too, tend to be greater in urban areas, which is especially challenging for an industry that already operates on razor-thin margins. For example, insurance companies often charge higher rates “because of perceived or actual crime in inner city neighborhoods.”²⁰ Similarly, other regular expenses such as taxes and public utilities are often higher in urban areas.²¹ Additionally, unlike suburban customers who drive to the grocery store and thus tend to make fewer, larger trips, urban customers tend to make more, smaller trips, which means supermarkets spend more per person per trip on “on cashiers, scanners, and other overhead costs.”²²

Whether in urban or rural locations, most food deserts are in lower-income communities where customers are more cost-conscious,²³ and make smaller purchases that include fewer high profit margin products.²⁴ Specifically in rural areas, where access to fresh food is concentrated in fewer, larger stores, retailers looking to fill the gap store availability face different barriers, including greater food distribution costs, transportation costs, and competition with large supercenters.²⁵


C. Special Challenges for Small Retailers

In the absence of accessible, full-service grocery stores, many urban and rural residents rely instead on convenience stores and other smaller food retailers. These stores may be more cost-effective in some ways, but they face special challenges when it comes to stocking fresh foods.²⁶ Smaller stores have more limited access to vendors, may not be able to afford the durable refrigeration equipment required to stock fresh foods, and serve a smaller customer base, making demand for fresh foods less predictable. Due to their smaller size, these stores are also less able to absorb the cost of wasted perishables than their larger competitors. All of this makes stocking fresh foods a riskier proposition for small stores than it is for supermarkets.

Additionally, because smaller stores lack the economies of scale to establish affordable distribution networks for fresh food, these stores often purchase these items themselves at larger stores and resell them at a mark-up.²⁷ As a result, it’s nearly impossible for smaller stores to offer fresh foods at prices that are competitive with larger stores. Thus, even when these items are available, cost-conscious customers may choose to put their limited resources towards less expensive and less healthy options instead.

Lessons Learned: A Case Analysis of Pennsylvania and Maryland

To address these structural challenges, governments at all levels have enacted innovative policies to incentivize new food retailers to locate in food deserts and existing food retailers to offer more fresh options.²⁸ This brief specifically examines one such example, Fresh Food Financing Initiatives (FFFI).²⁹ FFFIs are public-private partnerships that provide grants, loans, and technical assistance to project applicants to improve



access to fresh, healthy foods in underserved areas.³⁰ FFFIs aim to attract new and improve existing fresh food retail options by providing support for development, renovation, and expansion of food retailers of various sizes.³¹

Pennsylvania first pioneered the FFFI model in 2004 and has since financed nearly ninety food projects.³² Taking note of Pennsylvania's success, the federal government subsequently developed the national Healthy Food Financing Initiative (HFFI).³³ Since 2010, a partnership between the U.S. Departments of Treasury, Agriculture and Health and Human Services has provided \$220 million in grants and an estimated \$1 billion in additional financing, supporting nearly 1,000 grocery stores in more than 35 states.³⁴ Nine other cities and states have also followed Pennsylvania's lead and developed similar public-private financing partnerships.³⁵


While some cities and states have succeeded in using FFFI programs to draw more fresh food resources to underserved communities, others have struggled to make the most of these programs. For example, Maryland's FFFI launched in 2015 and has yet to finance a single project.³⁶ This section of the issue brief compares the FFFI programs in Pennsylvania and Maryland and highlights four keys to success: (1) clearly defining communities in need; (2) narrowly tailoring financial incentives; (3) providing diverse and flexible funding sources; and (4) requiring retailers to participate in federal nutrition assistance programs. Though most directly applicable to FFFI programs, these lessons can also be more broadly applied to any fresh food incentive program.

A. Clearly Define “Food Desert”

Researchers and food policy advocates use a range of terms to define geographic areas in which residents have limited access to fresh, healthy foods.³⁷ Even the most used phrase “food desert” is used differently by different researchers and entities, creating a lack of consensus on the definition and the measures required to identify them.³⁸ One definition of “food desert” under federal law is “an area in the United States with limited access to affordable and nutritious food, particularly such an area composed of predominately lower income neighborhoods and communities.”³⁹ This definition was codified in 2008 when the United States Congress passed the Farm Bill, which directed the U.S. Department of Agriculture (“USDA”) to study the incidence and prevalence of food deserts, characteristics causing and influencing food deserts, and provide recommendations to address these issues.⁴⁰ However, “food desert” is not well-defined in the Farm Bill. For example, “affordable and nutritious food” is not specifically defined and really relates to a continuum of foods.⁴¹ That is, fresh fruits and vegetables might be ideal but frozen and canned fruits and vegetables are considered sufficient under this definition.⁴²

To ensure clear policy directives and adequate measures to secure healthy and affordable foods, it is imperative to address this confusion around the term “food desert.” One successful example of clearly defining target areas is Baltimore City's “Healthy Food Priority Areas.”⁴³ In 2018, Baltimore's food deserts were classified as and “rebranded” into “healthy food priority areas” based on four criteria: “(1) an area where the distance to a supermarket or supermarket alternative is more than 1/4 mile; (2) the median household income is at or below 185% of the Federal Poverty Level; (3) over 30% of households have no vehicle available; and (4) the average Healthy Food Availability Index (HFAI) score for all food stores is low.”⁴⁴ The City's switch to “healthy food priority areas” provides a clear and uncomplicated definition that allows the City to direct funds and policies where they are needed the most.

Further, the definition of “food desert” must account for more than simple proximity. For example, the definition should account for the differences between rural and urban areas. Rural food deserts are often found in



sparsely populated, low-income communities of color.⁴⁵ As these rural communities are often so spread out, many, especially those without accessible transportation options, do not have sufficient access or opportunities to buy healthy and affordable foods.⁴⁶ In the United States, of those areas designated as “food deserts,” twenty-five percent are rural communities.⁴⁷ By contrast, while urban communities may be closer to grocery stores, that does not mean they are easily accessible, as transportation is still an issue in these communities.⁴⁸ Further, grocery stores in urban areas are often health food stores or local markets, which tend to offer more expensive food.⁴⁹ Thus, urban communities may have stores close to them, but these stores are not truly accessible because of transportation and affordability issues.⁵⁰ Accordingly, it is crucial that any definition of “food desert” account for these differences.

B. Narrowly Tailor Financial Incentives


The success of any public health initiative is ultimately measured by the degree to which it decreases morbidity and mortality.⁵¹ In order to maximize potential public health impact, financial incentives must be narrowly tailored to serve the communities identified as most in need. Pennsylvania’s FFFI has succeeded in focusing its resources in this regard by explicitly requiring that project applicants “improve access to affordable, high quality fresh produce and other healthy grocery items for *low-to-moderate income shoppers in places where there is not currently adequate access.*”⁵² In its initial adoption of its FFFI, Maryland also sought to narrowly tailor financial incentives to designated “food deserts.”⁵³ However, Maryland also had the Neighborhood Business Development Program, which provided financial incentives to small businesses, including food retailers.⁵⁴ This program undercut the FFFI because it offered larger loans and did not restrict funding to food deserts.⁵⁵ As a result, Maryland hasn’t used its FFFI to invest in a single project in a designated food desert.⁵⁶

Another recent legislative attempt to incentivize fresh food retailers in Maryland similarly failed to narrowly target the issue. The legislation sought to incentivize food businesses to locate in the same broadly defined “priority funding areas” by creating an exception to Maryland’s prohibition on the sale of alcoholic beverages in grocery stores and allowing these retailers to obtain a license to sell beer and wine.⁵⁷ From an economic standpoint, this incentive makes sense: grocery stores operate on slim profit margins and struggle to afford the higher costs of operating in lower-income communities. Alcohol sales would allow for higher profit margins, which could help close the gap, making the venture more appealing from a business perspective. However, viewed from a public health standpoint, the proposal merely swaps one public health harm for another—limited access to fresh food for increased access to alcohol—and fails to target incentives to actual food deserts. Without this narrow tailoring, financial incentives are less likely to benefit the communities most in need and are less likely to improve public health outcomes.

C. Include Flexible and Diverse Funding Mechanisms

Food deserts are partly the result of market failure. High barriers to entry and lowered expected profits result in little or no affordable, fresh food retail in low-income communities. In short, fresh food retailers who have a choice in where to locate may not have a financial incentive to do so in a food desert; and existing food retailers in food deserts may not have a financial incentive to increase fresh food options when they are a risky investment. Providing retailers with flexible and diverse funding options may help to make fresh food retail in low-income communities a more attractive choice.

Pennsylvania’s pioneering FFFI offers “financial product breadth,” which has been identified as a key element to the program’s success.⁵⁸ There the program offers both loans of up to \$5 million and grants of up to



\$1 million to applicants.⁵⁹ The federal HFFI and several other states have also followed this approach: offering both loans and grants. By contrast, Maryland's FFFI provides for loans up to \$100,000 and does not offer grants.⁶⁰

Loans made available through FFFI public-private financing are themselves important. They can be extended to businesses that traditional lenders might deem too risky, may require less of an equity injection up front, and be done on more favorable terms, whether through lower or fixed interest rates and/or longer repayment periods. But loans alone are unlikely to be enough. Grants, tax breaks, and other government subsidies are also key to making fresh food retail in food deserts a more desirable business proposition. For some businesses, an initial grant may be sufficient to overcome the high barriers to entry and position the retailer for success, especially for existing small grocers looking to expand fresh food options. For others, however, ongoing subsidies, such as through tax breaks or progressive loan forgiveness,⁶¹ may be required to keep the location competitive.⁶²

D. Require Participation in Federal Nutrition Assistance Programs

The Supplemental Nutrition Assistance Program (SNAP) is the largest source of nutrition assistance for low-income families and individuals within the United States.⁶³ SNAP helps low-income households to spend more on food than they ordinarily could by loading monthly benefits onto an Electronic Benefits (EBT) card. Thus, SNAP makes it easier for families to put enough food on their tables. Roughly forty million Americans receive SNAP assistance each year, and many residents within food deserts are SNAP recipients.⁶⁴

Similarly, the Women, Infants, and Children (WIC) program is the third largest nutrition assistance program in the United States with more than 7.3 million participants receiving food vouchers each month.⁶⁵ Participants can use these vouchers at WIC-approved grocery stores to receive formula for babies and other nutrient-dense foods.⁶⁶ Despite the benefits of WIC, participation in the program has been dropping since 2011, which is partly attributable to access issues.⁶⁷ Namely, there are very few large grocery stores that participate in WIC in low-income communities. Rather, most WIC-authorized grocery stores operate in middle and higher income communities.⁶⁸ Therefore, recipients must often travel outside their community to use their WIC benefits.

In Pennsylvania, to be eligible for financial support, each project must “accept or demonstrate plans to accept SNAP and Women, Infants, and Children (“WIC”) to the maximum extent possible or have connection to retailers that will accept such benefits.”⁶⁹ Maryland's FFFI program, by contrast, does not impose such requirements on retailers or food projects. It is imperative that any program or policy initiative designed to positively impact communities classified as “food deserts” accept SNAP benefits to ensure that individuals can not only physically access but also afford to purchase food within these stores.⁷⁰ Further, ensuring that retailers participate in SNAP would also require these entities to meet various vendor criteria, including carrying a diversity of foods.⁷¹ Accordingly, to best ensure access for low-income families, it is also imperative that retailers in “food deserts” are approved to receive WIC and SNAP benefits.

Conclusion

Equitable access to affordable, fresh, and healthy food options is a complex problem with roots in complex issues of systemic discrimination and market failure. As a result, no one policy approach alone will cure the problem. While more must also be done to make healthier options affordable and to encourage health-supportive choices, policies that provide for increased access to fresh food options are an important part of the

solution. After all, no one can make a healthy choice if health-supportive options are not available and accessible. FFFIs work to increase access and availability by providing financial incentives to fresh food retailers to locate in underserved communities and to existing food retailers to carry more fresh foods. These initiatives have proven potential to change the food landscape in previously underserved communities but are not uniformly effective. As this brief demonstrates, incentive policies are most effective when they clearly define the communities in need, narrowly tailor financial incentives, provide diverse and flexible funding sources, and require retailers to participate in federal nutrition assistance programs.

SUPPORTERS



Robert Wood Johnson Foundation

Support for the Network provided by the Robert Wood Johnson Foundation. The views expressed in this document do not necessarily reflect the views of the Foundation.

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Updated: April 2021

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⁵ See e.g. Lindsey Haynes-Maslow, *The Devastating Consequences of Unequal Food Access*, UNION OF CONCERNED SCIENTISTS 1, 7–8 (Apr. 2016), <https://www.ucsusa.org/sites/default/files/attach/2016/04/ucs-race-income-diabetes-2016.pdf>.

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⁷ *Id.* at 19.

⁸ *Id.* at 19–21.

⁹ *Id.* at 22.

¹⁰ *Id.*

¹¹ *Id.*

¹² Kameshwari Pothukuchi, *Attracting Supermarkets to Inner-City Neighborhoods: Economic Development Outside the Box*, 19(3) *ECON. DEV. Q.* 232, 234 (2005).

¹³ UNSHARED BOUNTY, *supra* note 6 at 22.

¹⁴ Joseph R. Sharkey, *Measuring Potential Access to Food Stores and Food-Service Places in Rural Areas in the U.S.*, 36(4 Supp.) *AM. J. PREVENTIVE MED.* 151, 152 (2009).

¹⁵ Pothukuchi, *supra* note 12.

¹⁶ *Id.* at 237 (citing the concerns of some local city planners); UNSHARED BOUNTY, *supra* note 6 at 29 (asserting that to “truly solve the problem of food deserts” we must challenge racially discriminatory policies “that perpetuate disparities in food access in low-income minority neighborhoods”).

¹⁷ UNSHARED BOUNTY, *supra* note 6 at 22.

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.* at 22–23.

²¹ See e.g. *Hearing on S.B. 365 Before the S. Educ., Health & Env’l Affairs Comm.*, 2021 Leg., 442d Sess. (Md. 2021) (written testimony from the Colin Tarbert, Baltimore Development Corporation), <http://mgaleg.maryland.gov/mgawebsite/Legislation/WitnessSignup/SB0365?ys=2021RS>; see also *Hearing on H.B. 996 Before the H. Econ. Matters Comm.*, 2021 Leg., 442d Sess. (Md. 2021) (statement of Marshall Klein, Klein’s ShopRite of Md.), <http://mgaleg.maryland.gov/mgawebsite/Legislation/Details/hb0996>.

²² UNSHARED BOUNTY, *supra* note 6 at 22; see also *Hearing on H.B. 996*, *supra* note 21.

²³ Mathew Swinburne, *The 2014 Farm Bill and SNAP: Improving the Diets of Low-Income Americans?*, 15 *U. MD. L.J. RACE RELIG. GENDER & CLASS* 329, 343–45, <http://digitalcommons.law.umaryland.edu/rrgc/vol15/iss2/9>.

²⁴ *Hearing on H.B. 996*, *supra* note 21.

²⁵ See e.g. Sharkey, *supra* note 14.

²⁶ *Id.* at 31; Swinburne, *supra* note 23 at 341.

²⁷ Swinburne, *supra* note 23 at 345.

²⁸ See e.g. *Food Retail Expansion to Support Health (FRESH)*, NYCEDC, <https://edc.nyc/program/food-retail-expansion-support-health-fresh> (explaining NYC’s tax and zoning incentives for healthy and affordable food options); Erick Trickley, *How Baltimore Is Experimenting Its Way Out of the Food Desert*, *POLITICO MAGAZINE* (Jan. 23, 2020), <https://www.politico.com/news/magazine/2020/01/23/baltimore-food-desert-policy-100121>) (highlighting efforts in Baltimore City to make fresh produce more available, including in corner stores); *FEED DC Act of 2010*, DC GREENS, <https://www.dcgreens.org/feed-dc-act> (explaining the creation of the Grocery Store Development and Healthy Food Retail Programs in DC); *Healthy Food Financing Programs Across the Country*, FOOD TRUST, http://thefoodtrust.org/uploads/media_items/healthy-food-financing-programs-table.original.pdf.

²⁹ Fresh Food Financing Initiatives are also sometimes referred to by other names. For simplicity’s sake, this brief uses the abbreviation of FFFI for all such programs.

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