

# Equitable Development Toolkit

## Access to Healthy Food

January 2001

# What Is It?

This overview tool serves as an introduction to four tools in the Equitable Development Toolkit—Grocery Store Development, Corner Stores, Farmers’ Markets, and Urban Agriculture and Community Gardens—that help low-income and communities of color increase their access to healthy, fresh, affordable food.

**Disparities in Food Access.** In many low-income communities across the country, the only places to buy food are fast-food restaurants and convenience stores that sell fatty, sugary, processed products. Some communities have no food vendors of any kind. The lack of access to healthy food makes it difficult for families to eat well, fueling the country’s growing obesity epidemic and the severe health problems that are associated with it.

Low-income communities of color and low-income rural areas are most affected by limited access to healthy food. Studies have consistently shown that there are fewer supermarkets and other retail outlets selling affordable, nutritious food in low-income communities than in wealthier ones, and in predominantly African American and Latino neighborhoods than in predominantly white ones.

“One nationwide study found that low-income zip codes have 25 percent fewer chain supermarkets than middle-income zip codes. Compared to predominantly white zip codes, majority African American zip codes have about half the number of supermarkets, and mostly Latino zip codes have about a third as many.”

This pattern is clear in many urban areas. In Washington, DC, for example, the city’s lowest-income and almost exclusively African American wards (Wards 7 and 8) have one supermarket for every 70,000 inhabitants, while two of the three highest-income and predominantly white wards (Wards 2 and 3) have one for every 11,881 residents. One in five of the city’s food stamp recipients lives in a neighborhood without a grocery store.

Studies also find that rural communities face significant healthy food-access challenges. In one example from the Mississippi Delta, nearly three-quarters of households that qualify for food stamp benefits must travel more than 30 miles to reach a large grocery store or supermarket. Residents of underserved communities typically lack the transportation to easily make trips to stores in other parts of town. Low-income African American and Latino households are less likely to own cars than white and higher-income households and, as a result, often must arrange rides with friends or relatives, piece together multiple bus routes, or pay for taxi rides to shop for groceries.

Low-income households generally have greater access to cars, but those that often don’t—farmworkers, for example—have virtually no available public transportation to stores beyond their immediate communities. With limited transportation, low-income residents often must rely on smaller convenience stores closer to their homes. These stores usually charge much higher than supermarket prices, and their inventory is primarily high-fat, high-sugar snacks, soft drinks, and alcoholic beverages.

“One nationwide study found that low-income zip codes have 25 percent fewer chain supermarkets than middle-income zip codes. Compared to predominantly white zip codes, majority African American zip codes have about half the number of supermarkets, and mostly Latino zip codes have about a third as many.”



**Video:**

South L.A. is a “food desert:” too few supermarkets and a lot of land in between them. Watch [here](#).

**Why Disparities in Food Access Matter.** Community environments affect the eating and exercise habits of residents. Scientists and medical professionals agree that lack of easy access to healthy food and safe outdoor areas for physical activity is a key contributor to obesity. The obesity epidemic, along with related health problems such as diabetes and heart disease, is most severe for low-income persons of color. Nearly a fifth of all African American children, and nearly a quarter of Mexican American, are obese, compared to a tenth of white children. Children from low-income families in general are twice as likely to be overweight as those from higher-income ones. Researchers estimate that, for the first time in American history, today's generation of children can expect to live shorter lives than their parents, due to the health consequences of being overweight and obese.

Studies have shown that better access to healthy food corresponds to healthier eating and lower rates of obesity and diabetes. For example:

- One study examining several U.S. states found that African Americans living in a census tract with a supermarket are more likely to meet federal guidelines for fruit and vegetable consumption; for each additional supermarket, produce consumption increases by 32 percent.
- In rural Mississippi, adults living in counties without supermarkets were 23 percent less likely to meet guidelines for daily fruit and vegetable consumption than adults living in counties with supermarkets.
- Studies have concluded that New Yorkers and Californians living in areas with more fresh food retailers, along with fewer convenience stores and fast food restaurants, have lower rates of obesity.
- Researchers in Indianapolis found that adding a new grocery store to a neighborhood translated into an average weight loss of three pounds for adults in that community.

Improving access to healthy food also brings economic benefits. A large, full-service supermarket creates between a hundred and two hundred full- and part-time jobs, and some emerging evidence shows that a grocery store can increase local tax revenues and stabilize or even increase local home values. A study found that tripling the amount of fresh produce that farmers sell directly to consumers at farmers' markets in Michigan could generate as many as 1,889 new jobs and \$187 million in additional personal income. Urban farms bring with them new job opportunities as well.

(For a more detailed discussion of studies on access to healthy food, see a joint research review published by PolicyLink and The Food Trust, [The Grocery Gap: Who Has Access to Healthy Food and Why It Matters](#).)

This overview tool examines the problem of access to healthy food, examples of the ways research and maps have been used to highlight the problem, tips for initial steps to address the issue, and a list of helpful resources. For more detailed information about specific strategies, see the [Grocery Store Tool](#), [Corner Store Tool](#), [Farmers' Market Tool](#), and [Urban Agriculture and Community Gardens Tool](#).

---

# Why Use It?

Studies throughout the nation demonstrate that low-income neighborhoods and communities of color often struggle to find nutritious, healthy, affordable food. A recent 2009 [USDA study](#) found that 23.5 million persons live in low-income communities and lack access to a supermarket within a mile of their home. Increasing access to healthy, fresh, affordable food leads to improvement in diet, better health outcomes, improved economic development, and strengthened communities. The benefits to individuals and communities are tangible, including:

- **Improves diet.** [Studies find](#) that when residents have greater access to healthy foods in their neighborhood, they tend to consume more fresh fruits, vegetables, and other healthy items.
- **Improves health.** [Studies also find](#) that individuals with access to stores selling fresh produce have lower rates of diet-related diseases than their counterparts.
- **Creates and retains jobs.** Developing food retail opportunities in communities can help create and retain jobs.

—Local production leads to more local jobs. It is [estimated](#) that “for every \$1 million of new farm revenue from local basic food purchases, the local economy could grow by \$2 million in new income and 1.45 jobs.”

—A large, full-service supermarket creates between 100 and 200 full- and part-time jobs, and there is some emerging evidence that a grocery store can increase local tax revenues and stabilize or even increase local home values. For example, one [study](#) found that tripling the amount of fresh produce that farmers sell directly to consumers at farmers’ markets in Michigan could generate as many as 1,889 new jobs and \$187 million in additional personal income.

- **Revitalizes the local economy.** Keeping food growth, production, and sales within the community benefits the local economy. Every time money changes hands within a community, it boosts income and economic activity, and it fuels job creation within that community. This is because locally owned businesses are more likely to re-spend their dollars locally. A growing body of evidence demonstrates that a dollar spent in a locally owned business circulates two to four times more in the community, compared to that same dollar spent in an equivalent non-local business.

—One study found that if New Yorkers bought 10 percent more of their food from New York farmers and the same percentage from New York manufacturers, they would fuel economic growth with [17,000 new jobs and \\$16.5 billion](#) in revenue.

—These numbers are similar in Virginia as well, where the [Virginia Cooperative Extension](#) estimated that if every Virginia household spent \$10 per week on locally produced food, this would translate into a billion dollars each year added to the state’s economy.

- **Strengthens communities and neighborhoods.** Farmers’ markets, community supported agriculture and community gardens not only improve food access for residents, but also strengthen ties among community members. These food retailers provide meeting places where families can interact with their neighbors and talk with their food providers.



**Video:**

Madelia Marketplace: Corner store delivery project. Watch [here](#).

---

# Data and Maps

**Data on Access to Healthy Food and Health Impacts.** PolicyLink and The Food Trust released a report, [The Grocery Gap](#), that highlights the results of a review of more than 130 reports and articles on the issue of access to healthy food. Key findings include:

- **Accessing healthy food is a challenge for many Americans—particularly those living in low-income neighborhoods, communities of color, and rural areas.** In hundreds of neighborhoods across the country, nutritious, affordable, and high-quality food is largely missing. Studies that measure the availability of food stores and healthy foods in nearby stores find major disparities in food access by race and income and for low-density, rural areas. For example:
  - [Low-income zip codes](#) have 25 percent fewer chain supermarkets and 1.3 times as many convenience stores as middle-income zip codes. Predominantly black zip codes have about half the number of chain supermarkets as predominantly white zip codes, and mostly Latino areas have only a third as many.
  - [Low-income neighborhoods](#) have half as many supermarkets as the wealthiest ones and four times as many smaller grocery stores, according to an assessment of 685 urban and rural census tracts in three states. The same study found four times as many supermarkets in predominantly white neighborhoods compared to predominantly black ones.
  - Another [multistate study](#) found that 8 percent of African Americans live in a tract with a supermarket compared to 31 percent of whites.
  - Another [nationwide analysis](#) found that there are 418 rural “food desert” counties where all residents live 10 miles or more from the nearest supermarket or supercenter—20 percent of all rural counties.
- **Better access corresponds to healthier eating.** Studies find that residents with greater access to supermarkets or a greater abundance of healthy foods in neighborhood food stores consume more fresh produce and other healthful items.
  - African Americans living in a census tract with a supermarket are more likely to meet dietary guidelines for fruits and vegetables, and for every additional supermarket in a tract produce consumption rises [32 percent](#). Among whites, each additional supermarket corresponds to an 11 percent increase in produce consumption. This study used a large sample: 10,230 adults living in 208 urban, suburban, and rural census tracts in four states.
  - Adults with no supermarkets within a mile of their homes are [25 to 46 percent](#) less likely to have a healthy diet than those with the most supermarkets near their homes, according to a study that used data from North Carolina, Baltimore, and New York City. A healthy diet was defined using two different measures: the Alternate Healthy Eating Index, which measures consumption of foods related to low risk of chronic disease, and a measure looking at consumption of fats and processed meats.

—[Proximity to a supermarket](#) is associated with increased fruit consumption among food stamp recipients (based on a nationally representative sample). Similar patterns were also seen with vegetable consumption, though associations were not statistically significant.

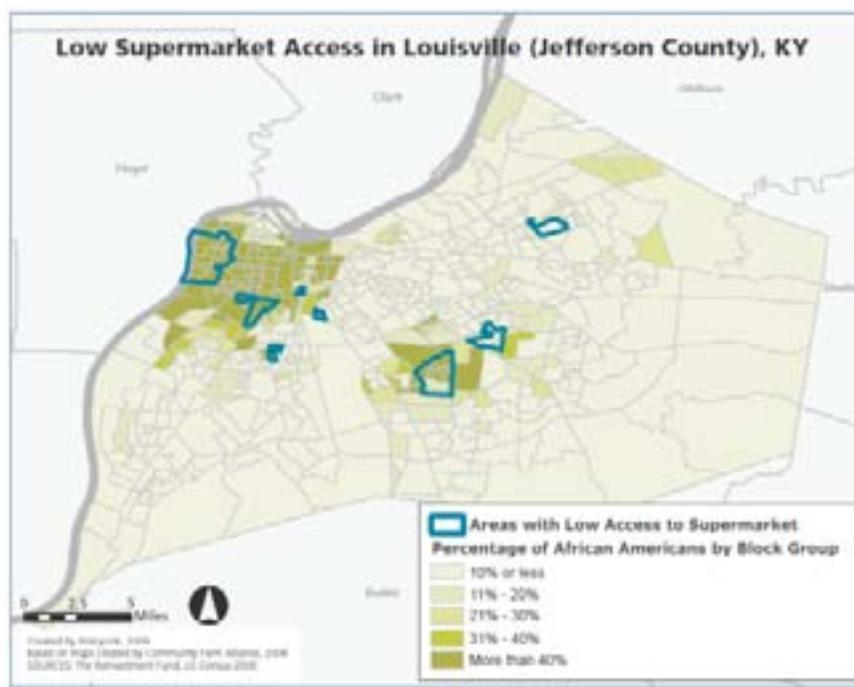
- **Access to healthy food is associated with lower risk for obesity and other diet-related chronic diseases.** Researchers find that residents who live near supermarkets or in areas where food markets selling fresh produce (supermarkets, grocery stores, farmers' markets, and so forth) outnumber food stores that generally do not (such as corner stores) have lower rates of diet-related diseases than their counterparts in neighborhoods lacking food access.

—Adults living in [neighborhoods with supermarkets](#) or with supermarkets and grocery stores have the lowest rates of obesity (21 percent) and being overweight (60–62 percent). Those living in neighborhoods with no supermarkets and access only to convenience stores, smaller grocery stores, or both had the highest rates (32–40 percent obese; 73–78 percent overweight), according to a study of more than 10,000 adults.

—The lack of supermarket access corresponds to higher rates of diet-related death in [Philadelphia](#).

(See [The Grocery Gap](#) for a full analysis of the relationship between food access, diet, and health.)

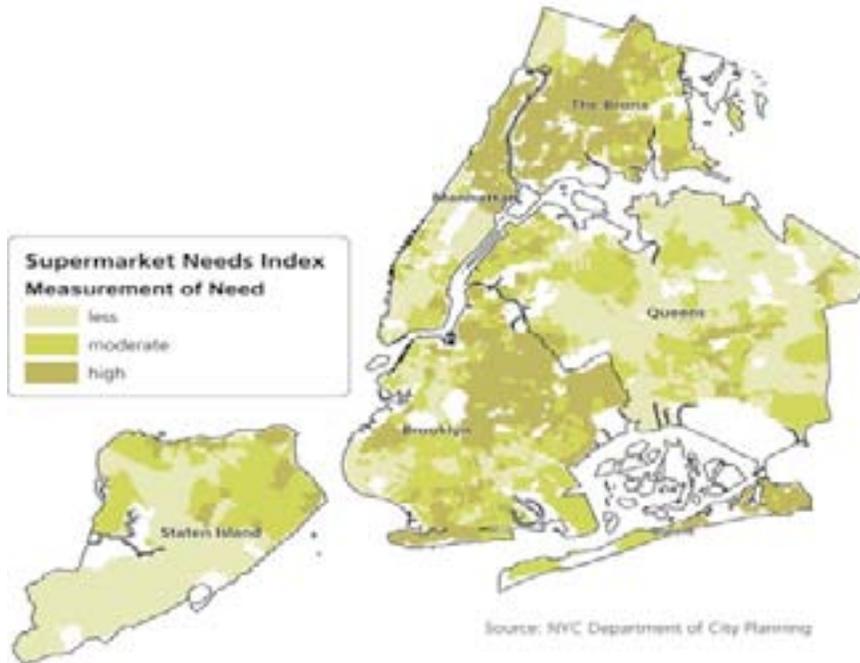
**Mapping Access to Healthy Food and Health Disparities.** Some communities working to address the problem of access to healthy food have used maps to highlight disparities. For example, the map below shows that in low access, lower-income areas, residents travel longer distances to supermarkets than other residents in higher-income areas. Though Jefferson County is only 19 percent African American overall, in areas with low access to supermarkets the population is 68 percent African American.



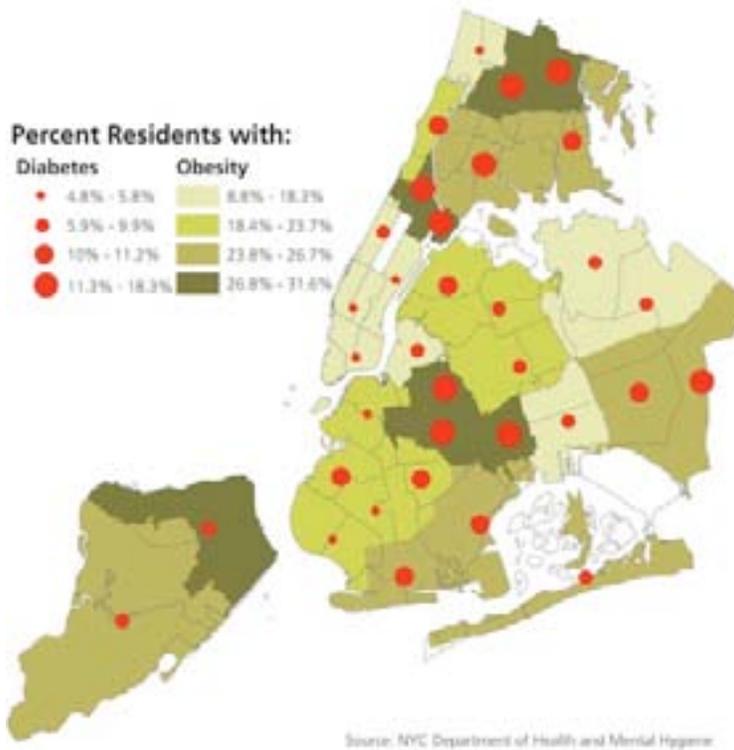
Based on maps created by the Community Farm Alliance in 2006 and The Reinvestment Fund's low supermarket access analysis. For more information on The Reinvestment Fund's methodology, see [www.trfund.com/financing/realestate/EstimatingSupermarketAccess-1pg.pdf](http://www.trfund.com/financing/realestate/EstimatingSupermarketAccess-1pg.pdf).

Maps can also be helpful in making the case for the relationship between access to healthy food and health outcomes. The three maps of New York City below show that many areas with high supermarket need also have high percentages of residents consuming no fruits and vegetables, and high rates of diabetes and obesity.

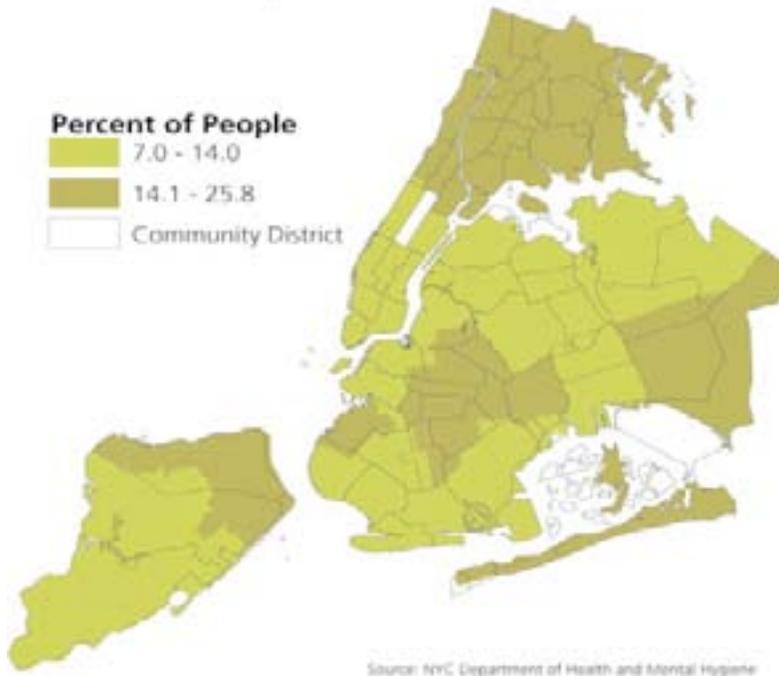
## Supermarket Access Index



## Prevalence of Diabetes and Obesity reported in neighborhoods defined by the United Hospital Fund (UHF)



## Percent of people reporting they consumed NO fruit or vegetables the previous day by the United Hospital Fund Neighborhoods



# Mapping Resources

There are existing resources that can be helpful in identifying local food access challenges:

The USDA has released a [food desert locator](#) that shows census tracts the agency considers food deserts. [The Healthy Food Financing Initiative \(HFFI\)](#) working group defines a food desert as a *low-income census tract* where a substantial number or share of residents has *low access* to a supermarket or large grocery store:

- To qualify as a “low-income community,” a census tract must have either: 1) a poverty rate of 20 percent or higher, or 2) a median family income at or below 80 percent of the area’s median family income.
- To qualify as a “low-access community,” at least 500 people and/or at least 33 percent of the census tract’s population must reside more than one mile from a supermarket or large grocery store (for rural census tracts, the distance is more than 10 miles).

The USDA also has a [food environment atlas](#) that provides county-level statistics on food choices, health and well-being, and community characteristics.

The Reinvestment Fund’s helpful [PolicyMap](#) shows Low Access Areas, [defined as areas that are underserved by full-service supermarkets, and have significant grocery retail leakage and demand](#). This PolicyMap tool accounts for population density and car ownership in determining the areas that are underserved. It also identifies clusters of underserved low-access census tracts, which provides information about need and potential market viability.

Other organizations such as [Social Compact](#), [LISC MetroEdge](#), and [Mari Gallagher Research and Consulting Group](#) have conducted assessments of local food environments. In addition, many community-based organizations conduct local [community food assessments](#).

The PolicyLink chapter, [Community Mapping for Health Equity Advocacy](#), also includes helpful mapping tips and information.

---

## Getting Started

Communities have varying assets, challenges, and goals. Therefore, it is important for each one to assess its particular needs and abilities. The following processes can be useful for finding each community’s best food access strategy. Community advocates should identify whether one or more of these processes may be underway already, and they can also seek to create new opportunities.

**Community food assessments.** A [community food assessment](#) (CFA), or other participatory research, examines a community’s access to healthy food and devises appropriate solutions to meet that community’s needs. More than 40 CFAs have been completed in the United States.

**Food policy councils.** [Food policy councils](#) bring together stakeholders from different parts of the food system with local, municipal, and state governments. A food policy council coordinates local food system efforts, from researching food production, food access, and health issues, to designing and implementing projects and policies to address those issues. Some councils are established by government ordinances, others are created as a result of grassroots organizing and networking. A number of councils are housed in state or local government agencies, while others are affiliated with food advocacy organizations. There are more than a hundred [food policy councils](#) around the country that are working to improve local and state food systems, and some have had impressive successes. In [Hartford, Connecticut](#), collaboration among the state's [Food Policy Council](#) members shortened the food stamp application and linked eligibility with the school lunch program. The [New Mexico Food and Agriculture Policy Council](#) promoted legislation that provides funding for a group of Albuquerque schools to buy locally grown fruits and vegetables.

**Task forces.** Supermarket task forces assess healthy food access and promote policies necessary for establishing supermarkets. In 2001, [The Food Trust](#), a nonprofit organization working to ensure that everyone has access to affordable, nutritious food, released a report that found low-income residents are disproportionately affected by limited food access, and that the lack of supermarkets is linked to higher incidence of diet-related diseases. In response to the findings, the Philadelphia City Council asked The Food Trust to convene a task force to produce recommendations to improve the availability of healthy food in underserved areas of the city. The task force was comprised of more than 40 experts from city government, the supermarket industry, and the civic sector. The task force process helped support the development of the [Fresh Food Financing Initiative](#). Similar task forces have been convened in cities including New York and New Orleans.

**Existing planning processes.** Another way to improve food access is to integrate the issue into the neighborhood planning process, linking physical health with economic development.

**City Council–sponsored local food initiatives.** City councils can pass resolutions to help foster local and community food systems. For example, in [Seattle](#) a resolution addressing the city's food system was passed, containing many recommendations focused on the needs of low-income and minority residents. As a result, city departments are taking steps such as conducting an inventory of public lands, recommending new community garden locations, and encouraging the establishment of grocery stores and farmers' markets in underserved areas.

**Community meetings.** Community members can also organize informal meetings to address food access needs. For example in West Fresno, California, discussions among concerned neighbors inspired a sustained advocacy effort that resulted in a new supermarket for the community.

# Choosing a Tool

The chart below highlights considerations (complexity/time, land, funding, customer base) that may be helpful in deciding strategies to pursue.

	<b>Developing New Grocery Stores</b>	<b>Improving Existing Neighborhood Stores</b>	<b>Starting and Sustaining Farmers' Markets</b>	<b><u>Community Gardens/Urban Agriculture and Community Supported Agriculture (CSAs)</u></b>
<b>Complexity/ Time</b>	Complex and time-consuming. Land or property must be identified and purchased. Requires significant financing. Grocers must be convinced that the area can support a store. Regulatory processes such as zoning and the construction process take time.	A significant challenge, but less complex and requires less time than building new stores. Can see results sooner.	A significant challenge, but less complex and requires less time than building new stores. Can see results sooner.	A significant challenge, but less complex and requires less time than building new stores. Can see results sooner.
<b>Land</b>	The average supermarket is 44,000 square feet, and new stores are usually much larger. They require ample parking lots and are often anchors to much larger developments of retail stores. Smaller grocery stores are typically 10,000 to 12,000 square feet and may fit into existing sites.	Requires no new land since the stores already exist.	Only requires a parking lot, a blocked off street, or another public space that can be used for short periods of time.	CSAs require land for farming and often need a distribution center for gathering and packaging its products. Community gardens/urban agriculture require new land for farming.
<b>Funding</b>	New supermarkets require millions of dollars to construct and operate. Smaller grocery stores are less expensive, but still cost over a million dollars.	Re-outfitting a corner store to sell fresh produce can cost less than \$100,000 in technical assistance, equipment, and initial inventory.	A reasonable first-year budget is approximately \$34,000, though markets can cost as little as \$2,000 or as much as \$150,000 per year.	A reasonable first-year budget for a CSA can range between \$1,500 to \$100,000 depending on how many members join and pricing of shares. Community gardens/urban agriculture cost approximately \$1 per square foot per year over five years for soil, seeds, soil testing, wire fence, and initial cleanup, assuming volunteer labor and free water sources.
<b>Customer Base</b>	Supermarkets require extremely high volume and so must draw shoppers from beyond a single immediate neighborhood. Heavily trafficked roads can increase potential customer base. Smaller grocery stores can rely more on neighborhood customer bases.	It is helpful to demonstrate community interest in purchasing healthy foods so that storeowners know they will be able to sell whatever produce they purchase and still make a profit.	Need enough customers to be worth the farmers' time and transportation costs at the market, as well as enough profit to pay for a market coordinator.	CSA customer bases can be as small as 5 persons or as large as several hundred. Membership shares range in price, but a share in the \$20 range should cover first-year inputs. Community gardens/urban agriculture can serve a small or very large customer base since the gardens/farms can range from a few hundred square feet to many acres.

A community may also want to consider the following when choosing its strategy:

- the types, prices, and quality of foods to be offered
- local hiring
- community ownership
- farm and retailer labor practices
- environmental impact
- responsiveness to community needs
- feasibility
- long-term sustainability

---

## A Case Study

### The Fresh Food Financing Initiative

In recent years, a model—the [Fresh Food Financing Initiative](#) (FFFI)—has emerged that can support a range of healthy food access efforts and that has already demonstrated remarkable successes.

In 2001, [the Food Trust](#), a nonprofit organization that promotes food access and healthy eating, released a report highlighting disparities in food access and high levels of diet-related disease for low-income residents in Pennsylvania. In response, the Philadelphia City Council charged The Food Trust to convene a task force of leaders from city government, the supermarket industry, and the civic sector, to recommend ways to expand access to affordable, nutritious food in underserved areas. Financing emerged as a key obstacle, and the task force recommended a statewide initiative to fund fresh food retail development.

State Representative Dwight Evans championed this recommendation, and with the support of other key legislators, the Pennsylvania General Assembly appropriated \$30 million over three years to create the Fresh Food Financing Initiative (FFFI). Developed as a public-private partnership, FFFI provides one-time loans and grants to encourage fresh food retailers to locate or remain in underserved low-income communities. [The Reinvestment Fund \(TRF\)](#), [The Food Trust](#), and [The Greater Philadelphia Urban Affairs Coalition](#) are charged with implementing and managing FFFI.

TRF, one of the nation's largest community development financial institutions, successfully matched the \$30 million state appropriation with more than \$90 million in private capital to create a comprehensive program to finance fresh food retailers in underserved communities. FFFI loans and grants can be used for expenses such as demolition, environmental remediation, land acquisition, equipment financing, construction financing, and workforce recruitment and training.

Since 2004, the program has approved 83 new or improved grocery stores and other healthy food retailers in underserved low- and moderate-income neighborhoods in cities including Philadelphia and Pittsburgh, as well as in rural communities such as Derry and Williamsburg. The FFFI has supported grocery stores, small-scale corner stores, co-ops, and farmers' markets. [These projects have led to 5,000 full- and part-time jobs, 1.5 million square feet of grocery retail space, and expanded food access for more than 400,000 residents.](#)

[Studies](#) have quantified the increases in jobs, wages, local tax revenues, and other economic activity that occurred when a supermarket financed by FFFI opened. These studies find that the vast majority of jobs were filled by local residents, the salaries and benefits were on par with their suburban and industry peers, and the jobs had a positive wage trajectory. The supermarkets financed by FFFI often served as retail anchors in their communities, sparking other kinds of economic activity. In addition, values of nearby homes located within a quarter to a half mile of the selected stores increased by 4 to 7 percent (an average of \$1,500), slowing the downward trend in real estate values, especially in neighborhoods with weaker housing markets, where the effect was even larger.

In [New York City](#), [New Orleans](#), [Washington, DC](#), [Detroit](#), and [California](#), [Illinois](#), [Louisiana](#), and [New York State](#), policies and programs are being developed and implemented that are modeled on FFFI. These efforts are promising, but are not sufficient to address the full scope of the problem nationwide.

PolicyLink, The Food Trust, and The Reinvestment Fund are working to replicate the FFFI at the federal level. Momentum is building, and the so-named Healthy Food Financing Initiative (HFFI) already has support from a broad range of organizations representing public health, children's health, civil rights, economic development, and the grocery industry. As with the Pennsylvania effort, the HFFI would attract healthy food retailing investment in underserved communities by providing critical one-time loan and grant financing through a combination of public and private sources—and as a result, improve children's health, create jobs, and spur economic development across the nation. [Click here](#) to read the latest news about HFFI, and [here](#) to sign up for periodic updates and e-advocacy opportunities. [This page](#) highlights efforts across the USDA, Treasury, and HHS to address healthy food access.

---

# Resources

## Organizations / Websites

[Center for Food and Justice](#)

[Centers for Disease Control and Prevention](#)

[Community Food Security Coalition](#)

[Community Food Security Coalition North American Food Policy Council Webpage](#)

[Convergence Partnership](#)

[Creating Access to Healthy, Affordable Food](#) (USDA, Treasury, HHS)

[Fair Food Network](#)

[Food Desert Locator](#) (USDA)

[Food Environment Atlas](#) (USDA)

[Food First](#)

[Institute of Medicine](#)

[Let's Move](#)

[LISC MetroEdge](#)

[Mari Gallagher Research and Consulting Group](#)

PolicyLink

[PolicyMap](#) (The Reinvestment Fund)

[Public Health Law and Policy](#)

[Robert Wood Johnson Foundation Center to Prevent Childhood Obesity](#)

[Social Compact](#)

[The Food Trust](#)

[The Reinvestment Fund](#)

[Wallace Center](#)

[Wholesome Wave](#)

[Why Hunger](#)

## Model Policies

[California FreshWorks Fund](#)

[City of Seattle City Clerk's Online Information, City Council Resolutions](#)

[Detroit Green Grocer Project](#)

[FEED DC Act](#)

[Healthy Food Healthy Communities Fund \(NY\)](#)

[Illinois Fresh Food Fund](#)

[Louisiana Healthy Food Retail Act](#)

[New Orleans Fresh Food Retailer Initiative](#)

[New York City's Food Retail Expansion to Support Health \(FRESH\)](#)

[Pennsylvania Fresh Food Financing Initiative](#)

## Readings

### 2010

[Local and Regional Food Systems](#). Food and Security Learning Center, 2010.

[The Grocery Gap: Who Has Access to Healthy Food and Why It Matters](#). Treuhaft, S. and Karpyn, A. PolicyLink, 2010.

### 2009

[Access to Affordable and Nutritious Food – Measuring and Understanding Food Deserts and their Consequences – A Report to Congress](#). U.S. Department of Agriculture, 2009.

[Association Between Neighborhood Need and Spatial Access to Food Stores and Fast Food Restaurants in Neighborhoods of Colonias](#). Sharkey, J., et al. *International Journal of Health Geographics* 8:9 (2009).

[CSA Allows Anyone a Share of Fruits, Veggies](#). Ali, Ann. *The State Journal*, 2009.

[Neighborhood Food Environment and Walkability Predict Obesity in New York City](#). Rundle, A., et al. *Environmental Health Perspectives* 117 (2009): 442–447.

[Oakland Food Retail Impact Study, Development Report No 20](#). Laurison, H. and Young, N. PHLP and Food First. Food First, 2009.

[Obesity in Urban Food Markets: Evidence from Georeferenced Micro Data](#). Chen, S., et al. National Poverty Center, 2009.

[Report of the Healthy Food Retail Study Group: Recommendations for a Louisiana Healthy Food Retail Financing Program](#). The Prevention Research Center, Tulane University, 2009.

## 2008

[A Plan for Atlanta's Sustainable Food Future](#). Summer 2008.

[Access to Supermarkets in Inner-City Communities](#). The Reinvestment Fund. Reinvestment Brief, Issue 5.

[Associations of the Local Food Environment with Diet Quality—A Comparison of Assessments Based on Surveys and Geographic Information Systems: The Multi-Ethnic Study of Atherosclerosis](#). Moore, L., et al. *American Journal of Epidemiology* 167 (2008): 917–924.

[Closing the Grocery Gap in Underserved Communities: The Creation of the Pennsylvania Fresh Food Financing Initiative](#). Giang, T., et al. *Journal of Public Health Management and Practice* 14, no.3 (2008): 272–279.

[Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes](#). California Center for Public Health Advocacy, PolicyLink, and the UCLA Center for Health Policy Research, 2008.

[Does Race Define What's in the Shopping Cart?](#) Community Health and Education. Community Health Councils, Inc., Policy Brief, 2008.

[Neighborhood Fruit and Vegetable Availability and Consumption: The Role of Small Food Stores in an Urban Environment](#). Bodor, J.N., et al. *Public Health Nutrition* 11 (2008): 413–420.

[Neighborhood Characteristics and Availability of Healthy Foods in Baltimore](#). Franco, M., et al. *American Journal of Preventive Medicine* 35:6 (2008): 561–567.

## 2007

[Associations Between Access to Food Stores and Adolescent Body Mass Index](#). Powell, L., et al. *American Journal of Preventive Medicine* 33:4S (2007): S301–S307.

[Food Store Availability and Neighborhood Characteristics in the United States](#). Powell, L., et al. *Preventive Medicine* 44:3 (2007): 189–195.

[Green Neighborhoods, Food Retail and Childhood Overweight: Differences by Population Density.](#) Liu, G., et al. *American Journal of Health Promotion* 21:4 (2007): 317–325.

[National Healthcare Disparities Report](#), AHRQ Pub. No. 08-0041. U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2007.

[Starved for Access: Life in Rural America's Food Deserts](#), Morton, L. and Blanchard, T. *Rural Realities* 1: 4 (2007).

[The Economic Impacts of Supermarkets on their Surrounding Communities.](#) The Reinvestment Fund, Reinvestment Brief, Issue 4.

## 2006

[Associations of Neighborhood Characteristics with the Location and Type of Food Stores.](#) Moore, L. and Roux, A. *American Journal of Public Health* 96 (2006): 325–331.

[Closing New Mexico's Rural Food Gap.](#) New Mexico Food and Agriculture Policy Council, 2006.

[Eat Fresh and Grow Jobs, Michigan.](#) Cantrell, P., et al. Traverse City, MI: Michigan Land Use Institute (MLUI) and the CS Mott Group, Michigan State University, 2006.

[Examining the Impact of Food Deserts on Public Health in Chicago.](#) Gallagher, M. Mari Gallagher Research and Consulting Group, 2006.

[Food Availability & Food Desert in the Nonmetropolitan South.](#) Blanchard, T. and Lyson, T. Mississippi State, MS: Southern Rural Development Center, 2006.

[Food Stamp Participation and Market Access in the District of Columbia.](#) Manjarrez, C. and Cigna, J. Discussion Brief No. 3. Urban Institute, 2006.

[Healthy Food, Healthy Communities: An Assessment and Scorecard of Community Food Security in the District of Columbia.](#) D.C. Hunger Solutions, 2006.

[Key Facts About Childhood Obesity in the Latino Community: A Fact Sheet.](#) National Council of La Raza, 2006.

[Low-Fat Milk and High-Fiber Bread Availability in Food Stores in Urban and Rural Communities.](#) Hosler, A., et al. *Journal of Public Health Management Practice*, 12 (2006): 556–562.

[Supermarkets, Other Food Stores, and Obesity: The Atherosclerosis Risk in Communities Study.](#) Morland, K., et al. *American Journal of Preventive Medicine* 30: 4 (2006).

[You are Where you Shop: Grocery Store Locations, Weight, and Neighborhoods.](#) Inagami, S., et al. *American Journal of Preventive Medicine* 31:1 (2006): 10–17.

## 2005

[A Potential Decline in Life Expectancy in the United States in the 21st Century](#). Olshansky, S.J., et al. *New England Journal of Medicine* 352: 11( 2005): 1138–1145.

[Fruit and Vegetable Intake in African Americans: Income and Store Characteristics](#). Zenk, S., et al. *American Journal of Preventive Medicine* 29:1 (2005).

[Preventing Childhood Obesity: A Solution-oriented Research Paradigm](#). Robinson, T.N. and Sirard, J.R. *American Journal of Preventive Medicine* 28:2S2 (2005): 194–201.

## 2004

[Food Store Access and Household Fruit and Vegetable Use among Participants in the US Food Stamp Program](#). Rose, D. and Richards, R. *Public Health Nutrition* 7, no.8 (2004):1081–1088.

[Mobility Strategies and Food Shopping for Low-Income Families](#). Clifton, K. *Journal of Planning Education and Research* 23 (2004).

[Rural Food Access Patterns: Elderly Open-Country and In-Town Residents](#). Iowa Food Security, Insecurity, and Hunger. 2004.

## 2003

[Health Benefits of Urban Agriculture](#). Bellows, Anne C., et al. 2003. A paper from members of the Community Food Security Coalition's North American Initiative on Urban Agriculture.

[Neighborhood Groceries: New Access to Healthy Food in Low-Income Communities](#). Bolen, E., et al. California Food Policy Advocates, 2003.

[Obesity and the Environment: Where Do We Go from Here?](#) Hill, J.O., et al. *Science* 299 (2003): 853–855.

[Transportation Costs and the American Dream](#). Surface Transportation Policy Project. 2003.

## 2002

[Neighborhood Characteristics Associated with the Location of Food Stores and Food Service Places](#). Morland, K., et al. *American Journal of Preventive Medicine* 22 (2002): 23–29.

[The Contextual Effect of the Local Food Environment on Residents' Diets: The Atherosclerosis Risk in Communities Study](#). Morland, K., et al. *American Journal of Public Health* 92, no.11 (2002): 1761–67.

[The Persistence of L.A.'s Grocery Gap: The Need for a New Food Policy and Approach to Market Development](#). Shaffer, A. Center for Food and Justice, Urban and Environmental Policy Institute, Occidental College, 2002.

[Urban Agriculture and Community Food Security in the United States: Farming from the City Center To the Urban Fringe](#). Brown, Katherine. Community Food Security Coalition, 2002.

## 2001

[Community Food Security Programs Improve Food Access](#). Scott, L.K. *FoodReview* 24:1 (2001): 20–26.

[The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity](#). U.S. Department of Health and Human Services Public Health Service, Office of the Surgeon General, 2001.

## 2000

[Understanding and Reducing Socioeconomic and Racial/Ethnic Disparities in Health: Promoting Health: Intervention Strategies from Social and Behavioral Research](#). House, J.S. and Williams, D.R. Washington, DC: Institute of Medicine/National Academy Press, 2000.

## 1999

[Do the Poor Pay More for Food?: An Analysis of Grocery Store Availability and Food Price Disparities](#). Chung, C. and Myers, S.J. *The Journal of Consumer Affairs* 33:2 (1999): 276–297.

[Supermarket Access in the Inner City](#). Nayga, R. and Weinberg, Z. *Journal of Retailing and Consumer Services* 6 (1999): 141–145.

## 1998

[Independent Inquiry into Inequalities in Health Report](#). Acheson, S.D. United Kingdom: Department of Health, 1998.

[Rural Poor Have Less Access to Supermarkets, Large Grocery Stores](#). Kaufman, P. *Rural Development Perspectives* 13:13 (1998): 19–26.

*Supermarket Development: CDCs and Inner City Economic Development*. Barbara Abell. National Congress for Community Economic Development, 1998.

## 1997

[Do the Poor Pay More for Food? Item Selection and Price Differences Affect Low-Income Household Food Costs](#). Kaufman, P.R. Washington, DC: U.S. Department of Agriculture, 1997.

*Just Transportation: Dismantling Race and Class Barriers to Mobility*. Bullard, R., et al. Gabriola Island, British Columbia: New Society Publishers, 1997.

[Redlining Food: How to Ensure Community Food Security](#). Food First Institute for Food and Development Policy, 1997.