

Case study:

**The Pennsylvania Fresh Food
Financing Initiative,
Pennsylvania US**

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Produced by the UK Health Forum and commissioned by the Health Foundation.

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Case study: The Pennsylvania Fresh Food Financing Initiative, Pennsylvania US

Summary

In 1999, the Philadelphia-based NGO The Food Trust (TFT) commenced a programme of research into the lack of access to healthy food and its negative impacts on population health in Philadelphia. TFT published its findings in a 2001 agenda setting report, *Food for every child: The need for more supermarkets in Philadelphia*. The report provided a stark, graphic illustration of the problem of 'food deserts' in Philadelphia. It was welcomed by City Council members, who requested TFT to convene a task force to identify policy changes to increase the number of supermarkets across the wider state of Pennsylvania. The task force released their report in 2004 which led to the launch of the Pennsylvania Fresh Food Financing Initiative (PFFFI) the same year. The initiative worked as a public–private partnership (PPP) that helped to finance business operators in communities where infrastructure costs and credit requirements were not being met by the major financial institutions.

Several partners were involved in the implementation of the PFFFI. The Reinvestment Fund, a community development financial institution, managed the government funds, raised additional capital from the private sector and provided grants and loans for the potential supermarket developments. The Pennsylvania Department of Community Economic Development developed programme guidelines and TFT undertook initial research and developed the advocacy campaign surrounding the 'grocery gap' problem in Pennsylvania.

Key outcomes of the PFFFI include:

- \$30m¹ was raised from the state, which was matched by the Reinvestment Fund with an additional \$117.4m across a five-year period from 2004 to 2009
- 88 fresh food retail projects were approved for funding
- More than 5,000 jobs were created or retained
- 1.67m square feet of retail space was created or retained
- 400,000 Pennsylvania residents had increased access to fresh food retail and negative myths were dispelled regarding deprived communities and the feasibility of business operations in such communities.

As a result of its success, the PFFFI was adopted by other states. In 2010 a similar programme was adopted at the federal level as the Healthy Food Financing Initiative (HFFI). Since the 2009 financial crisis, state budget restraints have prevented significant expansion of the programme in Pennsylvania.

Among the lessons learned, the programme was a success owing to:

- The high profile *Food for every child* report⁽⁷⁾ – this helped to create a policy window for change.
- Strong institutional and individual leadership was provided by TFT and an influential political champion.

¹ All figures are quoted in US dollars.

- A coalition of public–private actors used their different resources and expertise to support the programme.

Lessons based on what did not work as well:

- The programme failed to incorporate an evaluation component from the start and was unable provide evidence of effectiveness on its objective to reduce the prevalence of obesity.
- The activities of the PPP stalled in 2009 when the public sector funding ceased with the advent of the financial crisis, raising wider questions around the long-term viability and sustainability of PPPs.

Several regions in the UK face similar challenges around food deserts in deprived neighbourhoods to those identified in this case study. A related problem is the decline of high streets, which is characterised by shop closures and local job losses. The case study provides some important lessons on how different actors from public health, development and economic sectors can work together to develop joint solutions to these problems.

Introduction

Pennsylvania is a state located in the north eastern region of the United States. It is the 9th most densely populated of the 50 United States with a population, estimated in 2018, of approximately 13 million.⁽¹⁾

According to the 2016 Census the main ethnic groups in the Pennsylvania population were 82% White (77% non-Hispanic White), 12% Black or African American and 3.5% Asian. Around 13% of the population were in poverty (in line with the national average), 63% of people over 16 years old were employed (in line with the national average) and per capita income level was \$30,137, compared to \$29,829 nationally.⁽¹⁾

The population in Pennsylvania has high levels of diet-related poor health. 85% of adults fail to consume five or more servings of fruits and/or vegetables per day.⁽²⁾ Around 30% of the population is obese, and there were an estimated 280,000 obesity related cancers in 2010.⁽³⁾ In addition, a significant proportion of adults are inactive, with 28% of adults reporting no physical activity in 2017.⁽³⁾

In national (federal) elections since the 1980s, Pennsylvania has leaned towards the Democratic candidate. The state voted for the Democratic member for president in every election between 1992 and 2012; however, in the 2016 Presidential Election, Donald Trump became the first Republican candidate to win the state since 1988.

Timeline

Year	Event
1992	The Food Trust (TFT) is founded as a NGO focused on increasing fresh food knowledge and access
1998	Closure of the supermarket and other stores located in Progress Plaza, North Philadelphia, the oldest African/American owned shopping centre
1999	TFT commences research into the lack of supermarket access and the impact this has on health
2001	Research report <i>Food for every child: The need for more supermarkets in Philadelphia?</i> is published by TFT
2001	George W Bush elected as President of the United States. Government moves from Democratic to Republican administration.
2002	Philadelphia City Council holds hearings on the issue of supermarket access
2003	The Food Marketing Task Force is convened by TFT
2004	The Pennsylvania Fresh Food Financing Initiative (PFFFI) is launched
2004	The Food Marketing Task Force released a report including 10 recommendations to increase the number of supermarkets throughout Pennsylvania ⁽⁴⁾
2008	The PFFFI is recognised as one of the 'Top 15 Innovations in American Government' ⁽⁵⁾
2008	Report published on the creation of the PFFFI
2009	New fresh food supermarket opened in Progress Plaza, the first supermarket in the neighbourhood in 10 years
2009	PFFFI's funding is fully exhausted and outreach to new projects ceased
2010	The Obama administration launched the Healthy Food Financing Initiative (HFFI) to promote healthy food access and address obesity
2010	TFT published a five-step framework for increasing access to fresh, healthy food,

	using the PFFFI as an example
2018	Dwight Evans, Pennsylvania State Representative in Congress, introduces a reauthorisation bill for the Healthy Food Financing Initiative Reauthorisation Act in February

Description of the policy

The problem

The 'grocery gap' in many urban areas in the US has been driven by complex social, economic and public policy factors dating back to the 1960s and 70s which left urban centres without supermarkets and other businesses. Among the factors underpinning the 'grocery gap' were an exodus of white, middle class families to homes in the suburbs in search of larger, less expensive land and less crime; and loss of businesses as a result of more business-friendly zoning emerging in other areas.⁽⁶⁾

Philadelphia's supermarket shortage resulted in a decrease in access to healthy and fresh food and increases in health inequalities for those left behind. Progress Plaza in north Philadelphia provides an illustration of this problem. The oldest African American owned neighbourhood development was built in 1968, and served as a vital part of the African American community. However, in 1998, the Plaza's supermarket was closed after three decades of anchoring the community development. This led to the development's disrepair, a decline in access to healthy foods and a rise in diet-related conditions such as obesity.

TFT was established in 1992 with a goal to increase access to healthy foods such as fruit and vegetables in underserved neighbourhoods. The NGO initially focused on the city of Philadelphia – owing to the severity of the problem in the city – before it later expanded to cover other parts of the US.

'[Philadelphia] has the second lowest number of supermarkets per capita of major cities in the nation. In fact, the Greater Philadelphia region has 70 too few supermarkets in low-income neighbourhoods.'

'There are large areas of Philadelphia with few supermarkets, and many neighbourhoods where none exist. This uneven distribution of food in Philadelphia disproportionately affects large numbers of low-income people.'

'The number of supermarkets—access to supermarkets—is a key factor contributing to the health and development of neighbourhoods. People living in lower-income areas, without access to supermarkets, suffer from diet-related deaths at a rate higher than that experienced by the population as a whole.'

Source: Duane Perry, TFT founder⁽⁷⁾

Food for Every Child report

TFT embarked on a programme of research in 1999 to systematically document and describe the nature of the problem in the city of Philadelphia. The NGO consulted with representatives from the City Council's health department which provided some of the data for the report, and partnered with academic researchers as part of this process. The findings were published in TFT's ground-breaking report *Food for Every Child: The need for more supermarkets in Philadelphia*.⁽⁷⁾ The report included powerful maps which starkly revealed locations where communities were affected by multiple adverse factors including no or few supermarkets, low incomes and high rates of diet related deaths.

'We had a pretty pioneering report come out, one I already mentioned, that looked at areas of the city that had access to supermarkets, and those that didn't, and where poverty was, and where it wasn't, and where diet related disease was, and where it wasn't, and that was the first of its kind.'

Source: Key informant, TFT

The report's visual representation was a vital part of communicating the problem to policymakers as it showed that food access was not just a social justice issue or an economic development issue; it was an urgent and expensive public health concern for the city.⁽⁶⁾ The report made three key recommendations to state and local actors:

1. Eliminate the gap in the number of supermarkets between low- and higher-income communities, through significant public investment
2. Convene key leaders in the supermarket industry, to develop a strategy to create more supermarkets in lower-income communities
3. State and local governments to create linkage programmes, and require supermarkets that build in higher-income communities to build new stores in lower-income neighbourhoods.

One individual leader for whom the issue particularly resonated was Pennsylvania State Representative, Dwight Evans. He had first-hand experience, having grown up in a deprived, low food access community and subsequently representing such a community in the State Council:

'I already knew that there was a problem. The map just made it real. It put a face on it. It was like an exhibit in a court room.'

Source: State Representative Dwight Evans⁽⁸⁾

Evans was a valuable resource to TFT as he set out to champion the report and the follow-on actions it resulted in within Philadelphia City Council and across the wider state of Pennsylvania, as illustrated by the quote below:

'I think that it was the fact that Dwight Evans... So, we had good leadership at the state level, who also came from the local jurisdiction, and who also this problem resonated for, the idea that supermarkets were no longer in a lot of the neighbourhoods was something that he, himself, had experienced, and he really could connect to it, and he understood what it meant for the lives of his constituents.'

Source: Key informant, TFT

As a first step, the City Council held a series of public hearings in 2002 to explore the issues of food access in more detail. The initial hearing received testimonies from community members and leaders, and further helped to raise awareness of the issue.

Recognising that the problem was not just limited to the city of Philadelphia, a series of follow-up hearings were subsequently held by the Pennsylvania House Committee on Health and Human Services, to explore the problem of the grocery store gap across the whole state of Pennsylvania. In December 2003, the Committee issued a report⁽⁹⁾ which concluded that the grocery store gap had an adverse impact on both urban and rural communities, across the whole state.

'When we started, we were thinking about it with a Philadelphia, urban vantage point, but very quickly, we realised that it was not an urban problem alone, and that there were a number of rural areas also that struggled for their mom and pop stores to stay in business, and even though many communities had farmers, they were growing feed corn; they weren't growing fruits and vegetables, and so they also lacked access.'

Source: Key informant, TFT

The problem's visibility in the community also served to ensure a high level of public and political support for action across the city of Philadelphia and beyond. This is demonstrated by the quotes below:

'...we would go to other places who were facing similar problems, and a lot of times, you have residents who are angry, as well they should be, that they don't have equal access to affordable food.'

'I think it resonated – the issue resonated, and it was pretty clear that they just weren't there, the supermarkets just weren't there, and so it didn't need much more convincing that there was a problem.'

Source: Key informant, TFT

The Food Marketing Task Force

Following its public hearings, Philadelphia City Council asked TFT to convene a Food Marketing Task Force to identify the challenges to operating supermarkets in underserved areas and to develop solutions to address these challenges:

'So, in this case, we listened to the residents and then we created a forum for the retailers and some high level players who would be able to really move the needle more on the inside of policy, and explain what would need to happen in order for those stores to come back.'

Source: Key informant, TFT

The task force met throughout 2003–2004 and was led by TFT founder, Duane Perry. Perry was strategic in his thinking about how to work together with stakeholders to get their buy-in to a solution. He brought together 40 high-level representatives from the public sector and civil society such as food access advocates, community leaders, supermarket industry leaders, government leaders, financial sector representatives, city planning, economic development leaders, public health professionals and children's health advocates in order to ensure cross-sector input to the proposed solutions. The quote below describes the major part that Perry played in building momentum to support action:

'Duane Perry, who was the founder of The Food Trust, did a lot of the thinking behind the early work. He very strategically considered who the stakeholders were, in a way that, today, makes a lot of sense, but at the time hadn't really been done that way. So, the process... We

undertook a process to put together this task force that really engaged a broad range of stakeholders.'

Source: Key informant, TFT

The task force was jointly chaired by an executive from the supermarket industry who provided a grounded connection to the challenge of building and operating markets in underserved areas; and a widely respected leader from a non-profit civic organisation to ensure that the community perspective was represented. This helped bridge the gap between sectors.

Through facilitated discussions and presentations from supermarket leaders, real estate developers, and public health and economic development leaders, task force participants built their shared understanding of the barriers to supermarket development in underserved communities and the possible solutions. The process led to consensus on the action required to help retailers overcome the barriers to entry and get supermarkets into the areas where people needed better access to healthy food the most.

The task force released a report in 2004⁽⁴⁾ which included 10 recommendations to increase the number of supermarkets in communities throughout Pennsylvania that were found to be lacking access. Its members also helped to champion policy change by testifying at public hearings, educating policymakers and elected officials and engaging the media.

The intervention

The PFFFI was launched by the State Governor in 2004. It was established as a state-wide financing programme of the Department of Community and Economic Development and aimed to attract supermarkets and grocery stores to underserved urban and rural communities. Its objectives were to:

- reduce the high incidence of diet-related diseases by providing healthy food
- stimulate investment of private capital in low-income communities
- remove financing obstacles and lower operating barriers for supermarkets in poor communities
- create living wage jobs
- prepare and retain a qualified workforce.

In line with the task force's recommendations, the PFFFI was run as a PPP between the Commonwealth of Pennsylvania (Pennsylvania's State Government); the Reinvestment Fund (a community development financial institution); TFT; and the Urban Affairs Coalition (an organisation that creates opportunities for minority workers).

Roles of the main actors

The coalition of actors each played a unique role in the implementation of the policy. TFT partnered with the Reinvestment Fund to lead, market and promote the initiative across the state and undertook analyses to identify potential markets. TFT promoted the initiative through mainstream media outlets and trade publications and through presentations at conferences, meetings and trade shows. It developed relationships with wholesalers, grocers, food industry associations and economic and community development contacts in all Pennsylvania counties to determine areas of need, identify how they could best use the resources available through the PFFFI and generate applications to the scheme. It also helped evaluate applications to assess eligibility in relation to the programme's food access and public health goals as well as the businesses' acceptability to the community.

The Reinvestment Fund raised more than \$117m in private capital (from institutions such as banks and philanthropic foundations) leveraged by the state's \$30m grant. It created a financing programme offering grants and loans to supermarket and grocery store operators locating in underserved communities. It complemented TFT's eligibility assessments by vetting the financial viability of applicants, administering the loans, providing technical assistance to projects and conducting economic impact assessments for the programme.

The complementary roles and benefits of these two lead organisations are illustrated by the quote below:

'The Food Trust would vet those applicants based on whether or not there was really need in the community, and what kind of products and services they were offering, and got feedback from the community about their receptivity to that potential applicant, if that applicant looked viable.'

'So, if the operator had a bad reputation in the community, or had burned people in the past, we would know that going into it. Then, the reinvestment fund, so the Community

Development Financial Institution, which essentially operated as the bank, they did their job in vetting the financial viability of the applicant.'

Source: Key informant, TFT

Among the other key actors involved in the programme, the Pennsylvania Department of Community and Economic Development provided \$30m of funding over the programme's first three years. In addition to seed funding, the state oversaw the programme management and tracked the economic impact of the programme, including jobs created, total square feet of fresh food retail space supported and total project costs. The Urban Affairs Coalition worked with supermarket developers to increase opportunities for women and minorities to be involved with the construction, operation and ownership of funded stores.

Funding ceased following the economic crisis

In January 2009, funding for the project was exhausted and further outreach to supermarket operators ceased despite continued applications and inquiries from across the state. However, those businesses that had already been funded by the scheme were not affected. Owing to the programme's success and federal level support, the state's House Appropriations Committee has recommended that the programme is revisited when the economic climate improves.⁽¹⁰⁾ The committee considers fiscal matters and conducts budget hearings to review and evaluate the annual budget proposal for the state.

Evaluation

No formal evaluation process was built into the design of the programme from the start, beyond the economic monitoring undertaken by the Department of Community and Economic Development. However, a number of smaller studies were subsequently undertaken to assess different impacts of the programme across different parts of Pennsylvania. Examples are summarised below.

Dubowitz et al.⁽¹¹⁾ commenced a five-year cohort study in 2011, to assess food access and purchasing practices in two urban food desert neighbourhoods in Pittsburgh, Pennsylvania. The study examined food purchasing practices, assessed food availability and tested how these were associated with diet and weight before and after a new supermarket opened in one of the neighbourhoods.

Cummins et al.⁽¹⁷⁾ conducted a pilot study in 2010 to investigate the impact of opening a supermarket in a Philadelphia food desert classified community. The study collected data from two neighbourhoods; one who gained a new 41,000 square foot supermarket under the PFFFI and another matched for demographic profile, income and ethnicity that did not gain a new supermarket. The study assessed whether the new supermarket had an impact on body mass index (BMI), fruit and vegetable intake and perception of food access.

Another cross-sectional study assessed whether transportation mode had an effect on consumption of fruit and vegetables and BMI,⁽¹⁸⁾ by analysing data from two predominantly African American neighbourhoods in Philadelphia on diet, food shopping behaviour, food access and transportation.

TFT published a report handbook⁽⁵⁾ detailing the foundation for the campaign which outlined the processes underpinning the programme's adoption and implementation. It included details of the steps that were taken to find partners, obtain and analyse the data, as well as outcomes achieved and dissemination mechanisms adopted.

The Reinvestment Fund worked with the Econsult Corporation, an economic consulting firm, to study the economic impacts and benefits to the community of investing in supermarket development.⁽¹²⁾ The study assessed the impact of the programme's investments in two supermarkets in Philadelphia in order to generate generalisable findings. Impacts assessed included the effects of the investments on jobs, neighbourhood economic activity and tax revenues; as well as the impacts of the supermarkets on food prices and access to fresh foods within the neighbourhoods in which they were located

Outcomes

The programme achieved a variety of significant outcomes in Pennsylvania between 2004 and 2010. These are described below.

Significant funds were raised

The programme secured significant funding between 2004 and 2010. The state provided seed funding of \$30m and the Reinvestment Fund leveraged an additional \$117m⁽³⁾ in private resources to support the financing programme.

Jobs were created and economic development advanced

The programme resulted in the creation and/or retention of over 5,000 jobs and much-needed investment was made in underserved communities through the 88 projects that it supported.⁽³⁾ In one example, a new store at Progress Plaza was found to have a positive effect on overall economic activity. The new store led to increased access to fresh foods and brought 225 full-time jobs to the neighbourhood with 80% of the store's employees living within a two-mile radius.⁽⁵⁾

The programme also led to increased revenues for neighbourhood stores. For example, earnings in one supermarket that participated in the programme were estimated to have increased by \$12.5m over the period of the programme.⁽¹³⁾ At the county level, an economic multiplier for the investments was estimated to equal 1.5, meaning that every \$1 of direct investment generated benefits equivalent to \$1.50 to the community.⁽¹³⁾ These outcomes helped to dispel initial concerns that the initiative would not provide economic benefits to the deprived communities it targeted, as the quote below illustrates:

'Initially, too, we believed that this kind of initiative that would support the development of supermarkets and other retail in low income and moderate income neighbourhoods, would not only create a health benefit, but would also generate an economic benefit, and when you talk to economists or people who are about building economies and communities, supermarkets are not really what come to mind for them. They think more about major manufacturing, big plants, that sort of thing.'

'So, initially, there was a bit of a hurdle to get their thinking adjusted to consider food retail as a way of building up corridors, which in the end, I think, now you never hear that anymore, actually, it's funny, but in the beginning, we used to have to really, really be persistent about our belief that it would stimulate development in these neighbourhoods.'

Source: Key informant, TFT

Access to food was increased

The PFFFI was estimated to have increased access to healthy foods for more than 400,000 residents in Pennsylvania.⁽⁸⁾ The increased accessibility of fresh food was achieved by helping to grow the amount of large full service supermarkets in the state. These full service supermarkets were more likely to stock fresh foods at lower prices owing to the economies of scale they were able to achieve compared to smaller food stores.⁽¹³⁾ Around 1.67m square feet of retail space⁽⁸⁾ was created or retained (ie stores were helped to avoid closing down) as a result of the support provided by the programme.

One study by Cummins et al.⁽¹⁷⁾ documented a positive change in people's *perception* of food accessibility in the community after the opening of a new supermarket. Specifically, the study found that among respondents from neighbourhoods with a new supermarket, the perceived choice and quality of fruit and vegetables improved and the cost of fruit and vegetables decreased.

No major impacts on diet-related outcomes were achieved in the short term

None of the studies undertaken identified any impacts of new supermarkets on health outcomes. In a study of residents living in low-income, urban food desert neighbourhoods, Dubowitz et al.⁽¹¹⁾ found that the proximity to a supermarket (a measure of food access) was not related to weight or dietary quality among residents from urban food desert neighbourhoods. Most residents did their food shopping outside of their neighbourhoods, and the authors concluded that interventions to improve access could only be one factor to consider among a number of policy interventions to improve the state's health. Cummins et al.⁽¹⁷⁾ reported no significant impact on BMI or daily fruit and vegetable consumption after six months of a new supermarket opening; however, they concluded that their follow-up period may have been too short to detect changes. Another study examined the impact of transportation mode to primary food store on BMI and fruit and vegetable consumption. It found that using a car to access healthy food did not have a significant effect on BMI and fruit and vegetable consumption.⁽¹⁴⁾

The initiative was replicated across other parts of the US

The success of the PFFFI led to its adoption across other parts of the US. Several similar state programmes were implemented in New York, New Jersey, Illinois, Louisiana and Colorado. The Obama administration also launched a similar initiative at the national level – the HFFI in 2011.

Similarly, at the national level, a national grants and loans programme was created with joint funds from the US Departments of Agriculture, Treasury, and Health and Human Services.⁽¹⁵⁾ The HFFI was launched in 2010 after the White House Task Force on Childhood Obesity found that limited access to healthy choices can lead to poor diets and higher levels of obesity and other diet-related diseases. Between 2010 and 2016, the total amount of funding awarded under the HFFI programme was over \$443m.⁽¹⁶⁾ The investments supported new and expanded supermarkets, farmers markets and other food stores. However, according to a key informant, the federal programme has faced a number of challenges because it does not have a single departmental home to take ownership of it, and it has not been implemented consistently.

Negative myths were dispelled

Among the unplanned outcomes, the programme has helped to dispel a number of myths about the nature of deprived communities. Among them was the perception that businesses would not thrive because the supermarkets would not be profitable and crime would generally be higher in deprived communities. However, this was not found to be the case, particularly because of the robust vetting process adopted in identifying which businesses to support as part of the programme:

'I do think it shifted perceptions a little bit, to know that some of the stores that are in these neighbourhoods are now the highest grossing stores, and that theft isn't a problem when the stores... Well, theft isn't any more of a problem in these stores than it is in the suburbs. I just

think there's a lot of perceptions about what goes on in lower income neighbourhoods, that we may have been able to dispel, some of the myths.

'We also tracked store closings, so you might think that these are riskier enterprises, and they are, a little bit – they're going into markets that they may not know, markets... Food retailers are moving into markets where they haven't worked before, and... But, what we've found is that the closing rate of our stores was no different to the closing rate of the market as a whole. So, I think, too, that was not necessarily unintended – it was probably intended, but it was an outcome that we didn't necessarily expect, and I think because of the vetting process, and who was willing to take the risks, these were really retailers who knew their business model pretty well.'

Source: Key informant, TFT

Recent developments

In fiscal year 2017, the US Department of Agriculture and the Treasury Department's CDFI Fund made \$1m and \$22m in HFFI investments, respectively.⁽¹⁶⁾ In January 2017, the Department of Agriculture announced the selection of Reinvestment Fund to serve as the agency's HFFI National Fund Manager.

Dwight Evans was elected to represent Pennsylvania in the lower chamber of Congress of the US House of Representatives for a two-year term in 2016. As a member of Congress, he is able to introduce new legislation or change existing laws which, after approval by the Senate (the upper chamber of Congress), are sent to the President for consideration.⁽¹⁶⁾

In February 2018, Evans initiated a process to renew support for the HFFI as part of the Agriculture Farm Bill reauthorisation process of the US Department of Agriculture. Evans and a representative from Ohio jointly proposed a Healthy Food Financing Initiative Reauthorisation Act which could re-authorise the HFFI programme originally established in the Agricultural Act – or 'Farm Bill' – of 2014.⁽¹⁶⁾ The 2014 Farm Bill expired on 1 October 2018 and following negotiations a new bill was signed by President Trump on 17 December 2018⁽¹⁷⁾.

Lessons learned

What worked

The main lessons learned and key factors that contributed to the programme's success were:

1. TFT provided strong institutional leadership on the issue and the organisation's credibility was enhanced by its strong links to the community in the city of Philadelphia.
2. TFT's high profile *Food for every child* report provided quality evidence of the problem and helped to create a policy window for change.
3. Elected State Representative Dwight Evans used his influential leadership position to help to champion the issue across the state and secure support for action.
4. The visibility of the problem and high levels of public support for action helped to increase the political support for action.
5. The Food Marketing Task Force created a safe space in which diverse actors from the health, development and economic sectors were able to develop a shared understanding of the barriers to supermarket development in underserved communities and build consensus on the solutions needed to overcome the problem.
6. The programme maintained its focus on the single issue of the grocery gap. This prevented the message from being diluted and helped with the programme's success.
7. The programme's flexible design, which included a combination of financial grants and loans, is also credited as contributing to its success. This flexibility enabled support to be tailored to the different economic actors and contexts and helped the programme to strike an appropriate balance between risks and responsibilities.

What didn't work

A number of lessons were identified from the programme which would have been done differently with the benefit of hindsight:

1. The measures and data which were collected to assess the programme's successes were focused on a narrow set of high-level economic measures such as the numbers of supermarket stores that were opened or saved, the numbers of jobs created, square footage of retail space and economic viability of the stores. Health-specific measures such as access to healthy foods were not captured in these assessments.
2. Although the programme raised a significant amount of funds, no funds were set aside for a detailed and independent programme evaluation from the outset and the programme did not include an explicit evaluation component. As a result the programme's monitoring process did not collect baseline data to assess the impact on specifically health-related measures such as access to healthy food, changes in dietary intakes and health outcomes such as changes in BMI. Although these measures were subsequently assessed in smaller independent studies and analyses funded by others, such as foundations – the lack of baseline data limited the ability to fully evaluate the programme's success in these areas. The quotes below illustrate these challenges:

'Once money gets released, there's not money in tandem for that ongoing measurement piece, and so it sort of falls by the wayside until... and I've watched this happen now, state after state,

after state, until a foundation picks up the issue and wants to fund it, but by then, you can't get any baseline.'

Source: Key informant, TFT

'We can tell you the number of stores, and we can tell you a lot of the details, but had we, earlier in the process, changed the way the application and the reporting materials looked, to focus more on volume of produce or square footage of healthy food... At the time, the science wasn't as far along as it is today.'

Source: Key informant, TFT

3. The programme was designed to increase access to healthy food as a way of tackling the related problem of obesity. However, few of the subsequent studies were able to demonstrate improvements in diet or reductions in BMI. This could be due to a number of factors including the lack of a 2004 baseline and evaluation component being incorporated from the beginning of the programme; the typically short timescales of most intervention studies; the complex nature of obesity and its causes, and the associated difficulty in demonstrating causality in relation to individual factors; and the programme's design. However, this absence of evidence could nevertheless have implications for whether food access programmes are considered acceptable for solving particular problems such as obesity. This problem applies to most interventions which are focused on changing food environments and has implications for how public health actors define and describe the aims, objectives and outcomes of such projects.
4. The case study raises considerations for the long-term sustainability and viability of PPPs. The PFFFI programme funding ceased in 2009 after the state could no longer provide financial support following the financial crisis. This was despite the wide variety of private partners involved in the programme. This finding has potential implications and questions in relation to the long-term sustainability of PPPs which are led by state actors.

Implications for the UK

Several regions in the UK face similar challenges around food deserts in deprived neighbourhoods to those identified in this case study. A related problem is the decline of high streets, which is characterised by shop closures and local job losses. The case study provides some important lessons on how different actors from public health, development and economic sectors can work together to develop joint solutions to these problems.

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