

A young boy with a slight smile, wearing a plaid shirt, stands in a market aisle. He is holding a clear plastic bag filled with groceries. The background shows various fresh produce like broccoli and leafy greens on shelves. The entire image has a purple color overlay.

FOOD for EVERY CHILD

THE NEED FOR HEALTHY
FOOD FINANCING
IN ALABAMA

SPECIAL REPORT



Dear Neighbors,

Alabama's health crisis can be summed up by two staggering statistics: Our state has the highest rate of diabetes in adults and the third-highest rate of obesity in children. In fact, over the past 30 years, obesity has more than doubled in children and quadrupled in adults.

Reversing this epidemic could position the state to save over \$3 billion in obesity-related health care costs by 2020. If that's not reason enough for Alabama to prioritize addressing this crisis, consider what inaction would mean for our children—many of whom now suffer from what were traditionally considered adult diseases: If we don't correct the course of obesity in America, we could be raising the first generation of children with a shorter life expectancy than their parents.

One critical factor driving the rise of obesity and diet-related disease is food access. Over 1.8 million Alabama residents—including nearly half a million children—live in communities without grocery stores. Far too many families live in these places where fresh, healthy food is hard to come by, where processed, unhealthy products are the only viable option. This scenario places Alabamians at increased risk for cardiovascular disease, diabetes and other diet-related illnesses.

To examine the growing concern around food access in Alabama and identify potential solutions, VOICES for Alabama's Children joined the Alabama Grocers Association and the Joseph S. Bruno Foundation to convene the Alabama Grocery Summit in November of 2014, bringing together 50 state and community leaders to identify solutions in the fight against childhood obesity. Subsequent to a rich discussion centered on the food access issue in our state and various challenges faced by food retailers to operate in food desert communities, the general consensus was one of urgency and resolution.

Stakeholders agreed that a promising solution to the problem of limited food access is establishing a healthy food financing initiative. Such effective and economically sustainable policies attract healthy food retailers—from grocery stores and farmers' markets to cooperatives, mobile markets and other vendors of healthy, affordable foods—to underserved communities, not only helping combat obesity by increasing access to healthy food options, but also boosting local economies and creating new jobs for Alabamians. This simple solution is good for health and good for business.

Together, VOICES for Alabama's Children and the Alabama Grocers Association urge state decision makers to prioritize healthy food access and champion healthy food financing to help bring healthy food options closer to home for Alabama's children and families.

Sincerely,

A handwritten signature in black ink that reads "Melanie R. Bridgeforth".

Melanie R. Bridgeforth, MSW
Executive Director
VOICES for Alabama's Children

A handwritten signature in black ink that reads "Ellie Taylor".

Ellie Taylor
President
Alabama Grocers Association

ALABAMA must address the significant need for supermarkets and other fresh food resources in many of its communities. Many factors have led supermarkets to limit investments in lower-income communities across the state, leading to a public health crisis. The Food Trust, a nationally recognized nonprofit, issued *Food for Every Child: The Need for Healthy Food Financing in Alabama* to document these findings and to ensure that Alabama's 1.2 million children and their families live in communities that have access to healthy and affordable food.¹ This report demonstrates the need for a statewide financing program to encourage healthy food retail development in Alabama.

Many communities in Alabama have too few supermarkets or other places to purchase healthy, affordable food. Large areas of Birmingham, Mobile, Montgomery and rural areas in every region of the state are underserved, and many residents have to travel long distances to purchase foods necessary to maintain a healthy diet.

The lack of access to affordable and nutritious food has a negative impact on the health of children and families in both rural and urban areas of Alabama. A growing body of research indicates that people who live in communities without a supermarket suffer from disproportionately high rates of obesity, diabetes and other diet-related health problems. In contrast, when people live in a community with a supermarket, they tend to eat more servings of fruits and vegetables and are more likely to maintain a healthy weight.²

Increasing the availability of nutritious and affordable food in communities with high rates of diet-related diseases does not guarantee a reduction in the incidence of these diseases. However, removing barriers to supermarket access is a key step toward enabling people to maintain a healthy diet. Furthermore, the development of new supermarkets sparks economic revitalization and brings jobs into communities that need them most.³

Access to supermarkets and other healthy food retail is a key factor in the health and development of a community. **Section One** of this report highlights the many lower-income places in Alabama with poor supermarket access and a high incidence of diet-related deaths. **Section Two** of this report recommends the creation of a statewide healthy food financing program to incentivize healthy food retail development in communities of need, in response to a recent meeting between Alabama's grocery industry leaders, children's advocates, public health and community development

Alabama has the nation's highest rate of diabetes, and spends billions of dollars each year treating diet-related diseases.

experts. In cities and states throughout the country, such programs have improved healthy food access while creating jobs and strengthening the economic well-being of surrounding areas.

This study builds on the work undertaken over the past several years by a variety of government, private and civic leaders in Alabama, including efforts in Birmingham and research conducted by the Emerging Changemakers Network. This report demonstrates that there is still more work to be done in Alabama, particularly in its cities and its rural areas, to ensure that all residents have convenient access to stores selling fresh and affordable foods.

SECTION ONE: THE NEED FOR HEALTHY FOOD ACCESS IN ALABAMA

Many communities in Alabama have poor access to a full-service grocery store, and there are numerous communities where none exist.

This shortage of healthy food retail means that residents, particularly those in lower-income communities and rural areas, must travel out of their neighborhoods to reach the nearest store that sells fresh produce and other foods necessary to maintain a healthy diet. Over 1.8 million Alabama residents, including nearly half a million children, live in lower-income communities underserved by supermarkets.⁴



Alabama's adult diabetes rate of 13.8% is the highest in the country, and its 17.1% obesity rate among high school students is the third highest.⁵ Lower-income residents in Alabama are likely to suffer from obesity and other diet-related health problems at rates significantly higher than those of the population as a whole. Economists estimate that if the state could reduce obesity by 5% by 2020, it could save an estimated \$3.38 billion.⁶

17.1 percent of Alabama high school students are obese, the third-highest rate in the nation.

At the same time, many families across Alabama have few, if any, places in their communities in which to shop for reasonably priced, nutritious foods, and often have to travel long distances to reach the nearest food store. A growing body of research demonstrates that access to healthy food retail has a measurable impact on people's diet and health outcomes. Both the Institute of Medicine and the Centers for Disease Control and Prevention have independently recommended that

increasing the number of supermarkets in underserved areas would reduce the rate of childhood obesity in the United States. They also suggest that state and local governments should create incentive programs to attract healthy food retail to these neglected neighborhoods.^{7,8}

Inadequate access to healthy food could be eased and diet-related health problems reduced by investing in an initiative to build more supermarkets and other healthy food retail in underserved communities, resulting in the improved health of children and families. Such an investment would have positive economic impacts, as well. Supermarkets create jobs and revitalize communities, serving as retail anchors and sparking complementary development nearby. Specifically, independent, family-owned grocers in Alabama have more than \$2 billion a year in sales, and generate more than \$198 million in state and local taxes.⁹

This section of the report outlines the extent and implications of the supermarket shortage by identifying the gaps in food availability within Alabama and highlights the relationship between supermarket access, diet-related diseases and neighborhood income levels.

Methodology

To demonstrate which neighborhoods lack supermarket access, a series of maps was created using Geographic Information Systems computer mapping software. A geographic representation of food access, income and diet-related disease was created by mapping the locations of supermarket sales, income and diet-related mortality data.

All supermarkets were plotted and then classified into two categories: high and low weekly sales volumes. Median household income was multiplied by the number of households and the result was divided by total population to create a per capita income per person. The term "lower-income" in this report is used to define areas where households have less than median income, except when citing a separate study.

A total of 16,729 diet-related deaths were mapped across the state, and the ratio of deaths per total population was mapped. "High" diet-related mortality areas are defined as having diet-related death rates greater than the statewide average, and "low" areas have diet-related death rates lower than the statewide average. Only data for Alabama were analyzed, so no comparisons were made with rates outside of the state. (See Appendix: Methodology for more detail.)



KEY FINDINGS

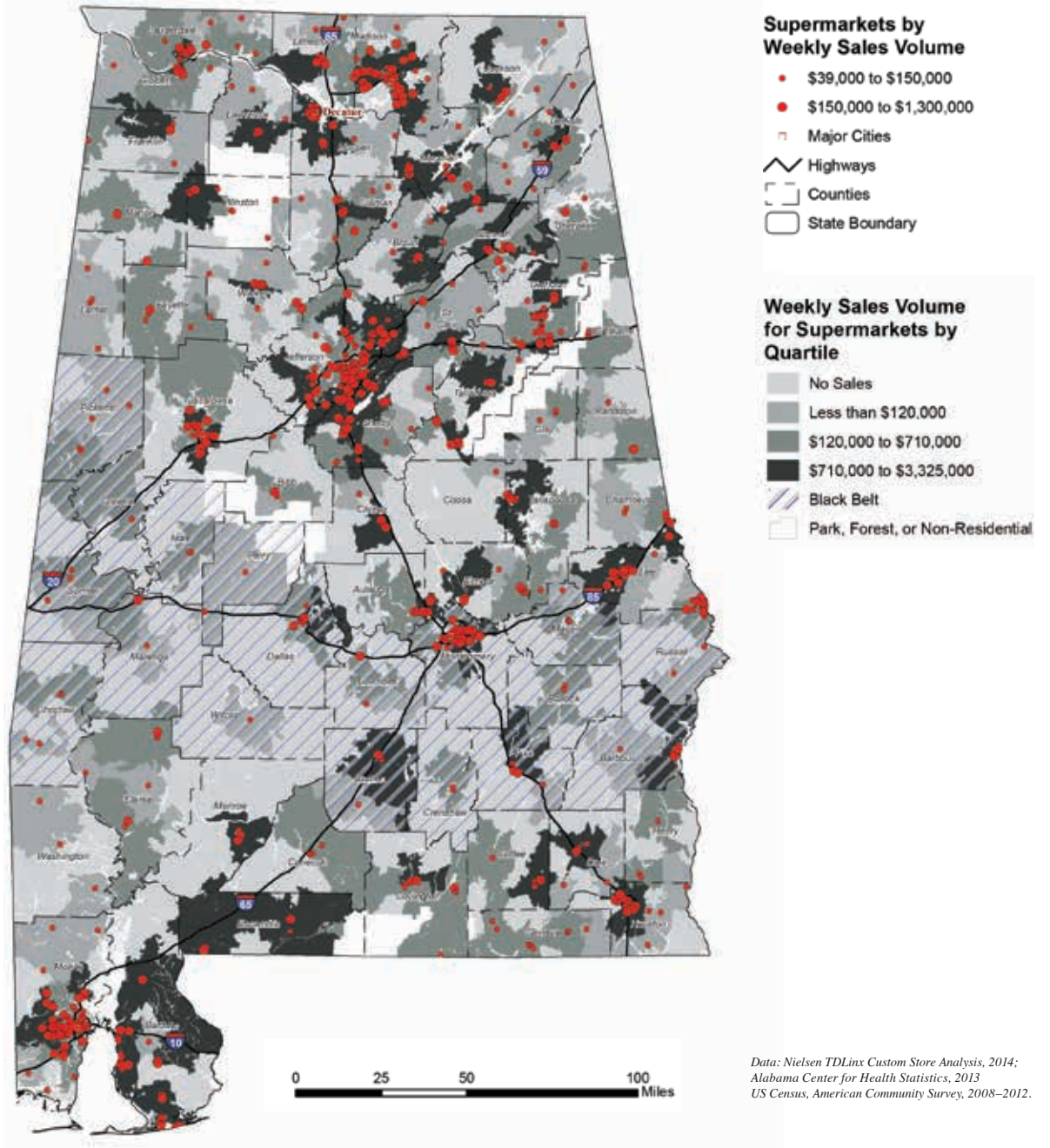
Access to healthy, affordable foods is not evenly distributed in Alabama. Many people have to travel excessive distances to buy food at a supermarket.

- The following pages walk through maps to display the need across the state of Alabama. There are large areas with few supermarkets and many communities where none exist at all.
- The need for improved food access is then highlighted in four metropolitan areas (see pages 10–11).

MAP 1: *Weekly Sales Volume for Supermarkets* shows the location of 715 stores in Alabama and the weekly sales volume at each store. The smaller red circles represent lower weekly sales volume; the larger red circles represent higher weekly sales volume. The gray shading shows how supermarket sales are distributed across each census tract. The darkest areas have the highest concentration of supermarket sales, whereas the light areas have the lowest sales, indicating that few or no supermarkets are located there.

Map 1 features supermarkets in Alabama and the concentration of sales across the state. Sales tend to be concentrated in the suburban communities surrounding the state's major cities, and along the state's major transportation routes.

1: *Weekly Sales Volume for Supermarkets*

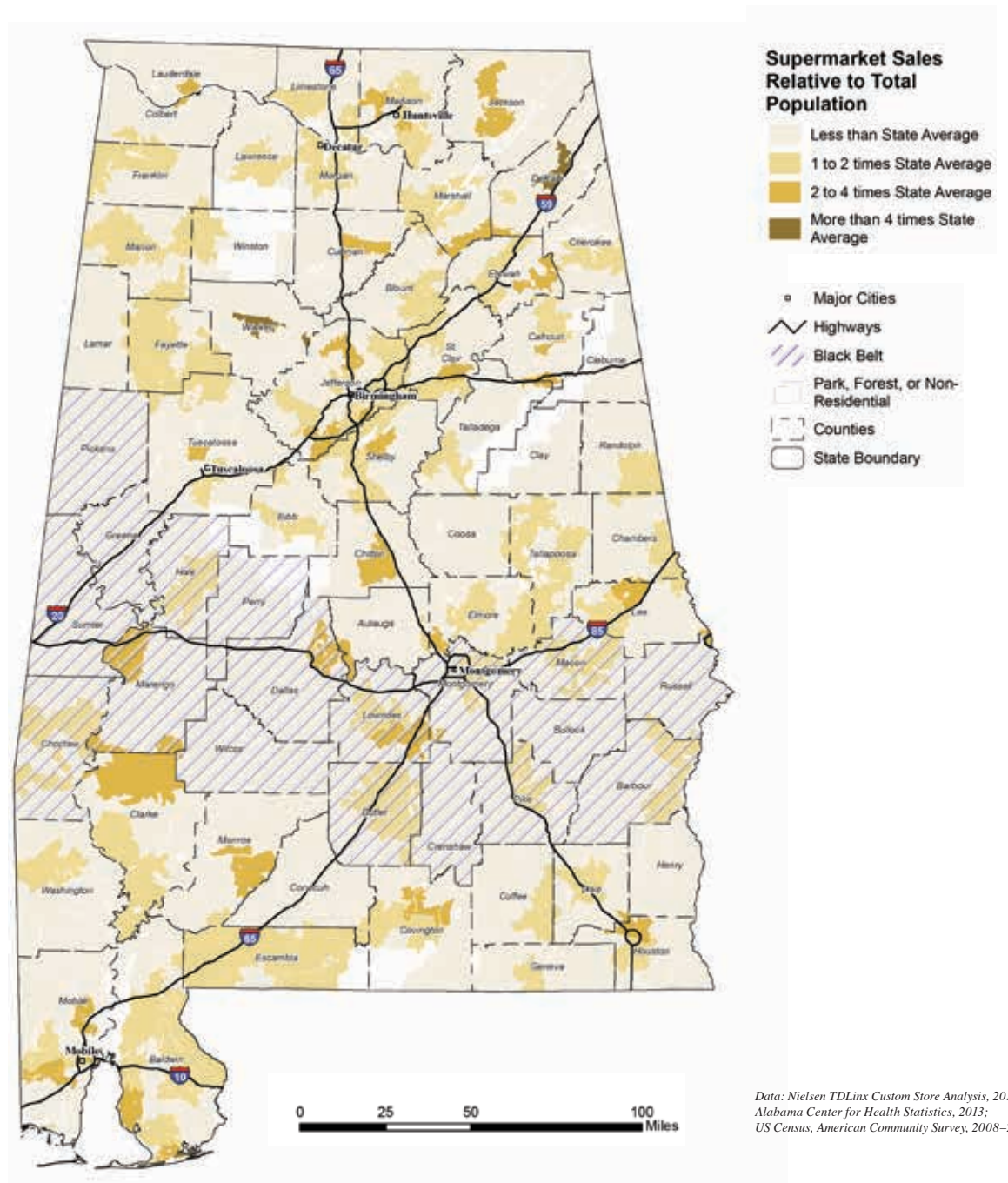


Data: Nielsen TDLinX Custom Store Analysis, 2014;
Alabama Center for Health Statistics, 2013
US Census, American Community Survey, 2008–2012.

MAP 2: Supermarket Sales and Total Population shows that the amount of supermarket sales in a particular location does not seem to be associated with the population of that area. Neighborhoods with greater than average supermarket sales relative to total population are shown in yellow and brown tones. In these neighborhoods, people are either spending more than average in supermarkets, as might be the case in higher-income communities, or more people are buying groceries in these communities than the number of people who live there, indicating that people are traveling from outside the area to shop there.

In nearly every county across the state of Alabama, residents face challenges accessing fresh foods.

2: Supermarket Sales and Total Population



KEY FINDINGS

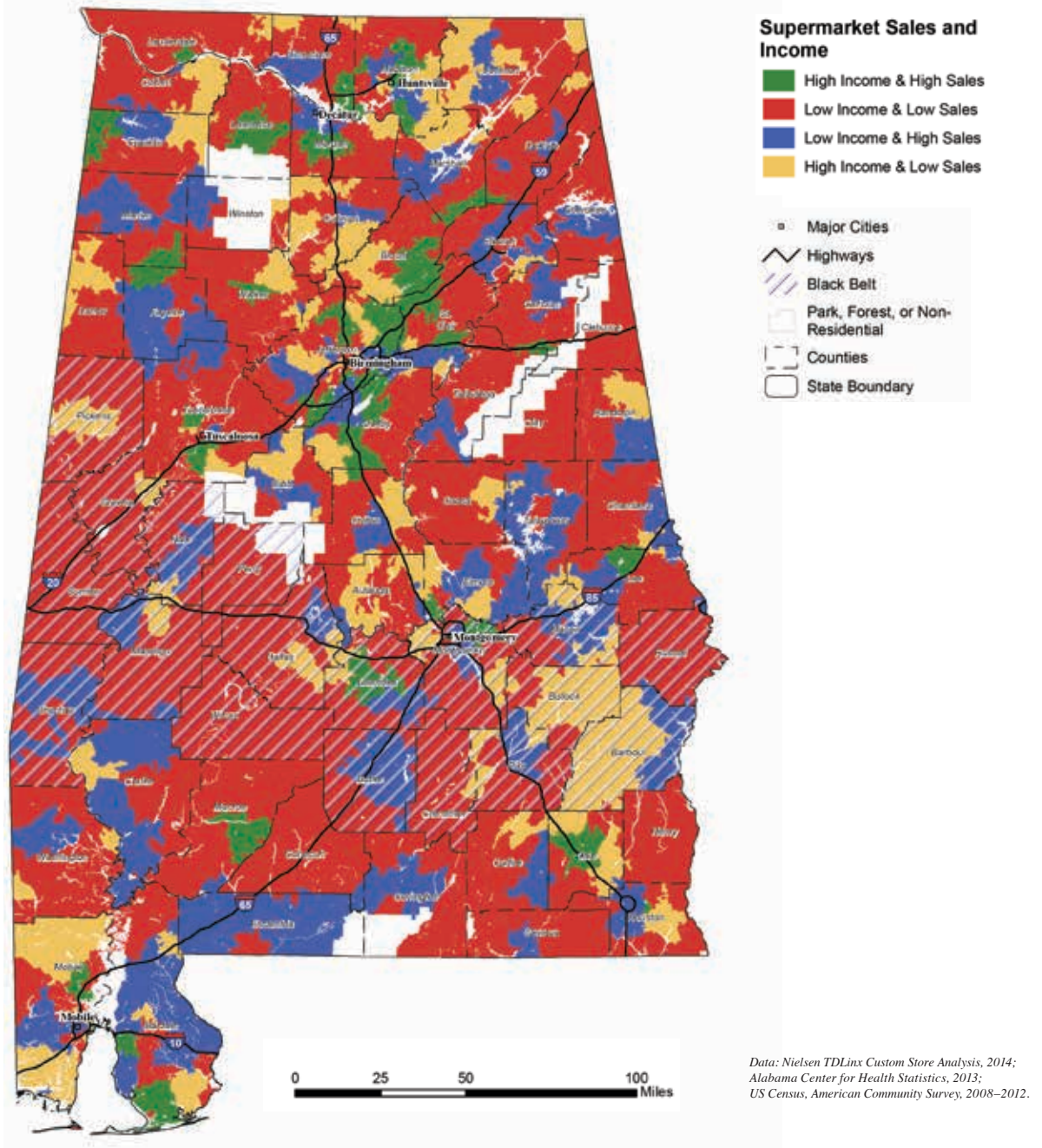
The uneven distribution of supermarkets in Alabama leaves a disproportionate number of lower-income families without access to nutritious food.

- This problem is impacting families across the state. Over 1.8 million Alabama residents, including nearly half a million children, live in lower-income communities underserved by supermarkets.

MAP 3: *Supermarket Sales and Income* shows the distribution of supermarket sales and the distribution of income throughout Alabama. Higher-income areas with higher supermarket sales have the best access to food resources and are indicated by the green areas of the map. In some lower-income areas, there are communities with higher-than-average supermarket sales volumes, as highlighted in blue. People in the areas shown in yellow have fewer supermarkets at which to shop in their community. However, since these communities are higher-income and often have high car ownership rates, residents are likely able to drive to stores or to stop at small specialty food purveyors.

The red areas represent lower-income neighborhoods that are not adequately served by supermarkets.

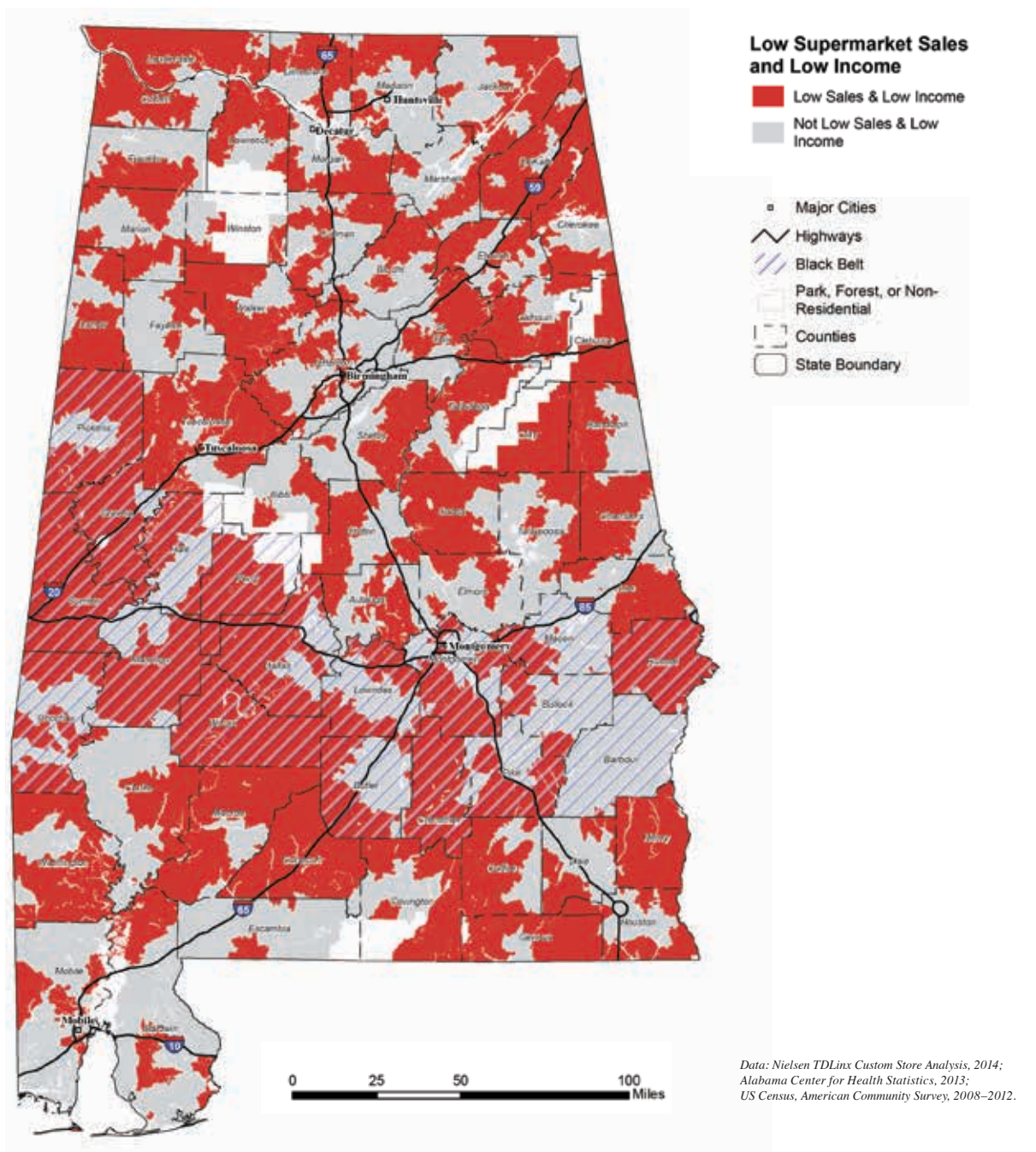
3: Supermarket Sales and Income



MAP 4: *Low Supermarket Sales and Low Income* further highlights areas with low supermarket sales because there are few to no supermarkets located there. Since income is also lower in these areas, families face more difficulty traveling to the areas where supermarkets are concentrated, especially when public transit is not accessible or convenient. In Alabama, underserved communities are concentrated in urban areas such as Birmingham and Montgomery, and in rural counties across the state.

Leading public health experts agree that increasing access to supermarkets and other stores selling healthy, affordable foods in underserved communities is critical to the health outcomes of residents.

4: *Low Supermarket Sales and Low Income*



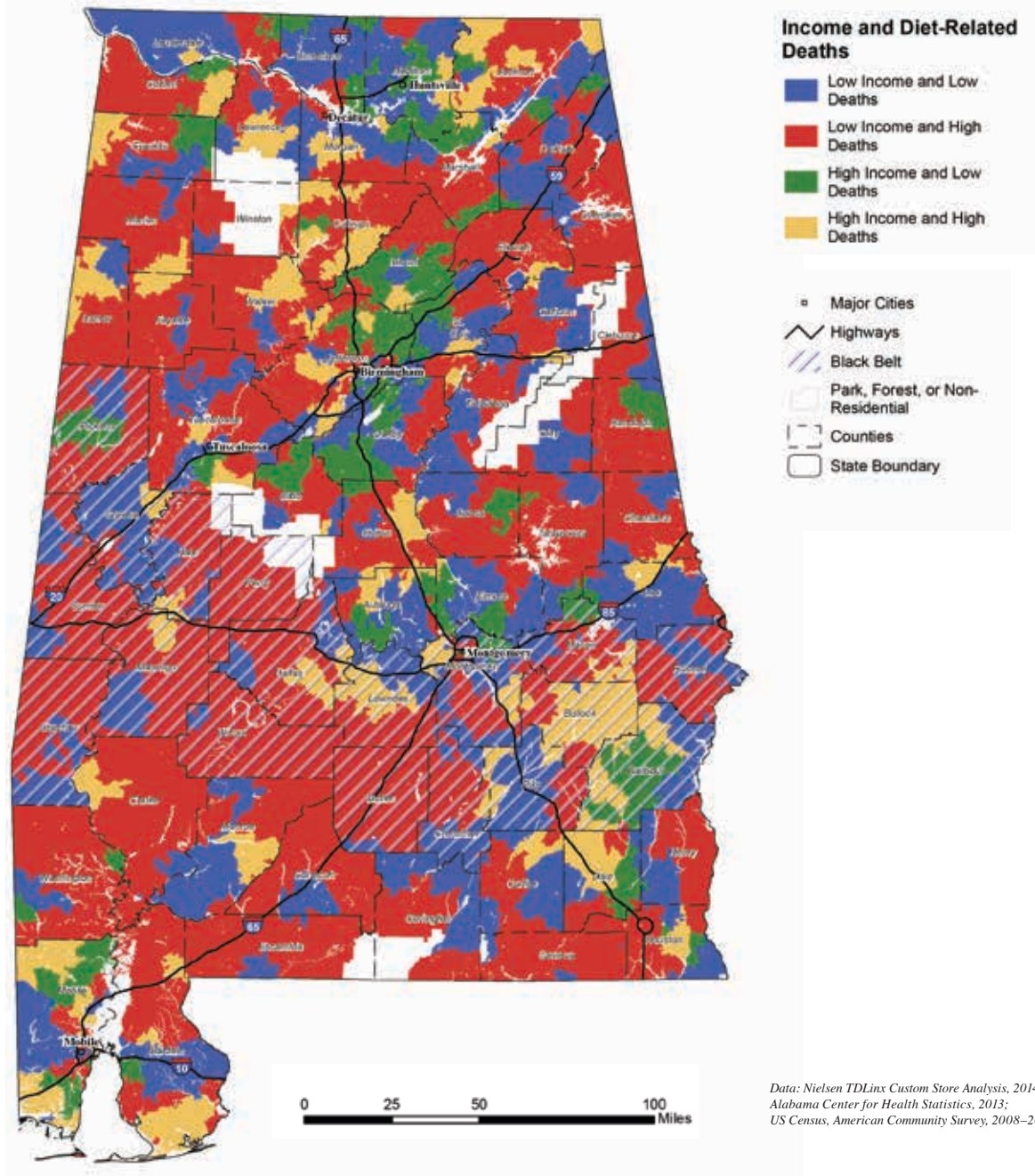
KEY FINDINGS

There is a connection between lack of supermarkets and diet-related disease.

- The Food Trust and PolicyLink, a national research and advocacy organization, conducted a comprehensive literature review which found that studies overwhelmingly indicate that people living in communities without a supermarket suffer from disproportionately high rates of obesity and other diet-related health issues, while people living in communities with a supermarket are more likely to maintain a healthy weight.¹⁰ One study, for example, found lower body mass index and better health among residents who live near a supermarket.¹¹ Another study documented that as distance to a supermarket increased in a metropolitan community, obesity rates increased and fruit and vegetable consumption decreased.¹²

MAP 5: *Income and Diet-Related Deaths* shows diet-related mortality data by income in Alabama. The red areas indicate a higher-than-average rate of diet-related deaths occurring in lower-income areas. The yellow areas display higher rates of diet-related deaths occurring in higher-income areas. The blue and green areas have lower rates of diet-related deaths.

5: *Income and Diet-Related Death*



Data: Nielsen TDLinx Custom Store Analysis, 2014;
Alabama Center for Health Statistics, 2013;
US Census, American Community Survey, 2008–2012.

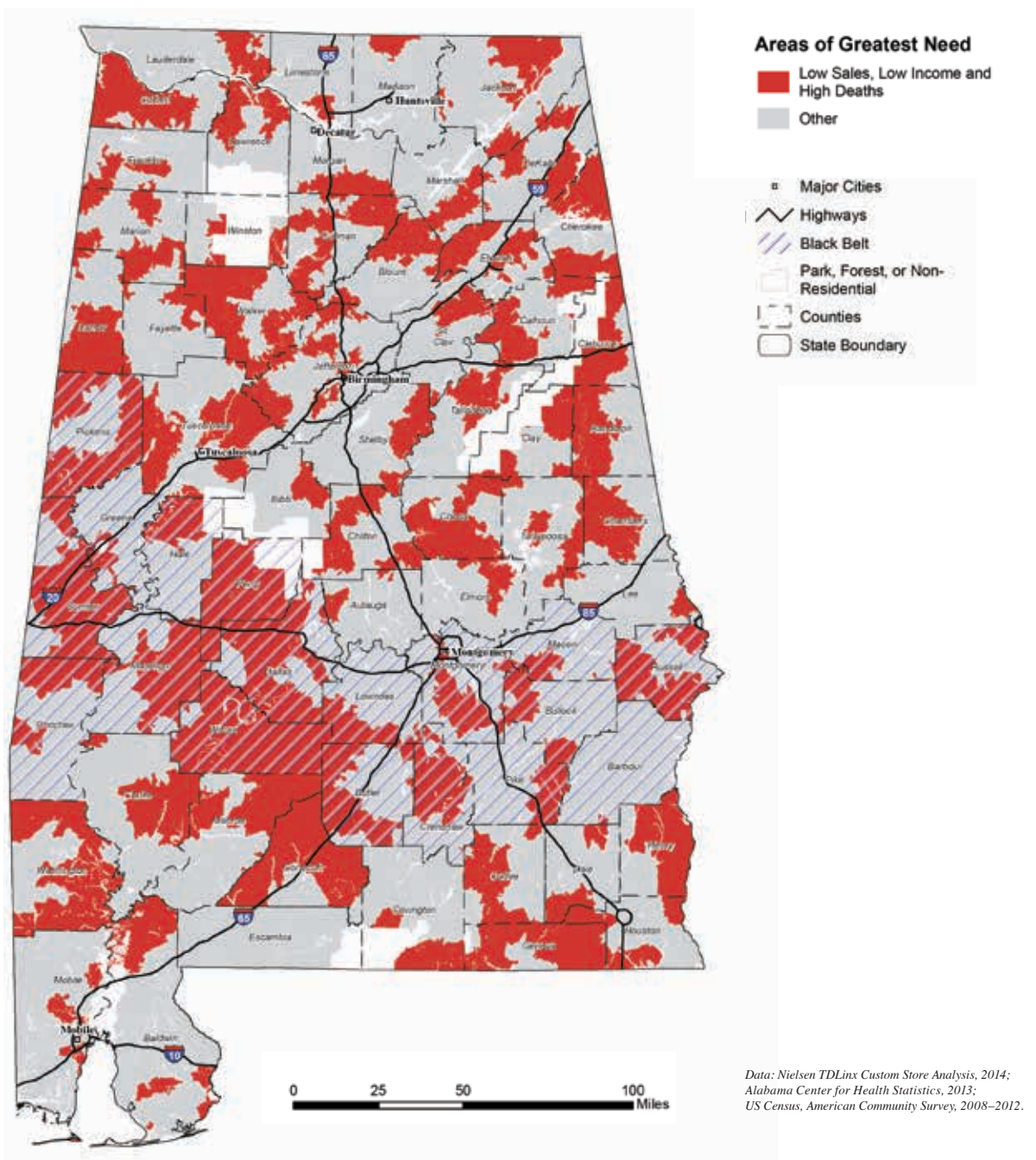
Diet-related diseases, such as hypertension, obesity and diabetes, create untold suffering and expense in families and communities. Heart disease and stroke are among the top three leading causes of death in Alabama, and overweight or obese adults are significantly more likely to suffer from these conditions.¹³ Diet-related deaths are associated with many factors, including the lack of access to a nutritionally adequate diet.

MAP 6: *Areas with Greatest Need* displays lower-income communities where there are low supermarket sales and a high number of deaths due to diet-related disease in Alabama. These areas have the greatest need for more supermarkets and other fresh food retail venues.

To provide affordable and nutritious food in these neighborhoods and others throughout the state and to address the high rates of obesity and other diet-related diseases, Alabama should encourage new supermarket and other fresh food retail development in lower-income areas where there are few or no supermarkets. Increasing the availability of healthy, affordable food in neighborhoods with high rates of diet-related diseases does not guarantee a reduction in their incidence. However, leading public health experts, including the Centers for Disease Control and Prevention and the Institute of Medicine, agree that it is a critical component of the fight against obesity.

The need for more supermarkets in Alabama exists in nearly every county across the state. Neighborhoods in large cities, including Birmingham, Mobile, Montgomery and Tuscaloosa, and many rural areas, such as Monroe, Russell, Walker and Wilcox counties, lack access to healthy, affordable food.

6: *Areas with Greatest Need*



KEY FINDINGS

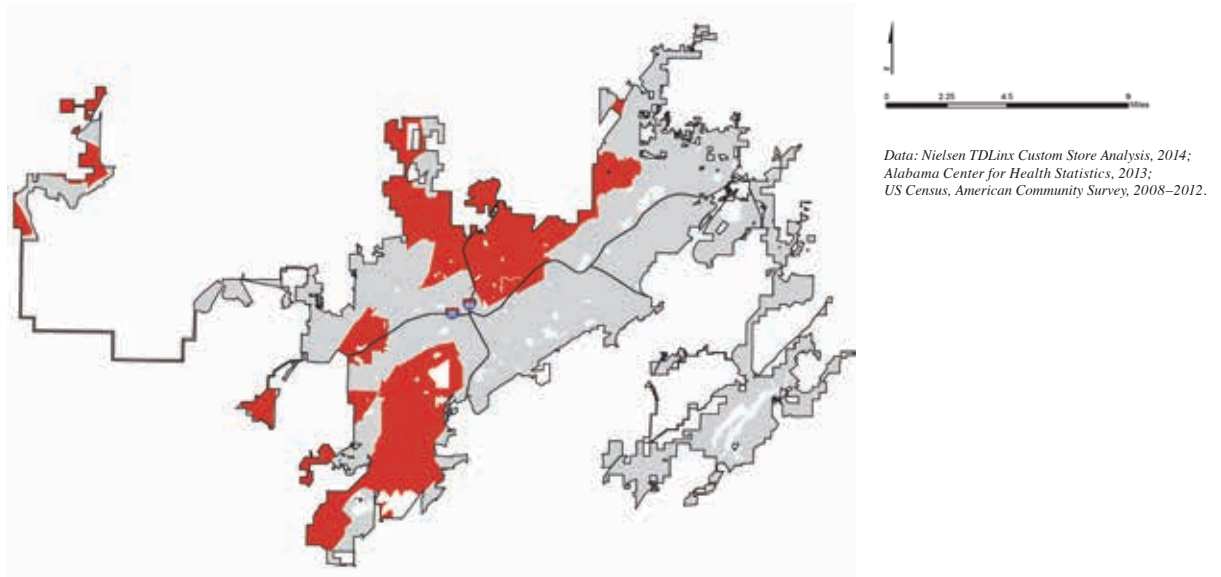
Communities within Alabama's major metropolitan areas lack access to healthy, affordable food.

- These maps highlight lower-income neighborhoods where there are low supermarket sales and a high number of deaths due to diet-related disease. These areas have the greatest need for more supermarkets and other fresh food retail venues, a need that could be addressed by a statewide initiative to build more supermarkets and other healthy food retail in these and other underserved communities.

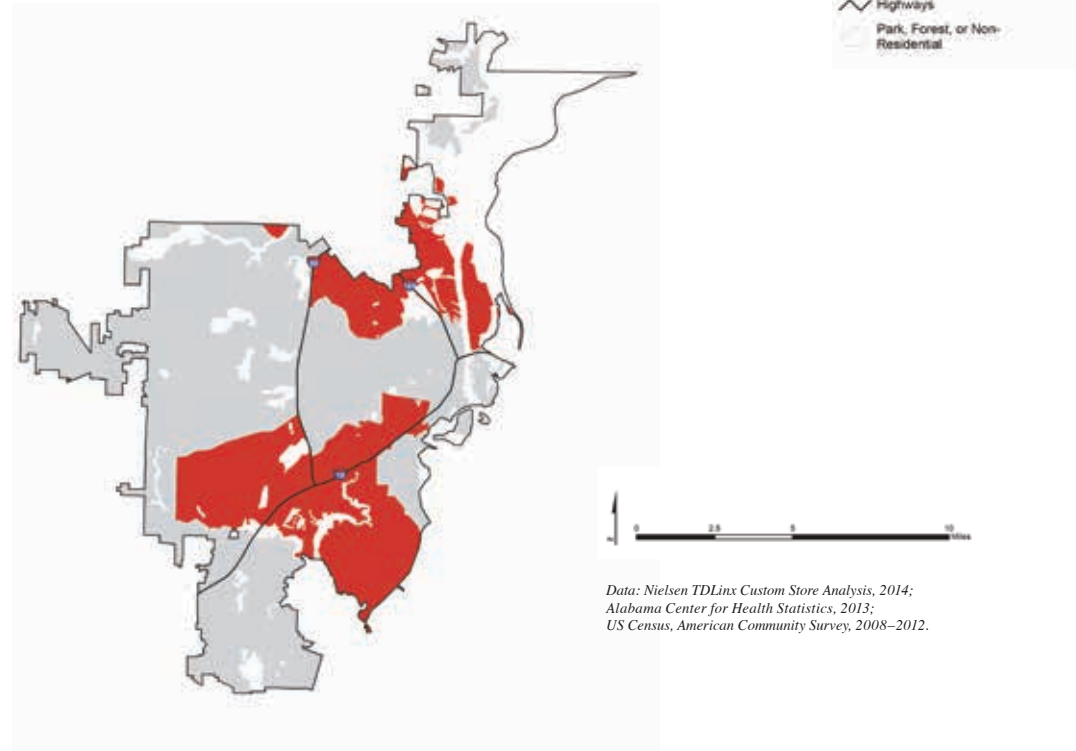
MAP 7: *Areas with Greatest Need in Birmingham* include: West End, Woodlawn, Ensley, Druid Hills, Norwood, North Birmingham, Collegeville and Tarrant

MAP 8: *Areas with Greatest Need in Mobile* include: the area north along I-165 around Prichard; the area west of I-65 around Springhill and Cottage Hill; the area east of I-65 around Brookley, Oakdale and Maysville; and the area south of I-10 around South Brookley

7: Areas with Greatest Need in Birmingham



8: Areas with Greatest Need in Mobile

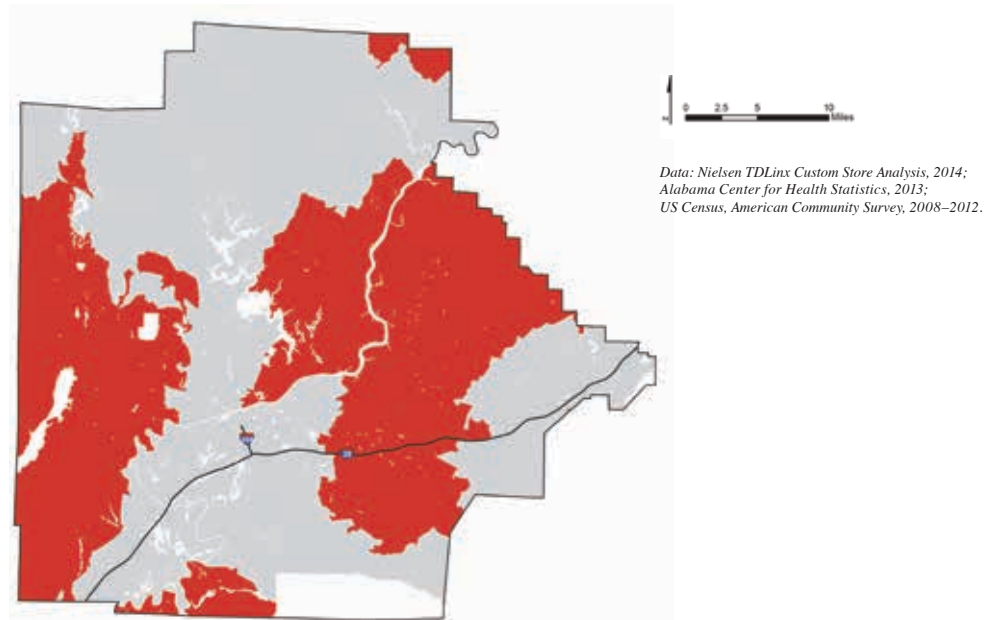


MAP 9: Areas with Greatest Need in Tuscaloosa County include: the area around Lake Lurleen State Park; areas neighboring the Black Belt Counties; and areas surrounding the Black Warrior River

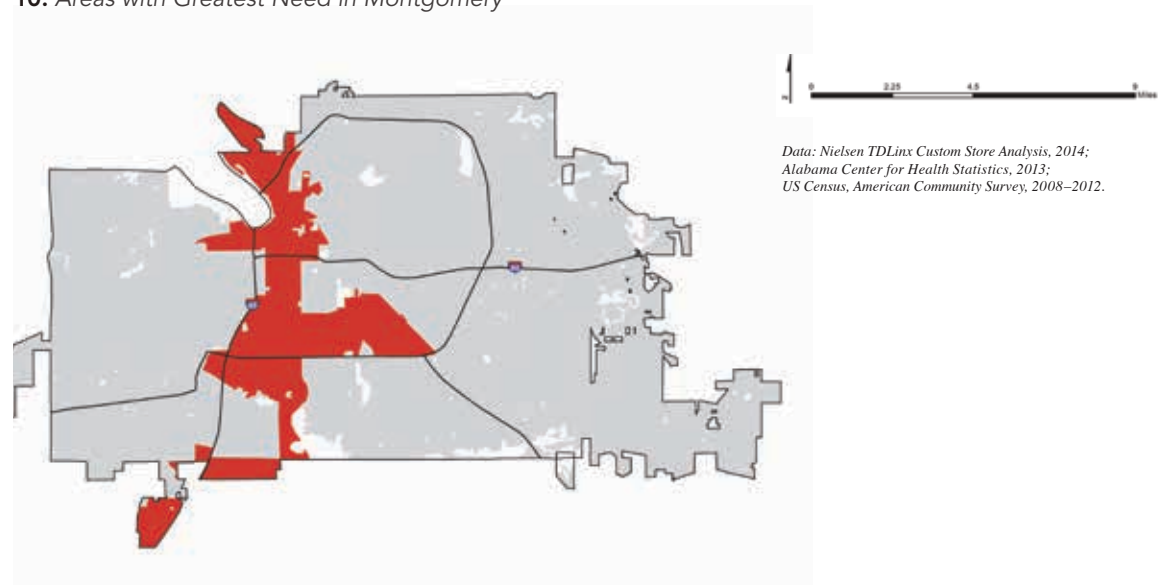
MAP 10: Areas with Greatest Need in Montgomery include: Downtown, the Garden District, the Cloverdale Region, South Montgomery, North Montgomery and the area near Maxwell Air Force Base

The areas in red have the greatest need for more supermarkets and other fresh food retail venues.

9: Areas with Greatest Need in Tuscaloosa County



10: Areas with Greatest Need in Montgomery





SECTION TWO: HEALTHY FOOD FINANCING IN ALABAMA

Alabama must address the critical need for more healthy food resources in many communities across the state.

Access to healthy food retail is a key factor contributing to the health and economic development of neighborhoods. As shown in the first section of this report, people living in lower-income areas without access to supermarkets and other healthy food retail suffer from diet-related deaths at a rate higher than that experienced by the population as a whole. In response to this need, VOICES for Alabama's Children and the Alabama Grocers Association recently convened the Alabama Grocery Summit to better understand the nature of the problem, and to hear about how other places in the country have responded to inadequate access to healthy food. At the meeting there was consensus that, through a public-private partnership, we could help increase the number of healthy food retail outlets in underserved communities and improve the health of children and families across the state.

Why a Healthy Food Financing Program?

To overcome the high cost and risk associated with store development in underserved areas, the food retail industry needs public sector support. Healthy food financing programs incentivize supermarket and other healthy food retail development, thereby increasing food access in communities that need it most. This innovative model was first established in Pennsylvania with the state's Fresh Food Financing Initiative (FFFI) in 2004. FFFI took the form of a public-private partnership and encouraged grocery store development in underserved communities throughout the state. Seeded with \$30 million from the state's Department of Community and Economic Development, FFFI was designed to accommodate the diverse financing needs of large chain supermarkets, family-owned grocery stores, farmers' markets and other healthy food retailers, whether located in cities, small towns or rural communities. The program has had a tremendous impact in Pennsylvania, supporting 88 fresh food retail projects across the state, representing more than 5,000 jobs created or retained and improved access to healthy foods for over 400,000 state residents.¹⁴

Since the launch of FFFI, several other states and cities have launched or are making preparations to launch their own versions of the Pennsylvania program (see page 18 for more information). Similarly, the federal government introduced the national Healthy Food Financing Initiative, which has provided financial awards and New Markets Tax Credits to Community Development Financial Institutions, Community Development Corporations and banks investing in new or expanded healthy food retail in underserved communities throughout the country.

In addition to increasing families' access to healthy foods, new and improved grocery stores can help revitalize lower-income neighborhoods by generating foot traffic and attracting complementary services and stores such as banks, pharmacies and restaurants. Studies have found that employees at urban supermarkets in distressed areas tended to live nearby,

and the average supermarket hires 90 people or more directly from the areas where they operate.¹⁵ By employing local residents, grocery stores create jobs for those who need them most and help create a virtuous cycle that enables local residents to increase economic activity. At the same time, it takes between five and seven years before the initial investment costs of a typical new supermarket (\$8 million to \$25 million) are recovered¹⁶, so start-up costs are a strong consideration for any new grocery project, particularly in a distressed community.

A statewide Alabama Healthy Food Financing Program would be a vital resource for increasing healthy food access in underserved communities throughout the state. **The goals of the program should include:**

- Providing grants and loans to supermarkets, grocery stores, co-ops, farmers' markets and other fresh food retailers for the construction, expansion and renovation of those stores in lower-income, underserved areas of rural and urban Alabama.
- Improving the health of families and individuals living in those communities by increasing access to fresh foods in rural and urban underserved communities. There is growing evidence that better access to fresh food retail reduces the risk of developing diet-related diseases such as obesity, heart disease and diabetes.
- Creating or maintaining local jobs in lower-income, underserved communities through new hiring opportunities at fresh food stores or, by providing for the upgrades and renovations needed to keep a store viable, helping to retain existing jobs in local communities.
- Spurring economic development and neighborhood revitalization by bringing supermarkets and other fresh food retailers back into Alabama neighborhoods, which will attract complementary businesses, make these areas more desirable places to live and increase property values. According to a study of the Pennsylvania Fresh Food Financing Initiative by The Reinvestment Fund, the introduction of new supermarkets to underserved neighborhoods resulted in increased appreciation of home prices near the new stores.¹⁷

Circle Food Store

New Orleans, Louisiana

When it originally opened in 1938, Circle Food Store was the first African-American-owned grocery store in New Orleans, and it became a community hub for the Treme neighborhood. In 2005, Hurricane Katrina severely damaged the store, forcing it to close and leaving a major void in the Seventh Ward. In 2014, owner Dwayne Boudreaux was finally able to reopen the store with support from various funding sources, including \$1 million from the New Orleans Fresh Food Retailer Initiative, a public-private partnership administered by Hope Enterprise Corporation and The Food Trust in collaboration with the city. In addition to groceries, the new-and-improved 22,000-square-foot Circle Food Store has a pharmacy and a credit union, and it has created 65 jobs, 95% of which are filled by local residents. According to the United States Department of Housing and Urban Development (HUD), 28,000 low- to moderate-income residents live within a one-mile radius of the store and now have improved access to healthy food.

Grocery Summit in Alabama to Discuss Healthy Food Financing

PARTICIPANTS

Stan Alexander, Associated Grocers of the South

Melissa Baker, Fenwick Capital Group

Melanie R. Bridgeforth, VOICES for Alabama's Children

Jeff Brown, Country Delite Farms

Jessica Brown, Alabama Grocers Association

Graham Champion, Public Strategies LLC

Taylor Clark, REV Birmingham

Terri Coley, Jefferson County Department of Human Resources

Johnny Collins, Barber's Dairy

Bill Davis, A & R Supermarkets

Bob Durand, Associated Wholesale Grocers

John D. Fox Jr., Moore's Marinades and Sauces

Jennifer Gray, The Daniel Foundation

Brandon Hardin, Alabama Department of Public Health

James Harris, The Brogdon Group

Mac Higginbotham, Alabama Farmers Federation

Ellen Jackson, VOICES for Alabama's Children

Irenilo Johnson, City of Birmingham

Dr. Karen Landers, Alabama Department of Public Health

Brian Lang, National Healthy Food Access Campaign,
The Food Trust

Benny Larussa, The Joseph S. Bruno Charitable Foundation

Billy Leverett, Associated Grocers of the South

Chris Litz, Publix Super Markets, Inc.

Patrick McWhorter, The McWhorter Group

Darwin Metcalf, Western Supermarkets

Kim Milbrath, American Heart Association

Jay Mitchell, Mitchell Grocery Corporation

Wade Payne, Food Giant

Commissioner Jeanna Ross, Alabama Department of
Children's Affairs

Deak Rushton, VOICES for Alabama's Children

Jim Searcy, Economic Development Association of Alabama

Jada Shaffer, VOICES for Alabama's Children

Jera S. Stribling, The Joseph S. Bruno Charitable Foundation

Ellie Taylor, Alabama Grocers Association

Yoshida Thomas, Neighborhood Concepts

John Wilson, Super Foods Supermarkets

Lillian Wilson, Super Foods Supermarkets

Alison Wingate Hosp, Alabama Retail Association

Jimmy Wright, Wright's Markets

Assistant Commissioner Glenn Zorn, Alabama Department
of Agriculture

STRATEGIES

Participants at the Alabama Grocery Summit discussed a variety of tools that state and local governments could develop to encourage supermarket investment in underserved communities, including:

Economic Development Programs: Create and promote economic development incentive programs to the grocery retail industry in identified high-need areas. Specifically, a flexible business financing program, including grants, loans and tax credits, could support the development, renovation and expansion of grocery stores and other stores that carry or want to carry healthy foods in underserved communities. The program could be leveraged with additional private investment.

Land Assembly: Provide assistance with the land assembly process and building reuse in identified high-need areas where local support exists for grocery store and other healthy food retail development.

Security: Create partnerships between police departments, commercial retail security and community representatives to ensure a safe and secure environment for both customers and store personnel.

Transportation: Work with regional transportation agencies and private carriers to develop safe, affordable and convenient transportation for shoppers who do not have access to a supermarket, grocery store or other healthy food retail.

Job Training and Placement Programs: Create new and expand existing training programs to ensure there is a quality workforce for supermarkets and grocery stores and that employees are drawn from local neighborhoods.

Alternative Distribution Models: Gather concrete examples of mobile food operations and emerging distribution models for rural areas.

Gridlock Prevention: Create a one-stop shop for supermarket operators to interface with state government agencies; navigate local ordinances; market public incentives to the supermarket industry; and provide guidance on how to keep a project moving forward.

Implementation Work Group: Create an advisory group of leaders from the supermarket industry and civic sector to guide the implementation of these concepts.

MEETING HIGHLIGHTS

Research has shown a significant need to improve healthy food access in key areas of Alabama. Section One of this report demonstrates the need for more healthy food retail in both rural and urban parts of the state. Maps highlighted in this section show how over 1.8 million Alabama residents, including nearly half a million children, can benefit from new healthy food retail outlets.

In response to this need, the Alabama Grocers Association and VOICES for Alabama's Children convened the Alabama Grocery Summit in November 2014 to understand the challenges local grocers face when trying to develop or expand their businesses in underserved communities. The meeting was co-chaired by Jera Stribling and Benny LaRussa from the Bruno Foundation, who, as civic leaders from a foundation started with proceeds from the sale of Bruno's Supermarkets, shared their perspectives on the issue. It was attended by more than 40 representatives from the grocery industry, government and civic sector. Over the course of the meeting, a series of presentations were delivered highlighting different aspects of healthy food access:

- Dr. Karen Landers from the State Health Department reviewed data documenting health problems in the state, and highlighted community need for improved grocery access.
- Jim Searcy from the Alabama Economic Development Association discussed techniques employed by local governments to encourage grocery retail development in the absence of state resources.
- Bob Durand from Associated Wholesale Grocers delivered a presentation on grocery store development and how policies such as healthy food financing can reduce the cost of store development and encourage grocery investment in communities where it is unlikely to happen under base market conditions.

- Ellie Taylor from the Alabama Grocers Association facilitated dialogue among her members that highlighted the various challenges grocers encounter when they look to develop or expand stores in underserved communities, including high start-up and labor training costs, challenging regulatory processes, rural distribution challenges, high insurance costs and more.
- Brian Lang from The Food Trust made remarks about how the commonwealth of Pennsylvania worked to improve grocery access over the past 10 years, and discussed how a similar effort might be structured in Alabama.

At the meeting, attendants discussed different strategies to encourage grocery store development and expressed interest in working toward the development of an Alabama healthy food financing program that could be modeled on comparable programs elsewhere in the country. To initiate such a program, Alabama would need to house the program in a state agency or attract a regional Community Development Financial Institution to implement a healthy food financing program effectively and efficiently. Stakeholders at the meeting expressed a commitment to working through those issues in the months ahead.

The meeting served as indicative of the important impact a dedicated statewide healthy food financing program would have on both the need for improved access and market demand for healthy food retail. A healthy food financing initiative in Alabama would help build on the momentum around healthy food retail development, leverage existing federal and other resources, and help improve access to healthy food for the many areas of need throughout the state.

Vowell's Market Place *Natchez, Mississippi*

Vowell's Market Place is an independent, family-owned chain that has operated grocery stores across Mississippi and Alabama since 1945. The business has demonstrated strong commitment to serving all communities and expanding healthy food access. In the fall of 2014, the Vowell family opened a new store in Natchez, Mississippi, in a vacant site where a previous grocer had shuttered. Owner Todd Vowell was able to utilize federal New Markets Tax Credits to finance the store's development, as the census tract of the store is considered highly distressed. According to an economic impact study conducted by the Stennis Institute at Mississippi State University, the new Vowell Cash Saver store is projected to contribute an estimated \$6,034,538 to the economy of Adams County on an annual basis.¹⁸ The 50,000-square-foot store has also created nearly 100 direct jobs.

Structuring an Alabama Healthy Food Financing Program Based on National Best Practices

Multiple regions across the country have recognized the need to increase access to nutritious food through the development of supermarkets and grocery stores in underserved communities, resulting in the creation of healthy food financing programs (see chart, page 18). These programs have all been based on the Pennsylvania Fresh Food Financing Initiative, a public-private partnership jointly managed by The Reinvestment Fund, a Community Development Financial Institution (CDFI), and The Food Trust, a Food Access Organization (FAO). Established in 2004 to encourage supermarket development in underserved neighborhoods, the program was designed to accommodate the diverse needs of large chain supermarkets, family-owned grocery stores, farmers' markets and other fresh food retailers, whether located in high-density cities, small towns or rural communities. A program in Alabama should follow these best practices learned from Pennsylvania and other established initiatives:

1. Public-Private Partnership Structure

Healthy food financing programs have traditionally relied on a public-private partnership model, wherein seed money from the government is provided to a Community Development Financial Institution (CDFI), who then partners with a Food Access Organization (FAO) to co-administer the program. In emerging cases, a philanthropic foundation has provided seed money to initiate the fund, and in some instances government agencies have played a more direct role in program management. Each of the partners of the healthy food financing initiative brings special expertise needed to successfully administer the program. The CDFI partner typically has experience in underwriting grocery store projects or other retail projects and has the capacity

to build the fund by attracting additional investment, manage the fund and work closely with an FAO on a variety of sizes and types of fresh food retail projects. The FAO is typically a nonprofit organization that has experience in food access issues and the capacity to work closely with a CDFI on project administration and to work with grocers, state officials and others in the marketing, pipeline development, screening of applicants, implementation and evaluation of the program. Together, these organizations are able to effectively administer program dollars and achieve significant impacts statewide. In regions that lack a CDFI with the capacity to manage a healthy food financing program, local stakeholders have opted to house the program within a city or state agency, and may additionally seek the expertise of a national CDFI.

It takes between five and seven years before the initial investment costs of a typical new supermarket (\$8 million to \$25 million) are recovered.

In Alabama, program guidelines should include clear eligibility criteria to ensure that financing is dedicated to projects in underserved communities. As healthy food retailers apply for financing through the program, eligibility criteria can work to vet applicants to ensure their projects will serve a lower-income, underserved community and fit the community's needs. In addition to meeting these guidelines, applicants also must qualify for financing from a financial perspective.

A healthy food financing program in Alabama could include the following partner organizations with the following responsibilities:

Government and/or Foundation:

- Provide seed funding
- Oversee program implementation

Community Development Financial Institution (CDFI) and/or State Agency:

- Manage the fund
- Partner with other CDFIs, private banks, foundations and others to raise capital and leverage funds
- Evaluate applicants' financial eligibility
- Underwrite, structure and service transactions (grants and loans)
- Provide technical assistance to fund recipients, as appropriate, which could include topics such as business planning, marketing and real estate development
- Report impacts in coordination with the FAO

Food Access Organization (FAO):

- Create the program and eligibility guidelines in coordination with the CDFI or state agency
- Identify areas of the state that are underserved. The FAO may also identify underserved areas through site visits and research, including targeted outreach to local community leaders
- Develop marketing and application materials and establish marketing strategies
- Build the project pipeline by establishing relationships with grocers, wholesalers and other operators and owners of fresh food retail projects in the state
- Evaluate applications to determine if the project is located in an underserved area, meets eligibility criteria and aligns with the mission of the program



2. Attracting Additional Funding: Leverage

Funding sources for the creation of a program have typically included seed money from a state government or foundation that is then leveraged with additional dollars from banks, foundations and other sources. Similar financing programs across the country range in size from \$14 million to over \$200 million, with initial seed funding of \$5 million to \$30 million in public or philanthropic funds. Many programs have been seeded with an initial investment of \$10 million, such as those in Pennsylvania, Illinois and New York. (See Existing Healthy Food Financing Programs chart, page 18.)

CDFIs are particularly adept at pooling together multiple layers of funding and therefore can be critical partners in administering healthy food financing programs. For example, in Pennsylvania, The Reinvestment Fund attracted \$145 million in additional investment to leverage the state's \$30 million in seed funding.

Funding sources, whether initial seed funding or leveraged funding, may include:

- State agencies such as a state economic development department or department of agriculture
- Legislation or budget authority
- Program Related Investments (PRIs) and grants from foundations, especially those with a health mission
- Commercial banks
- CDFIs
- Federal Healthy Food Financing Initiative awards from the CDFI Fund (Department of Treasury) and the Community and Economic Development Program of the Department of Health and Human Services

- Federal economic development dollars, such as Community Development Block Grants (CDBG) from the Department of Housing and Urban Development
- Federal New Markets Tax Credit allocations (often for large supermarkets and the creation of new stores)
- Owner/developer equity

3. Flexible Uses of Grants and Loans

Grant funds are essential to the closing of deals and deploying loan funds, even with below-market rates and flexible terms and conditions for loans. Generally, grants are paired with traditional loans as well as an equity contribution from the retailer or developer. Flexibility in the use of funds also allows a healthy food financing program to have the most robust impact. Allowable uses for grants and loans could include:

- Predevelopment, including market studies, appraisals, and deposits on land and buildings and other holding costs
- Land assembly, including demolition and environmental remediation
- Infrastructure improvements, including retrofitting existing fluorescent fixtures, installing energy-efficient lighting or refrigeration equipment
- Real estate costs, including acquisition, construction, labor and materials
- Equipment costs associated with providing fresh food, including refrigeration and storage
- Inventory and working capital
- Workforce training and development costs

4. Funding a Variety of Retail Formats

The range of eligible project types takes into consideration the unique needs of a variety of communities—urban, rural and suburban—and the needs of healthy food retailers. Recognizing that one size does not fit all, flexibility in what type of fresh food retail can qualify for healthy food financing funds, as well as how those funds are being used, allows for the program to meet the needs of communities across the state. Project types eligible for funding could include:

- New full-service supermarket or grocery store
- Upgrade, expansion or preservation of an existing supermarket or grocery store
- The portion of a mixed-use or multi-tenant project that will be occupied by a grocery store
- Small and alternative food retailers such as farmers markets, mobile markets, co-ops and others
- Local produce distribution enterprises, such as food hubs



HEALTHY FOOD FINANCING PROGRAMS ACROSS THE COUNTRY

LOCATION	NAME OF PROGRAM	PROGRAM PARTNERS	FUNDING SOURCES	TYPES OF FINANCING
CA	California FreshWorks Fund www.cafreshworks.com	The California Endowment, Capital Impact Partners, Emerging Markets and others	The California Endowment and other private funding: \$264 million raised from a variety of private investors. Additionally, Capital Impact Partners has leveraged funding for CA projects since 2011 through the national Healthy Food Financing Initiative.	Loans: Up to \$8 million. Grants: Up to \$50,000.
CO	Colorado Fresh Food Financing Fund www.chfainfo.com/CO4F	The Colorado Health Foundation, Colorado Enterprise Fund and Progressive Urban Management Associates	Seeded with a \$7.1 million investment from the Colorado Health Foundation. Additionally, the Colorado Enterprise Fund has leveraged funding for CO projects since 2012 through the national Healthy Food Financing Initiative.	Loans: Up to \$1.5 million per project. Grants: May not exceed \$100,000 per project, except in extraordinary, high-impact cases.
IL	Illinois Fresh Food Fund www.iff.org/illinois-food	IL Department of Commerce and Economic Opportunity and IFF	Seeded with a \$10 million grant from the IL Department of Commerce and Economic Opportunity. The fund is designed to invest approximately \$30 million over the next three to four years.	Loans: Typical loans range from \$250,000 to \$1 million. Grants: Grants are only available to those who are also applying for a loan. The grant amount can be up to 10% of the loan amount, not to exceed \$100,000.
LA	New Orleans Fresh Food Retailer Initiative www.hope-ec.org/index.php/new-orleans-fresh-food-retailer-initiative	City of New Orleans, Hope Enterprise Corporation (HOPE) and The Food Trust	Federal and private funding. Seeded with \$7 million in Disaster Community Development Block Grant funds. Matched at least 1:1 by HOPE and other investment sources. Additionally, HOPE has leveraged funding for New Orleans projects since 2014 through the national Healthy Food Financing Initiative.	Loans: CDBG loans not to exceed \$1 million. Forgivable Loans: Up to \$500,000 or 20% of total financing needs.
NJ	New Jersey Food Access Initiative www.trfund.com/wp-content/uploads/2013/05/NJ_HealthyFoodRetailInitiativeBrochure_2013.pdf	NJ Economic Development Authority, The Reinvestment Fund (TRF) and the Robert Wood Johnson Foundation	To date, financial partners include: NJ Economic Development Authority (\$4 million), Living Cities (\$2 million credit) and the Robert Wood Johnson Foundation (\$10 million Program Related Investment). Additionally, TRF has leveraged funding for NJ projects since 2011 through the national Healthy Food Financing Initiative.	Loans: Range in size from \$200,000 to \$4.5 million or larger for New Markets Tax Credit transactions. Grants: Range in size from \$5,000 to \$125,000. Recoverable Grants: Early-stage financing with no-interest loans, typically repaid by construction financing.
NY	New York Healthy Food & Healthy Communities Fund www.liifund.org/products/community-capital/capital-for-healthy-food/new-york-healthy-food-healthy-communities-fund	NY Empire State Development Corporation, Low Income Investment Fund (LIIF), The Reinvestment Fund (TRF) and The Food Trust	Seeded with \$10 million from the state's Empire State Development Corporation. Matched with a \$20 million commitment from The Goldman Sachs Group, Inc. Additionally, LIIF has leveraged funding for NY projects since 2011 through the national Healthy Food Financing Initiative.	Loans: Range in size from \$250,000 to \$5 million or larger for New Markets Tax Credit transactions. Grants: Range in size from \$5,000 to \$500,000 for capital grants and \$5,000 to \$200,000 for predevelopment grants.
OH	Cincinnati Fresh Food Retail Financing Fund www.closingthehealthgap.org/fresh-food-fund	Center for Closing the Health Gap and Cincinnati Development Fund	Up to \$15 million over three years from the city. Funds appropriated by the city's Focus 52 allotted funds, sponsored by Cincinnati's Department of Trade and Development. Additionally, The Cincinnati Development Fund has leveraged funding for Cincinnati projects since 2012 through the national Healthy Food Financing Initiative.	Loans: Pending Grants: Pending
PA	Pennsylvania Fresh Food Financing Initiative www.trfund.com/pennsylvania-fresh-food-financing-initiative	PA Department of Community and Economic Development, The Food Trust, The Reinvestment Fund (TRF) and the Urban Affairs Coalition	Seeded with \$10 million in year one and an additional \$20 million over the next two years from the state's Department of Community and Economic Development. Matched with \$146 million in additional public and private investment. Additionally, TRF has leveraged funding for PA projects since 2011 through the national Healthy Food Financing Initiative.	Loans: Typical loans ranged in size from \$200,000 to \$3.5 million or larger for New Markets Tax Credit transactions. Grants: Up to \$250,000 per store and \$750,000 in total for one operator. Extraordinary grants of up to \$1 million were made available for projects with high potential for serving areas of extreme need.
Federal	Healthy Food Financing Initiative www.healthyfoodaccess.org/funding/healthy-food-financing-funds	US Departments of Treasury, Agriculture, and Health and Human Services	Since 2011, HFFI has distributed more than \$140 million to over 70 community development entities across the country.	Financing packages vary. Financing packages vary. HFFI dollars are given to Community Development Financial Institutions (CDFIs) and Community Development Corporations (CDCs) to provide one-time grants and loans to projects in their regions.

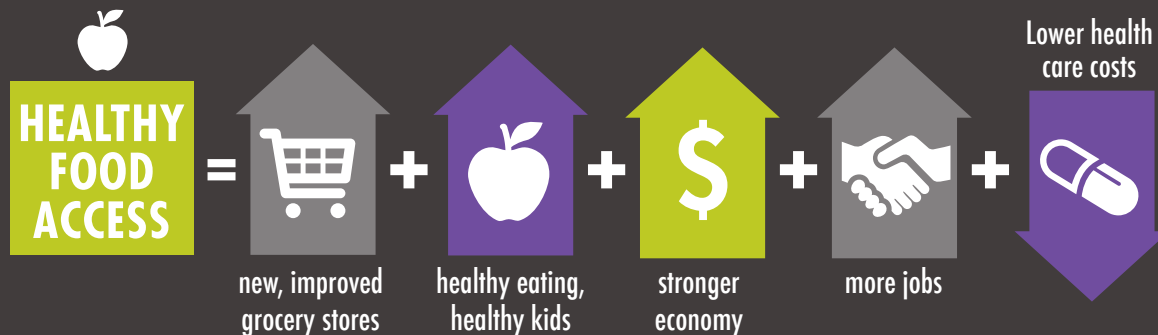
CONCLUSION AND RECOMMENDATIONS

Alabama must address the critical need for more healthy food retail in many communities.

Access to supermarkets is a key factor contributing to the health and economic development of neighborhoods. Through mapping, this study shows that many lower-income communities in Alabama have both poor supermarket access and a high incidence of diet-related deaths.

The increased incidence of obesity and other diet-related diseases in lower-income communities suggests that the public sector needs to invest in supermarket and other healthy food retail development in Alabama's underserved areas to help combat these diseases. Such an investment would have positive economic impacts as well, since supermarkets bring jobs to communities that need them the most.

Following the recently convened grocery summit, Alabama is well-positioned to create and support a statewide healthy food financing program to encourage the development of supermarkets and healthy food retail in underserved communities.



There is already much momentum surrounding this issue in Alabama, and leaders in the civic, public, private, financial and grocery sectors have all expressed the need for a grocery financing program. Current and new funding resources in the state can be appropriated to support a program that will improve the health of residents and create jobs in both rural and urban communities.

Through public investment—and the creation of a program specifically tailored to supporting healthy food retail development in underserved communities—we can increase the availability of affordable and nutritious food in underserved areas.

GIS Methodology

All tabular data was prepared in MS Excel and mapped in ArcGIS 10.2.2 by ESRI. The coordinate system and projection used during mapping and analysis were the North American Datum 1983 and Alabama State Plane East. Analysis was at the US Census Bureau's ZIP code level of geography using vector polygons from the 2014 ESRI Data & Maps shapefiles. Alabama statewide analysis used discrete ZIP code polygons and statewide rates.

Demographic data from the US Census Bureau website (www.census.gov) for the 2008–2012 American Community Survey was chosen due to the presence of income variables not available in the 2010 Decennial Census.

This analysis was performed for the State of Alabama at the level of ZIP code. All of the city and county maps (cities of Birmingham, Huntsville, Mobile and Montgomery; counties of Lee and Tuscaloosa) use the statewide data and are mapped relative to the State rates and odds ratios, not relative to the city/county's own rates and odds ratios.

SUPERMARKET SALES

Supermarkets in the 2014 Trade Dimensions retail database were included in the analysis of sales. For the purposes of this study, the definition of a supermarket is a store that had an SIC code of 541105 and was identified by Trade Dimensions as a "conventional, limited assortment or natural supermarket," a "superette" or a "supercenter" with over \$2 million in annual sales. There were 715 supermarkets in Alabama, with an aggregate weekly sales volume of \$173,856,000.

All supermarkets were plotted using the latitude and longitude coordinates for each record and then classified into two categories; between \$39,000 and \$150,000, and more than \$150,000 in weekly sales. Aggregate weekly sales volume of all supermarkets was attributed to the ZIP codes within which they occurred through a spatial join. Values of total sales were used to classify the ZIP codes by approximate quartiles into the four categories shown in *Map 1: Weekly Sales Volume for Supermarkets*.

POPULATION

Population data estimates for the State of Alabama by ZIP code were retrieved from the US Census Bureau's 2008–2012 American Community Survey (total of 4,833,722 people). Geographies with no population were removed from the analysis, as indicated on the maps.

SALES AND POPULATION DENSITY

For Alabama, the weekly sales volume was divided by the total population of each ZIP code. The result was then divided by the statewide rate of \$35.97 ($\$173,856,000/4,833,722$) to create an odds ratio for weekly supermarket sales per person for Alabama.

An odds ratio of 1 is equivalent to the statewide rate. Anything below 1 is below the statewide rate. An odds ratio of 2 means the rate is twice the statewide rate. This is used for *Map 2: Supermarket Sales and Population Density*. A new binary field recorded whether each ZIP code had a weekly sales odds ratio above or below 1.

INCOME

Local per capita income by ZIP code was divided by Alabama per capita income (\$23,587) giving an income odds ratio. A new binary field was created to store whether the ZIP code had an income odds ratio above or below the statewide rate.

SALES AND INCOME

The Sales and Income odds ratio binary fields were combined, resulting in four distinct values which correspond to the four possible combinations of high and low odds ratios, used to classify *Map 3: Supermarket Sales and Income* and *Map 4: Low Supermarket Sales and Low Income*.

DIET-RELATED DEATHS

The Alabama Center for Health Statistics provided mortality data for a specified list of diet-related ICD-10 codes for the year 2013. A total of 16,857 diet-related deaths were summarized and mapped at the ZIP code level for Alabama.

DIET-RELATED DEATHS AND POPULATION

The number of diet-related deaths attributed to each ZIP code was divided by the total population of that ZIP code. This result was divided by the statewide ratio of diet-related deaths to total population ($16,857/4,833,722 = 0.0034874$, or 35 diet-related deaths per 10,000 people) to calculate the death odds ratio. A new binary field was created to store whether the ZIP code had a death odds ratio above or below the statewide rate.

INCOME AND DIET-RELATED DEATHS

The two binary fields of Deaths and Income odds ratios were combined through multiplication to calculate a new field. This resulted in four distinct values which correspond to the four possible combinations of high and low deaths and income, used to classify *Map 5: Income and Diet-Related Deaths*.

DIET-RELATED DEATHS, SALES AND INCOME

To combine all three variables for Alabama, a new field was created and calculated by ZIP code as the product of the deaths odds binary variable and the Low Supermarket Sales and Low Income variable. These results were reclassified to only retain one value, Low Supermarket Sales, Low Income and High Deaths, and mapped to produce *Map 6: Areas with Greatest Need*.

ACKNOWLEDGMENTS

This report was prepared by Brian Lang and Julia Koprak of The Food Trust and David Treering, GIS Specialist at Loyola University. It was published in February 2015. This report was made possible with assistance from VOICES for Alabama's Children, the Daniel Foundation of Alabama, and Voices for Healthy Kids (a joint initiative of the Robert Wood Johnson Foundation and American Heart Association). Photographs by Ryan Donnell.



Robert Wood Johnson Foundation



Endnotes

- ¹ VOICES for Alabama's Children (2014). 2014 Alabama Kids Count Data Book. Montgomery, AL.
- ² Bell J., Mora G., Hagan E., Rubin, V., Karpyn, A. (2013). Access to Healthy Food and Why It Matters. Oakland, CA: PolicyLink and The Food Trust.
- ³ Ibid.
- ⁴ Population in low-income, low-supermarket tracks, derived from: Trade Dimensions International, Inc. (2014). American Community Survey 2008–2012, ESRI Data & Maps 2014.
- ⁴ Levi J., Segal L. M., Laurent R., Rayburn J. (2014). The State of Obesity: Better Policies for a Healthier America 2014. Washington, DC: Trust for America's Health and Robert Wood Johnson Foundation.
- ⁵ Robert Wood Johnson Foundation (2012). Bending the Obesity Cost Curve in Alabama. Robert Wood Johnson Foundation. Retrieved from: <http://www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf401412>
- ⁶ Institute of Medicine and National Research Council (2009). Local Government Actions to Prevent Childhood Obesity. Retrieved from: <http://iom.edu/Reports/2009/Local-Government-Actions-to-Prevent-Childhood-Obesity.aspx>
- ⁷ Centers for Disease Control and Prevention (2009). Recommended Community Strategies and Measures to Prevent Obesity in the United States. Morbidity and Mortality Weekly Report, 58, RR-7. Retrieved from: <http://www.cdc.gov/mmwr/PDF/rr/rr5807.pdf>
- ⁸ John Dunham and Associates (2013). Independent Grocers Impact Alabama. New York: National Grocers Association. Retrieved from: <http://www.nationalgrocers.org/docs/default-source/economic-impact-quick-pdfs/independent-grocers-impact-alabama.pdf?sfvrsn=10>
- ⁹ Bell J., Mora G., Hagan E., Rubin, V., Karpyn, A. (2013). Access to Healthy Food and Why It Matters. Oakland, CA: PolicyLink and The Food Trust.
- ¹⁰ Robinson, P.L., Dominguez, F., Teklehaimanot, S., Lee, M., Brown, A., Goodchild, M., Hood, D.B. (2013). Does Distance Decay Modelling of Supermarket Accessibility Predict Fruit and Vegetable Intake by Individuals in a Large Metropolitan Area? *Journal of Health Care for the Poor and Underserved*, Vol. 24(1).
- ¹¹ Michimi, A. and Wimberly, M.C. (2014). Associations of Supermarket Accessibility with Obesity and Fruit and Vegetable Consumption in the Coterminous United States. *International Journal of Health Geographics*, Vol. 49(8).
- ¹² Centers for Disease Control and Prevention (2008). Alabama: Burden of Chronic Diseases. Retrieved from: <http://www.cdc.gov/chronicdisease/states/pdf/alabama.pdf>
- ¹³ Goldstein R., Loethen L., Kako E. (2008). CDFI Financing of Supermarkets in Underserved Communities: A Case Study. Philadelphia: The Reinvestment Fund. Retrieved from: http://www.trfund.com/wp-content/uploads/2008/06/Supermarkets_Full_Study.pdf
- ¹⁴ Food Marketing Institute (2011). Access to Healthier Foods: Opportunities and Challenges for Food Retailers in Underserved Areas. Arlington, VA: Food Marketing Institute. Retrieved from: http://www.fmi.org/docs/health-wellness-research-downloads/access_to_healthier_foods.pdf?sfvrsn=2
- ¹⁵ Ibid.
- ¹⁶ The Reinvestment Fund (2006). Reinvestment Brief: The Economic Impacts of Supermarkets on their Surrounding Communities. Philadelphia, PA: The Reinvestment Fund. Retrieved from: <http://www.trfund.com/wp-content/uploads/2013/06/supermarkets.pdf>
- ¹⁷ Wiseman M., Phillips J., Breen D., Lee K., Harper J. (2013). The Economic Impact of Vowell's Market Place. Jackson, MS: John C. Stennis Institute of Government, Mississippi State University.

Suggested citation: Lang B., Koprak J., Treering D. (2015). *Food for Every Child: The Need for Healthy Food Financing in Alabama*. Philadelphia, PA: The Food Trust.

Copyright The Food Trust 2015

The Food Trust

Ensuring That Everyone Has Access To Affordable, Nutritious Food

For more than 20 years, The Food Trust has been working to ensure that everyone has access to affordable, nutritious food and information to make healthy decisions.

Recognized as a regional and national leader in the prevention of childhood obesity and other diet-related diseases, The Food Trust utilizes a comprehensive approach to improved food access that combines nutrition education and a greater availability of affordable, healthy food. Noteworthy programs include the Healthy Corner Store Initiative and the Pennsylvania Fresh Food Financing Initiative, a public-private partnership which has approved funding for nearly 90 fresh-food retail projects across Pennsylvania.

The Centers for Disease Control and Prevention honored the Fresh Food Financing Initiative in its Showcase of Innovative Policy and Environmental Strategies for Obesity Prevention and Control, and the program was named one of the Top 15 Innovations in American Government by Harvard University.

Learn more about The Food Trust:
www.thefoodtrust.org



VOICES for Alabama's Children

The Trusted Voice of Alabama's Children Since 1992

VOICES for Alabama's Children is a statewide nonprofit with a mission to ensure the well-being of Alabama's children through research, public awareness and advocacy. The organization was founded in 1992 and is the longest-standing multi-issue child advocacy organization in the state, working on policy that benefits all children, birth to graduation.

In 1994, VOICES published the state's first *Alabama Kids Count Data Book*, and has continued to annually publish and distribute this important information on child well-being to help shape policy and to help others identify and address issues in their communities.

Learn more about VOICES for Alabama's Children:
www.alavoices.org





The Food Trust

THEFOODTRUST.ORG

1617 John F. Kennedy Blvd. • One Penn Center, Suite 900 • Philadelphia, PA 19103
(215) 575-0444 • Fax: (215) 575-0466 • contact@thefoodtrust.org