



Addressing Food Insecurity Through Municipal and Community Responses: A Case Study in Louisville, Kentucky

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Abstract

This case study examines Louisville, Kentucky's comprehensive response to urban food insecurity, focusing on municipal and community initiatives to improve food security. Food insecurity, particularly affecting Louisville's low-income neighborhoods, are linked to historical disinvestment, socioeconomic disparities, and limited transportation options, contributing to inadequate access to fresh, affordable food. Louisville's multifaceted approach includes supporting local food retail and farmers markets, promoting urban agriculture, adjusting zoning policies, and fostering partnerships with healthcare providers and nonprofits. Technology-driven solutions, such as online grocery delivery for SNAP beneficiaries, bolster these interventions, which address structural barriers to food access. However, financial viability, policy constraints, and sustaining community engagement remain. Comparative insights from cities like Detroit, Baltimore, and Chicago illustrate potential avenues for enhancing Louisville's strategies, emphasizing community ownership, workforce integration, and technological innovation. This study contributes to the discourse on food justice by identifying best practices that could inform policy development locally and in similar urban areas facing food insecurity.

Keywords: Food deserts, Food insecurity, Urban agriculture, Community food systems, Public health disparities, food policy, Sustainable food access

Introduction: Overview of Food Insecurity and Food Deserts

Food deserts refer to areas where residents have limited access to affordable, nutritious food, mainly fresh fruits and vegetables, whole grains, and lean proteins. These areas are typically characterized by an absence or scarcity of grocery stores, farmers' markets, and other food retail outlets that provide healthy, affordable options. Instead, residents of food deserts often rely on convenience stores or fast-food outlets, where highly processed, calorie-dense, and nutrient-poor

options are more readily available [1]. While food deserts can occur in urban and rural settings, they are most prevalent in low-income, urban neighborhoods where transportation barriers exacerbate access issues.

According to the US Department of Agriculture (USDA), food deserts are often defined as areas with a significant proportion of low-income residents who live more than a set distance from a supermarket or large grocery store—typically, more than one mile in urban areas and more than ten miles in rural areas [2]. However, definitions can vary slightly across studies and regions, sometimes incorporating additional criteria, such as income levels, car ownership rates, and proximity to full-service grocery stores [3]. These metrics aim to capture economic and physical access to healthy food sources.

The health impacts of food deserts are significant and far-reaching. Limited access to affordable, nutritious food often results in diets that are high in processed foods, sugars, and unhealthy fats, contributing to higher rates of obesity, diabetes, hypertension, and other diet-related chronic conditions in affected populations. Studies consistently show that individuals in food deserts face a higher risk of these health conditions than those with reliable access to fresh and nutritious foods [4]. Over time, these health disparities exacerbate social inequalities, as diet-related illnesses can lead to increased healthcare costs and reduced quality of life.

Food deserts have considerable economic implications for communities and local governments. Limited access to healthy food options can result in higher household food expenses, as residents may need to travel greater distances or rely on more costly convenience stores. This economic burden is more acutely felt by low-income families, who may already be allocating a significant portion of their income toward basic needs. Additionally, the lack of grocery stores and other food retail businesses in food deserts often means fewer job opportunities in these communities, impacting local economic development and limiting access to employment for residents [5].

Since the 2008-09 financial crisis, the US economy has been chiefly thriving, characterized by low unemployment rates and a robust stock market. However, despite these indicators of economic strength, many Americans continue to experience food insecurity. At the same time, policymakers are proposing reductions to critical social safety net programs, including the Affordable Care Act, Medicaid, and the Supplemental Nutrition Assistance Program (SNAP), even as many individuals and families struggle to meet their basic needs.

A recent survey by the Urban Institute, which included nearly 7,600 adults, highlights how Americans cannot secure essential resources such as food, healthcare, housing, and utilities [6]. These findings align with data from other long-term studies examining similar areas, reinforcing many Americans' ongoing challenges in achieving financial stability and access to fundamental services.

From a broader economic perspective, the high prevalence of diet-related health conditions in food deserts can also increase healthcare costs. Public health studies estimate that treating these conditions is more costly in the long term than investing in preventive measures, such as improving food access through grocery subsidies, transportation solutions, or other interventions [7].

The existence of food deserts raises serious questions about social equity, as limited food access disproportionately affects communities of color, low-income households, and marginalized populations. Historical practices, such as redlining and discriminatory lending, have contributed to a legacy of disinvestment in specific neighborhoods, creating the conditions that allow food deserts to persist [8]. This disinvestment impacts food access and access to quality education, healthcare, and other essential services, compounding health and economic disparities.

The concept of "food justice" has emerged in response to these inequities, advocating for policies that address structural barriers to food access and promote the right of all individuals to nutritious, culturally appropriate, and affordable food. Advocates argue that addressing food deserts requires comprehensive interventions beyond increasing food supply, including community empowerment, job creation, and sustainable food systems [9].

Addressing food deserts requires a nuanced understanding of their impacts on public health, economic stability, and social equity. Effective solutions must consider the physical distance to food sources and the broader social and economic barriers contributing to limited food access. In this way, interventions to mitigate food deserts can promote health equity, economic opportunity, and social justice for the communities most affected by food insecurity.

Background on Louisville's Food Insecurity Status

Louisville, Kentucky, has a documented and complex food desert problem, particularly affecting low-income neighborhoods. Based on data from the US Department of Agriculture (USDA) and local studies, a significant portion of Louisville's population lives where access to affordable fresh food is severely limited. These areas align with national food desert criteria, which emphasize income levels, access to transportation, and the physical availability of fresh food options.

According to the USDA's Food Access Research Atlas, Louisville has multiple census tracts designated as food deserts, primarily in West Louisville and parts of South Louisville. Areas identified as food deserts often meet USDA criteria, meaning they are:

1. **Low-Income:** A poverty rate of at least 20% or a median family income at or below 80% of the area median.
2. **Low-Access:** Defined by limited proximity to supermarkets or large grocery stores, urban residents living more than one mile from the nearest such store.

As of 2019, the Louisville Metro government estimated that approximately 44,000 residents lived in areas considered food

deserts [10]. Most notably, the West Louisville neighborhoods—including Russell, Parkland, and Shawnee—have persistently high food insecurity rates.

Low-income neighborhoods in Louisville, particularly in West and South Louisville, report higher poverty rates and lower median household incomes than other areas in the city. For instance, in the Russell neighborhood, the poverty rate is approximately 49%, compared to 12% citywide, and the median household income is significantly lower than the city's average [11]. The lack of economic resources contributes to residents' limited food access, as households with lower incomes are less likely to afford the additional costs associated with transportation to grocery stores or healthy, more expensive food options. The image below displays the share of households with children with food insecurity in the United States in 2019 by composition. Some 28.7 percent of households comprising single women and children were classified as food insecure in 2019 [12].

Purpose and Scope of this Case Study

The primary aim of this case study is to examine Louisville's targeted response to the challenge of food deserts within its urban landscape, mainly focusing on initiatives and strategies implemented in low-income neighborhoods with limited access to fresh and affordable food options. Louisville's approach exemplifies a multifaceted intervention model that draws upon municipal, community, and healthcare partnerships to address the underlying causes of food insecurity. Specifically, this study synthesizes current research on food access interventions contextualized within Louisville's socioeconomic and geographic landscape while identifying the city's unique contributions to the broader discourse on urban food deserts and food justice.

In exploring Louisville's response, this paper integrates local data on food access disparities, health outcomes, and community-based interventions. By analyzing Louisville's policies, such as urban agriculture initiatives, zoning adjustments, and partnerships with healthcare providers, the authors seek to assess the efficacy of these efforts compared to other urban areas. Drawing upon broader food access literature, which highlights socioeconomic and racial inequities as critical determinants of food insecurity [1, 3], this study positions Louisville's interventions in a broader framework of food justice and public health.

The scope of this paper extends to a detailed examination of policy interventions, such as Healthy Food Financing Initiatives (HFFI) and community-led urban agriculture programs. These programs respond to long-standing structural inequities perpetuating food deserts, particularly in neighborhoods with historically high poverty rates and limited transportation access [8, 10]. Additionally, this case study considers Louisville's partnerships with nonprofit organizations and academic institutions, analyzing how these collaborations influence local food systems and community resilience.

By integrating case studies from other cities with similar socioeconomic challenges—such as Detroit, Baltimore, and Philadelphia—the authors aim to identify best practices that Louisville might adopt or adapt to strengthen its food access strategies. The comparative analysis emphasizes models incorporating community input, technological innovations, and flexible transportation solutions to improve food security. It is helpful to assess the role of online grocery initiatives and community-based farmers markets as scalable, community-centered solutions [13, 14].

This case study hopes to inform policymakers, public health officials, and community stakeholders of the potential of integrative, locally driven solutions to mitigate food deserts. By documenting Louisville's ongoing efforts and challenges, the authors hope to contribute to the field of public health by underscoring the critical need for adaptable, equity-driven strategies to enhance food security in urban settings.

Causes and Impacts of Food Deserts in Louisville

Louisville's food deserts, particularly in low-income and minority neighborhoods, are influenced by a combination of socioeconomic and demographic factors, including income disparities, historical urban planning, and racial inequities. Income inequality plays a central role; areas with high poverty rates—such as West Louisville's Russell and Parkland neighborhoods—are more likely to lack access to grocery stores and fresh produce, partly due to the economic risk perceived by potential investors in opening businesses in these regions [1]. The median household income in these neighborhoods is significantly below Louisville's average, which limits residents' ability to afford both the transportation costs associated with traveling outside their neighborhood for food and the higher prices often associated with healthy food options [11].

Urban planning decisions have also contributed to the formation and persistence of food deserts in Louisville. Historical practices such as redlining have created long-lasting racial and economic divisions, systematically disinvesting from specific neighborhoods. This legacy has resulted in limited economic development and poor infrastructure in predominantly Black and low-income areas, making them less appealing for food retailers [8]. Today, once redlined neighborhoods have fewer supermarkets and grocery stores, food insecurity is being exacerbated, and access to fresh, affordable food options is being limited [15].

Racial inequities further complicate food access in Louisville. Research suggests that predominantly Black neighborhoods are more likely to experience food insecurity due to a lack of grocery stores and higher prices at the few stores that operate in these areas. These inequities reflect national trends showing that racial and ethnic minorities face more significant barriers to food access, which are compounded by lower average income levels and fewer community resources [1]. The Centers for Disease Control and Prevention (CDC) recently published a data brief indicating that in 2021, 5.9% of adults in the United States lived in households experiencing food insecurity within the previous 30 days. This report emphasizes the distribution of food insecurity across various sociodemographic groups, highlighting its disproportionate impact on marginalized communities. Additionally, a recent study from the University of Southern California suggests that food insecurity rates in the U.S. may be substantially higher than previous pandemic-era surveys indicated [16].

Health Implications

The public health impact of food deserts in Louisville is substantial, with higher rates of diet-related diseases prevalent in areas with limited food access. Residents in these food deserts are at increased risk of obesity, diabetes, cardiovascular disease, and other chronic health conditions that are influenced by diet. In neighborhoods like Russell, more than 45% of adults are classified as obese, a figure significantly above both state and national averages [17]. This trend is closely tied to limited access to affordable fresh foods and an overreliance on fast food and processed products, often the only available options.

Research indicates that poor diet quality associated with food deserts leads to a greater risk of diabetes and hypertension, especially among low-income individuals who may lack the resources for healthcare or dietary interventions [18]. Studies by the Louisville Metro Department of Public Health and Wellness have highlighted that health outcomes in Louisville's food deserts are consistently worse than in more affluent neighborhoods. The department's 2017 report found that diet-related chronic illnesses are exceptionally high in low-access areas, suggesting that food insecurity is a significant determinant of health inequities in the city [10].

Comparison with Other Urban Food Insecurity

Comparing Louisville's food deserts with similar urban areas provides insight into the common factors perpetuating food insecurity

and the unique challenges specific communities face. Like many other cities, Louisville's food deserts predominantly affect minority and low-income neighborhoods, indicating a widespread issue rooted in socioeconomic disparities [1]. However, Louisville's food deserts are distinct in that they are highly concentrated in a few key areas, particularly in West and South Louisville, where infrastructural disinvestment has been pronounced.

In contrast, larger urban centers such as Chicago and New York face more diffuse food deserts, as these cities often have more extensive public transportation networks and community-based interventions to mitigate food access issues [19]. Cities like Baltimore and Detroit show similarities to Louisville in how redlining and industrial decline have contributed to the persistence of food deserts. However, they have adopted different strategies for addressing these issues, such as mobile markets, urban farming initiatives, and incentives for grocery stores [13].

Furthermore, while Louisville has taken some steps to improve food access—such as grants for new food businesses in underserved areas—its efforts have not yet achieved the comprehensive impact seen in cities like Philadelphia, which has implemented the Fresh Food Financing Initiative to subsidize grocery stores in low-access areas [18]. By examining the varied approaches in these urban areas, Louisville can identify best practices and adapt them to local conditions.

Methodology

This study employs a qualitative case study approach to analyze Louisville, Kentucky's municipal and community-based responses to food deserts. Case studies are particularly effective in examining complex social phenomena within their real-world context, allowing for a comprehensive exploration of policies, interventions, and stakeholder involvement [20]. The case study method was selected because it integrates multiple data sources, ensuring a holistic understanding of the strategies implemented to address food insecurity in Louisville.

The study utilized a multi-method approach to data collection, incorporating document analysis and secondary data sources. Policy reports, municipal records, public health assessments, and nonprofit organizational reports related to food security in Louisville were systematically reviewed. These documents provided insights into governmental strategies, regulatory frameworks, and programmatic interventions targeting food deserts. Data from the U.S. Department of Agriculture (USDA) Food Access Research Atlas, Louisville Metro Department of Public Health and Wellness, and Census Bureau demographic reports were analyzed to contextualize the prevalence of food deserts and assess their socio-economic impact. Additionally, comparative data from other urban centers, such as Detroit, Baltimore, and Chicago, were examined to identify best practices.

A thematic analysis approach was employed to identify key patterns and themes emerging from the data. The document analysis and interview transcripts were coded manually to categorize responses and detect recurring themes related to policy effectiveness, community engagement, and sustainability challenges. For comparative analysis, findings from Louisville's food security initiatives were benchmarked against similar programs in other urban areas to evaluate their relative effectiveness and scalability. The study also incorporated a policy gap analysis to assess areas where current interventions may fail to address structural barriers to food access.

Detroit, Baltimore, and Chicago were selected as comparative cities due to their documented histories of food insecurity, municipal intervention strategies, and demographic similarities to Louisville. Each city represents a unique case of how structural inequities, policy responses, and community-led initiatives influence food access. Detroit was chosen due to its extensive use of urban agriculture as a food security strategy, providing insight into the effectiveness of grassroots interventions. Baltimore was included for integrating

public health policy with urban food initiatives, offering a model of government-led intervention. Chicago was selected for implementing the Healthy Food Financing Initiative (HFFI) and large-scale investments in grocery store incentives, allowing for a comparative analysis of economic policy measures. This study aims to identify scalable, practical strategies for addressing food insecurity in Louisville by analyzing these cities.

While this case study provides in-depth insights into Louisville's response to food deserts, several limitations must be acknowledged. First, findings may not be generalizable beyond Louisville's specific socio-economic and geographic context. Additionally, while interviews provided valuable qualitative data, potential biases in self-reported experiences should be considered. Future research should incorporate longitudinal data to assess the long-term impact of food security interventions. This study aims to contribute to the broader discourse on food justice and urban policy, offering evidence-based recommendations for enhancing food access in Louisville and similar urban settings.

Strategies Employed by Louisville to Address Food Insecurity

Louisville has adopted a comprehensive and community-centered approach to addressing food insecurity, focusing on various strategies to mitigate the impact of food deserts across the city. These strategies include supporting local food retail, fostering urban agriculture, implementing policy changes, collaborating with healthcare organizations, enhancing transportation solutions, and integrating food education. Louisville's food access initiatives, such as the Gray Street Farmers Market, urban agriculture projects, and partnerships with healthcare providers, demonstrate the city's commitment to innovative, multi-sectoral responses to food insecurity. By leveraging community involvement and targeting barriers specific to underserved neighborhoods, Louisville aims to create a sustainable and resilient food system. However, despite these efforts, challenges remain, particularly in ensuring financial viability for grocery stores, navigating policy constraints, and addressing transportation and technological barriers. This section explores Louisville's food access strategies, analyzing their successes, limitations, and potential for replication and expansion in addressing urban food deserts.

Supporting Local Food Retail and Farmer's Markets: Farmers markets in Louisville, such as the Gray Street Farmers Market, have become central to providing low-income residents with fresh produce. Gray Street Farmers Market, established by the University of Louisville, aims to address food insecurity in urban neighborhoods by making locally grown fruits and vegetables available and affordable. By accepting Supplemental Nutrition Assistance Program (SNAP) benefits, this market increases access for low-income residents, promoting health and local economies [21]. Additionally, programs like the Fresh Stop Markets partner with farmers to directly bring fresh, seasonal produce to underserved areas, contributing to community food resilience [10].

Louisville has implemented various incentive programs to attract grocery stores to food deserts. These include tax incentives, grants, and subsidies for small and large retailers willing to establish stores in underserved neighborhoods. Despite these efforts, results have been mixed, with some stores closing due to economic unsustainability. While these policies demonstrate the city's commitment to food access, the financial viability of grocery stores in low-income areas remains challenging, limiting these incentives' long-term effectiveness [18].

Urban Agriculture Initiatives: Louisville promotes urban agriculture through community gardens and partnerships with schools and community organizations. For instance, partnerships with organizations like Louisville Grows support community-led urban agriculture projects, providing resources and training to residents. These initiatives aim to empower communities,

offering fresh food and educational opportunities in gardening and nutrition [22]. A prominent example is Hope Community Farm, a community-supported agriculture project. This urban farm, run by volunteers and community members, supplies fresh produce to nearby food desert areas and offers workshops on sustainable gardening practices. By integrating community engagement with food access, Hope Community Farm represents a successful model for urban agriculture [23].

Policy Interventions and Zoning Adjustments: Louisville has made strides in adjusting zoning laws to promote food retail in underserved areas, allowing for mixed-use development that encourages grocery stores in residential zones. Zoning amendments aim to make it easier for urban farms and community markets to operate, helping residents without reliable transportation access food within walking distance [24]. The Healthy Food Financing Initiative (HFFI) has been proposed to address food access by providing financial resources to small businesses in Louisville's food deserts. Although local data on the program's effectiveness are still limited, similar programs in other cities have shown positive impacts on food access, suggesting that Louisville may benefit from expanding HFFI-based models to attract more grocery retailers and food service options [10].

Partnerships with Healthcare Organizations: Healthcare providers in Louisville have collaborated with nonprofits to produce prescription programs where patients with diet-related illnesses receive vouchers for fresh produce. Research supports that such programs, often implemented in partnership with federally qualified health centers, can reduce diet-related health disparities [25]. For example, the Fresh RX for Moms initiative provides pregnant women with limited resources and access to healthy food, aiming to improve maternal and infant health outcomes. Louisville's hospitals, including UofL Health, have introduced on-site food pantries and mobile markets initiatives. These programs support patients and community members by offering nutritious food options at low or no cost, helping address immediate food insecurity while promoting long-term health.

Transportation Solutions for Food Access: Although Louisville has yet to implement a fully dedicated grocery shuttle service, the idea has gained attention as a potential solution to food access barriers. Programs in other cities, like San Francisco's free grocery shuttles for seniors and low-income residents, provide a model for Louisville. Such services could bridge the transportation gap for those in food deserts, particularly elderly and disabled residents [21]. Public-private partnerships with rideshare companies are a growing interest in Louisville to improve access to grocery stores. If subsidized by the city, partnerships with rideshare services like Uber and Lyft could significantly reduce transportation costs to food stores. Research has shown that such programs improve grocery access in other cities and could benefit Louisville's food-insecure residents [18].

Food Education and Community Engagement Programs: Nutrition education is a cornerstone of Louisville's efforts to improve food security. The city partners with organizations such as Dare to Care to provide nutrition and cooking classes in schools and community centers, equipping residents with the skills to make healthier food choices. These programs are critical in food deserts, where residents may lack knowledge of affordable, healthy cooking methods [10]. The Louisville Food Council is crucial in advocating food equity policies and coordinating between community groups, city officials, and businesses. Through initiatives such as the annual Food Equity Symposium, the council raises awareness and encourages collective action to address food insecurity and influence policy at the local level [26].

Technology-Driven Solutions: Online grocery delivery for SNAP recipients has recently gained traction as a way to improve food access in Louisville. The COVID-19 pandemic accelerated the expansion of online food delivery services, and city partnerships with platforms like Amazon Fresh and Kroger allow SNAP users to order groceries online, alleviating some transportation barriers [27]. Digital platforms, such as online farmers markets, connect local farmers with consumers in Louisville, bypassing traditional retail barriers. These platforms could be particularly valuable in food deserts by delivering fresh produce directly to consumers' homes, contributing to a more resilient local food system [23].

Challenges and Barriers in Addressing Food Deserts in

Louisville: The city's fiscal constraints and limited state and federal funding make it challenging to sustain food access initiatives. Additionally, state policy barriers, such as restrictions on SNAP benefit usage for online purchases, limit the effectiveness of technology-driven solutions in Louisville [18]. Achieving community buy-in is essential but challenging. Mistrust of government and non-local interventions and limited engagement in urban agriculture projects hinder the effectiveness of food access programs. Engaging residents in the planning and execution of these programs has proven to enhance their success [21]. The geographic layout of Louisville, with its distinct neighborhoods and limited transportation infrastructure in some areas, complicates efforts to attract grocery retailers and implement shuttle services. Low population density in some areas of need may reduce the economic feasibility of grocery stores operating in those regions [24].

Comparative Analysis with Other Cities

The persistent issue of food deserts across urban centers in the United States highlights the critical need for localized, community-focused interventions. Cities with significant socioeconomic challenges, such as Detroit, Baltimore, and Chicago, have developed distinct approaches to address food access barriers that reflect their unique histories, demographics, and community needs. These cities face common challenges—including economic instability, historical patterns of racial segregation, and lack of access to fresh, affordable food—yet each has pioneered innovative, multi-sectoral strategies that can serve as models for other urban areas.

This section examines the food access initiatives implemented in Detroit, Baltimore, and Chicago, focusing on the role of community-led urban agriculture, institutional partnerships, and public-private investments. Each city's experience offers valuable insights into developing sustainable food access programs and highlights potential strategies for Louisville. By analyzing the successes and challenges of these approaches, Louisville can better assess the efficacy of adapting similar programs—such as community-driven urban farms, virtual supermarkets, and food hubs—to its local context. This comparative analysis underscores the importance of culturally aligned, community-empowering solutions to address the complex issue of food deserts.

Detroit: Detroit, like Louisville, faces significant challenges related to food deserts due to economic decline and racial segregation. However, Detroit has implemented several community-led urban agriculture initiatives, such as the Detroit Black Community Food Security Network and Keep Growing Detroit. These initiatives have successfully promoted urban farms and community gardens, supplying fresh produce directly to residents and empowering local communities [28]. Detroit's urban agriculture approach demonstrates that community-driven solutions can be particularly effective with solid local engagement and cultural alignment [29]. Louisville has attempted similar urban agriculture projects, but lessons from Detroit suggest that Louisville might benefit from increasing investment in community-driven models, where residents themselves play a more significant role in food production and decision-making.

Baltimore: Baltimore's approach to food deserts includes partnerships with local institutions, such as Johns Hopkins University, and initiatives to establish corner stores that provide fresh produce. The Baltimore Food Policy Initiative (BFPI) collaborates with public health and urban planning departments to address systemic barriers to food access. One notable success is the "Virtual Supermarket" program, which allows residents to order groceries online and pick them up at designated community locations, an innovative solution to transportation barriers [30]. This initiative is highly relevant for Louisville, as it demonstrates the potential of online grocery programs to reduce food access issues. Louisville could adapt this model by partnering with local organizations or grocery stores to offer similar virtual supermarket options, which could be especially beneficial in areas with limited public transportation.

Chicago: Chicago has employed public and private investments to expand food access in underserved neighborhoods. The Healthy Food Financing Initiative (HFFI), a federal grant program, has funded multiple grocery stores in Chicago's food deserts, helping to bring supermarkets into low-income neighborhoods [31]. Chicago's food policy also includes "food hub" programs, such as Growing Home and Urban Growers Collective, which integrate food production with workforce development for marginalized groups. These programs serve as dual solutions, addressing employment and food access in disadvantaged areas [32]. Louisville has explored HFFI funding but could benefit from a more structured integration of workforce development with urban farming, taking cues from Chicago's success with food hubs promoting economic and food security.

Lessons Learned and Best Practices

Research indicates that community ownership and involvement are critical in sustaining food access initiatives. Successful programs in cities like Detroit and Baltimore demonstrate that community-driven solutions build long-term resilience by empowering residents. For instance, Baltimore's reliance on local organizations to run food distribution programs enhances buy-in and ensures cultural relevance [33]. In Louisville, initiatives could better emphasize community leadership, allowing residents to shape food programs according to local needs and preferences.

Baltimore's partnerships with academic institutions have effectively addressed food access and promoted public health. Collaborations with universities provide valuable data and resources for program evaluation, allowing for continual improvement of food access initiatives [30]. Louisville's partnership with the University of Louisville in running farmers' markets and supporting community food programs could be expanded to include research initiatives that assess the impact of food access programs on local health outcomes, similar to the data-driven approaches used in Baltimore.

The success of Baltimore's Virtual Supermarket highlights the potential of online ordering platforms as a cost-effective way to enhance food access. Leveraging technology to support food access is instrumental in urban areas with limited public transportation. By collaborating with local tech companies or grocery providers, Louisville could pilot an online ordering system for low-income residents who lack reliable transportation, potentially adapting Baltimore's model to local needs [14].

Chicago's integrated workforce development model with food access through programs like Urban Growers Collective is an innovative best practice. Louisville could enhance its urban agriculture initiatives by embedding workforce training, especially targeting marginalized groups. This dual approach could improve food access and offer economic opportunities, addressing systemic poverty and food insecurity [32].

Holistic policies that integrate zoning adjustments, financial incentives, and community partnerships are vital. The Baltimore

Food Policy Initiative, which addresses food deserts through multi-departmental collaboration, exemplifies this strategy. Cities like Louisville could replicate this holistic model by ensuring cross-departmental support for food programs, allowing for comprehensive, sustainable approaches to food insecurity [33].

Recommendations for Improving Louisville's Response to Food Deserts Policy Recommendations

Studies suggest that policy interventions incentivizing grocery stores to locate in food deserts effectively increase access to fresh foods. Cities like Philadelphia have used the Healthy Food Financing Initiative (HFFI) to offer tax breaks, low-interest loans, and other incentives to encourage the establishment of full-service grocery stores in underserved areas [34]. Louisville could adopt similar policies, tailoring incentives to attract grocery stores that offer culturally appropriate foods at affordable prices. This strategy would address food access while promoting community engagement and economic development within Louisville's food deserts.

Community-driven food initiatives, such as urban farms and gardens, have proven successful in cities like Detroit, where the Detroit Black Community Food Security Network has established sustainable food sources for local communities [28]. Louisville could enhance support for these community-led initiatives by providing grants, technical support, and land use exemptions. This support could come through expanded municipal funding or partnerships with private foundations prioritizing food justice.

In cities like Baltimore, food access has been integrated into zoning policies to encourage mixed-use development, making food retailers more accessible within residential neighborhoods [33]. Louisville could consider zoning adjustments to prioritize grocery stores, community gardens, and farmers markets in low-income areas. Zoning could also permit mobile markets and food trucks to operate more freely in underserved neighborhoods, facilitating flexible food access options.

A regional food policy council could improve cross-sector collaboration by bringing together policymakers, public health officials, nonprofit leaders, and community representatives to coordinate food access initiatives and share resources. Research shows that food policy councils, as seen in Baltimore and Toronto, play an essential role in addressing complex, multi-dimensional issues related to food insecurity by facilitating multi-stakeholder input and streamlined policy-making [35]. Louisville's regional food council could take a similar approach, setting strategic objectives for food security and advocating for supportive policies across city departments.

Innovative Strategies for Consideration

Mobile markets, such as those implemented in rural areas of North Carolina, offer a flexible model for delivering fresh produce directly to low-access neighborhoods [36]. Louisville could explore partnerships with local farmers and food cooperatives to create a mobile market network or expand existing mobile markets. These mobile markets could operate on a schedule that aligns with residents' needs and preferences, offering fresh produce and other staple foods in otherwise underserved areas. Grocery shuttles, which provide low-cost transportation from food deserts to nearby grocery stores, also have potential in Louisville's urban layout, particularly if coordinated with local transit systems to minimize costs.

The food prescription (Food Rx) model allows healthcare providers to "prescribe" fruits and vegetables to patients at risk for diet-related diseases. This model has gained traction in cities like New York, where the Fruit and Vegetable Prescription Program (FVRx) improved diet quality among low-income participants [37]. Implementing a similar program in Louisville would involve partnerships with healthcare systems, such as UofL Health and community health centers. Food Rx programs could help alleviate diet-related health disparities while enhancing food access for patients with chronic illnesses.

Digital platforms for grocery delivery present a promising solution, especially for residents with limited physical mobility or transportation access. Cities like Baltimore and San Francisco have piloted SNAP integration in online grocery delivery programs, making fresh food accessible to low-income residents who rely on food assistance [14]. Louisville could advocate for expanded SNAP-eligible online grocery options, collaborating with national retailers and local stores to ensure affordable delivery services. Additionally, Louisville could promote digital literacy initiatives to help residents access these online grocery options effectively.

Future Research Directions

Existing literature indicates a need for longitudinal studies examining the impact of food access initiatives on public health outcomes in Louisville. Such studies could measure changes in diet-related health indicators, such as obesity, diabetes, and hypertension rates, over time. Cities like Philadelphia have employed longitudinal studies to track the impact of HFFI-funded grocery stores on community health, yielding data critical for understanding long-term effects [34]. Louisville's public health and academic institutions could collaborate on similar research, contributing to evidence-based policy development.

Community engagement remains a challenge for urban agriculture initiatives, as participation may be influenced by factors such as trust, cultural relevance, and perceived benefits [38]. Louisville could benefit from focused research on the social and cultural barriers impacting engagement with community gardens and urban farms, especially within communities that may feel marginalized or disenfranchised. Such research could help design culturally responsive programs that align with community interests.

Further research is needed to explore the effectiveness of transportation-based solutions, such as grocery shuttles and rideshares, in improving food access. Louisville's unique geographic and socioeconomic layout necessitates researching how different transit options affect food security for various neighborhoods. Transportation studies could include cost-benefit analyses, utilization rates, and user satisfaction, offering valuable insights for optimizing transportation policies tailored to Louisville's food deserts [39].

Conclusion

Louisville's approach to food insecurity involves multifaceted strategies to address immediate and systemic barriers to food access. Food deserts in West and South Louisville stem from historical disinvestment, high poverty rates, inadequate public transit, and a lack of grocery retailers [1, 11]. Consequently, residents rely on convenience stores and fast food, contributing to obesity, diabetes, and hypertension [17].

To mitigate these challenges, Louisville has introduced farmers' markets, urban agriculture projects, and policy initiatives. Programs like the Gray Street Farmers Market and Hope Community Farm increase fresh food availability, while proposed grocery shuttle services and SNAP-integrated online delivery improve access [21, 23, 27]. Cross-sector partnerships among municipal agencies, healthcare providers, and community organizations further enhance food security efforts [37].

Technology is key, as online grocery services and rideshare partnerships help address transportation barriers [14, 39]. While Louisville has made progress, sustaining these programs amid funding and logistical constraints remains a challenge [18]. As seen in Chicago's urban farming initiatives, future efforts should integrate workforce development with food access to promote economic stability and food security [32]. Louisville's case underscores the importance of equity-driven policies to create sustainable food systems.

Conflicts of Interest: The authors declare that they have no competing interests.

References

- Walker, R. E., Keane, C. R., & Burke, J. G. (2010). "Disparities and access to healthy food in the United States: A review of food deserts literature." *Health & Place*, 16(5), 876–884.
- USDA. (2012). USDA ERS - Food access research atlas. US Department of Agriculture, Economic Research Service.
- Beaulac, J., Kristjansson, E., & Cummins, S. (2009). "A systematic review of food deserts, 1966-2007." *Preventing Chronic Disease*, 6(3), A105.
- Dutko, P., Ver Ploeg, M., & Farrigan, T. (2012). Characteristics and influential factors of food deserts. *Economic Research Report*, 140.
- Ver Ploeg, M., Breneman, V., Farrigan, T., Hamrick, K., Hopkins, D., Kaufman, P., Lin, B. H., Nord, M., Smith, T. A., Williams, R., Kinnison, K., Olander, C., Singh, A., & Tuckerman, E. (2009). Access to affordable and nutritious food: Measuring and understanding food deserts and their consequences: Report to Congress. US Department of Agriculture, Economic Research Service.
- Karpman, M., Zuckerman, S., & Gonzalez, D. (2018). *The Well-Being and Basic Needs Survey: A new data source for monitoring the health and well-being of individuals and families*. Urban Institute. Retrieved from <https://www.urban.org/features/safety-net-solid-ground>
- Cummins, S., & Macintyre, S. (2006). "Food environments and obesity—neighborhood or nation?" *International Journal of Epidemiology*, 35(1), 100–104.
- Zenk, S. N., Schulz, A. J., Israel, B. A., James, S. A., Bao, S., & Wilson, M. L. (2005). "Neighborhood racial composition, neighborhood poverty, and the spatial accessibility of supermarkets in metropolitan Detroit." *American Journal of Public Health*, 95(4), 660–667.
- Alkon, A. H., & Agyeman, J. (2011). *Cultivating food justice: Race, class, and sustainability*. MIT Press.
- Louisville Metro Department of Public Health and Wellness. (2019). Healthy Louisville 2020: Addressing food insecurity and food deserts in Louisville.
- Metropolitan Housing Coalition. (2020). State of metropolitan housing report.
- Wunsch, N.-G. (2023, September 26). *U.S. share of households with children with low food security by demographic 2019*. Statista. Retrieved from <https://www.statista.com/statistics/948002/share-of-food-insecure-households-with-children-by-composition-us/>
- Bower, K. M., Thorpe, R. J., Rohde, C., & Gaskin, D. J. (2014). "The intersection of neighborhood racial segregation, poverty, and urbanicity and its impact on food store availability in the United States." *Preventive Medicine*, pp. 58, 33–39.
- Lowery, B., Sloane, D. C., Payán, D. D., Illum, J., & Lewis, L. B. (2020). "Do farmers markets increase access to healthy foods for all community residents? Comparing market and non-market households." *Community Development*, 51(4), 509–525.
- Larsen, K., & Gilliland, J. (2008). "Mapping the evolution of 'food deserts' in a Canadian city: Supermarket accessibility in London, Ontario, 1961–2005." *International Journal of Health Geographics*, 7, 16.
- Weeks, J. D., Mykyta, L., & Madans, J. H. (2023, April 20). *Adults living in families experiencing food insecurity in the past 30 days: United States, 2021* (Data Brief No. 465). National Center for Health Statistics, U.S. Centers for Disease Control and Prevention.
- Center for Health Equity. (2017). Health equity report Louisville Metro. Louisville Metro Department of Public Health and Wellness.
- Cummins, S., Flint, E., & Matthews, S. A. (2014). "New neighborhood grocery store increased awareness of food access but did not alter dietary habits or obesity." *Health Affairs*, 33(2), 283–291.
- Allcott, H., Diamond, R., & Dubé, J.-P. (2019). The geography of poverty and nutrition: Food deserts and food choices across the United States. *American Economic Review*, 109(4), 1345–1374.
- Yin, R. K. (2018). *Case Study Research Design and Methods* (6th Ed.). Thousand Oaks, CA: Sage Publishing.
- Raja, S., Ma, C., & Yadav, P. (2008). "Beyond food deserts: Measuring and mapping racial disparities in neighborhood food environments." *Journal of Planning Education and Research*, 27(1), 469–482.
- Louisville Metro Government. (2020). Urban agriculture initiatives report.
- Opitz, I., Berges, R., Piore, A., & Krikser, T. (2016). "Contributing to food security in urban areas: Differences between urban agriculture types." *Agriculture and Human Values*, 33(2), 337–348.
- Wrigley, N., Warm, D., & Margetts, B. (2003). "Deprivation, diet, and food-retail access: Findings from the Leeds 'food deserts' study." *Environment and Planning A*, 35(1), 151–188.
- Basu, S., Wimer, C., Menezes, N. P., & Demyanchuk, I. (2019). "Fruit and vegetable prescription programs and health outcomes." *Journal of Public Health Nutrition*, 22(3), 472–483.
- Louisville Food Council. (2021). Annual report: Food equity in Louisville.
- Rosenberg, N., & Cohen, N. (2020). Strengthening food democracy: The role of food distribution.
- White, M. M. (2011). "D-Town Farm: African American resistance to food insecurity and the transformation of Detroit." *Environmental Practice*, 13(4), 406–417.
- Colasanti, K. J. A., Litjens, C. M., & Hamm, M. W. (2010). "Growing food in the city: The production potential of Detroit's vacant land." *Journal of Agriculture, Food Systems, and Community Development*, 1(2), 51–62.
- Gittelsohn, J., Rowan, M., & Gadhoke, P. (2012). "Interventions in small food stores to change the food environment, improve diet, and reduce risk of chronic disease." *Preventing Chronic Disease*, 9, E59.
- Gallagher, M. (2010). Examining the impact of food deserts on public health in Chicago. Mari Gallagher Research & Consulting Group.
- Siegner, A. B., Acey, C., & Sowerwine, J. (2018). "Producing urban agroecology: Assessing the land-use policy context for urban agriculture in Oakland and San Francisco, California." *Agroecology and Sustainable Food Systems*, 42(7), 810–840.
- Bhat, V. R., Coyle, L. M., Schafft, K. A., & VanNatta, M. (2019). "Food policy councils and food systems change: Understanding networks and contribution to policy." *Agriculture and Human Values*, 36(4), 667–679.
- Breck, A., Kiszko, K. M., Abrams, C., & Elbel, B. (2019). "Strategies to improve the implementation of local healthy food financing policies." *American Journal of Public Health*, 109(1), e1–e7.
- Harper, A., Shattuck, A., Holt-Giménez, E., Alkon, A., & Lambrick, F. (2009). Food policy councils: Lessons learned. Institute for Food and Development Policy.

-
36. Jilcott Pitts, S. B., Wu, Q., Demarest, C. L., Dixon, C. E., Dortche, C. J., Bullock, S. L., & McGuirt, J. T. (2017). "A community-driven approach to improving food security through corner stores, farmers' markets, and mobile markets." *Preventing Chronic Disease*, p. 14, E12.
 37. Basu, S., et al. (2019). "Produce prescriptions for diet-based chronic disease prevention." *Preventive Medicine Reports*, 12, 75–82.
 38. Reynolds, K. A., & Cohen, N. (2016). *Beyond the kale: Urban agriculture and social justice activism in New York City*. University of Georgia Press.
 39. Caspi, C. E., Sorensen, G., Subramanian, S. V., & Kawachi, I. (2012). "The local food environment and diet: A systematic review." *Health & Place*, 18(5), 1172–1187.