



MAKING HEALTHY FOOD MORE ACCESSIBLE FOR LOW-INCOME PEOPLE

Farm and Food Policy Project



This is one in a series of Background Papers of the Farm & Food Policy Project (FFPP), written to inform debate about the 2007 Farm Bill. FFPP is a diverse alliance of family farm, sustainable agriculture, rural, public health, anti-hunger, environmental, faith-based, and other groups with a commitment to address the full spectrum of public needs addressed by this critical piece of legislation.

The policy recommendations in this paper have not been endorsed by all participants of FFPP. They reflect the range of policy options from current literature on this paper's topic.

FFPP participants have endorsed a shared declaration of policy goals and options, *Seeking Balance in U.S. Farm and Food Policy*, and invite others to join them.

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Making Healthy Food More Accessible for Low-Income People

SUMMARY

A quick glance at Americans' dietary status reveals alarming trends. One-third of adults in the US are obese and another third are overweight, raising their susceptibility to heart disease, diabetes, and other ailments (CDC, 2006).¹ Sixteen percent of US children are overweight, nearly triple the prevalence of thirty years ago (CDC, 2006). Meanwhile, as of 2005, 11.0% of US households are food insecure, meaning that they are not always certain how to get their next meal; and 3.9% have "very low food security" (equivalent to "food insecure with hunger"), which means that they do not get enough to eat (Nord, 2006). Low-income people have less access to affordable and healthy food options, contributing to negative health outcomes including obesity. As a result, food insecurity, poverty, and obesity have become overlapping concerns in the US (Bhattacharya et al., 2004). The upcoming Farm Bill provides a unique opportunity to create integrated legislation to address US diet-related problems and food security. Anti-hunger, public health, and nutrition advocates can stand behind the argument that *all* Americans, regardless of income, deserve access to an affordable, healthy diet.

The following policy recommendations are steps in the right direction:

- ◆ Expand programs that improve low-income people's access to healthy food.
- ◆ Improve public transportation access to supermarkets.
- ◆ Create a national fund to finance development of healthy food options in low-income neighborhoods.
- ◆ Subsidize Electronic Benefits Transfer (EBT) technology for farmers markets.
- ◆ Increase the minimum food stamp benefit.
- ◆ Update the nutritional content and costs of the USDA food plans on which food stamps are based.

- ◆ Make healthy foods cheaper for food stamp recipients.
- ◆ Tailor a nutrition media campaign to the needs of low-income people.

INTRODUCTION

One might think that someone who is food insecure could not be overweight. Yet, in the US, food insecurity, poverty, and obesity have become overlapping concerns, with low-income people facing more negative health outcomes of all three conditions (Bhattacharya et al., 2004). As income and education decrease, rates of obesity increase (Drewnowski, 2004). Research on this phenomenon indicates that food-insecure people may be consuming inexpensive, poor quality foods, high in added fats and sugars and low in other important nutrients. Although logical in the face of economic constraints, the coping mechanisms of food-insecure families may cause physiological responses that contribute to weight problems (Jones and Frongillo, 2006). Low-income families also face unique challenges in obtaining healthy foods, including higher prices and lower access.

Much work needs to be done to improve the "food environment" in the US, making healthy items more accessible and affordable. As Nestle and Jacobson (2000, p. 12) note:

Traditional ways of preventing and treating overweight and obesity have almost invariably focused on changing the behavior of individuals, an approach that has proven woefully inadequate, as indicated by the rising rates of both conditions.

While nutrition education is critical, the advice it provides is hard to follow if healthy foods are difficult to find and afford. Anti-hunger advocates are particularly concerned with the dignity of poor families, who often face obstacles and embarrassment to receive services.

Hunger and obesity tend to be addressed separately in federal policy. In dealing with obesity and overweight, public health advocates support nutrition education, campaigns to promote healthy eating and

¹ See glossary for definitions of "overweight" and "obese". Note that the terms are used differently for adults and children.

physical activity, nutrition labeling, and favorable pricing for healthy foods (Nestle and Jacobson, 2000). In addressing food insecurity and hunger, anti-hunger advocates promote increasing the scope of and access to the federal nutrition programs, as well as strengthening other anti-poverty initiatives. The upcoming Farm Bill provides a unique opportunity to create integrated legislation to address diet-related problems and food insecurity simultaneously in the US, and to ensure that our policies intersect to achieve common goals.

POOR HEALTH IN THE US

As measured by the federal government's Healthy Eating Index (HEI), less than 15% of people in the US eat a healthy diet.² Only 38% eat enough vegetables every day and only 23% eat the amount of fruit recommended in the dietary guidelines (Blisard et al., 2004). On top of already low consumption, one third of vegetables consumed are in the form of relatively nutrient-poor french fries, potato chips, and iceberg lettuce (Reed et al., 2004). Thus, regardless of economic status, people in the US are not likely to be meeting their optimum nutrient requirements.

Furthermore, the amount of energy people consume in the form of calories and the amount they spend in physical activity are increasingly out of balance—leading to weight gain in many populations, including low-income and food insecure. Over the past 25 years, average energy expenditure has declined, as adults moved into less-active occupations, changed to more passive modes of transportation, and increased inactive leisure activities such as watching television (Popkin and Gordon-Larsen, 2004). Energy consumption, on the other hand, has increased by an average of 300 calories per day during the same time period (Drewnowski, 2005). The additional calories come primarily as added sugars and fat, which now comprise nearly half of daily energy consumption in the US (Drewnowski and Specter, 2004).

Several changes in the food environment help to explain the rising rates of obesity in the US. Foremost, calorie-dense and nutrient-poor foods have become cheaper while healthy options have become more expensive (Nestle and Jacobson, 2000). For example, while the cost of fruits and vegetables went up 40% since 1985 (USDA ERS, cited in Schoonover

and Mueller, 2006), the price of fats and sugars continues to decline; so much so that the amount of added fats and sugars per capita in the food supply increased by at least 20% since 1997 (Drewnowski, 2003).

Some analysts have argued that farm policy itself has contributed to the increase in overweight and obesity, by making unhealthy foods cheaper (Fields, 2004; Schoonover and Mueller, 2006). Current subsidies pay farmers the difference between market price and a government-set price for certain commodities (predominantly oilseed and grains), allowing market prices for these commodities to stay artificially low. Cheap corn reduces the cost of making high fructose corn syrup and cheap soybeans reduce the cost of making hydrogenated soybean oil, both common items in processed foods. Commodity subsidies also keep prices of livestock feed low, which facilitates raising animals in confined feed operations. Beef raised under such conditions has less of the healthy fats, such as omega-3s, than grass-fed beef, making it a less healthy option (Schoonover and Mueller, 2006). In contrast, fruit and vegetable producers receive little federal support. Such examples indicate the importance of taking into account potential health implications of agricultural policy in the upcoming Farm Bill.

Healthy foods are also at a great disadvantage when it comes to advertising spending. Compared to the more than \$30 billion spent on food advertising annually, the federal budget to promote fruits and vegetables via the national "5-A-Day" campaign is a mere \$5 million, or 0.02% (Nestle, 1998).

Additional trends indicate that people in the US are eating out more than in the past; today, 40% of the average US food budget and one-third of daily calories are consumed away from home where fewer nutrition facts are available to inform meal selection (Nestle and Jacobson, 2000). The portion sizes that consumers receive have also increased substantially, especially in foods that are already high in calories (Drewnowski and Darmon, 2005).

DIETARY QUALITY OF LOW-INCOME PEOPLE

Low-income people in the US have worse dietary quality than the average person; food insecure adults are more likely to have unhealthy diets than their food-secure counterparts, and HEI scores tend to

² See glossary.

decrease as income and amount of education decrease (Bhattacharya et al., 2004; Drewnowski and Specter, 2004). Research has shown that the likelihood of obesity increases with rates of poverty and food insecurity in adults, although the trend is less clear for children (Bhattacharya et al., 2004). One study found that while children in poor families are less likely to be overweight, children in families just over the poverty level are at higher risk of overweight, thus indicating that the latter families can only afford cheaper, calorie-dense foods (Hofferth and Curtin, 2003). Other research has found that diet-related consequences of poverty are worse for black and Hispanic children than for white children (Bhattacharya et al., 2004).

While low-income families have a hard time affording healthy food, there is evidence that other factors play a role in their tendency towards obesity. Benefits for food stamp participants come at the beginning of the month, meaning that low-income families often run low on food by month's end. The same can be true in response to cyclical pay periods. The body may respond physiologically to the alternating availability of food by storing more fat when food is available. Long-term stress, such as that caused by poverty and food insecurity, can also cause the body to increase fat stores (Jones and Frongillo, 2006). Obesity is most common among food insecure women, perhaps because they are more likely to give up food when it is scarce to ensure that their children eat (Parker, 2005). In addition, some evidence suggests that mild food insecurity increases the risk of obesity while severe food insecurity lowers it, perhaps indicating that women with severe food insecurity may simply not get enough to eat (Frongillo, 2003).

Low-income families spend a higher percentage of their income on food when compared to wealthier families, yet spend less per person (Nord et al., 2006).³ While low prices are an incentive for anyone, they are particularly important for low-income consumers. Research has shown that low-income families select a different "market basket" of foods than wealthier families, including lower-quality meats, less fish and seafood, and less fruits and vegetables (Kaufman, 1997; Drewnowski and Specter, 2004). On a per-calorie basis, calorie-dense foods tend to be cheapest (Drewnowski and Specter, 2004). In fact, nearly one in five low-income families purchased no fruits and

³ In 1992, the poorest 20% of American families spent \$1,249 per person on food, while the wealthiest 20% spent \$1,997 (Kaufman, 1997).

vegetables in a given week (Blisard et al., 2004).⁴ Thus, in the struggle to feed their families, poorer quality foods may prove more economical for low-income populations, indicating that these families not only need nutrition education to improve their diets, but greater access to less expensive healthy options as well.

ACCESSIBILITY AND AFFORDABILITY: ADDITIONAL CHALLENGES

It is a sad irony that low-income Americans tend to face higher prices and fewer choices at neighborhood food stores than wealthy people. Central to this price and choice discrepancy is access (Kaufman, 1997; Kaufman, 1999; Chung and Meyers, 1999). Supermarkets tend to be located in the suburbs, while low-income people in the US are more likely to live in rural and urban areas (Kaufman, 1997). The supermarkets that exist in rural and urban areas face higher operating costs and tend to be smaller with fewer items (Kaufman, 1997). Rural supermarkets nationwide have been found to charge an average 4% more than suburban supermarkets (Kaufman, 1999). Even within the same chain, supermarkets in urban and rural areas are likely to charge more than those in suburban areas (Kaufman, 1997).⁵ The result is food stamp recipients facing 1% higher food prices than the national average. Furthermore, rural food stamp recipients pay 2.5% higher than other rural households and 3.1% higher than suburban households for the same products (Kaufman, 1997 & 1999).

In a study of the Twin Cities in Minnesota, most food categories had lower availability in low-income neighborhoods, particularly fresh fruits and vegetables, which on average were 50% less likely to be found in poor neighborhoods (Chung and Meyers, 1999). Another study of the availability of a "healthy" market basket in Los Angeles and Sacramento found that there was only "sporadic availability" of some items in the small, independent groceries common to lower-income neighborhoods (Jetter and Cassady,

⁴ ERS data indicate that a consumer can meet the Food Guide Pyramid recommendations of three servings of fruit and four servings of vegetables for 64 cents per day. This figure represents 12% of food expenditures for the average American household, 16% for low-income households.

⁵ In contrast, price differences were not significant between supermarkets in low- and high-income areas of the city (Kaufman, 1997; Chung and Meyers, 1999).

2005). Managers of these stores reported stocking only whole-wheat bread at the beginning of the month because that is the only time their customers will buy it. Later in the month, when funds are running low, their customers buy cheap white bread (Jetter and Cassady, 2005).

Transportation plays a significant role in whether low-income families can reach supermarkets. In a survey of food stamp participants, approximately one third shopped within a mile of their home (Ohls et al., 1999). Those that shopped farther away most commonly reported doing so because of high prices or lack of stores in their neighborhoods (Ohls et al., 1999). Most households in the survey used a car to reach the grocery store, but fewer than half used their own.⁶ In another study of food stamp participants, 76% had “easy” access to a supermarket, as measured by car ownership and round-trip time to the supermarket of less than 30 minutes (Rose and Richards, 2004). The quarter remaining had moderate or no supermarket access. Those who lived within “easy” access of a supermarket ate approximately one serving more of fruit per day than those who had no access (Rose and Richards, 2004). In a study of the lower Mississippi Delta, over 70% of the food-stamp-eligible population lived more than thirty miles away from a large retailer and cost of transportation determined access to those supermarkets (Kaufman, 1999). Rising fuel prices will make the affordability of transportation even more of a barrier to healthy eating for these low-income people.

Despite the challenges, low-income families still spend less on food than other households on a per unit basis. These families economize in a variety of ways, including following sales, clipping coupons, and buying lower-quality and generic foods (Kaufman, 1997).

In a recent survey, 80-90% of food stamp recipients regarded their main food store as “good” or “excellent”. This is a high rate of satisfaction, but lower than that expressed by the rest of the US population. Not surprisingly, the most commonly suggested improvements were more supermarkets, lower prices, and greater variety of food selection (Ohls et al., 1999).

⁶ 45% of respondents used their own cars, 31% obtained rides with someone they knew, and 20% paid someone to drive them to the store (Ohls et al., 1999).

ROLE OF THE FEDERAL NUTRITION PROGRAMS

The Federal Nutrition Programs provide millions of people in the US with resources to improve their diets, whether monetary benefits for food in the Food Stamp Program (FSP), vouchers for specific nutrient-dense items in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), or free and reduced price school breakfasts and lunches. Of these nutrition programs, the Farm Bill primarily addresses food stamps, with WIC and the child nutrition programs authorized in separate legislation.

As of 2004, the Food Stamp Program served approximately 24 million people in the US per month, with an average monthly benefit of \$200 per household (FNS, 2006b). Food stamp benefits, once offered as a paper stamp equal to a certain amount of money, now come on an electronic benefit transfer card. While food stamps do not necessarily eliminate food insecurity, they contribute significantly to the maintenance and improvement of nutritional well being in low-income households (Basiotis et al., 1998). Research has shown that Food Stamps increase food purchases more than direct transfer of cash, and reduce a family’s likelihood of being food insecure (Basiotis et al., 1998; Gibson, 2003).

Food stamps increase the dietary quantity of low-income people in the US, but how they affect dietary quality is less clear.⁷ Basiotis et al. (1998) found that additional food stamp benefits increased households’ HEI score, specifically scores related to vegetable, dairy, meat, and sodium consumption (Basiotis et al., 1998). However, a later study by the Economic Research Service found that FSP participants increased their consumption of meats, added sugars, and total fats, while consumption of fruits, vegetables, grains, and dairy products did not change substantially (Wilde et al., 2000). These findings are complicated by the fact that FSP participants need more food generally if they are hungry or food-insecure, and may indicate that participants use the food stamps to purchase more calorie-dense foods.

Other studies show conflicting results as to whether Food Stamps increase consumption of important

⁷ This conclusion differs from evaluations of WIC participation, which has been shown to increase consumption of fruits and dairy products and reduce consumption of added sugars—largely because WIC provides vouchers for specific healthy foods (Wilde et al., 2000).

vitamins and minerals (Wilde et al., 2000; Basiotis et al., 1998). At least part of the discrepancy is explained in a recent study conducted by Neault et al. in three neighborhoods of Boston (2005). The study showed that families receiving the maximum FSP benefits (which most do not get) still could not afford to purchase a diet that would meet current US dietary guidelines. Food Stamps certainly improve the situation of low-income families; but, for many, the resources are not enough to provide a regular, healthy diet (Neault et al., 2005).

Some critics have charged that the FSP contributes to obesity and overweight in low-income people, but this is inconclusive. While FSP participation has been associated with obesity in adult women (Gibson, 2003), food insecurity is a mitigating factor that interacts with obesity in complex ways. In children, participation in the federal nutrition programs does not increase the risk of obesity (Hofferth and Curtin, 2003). In fact, FSP participation is associated with low-income children having normal weights (Hofferth and Curtin, 2003). Another study found that food-insecure girls who participated in the FSP and the school lunch and breakfast programs were 68% less likely to be at risk of overweight than food-insecure girls who did not participate in the programs (Jones et al., 2003).⁸ FSP participation was also associated with improved reading and math test scores for girls in kindergarten through third grade (Frongillo et al., 2006). And despite food-insecure children being more likely to have poor health and to have been hospitalized since birth, those whose families received Food Stamps did not have as severe health impacts (Cook et al., 2006).

INITIATIVES TO IMPROVE HEALTHY FOOD ACCESS

In addition to the Federal Nutrition Programs, a variety of initiatives have been created to improve the diets of low-income people. Most of these efforts exist at a small scale; yet they provide valuable ideas for scaling up in the Farm Bill. Current federal programs include the following:

- ◆ **The Food Stamp Nutrition Education Program (FSNE)** reimburses State Food Stamp agencies with 50% of the cost of pre-approved nutrition education plans. The agencies typically contract with either the State Department of Health or the

⁸ There was no effect for food-secure girls (Jones et al., 2003).

Cooperative Extension Service to carry out the nutrition education plan (FNS, 2006a). Unfortunately, FSNE recently limited its scope to exclude food system assessments and projects related to food access. A broader vision would be more useful in addressing the challenges faced by low-income families.

- ◆ **The Community Food Projects (CFP)** Competitive Grants Program funds projects that link low-income people with sources of locally grown food. CFP recipients create and expand many outlets, including farmers' markets in low-income neighborhoods, mobile markets, community gardens, food production for food banks, farm-to-school programs, and community kitchens. Rather than work with existing food stores, these projects tend to directly link farmers and consumers to provide the freshest possible products for consumers and the highest possible income for farmers. Furthermore, these projects increase access to the very foods often least available in low-income areas: affordable fresh fruits and vegetables.
- ◆ **The Farmers Market Nutrition Program (FMNP)** provides WIC families and low-income seniors with vouchers to use at farmers markets. These vouchers provide access to fruits and vegetables and create markets for small farmers in the area. A survey of WIC FMNP participants found that 40% had never been to a farmers market before receiving the vouchers, 94% found the produce to be as good as or better than the produce in their nearby grocery stores, and 73% ate more fresh fruits and vegetables because of the program (NAFMNP, 2003).
- ◆ **The Fresh Fruit and Vegetable Program (FFVP)** provides a snack of fruits and vegetables to children in selected schools in eight states. All students receive the snack, regardless of income. While the program is quite new, an early evaluation has found uniform enthusiasm from students, teachers, parents, school administration and food service personnel (Buzby et al., 2003).
- ◆ **The Expanded Food and Nutrition Education Program (EFNEP)** is an extension-based program designed to assist low-income people in acquiring the knowledge and skills necessary for achieving and maintaining a nutritionally balanced diet. A series of hands-on lessons are offered, providing practical experience to reinforce positive decision-making and

contribute to personal development (CSREES, 2006).

- ◆ **The Commodity Supplemental Food Program (CSFP)** is a state-administered program created to improve the health of low-income women, infants, children, and the elderly. CSFP distributes USDA commodity foods rich in the nutrients lacking in the diets of the target populations. Participants cannot be enrolled in CSFP and the WIC program at the same time (FNS, 2006).

There are a number of local initiatives aimed at improving the diets of low-income people. These projects usually create new, alternative food venues or to improve low-income peoples' access to grocery stores and supermarkets. The People's Grocery, for instance, "brings the food to the people" in West Oakland, California, using a bio-diesel powered Mobile Market to sell affordable, healthy food, including locally-raised organic produce (People's Grocery, 2006). On the other side of the country, Community Harvest develops farmers' markets in low-income neighborhoods of Washington, D.C. The organization hires youth to grow food and run their own stand in one of the neighborhoods, and all of the markets include a weekly cooking lesson with the available ingredients (Community Harvest, 2006). Some food banks are working directly with local farmers or even growing food as part of their operation so they can offer their clients fresh fruits and vegetables (Fisher, 2005). Even private industry has been engaged in these activities. Kaiser Permanente has started a farmers' market initiative at some of its hospitals on the West Coast. These markets serve both the hospitals and the surrounding communities, focusing on the health benefits of eating fruits and vegetables (Kulick, 2005). The success of these initiatives indicates that when affordable, good food is available, it will sell in low-income neighborhoods.

There are also several efforts to bring supermarkets into low-income neighborhoods and to improve public transportation access. In Philadelphia, the Food Trust, the Greater Philadelphia Urban Affairs Coalition, and the Reinvestment Fund collaborated with the State of Pennsylvania to create a \$80 million fund to finance new "fresh food retailers" in low-income neighborhoods (The Food Trust, 2006). This "Fresh Food Financing Initiative" (FFFI) has funded the start of eleven new supermarkets to date. Existing corner stores can also apply for funds from the FFFI

to purchase refrigeration equipment for selling fruits and vegetables (The Food Trust, 2006).

RECOMMENDATIONS

Low-income people in the US have less access to an affordable, healthy diet than wealthier people, and their health is at greater risk from diet-related illness as a result. The federal nutrition programs significantly increase low-income people's access to food, but more action is needed to improve the quality of foods available as well as to "scale-up" creative solutions currently implemented across the nation. Poverty, food insecurity, and obesity are not inevitable; and every effort should be made in the upcoming Farm Bill to improve the food environment for low-income people in the US. The following recommendations are steps in the right direction:

- ◆ **Expand existing programs that improve low-income people's access to healthy foods by allocating and appropriating adequate federal funds.** The Food Stamp Nutrition Education program (FSNE), Community Food Projects competitive grants program (CSP), Farmers' Market Nutrition Programs (FMNP), Fresh Fruit and Vegetable Program (FFVP), Expanded Food and Nutrition Education Program (EFNEP), and the Commodity Supplemental Food Program (CSFP) all operate at a small scale and should be expanded to increase their benefits. Additionally, FSNE should broaden its scope to include improvements to the food environment, as nutrition education cannot succeed on its own when access to healthy foods is restricted. In addition, the FFVP should be better targeted to schools with high percentages of students receiving free and reduced price school lunches.
- ◆ **Improve public transportation access to supermarkets.** Transportation programs are needed in both rural and urban areas to make it easier for low-income people to reach food stores with greater variety, healthier options and lower prices. The federal government should provide incentives for cities and counties to link public transportation with food outlets.
- ◆ **Create a national fund to finance development of healthy food options in low-income neighborhoods.** Incentives are necessary to bring more supermarkets to low-income neighborhoods and to provide alternate markets

with affordable, healthy food.⁹ Pennsylvania's Fresh Food Financing Initiative (FFFI) can provide a model for a nation-wide initiative.

- ◆ **Subsidize Electronic Benefits Transfer (EBT) technology for farmers markets.** Most farmers' markets lack the technology to allow consumers to use Food Stamp benefits, preventing FSP participants' access to healthy, locally grown food. Widespread access to this technology at local farmers' markets would add an option for low-income consumers seeking healthy food and increase the likelihood of farmers' market success in low-income neighborhoods.
- ◆ **Increase the minimum food stamp benefit.** Healthy food tends to be more difficult to find and afford in low-income areas, but with increased resources, poor families may be better able to purchase the healthy options available to them. Many FSP recipients remain food insecure, and an increased benefit, distributed twice a month instead of monthly, would help them to eat well throughout the month. In addition, an increased benefit would allow low-income people to afford enough healthy food to follow current US Dietary Guidelines.
- ◆ **Update the nutritional content and costs of the USDA food plans on which Food Stamps are based.** The "Thrifty Food Plan" is the basis for calculating the maximum food-stamp allotments and poverty thresholds in the US, however its market basket and menus are based on a number of inaccurate assumptions. Research by the USDA indicates that only 12% of low-income households who spend at the Thrifty Food Plan level get their recommended dietary allowances for 11 key nutrients (FRAC, 2001). Also, the Thrifty Food Plan does not account for geographic variation in the cost of food, making it especially difficult to purchase adequate food using FSP benefits in urban areas with high food costs (Neault et al., 2005).
- ◆ **Make healthy foods cheaper for Food Stamp recipients.** Several public health advocates have suggested earmarking an increased Food Stamp benefit for fruits, vegetables, and other healthy

foods or lowering the price of healthy foods when paid for by Food Stamps (Nestle and Jacobsen, 2000; Miner, 2006). Anti-hunger advocates caution against adding another restriction to Food Stamp recipients, however, because it removes choice. Given that FSP benefits are not high enough now to afford healthy foods, a more direct approach would be to simply increase the level of benefits received. At any rate, a benefit specifically for healthy foods should not be attempted separately from efforts to improve access to healthy foods and to offer nutrition and cooking education. Legislation pending in California would create an added benefit specifically for fresh produce while providing assistance for selling fruits and vegetables to corner stores in low-income neighborhoods. If passed, this pilot could inform whether such a benefit would succeed at the national level (CFPA, 2006).

- ◆ **Investigate the links between food insecurity and obesity.** Fund investigation into the complex reasons why low-income people are more likely to be overweight and obese.
- ◆ **Investigate the links between farm policy and food prices.** Fund investigation into the effects farm subsidies have on the food supply and food prices. If crop and livestock subsidies are making unhealthy foods cheaper, this is a strong reason to change them. Cheap unhealthy food is damaging to all people, and most particularly to low-income people.
- ◆ **Tailor a nutrition media campaign to the needs of low-income people, especially those in minority populations.** The USDA has used media campaigns to increase FSP participation. It should create campaigns for healthy foods to complement initiatives to increase access to healthy foods in low-income neighborhoods. A study in the American Journal of Health Promotion claimed that 20 out of 27 brochures and handouts distributed by USDA were "either irrelevant or of low relevance to food security" and very few were intended for minority populations (reported in Kaisernetwork.org, January 11, 2007).

⁹ This recommendation would need to be implemented with precautions so that improved access to healthy food is not a major contributor to gentrification which forces the low-income families who should benefit from that access out of a neighborhood.

GLOSSARY

- ◆ **Food insecurity:** The consequence of conditions in which “access to enough food is limited by a lack of money and other resources.” Food insecurity is reflected in uncertainty about whether resources are adequate to provide enough food reliably, and is measured with questions asked as part of the US Census (Nord et al, 2005).
- ◆ **Healthy Eating Index (HEI):** “a summary measure of overall diet quality...[which] provides a picture of the type and quantity of foods people eat and the degree to which diets comply with specific recommendations in the Dietary Guidelines and the Food Guide Pyramid” (CNPP, 2006)
- ◆ **Hunger:** The consequence of insufficient food for an extended period of time. In comparison with food insecurity, hunger is indicated by household members going without food, for instance, by skipping meals. Hunger (termed “very low food insecurity” now by USDA) is also measured by the US Census.
- ◆ **Obese:** Body Mass Index (BMI) at or above 30. BMI is obtained by dividing weight in kilograms by height in meters squared.
- ◆ **Overweight:** (in adults) a body mass index (BMI) between 25 and 29.9; (in children) a BMI at or above the 95th percentile of the CDC growth charts for age and gender.

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