

Too Few Choices, Too Much Junk:

CONNECTING FOOD & HEALTH

Grantmakers In Health (GIH) convened a group of grantmakers, researchers, and practitioners on November 4, 2011, for an Issue Dialogue discussing the intersection of food and health. The program focused on the current U.S. food system and approaches that foundations can employ to improve food access and nutrition.

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FOOD INSECURITY IN THE UNITED STATES

Food insecurity is defined as “limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways, meaning without scavenging, stealing, or other coping strategies” (Holben 2005). As such, potential consequences of food insecurity include both hunger and poor nutrition, while causes include financial constraints associated with low income and joblessness, limited access to stores with sufficient variety and affordable prices, and the added cost of a nutritious diet (Feeding America 2010). During the years leading up to the recent economic downturn, overall food insecurity in the United States remained around 10 to 12 percent, with a higher prevalence among Latino and African-American households. By 2009 the proportion of food-insecure households had jumped to 14.7 percent. This translates to 50.2 million people, including 17.2 million children, living in food-insecure households (USDA 2011a). For many families, food insecurity means having to decide between paying for food and paying for housing, heat, electricity, water, transportation, child care, or health care. A recent report estimated that food insecurity costs the United States approximately \$167.5 billion because of hunger-induced illnesses, poor educational outcomes, reduced lifetime earnings, and charity costs (Shepard et al. 2011).

FOOD INSECURITY AND HEALTH

Food insecurity is related to a variety of negative health outcomes for all, but younger populations are most at risk. For children of families that experience low or very low food security, detrimental effects have been observed in the following domains:

- brain and cognitive development in the perinatal period (zero to three years);
- school readiness in the preschool years (zero to five years);
- learning, academic performance, and educational attainment during the school years (6 to 17 years);

- physical, mental, and social development, growth, and health throughout childhood (0 to 17 years);
- psychosocial functioning and behavior, and mental health during the school years; and
- child health-related quality of life, perceived functionality, efficacy, and “happiness/satisfaction” during the school years (Children’s HealthWatch 2009).

ACCESS TO HEALTHY FOOD

Food insecurity has been clearly associated with poorer dietary quality and lower consumption of fruits and vegetables (IOM 2011). A recent review of 132 studies on food access found that better access to healthier foods corresponds with healthier eating, but such access is a challenge for many Americans – particularly those living in low-income neighborhoods, communities of color, and rural areas. Countless studies have shown, for example, that “residents of many urban low-income communities of color walk outside their doors to find no grocery stores, farmers markets, or other sources of fresh food. Instead they are bombarded by fast food and convenience stores selling high-fat, high-sugar, processed foods” (The Food Trust and PolicyLink 2010).

COMMUNITY FOOD SECURITY

It is important to note that food insecurity and the lack of access to healthy food in the United States occur in a broader context, which includes diminishing acreage for food production and increasing concerns about natural resources. The concept of community food security attempts to marry discussions of diet with discussions about the structure of the larger food system, with the goal of “providing all community residents with a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance and social justice” (Hamm and Bellows 2003). The benefit of this type of systemic approach is that it links community residents with food growers, processors, distributors, and retailers who work together to identify a common purpose and mutually beneficial solutions.

FEDERAL POLICIES AND PROGRAMS

Foundations can play a large role in improving food access. But, ideally, this work should be designed to work in conjunction with the many related federal programs that reach one in five Americans over the course of a year (USDA 2011b). Federal programs and initiatives include:

- Supplemental Nutrition Assistance Program or SNAP (formerly the Food Stamp Program);
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- Child and Adult Care Food Program;
- National School Lunch Program, School Breakfast Program, Fresh Fruit and Vegetable Program, and Special Milk Program;
- Senior Farmers' Market Nutrition Program, Elderly Nutrition Program, Emergency Food Assistance Program, and Food Distribution Program on Indian Reservations; and
- *Let's Move!* Initiative and Healthy Food Financing Initiative.

FOUNDATION GRANTS AND INITIATIVES

Despite growing federal activity, the need for intervention is great, providing an enormous opportunity for health philanthropy. The following are some strategies to expand access to healthy foods (Shak et al. 2010):

- Invest in fresh food financing initiatives.
- Promote community engagement to support healthy food retail.
- Ensure grocery stores and small stores are equipped to accept SNAP and WIC benefits.
- Provide grants or loans to allow local and regional farms to market and distribute their products to grocery stores and small store owners.
- Establish farm-to-school programs to provide foods grown locally and regionally.
- Expand outreach and simplify application procedures to increase participation in SNAP.
- Establish incentives to encourage SNAP participants to buy healthy foods.
- Ensure Electronic Benefit Transfer or EBT (a debit card system used to purchase food through SNAP and WIC) access at farmers markets.
- Improve the nutritional quality of meals served through federal child nutrition programs.
- Invest in processing and distribution for regional

food systems.

- Support small and midsized farmers, particularly farmers of color and women, through grants, technical assistance, and help in marketing and distribution.
- Create local or state food policy councils to develop strategies that focus attention on the entire food system.

LESSONS LEARNED

Foundations have their pick of approaches when it comes to improving food access. While determining the best tactic depends greatly on the needs and strengths of a particular community, there are several lessons learned for health funders considering this area of work.

- Make the link between public health and economic development.
- Learn about food insecurity from those who know it best.
- Invest in research to better understand the relationship between food insecurity and obesity.
- Learn from communications research on how to talk about these issues.
- Remember the built environment.
- Use maps to tell the story.
- Consider funding advocacy.
- Support state-level WIC associations.
- Make a one-time investment in school infrastructure.
- Reach out to people who are eligible for SNAP benefits but are not receiving them.

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