

GIH

*Too Few Choices,
Too Much Junk:*

CONNECTING
FOOD & HEALTH

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BASED ON A
GRANTMAKERS
IN HEALTH
ISSUE DIALOGUE

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FOREWORD

As part of its continuing mission to serve trustees and staff of health foundations and corporate giving programs, Grantmakers In Health (GIH) convened a group of grantmakers, researchers, and practitioners on November 4, 2011, for a discussion on 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. This Issue Brief synthesizes key points from the day's discussion with a background paper previously prepared for Issue Dialogue participants.

Special thanks are due to those who participated in the Issue Dialogue, especially the presenters: Judith Bell of PolicyLink; Jeffrey Brown of UpLift Solutions/Brown's Super Stores; Liz Campbell of the University of California, Berkeley; Kevin Concannon of the U.S. Department of Agriculture; Michael Curtin of DC Central Kitchen; Hillary Fulton of The Colorado Health Foundation; Tianna Gaines of Witnesses to Hunger/Center for Hunger-Free Communities; Michael Hamm of Michigan State University; Crystal Echo Hawk of Notah Begay III Foundation; Richard Jackson of the University of California, Los Angeles School of Public Health; Haile Johnston of Common Market Philadelphia; and Michel Nischan of Wholesome Wave.

Lauren LeRoy, president and CEO of GIH, moderated the Issue Dialogue. Emily Art, program associate, planned the program and wrote the background paper. Osula Rushing, program director, synthesized key points from the Issue Dialogue into this report. Faith Mitchell, vice president for program and strategy, and Leila Polintan, communications manager, provided editorial assistance.

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EXECUTIVE SUMMARY

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.

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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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).

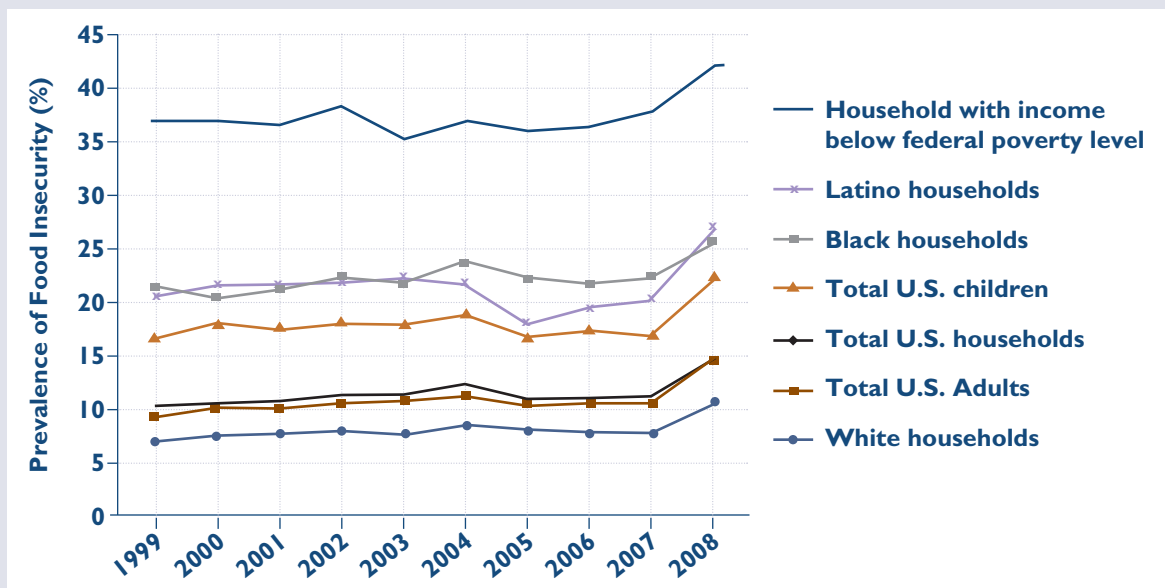
Each year, the U.S. Department of Agriculture (USDA) measures household food insecurity with a series of questions on conditions, events, and behaviors, including:

Areas that lack access to affordable, nutritious foods are called food deserts. USDA’s **Food Desert Locator** identifies these areas based on census tract-level statistics. To access the Locator, visit www.ers.usda.gov/data/fooddesert/.

- Did you worry whether your food would run out before you got money to buy more?
- Did you or the other adults in your household ever cut the size of your meals or skip meals because there was not enough money for food?
- Were you ever hungry but did not eat because you could not afford enough food?
- Did a child in the household ever not eat for a full day because you could not afford enough food? (IOM 2011)

Responses to these and other questions are used to determine the severity of the problem. For the purposes of this paper, the terms “food insecurity” and “food security” will often be used generally, although the

FIGURE 1. PREVALENCE OF FOOD INSECURITY IN THE UNITED STATES, 1999-2008



Source: adapted from Seligman and Schillinger 2010

USDA (2010) recently updated and refined these categories as follows:

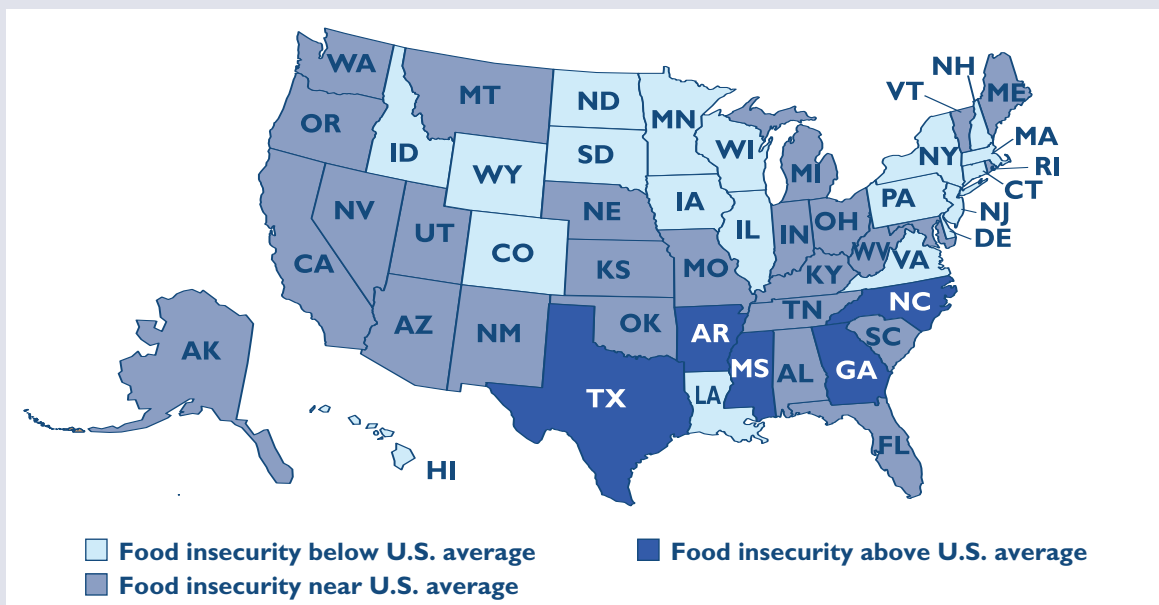
- **High food security** – No reported indications of food access problems or limitations.
- **Marginal food security** – One or two reported indications—typically of anxiety over food insufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.
- **Low food security** – Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
- **Very low food security** – Reports of multiple indications of disrupted eating patterns and reduced food intake.

During the years leading up to the recent economic downturn, overall food insecurity in the United States remained around 10-12 percent, with a higher prevalence among Latino and African-American households (Figure 1). By 2009 the proportion of food-insecure households had jumped to 14.7 percent, and appears to have stabilized at this level. Within this group, 9 percent of U.S. households experienced low food security and 5.7 percent experienced very low food security. This translates to 50.2 million people, including 17.2 million children, living in food-insecure households, with 12.2 million adults and 5.4 million children living in households with very low food security (USDA 2011a).

Among households with incomes below the federal poverty level, 35-40 percent experience food insecurity (IOM 2011). Safety net programs, such as the Supplemental Nutrition Assistance Program or SNAP (formerly the Food Stamp Program), housing subsidies, and food pantries, decrease the risk of food insecurity for much of this population (Feeding America 2009). At the same time, households with incomes well above the federal poverty line can also live with food insecurity, often as a result of job loss or unexpected events (IOM 2011).

Just as food insecurity is not experienced equally across populations, it is not spread equally across the country (Figure 2). From 2007 to 2009, food insecurity rates ranged from 6.7 percent in North Dakota to

FIGURE 2. PREVALENCE OF FOOD INSECURITY BY STATE, 2007-09



Source: adapted from USDA 2011a

17.7 percent in Arkansas. Very low food security rates ranged from 2.6 percent in North Dakota to 6.8 percent in Alabama (USDA 2011a).

Healthy People 2010 aimed to reduce food insecurity to 6 percent, but minimal or no progress was made and the goal was carried over without change to Healthy People 2020. In addition, a new goal was included to reduce the number of households with children experiencing very low food security from 1.3 percent in 2008, to 0.2 percent by 2015 (HealthyPeople.gov 2011).

THE COSTS OF FOOD INSECURITY

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.

There are additional societal costs. 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). The authors calculated that in 2010 this “hunger bill” cost each American \$542 and each household \$1,410. The report also attempted to compute state level increases in the cost of hunger during the recession, finding that the largest increases were in Florida (61.9 percent) and California (47.2 percent). In 12 states, the “hunger bill” increased by more than \$1 billion (Figure 3).

If you look into the eyes of my children, you see nothing but despair and stress and worry... a lot of people say, “Oh, they don’t know. They [are] too young.” They know, and they understand.

– Tianna Gaines, *Witnesses to Hunger*

FIGURE 3. THE STATE-BY-STATE TOTAL HUNGER BILL (2007 TO 2010), IN BILLIONS OF 2010 DOLLARS

State	Cost 2007	Total 2010	Increase 2007-2010	Percent Increase 2007-2010
1. California	\$13.34	\$19.63	\$6.29	47%
2. Florida	\$7.24	\$11.72	\$4.48	62%
3. Texas	\$12.10	\$16.04	\$3.94	33%
4. New York	\$7.09	\$9.28	\$2.19	31%
5. Ohio	\$5.21	\$6.97	\$1.76	34%
6. Illinois	\$4.51	\$6.07	\$1.56	35%
7. Georgia	\$4.68	\$6.20	\$1.52	32%
8. Pennsylvania	\$4.76	\$6.12	\$1.37	29%
9. North Carolina	\$4.14	\$5.44	\$1.30	31%
10. Washington	\$2.68	\$3.85	\$1.17	44%
11. Arizona	\$2.93	\$3.96	\$1.03	35%
12. Michigan	\$4.50	\$5.51	\$1.01	22%

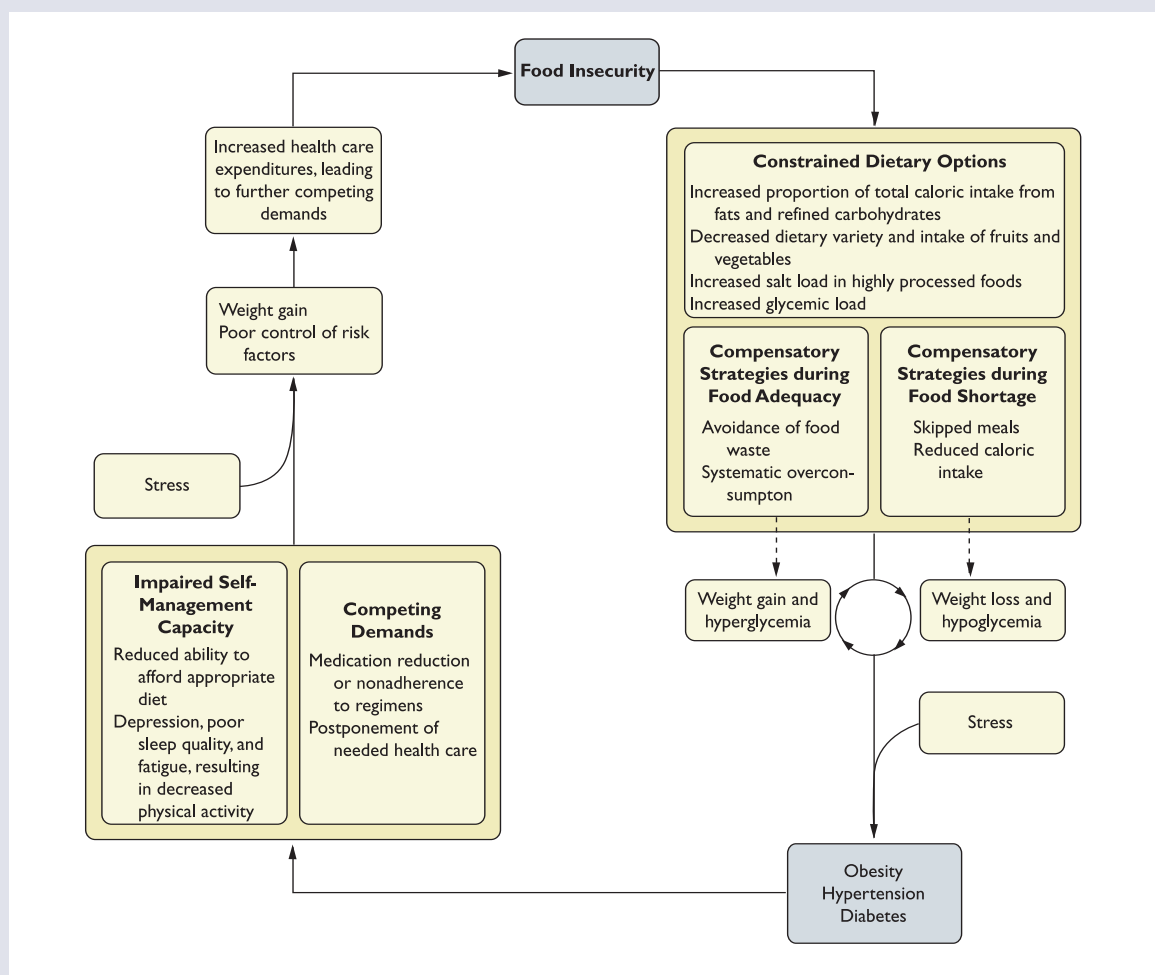
Source: Shepard et al. 2011

FOOD INSECURITY AND HEALTH

Food insecurity is related to a variety of negative health outcomes for all ages (Figure 4), 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).

FIGURE 4. THE CYCLE OF FOOD INSECURITY AND CHRONIC DISEASE



Source: Seligman and Schillinger 2010

Many of these harmful consequences are also seen in children of households with marginal food security. For example, children under three in marginal households were in worse health than children of the same age in households with high food security, and were more likely to be at risk for developmental delays and to have been hospitalized for some period since birth. They were also more likely to lack stable housing and to have caregivers with fair or poor health (Children's HealthWatch 2009).

For adults, a link has been established between food insecurity and diet-sensitive chronic diseases such as diabetes and hypertension, stress (which may foster obesity), and depression (Figure 4). Seniors are particularly vulnerable to food insecurity, as they may have unique nutritional needs and be more likely to face challenges accessing food, including lack of transportation and functional limitations (Feeding America 2011).

ACCESS TO HEALTHY FOOD

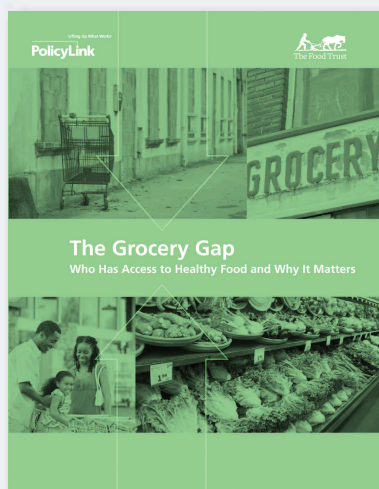
Food insecurity has been clearly associated with poorer dietary quality and lower consumption of fruits and vegetables (IOM 2011). A recent review of 132 studies on food access found that better access to healthier foods corresponds with healthier eating, but such access is a challenge for many Americans – 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). Access to healthy food is also a pressing issue for Native Americans, and individuals on remote reservations are often living in food deserts (IOM 2011). Paradoxically, migrant farm workers can also face food access challenges, despite working so closely with the country’s food supply. Many live in poor, rural communities without access to grocery stores and no place to store or prepare healthy foods (Shak et al. 2010).

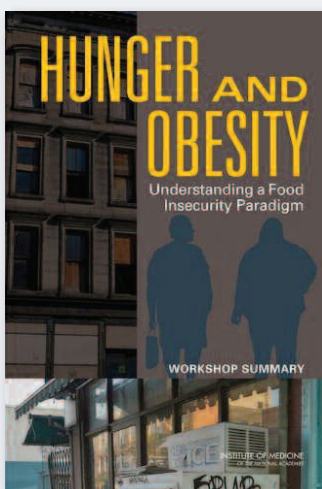
Young children are now being diagnosed as early as four with diabetes in our communities, and the average life span within our communities after someone has been diagnosed with type 2 is 25 [years]. We could be losing an entire generation not only of our future leaders [and] parents, but also those who keep our language and our culture... We are...facing nothing short of a battle for our future.

– Crystal Echo Hawk, Notah Begay III
Foundation

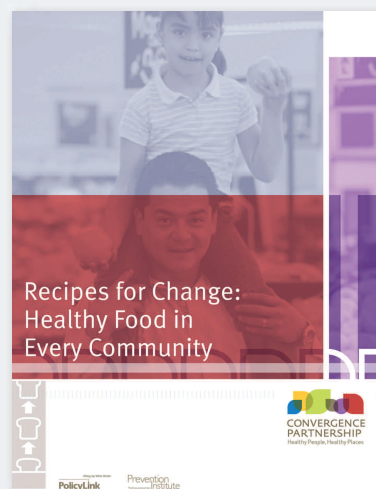
PUBLICATIONS EXAMINING ACCESS TO HEALTHY FOOD



PolicyLink and The Food Trust



Institute of Medicine



The Convergence Partnership

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 (CFS) 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.

We only eat about half the produce that we should on a daily basis. And if we, in fact, ate what we should, we'd need another 13 million acres of production in the United States or across the globe for our purposes.

– *Michael Hamm, Michigan State University*

Nearly 300 social and economic justice, anti-hunger, environmental, community development, sustainable agriculture, and community gardening organizations have joined forces to form the Community Food Security Coalition. Together they have developed the following six basic principles of CFS:

- **Low-Income Food Needs** – Like the anti-hunger movement, CFS is focused on meeting the food needs of low-income communities, reducing hunger, and improving individual health.
- **Broad Goals** – CFS addresses a broad range of problems affecting the food system, community development, and the environment such as increasing poverty and hunger, disappearing farmland and family farms, inner city supermarket redlining, rural community disintegration, rampant suburban sprawl, and air and water pollution from unsustainable food production and distribution patterns.
- **Community Focus** – A CFS approach seeks to build up a community’s food resources to meet its own needs. These resources may include supermarkets, farmers markets, gardens, transportation, community-based food processing ventures, and urban farms.
- **Self-Reliance/Empowerment** – CFS projects emphasize the need to build individuals’ abilities to provide for their food needs. CFS seeks to build upon community and individual assets, rather than focusing on their deficiencies. CFS projects seek to engage community residents in all phases of project planning, implementation, and evaluation.
- **Local Agriculture** – A stable local agricultural base is key to a community-responsive food system. Farmers need increased access to markets that pay them a decent wage for their labor, and farmland needs planning protection from suburban development. By building stronger ties between farmers and consumers, consumers gain a greater knowledge and appreciation for their food source.
- **Systems-Oriented** – CFS projects typically are “interdisciplinary,” crossing many boundaries and incorporating collaborations with multiple agencies (Community Security Food Coalition 2012).

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). As a brief overview:

- SNAP is the cornerstone of federal food assistance. To participate in the program, an individual's gross monthly income must be 130 percent (\$1,174) or less of the federal poverty guidelines. In February 2009 a record 32.6 million people were served by SNAP, illustrating the impact of the economic recession and the corresponding rise in poverty (USDA 2011c). A program designed to increase the purchase of healthy foods among SNAP participants was launched in Hampden County, Massachusetts, in late 2011. Titled the Healthy Incentives Pilot, it offers an extra 30 cents of SNAP benefits for every dollar spent on fruits and vegetables. Evaluation results will inform the design of future benefits (USDA 2011b).
- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves low-income women, infants, and children up to age five by providing healthy foods, nutrition education, and health care referrals. To be eligible, a participant's yearly income must fall at or below 185 percent of the federal poverty level (\$40,793/year for a family of four). In 2009, 9.3 million women, infants, and children received WIC benefits—a number that has grown steadily since the program was implemented in 1974 (USDA 2011d). Participants can also participate in the WIC Farmers' Market Nutrition Program, which provides farmers market coupons.
- The Child and Adult Care Food Program (CACFP) provides nutritious meals and snacks for children and elderly adults as part of the care they receive at participating child care centers, day care homes, adult day care centers, afterschool care programs, and emergency shelters. Participants in households with incomes at or below 130 percent of the federal poverty line qualify for free meals, while those between 130 and 185 percent are eligible for meals at a reduced price. Each day 3.2 million children and 112,000 adults receive meals and snacks through CACFP (USDA 2011e).
- The National School Lunch Program, the School Breakfast Program, the Fresh Fruit and Vegetable Program, and the Special Milk Program provide food to qualifying students (eligibility is the same as for CACFP). In 2009 over 31 million free or reduced-price lunches and 9.1 million free or reduced-price breakfasts were served each school day. Federally funded food is also offered to Head Start participants. Earlier this year, the USDA proposed new nutrition standards for school food as part of the Healthy, Hunger-Free Kids Act, which was signed into law by President Obama in 2010. Under the new standards, more fruits, vegetables, whole grains, and fat-free and low-fat milk will be added to school meals, and saturated fat, sodium, calories, and trans fats will be limited (USDA 2011f). The Summer Food Service Program provides meals to a small portion of this same population during the summer months.
- Other smaller programs include the Senior Farmers' Market Nutrition Program, the Elderly Nutrition Program, the Emergency Food Assistance Program, and the Food Distribution Program on Indian Reservations.
- Also of note is *Let's Move!*, an initiative launched by First Lady Michelle Obama to tackle the challenge of childhood obesity within a generation. *Let's Move!* has worked with the foundation-funded Partnership for a Healthier America to secure commitments from major food retailers across the country to increase access to healthy, affordable food for 10 million people over the next five years. Funders of the

There is no inherent conflict between making sure that people have access to food and that it's healthy food.

– Kevin Concannon, U.S.
Department of Agriculture

Partnership for a Healthier America include The California Endowment, Kaiser Permanente, Nemours, Robert Wood Johnson Foundation, and W.K. Kellogg Foundation.

A new effort of particular interest to foundations is the national Healthy Food Financing Initiative (HFFI), which marks the first federal step toward eliminating food deserts (HHS 2011). Through this initiative, federal tax credits, below-market rate loans, loan guarantees, and grants will be provided to organizations with sound strategies for providing healthy foods in underserved, low-income, urban, and rural communities. The program was modeled after the successful Pennsylvania Fresh Food Financing Initiative, a \$120-million public-private partnership that funded 88 fresh food retail outlets, preserved or created 5,000 jobs, and improved access to healthy food for over half a million people (The Food Trust 2011).

Advocates have worked for decades to address food access inequities. Now policymakers and some grocers are getting on board in response to two seemingly unrelated crises that threaten the nation's future health and productivity: the obesity epidemic and the Great Recession. Turns out, the lack of healthy food retail is not just bad for our bodies. It squeezes family budgets because convenience store shopping is much more expensive than loading up at the supermarket. It also hurts local economies because high-quality food retailers create jobs, stimulate foot traffic, and bolster neighborhood commerce (Bell 2011; Trust for America's Health 2011).

To maximize HFFI's impact, the USDA, U.S. Department of Health and Human Services (HHS), and U.S. Department of the Treasury are working together. Components of the program include the Community Economic Development Program at HHS, which offers grants to finance grocery stores and other sources of fresh food; the Farmers Market Promotion Program at USDA, which offers grants to improve and expand farmers markets; and the Community Development Financial Institutions Fund Program at the Treasury, which provides monetary awards to organizations that offer loans and other financial services to underserved populations.

While numerous federal programs support food access, many experts believe that the nation's agricultural policies have discouraged healthy eating by creating an environment where fattening, energy-dense foods are less expensive than those that are nutrient dense (Muller et al. 2009; IOM 2011). The current pillar of these policies is the Food, Conservation, and Energy Act of 2008, which represents a government expenditure of about \$300 billion and is more commonly referred to as the Farm Bill. Of the 15 titles in the bill, the two with the most impact on food access are Commodities (Title I) and Nutrition (Title IV). The bill's Commodities Title provides subsidies to farmers for specific crops, including corn, soybeans, and wheat, the same products that "have been implicated in rising rates of obesity and obesity-related diseases" (Public Health Law Center 2009). This title accounts for 15 percent of the bill's cost. The Nutrition Title covers domestic food distribution programs, such as SNAP, and accounts for 67 percent of the bill's cost (Congressional Research Service 2010).

The 2008 Farm Bill also contained many new programs to promote healthier eating. For example, a Horticulture and Organic Agriculture Title (Title X) was added to offer block grants; plant, pest, and disease management programs; and funding for farmers markets. This title, however, accounts for only 0.11 percent of the bill (Congressional Research Service 2010).

Reauthorization of the Farm Bill occurs every five to seven years and is next expected in 2012 or 2013. The bill's enormous impact on food access and nutrition creates an opportunity for significant reform of the nation's food system, but the next bill will likely face major budgetary challenges.

FOUNDATION GRANTS AND INITIATIVES

Despite growing federal activity—including exciting new initiatives—the need for intervention is great, providing an enormous opportunity for health philanthropy. In 2010 The Convergence Partnership released *Recipes for Change: Healthy Food in Every Community*, which summarized organizational practices and public policies designed to expand access to healthy foods. A condensed list of strategies particularly relevant for foundations follows (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 students with 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 mid-sized 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.

Using these and other tactics, an increasing number of foundations are supporting food access to improve health. From locally-based approaches to funding broader research and policy change efforts, the following snapshots represent only a fraction of the work being done.

FUNDING HEALTHY FOOD INCENTIVES

The main objective of the Harvard Pilgrim Health Care Foundation's five-year, \$5-million Growing Up Healthy initiative is to prevent childhood obesity in Massachusetts, New Hampshire, and Maine by improving the environments in which kids live, play, and learn. Although the foundation has experienced success, they still face challenges, as stated by executive director Karen Voci:

As much as we try to change environments for children so they can eat better and move more, it's still a problem to send them back home at the end of the school day to families who aren't able to provide healthy foods for them. What continues to be particularly challenging for everyone working on this issue has been getting fresh fruit and vegetables to low-income families...whether they live in the city or rural areas...they are challenged by affordability and accessibility (Wholesome Wave 2010).

To help address this concern, the foundation has joined forces with Wholesome Wave's Double Value Coupon Program (DVCP). With this support, SNAP recipients at 22 farmers markets in Massachusetts can double their purchasing power to increase fruit and vegetable consumption (Devlin 2011; Table 1). In fact, data from the Massachusetts Department of Agriculture suggest that the DVCP increases farmers market

TABLE 1. FINDINGS FROM A 2010 MARKET SEASON SURVEY OF DVCP PARTICIPANTS

Survey Findings	Percent
SNAP recipients who reported eating more produce as a result of the DVCP	85 (n=579)
SNAP recipients who reported that monetary incentives were important or very important in their choice to shop at a farmers market	96 (n=2,011)
SNAP recipients who said the prices at the farmers market were important or very important in their decision of where to shop	92 (n=494)
SNAP recipients who reported that the quality was important or very important in their decision of where to shop	87 (n=438)
SNAP recipients who said the amount of produce they could afford at farmers markets had made a big difference on their families' diets	92 (n=581)

Source: Adapted from Kramer and Zakaras 2011

SNAP sales by about 200 percent (Kramer and Zakaras 2011). Participating farmers also receive an economic boost. The DVCP began in 2008 at 12 farmers markets and has since expanded to over 160 markets nationally.

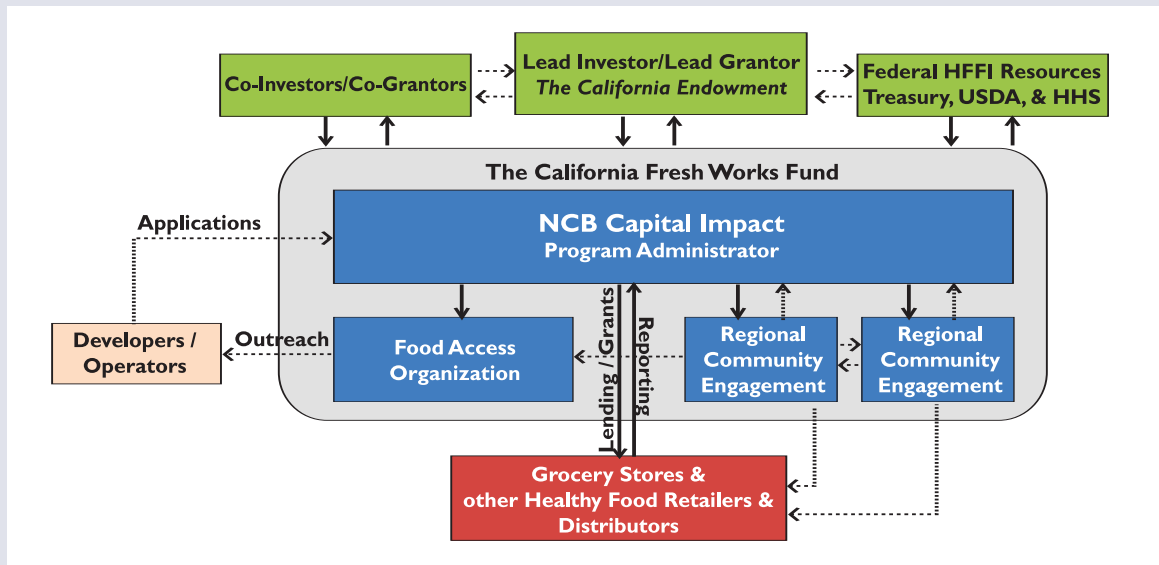
OFFERING HEALTHY FOOD FINANCING

Research has repeatedly linked greater access to supermarkets with healthier eating. With this in mind, the California FreshWorks Fund (CAFWF) was designed to align with the previously described HFFI. Targeted at \$200 million, CAFWF will finance healthy food retail and distribution in California through loans and grant financing, including construction and renovation loans, real estate acquisition and term loans, equipment loans, and inventory financing (See Figure 5).

The California Endowment, the lead investor in CAFWF, has committed a \$30 million mission-related investment on the debt side and \$3 million in grants (Emerging Markets Inc. 2011). Other investors and partners include Bank of America; The California Grocers Association; Calvert Foundation; Catholic Healthcare West; Chase; Community Health Councils; Community Redevelopment Agency of the City of Los Angeles; Emerging Markets; Kaiser Permanente; Morgan Stanley; NCB Capital Impact; NCB; New Markets Tax Credit Program; PolicyLink; Social Compact; State of California; Unified Grocers; U.S. Bancorp Community Development Corporation; and USDA California Office of Rural Development.

STRENGTHENING AVAILABLE INFRASTRUCTURE

The HNH *foundation* in New Hampshire has taken a targeted approach to food retail by focusing on corner stores in the center city of Manchester through the Healthy Corner Stores Initiative. Such initiatives, which typically include the development of a promotional campaign to identify and provide assistance to corner stores that would like to offer healthier options for customers, have been successful in communities similar to Manchester (Baum 2011). With funding leveraged from the Convergence Partnership Innovation Fund,

FIGURE 5. THE CALIFORNIA FRESHWORKS FUND INITIATIVE STRUCTURE

Source: adapted from The California Endowment 2011

which provides foundations with matching dollars to support strategies that create healthy places, this project is just getting underway. In partnership with the City of Manchester Health Department, 16 corner stores within the center city were assessed this past spring to determine services provided, the existing inventory of fresh produce and healthy foods, and the physical layout of the store (Manchester Health Department 2011a).

Based on preliminary results, nine of Manchester's corner stores hold promise to offer healthier food options through participation in the initiative. They lack, however, promotional materials and equipment to support prime product placement and displays for improved customer access. Additionally, many of the corner stores could possibly benefit from establishing a bulk purchasing network with local farms or supermarkets to decrease the cost of fresh produce for store owners, which will in turn decrease costs for customers (Baum 2011).

In the fall of 2011, corner store owners and neighborhood residents were interviewed/surveyed at potential pilot sites and various neighborhood-based locations. Corner store owners were asked about inventory, sales, vendors, customer base, use of WIC and EBT, and about interests related to improving access to healthy foods (Table 2). Neighborhood residents were asked about the types of fruits and vegetables they currently purchase, types of fruits and vegetables they would purchase if available, barriers to purchasing more fresh fruits and vegetables, and how to improve access to healthy foods in their neighborhood. The results of the surveys have been used to inform the best design for the initiative. In particular, information from the corner store owners was helpful in defining the key components of the project's structure. These included priority store needs, such as adequate shelving/refrigeration and technical assistance for produce handling and storage; assistance with improving the overall perception of the corner store as a neighborhood asset for healthier foods; and learning more about becoming a WIC Vendor. Moreover, the resident surveys enabled the initiative to identify the most commonly purchased fruits and vegetables to ensure that the corner stores are offering these varieties, and to identify the major factors behind their purchase decisions such as ensuring not only the availability of fresh produce in corner stores, but also affordability.

► **Helping Develop a Local Food Distribution System** – A number of funders, including W.K. Kellogg Foundation, St. Christopher's Foundation for Children, 1772 Foundation, Barra Foundation, Claneil

TABLE 2. QUESTIONS FROM CORNER STORE OWNER INTERVIEWS

What Would You Like Help With?
Cooking demonstrations with fresh fruits and vegetables
Recipe cards for healthy dishes that include foods sold in my store
Resources to purchase or update equipment or make other internal improvements (baskets, small shelving)
Energy efficient lighting/refrigeration
In-store signage promoting healthy food options
External improvements (such as painting my store, selling fresh produce outside)
Tracking and monitoring sales of healthy foods
Alternative sourcing strategies (such as purchasing produce from the farmers market, community garden, mini farmers market)
Purchasing, pricing, and stocking healthy food affordably (includes training on produce handling)
Strategically displaying fresh produce and healthy foods
Promoting healthy food choices to neighborhood residents

Source: Adapted from Manchester Health Department 2011b

Foundation, and the Samuel S. Fels Fund, are supporting Common Market Philadelphia, a nonprofit local food distribution company that connects small family sustainable growers in the Philadelphia region with underserved communities and the institutions that serve them. Common Market Philadelphia seeks to rebuild the local infrastructure, connecting community institutions like schools, hospitals, and workplaces to regional farmers in an attempt to create a mutually beneficial, mutually supportive system. The company is in its third year of operations and this year will sell over \$1 million of local food and represent nearly 100 farmers in the region (Johnston 2011).

- ***Building Long-Term Solutions to Poverty, Hunger, and Homelessness*** – DC Central Kitchen is a nonprofit agency that prepares 5,000 meals a day for homeless shelters, transitional homes, halfway houses, and other social service agencies in Washington, DC, and runs a culinary job training program that helps men and women who are coming out of prison and/or in recovery from addiction find jobs in the hospitality field. With support from a number of funders, including Kaiser Permanente, The Kresge Foundation, and The Pew Charitable Trusts, DC Central Kitchen also runs a \$4.5 million social enterprise that buys food from local farms and growers. The agency uses the food in their catering operation, and to provide locally

We recognized that...on the one hand we had... people in neighborhoods like ours who were literally dying because they could not access good food. And on the other [hand], in the farm communities right outside of Philadelphia, you had family farmers who were struggling because they could not get their food efficiently to market in a way that was fair to them.

– Haile Johnston, Common Market Philadelphia

sourced, scratch-cooked food in seven DC public schools and a private school for at-risk middle school boys. The program has created over 50 jobs, most of which are held by men and women who were formerly incarcerated or homeless (Curtin 2011).

MAXIMIZING THE POTENTIAL OF FEDERAL PROGRAMS

Local food pantries fill an important and immediate need, but some individuals may be better served by SNAP, which provides access to a larger variety of food than can be obtained at many pantries (Alexander 2011). In Chicago, after a study found that only 35 percent of the regular clients of the major food pantry Greater Chicago Food Depository were enrolled in SNAP, the Otho S.A. Sprague Memorial Institute awarded a \$75,500 grant to the Food Depository to hire food stamp coordinators (Greater Chicago Food Depository 2011). These coordinators help individuals complete the necessary forms, and track their applications with the state—an often daunting process. In the first year of the grant, the coordinators helped 2,170 households apply for assistance. Many newly unemployed, first-time food pantry users have little understanding of the services available to them, making the counsel offered by this program as valuable as the food received (Alexander 2011).

IMPROVING FOOD QUALITY IN CHILD CARE

Access to food is a given in schools and child care centers, but access to healthy food is not. Recognizing the importance of maintaining a healthy weight during early childhood, Nemours has supported a multilevel approach to promote healthy eating in child care settings in Delaware, including the following policy and practice changes:

- regulatory changes through the Office of Child Care licensing that affect all licensed child care (center-based, family, and afterschool) to improve healthy eating and physical activity practices for children in child care;
- nutrition regulation changes to the Delaware Child and Adult Care Food Program to improve food and beverage offerings by all licensed child care providers;
- passage of legislation implementing Delaware Stars for Early Success, a quality rating and improvement system to increase the quality of services provided by early care and education programs throughout the state;
- changes to the training infrastructure of the state to help ensure that those trained are educated using best, age-specific practices relating to healthy eating and physical activity;
- development and implementation of a learning collaborative model to support long-term sustainable policy and practice changes in the child care setting; and
- development of tools for teachers to educate and engage infants, toddlers, and preschoolers around healthy eating habits, reduced screen time, and physical activity in the classroom (Nemours 2008).

Through these changes, Nemours has improved the quality of food accessed by over 50,000 children enrolled in licensed child care programs. Child care centers in the state have had a positive response; providers found the nutrition regulations easy to implement and generally cost-neutral, and staff from four pilot sites now serve as faculty for the learning collaborative (Nemours 2008).

For information on healthy food access and K-12 schools, see the 2010 GIH meeting report *Back to Basics: Promoting Healthy School Food*, accessible at www.gih.org.

CONDUCTING RESEARCH TO INFORM POLICY

As part of efforts to advance wellness in Silicon Valley, California, The Health Trust released an assessment of local healthy food resources, including community gardens, schools gardens, farmers markets, and community-supported agriculture in Santa Clara County. Community-supported agriculture typically refers to a system where community members become shareholders in a local farm, and in return periodically receive fresh produce. For each food resource, The Health Trust's Healthy Food Resource Assessment examined the impact of access, service gaps, barriers for low-income families, and local policies.

Overall, the report found that local communities do not have equal access to healthy food resources (HFRs), and that “local planners, city officials, and others should consider how policies that require and incentivize HFRs could specifically target low-income and high-density areas” with poor access to healthy foods (The Health Trust 2010). The report recommended that communitywide planning opportunities, which can include the development of general plans and zoning, consider current disparities and invest accordingly.

The foundation scanned local policies, analyzing and categorizing them as either “supportive” (allows, encourages, incentivizes, or supports HFR activity), “neutral” (mentions HFR but does not provide any specific supports or barriers), or “barrier” (includes requirements or restrictions that inhibit HFR activities). In general, the policy scan found that HFRs are often permitted but not promoted. It offered the following land use recommendations for local policy development (The Health Trust 2010):

- **Ensure land use plans and policies reflect local HFR promotion efforts.** Many communities have recreation departments and sustainability programs that reference the benefits of HFRs, but do not necessarily reflect this in their land use plans. Collaboration between planning and community development and these sectors should be encouraged, and land use policies should be updated to support the community's efforts.
- **Strengthen policies by including specific implementation steps.** Communities should consider establishing goals/standards for HFR access, identifying action steps for achieving these goals, and naming implementation partners. For example: ensure that underserved areas are prioritized for the development of new farmers markets, and work with economic development, public health, and local farmers market associations to establish new markets.
- **Use incentives to eliminate access gaps in low-income communities.** Prioritize locations and resources for new HFRs in low-income communities and consider developing policies that expand affordability and access in other ways (such as reduced/eliminated permit fees if a farmers market accepts WIC and EBT, or requirements to accept food assistance programs).

CONNECTING STAKEHOLDERS

Food policy councils, which bring together stakeholders from diverse sectors to examine the current food system and develop policy recommendations, are another way to improve food access. The activities and goals of these councils can connect foundations to the community's needs and drive funding activities (Hessel 2010). The Health Care Foundation of Greater Kansas City has invested \$248,000 over two years in the Greater Kansas City Food Policy Coalition, “an alliance of individuals, organizations, businesses, and government representatives representing all critical components of our local food system, including health care, agriculture, education, social services, food distribution, government, private business, nonprofit agencies, and others” (Pecina 2011; Greater Kansas City Food Policy Coalition 2011).

This council recently adopted two policy initiatives: Institutional Purchasing of Locally Produced Foods, and Food Deserts. By supporting institutional purchasing of locally produced foods, the council hopes to provide local farms with new markets, improve the environmental sustainability of the local food system, improve access to locally produced foods, and enhance the region's economic development. The Food Deserts initiative aims to increase access specifically in areas where access to healthy food is most limited, either because of prohibitive cost or lack of availability (Greater Kansas City Food Policy Coalition 2011).

SUPPORTING FARMERS MARKETS

In response to the population surge among adults over age 60, The Atlantic Philanthropies launched the Community Experience Partnership (CEP) in 2007, a matching grant program designed to involve older adults in projects that benefit others through civic engagement (CEP 2011). The New York Community Trust (The Trust), which serves New York City, was one of 32 community foundations selected to receive a matching funds from The Atlantic Philanthropies. To start, an advisory committee surveyed older adults to determine what would be an achievable and measureable project. The committee identified food access, as healthy food can be hard to come by in many of New York City's poor neighborhoods. A request for proposals was issued, and three community agencies were selected to begin projects led by elders and actively participated in by youth. Together, these agencies trained 105 elders and 25 youth, began 25 farmers markets and community gardens, and distributed 50,000 pounds of fresh vegetables (McNally 2011).

Earlier this year, The Trust expanded the program, doubling the number of elders and youth involved and tripling the amount of fresh produce distributed. Other outcomes include the creation of a learning community, heightened community awareness of older adults as a resource for addressing food access needs, and increased capacity among community partners to support and engage older adults. Moving into 2012, the expected project cost over five years is \$1,694,000, which represents \$625,000 from The Atlantic Philanthropies and \$1,069,000 from The Trust (McNally 2011).

Smaller investments can have a large impact, too. The Sisters of St. Joseph Charitable Fund invested approximately \$25,000 to increase patronage of existing farmers markets by lower-income residents in Athens, Ohio. EBT transactions for WIC and SNAP have been implemented at the markets, and many vendors offer a 10 percent discount to customers who use EBT (Harrington 2011).

DEVELOPING COMMUNITY GARDENS

Community gardens offer a unique opportunity to provide affordable, nutritious food in areas that may not otherwise have access to fresh produce. In 2010 the North Penn Community Health Foundation was approached by the local county health department, which had applied for Centers for Disease Control and Prevention (CDC) funds to develop community gardens and increase the supply of produce available locally. Because the CDC funds would not be available until mid-2011, the year's growing season would be lost.

The foundation met with local experts to explore opportunities to "supplement and accelerate" health department efforts (Pedroni 2011). The experts suggested a community garden project to:

- assist in developing and/or expanding sustainable community and school-based gardens;
- increase access to nutritious, locally grown produce for low-income individuals/families;
- increase consumers' knowledge of healthy eating habits and food preparation skills;
- increase growers' knowledge of gardening skills;
- increase community members' competencies to grow their own food;
- establish and coordinate a network of volunteers; and
- reduce the stigma of having to rely upon food cupboards as a food distribution point.

Soon after, the board awarded a \$92,000 grant to the Health Promotion Council of Southeastern Pennsylvania for the Cultivating Communities Campaign to develop 24 community gardens over the next three to five years. Produce raised at gardening sites will be donated to local nonprofits that serve low-income individuals and families. Ultimately, the local health department was not awarded the CDC funds, but it has pledged to continue working on the campaign (Pedroni 2011).

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.** Policies and programs that improve access to healthy foods can be designed to provide new jobs, revitalize neighborhoods, and strengthen the state economy.
- **Learn about food insecurity from those who know it best.** People who have experienced hunger and poverty are compelling spokespersons and advocates for social change. Create opportunities for them to frame the issues most important to them, use their life experiences to inform policymakers and foundation trustees, and make changes in their own communities.
- **Invest in research to better understand the relationship between food insecurity and obesity.** While the connection between food insecurity and health is clear, the current evidence linking food insecurity to obesity is mixed. For children, most studies have not found a clear relationship. For adults, the picture is more complicated. A modest association between food insecurity and obesity has been found among women, especially women of color. This association has not been observed among men (IOM 2011).
- **Learn from communications research on how to talk about these issues.** The W.K. Kellogg Foundation has supported FrameWorks Institute to conduct research and message development on child nutrition and on food systems. FrameWorks' recommendations are available in a set of on-line strategic memos.

- **Remember the built environment.** Policies related to the built environment have a major effect on access to healthy affordable food. Land use policies determine where community gardens can be sited, where grocery stores can be developed, and where soup kitchens can be opened. Economic development policies intended to attract larger supermarkets may have the unintended consequence of putting local stores out of business. Housing and transportation policies that encourage development on the urban fringe can have an adverse effect on local food production (Pothukuchi and Kaufman 2000).

The public is ahead of policymakers on this issue. The public understands the need for healthy food. They understand the need for policy to support it. And so I want to challenge each of us to keep pushing policymakers to catch up with the public and to keep thinking about the creative and innovative ways we need to start at the local level and then lift up to the state and federal level to get this nation to a place where everyone can have access to healthy food and where everyone can actually afford to purchase it [for] themselves and their families.

– Judith Bell, PolicyLink

- **Use maps to tell the story.** Geographic information systems can help produce maps that offer compelling evidence of the connections between public health statistics, poverty rates, and food access.
- **Consider funding advocacy.** There are opportunities for advocates to help shape the Farm Bill, as well as regulations for the School Lunch Program and for the treatment of competitive food in schools.
- **Support state-level WIC associations.** Listening to, working with, and lifting up the voices of WIC beneficiaries can help in the design of strategies that make the benefit easier to access and use.

- **Make a one-time investment in school infrastructure.** For many schools, a one-time investment in the upgrade of their food storage, cooling, and heating systems would make a huge difference to the quality of healthy food that is available to children.
- **Reach out to people who are eligible for SNAP benefits but are not receiving them.** There are three eligible populations that are significantly underserved by SNAP: Latinos, seniors, and the recently unemployed or underemployed.

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