Chapter 4

The Obesity Challenge: Poverty and Malnutrition
In 1967, Senator Robert Kennedy set out to visit one of the poorest regions of the country, the Mississippi Delta. Warned by civil rights workers beforehand, he was still shocked and mortified (as was much of America) by the scale of poverty in the Delta. “I’ve seen bad things in West Virginia,” Kennedy told reporters accompanying him, “but I’ve never seen anything like this anywhere in the United States.”

They visited communities where there were people so poor they did not own a pair of shoes. Food was scarce and hunger pervasive. A two-year-old child Kennedy tried to caress stared at him blankly, head limp and attention dulled by severe malnutrition.

In the years that followed, Congress took up the challenge of reducing hunger and poverty. Despite the sudden loss of Robert Kennedy and his leadership, it was the strongest commitment to an anti-poverty agenda since the Great Depression. Images like those from Mississippi created the impetus for a host of policy reforms in the late 1960s and early 70s that included improvements to the Food Stamp Program, improvements to the National School Lunch Program, and the creation and expansion of other nutrition programs like the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and School Breakfast programs.

In the summer of 2006, the National Public Radio (NPR) show *All Things Considered* traveled to the Mississippi Delta and retraced some of the same steps covered by Robert Kennedy. The NPR report described, once again, high rates of poverty and rampant malnutrition. But in 2006, the story was about another form of malnutrition: obesity.

In Belzoni, Mississippi, the focus of the NPR report, obesity was described as an epidemic by medical experts interviewed on the show. “They have food in the cupboard,” said Dr. Aaron Shirley, who chronicled hunger in the Delta during the 60s. “Unfortunately, it’s the wrong kind of food.”

### Health Consequences

The United States has the highest rates of obesity in the developed world. Words like “epidemic” and “crisis” are frequently used to describe the problem. In 2004, 16 percent of Americans ranked obesity as the most important U.S. health problem, with only cancer (24 percent) ranked higher.

Obesity is distinguished from overweight using a measure known as Body Mass Index (BMI), obtained by dividing a person's weight in kilograms by height in meters. Figure 4.1 illustrates the difference between normal weight, overweight and obesity. Neither overweight nor obesity is good for one's health, but obesity is by far the greater threat.

Obesity is most prevalent in high-poverty areas, but people in all income groups are affected. Sixty-six percent of Americans are considered overweight, and thirty percent are obese according to the latest data. It’s clear that the problem affects people from all walks of life.

For decades Americans have been gaining weight, but in recent years the pounds have been piling up faster. From 1994 to 2004, obesity in adults rose from 22.9 to 32.2 percent. Rates of overweight and obesity among children have also been climbing alarmingly. The data on

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Source: RAND Corporation

Figure 4.1 Measuring Obesity

A sample range of weights measured in lbs.
children has triggered many people’s resolve to pay serious attention to obesity. Since 1974, there has been a fourfold increase among children between the ages of 6 and 11 and a threefold increase for adolescents 12 to 19.\textsuperscript{7} The percentage of children between the ages of 6-19 who are overweight stands at 17 percent. If current trends continue, it will be 20 percent by 2010.\textsuperscript{8}

Obesity is associated with increased risk of high blood pressure, high cholesterol, coronary heart disease, stroke, osteoarthritis, some cancers, and type 2 diabetes. As rates of obesity and overweight have gone up, so has the prevalence of many of these conditions. The number of Americans with type 2 diabetes almost tripled from 1980 to 2004.\textsuperscript{9} Previously known as adult-onset diabetes and usually found in people over 40, type 2 diabetes is now appearing in children and adolescents. It is associated with poor nutrition, lack of exercise and a family history of the disease. If left untreated, type 2 diabetes can lead to cardiovascular disease, loss of vision, kidney disease and nerve damage.

The consequences of overweight and obesity should be of concern to all Americans. Added pounds translate into poor health and higher mortality rates—and extra strain on the federal budget. Because people living in poverty have higher rates of overweight or obesity, they are more susceptible to health problems like type 2 diabetes that accompany obesity.\textsuperscript{10}

Individuals with diabetes have been shown to have medical expenditures and out-of-pocket expenses that are two to five times higher than those of people without diabetes.\textsuperscript{11} Often, the only way for poor people to cope with the high cost of health care is to turn to federal assistance. Of the $78.5 billion in medical expenses attributed to overweight and obesity in 1998, about half of it was paid for through Medicare and Medicaid. This was approximately 8.8 percent of all Medicaid spending and 11.1 percent of Medicare spending.\textsuperscript{12}

## Hunger, Poverty and Obesity

A poor diet and lack of exercise are the most direct causes of overweight and obesity. Data are widely available to show that Americans consume too many calories and do not get enough exercise. In a recent government report, it was found that 89 percent of all Americans fall short of the U.S. Healthy Eating Index.\textsuperscript{13} Less than half get the recommended levels of moderate physical activity.\textsuperscript{14}

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**Figure 4.2 Estimated Adult Obesity-Attributable Medical Expenditures (2003 dollars in millions)**

![Map showing estimated adult obesity-attributable medical expenditures](image_url)

Source: Institute for Agriculture and Trade Policy
Clearly there are plenty of Americans who are not eating the right foods or exercising enough. But why are overweight and obesity so much more prevalent in low-income communities? Can nutrition programs play a role in solving this problem? The answer to the second question is yes, and will be explored later in this chapter. Answering the first question is more complicated—there is no simple response that applies to everyone.

The answer might seem clear at first: people are obese because they eat too much and are not burning enough calories. But often there are other, less obvious factors that contribute to a problem. Consider the work of Amartya Sen, a Nobel Laureate in economics who has studied the relationship between famines and poverty. While it seems obvious that famines are caused by a lack of food, Sen (and others) argues that it is more accurate to say they are caused by poverty. In many documented cases, people have been starving in one region of a country while other areas had food surpluses. Poverty may affect only certain families, who are unable to buy even enough food to survive, or it may undermine an entire region or country—there may be, for example, a lack of passable roads or working vehicles to ship food from harvest areas to people who are starving. The point is that sometimes the root causes of a problem—whether famine or obesity—are obscured by a factor that seems obvious.

The fact is that in high-poverty areas where obesity levels are highest, hunger is also lurking. It may sound like a paradox, but hunger, poverty and obesity can and do coexist. Severe hunger in the United States—bone-thin hunger like what Robert Kennedy found in the Delta—has been cut sharply since the 1960s, but the more common form of hunger today, “food insecurity,” affects a startling number of people. Government statistics show that more than 35 million Americans are food insecure, defined as having “limited or uncertain access to nutritious, safe foods necessary to lead a healthy lifestyle.”

Food insecurity and obesity are connected in several ways. For example, women living in poverty have higher rates of overweight and obesity than other women. Researchers have observed that in food insecure households, mothers skimp on their own food, or miss meals altogether, in order to feed their children when food supplies and money are running out. When food is again available, they may seek to catch up on eating. Scientists know that this “feast or famine” cycle is a factor in weight gain.

There is no question that food insecurity plays a role in the choices women make about how, when and what to eat. The very poorest people in our country do not have high rates of overweight or obesity, but there are many people living in poverty who do. They are the group most vulnerable to obesity, according to economist Darius Lakdawalla of the RAND Corporation and the National Bureau of Economic

Among U.S. adults, black women have the highest prevalence of overweight and obesity.

Diets of low income consumers for whom food price is the most important consideration may be high in sugars and fat simply because these are the cheapest sources of dietary energy available.”

— Adam Drewnowski
Center for Public Health Nutrition

We frequently hear in the media that U.S. consumers pay less for food than people in other industrialized countries. Indeed, calories are cheap—it’s the nutrients that are expensive. Healthy foods cost significantly more than foods of lesser nutritional value. Compare the price of a half-gallon of milk to a half-gallon of cola, or orange juice

Research. Too poor to afford healthy foods, they stock their cupboards with cheap foods high in fats and sweeteners. Choosing high-fat, low-nutrient foods saves money.
to orange drink. Between 1985 and 2000, when overweight and obesity rates started to soar, the cost of fruits and vegetables increased by 40 percent.\^21 Over the same period, the cost of fats and sugars actually went down.

In low-income households, where food insecurity is an ever-present danger, cost is a primary factor affecting shopping decisions. Studies comparing grocery prices in poor urban and rural communities against prices in wealthier suburban areas have found that the urban and rural communities paid more for food.\^22 The importance of shopping with cost in mind is magnified by the declining value of low-income wages. In the last ten years, the minimum wage has been stuck at $5.15. When adjusted for inflation, this is the lowest level since the United States created a minimum wage.\^23 With choice at the grocery store dictated by purchasing power, low-income households have little power to choose groceries with their family’s health in mind.

Not only do low-income households have difficulty affording a consistent diet of healthy food, they may also have trouble getting their hands on it. “I was in a Tunica, Mississippi, Piggly Wiggly food market,” explained researcher Amy Glasmeier, author of *An Atlas of Poverty in America*, “and what I found there was a lot of normal products, except for the vegetables and the meat counter. The vegetables were wilted lettuce and dried apples, or even tomatoes with black spots. At the meat counter, I found mostly chicken wings and ham hocks…and they’re 90 percent fat. That’s the sum of what’s available for people to buy. Low-income communities support retail operations that sell low-cost goods.”\^24

Studies also show that low-income communities have fewer grocery stores than higher-income areas. In one study of the Mississippi Delta, 70 percent of the food-stamp eligible population lived more than 30 miles away from a supermarket.\^25 In Chapter 2, Lisa Morton, a resident of the Cheyenne River Indian Reservation, explained that she and her neighbors carpool to the nearest supermarket—more than 40 miles away. Transportation is less of a problem in urban areas, but access may be complicated by security issues. Often in high-crime neighborhoods, trips to the grocery store must be planned according to the safest routes and times.

Thus, economics and environment are important factors in selecting foods. So is education; there is a well-documented relationship between poor nutrition and low levels of education. Overall, the members of households below the poverty line have fewer years of schooling than people in households above the poverty line. Nutrition education programs exist to help introduce people to foods they may not be familiar with, but a story told by a nutrition educator in Hartford, Connecticut, sheds light on one of the challenges faced by low-income families. The mother in a food-insecure household admitted that

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\(^{22}\) Elizabeth Whelan 78 Healthy Food, Farms & Families: Hunger 2007
she was reluctant to prepare a meal with ingredients she had never used before. Given her precarious financial position, she could not afford to experiment with new foods and fail and then have nothing to feed her children.

Overweight and obesity are societal problems. Many other factors which play a role in the obesity problem are shared by everyone in our culture. For example, every day a quarter of all adults eat at a fast food restaurant. Fast food, despite its widely publicized role in contributing to overweight and obesity, remains extraordinarily popular with Americans. And as a society, Americans are putting in more hours on the job than they did 20 years ago, so there is less time to prepare nutritious meals at home. This is as true for low-income families as for everyone else. One of the celebrated accomplishments of welfare reform has been the number of low-income adults who have returned to the workforce. Other poor adults have second and third jobs. The concept of “time poverty” resonates with many Americans—poverty, after all, is often about limited choices.

Another societal factor in rising obesity rates is the current system of commodity subsidies. Highly subsidized corn and soybeans have meant an abundance of high-fructose corn syrup and hydrogenated vegetable oil produced from soybeans. In the 1970s, the Secretary of Agriculture exhorted farmers to plant fencerow to fencerow, and they did, boosting their output with the aid of marvelous advances in agricultural technologies. But what were they to do with all the extra products? One option was to dump them into world markets, as described in Chapter Three; the other was to sell corn and soybean products domestically, mostly in the form of fats and sweeteners. U.S. consumption of high-fructose corn syrup—a product that did not exist before the 1970s—has increased 1,000 percent in the last 30 years. Consumption of added fats went up 35 percent in the same time period.

### Nutrition Programs and Obesity Prevention

The federal nutrition programs represent an investment in the health and welfare of the country. But we must be careful not to overstate the role of the nutrition programs in solving the obesity problem. Obesity must be confronted by a broad anti-poverty agenda. Nutrition programs should not be expected to shoulder the entire burden or even most of the burden. A comprehensive approach should deal with wages, transportation and other barriers, as discussed above. Nutrition policy is only one front in the battle.

The nutrition programs are already engaged in obesity prevention. None, including the Food Stamp Program, cause obesity. But what more could they do? A logical place to start would be with child nutrition. Since poor eating behaviors established at a young age are hard to break, childhood is a critical time to cultivate an appreciation for healthy foods.

### Obesity Prevention in Schools

Obesity is the most common nutritional disease of children and adolescents in the United States. For the first time in history, the life expectancy of this generation of U.S. children is lower than their parents’ generation. The reason, say medical experts, is obesity.

Outside the home, the best place to expose children to healthy foods on a regular basis is in school. The National School Lunch and Breakfast programs, the two pillars of school nutrition, do not come up for reauthorization in the farm bill, but the bill provides many opportunities to improve them.

The DoD Fresh Program, for example, is an innovative partnership between USDA and the Department
Growing Power: Providing Children with Fresh Fruits and Vegetables
– Margaret Munroe, Bread for the World Institute

It’s an inviting scene: watermelons piled up outside, mounds of recently picked produce and shelves of organic goods, all in a storefront on the grounds of the last functional farm in Milwaukee.

Just past the storefront lie six greenhouses full of blooming flowers, patches of cilantro and basil, a rustic red barn, and a number of goats munching happily on greens in pens out back.

This is the environment that kids need in order to change their eating habits, says Will Allen, the director of Growing Power. A former professional basketball player who grew up on a farm in rural Maryland, Allen left a career in the corporate world to take up farming in 1992. He founded Growing Power with the idea of providing good, healthy food to the surrounding community and getting youth involved in the food production system. By learning how to farm, he reasoned, kids would gain an appreciation for the hard work that it takes to make things grow and at the same time would have the pleasure of eating fresh food—which was often in short supply in the north side of the city. One of his hopes was that this would lead children to a more nutritious diet. What he found was that introducing kids to wholesome food is just a beginning.

One of Growing Power’s major youth initiatives is through the Youth Corps program. Each summer, Growing Power accepts a small group of local children to work on the farm throughout the year. Youth Corps was originally envisioned as an unstructured program focused on giving participants basic knowledge about farming. Most of the kids hear about the program through friends or community organizations, or simply because they live in the neighborhood where Growing Power is located.

Often they stay with the program for many years. Sophie Brown first began working at Growing Power in high school, after hearing about it through an internship program at her church. Now in college, she comes back in the summer to work in the storefront and help run workshops on composting and aquaculture. Working at Growing Power through the Youth Corps program has given her an opportunity to develop leadership skills and gain experience working with kids, which has influenced her goal of becoming a teacher. It has also given her the conviction that getting locally-grown food to people in the surrounding community can make an impact on how healthfully they are eating. “We [gotta] make changes and make people see how much work
it takes to grow food that actually tastes good and not just looks good on a shelf,” she comments.

It also takes a lot of work to help the kids see this reality. Allen learned early on that getting participants involved in all aspects of the food production system is an essential part of changing unhealthy attitudes towards food. Participants perform tasks ranging from planting and harvesting, to getting market baskets ready for sale and delivery, to preparing recipes. Allen makes a special effort to introduce new dishes to the children. Many kids had their first fresh salad at one of his classes—and it was made with greens and vegetables they had grown themselves. On Saturday mornings before they began work, Allen would fix a breakfast of fruit and organic eggs. The kids began to look forward to these small treats, and one Saturday when Allen was out of town for a conference they complained loudly when told they wouldn’t get their usual breakfast. “That’s when I knew I was going in the right direction,” he remarks.

As Growing Power’s successes mount, Allen has been able to start other programs oriented toward local youth. One program, with the local Boys and Girls Club, helped establish another farm at the club’s building in the countryside outside Milwaukee. In the summer, the kids get to help plant and harvest; during the school year, Growing Power has partnered with the Milwaukee School of Engineering to create an after-school program, Eat Smart, that teaches kids how to adapt their family recipes to make them healthier. Once parents see that their children want to eat fruits and vegetables, they often begin to change the foods they keep in the house.

Getting kids to start thinking about food in new ways is an inherent part of Growing Power’s mission. Allen says that teaching kids about farming is an essential part of teaching them about nutrition: “The missing link in all of this is that if we don’t have the food production, we can’t do any of this.” By learning that food doesn’t just appear on a grocery store shelf, participants in Growing Power’s programs begin to understand more about what they are putting in their mouths. They get the information they need to begin making changes in their own eating habits and inspiring changes in the people around them.

Margaret Munroe works at Bread for the World Institute as the Project Assistant on the 2007 Hunger Report. She volunteered at Growing Power during the summer of 2006.
of Defense (DoD), which distributes fresh fruits and vegetables to schools and Indian reservations in 43 states, the District of Columbia, Puerto Rico, the Virgin Islands and Guam. USDA purchases the produce from DoD, which delivers it to the school districts while en route to deliver supplies to military installations and veteran’s hospitals. DoD operates 10 regional buying centers around the country, acquiring produce directly from growers. The program began as a $3 million pilot in 1995 and grew to $25 million by 1999. The 2002 farm bill increased spending to the current level of $50 million. The next farm bill should continue to increase funding of this important program.

Improving school nutrition should mean offering children additional healthy foods, to counter the many forces pushing them towards unhealthy foods. In a 2004 study published by the Center for Science in the Public Interest (CSPI), 251 schools across the country were surveyed and the contents of nearly 1,500 vending machines examined. Of 9,723 total snack slots, only 26 contained a fruit or vegetable. What researchers found was an assortment of hard candies, chips, chocolate products and other foods of minimal nutritional value.

CSPI, the American College of Preventive Medicine, and the United Fresh Fruit and Vegetable Association have suggested doubling the budget for the DoD Fresh Program to $100 million and expanding it to all 50 states. Given that most American children do not consume the recommended five servings of fruits and vegetables per day, and with vending machines offering so much junk food, a $100 million investment to bring fresh fruits and vegetables to the schools seems minimal.

Any investment in improving the quality of foods offered would be money well spent. Parents will appreciate it, especially parents hard-pressed to provide healthy foods at home due to poverty, and so will the children. Anyone who doubts that children appreciate healthy foods when they are offered in appealing ways might consider the following. In a study of another USDA pilot program to increase fresh fruit and vegetable consumption in schools, researchers found that 95 percent of the 105 participating schools considered the pilot successful: it resulted in increased consumption of fruits and vegetables. Children seem to prefer their carrot sticks accompanied by a low-fat dip or a smear of peanut butter, but doesn’t this still sound better than a chocolate bar and a 20 oz. soft drink?

In 2006, proponents of better school nutrition had good reason to rejoice. Beverage giants Coke and Pepsi agreed to remove high-calorie soft drinks from all schools and limit the portion sizes of the remaining beverages. President Bill Clinton and Arkansas governor Mike Huckabee were instrumental in negotiating this agreement. Political leadership is always a critical ingredient in accomplishing reform, and this case was no exception.

Child nutrition is an issue that transcends politics for Clinton,
a Democrat, and Huckabee, a Republican. Both men have struggled with weight problems almost all of their lives. In 2003, Huckabee was diagnosed with type 2 diabetes, and Clinton has a heart condition that required a quadruple bypass in 2004. Since their conditions were diagnosed, they have been on a mission to raise childhood obesity to one of the top public health issues in the United States.

Removing soft drinks from the schools is an important step, but bolder measures than this are required. Schools should be junk food-free. Vending machines stocked with unhealthy foods undermine the message students hear that good nutrition matters. Congress and the administration have the responsibility to lead the way, but so far the strongest leadership seems to be coming from outside Washington, driven by private individuals who recognize the gravity of the problem and are frustrated by the pace of reform. For example, celebrity chef Alice Waters has been on a mission to improve the nutritional quality of foods served in American schools. Through her private foundation, she has turned the Martin Luther King Junior Middle School (MLK) in Berkeley, California, into a laboratory of nutrition program reform.

Ten years into her work, Waters remains an idealist. Government commodities are tougher to chew than the foie gras at Chez Panisse, her signature restaurant a few miles away. At MLK, most of the students qualify for free and reduced-price meals. Waters says that you cannot fight obesity by mandating what types of food children eat or by scaring them with descriptions of health problems they can expect later in life—you have to transform their relationship to food. Through her ‘edible schoolyard project,’ she has sought to integrate the study of food into the whole curriculum, so that earth science class measures soil erosion in the school garden, math class calculates the dimensions of the garden beds, and history class grinds corn with a mortar and pestle as ancient cultures did.

The school lunch program is the linchpin of Waters’ strategy. To enhance the menus with plenty of fresh fruits and vegetables, she combines the government commodities the school receives from the federal meal program with fresh produce purchased from local growers with her foundation money. Farm-to-school programs like the one Waters started at MLK are another way to increase the amount of fresh, healthy foods available to students. Farm-to-school programs also provide a market for local producers. If policymakers are seriously interested in helping small farmers, here is a means to do it. Nutrition programs that help farmers to help schools fight obesity recall an earlier time when nutrition policy and farm policy were much more interdependent. As discussed in Chapter One, farm policy and nutrition policy were born of the same crisis in the 1930s. One of the first acts of the Roosevelt Administration when it took office in 1933 was to establish a federal food relief program to address the crisis in the cities and the crisis on the farms. “The Agricultural Adjustment Administration will put into operation as fast as they are developed, plans for supplying surplus farm products to needy and destitute people… This action will be taken in order to carry out the twofold purpose of stabilizing farm markets and feeding the unemployed.”

The National School Lunch Program uses government commodities obtained through another program established during the Great Depression and given the nondescript name Section 32. Today, Section 32 commodities are still used to support child nutrition programs, and these commodities all meet USDA’s nutrition guidelines. Section 32 is intended to support farmers of non-price-supported commodities, including fruits and vegetable

Learning is supposed to be a pleasure, and a food-centered curriculum is a way to reach kids in a way that is truly pleasurable.”

– Alice Waters
The Edible Schoolyard

![Figure 4.5](source.png)

Figure 4.5 Food and Beverage Advertising vs. USDA Nutrition Education Budget

Sources: Institute for Agriculture and Trade Policy
farmers, but the government has great difficulty moving fresh produce. Procurement, storage, distribution and coordination with school districts is complicated by the inefficiencies that come with government bureaucracies, making it impossible for schools to get a variety of fresh products through Section 32.

One way to circumvent the problem is to increase support for alternatives such as DoD Fresh. Improving the quality and choice of foods in school should be one of the highest priorities in addressing obesity. But reform mustn’t stop there. The homes and communities to which students return at the end of the school day matter just as much; the food environment in the community also needs to change.

**Obesity Prevention in Communities**

At the same time as obesity rates have been skyrocketing, a much more hopeful trend has emerged in communities around the United States. Between 1994 and 2004, the number of farmers’ markets increased by 111 percent. There are now more than 3,700 such markets across the country. These numbers suggest that local producers have willing buyers for their products if they can reach these customers.

Establishing farmers’ markets in low-income communities can help increase the availability of fresh fruits and vegetables where grocery stores are scarce or poorly stocked. The USDA Farmers Market Promotion Program is designed to “help improve and expand domestic farmers’ markets, roadside stands, community-supported agriculture programs and other direct producer-to-consumer market opportunities.”

The areas targeted by the program include urban and rural neighborhoods with limited access to fresh foods.

Two federal nutrition programs have been established to promote farmers’ markets among at-risk groups—the Senior Farmers’ Market Nutrition Program and the WIC Farmers’ Market Nutrition Program. Low-income seniors and mothers in the WIC program receive coupons to purchase fresh fruits and vegetables. The idea is to link small local farmers with low-income consumers, providing the consumers with the freshest possible foods and offering the farmers the highest possible margins. But these are very small programs, providing participants with $20 in coupons to be spent over the course of an entire year, and obesity prevention is not an explicit objective.

Nutrition policy should be emphasizing obesity prevention. Thus, it would make sense to expand the farmers’ market benefit to include the Food Stamp Program, the largest federal nutrition program at 25 million participants per month in 2005. To make healthier foods available to food stamp households, a farmers’ market program as described above would be a start, but why limit such a good idea to farmers’ markets? Most Food Stamp Program participants buy their produce, as they do other foods, at the grocery store. Not all food stamp participants have easy access to farmers’ markets. If the objective is to encourage greater consumption of healthy foods, the place to do it is at the grocery store.

When purchasing foods at the grocery store, Food Stamp Program participants access their benefits with an Electronic Benefits Transfer (EBT) card. The cost of foods purchased with the EBT card is deducted from an account in the same way that funds in a bank account are accessed with a debit card. The EBT system has been in place nationally since 2004, and according to experts in this technology, it would be easy to program an EBT system to allow different benefit levels based on the foods selected. For example, every time a participant used food stamp benefits to purchase fresh fruits and vegetables, the EBT system could provide extra benefits—effectively reducing the cost of these healthy foods.

Offering families a chance to purchase healthy foods at a reduced cost would strengthen the Food Stamp Program in several ways. It would reinforce the gains made by improving the school nutrition programs, since half of all those who receive food stamp benefits are children. It would also help food stamp families stretch their monthly

One of the goals of the National School Lunch Program is to improve children’s fruit and vegetable consumption.
The Anacostia Farmers Market, sponsored by the Capital Area Food Bank and the Chesapeake Bay Foundation, provides fresh produce at a reasonable cost to one of the poorest communities in the District of Columbia. The Anacostia community of the District is located in Ward 8, where 35 percent of the residents live in poverty.

The health problems associated with high rates of poverty and food insecurity, such as obesity, Type 2 diabetes and other diet-related conditions, are found at alarmingly high levels in the Anacostia community. Low-income communities in general, whether urban or rural, have the highest rates of obesity in the United States. It’s not that people in these communities won’t eat healthy foods, but it is difficult to afford them on a limited budget and often hard to locate them in poor inner-city communities.

The Anacostia Farmers Market was established to address the lack of access to fresh fruits and vegetables. A 2006 food security study by D.C. Hunger Solutions gave Ward 8 a grade of F for access to grocery stores. In a survey of the area, it was found that residents have to travel as far as three miles to get to a grocery store. Some people without a car must take three buses to reach a store where fresh produce is sold.

Customers who qualify for food stamps can use their Electronic Benefit Transfer (EBT) cards at the farmers market. According to Susan Topping, a program associate at the Capital Area Food Bank, “The use of the government benefits at the market shows that we are filling one of the needs of the community, not only providing a safe, clean, healthy venue to buy produce.”

Customers have been asked if shopping at the market has made a difference in their diets. Most recently, 82 percent of the shoppers indicated that they now eat more fruits and vegetables every day, 35 percent are more health conscious, and 17 percent are trying new foods.

The Anacostia Farmers Market was originally located at the Union Temple Baptist Church. According to Vernon Hawkins, administrator of the church, “The market has allowed people to recognize the value of adding fresh vegetables and fruits to their diets.” Established in 1998, the market has received funding from USDA’s Sustainable Agriculture Research and Education (SARE) Community Incentive Project Grant. The objective of the grant was to encourage farmers to invest their time and energy in a low-income community to provide a much-needed service. The SARE grant enabled the market to expand, which has increased the value to both the farmers and the consumers. Though the grant money has now run out, the Capital Area Food Bank and the Chesapeake Bay Foundation are committed to keeping the market open.

Access to nutritious food is a form of “health insurance,” and for some families in Anacostia, it’s the only health insurance they have.

Cheryle E. Adams is an administrative assistant with Bread for the World Institute.
Research shows that food stamps do not last the entire month in most households. In fact, a study analyzing food purchases found that 63% of food stamp households used more than half of their benefits within one week of issuance, and within two weeks most had already used more than 80%.

In a more focused study in California, researchers noted that grocery stores were making decisions on whether to carry healthy foods based on the monthly food stamp benefit cycle. At the beginning of the month, for example, stores stocked whole wheat bread; at the end of the month, when food stamp benefits were depleted, the stores switched to the cheaper white bread.

Farmers would also benefit from an additional food stamp benefit for healthy foods, although these farmers would not be the same group of small local producers who sell at farmers’ markets. The vast majority of the farmers whose products are sold on grocery shelves are the largest, most profitable producers. But there are other ways to strengthen the linkages between local agriculture and food insecure communities. The Institute for Agriculture and Trade Policy (IATP) has suggested creating a program similar to the Conservation Security Program, an initiative which encourages farmers to practice good stewardship of the land and produces environmental benefits enjoyed by everyone. Under the IATP plan, farmers would be rewarded for dedicating areas of their land to growing fruits, vegetables, or other healthy foods and donating these products to food banks, schools, homeless shelters and other agencies that serve low-income people at risk of hunger.

Josh Miner, a W.K. Kellogg Foundation Food and Society Policy fellow, has proposed using marketplace incentives to help food stamp recipients purchase more fresh fruits and vegetables. Under Miner’s plan, every time a food stamp participant purchased a fruit or vegetable, he or she would receive a 50 percent discount. The USDA would pay the remaining cost so there would be no loss for grocers or farmers. To offset these costs, Miner suggests redistributing money from commodity programs, and he justifies this on the following grounds: “Making healthful foods more widely available and less expensive to consumers would help bring agriculture and nutrition policies into accord with public health goals... There is no question that the food stamp and commodity support programs would distribute payments quite differently if the goals of both were explicitly to promote better eating habits among U.S. consumers.”

This report’s underlying argument makes the same point: it is critical to bring agriculture and nutrition policies into accord with public health goals. This congruence of policies was the objective when federal agriculture and nutrition policies were established in the 1930s. Many years have passed, and agriculture does not look the same as it did 70 years ago. Nor does malnutrition in the United States. The obesity problem lends urgency to the task of strengthening the linkages between agriculture and nutrition policies to meet public health goals. We recommend a more gradualist approach than Miner has suggested, beginning with pilot studies on the effectiveness of a fruit and vegetable incentive program.

It’s important to understand how the incentives will affect people’s food choices before adopting such a program on a large scale.

Several industry groups have called for marketplace incentives that would increase the availability of fruits and vegetables to food stamp families. The United Fresh Fruits and Vegetable Association (UFFVA) has asked Congress to “provide $10 million for states to develop and pilot test innovative programs that encourage increased consumption of fruits and vegetables... through use of electronic benefit transfer cards (EBT).”

Producers of fruit and vegetables,
the so-called specialty crops, do not receive subsidies, but they are not averse to support through nutrition programs that encourage consumption of their products.

Many organizations agree that the Food Stamp Program should encourage families to purchase healthy foods, but not everyone agrees on how this should be done. For example, a task force sponsored by the Chicago Council of Global Affairs has suggested not only a marketplace incentive to encourage consumption of healthy foods, but also a complementary disincentive, basically a surcharge, applied to unhealthy foods “such as high sodium/low nutrient snack foods.”

Presumably, which foods would be subjected to the surcharge would be determined by a body of experts such as the National Institutes of Medicine.

We believe, at this point, it would be counterproductive to restrict which foods families can purchase using their food stamps benefits. Until now, the Food Stamp Program has provided participants with freedom of choice when using their benefits, with the notable exceptions of hot foods; alcohol and cigarettes; vitamins and medicines; and other nonfood items. As discussed earlier, freedom of choice is at best a relative term for people living in poverty, and several factors beyond their control affect families’ food choices in low-income communities. Until these are also addressed, the food choices available to food stamp participants should not be restricted.

A Challenge for Lawmakers

In the coming year, policymakers in Washington will reconsider the relationship that has existed between farm and nutrition policy since the 1930s. Changes to the commodities programs, as suggested earlier in this report, will free up resources to increase the healthy foods available to households participating in nutrition programs. Several nutrition programs come up for reauthorization in the farm bill. Through this legislation, lawmakers have a tool available to them to address the obesity challenge. Today’s lawmakers should regard the obesity challenge with the sense of mission that policymakers in the 1960s had when they confronted severe malnutrition caused by lack of food. Today as in past decades, all Americans deserve access to healthy, affordable foods.

Mainline Recommendation

Federal nutrition policy and farm policy should be closely aligned to emphasize their linkages in promoting better public health. Programs that provide fresh fruits and vegetables to low-income communities create opportunities for small and medium-sized farmers who have traditionally been excluded from government farm support programs. Supporting these producers could also help low-income communities gain greater access to healthy foods. The time has come to reorient farm policy and nutrition policy toward priorities that help both groups.

Other Recommendations

- Expand fresh fruit and vegetable access for children through school meal programs. Programs which do this include the National School Lunch and Breakfast programs, the DoD Fresh Program, and the School Fresh Fruit and Vegetable Program. The procurement policies for Section 32, which provides schools with USDA commodities, should be improved to make it easier for schools to obtain more fresh foods.

- The Food Stamp Program should provide incentives for participants to purchase more fresh fruits and vegetables. Bonus coupons for farmers’ markets are provided through some other nutrition programs. Healthy food incentives made available through the Food Stamp Program would also benefit local producers who sell at farmers’ markets and stimulate the development of farmers’ markets in communities where access to fresh foods is limited. An incentive program at grocery stores should begin with pilot studies.
Obesity Trends Among U.S. Adults

1996

In 1996, obesity rates across the country were still below 20 percent.

1999

By 1999, several states had climbed above 20 percent, with the greatest increases occurring in the South.
From 1996 to 2005

2002

In 2002, more than half the states were recording obesity levels above 20 percent and a few had climbed above 25 percent.

2005

By 2005, the same three states that were at 25 percent in 2002 were now recording average obesity rates above 30 percent, and there were just 4 states left with rates below 20 percent.

The data shown in these maps were collected through the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS). Color-coded maps showing obesity trends 1985-2005 are available on the CDC website.