Changing How America Eats: Transforming Individuals & Communities

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**EXECUTIVE SUMMARY**

Policy question: *What are the challenges and promises of current efforts to promote healthier eating, and what can AGree do to help advance practical and successful strategies in the future?*

The importance of a healthy diet cannot be overstated. Research now links poor diet to a number of deadly—and expensive—health outcomes including obesity, chronic disease, and even some forms of cancer. Despite the well-documented risk associated with an unhealthy diet, millions of Americans fail to meet basic nutrition standards. Instead of consuming reasonable amounts of fruits, vegetables, and whole grains, many Americans over consume sugary drinks and processed foods loaded with added fat and salt. The results have been disastrous. Obesity rates, premature deaths, and health care costs are rising. While personal responsibility over one’s diet is a key factor in eating well, there are also four key obstacles that often prevent or hinder individual and community efforts to improve nutrition. These obstacles include:

- **Availability** – Many Americans live in communities where fruits, vegetables, whole grains, and low-fat milk are not available.
- **Affordability** – Healthier foods can be more expensive than many energy-dense foods with added sugars, salt, and saturated fats.
- **Cultural and Familial Preferences** – Cultural and familial preferences often negatively affect food choices.
- **Education** – Individuals do not have clear information and easy-to-follow instructions to help make informed nutrition and meal choices.

These challenges are further compounded by the reality that unhealthy foods often taste better, and are more convenient to prepare or pick-up. Successful interventions to encourage healthy eating will require creative problem solving and significant support from stakeholders across the public, private and nonprofit sectors.

Efforts to encourage Americans and their families to maintain a healthy diet can be broadly categorized into two distinct missions: *creating opportunities for change and implementing theories of change*. There are many public, private, and nonprofit actors and organizations working to create opportunities to implement healthy eating inventions, and then also following through on those opportunities to deliver a range of services and programs that help individuals and communities at the local level overcome barriers to healthy eating. AGree is in a unique position to help advance these goals. Specifically, AGree should:

*Support research evaluating the effectiveness of comprehensive community-based interventions to help policymakers and nonprofits advocate for and implement the most effective policies and interventions to promote healthy eating.*

*Work with relevant stakeholders to develop a comprehensive healthy eating policy platform that represents the interests of stakeholders and reflects current knowledge of the best policies and practices to encourage healthy eating among all Americans.*
Influencing individual behavior to increase the consumption of healthier foods is a complex endeavor. As the approaches discussed in this analysis will demonstrate, creating long-lasting change in the American diet will require a variety of strategies, leaders, funding sources, and partnerships at every level—federal, state, and local—working to change the default behavior of both individuals and their larger communities through advocacy and action.

Through advocacy efforts, many stakeholders are working to establish or protect funding streams, regulations, or legislatively mandated policy goals. These organizations are using coalition building, legislative advocacy, and grassroots lobbying to achieve these goals. On the ground, policymakers are utilizing two basic theories of change to address poor nutrition: targeted intervention and community transformation. Targeted interventions identify a specific barrier that prevents or hampers an individual’s ability or motivation to maintain a healthy diet. A community transformation approach focuses on addressing multiple barriers within a community, and transforming that community to make it easier to maintain a well-balanced diet.

This report contains an analysis of current efforts to both create opportunities for change and take advantage of those opportunities. Different stakeholders bring a variety of resources and perspectives to the effort. These same stakeholders also face unique constraints that affect their ability in both the programmatic and advocacy arenas. This report’s analysis will explore how different stakeholders are working with policymakers to advance smart nutrition policies and implement promising healthy eating interventions on the ground. The goal is to provide AGree with a deeper understanding of the current political, fiscal, and policy environment, and offer recommendations on how the organization can best use its talents and resources to have a long-lasting impact on nutrition and food policy in the United States.
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IMPORTANCE OF A HEALTHY DIET

While our understanding of the relationship between nutrition and the human body continues to evolve, we do know that good nutrition is essential for healthy growth and development, reducing the risk of chronic disease, and maintaining a healthy weight.

Healthy Growth & Development

Maintaining a healthy diet is particularly important for children and adolescents that require key nutrients while developing their brains and bodies. For example, approximately 85 to 90 percent of adult bone mass is acquired by age 18, and a diet lacking in sufficient amounts of calcium will leave children vulnerable to osteoporosis fractures later in life.¹ Vitamins and nutrients found in fruits and vegetables not only reduce the risk of developing a long-term chronic disease, but also help prevent other short-term health problems. For example, vitamin A protects against infections, while vitamin C can help heal cuts and promotes dental health by keeping teeth and gums healthy.² Both vitamins are found primarily in fruits and vegetables. Finally, it is critical to teach children good nutrition habits since early eating habits often continue later into life.

Reducing the Risk of Chronic Diseases

A poor diet is associated with a number of chronic diseases, including cardiovascular disease, hypertension, osteoporosis, and type 2 diabetes.³ Chronic diseases have a significant impact on the health of millions of Americans, and the costs associated with treating these diseases are straining our health care system. The National Cancer Institute estimates that the food we eat contributes in some way to the deaths of an estimated three out of four Americans every year.⁴ 74.5 million Americans, or 34 percent of adults, have hypertension—a risk factor for heart disease, stroke, and congestive heart failure. Hypertension is aggravated by a poor diet high in sodium and lacking sufficient amounts of potassium.⁵ A growing body of research also shows that diet can affect an individual’s risk of certain cancers, including breast, colon, kidney, and mouth. Rates of childhood overweight and obesity are increasing and many chronic, nutrition related diseases that previously only affected adults are now being diagnosed in children.

Maintaining a Healthy Weight

Most importantly, a growing body of research connects poor nutrition with weight gain and increased obesity trends in the U.S. According to the National Health and Nutrition Examination Survey conducted in 2007-2008, 33.8 percent of adults age 20 years and over were obese, and 30.2 percent were overweight, not obese.⁶ The prevalence of obesity was slightly higher among women, with 35.5 percent obese compared to 32.2 percent of adult men.⁷ The prevalence of

² Centers for Disease Control and Prevention. “Choose Smart, Choose Healthy.”
⁴ National Institutes of Health, National Cancer Institute. “NCI Health Information: Diet and Disease.”
⁵ American Heart Association. “Heart Disease and Stroke Statistics, 2010 Update.” Table 6-1.
⁷ Flegal et al., 2010.
overweight and obesity in children and adolescents is just as worrisome. The percent of children ages 2 to 5 who are obese is 10 percent; the percent of children ages 6 to 11 who are obese is 20 percent, and the percent of adolescents ages 12 to 19 who are obese is 18 percent. Despite public health efforts to reduce the rates of obesity, these numbers have been climbing. In 2010, 36 states had a prevalence of obesity of 25 percent or more, and 12 states had a prevalence of 30 percent or more. Overweight and obese individuals face numerous health complications, including increased risk of heart disease, Type 2 diabetes, cancer, high blood pressure, stroke, and respiratory problems. In addition to the health risks, there are also serious economic consequences of obesity. The indirect and direct estimated costs of obesity in the U.S. are approximately $147 billion annually.

What Are Healthier Foods?

A healthy diet includes a mix of fruits, vegetables, whole grains, fat-free or low-fat dairy, and lean meats, with limited consumption of saturated fats, trans fats, cholesterol, sodium, or added sugars. In January 2011, the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS) updated the science-based Dietary Guidelines for Americans. These guidelines explain the types of healthful foods that should be consumed as well as the unhealthful foods that should be avoided. Key recommendations include:

- Consume multiple daily servings of fruits and vegetables, especially dark-green, red, and orange vegetables;
- Consume at least half of all grains as whole grains;
- Eat foods that contain more potassium, dietary fiber, calcium, and Vitamin D—foods high in these nutrients include vegetables, fruits, whole grains, and milk;
- Reduce daily sodium and cholesterol intake; and

Following these recommendations will help individuals maintain a healthy weight and reduce the risk of many chronic health conditions associated with a poor diet. In addition, the recommendations emphasize that individuals must ensure they do not consume an excess amount of calories, even if those calories are from foods that fall within the recommended food groups.

Current Dietary Patterns Fail to Meet the Guidelines

Unfortunately, the American diet does not generally conform to these guidelines. The federal government monitors our national diet through the annual National Health and Nutrition Examination Survey (NHANES). The USDA uses NHANES data to complete the Healthy Eating Index (HEI)—a dietary assessment tool used to determine conformity with the USDA’s Dietary Guidelines. The HEI gives a maximum score of 100, with a score of 80 or above.

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8 Flegal et al., 2010.
considered “good;” a score of 51 to 80 considered “needs improvement;” and a score of less than 51 considered “poor.” In 2005, the mean HEI score for children between the ages of two to 17 ranged from 54.7 to 59.6—within the range of “needs improvement” but alarmingly close to “poor.”13 A more recent 2009 study of children’s eating habits found that children consumed only 64 percent of the recommended amount of fruit and 46 percent of the recommended amount of vegetables.14 Instead of fruits and vegetables, many children are consuming empty calories through sugary beverages. Approximately 13 percent of the daily caloric intake for 12-19 year-olds comes from sugar-sweetened beverages.15

_Dietary Trends for Low-Income Urban Populations_

While the American diet generally lacks enough nutritious foods, individuals in low-income families in particular do not consume enough nutritious foods, especially in comparison to their higher income counterparts. The same 2005 HEI study determined that low-income individuals had significantly lower scores for total vegetables, dark green and orange vegetables and legumes, and whole grains than higher-income families.16

**OBSTACLES TO HEALTHY EATING**

Poor eating habits are the result of a number of individual and community choices. While individuals are responsible for their specific food intake, there are a number of recognized environmental and other factors that directly affect those choices. These factors include:

- **Availability** – Many Americans live in communities where fruits, vegetables, whole grains, and low-fat milk are not available.
- **Affordability** – Healthier foods can be more expensive than many energy-dense foods with added sugars, salt, and saturated fats.
- **Cultural and Familial Preferences** – Cultural and familial preferences often affect food choices.
- **Education** – Individuals do not have clear information and easy-to-follow instructions needed to make informed nutrition and meal choices.

_Availability_ – Communities lack access to fruits, vegetables, whole grains, and low-fat milk.

According to the USDA, 23.5 million people, including 6.5 million children, live in a low-income area that is more than one mile from supermarket.17 These areas are known as “food

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14 Fungwe, T. “The Quality of Children’s Diets in 2003-04 as Measured by the Healthy Eating Index-2005.”
deserts.” The USDA defines a food desert as a low-income area—the poverty rate is at least 20 percent—where a substantial share of residents has low access—more than one-mile from a supermarket in an urban area and than ten miles in a rural area—to a supermarket. Food deserts exist throughout the country. Approximately 6,500 food deserts exist in the continental U.S., with approximately 75 percent of food deserts located in urban areas and 25 percent in rural areas.\textsuperscript{18} Low access to supermarkets reduces the availability of key components of a healthy diet: fruits, vegetables, and whole grains. Research has shown that individuals in low-income neighborhoods without access to supermarkets that stock healthier foods have a more difficult time maintaining a healthy diet.\textsuperscript{19} The presence of fast food restaurants and convenience stores that stock unhealthy energy-dense junk food further exacerbates the poor eating habits of many individuals living near those stores. Research has shown that the positive relationship between lack of access to healthy food and higher levels of obesity is even stronger when you also have access to convenience stores and fast food restaurants.\textsuperscript{20}

\textit{Affordability – Healthier foods can be more expensive than many energy-dense foods.}

Another key barrier to the consumption of healthier food is cost. Unfortunately, many healthier foods are more expensive compared to low-cost energy dense foods. Foods with refined grains, and added sugar and fat are among the lowest-cost sources of available foods.\textsuperscript{21} The White House Task Force on Childhood Obesity determined that over the past three decades, the prices of fruits and vegetables increased almost twice as fast as the price of soda, contributing to the uptick in soda consumption over the past few decades.\textsuperscript{22} The cost of food matters. Researchers have consistently found that if the price of a food increases or decreases, individuals respond by reducing or increasing consumption.\textsuperscript{23}

\textit{Cultural and Familial Preferences – Cultural and familial preferences often affect food choices.}

Healthy eating habits are learned throughout childhood and often carry over later into life. As a result, we know that the influence of the family’s eating habits has a significant impact on the food choices of its members, especially children.\textsuperscript{24} In addition, ethnic and cultural factors can affect food choices. Research has demonstrated significant dietary differences between ethnic groups in the U.S. For example, African-American children ranked highest in fat intake, while Asian Americans ranked the lowest.\textsuperscript{25} However, Asian Americans had much lower recorded dairy intake than Hispanics and non-Hispanic whites.\textsuperscript{26} These differences are attributed to different cultural or ethnic preferences for specific foods.

\textsuperscript{18} U.S. Department of Agriculture Food Desert Locator.  
\textsuperscript{19} Mikkelsen, L., Chehimi S. “The Links between the Neighborhood Food Environment and Childhood Nutrition.”  
\textsuperscript{20} Larson, N., Story, M., Nelson M.C. “Neighborhood Environments: Disparities in Access to Healthy Foods in the U.S.”  
\textsuperscript{21} Drenowski, A., Darmon, N. “The Economics of Obesity: Dietary Energy Density and Energy Cost.”  
\textsuperscript{22} White House Task Force on Childhood Obesity.  
\textsuperscript{23} White House Task Force on Childhood Obesity.  
\textsuperscript{24} Nicklas TA, T Baranowski, J Baranowski, K Cullen, L Rittenberry, and N Olvera. “Family and child-care provider influences on preschool children’s fruit, juice, and vegetable consumption.”  
\textsuperscript{25} Patrick, Heather and Teresa A. Nicklas. “A Review of Family and Social Determinants of Children’s Eating Patterns and Diet Quality.”  
\textsuperscript{26} See Patrick and Nicklas, 2005.
Education – Individuals do not have clear information and easy-to-follow instructions needed to make informed nutrition and meal choices.

A key obstacle to improving dietary nutrition is ensuring consumers understand their nutritional needs and are able to make informed choices. The federal government employs a number of different educational tools to help individuals and families make good nutrition choices. Every five years the national Dietary Guidelines are reformulated, and serve as the basis for a number of outreach tools including: ChooseMyPlate.gov, MyPyramidTracker.gov, FruitsAndVeggiesMatter.gov, and We Can! (Ways to Enhance Children’s Activity & Nutrition). However, many nutrition experts have argued that these tools can be confusing and lack clear, actionable plans for individuals to follow when planning a meal. To complement these resources, schools often provide nutrition education as a part of their health curriculum; however time spent on nutrition education has declined as home economics courses have been eliminated amid budget cuts.27

Understanding the nutritional value of processed and prepared foods is also a challenge. Although the Federal Drug Administration (FDA) requires all processed foods to be labeled with a detailed Nutrition Facts Panel, this information is not always utilized. According to the FDA, only 54 percent of Americans “often” read a product’s food label the first time they purchase a product.28 Eating out at restaurants—an activity that has increased significantly with the proliferation of fast food and low-cost family style restaurants—also poses challenges. Menus often do not include information about calorie or nutrition content and portion sizes vary considerably. Unfortunately, the ability to make consistent, smart nutritional choices requires time and attention—something that many individuals lack.

### MAKING CHANGE HAPPEN: EFFORTS TO INCREASE HEALTHY EATING

With such a diverse set of challenges, successful efforts to promote healthy eating will require creativity and significant support from stakeholders in the public, private and nonprofit sectors. The solutions to help individuals overcome barriers to healthy eating are both simple and complex. While lowering prices and increasing the availability of fruits and vegetables are relatively straightforward propositions, teaching people how to overcome the familial and cultural food preferences and habits developed as a child to construct a healthier diet is more challenging. These challenges are further compounded by the reality that unhealthier foods with large amounts of salt, sugar, and trans-fats often taste better, and are more convenient to prepare or pick-up. And finally, efforts to eliminate unhealthy eating habits and increase the consumption of healthier foods are often underfinanced, particularly compared to industry efforts to market junk food to both adults and children. According to the Center for Science in the Public Interest, the food industry spends approximately $2 billion annually marketing food products to children, with almost three-quarters of the food advertisements on television for junk food.29

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28 U.S. Food and Drug Administration. “Key Findings from 2002 and 2008 FDA’s Health and Diet Survey.”
29 Center for Science in the Public Interest. “Food Marketing to Children.”
Despite these challenges, public officials, nonprofit organizations, and some industry stakeholders are aggressively pursuing efforts to help individuals and families increase their consumption of healthier foods and reduce intake of energy-dense, nutrition poor foods. Community groups, philanthropic foundations, religious organizations, public health advocates, local, state, and federal officials and some restaurant and food retail stakeholders are investing intellectual capital, time and resources to address this problem.

Efforts to encourage Americans and their families to maintain a healthy diet can be broadly categorized into two distinct missions: creating opportunities for change and implementing theories of change. Public, private, and nonprofit actors and organizations are working to create opportunities for the conception and implementation of healthy eating efforts, and then following through on those opportunities to deliver a range of interventions that help individuals and communities at the local level overcome barriers to healthy eating.

Below is an analysis of current efforts to create both opportunities for change and take advantage of those opportunities. Various actors face different constraints and resources that influence their abilities and successes in both the programmatic and advocacy arenas. The analysis will assess the current state of affairs, and identify instances of successes and areas for improvement. The goal is to understand current efforts to address poor nutrition in the U.S. to provide recommendations on how it can best use its talents and resources to have a long-lasting impact on nutrition and food policy in the U.S.

### Advocacy: Creating Opportunities for Change

For significant changes in American eating habits to occur, the political, fiscal, and policy environments must be supportive of healthy eating efforts. As a result, many organizations and stakeholders invest considerable resources into creating the opportunities for policy experimentation, diffusion, and implementation at the state and local level. There are a wide variety of organizations with different backgrounds and policy perspectives focused on this type of advocacy. Interested stakeholders include organizations focused on public health, agriculture, hunger, social justice, children’s issues, and the business opportunities. Some of these organizations are intimately involved with healthy eating issues, while for others the issue is one of many interrelated policy interests. Below is a small sample of organizations with an interest in nutrition programs.

**Public Health**
The American Heart Association
American Diabetes Association
American Public Health Association

**Sustainable Agriculture**
Environmental Working Group
The United Fresh Produce Association
Farm Sanctuary

**Children’s Issues**
Save the Children
Child Health Foundation
Children’s Defense Fund

**Anti-Hunger**
Bread for the World
Share Our Strength
Social Justice
United Way
National Congress of Black Women, Inc.
League of United Latin American Citizens
YMCA

Corporate
Dole Food Company, Inc.
Walmart, Inc.
PepsiCo

While many of these organizations are directly involved in supporting or administering healthy eating programs, all of these organizations work at the state and federal level to create the opportunities for themselves and others to implement these programs. Through their advocacy efforts, they work to establish or protect funding streams, regulations, or legislatively mandated policy goals. This type of advocacy work takes a number of different forms. The most common forms of advocacy to achieve these goals include: coalition building, legislative advocacy, and grassroots lobbying.

Coalition Building

To maximize the impact of their message in Washington and state legislatures, many organizations join national alliances or coalitions that support nutritional policies. These coalitions are composed of a wide range of stakeholders and target both the legislative and executive branches to advance their policy objectives. Many often support their efforts through legal action as well. Below are two examples of national nutrition-related alliances:

- **National Alliance for Nutrition & Activity**—Coordinated by the Center for Science in Public Interest, NANA advocates healthy eating, anti-obesity, and physical activity programs to Congress, the Executive Branch, and federal agencies.

- **Action for Healthy Kids**—A coalition of 70 national education, nutrition, fitness, and healthy groups working to reduce and prevent childhood hunger and obesity. AHK targets both Congress and federal agencies, and works with schools and parents at the local level to implement wellness policies

Legislative Advocacy

Many organizations focus their advocacy on influencing policy directly through federal or state legislation. Lawmakers can influence actors to act on a set of policy priorities or programs through legislative or appropriations measures. For example, in 2010 Congress passed the Healthy, Hunger Free Kids Act, which, among other goals, required the U.S. Department of Agriculture to update the nutrition standards of the National School Lunch and School Breakfast Programs to ensure they align with the USDA’s updated Dietary Guidelines. Legislative advocacy work includes informing lawmakers about the issues and their impact on their constituencies, developing legislative language, and testifying at Congressional Committee hearings. These efforts occur regularly at the national level on Capitol Hill, but also on a smaller scale at state legislatures throughout the country.

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Informing lawmakers and staff about the consequences of poor nutrition and possible solutions is a core function of many organizations’ advocacy efforts. This is typically done through member meetings or annual lobbying days on Capitol Hill. For example, the Center for Science in the Public Interest holds an annual “Food Day,” co-chaired by a Senator and Congressman, with events around the country, including on Capitol Hill. In addition to providing background, many organizations also provide legislative language or technical advice to lawmakers working on nutrition related legislation. For example, in 2010, three organizations, PolicyLink, The Reinvestment Fund, and The Food Trust, worked with Senator Kirsten Gillibrand (D-NY) and Representative Allyson Schwartz (D-PA) to introduce the Healthy Food Financing Initiative (S. 1926, H.R. 3525). The same organizations also worked with the Obama Administration to implement a similar initiative through the Departments of Treasury, Housing and Urban Development, and Agriculture.

Another key advocacy opportunity is through congressional testimony. Lawmakers use congressional hearings to seek information and solicit public and stakeholder input on a particular issue, program or legislative proposal. Regarding nutrition, there are a number of relevant committees in the U.S. Congress with legislative or appropriations jurisdiction over nutrition policies. These committees include:

- Senate Committee on Agriculture, Nutrition, and Forestry;
- Senate Committee on Health, Education, Labor and Pensions;
- Senate Appropriations Committee;
- House Committee on Agriculture;
- House Energy and Commerce Committee; and
- The House Appropriations Committee.

All of the Committees listed above held hearings during the current legislative session that addressed at least some aspect of nutrition policy. Below is a short sample of recent nutrition-related hearings:

- March 7, 2012—The Senate Agriculture Committee held a hearing entitled: “Healthy Food Initiatives, Local Production, and Nutrition.” Witnesses from the Department of Agriculture; the Eastern Market Corporation, a food-related economic development organization in Michigan; Walmart Stores, Inc.; the Cleveland Foodbank; the Food Trust, a nonprofit dedicated to expanding healthy eating; and the farming community testified.

- October 12, 2011—The Senate HELP Committee held a hearing entitled: “The State of Chronic Disease Prevention.” Witnesses from the Department of Health and Human Services, the American Heart Association, the American Cancer Society, the American Diabetes Association, and the Hudson Institute testified.

- April 14, 2010—The House Agriculture Committee held a hearing entitled: “Hearing to Review Access to Healthy Foods for Beneficiaries of Federal Nutrition Programs and

31 Center for Science in the Public Interest. “Food Day,”
32 “U.S. Senator Kirsten Gillibrand Announces the National Healthy Food Financing Initiative (HFFI). April 12, 2010.” PolicyLink.
Explore Innovative Methods to Improve Availability.” Witnesses included: the Under Secretary for Food, Nutrition, and Consumer Services, an Economist from USDA’s Economic Research Service, celebrity chefs Ellie Krieger and Rocco DiSpirito, and representatives from the Nebraska Food Cooperative, retail grocery stores, and farmers.

The hearings and legislative efforts in Congress tend to be conducted through a particular policy lens, typically public health, agriculture, or anti-hunger. As the small sample above demonstrates, the organizations and policy officials asked to testify at these hearings offer different perspectives from within that particular policy lens. Some hearings seek a broad perspective of stakeholder views, while others are more narrowly tailored. Most of these hearings, however, only invite stakeholders from within a specific policy context. For example, the Senate Agriculture Committee hearing mentioned above had representatives from the farming community, anti-hunger groups, and organizations supporting public-private partnerships to promote access through farmers’ markets and grocery stores, but had no testimony from the public health community or researchers studying anti-obesity interventions. While the Committees naturally tend to focus exclusively on the aspect of an issue related to their jurisdiction, it unfortunately results in a narrower discussion of both the problem and potential policy solutions.

**Grassroots Lobbying**

Finally, many nutrition groups focus their advocacy efforts on grassroots lobbying. This type of lobbying typically encouraged local communities, schools, and officials to both implement healthy eating interventions and contact their representatives to support funding or specific legislative initiatives. These grassroots campaigns occur at both the state and federal level. For example, the California Center for Public Health Advocacy trains local residents to educate their policymakers and promote local policy efforts to promote healthy eating.33 The Action for Health Kids network, mentioned above, works with local individuals and families to bring healthier foods to local schools and lobby elected officials.

**TAKING ACTION: IMPLEMENTING THEORIES OF CHANGE**

There are two basic theories of change to address poor nutrition: targeted intervention and community transformation. Targeted interventions identify a specific barrier that prevents or hampers an individual’s ability or motivation to maintain a healthy diet. A community transformation approach focuses on addressing multiple barriers within a community, and transforming that community to make it easier to maintain a well-balanced diet. The policy intervention is typically comprised of several programs or policies designed to eliminate multiple, interrelated barriers. Below is an overview of each framework, its advantages and drawbacks, and examples of how different stakeholders are operating within each framework to implement interventions that promote healthy eating.

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33 California Center for Public Health Advocacy. “Grassroots Organizing.”
**Targeted Interventions**

To help individuals and households increase their consumption of fruits, vegetables, and whole grains, policymakers and other stakeholders have developed and implemented interventions designed to overcome a specific barrier preventing healthy eating. For example, to tackle the barrier of affordability, policymakers may design an intervention that will lower the price of specific foods. Targeted interventions typically take place at the local or state level, and are supported by public, non-profit, or private actors. Below are a few examples of targeted interventions; please Appendix 1 for more information on these interventions:

- **Pennsylvania’s Fresh Food Financing Initiative**—A statewide program that provides loans and grants to supermarket operators seeking to open stores in low- to moderate-income areas that currently lack a supermarket.

- **NYC Green Carts Initiative**—New York City provided 1,000 vendors with permits to sell only raw fruits and vegetables on street corners and in parks throughout the City.

- **Rethink Your Drink**—In 2011, the California Women, Infants, and Children program conducted a statewide education campaign called “Rethink Your Drink” to educate WIC participants on “the contribution of sweetened beverages to increasing rates of overweight and obesity.”

- **WIC Farmers’ Market Nutrition Program**—The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Farmers’ Market Nutrition Program provides cash grants to state agencies, typically state agriculture or health agencies, who in turn provide program participants with checks or coupons to purchase eligible foods from farmers’ markets and roadside farm stands.

Policymakers often embrace targeted approaches because they are straightforward and require fewer resources—financial or political—to implement. Limiting the scope of a project often reduces the amount of funding needed, and can be implemented with fewer supporting organizations, such as community groups or city councils. In addition, targeted interventions can often be shared across local communities and states. For example, effective strategies to encourage public-private partnerships to build grocery stores in underserved areas can be utilized across the U.S., as was seen with the Pennsylvania Fresh Food Financing Initiative, which became the model for similar programs in other states and federal legislation introduced in Congress.

One of the major assumptions behind targeted interventions is that removing or lowering a single barrier to healthy eating will have a direct impact on an individual’s food purchases and consumption choices without other behavior modifications or corresponding household or community changes. For example, there has been a working assumption that simply creating access in an underserved area (either by building a grocery store or zoning a new community garden) will increase the purchase of healthy foods. However, new research from the RAND Corporation and The American Journal of Preventive Medicine are calling into question the
relationship between access and obesity, indicating that access to produce and other healthy foods does not automatically result in the consumption of those foods. If multiple barriers are combining to negatively affect behavior, then targeting only a single barrier without addressing the others may not result in desired results.

**Community Transformation Interventions**

Most efforts to combat obesity and improve nutrition utilized the targeted approach discussed above. These targeted interventions were developed to influence individual behavior by eliminating the barriers to healthy eating. New research, however, has demonstrated that family, peers, and community play a very important role influencing individual decisions. As a result, there is a new emphasis on more holistic approaches that are designed to transform a community’s underlying characteristics to help individuals and families increase their consumption of healthier foods and reduce the temptation and opportunities to consume unhealthy food.

In contrast to a targeted approach, a community transformation approach engages an entire community to address the various, interconnected barriers that prevent or reduce the purchase and consumption of healthy foods. The “community” is typically organized around geographic boundaries such as cities or counties, but can also occasionally be considered as “small social units” such as workplaces or schools. Rather than targeting a single obstacle, a community-based intervention will attempt to address multiple factors affecting an outcome, usually simultaneously. For example, a community based approach might encourage a retailer to build a new grocery store in an underserved area, work with a local nonprofit to offer free cooking and nutrition classes, and subsidize fruit and vegetable purchases at a local farmers’ market. There are a number of comprehensive, community based approaches that have been embraced over the past few years. Below are few notable programs; please see Appendix 2 for more information about each program.

- **Community Transformation Grants**—The 2009 Patient Protection and Affordable Care Act authorized HHS to issue grants to individual communities to reduce chronic diseases. Recipients of these grants must use evidence-based strategies and ensure that the project reaches a broad population. One of the priority areas for these grants is “active living and healthy eating.”

- **Healthy Kids, Healthy Communities**—The Healthy Kids, Healthy Communities program, supported by the Robert Wood Johnson Foundation, supports strategies and community changes that promote healthy eating and active living. The program works with individual communities to pursue “integrated changes” that affect the social norms and practices of the community.

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36 Atienza, Audie and Abby C. King. “Community-based health intervention trials: An overview of methodological issues.”  
37 U.S. Department of Health and Human Services. “$100 Million in Affordable Care Act grants to help create healthier U.S. communities.”  
A community-based approach is based on two key assumptions. First, the approach assumes that simply removing one barrier to healthy eating is insufficient to cause the necessary dietary changes. Most individuals face multiple obstacles that combine to negatively influence their consumption behaviors. Second, community-based approaches assume that changing individual behavior within an environment—whether it is the larger community or the kitchen table—will not be successful unless that environment mirrors or supports that change. Research has shown that individuals have less success changing their eating habits when they must depend on motivation to act and eat differently from their peers. Community-based interventions attempt to not only help the individual change his behavior, but also alter his environment to reduce the appeal and ease of accessing unhealthy foods, and make it easier locate, purchase, and consume healthy foods. In addition to focusing on improved nutritional choices, many community-based approaches often also incorporate other healthy living policies that emphasize an active lifestyle and reducing obesity.

Although increasing in popularity, community-based approaches can be more challenging to implement, lack scalability, and must be supported with additional evidence. Simply lowering the price of fruits and vegetables through subsidies at a farmers’ market is easier to implement than a larger-scale program designed to simultaneously address cultural eating habits, build local grocery stores, and educate an entire community on good nutrition and cooking techniques. The latter will almost always require more resources, time, and stakeholder support. A second drawback to community-based approaches is the need to tailor the program’s specific components to the unique characteristics of each community. Finally, there must be more emphasis on understanding the role of the community and evaluating the successes and failures of community based approaches. We know that individuals are more successful within supportive environments, but we need to know more about what that environment should be and how it can be designed to maximize its supportiveness.

Within each of these frameworks—targeted and community transformation—stakeholders in the public, private, and nonprofit sectors play a variety of roles to implement healthy eating interventions. These roles include: (1) policy innovation and strategy development; (2) funding support; (3) program implementation; and (4) research and evaluation. The chart below illustrates the different roles often embraced by stakeholders of each sector.

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40 Walls H, Peeters A, Loff B, Crammond B: Why education and choice won't solve the obesity problem.
Table 1—Taking Action: Public, Private and Nonprofit Efforts to Create Change

<table>
<thead>
<tr>
<th></th>
<th>PUBLIC SECTOR</th>
<th>PRIVATE SECTOR</th>
<th>NONPROFIT SECTOR</th>
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<tbody>
<tr>
<td></td>
<td>FEDERAL GOVERNMENT</td>
<td>STATE AND LOCAL GOVERNMENTS</td>
<td>FOUNDATIONS</td>
</tr>
<tr>
<td>POLICY INNOVATION &amp; STRATEGY DEVELOPMENT</td>
<td>No—Policy builds from local programs</td>
<td>Yes—Responsive to needs of its community</td>
<td>Yes—Responsive to consumer demand &amp; public pressure</td>
</tr>
<tr>
<td>FUNDING SUPPORT</td>
<td>Yes—Competitive grant programs</td>
<td>Some—Local &amp; state government may contribute funds to projects (Ex. beverage tax revenue)</td>
<td>Yes—Self-funds intervention</td>
</tr>
<tr>
<td>ON-THE-GROUND IMPLEMENTATION</td>
<td>No</td>
<td>Yes—Typically coordinates and assists with delivery of services</td>
<td>Yes—Will implement its own intervention</td>
</tr>
<tr>
<td>RESEARCH &amp; EVALUATION</td>
<td>Yes—Funds research &amp; evaluation</td>
<td>No</td>
<td>No</td>
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</tbody>
</table>

Private Sector Efforts

As the prevalence of obesity has increased and the American public has become familiar with the high cost of related health-problems, many Americans have begun to pay more attention to the issue of healthy eating and their waistlines. In an annual Gallup poll surveying the most urgent health problems facing the country, obesity ranked third, behind only access and cost. Responding to pressure from consumers and concerned public health officials, many large food companies have initiated voluntary efforts to help their customers make better food choices and improve their diets. For example, in 2011 Walmart announced a new initiative to increase access to and reduce the cost of healthier foods in its stores, and the company plans to reduce the amounts of sugar, salt and trans-fats in its Great Value brand products. Darden Restaurants, which owns restaurants such as Red Lobster, Olive Garden, and Longhorn Steakhouse, plans to reduce the number of the calories and the amount of sodium in its dishes by ten percent by 2016, and by 20 percent by 2021. Please see Appendix 3 for additional information on these efforts.

Efforts within the private sector to address poor diet have generally been undertaken voluntarily. Particularly at the federal level, there has been little interest in developing a regulatory framework that would force the food and restaurants industries to make significant changes to the types of food produced, marketed, and sold to consumers. There are a number of factors

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42 “Walmart Launches Major Initiative to Make Food Healthier and Healthier Food More Affordable.”
43 Partnership for a Healthier America. “Darden Commitment to PHA to Improve Children’s Menu Options and Overall Nutritional Value of Full Menu.”
preventing such a framework. The regulatory process is long and complex, and offers multiple opportunities to slow or water-down any proposed regulations, which would likely happen as the affected industries lobby intensely against any new requirements. In addition, there is a strong anti-regulatory climate in American politics today that argues any new regulations would hamper economic growth.

Nonprofit Sector Efforts

Some of the most innovative and hands-on work being done to remove the barriers to healthful eating are sponsored, coordinated, and implemented by foundations, non-profits, and civic and religious groups. Nonprofit support generally falls into three categories: strategy building, program funding support, and research and evaluation. At the national level, foundations and think tanks play an important role developing potential interventions and, in the case of foundations, funding them at the local level. State and local nonprofits, often partnering with city councils and county governments are developing action plans and delivering services.

Policy Innovation & Strategy Support

Nonprofits focused on healthy eating initiatives also offer another key service in support of these programs: strategy development and technical assistance. While each community has different characteristics and underlying challenges, all must identify the particular policy intervention they will pursue, and develop a strategy to fund, implement, and measure that intervention. In addition to strategy development, many nonprofits also assist communities to establish and maintain a coalition of funders and administrators, and engage community residents to ensure the project is implemented as designed. These trainings and program support are typically provided to elected officials, local nonprofit leaders, and community groups responsible for service delivery. The Prevention Institute, based in Oakland, California, provides training, presentations, strategy development and technical assistance to its clients as they work to promote change in their communities.

Program Funding

The nonprofit sector plays a valuable role funding both targeted and comprehensive community-based interventions. The recent economic recession has placed significant economic burdens on most state and local governments. Declining tax revenues, increased pension costs, and other responsibilities have forced many state and local government officials to cut, and in some cases, eliminate their budgets for other social service programs, including nutrition programs. Most state and local governments finance their social service programs through income and sales taxes. The recent recession has significantly lowered those tax receipts and forced many states to significantly cut funding to programs to balance their budgets, which most states, unlike the federal government, are required to do. According to the Center on Budget Policies and Priorities, 29 states have projected or addresses budget shortfalls totaling approximately $47 billion in fiscal year 2012.44 Addressing these budget shortfalls will require continued cuts to spending, and it is almost certain that those cuts will include further reductions to or the outright elimination of any remaining nutrition and anti-obesity efforts.

Without the necessary funding, public officials and nonprofits would be unable to develop and implement healthy eating interventions. Many national philanthropic foundations have stepped in to fill the funding void. For example, in 2010, Kaiser spent $20.5 million on Community Health Initiatives in 40 communities across the United States. Kaiser provided grants to communities working to implement healthy eating interventions that are aligned with its program principles and goals.

Research and Evaluation

Another key role performed by nonprofit organizations is research and program evaluation. To better understand some of the key drivers behind unhealthy eating, and to inform the potential policies and programs that are being considered for implementation, state and local government officials and community groups rely on the research conducted by a number of research organizations and nonprofits. In addition to research, these groups often monitor and evaluate the results of pilot programs to identify whether the program was successful or ineffective, and if so, why. Again, many national philanthropic foundations fund this work. For example, Robert Wood Johnson Foundation’s Healthy Eating Research Program annually funds $1.7 million in research grants focused on environmental and policy strategies that promote healthy eating among children.

Please see Appendix 4 for more information on the efforts mentioned above.

Public Sector Efforts

State & Local Efforts to Improve Nutrition

State and local governments typically serve multiple roles. They consider and select policy innovations, provide financial support, build local support, and oversee or carryout the actual implementation. State and local officials, familiar with the unique nutrition and cultural challenges in their communities, will select a single or multiple interventions to achieve a specific set of policy goals. Although their capacity to fund such projects has diminished, some state and local governments do still provide limited funding. Often, state and local governments will partner with community groups and nonprofits to actually deliver services and maximize the reach and impact of the policy intervention. State and local governments attempt to influence nutrition choices through a number of effective avenues: task forces or food policy councils, fiscal policies, zoning policies, and financing programs. Please see Appendix 5 for more information about and examples of each of these policies.

Federal Efforts to Improve Nutrition

The federal government, through a variety of policy mechanisms, also plays an important role reducing barriers to healthy eating in low-income populations. Over the past decade, as the prevalence of obesity has risen, policymakers in Washington have worked to improve nutrition as part of a larger strategy to combat obesity. Federal efforts have targeted multiple stakeholders,

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including both individuals, members of the food industry, nonprofits, and state and local governments. The key mechanisms through which the federal government can affect nutrition include: regulatory requirements, grant programs, education campaigns, and food assistance programs. Please see Appendix 6 for a detailed discussion of some of these federal efforts.

**MOVING FORWARD: CREATING AND TAKING ADVANTAGE OF OPPORTUNITIES FOR CHANGE**

Influencing individual behavior to increase the consumption of healthier foods is a complex endeavor. As the approaches discussed in this analysis demonstrate, it requires a variety of strategies, leaders, funding sources, and partnerships at every level—federal, state, and local—to help change the default behavior of both individuals and their larger communities through both targeted and community based approaches.

While it is promising that such a variety of stakeholders are interested in this issue, the path forward remains challenging. Although there is significant interest in improving nutrition policy in the U.S., large-scale progress will require sustained support, reliable funding streams, and good program evaluation practices to identify the most effective strategies. AGree is in a unique position to help advance these goals. Specifically, AGree brings three key capabilities to the issue: a focus on research and advocacy, a commitment to long-term, comprehensive solutions, and broad, cross-sector support.

*Research & Advocacy*—AGree’s commitment to first-rate research will help policymakers and advocates identify the most effective strategies to promote healthy eating. AGree has assembled an excellent research committee composed of experts on sustainable agricultural, economic development, and nutrition science, among many other subjects. In addition its research capabilities, AGree’s ability to advocate for meaningful solutions provides the initiative with an important opportunity to bring together a wide range of stakeholders to influence the political and policy debates surrounding these issues to create opportunities for change.

*Complex Problems, Complex Solutions*—AGree understands that addressing the complex problems that affect our agricultural system and food consumption will often require complex solutions with multiple components. This goal aligns with the policy shift towards comprehensive community based approaches now embraced by nutrition experts and policymakers. Further, addressing these challenges in a comprehensive manner will require both a short-term and a long-term focus. AGree’s commitment to developing comprehensive, long-term solutions for the entire system is an important perspective.

*Cross-Sector Support*—Comprehensive solutions require support from many different stakeholders—public, private, nonprofit, academic, and across the political spectrum. AGree has already cultivated a broad based network of stakeholders that includes individuals and organizations from different perspectives, backgrounds, and with different goals. Being able to speak with such broad based support will strengthen AGree’s message.

Combined, these resources provide the organization with an opportunity to truly bring about long-lasting changes to American nutrition improvement policies.
**Recommendations: Use Research & Advocacy to Inform and Advance Smart Healthy Eating Policies**

**Recommendation #1 – Research & Evaluation**

_AGree should support research evaluating the effectiveness of comprehensive community-based interventions to help policymakers and nonprofits advocate for and implement the most effective policies and interventions to promote healthy eating._

While it is encouraging that there are many different, innovative approaches to help individuals increase consumption of healthy foods, these interventions need to be evaluated to determine their level of effectiveness. In the current fiscal climate, funding dollars and stakeholder support are precious, and must be dedicated to the policies and projects that will have the most impact. As policymakers shift their thinking and program dollars towards more comprehensive, community-based approaches, much more evidence is needed on the effectiveness of these approaches to improve healthy eating. What interventions should a comprehensive community-based strategy include? Who are the key agents of change in a community-based intervention? For example, should interventions focus around the religious community, the local schools, or the local government? Are some populations within a community more responsive to a comprehensive versus targeted approach?

_AGree should also support research and policy innovation that links revenue-raising policies with improved nutrition politics. The fight for federal and local tax dollars is fierce—competing priorities and finite tax dollars will limit the funding streams for nutrition programs. Developing nutrition programs that can be supported with related policies that also raise revenue would be extremely valuable for cash-strapped governments and nonprofits. For example, taxes on sugary sweet beverages not only discourage consumption, but also raise revenue that can be reinvested into programs and policies that encourage healthy eating and/or an active lifestyle. The revenue raised from the six percent sales tax on artificially and sugar sweetened beverages in Washington, DC, directly supports the its Healthy Schools Program, which aims to increase the amount of fruits and vegetables served in school and promotes school gardens, among other goals._

**Recommendation #2 – Advocacy**

_AGree should work with relevant stakeholders to develop a comprehensive healthy eating policy platform that represents the interests of stakeholders and reflects current knowledge of the best policies and practices to encourage healthy eating among all Americans._

Specifically, AGree’s should:

- _Inform_ policymakers and practitioners of the most effective strategies proven to help individuals and communities eat healthier foods;

- _Advance_ comprehensive policies and funding support that create opportunities to implement those strategies at the local and state level; and
• *Mobilize* stakeholders from the private, public, and nonprofit sectors to support AGree’s policy platform.

Advocates for removing the barriers to healthy eating—accessibility, affordability, education, and cultural preferences—have not overlooked the importance of advocating their positions through both traditional advocacy efforts and grassroots campaigns. Public health advocates, nutrition experts, social justice activists, local and state officials, anti-hunger groups, and agricultural interests have all sought to influence nutrition related programs. Unfortunately, having so many voices does not necessarily translate into a coherent message and set of policy priorities that lawmakers can work to implement.

While it is important that different organizations continue to share their unique policy perspectives in the different arenas of health, agriculture, economics, and community development, there must also be a central voice that can articulate the key policy goals and proven policy prescriptions to achieve those goals. Regardless of whether there is a hearing in the Senate HELP Committee or farm bill negotiators are seeking input on nutrition issues, there will be a clear set of policy goals and evidence-based approaches that can be easily communicated and reflect the views of different stakeholders. The anti-hunger groups will have a voice during a public health-obesity conversation, and community groups will have a voice during discussions on sustainable agriculture practices. Lawmakers are busy; there are many competing priorities for attention and funding. Creating a recognized representative for these issues that lawmakers and staff can consult for information and policy ideas, particularly one that has a built in coalition of supporters across the policy spectrum, will facilitate movement on these issues.

I envision a role for AGree similar to that played by Mothers Against Drunk Driving (MADD). MADD, a nonprofit established in 1980 to stop drunk driving and support victims, has become the leading policy and advocacy organization working on alcohol-related issues. MADD supports research, lobbies for policy change, and coordinates a grassroots campaign. As one of the most identifiable organizations working on these issues, MADD has established itself as a leading voice on these issues and is frequently consulted when Congress addresses drunk driving and highway safety. In 2010 and 2011, the Congressional Committees with jurisdiction over highway safety laws held three hearings on drunk driving and highway safety—MADD testified at all three of them.46

While it is important to acknowledge that the barriers to healthier eating and the solutions to remove those barriers are extremely complex and have a much larger set of stakeholders to corral than policies to combat drunk driving, AGree should not be deterred. While not every organization would choose to support the same policy platform, it would still be possible to bring together many organizations and create a single voice that represents many of those interests. In addition, many groups focused on local concerns or policy implementation would likely

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46 On March 29, 2011 that House Committee on Transportation and Infrastructure held a hearing: “Improving and Reforming the Nation’s Surface Transportation Programs;” on August 10, 2011 the Senate Committee on Commerce, Science, and Transportation held a hearing: “Fighting Drunk Driving: Lessons Learned in New Mexico;” and on September 2, 2010, the Senate Commerce committee held hearing: “NHTSA Oversight: An Examination of the Highway Safety Provisions of SAFETEA-LU.”
I appreciate the opportunity to have a voice during federal and state level discussions. Although some coalitions have already formed, I envision a much stronger, more vocal role for AGree that will serve as a strong force advocating for and supporting good nutrition policies.

**CONCLUSION**

Despite concerns about expanding waistlines and loud public health alarms emphasizing the importance of healthy eating to prevent obesity and chronic disease, many Americans still fail to eat a well-balanced diet consisting of fruits, vegetables, and whole grains. A lack of access to grocery stores or farmers’ markets that sell produce and limited financial resources to purchase those foods force many Americans to substitute unhealthy foods high in sugar, salt, and trans fats. Exacerbating the problem are confusing and aggressive marketing campaigns for junk food and fast food meals, and many individuals do not even know what constitutes a healthy meal or how to prepare one. And finally, the cultural and familial traditions of many Americans that emphasize large quantities of unhealthy foods need to be updated to incorporate healthier alternatives.

Each of these obstacles is complex and not easily solved. Finding solutions to these problems is even more complex when more than one of these obstacles are present in a single community. Solutions to these problems require creating the opportunities for change and then taking advantage of those opportunities to implement evidence-based strategies that will have a lasting impact not only on individual eating habits, but also transform entire families and communities to embrace healthy eating.
Appendix 1: Sample Targeted Interventions

Pennsylvania Fresh Food Financing Initiative

Established in 2004, the Pennsylvania Fresh Food Financing Initiative (FFFI) is a partnership between Pennsylvania, The Reinvestment Fund (TRF), a community development institution, and two community advocacy groups, The Food Trust and the Urban Affairs Coalition. The program provides loans and grants to supermarket operators seeking to open stores in low- to moderate-income areas that currently lack a grocery store. If eligible, operators received standard grants of up to $250,000 per store to use on predevelopment costs, acquisition and construction, or startup costs. FFFI also offers loan products including, bank-syndicated loans and TRF’s own Core Loan Fund, as well as assistance taking advantage of federal and state tax credits.

As of June 2010, FFFI has facilitated over $73 million in loans and over $12 million in grants, bringing over 5,000 jobs and over 1.6 million square feet of retail grocery space to underserved areas. One recipient of these funds was Right by Nature in Pittsburgh, Pennsylvania. Right by Nature, a natural foods store that specializes in organic produce, received a $250,000 FFFI grant and a $750,000 loan from the TRF Core Loan Fund to open its store in the Lawrenceville area of Pittsburgh. The success of FFFI at the state level has interested policymakers at the federal level. In 2011, Senator Kirsten Gillibrand (D-NY) introduced S. 1926, the “Healthy Food Financing Initiative,” which is modeled on the Pennsylvania program. Congressman Allyson Schwartz (D-PA-13) introduced an identical version in the House of Representatives.

NYC Green Carts Initiative

In 2008, New York City established its Green Cart Initiative. This initiative, administered by the city but funded with a $1.5 million grant from the Laurie M. Tisch Illumination Fund, provides 1,000 permits to vendors to sell only raw fruits and vegetables on street corners and in parks throughout the city. Neighborhoods that lack the most access to fresh fruits and vegetables will receive the majority of the permits; the boroughs of the Bronx and Brooklyn, determined to be most in need, received 350 permits each. The stated goal of the program is to “increase the availability of fresh fruit and vegetables in New York City neighborhoods so that more New Yorkers can buy fresh fruit and vegetables close to home.”

Rethink Your Drink

In 2011, the California Women, Infants, and Children (WIC) program conducted a statewide education campaign called “Rethink Your Drink.” The purpose of the education campaign was to educate WIC participants on “the contribution of sweetened beverages to increasing rates of

47 The Reinvestment Fund. “Pennsylvania Fresh Food Financing Initiative.”
48 “Mayor Bloomberg Signs Legislation Establishing 1,000 New ‘Green Cart’ Permits.”
49 “NYC Green Initiative.” New York City Department of Health and Mental Hygiene.
overweight and obesity.” The campaign emphasized the sugar content in many popular drinks, encouraged individuals to read drink labels to identify sugar levels, and select water instead of sugary drinks for themselves and their families.

WIC Farmers’ Market Nutrition Program

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Farmers’ Market Nutrition Program (FMNP) was created in 1992 to help low-income women and children more easily access fresh fruits and vegetables. The program operates as a federal/state partnership; the USDA’s Food and Nutrition Service provides cash grants to state agencies, typically state agriculture or health agencies, who in turn provide program participants with checks or coupons to purchase eligible foods from farmers’ markets and roadside farm stands. Approximately $20 million was appropriated for the program in fiscal year 2010. The coupons range in value from $10 to $30 depending on the state. In 2010, 2.15 million WIC participants received FMNP benefits.

There is also a Senior Farmers’ Market Nutrition Program that provides low-income senior citizens with coupons that can be used at farmers’ markets, roadside farm stands, and community agriculture programs to increase the amount of fruits and vegetables consumed by poor seniors. The 2008 Farm Bill authorized approximately $20 million annually for the program through 2012. The coupons range in value from $20 to $50 depending on the state.

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50 California Department of Public Health. “Rethink Your Drink: Campaign Overview.”
51 USDA Food and Nutrition Service. “WIC Farmers’ Market Nutrition Program.”
52 USDA Food and Nutrition Service. “Senior Farmers' Market Nutrition Program.”
Appendix 2: Sample Community Transformation Interventions

Community Transformation Grants (CTG)

The 2009 Patient Protection and Affordable Care Act authorized the U.S. Department of Health and Human Services to issue grants to individual communities to reduce chronic disease. Recipients of these grants must use evidence-based strategies and ensure that the project reaches a broad population. One of the priority areas for these grants is “active living and healthy eating.” In May 2011, the Obama Administration announced $100 million in funding for 75 CTGs.

One recipient, the County of San Diego Health and Human Services, received a CTG in the amount of $3,053,793 in 2011. The grant money will support San Diego’s Live Well, San Diego! Building Better Health Initiative. This community-based approached, among other goals, aims to increase the availability of fresh fruits and vegetables, expand application assistance for the Supplemental Nutrition Assistance Program, and work with non-profits and the business community on a media campaign to emphasize the importance of healthy eating. This healthy eating strategy will be implemented in combination with plans to encourage walking and biking, as well as reduce smoking. The goal is to create a community “that supports health and wellbeing.”

Healthy Kids, Healthy Communities

The Healthy Kids, Healthy Communities program, supported by the Robert Wood Johnson Foundation, supports strategies and community changes that promote healthy eating and active living. The program works with individual communities to pursue “integrated changes” that affect the social norms and practices of the community. In Jefferson County, Alabama, the program is working with religious organizations, local non-profits, school officials, and local government officials to address a number of unhealthful eating practices. Specifically, the project aims to conduct a community assessment of how neighborhoods, schools, and workplaces can increase healthier eating, adjust vending machine policies to incentivize the sale of healthier foods, expand community gardens, and help day-care and after-school centers serve healthier snacks.

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53 U.S. Department of Health and Human Services. “$100 Million in Affordable Care Act grants to help create healthier U.S. communities.”
56 Robert Wood Johnson Foundation. “Healthy Kids, Healthy Communities.”
57 See “ Healthy Kids, Healthy Communities.”
Appendix 3: Sample Private Sector Efforts

Walmart’s Nutrition Charter

In 2011, Walmart announced a new initiative to increase access to and reduce the cost of healthier foods in its stores. Walmart’s plan includes five key elements, and will directly impact the food choices available to its 140 million weekly customers. As part of the initiative, Walmart will reduce the amounts of sugar and salt in its Great Value brand products and also completely remove all trans-fats from those products. The company will also lower prices on fresh fruits and vegetables through sourcing, transportation, and logistics changes; develop strong criteria to identify and clearly label healthier foods; build new stores in food deserts; and increase charitable support for nutrition programs. These changes will be phased in over the next few years.

Darden Restaurants

The world’s largest restaurant company, Darden Concepts, Inc., announced in 2011 that it will cut calories and sodium in all of its restaurants’ menus, and offer healthier options for children. Specifically, Darden, which owns restaurants such as Red Lobster, Olive Garden, and Longhorn Steakhouse, will reduce the number of calories and the amount of sodium in its dishes by ten percent by 2016, and by 20 percent by 2021. By 2012, kids menus will no longer feature carbonated drinks, a fruit or vegetable will be the default side for every kids menu item, and all menu items will contain 600 or fewer calories, among other changes. Recognizing that increasingly Americans are eating meals outside of the home at restaurants such as theirs, Darden is using its menus to increase the availability of healthier foods with fewer calories and less sodium.

Both of these initiatives were encouraged by the Partnership for a Healthier America (PHA), a nonpartisan non-profit focused on bringing together the private sector with the public sector and non-profit groups. It is important to note that both Walmart and Darden’s initiatives are voluntary; they worked in conjunction with PHA and public health officials to formulate their plans, and had no legal responsibility to implement these changes. The companies’ progress implementing these plans will be monitored by PHA, which will issue reports verifying compliance.

See “Walmart Launches Major Initiative to Make Food Healthier and Healthier Food More Affordable.”

See Partnership for a Healthier America.
Appendix 4: Sample Nonprofit Sector Efforts

Strategy Development

The Prevention Institute

The Prevention Institute is an example of a nonprofit that provides strategy development and technical advice in the context of improving health and nutrition. The Prevention Institute provides training, presentations, strategy development and technical assistance to its clients as they work to promote change in their communities. From 2004 to 2008, the Prevention Institute worked with the Monterey County Department of Public Health on its Steps to a Healthier Salinas Initiative. The Prevention Institute helped Monterey County articulate its nutrition goals, design a plan to achieve those goals, and establish evaluation metrics.60

Funding Support

Kaiser Permanente’s Community Health Initiatives

Kaiser Permanente Community, the philanthropic arm of the large healthcare provider, Kaiser Permanente, works to increase healthy eating through its Community Health Initiatives “Healthy Eating Healthy Living” program. In 2010, Kaiser spent $20.5 million on Community Health Initiatives in 40 communities across the U.S.61 Kaiser provides grants to communities that are working to implement healthy eating interventions that are aligned with Kaiser’s CHI-HEAL program principles and goals. Kaiser requires that residents, community-based organizations, and local officials be invested in the intervention.

One example of Kaiser’s CHI-HEAL program is LiveWell Colorado. Kaiser collaborated with several community partners including the Colorado Department of Public Health and Environment, the Colorado Health Foundation, and the Kresge Foundation to create LiveWell Colorado, which works to increase the consumption of fruits and vegetables and employ culturally relevant communication methods to educate and motivate healthier eating in Colorado communities.62 Kaiser’s role does not involve direct intervention implementation, instead focusing on financing and supporting the coalition.

Pledge for a Healthy Church

Another example of funding support is the Robert Wood Johnson Foundation’s Faith-Based Advocacy: Galvanizing Communities to End Childhood Obesity program.63 This grant program supports faith-based efforts to encourage healthy eating. In Ohio, the Center For Closing The Health Gap In Greater Cincinnati, a local non-profit working to eliminate racial and ethnic health disparities, received a grant from the Robert Wood Johnson Foundation program to work with

60 The Prevention Institute. “Strategy Development and Technical Assistance.”
61 See “Full Speed Ahead: 2010 Community Benefit Report.”
62 Kaiser Permanente. “HEALing Communities: Creating a Safe Haven in Denver.”
local faith-based coalitions to build off a community food assessment and continue to support church-sponsored community gardens.

Research and Evaluation

Healthy Eating Research

The Robert Wood Johnson Foundation’s Healthy Eating Research program supports research on environmental and policy strategies that promote healthy eating among children with grants. In the next year, the program will spend $1.7 million in grants supporting research that: (1) will ensure foods and beverages sold in schools meet dietary guidelines; (2) uses pricing strategies to promote healthier food purchases; (3) reduces youth exposure to unhealthy food marketing; and (4) improves access to healthy foods in underserved areas through grocery and corner stores.64 The main recipients of these research grants are public institutions and nonprofits.

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Appendix 5: Sample State & Local Government Efforts

Task Forces

Many states and localities have utilized task forces, commissions, or studies to start the process of tackling obesity and reducing barriers to healthy eating. These task forces serve multiple purposes, including identifying the specific barriers and challenges to healthy eating in a community, preparing a blueprint for addressing those challenges, identifying goals and accountability measures, and establishing the coalition of partners that will work to achieve these goals. The mission, timeframe, and members of these task forces can vary greatly. In 2010, the Oklahoma State Legislature created the Healthy Communities Advisory Committee to assist the Department of Health establish wellness plans for communities to promote wellness and adopt healthy behaviors. In Washington, DC, the city council established a Healthy Youth and Schools Commission that must submit an annual report and recommendations on efforts to promote healthy eating and active living among the city’s residents. The effectiveness of these task forces and commissions depends on the financial, community, and political support they receive.

Fiscal Policies

States and localities have also embraced fiscal policies as a way to influence certain behaviors and raise revenue to support nutrition and anti-obesity programs. Although state and local officials, conscious of America’s strong libertarian “Don’t Tread on Me” streak, are wary of completely outlawing negative behaviors—smoking cigarettes, drinking alcohol, and eating a double Whopper—they do have the power to increase the financial cost of such behavior through taxes. One of the most common targets of such tax proposals has been sugary beverages. In Washington, DC, artificially and sugar sweetened beverages are taxed at the city’s general six percent sales tax. In 2010, Colorado removed a sales tax exemption on soft drinks and candy. Conversely, many states and localities have attempted to use taxation policies to encourage specific types of consumption. For example, Mississippi recently exempted food that is grown, made, or processed in the state and sold at farmers’ markets from the state sales tax. By exempting farmers’ markets fruits and vegetables from the sales tax, residents have a monetary incentive to seek out these products because their dollars have a higher purchasing power.

Taxes on sugary sweet beverages not only discourage consumption, the can also support nutrition programs. For example, the revenue raised from a six percent sales tax on artificially and sugar sweetened beverages in Washington, DC, directly supports the City’s Healthy Schools Program, which aims to increase the amount of fruits and vegetables served in school and promotes school gardens, among other goals. Not all governments, however, use such revenue to support related programs. Tennessee implemented a temporary sales tax on soft drinks and

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65 Oklahoma House Bill 2774 (2010)
67 See Childhood Obesity: 2010 Update of Legislative Policy Options.
68 Colorado House Bill 10-1191 (2010)
69 Mississippi House Bill No.1566 (2010)
barrels of beer to fund litter prevention and collection programs. Although the popularity of adding sales tax to or removing an exemption on candy and sugary beverages has increased, residents are not always thrilled with such proposals. In 2010, the voters repealed a new sales tax on candy, gum, beer, and carbonated beverages enacted by the Washington State Legislature earlier that year.

**Zoning Codes**

One straightforward method for local governments to reduce access barriers—particularly in densely populated cities—is zoning. Local governments use zoning rules to restrict or encourage land use in specific ways. For example, zoning may be use-based—land is zoned based on the type of activity that may occur on the land (residential, commercial, agricultural, or industrial), or zoning rules may dictate specific requirements that must be met on the property (building height). The Supreme Court established the right of local governments to establish zoning ordinances as long as they have a rationale public purpose relating to public health, safety, or welfare. Many local governments have begun to use zoning to increase access to healthy foods, particularly in underserved areas.

**Farmers’ Markets**—Alter zoning codes to allow farmers’ markets to operate in previously off-limit locations such as schools or parks. Often lots that are zoned for residential or special purposes do not allow commercial activities such as farmers’ markets to operate. Sometimes this restriction is by design, but often times the zoning rules were implemented without considering the implication for special circumstances such as farmers’ markets. For example, until recently, Fresno, California’s zoning code did not include a definition for farmers’ markets, which made it very difficult for local residents and city officials to establish them in residential and commercial areas. In 2008, however, Fresno amended its zoning codes to define a farmer’s market and allow them in all commercial and most residential zones.

**Community Gardens**—Alter zoning codes to facilitate the establishment of community gardens. Adjusting zoning codes to promote community gardens typically requires altering the specific requirements for a lot in a zone, such as water access, liability insurance, and other maintenance issues. In 2011, the City of San Diego amended its zoning code to make it easier to establish community gardens in the city. The changes now permit community gardens in all commercial and residential zones. In addition, the changes eliminated onerous requirements, such as the requirement that all gardens have their own water meter (at a cost of approximately $14,000) and maintain fences and the ability to be locked. Removing theses obstacles and expanding the areas zoned for gardens is expected to dramatically increase the presence of community gardens over the next few years.

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70 See Childhood Obesity: 2010 Update of Legislative Policy Options.
71 Banse, Tom. “Washington's Candy, Soda And Bottled Water Tax Goes Away Thursday.”
73 City of Fresno. “EnVision.”
**Fast Food Bans**—Prohibit the presence of fast food restaurants near schools, parks, community centers, and other locations that predominantly serve children and youth. In 2010, the Los Angeles City Council approved regulations that banned the establishment of new fast food restaurants in South Los Angeles, a neighborhood with high rates of obesity. The regulation allows existing restaurants to remain open, and allows fast-food restaurants to open inside a shopping mall.

**Financing Programs**

Beyond adjusting zoning rules, there are a number of steps that state and local governments can take to attract retailers to areas that lack access to healthy foods. There are a number of factors that can play a role in preventing an area from attracting sufficient grocery retail options. Research has shown, however, that two of the major obstacles preventing the opening of grocery stores in underserved areas are higher operating costs and insufficient financing options to cover initial startup costs. To overcome these barriers, many state and local governments have created programs that encourage private capital investment in underserved rural and urban areas through government sponsored grants and backed loans. Typically these grants and loans will assist potential retail operators cover pre-development, acquisition, construction and startup (employee recruitment and training) costs.

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75 National Policy & Legal Analysis Network to Prevent Childhood Obesity. “Model Ordinance: Healthy Food Zone.”
76 Medina, Jennifer. The New York Times—“In South Los Angeles, New Fast-Food Spots Get a ‘No, Thanks’”
Appendix 6: Sample Federal Efforts

Regulatory Requirements

One important method available to the federal government to remove barriers to healthy eating is through federal regulations. Congress can pass legislation that includes specific mandates that can affect individuals, states, industries, and federal agencies. Congress can dictate the specific details of these mandates, but often, federal agencies are responsible for interpreting the mandate and establishing the rules and regulations that ensure the outcome of those mandates. Although not as popular a tool as grant programs, the federal government has used mandates to help individuals and children gain better access to healthier foods, and improve consumer information about the nutrition content of their food. Below are two examples of recent regulatory efforts mandated by Congress.

Nutrition Labeling of Standard Menu Items in Restaurants and Vending Machines

Section 4205 of the Patient Protection and Affordable Care Act of 2010 requires that restaurants and retail food establishments with 20 or more locations list the calorie content for standard menu items. Complete nutrition information must be available upon request. In addition, vending machine operators with 20 or more vending machines must also list calorie content for items in those machines. The U.S. Food and Drug Administration (FDA) issued proposed rules and a request for comments in 2011. Final rules will be issued once the FDA has reviewed all comments submitted regarding the proposed rules, and the regulations would become effective six months to a year after the final rules have been published. After a specific grace period, all eligible entities must comply with the new rules. The original goal was to provide individuals with clear, easily accessible information about the nutrition value and caloric content of their food.

Healthy, Hunger Free Kids Act of 2010

In 2010, Congress passed the Healthy, Hunger Free Kids Act, which, among other goals, required the USDA to update the nutrition standards of the National School Lunch and School Breakfast Programs to ensure they align with the Dietary Guidelines. In January, the USDA issued a final rule that mandated new changes to the meals offered by schools through these programs. New requirements include: five weekly servings of fruit and vegetables, and at least half of the grains served each week must be whole-grains. The rule took effect on March 26, 2012.

Federal Grant Programs

The most direct way the federal government supports increased consumption of healthier foods is through federal grant programs. Congress, in an attempt to achieve a specific policy goal, establishes a grant program and authorizes a specific amount of funding each year to support that

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77 U.S. Food and Drug Administration. “New Menu and Vending Machines Nutrition Labeling Requirements”
78 U.S. Department of Agriculture. “Nutrition Standards for School Meals”
program. These federal grant programs are administered by a number of different agencies, although the majority are coordinated by the Departments of Health and Human Services and Agriculture. Some of these grant programs have existed for many years, while others are relatively new. The major federal grant programs target different barriers to healthy eating, different affected populations, and vary in the scope of their approach. Below is a sample of federal grant programs.

*Community Economic Development Program*\(^\text{79}\)

HHS recently announced plans to dedicate $20 million in Community Economic Development funds to support a Healthy Food Financing Initiative. Competitive grants under this program will fund projects that support grocery stores, farmers markets and other fresh food access interventions in low-income communities. Projects are expected to not only increase access to healthier foods in these underserved communities, but also create new jobs and development opportunities. Potential recipients include business, community development corporations, nonprofits, state departments of agriculture, and higher educations institutions.

*Farmers Market Promotion Program*\(^\text{80}\)

The Farmers’ Market Promotion Program (FMPP), established in 2002, is a competitive grant program that promotes domestic consumption of fruits and vegetables through farmers’ markets, roadside stands, community-supported agriculture programs, and other direct produce-to-consumer opportunities. Grants of $5,000 to $10,000 are awarded to agricultural cooperatives, regional farmers markets, local governments, producer associations, economic development corporations and nonprofits. The grants can be used to support consumer outreach, training, and startup or expansion efforts.

*Community Food Projects Competitive Grants Program*

The USDA’s Community Food Projects Competitive Grants Program aims to improve access to fresher, more nutritious foods for low-income populations and help communities satisfy their own food needs through comprehensive, long-term solutions. The program provides eligible nonprofits with one-time grants of $10,000 to $300,000 to help establish community food projects. Congress has authorized approximately $5 million annually for the program.

**Education Programs**

To help individuals better understand what constitutes a healthy diet, and how to cook healthy meals, the federal government administers a number of different education programs and initiatives. The Center for Nutrition Policy and Promotion (CNPP), located within the USDA, develops and promotes nutrition guidelines. CNPP is responsible for the release of the federal governments new food icon, *MyPlate*, which replaced *MyPyramid* in 2011. The new food icon is designed to serve as a quick and straightforward tool to help consumers build a healthy meal with the appropriate amount of fruits, vegetables, grains, and dairy. Associated with the new

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\(^{79}\) U.S. Department of Health and Human Services, Office of Community Services. “Healthy Food Financing Initiative.”

\(^{80}\) USDA Agricultural Marketing Service. “Farmers Market and Local Food Marketing: Farmers’ Market Promotion Program.”
MyPlate, CNPP also publishes a website with detailed information, tools and resources about how to maintain a healthy diet.

**Food Assistance Programs**

Finally, the largest federal effort to improve nutrition occurs through food assistance programs; in FY 2010, an average of 40.3 million people received SNAP benefit assistance.\(^{81}\) Since 1939, the federal government has provided food assistance to low-income households. The program has evolved over the years, and now emphasizes nutrition and improving access to healthier food options for low-income households. The SNAP program is administered jointly with states, and applicants receive a certain benefit level that is determined by the number of people in their household, income, and resources. On a very basic level, the SNAP program helps individuals purchase healthy foods, such as fruits, vegetables, and whole grains that they would otherwise have been able to purchase by providing them with cash payments to cover the cost of those foods.

Unfortunately, although recipients are encouraged to purchase healthy foods, SNAP benefits can also be used to purchase energy-dense food with little nutritional value. Only non-essential and unhealthy foods, including hot prepared foods, alcohol and tobacco, are ineligible under program rules; soft drinks, candy, and snack foods can be purchased with SNAP benefits.\(^{82}\) To encourage participants to maintain a healthy diet using their SNAP benefits, the USDA encourages states to offer nutrition education to recipients. Currently, 52 states offer such nutrition education programs, commonly known as SNAP-Ed.\(^{83}\) Despite a current lack of restrictions on the purchase of unhealthful, energy-dense products, some states are trying to limit their purchase through pilot programs.

**New York City Sugary Drinks/SNAP Pilot Program**

In 2011, New York City sought approval to initiate a two-year pilot program to investigate whether a ban on SNAP purchases of sugary drinks would reduce obesity rates in the city. The request was denied by the USDA, which insisted the program was “too large and complex” to conduct.\(^{84}\) Hunger groups also opposed the plan, citing concerns that SNAP recipients would feel stigmatized by the ban.\(^{85}\) In the past, Congress has considered making some unhealthful foods ineligible for the SNAP program, however, according to the USDA, Congress determined designating certain foods as “non-nutritious” would be too costly and burdensome.

**Healthy Incentives Pilot\(^{86}\)**

Taking the opposite approach, the USDA is administering a pilot program to encourage the purchase of healthy foods using financial incentives. The 2008 Farm Bill authorized $20 million

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81 SNAP ED worksheet.
82 U.S. Department of Agriculture, Food and Nutrition Service. “Supplemental Nutrition Assistance Program.”
86 USDA Food and Nutrition Service. “Healthy Incentives Pilot.”
for a pilot program to study how point-of-sale incentives for SNAP benefit recipients might increase the purchase of fruits, vegetables, and other healthy foods. In 2010, the USDA began the Healthy Incentives Pilot program with Hampden County, Massachusetts’ approximately 50,000 SNAP households. Participants in the HIP program will be offered 30 cents for every dollar they spend purchasing certain fruits and vegetables, with a monthly cap of $60 on the incentive payment. The goal is to increase the purchase of healthy foods by increasing the value of those foods to the recipient. The results of the pilot program are expected in early 2013.
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Oklahoma House Bill 2774 (2010) OK; Legislative Updates; H.B. 2774, 52nd Legislature, 2d Regular Session.


