

POTENTIAL POLICY AND RESEARCH OPTIONS
FOR MAKING U.S. FOOD AND AGRICULTURAL POLICY
SERVE PUBLIC HEALTH GOALS

Developed at the Wingspread Conference on
Childhood Obesity, Healthy Eating
& Agriculture Policy
Racine, Wisconsin

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Background

Forty leading experts on child obesity, nutrition, public health and agriculture met at the Wingspread Conference Center in Racine, Wisconsin on March 7-9, 2007 to discuss the impacts of federal agricultural and food policies on public health, nutrition and obesity; to identify areas for policy analysis and research across agricultural, food, health and obesity-related issues; and to begin crafting obesity prevention recommendations related to federal agricultural and food policies. All participants examined the broader issues and then convened in small groups to explore and debate policy and research options. The ideas presented below are not consensus based but rather reflect the initial exploration of potential research and federal policy options for making agriculture and farm policy serve public health goals.

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Small Group 1: COMMODITY & SPECIALTY CROP SUPPORT PROGRAMS

Policy Options

1. Address the market failures in agriculture through USDA-administered supply management, smooth out over- and under-production;
2. Provide opportunities for farmers to collectively market differentiated products, aggregate supply, and reduce transaction costs.
3. Encourage small-scale, local production.
 - a. Promote local food infrastructure, processing, cold storage, transportation
 - b. Train agricultural extension to meet the current concerns regarding food and health;
 - c. Reduce external health impacts of the industrialized food system by creating local, sustainable food sheds.

Research Options

1. Do localized food systems and other effects improve public health? *Rigorously evaluate programs* like Fruit & Vegetable Snack Program, DoD Fresh Program, Farm-to-School, “Natural Ovens”, discounts for CSA participation.
2. *Do commodity prices impact* the availability of different foods and the foods that are marketed?
3. Determine that we need an XX% increase in fruit and vegetable consumption. How do we make it happen? Are price reductions the best method, or improving taste and quality? Or creating food with a story? Or raising the price of unhealthy foods? What is the relationship between purchasing patterns (frequency, location) and the price and quality of foods available?

Small Group 2: ECONOMICS AND PRICING

Our underlying assumption is that aspects of our current economic system do not regulate dietary intake, and therefore market interventions are needed to address the problem of excessive energy intake and poor dietary quality. We want a food environment where most energy-dense foods are not as cheap relative to nutrient-dense, less energy-dense foods.

Our guiding principle is that health should not be a question of economics (i.e. limited by economics).

Policy Options

Short-Term

1. Change prices in commodity purchase lists for school feeding programs so nutrient-dense foods are relatively more affordable than energy-dense foods (i.e. include health considerations in pricing).

Longer Term

2. Reduce caloric intake by using price policy (e.g. by taxing energy-dense foods, caloric sweeteners, etc.)
3. Generate revenue (e.g. thru taxes) to create a fund for reduction and prevention of obesity and diet-related disease (like we have for tobacco)
4. Increase incentives for nutrient-dense foods (e.g. tax incentives, technical assistance, grants, etc.) to support a variety of models to increase availability of fresh produce and nutrient-dense foods, especially in low-income communities.
5. If there's going to be food marketing to children, should be matched by equal funds to obesity and chronic disease preventions for public health and environmental changes (not education)
6. Change infrastructure (e.g. distribution, processing, etc.) to influence food prices and support more nutrient-dense foods and the providers of those foods so they are not at a competitive disadvantage
7. Create a separate food safety and food & nutrition agency or ministry in the Federal government

Research Options

1. Conduct research into how food prices affect dietary intake
 - a. Expand existing datasets, e.g. by broadening NHANES to include food pricing information

- b. Fund pilot studies for interventions in community settings to examine the effects of price changes
2. Examine where and how government policies, regulations, programs, (e.g. tax policy, zoning, fact that food companies can write off advertising costs, etc.) encourage and support fast food, processed foods, unhealthy foods, etc. via impacts on relative prices and other factors
3. Conduct research into the determinants of food prices (i.e. upstream drivers – need to know so can determine how can we influence prices rather than just mitigate their consequences). Examine the roles of:
 - a. changes in technology
 - b. the food industry
 - i. input prices, marketing, profit incentives, etc.
 - c. slotting fees/supermarkets
 - d. exogenous shocks (such as how the e. coli outbreak affected spinach costs)
4. Explore how food marketing – particularly new marketing approaches – drives purchase decisions and, more importantly, dietary intake

Small Group 3: FOOD AND AGRICULTURAL POLICIES WITHIN CHILD NUTRITION AND FOOD ASSISTANCE PROGRAMS

Food Stamp Program Options

1. Increase food stamp benefits so that all food stamp recipients can afford a healthful diet
2. Expand eligibility for food stamp program for other vulnerable populations (e.g., legal immigrants and adults without dependents).
3. Increase outreach about program, promote the program, and reduce barriers to participation.
4. Establish increased participation rates and decreased food insecurity rates as state performance measures.
5. Conduct a pilot test of innovative programs that encourage food stamp recipients to increase their purchases of fruits and vegetables by providing a financial incentive directly to their EBT card.
6. Strengthen the Food Stamp Nutrition Education (FSNE) to improve dietary and health outcomes for low-income Americans by broadening the definition of Nutrition Education to include comprehensive public health approaches.

General Policy Options

1. Foster and expand regional food systems, which includes farmers' market, farm to institution in general (e.g., schools, hospital, worksites, restaurants, small stores), school and community gardens, community supported agriculture, and equipping farmers' markets for food stamps EBT. This also includes ensuring that local food procurement is allowed for school districts.
2. Expand the Fresh Fruit and Vegetable Program to at least 100 schools in every state, targeted to low-resource schools, in order to increase children's consumption of fruits and vegetables, improve their overall health, and reduce their risk of obesity.

2009 Child Nutrition and WIC Policy Options

1. Increase reimbursement rate for school- and community-based federal food programs (e.g., NSLP, SBP, Summer Food, CACFP) linked to improved meal quality.
2. *School lunch commodities.* USDA to develop model food specifications for schools, using the commodities provided under the program.
3. Increase participation in child nutrition programs.
4. Require state child nutrition agencies to monitor progress, provide training and technical assistance, evaluate and report on the impact of school wellness policies.
5. Provide food service equipment financial assistance (e.g., funds to buy refrigerators) to low-resource schools.
6. USDA must update nutrition standards of all nutrition assistance programs to comply with Dietary Guidelines for Americans within 2 years of each issuance.
7. The Secretary shall engage the National Academy of Sciences, Institute of Medicine every 10 years following publication of updated Dietary Guidelines, to evaluate the WIC Food Packages and recommend changes to reflect current public health concerns, national nutrition science and the diverse cultures the program serves.
8. Require WIC to introduce promising practices to prevent childhood obesity and ensure the provision of necessary administrative costs.

Research Options

1. Establish evidence-based criteria for evaluating policy-based intervention approaches.
2. Conduct research to determine which policy interventions are the most effective and have the best return on investment.
3. Expand national nutrition monitoring and surveillance to include policy systems and environmental change at the national, state, and local levels.
4. Conduct economic research to establish the cost of healthy school- and community-based meals and snacks (e.g., NSLP, SBP, after school snacks).
5. Conduct research on the nutrition implications of regional food systems, e.g.:
 - Examine dietary quality, quantity and costs of foods available through regional food systems to meet the Dietary Guidelines for Americans
 - Whether local food systems result in increased consumption of healthy foods
 - Does the stimulation of local food systems increase the availability, variety, quality and consumption of health-promoting foods (e.g., fruits, vegetables, grass-fed beef, low-fat/fat-free milk)
6. Make the business case for improving the U.S. food system – across all of these recommendations.

7. Conduct a policy analysis of the types of initiatives needed to increase grocery stores in low-income neighborhoods.
8. Conduct policy research on removing barriers to participation in the child nutrition programs.
9. *Food pricing*: Examine economics of the entire food system. Calculate the real costs of healthy foods. E.g., farm workers being able to afford a healthy meal.
10. Conduct research on how to incorporate ethnic preferences into federal nutrition programs

Under Discussion

- “The creation of a National Institute for Food and Agriculture, with \$1 billion of new Federal funding for food, nutrition, agriculture and environment research and extension is vitally needed.” (from ADA)
- Any new food-related policy should have a Health Impact Assessment (some disagreement about whether should be “nutrition” impact assessment). Also discussion of if we are too broad. Discussion here. Maybe intermediate step is determining if this is even feasible.

**Small Group 4: IMPROVING FEDERAL LEADERSHIP & COORDINATION,
LEVERAGING FEDERAL PURCHASING**

Policy Options

Goals/Framing

- **A strong narrative reflecting the urgency of the problem.** *Need good stories* in this arena, and they ought to be stories starting with children’s health and showing how to address those health issues via systemic food and agricultural change.
 - Some thought we ought to highlight that it is a *national security* imperative to have domestic capacity to produce food for a healthy diet for everyone in the country
1. *Coordination.* Federal policies on food, agriculture and health (as well as housing and transportation) ought to be coordinated at a high level, to reflect the importance of obesity prevention to the nation. (Policy #16 and to some extent #17, page 19)
 2. *Giving states flexibility.* State TEFAP plans ought to be provided with the flexibility to purchase local and regional foods;
 3. *Procurement.* Federal procurement should be employed to ensure a healthy diet for all Americans. Specifically:
 - a. Federal policy should create incentives and infrastructure to expand market opportunities for local and regional food producers to supply institutions;
 - b. The next farm bill should reform public procurement programs for public institutions to substantially increase the purchase of health foods from local farmers, while ensuring such food meets dietary health guidelines;
 - c. Federal preferences for purchase of local products, such as in the Department of Defense’s (DoD) Fresh Program, ought to be allowed.
 4. *Leadership – Incentivizing.* There should be a federal initiative to create incentives using innovative funding mechanisms (bonding, tax incentives, grants, loans, technical assistance, etc.) for commercial investment -- including supermarket development -- in underserved communities, and to support local and state authorities also trying to create these incentives;
 5. Federal funding for new school construction could have a contingency that such schools include kitchen facilities for prepping and cooking fresh, whole foods.
 6. Inside/outside strategies to highlight child obesity and food and farm policy
 - Inside the executive branch, create a CEQ-like Council on Child Obesity Prevention; and
 - Inside the legislative branch, create a Congressional *Ad hoc* Committee on Child Obesity;

- Outside of government, create a new independent Washington, DC-based advocacy and watchdog organization called the *Alliance to Reduce/Prevent Child Obesity*, perhaps to
 - Raise public awareness around the latest science;
 - Apply pressure to the federal agencies;
 - Promote systemic approach to contributors across many fronts, including agriculture
 - Offer “golden fleece”-like awards to federal programs that promote rather than reduce childhood obesity.
- Convene a *Summit of People Working to Create a Nation Without Child Obesity* (with better food and agricultural policies being a key part)
 - a) Needs to be low cost.
 - b) Focus on environmental change
 - c) Focus on systemic solutions
 - d) With diversity well represented

Research Options

1. Federal research policy should include evaluation of existing interventions to address child obesity and improve community access to better nutrition, as well as the creation of an inventory of results of these evaluations.
2. Public agriculture research ought to support development of the food and food systems that we want, and not the food that we already have.
 - a) Food and agricultural research portfolios ought to be balanced across different production strategies.
 - b) The NIH obesity research agenda look at more upstream, systemic contributors to the obesity epidemic; (possibly also could benefit from analysis of how much NIH money currently is devoted to obesity, and a breakdown in its focus)
3. Increase research dollars. Make it a research priority to:
 - a) focus on decreasing inputs (nitrogen fertilizers, pesticides) in agricultural systems;
 - b) Increase funding for training of new, young researchers; and,
 - c) Ensure grant recipients include some researchers belonging to the low-income and communities most affected by diet-related disease and child obesity.