



COMMUNITY FOOD SECURITY *news*

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CONNECTING FOOD AND HEALTH: An Introduction to this Special Issue

The obesity epidemic is drawing the attention of medical and public health professionals to the systemic issues underlying this problem. For example, The Robert Wood Johnson Foundation-funded project Active Living by Design, is supporting communities to modify land use and traffic patterns, public safety, and other built environment factors to encourage physical activity. Nutrition advocates are working with school districts to develop wellness policies that, among other things, revamp the school lunch environment to encourage healthy eating. Writers such as Greg Critser have made the connection between federal agriculture policy, the advent of high fructose corn syrup, and fast food supersizing.

Similarly, food security and health advocates are converging on their recognition of the impact of the food environment on the nation's health, especially as related to vulnerable populations. The lack of supermarkets in inner cities is just one way in which the food system negatively impacts minority and poor communities. Research is beginning to

(See *CONNECTING FOOD* on pg. 7)

Food Policy For and By the People

Mark Winne and Steph Larsen

Imagine that there is sufficient federal money to fund all the worthy community food project grant applications that come before USDA. Imagine, as well that all WIC moms, their children, lower-income senior citizens, and other nutritionally vulnerable community residents are not limited in their ability to buy locally-produced food at a farmers' market, CSA farm, or other direct farm-to-community outlet. And, for just one moment, imagine that ending hunger, re-building regional food and farm infrastructures, and ensuring access to healthy, affordable food for everyone are goals commonly held and worked for by all interest groups across the food chain. This is the vision that the Community Food Security Coalition and its partners are working toward as part of a bold new public policy campaign called the *Farm and Food Policy Project* (FFPP).

Funded by the W.K. Kellogg Foundation, the FFPP is one of the largest and most diverse partnerships ever forged to bring about fundamental change in the way that food and farm policy influences our nation's food system. Five national non-profit organizations—the Community Food Security Coalition, Environmental Defense, American Farmland Trust, the Sustainable Agriculture Coalition, and the Northeast Midwest Institute—are each working with dozens of other organizations to develop new ideas, programs, and strategies for food system reform. These groups will assemble the fruits of their labor this spring into a single national policy proposal, or “blueprint,” that will be presented to

Congress for the upcoming Farm Bill reauthorization scheduled for 2007.

Though the federal Farm Bill is not the only opportunity to seek policy remedies to food system failures and gaps, it is the most immediate, comprehensive, and significant piece of national food and farm legislation taken up by Congress. It has 10 titles that affect commodity payments, conservation, anti-hunger and nutrition programs, credit and rural development, trade, forestry, energy, and research. As Thomas Forster, CFSC's Policy Director, has said, “the Farm Bill isn't just about farming, it's also about health and fairness, entrepreneurship and jobs, clean water and clean air, and the well-being of all citizens, especially children and other vulnerable members of society.”

To facilitate the development of new ideas, the FFPP is divided into four major working groups. They are:

- New Agricultural Markets
- Farm and Ranch Stewardship
- Family Farm Revitalization
- Healthy Food and Communities

CFSC and its three immediate partners—Congressional Hunger Center, National Family Farm Coalition, and National Campaign for Sustainable Agriculture—spearhead the HFC working group. With participation of 26 additional national and regional organizations the HFC is assembling a set of policy proposals that will be merged with those of the three working groups to constitute the FFPP's master blueprint.

(See *FOOD POLICY* on pg. 18)

FOR MORE INFORMATION

Winter 2006

CFS News is a quarterly publication of the Community Food Security Coalition. The CFS Coalition's mission is to promote comprehensive systems-oriented solutions to the nation's food and farming problems. It conducts policy advocacy; provides technical assistance to organizations implementing food security related programs; organizes regional coalitions; maintains a clearinghouse and database; conducts research and publishes reports; and educates the public and professionals through the media, conferences, and newsletters.

Community food security (CFS) is defined as "all persons obtaining at all times a culturally acceptable nutritionally adequate diet through local non-emergency sources." A CFS approach emphasizes the need to build community institutions to ensure access and availability for community residents. Thus, food security must be seen as a question of community development and empowerment which complements and extends the traditional view of addressing hunger issues at the individual level.

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Letter from the President



Sharon Thornberry

Many years ago part of my journey from homelessness to economic stability included trying to provide food for my two young children. I was acutely aware that the food I could afford would fill their rumbling stomachs but not provide the nutrition their growing bodies required. I would embellish boxed "mac and cheese" with sliced turkey dogs and frozen peas and tell myself at least there was something green in the meal. One of our favorite treats was a trip to a local fast food restaurant that had a salad bar & offered a pita you could stuff for .99 each. The dinner cost nearly an hour's salary, but it was a variety of vegetables that I could not possibly afford to buy for my own table.

Today, all of us struggle to find healthy food for ourselves and our families, but low income families and people of color still meet the most significant challenges. These same families often have limited or no access to health care. It is time we all work together to

build the connections between hunger, food insecurity, wellness, food production, marketing and distribution. Farm to School programs are improving the quality of school meals and children's knowledge of where their food comes from. Community food assessments give community members the opportunity to examine their current situation and envision a food system that supports a healthier community.

CFSC and its member organizations have already made great strides toward a healthier food system, but the year a head promises to provide many occasions for new endeavors. The formulation of school wellness policies gives community members opportunity for input on both healthier foods and a healthier school environment. New state food policy initiatives highlight the need for governments to consider the food system in their policy making. The W.K Kellogg Farm and Food Policy initiative provides us with an opportunity to think about our country's food policies in a new way with new partners. The health care and foundations are making the connection between hunger, poverty and disease. Our responsibility as we go forward is to bring the voice of low income people, people of color and the elderly to the discussion and decision making. We would all like to have the vision of a diet that is based on healthy, affordable, and accessible food not boxed macaroni and cheese.

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Cultivating Common Ground between Sustainable Agriculture and Public Health Communities

Awareness is at an all-time high that food is a key contributor to serious health threats including heart disease, diabetes, and cancer. The issue of diet has been elevated from a personal health issue to a public health crisis. Sustainable agriculture and health advocates are beginning to frame food systems issues in a manner that highlights the connections in order to make greater change to the current food system.

How can this partnership be strengthened? That is the question Prevention Institute set out to answer in their September 2004 report, *Cultivating Common Ground*. Clearly, there are challenges in bringing together a sector concerned primarily with how food is produced and distributed with one fundamentally concerned with the impact of nutrition-related chronic diseases on human health. However it is exciting to consider the opportunities for collaboration and how these opportunities can positively impact

agriculture, the environment, and health.

Public and professional awareness is at an all-time high that food (and physical activity) are key components of serious health threats. With health care costs approaching 15% of the Gross Domestic Product (GDP), health professionals are beginning to realize just how important it is for all members of society to have access to fresh and healthy foods. Nurses, physicians, and dietitians have a great deal of credibility with the public and can use that credibility to build support for a healthy and sustainable food system. While it can take time to build the right relationships with representatives from the health sector, it is a worthwhile avenue for sustainable food advocates to pursue in order to build wider support for a sustainable food system.

To act on existing opportunities for partnership requires taking into account the different ways in which the environmental and the health sectors approach the same issues. *Cultivating Common Ground* identified four differences in paradigm and focus that emerged from the research. One of the paradigm differences is the system orientation of those in sustainable agriculture versus the individual orientation of health professionals. Sustainable agriculture advocates are more concerned about where food comes from, how it is produced and transported to consumers while health professionals' primary goal is to change individual



behavior so that people adopt healthier lifestyle choices, such as consuming a healthy diet.

For example the idea of "cheap food" is a potentially divisive issue. Sustainable agriculture advocates recognize that the low retail price of food in the U.S. does not reflect the full costs of the food system, such as damage to the environment. On the other hand, health professionals who are focused on ensuring that their low-income patients have access to affordable and nutritious food want food to be as cheap as possible and are less concerned with the broader environmental impact. Collaboration may be furthered by reframing the issue to focus not on cheap food but on changing federal and state regulations, policies, and financial incentives that favor industrial agriculture and the production of highly-processed, unhealthy foods.

Given the opportunities for partnership, Prevention Institute proposes a set of recommendations in their report to initiate and strengthen a collaborative movement for a health, just, and sustainable food system. One recommendation is to develop campaigns that promote change to organizational practices and public policy. Four issues



(See *CULTIVATING COMMON GROUND* on pg. 15)

Community Food Security and Public Health in Canada

By Ellen Desjardins, Winter 2005

Food systems issues are quite similar in the USA and Canada. We are seeing an on-going trend of farm and food industry consolidation while small and mid-size farms are declining; food insecurity and food bank use are on the rise (in spite of a plentiful food supply); and the ubiquitous use of pesticides, fertilizers, biotechnology and fossil fuels is wreaking environmental havoc. People, exposed to cheap fast food everywhere and convinced that food preparation skills are a relic of the past, are becoming ever more obese.

Various alternative strategies are being tried in both countries, such as urban agriculture, farmland protection, promotion of localized economies and direct marketing, “food desert” eradication, bans on pop in school vending machines and the creation of food charters and food policy councils. Much of this work is an uphill battle, tackled by anti-hunger and social justice advocates, academics, farmers, community developers, consumer groups and even urban planners. But the health sector? In Canada, public health has been a player in the community food security movement since it began.

The crux of the matter lies in our understanding of the word “health”. In 1974, a federal government report, *A New Perspective on the Health of Canadians*, officially acknowledged that the social and physical environment in which people live influences their health as much as, or more so, than the (medical) health care system. In 1986, the *Ottawa Charter for Health Promotion* named strategies for reducing health inequities, notably:



fostering public participation, building healthy communities and creating healthy public policy. A basic assumption embedded in this philosophy is that health is more than an individual’s responsibility—it can’t be achieved within conditions of inequity, poverty or pollution. So, to improve health, we must build healthy communities, not just healthy individuals. If it sounds vaguely socialist in nature, it is.

Who should make this happen? Partly, the government (public taxes allocated to universal health care, literacy, housing and income support) and partly, civil society. Capacity building, or empowering groups of people to make change they think is needed, is a role of public health in Canada. “Enable, mediate and advocate” are the objectives of the Ontario Public Health Association (OPHA). This is a step beyond “immunize, inspect and educate”, the more traditional, medical roles of public health, although those are also relevant.

For food systems work, 4 types of actions can be facilitated by public health involvement:

1. Partnership building
2. Funding

3. Policy building
4. Research

First, within a capacity-building paradigm, public health is clearly a partner in movements that aim to build a healthier food system. A “system” is complex by definition, and no one group can take it on single-handedly. However, bringing diverse stakeholders to the table with a common purpose often requires significant background work and coordination efforts.

For example, the local food organization *Foodlink Waterloo Region* was born out of the public health department in Waterloo, Ontario—which held widespread interviews with farmers, community agencies, Mennonite groups, food banks, farmers’ market owners and university professors. “What,” asked the public health interviewers, “could an incorporated, multi-stakeholder group accomplish together that you could not do alone?” Afterwards, they organized a public forum, key players came forth, a steering committee was formed and an action plan emerged. Public Health funded a full-time coordinator for a few formative years, but 4 years later, Foodlink is an incorporated group with a board.

Second, CFS organizations commonly struggle with a rationale for fundraising. When the key elements of a healthy food system—such as clean air, sustainable agriculture, vibrant rural communities and widespread access to healthy food—are perceived as health determinants, or related to public’s health, it becomes some-what easier to make an argument for public funding. It increases the potential for

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community food security work moving from the margins to the mainstream.

For example, the Toronto Food Policy Council (TFPC) has been funded by Toronto Public Health since 1991 in order to achieve “a food system that fosters equitable food access, nutrition, community development and environmental health”. Among many other policy actions, the TFPC has successfully convinced the City to allocate a specific annual budget of at least \$300,000 earmarked for community groups doing food security projects.

Third, creating healthy public policy is a major challenge. Policy often promotes or protects the interests of certain groups over others, so changing it usually implies power shifts and, consequently, controversy and resistance. Public health professionals have skills to prepare

evidence-based reports that are specific to cities or provinces, and that contain policy recommendations. Furthermore, public health units or authorities normally report to local and provincial governments, who have jurisdiction over health-related policy.

For example, the comprehensive report, *Making the Connection—Food Security and Public Health* (2004) was submitted to the Ministry of Health Services of British Columbia by the Food Security Standing Committee of the Community Nutritionists Council of BC. It recommended “that the BC Ministry of Health Services designate food security as a core public health function”. In 2005 this became official policy, so that all public health authorities will be mandated, and therefore funded, to provide services that support community

food security programs.

Fourth, original data collection can be carried out by public health agencies. For example, all of Ontario’s 37 public health units are required to submit annual data on the cost of a healthy diet, using the *Nutritious Food Basket* methodology. As well, several CFS research projects were recently conducted by the Region of Waterloo Public Health, to make the case for policy to promote the production and processing of local food for local sale, and to create urban planning laws which improve public access to healthy food. A Nov. 2005 report, *Towards a Healthy Food System in Waterloo Region*, provides a synthesis of this research, including the local food economy, a rural health study, food miles, redundant trade, an optimum nutrition environment, and others.

Other food security/systems resources related to public health:

Making the Connection—Food Security and Public Health (2004):

www.phabc.org/modules.php?name=Publications&pa=showpage&pid=5

Foodlink: www.foodlink-waterlooregion.ca

Thought About Food? A Workbook on Food Security & Influencing Policy, Nova Scotia Nutrition Council and the Atlantic Health Promotion Research Centre, Dalhousie University, 2005.

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Health Benefits of Urban Agriculture, An Overview

By Anne C. Bellows

This article is an abbreviated version of the manuscript entitled *Health Benefits of Urban Agriculture* that was co-authored by Anne C. Bellows, Katherine Brown, and Jac Smit, together with the CFSC North American Initiative on Urban Agriculture.

Health professionals increasingly recognize the value of farm- and garden-scale urban agriculture for nutritional health, personal wellness, urban greening, and an engaged and active citizenry.

Nutrition

Urban gardens and farms produce surprising amounts of the freshest possible food. Farmers and gardeners promote community food security by sharing harvests with friends, families, neighbors, and community members needing emergency food assistance. In the case of gardens:

- In a 130-day growing season, a 10x10 meter plot can provide most of a 4-person household's total yearly vegetable needs, including much of the required vitamins A, C, and B complex and iron.
- Approximately \$6 worth of vegetables is harvested from every \$1 invested; and
- Gardeners grow cultural favorites that are difficult to find in the market.

In the case of urban and urban fringe farms:

- Community Supported Agriculture (CSA) maximizes food quality at stabilized prices; innovative programs extend CSA to all income level recipients.
- Local farmers invigorate farmers markets as well as traditional food retailers.

Dietary knowledge and practice is influenced by practical experience with food—cultivation, harvesting, purchasing in stores and farm stands, cooking,

Farmers and gardeners, including (or perhaps especially) youth, eat what they grow and know.

Exercise

Gardening and food production provides good exercise. Research has connected gardening to reducing risks of obesity, coronary heart disease, glycemic control and diabetes, and occupational injuries. Gardening is a preferred form of exercise across age, gender, and ethnicity. Overall, older persons do more gardening than younger ones. Men tend to identify gardening as “exercise” more often than do women, perhaps because women traditionally think of gardening as an extension of cooking rather than exercise.

Mental Health

Working with plants and being in the outdoors trigger both illness prevention and healing responses. Health professionals use plants and gardening materials to help patients of diverse ages with mental illness improve social skills, self-esteem, and use of leisure time. Horticulture therapy promotes plant-human relationships to induce relaxation and to reduce stress, fear and anger, blood pressure, and muscle tension.

Building Safe, Healthy and Green Environments

School and community gardens encourage active participation in the vigor of a positive urban environment. Working collaboratively to “green” a neighborhood creates safe and pleasant neighborhoods that decrease air pollution, reduce crime and enhance civic life. Social engagement is positively correlated with personal attention to health care and wellness. Engaging farm retail activity in towns and cities through farm-to-cafeteria programs benefits the local economy, landscapes and human health.

Planning for Urban Health Risks

Particularly in older cities, it is crucial to test soils for lead before growing food or even before allowing small children to enter and play in the garden spaces. Appropriate gardening practices reduce risk.

Health Professionals

Health professionals can help. We recommend that they:

- Cultivate a *Healing Garden* on idle land at their health department or facility.
- Encourage patients/clients to garden for exercise, nutrition, and physical and mental relaxation.
- Encourage patients/clients to shop at farmers' markets, and where available, a local CSA.
- Introduce the subject of public health and urban agriculture in their professional associations.
- Work with local planners and policy makers to establish urban agriculture opportunities.
- Encourage State health departments to promote farmers' markets and CSAs for WIC and seniors.
- Encourage farmers markets and CSAs to expand to include WIC recipients, other low income, and seniors.
- Provide support for community-based gardening projects.
- Support the national ‘farm-to-school’ movement.
- Support a “Garden at every school” program like the successful model in California.
- Envision and help plan a farm-to-hospital program.
- Join the Community Food Security Coalition and bring their expertise to our table.

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FOODMED CONFERENCE

Health facilities are beginning to sit up and take notice of the links between food production, processing and distribution, and human health. On November 17th, participants from the health and environmental sectors gathered in Oakland, California for FoodMed—the first-ever conference on healthy foods in health care.

FoodMed, a joint effort of Kaiser Permanente, Health Care Without Harm, and Catholic Healthcare West, attracted more than 270 participants. Representatives from agriculture and the environment included both food system advocates and those involved in sustainable farming. Those from the health sector included medical

professionals, nutritional food service managers, and others involved or interested in the purchasing and incorporation of sustainable foods into their facilities. Some came to share their successes of starting an on-site farmer's market, developing relationships with local farms to incorporate local and seasonal foods into hospital menus, and other sustainable food practices. Others came to hear the success stories and learn more about what it means to establish sustainable food practices from the many experts in health, the environment, and sustainable agriculture.

The success of the Food Med conference represents the growing awareness among the health care sector about how important it is for hospitals to model proper nutrition and to support a sustainable food system by adopting food purchasing practices

that promote fresh and nutritious foods. The accessibility of sustainable food at health facilities not only benefits patients, staff, visitors, and those in the surrounding community, but can ultimately influence how food is produced in the United States by promoting a shift away from industrial agriculture and unhealthy food. Hospitals and other health care facilities can play a key role in paving the road for redefining “healthy food”.

For more information on the event, please visit www.foodmed.org. If you would like more information on how to work with health facilities in your area, go to www.nobarm.org or e-mail Linda@preventioninstitute.org. Center for Food and Justice staffperson Moira Beery is also a resource in this area: beery@oxy.edu

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show how such disparities in the food environment can be a factor in fostering health disparities—the increased incidence of diseases among minority and low income individuals.

This special issue of CFS News profiles this growing web of connections, exploring the problems, solutions and directions needed. In their article, staff from The Food Trust summarizes their research linking poor food access to health disparities in impoverished neighborhoods of Philadelphia. **Lynn Parker** of FRAC explores the connections between obesity and hunger in her article.

Community food security practitioners have anecdotally proven that their projects can improve participants' eating habits. **Gail Feenstra** of the University of California seeks to evaluate this belief in the farm to school arena. She describes her research efforts in lunchrooms in northern California. **Policy Link** reviews how Kaiser, the nation's largest health care provider, is working to increase access to healthy foods for

its employees, clients, and community members living near their facilities through establishing farmers' markets at their hospitals and clinics. **Annie Bellows** of Rutgers University summarizes her report, The Health Benefits of Urban Agriculture, discussing the exercise, mental health, urban design, and nutritional benefits of community gardens. Improving hospital food through serving farm fresh food is another avenue Kaiser and other hospitals are pursuing as part of a wellness agenda. **Linda Shak** of the Prevention Institute describes the recent Foodmed conference, a venue for these farm to hospital advocates and others to explore these emerging connections.

Three articles explore new directions for better linking food security and health practitioners. **Prevention Institute** staff summarizes their recent report, *Cultivating Common Ground*, which lays out a framework for such a collaboration. **Ellen Desjardins** of the Region of Waterloo (Ontario) Public Health Department describes how in Canada

public health professionals have been a player in the community food security movement since its inception, and how the public health sector can further facilitate change in the food system. Finally, **Marion Kalb** of CFSC lays out an initial health-related research agenda for farm to school programs.

Cultivating stronger linkages between the public health and community food security fields is and will be a priority for the Community Food Security Coalition. This newsletter issue is one step in this direction. We will be developing and advocating for health-promoting legislation for the next Farm Bill, pursuing collaborative events with the public health community, supporting new research and evaluation efforts around farm to school to demonstrate its effectiveness in promoting healthy eating, among other activities. We hope you will join us.

— *Andy Fisher is Executive Director of the Community Food Security Coalition.*

What's on your plate?

FARM-TO-SCHOOL PROGRAMS PROMOTE HEALTH

By Gail Feenstra, food systems analyst, UC SAREP

The last decade has seen the emergence of Farm-to-School programs across the country. These programs offer a new strategy for simultaneously addressing multiple community goals—new markets for regional farmers, food security for families, and improved health for children. One of the key components of Farm-to-School programs is the commitment of school food service directors to purchase fresh, local produce from local growers for their school lunches. In the context of a growing childhood obesity epidemic and today's food culture, in which fast food, packaged and processed snacks and super sized sodas are the norm, farm fresh salad bars and fresh, local produce offerings in school cafeterias are a welcome change.

Menu offerings in the National School Lunch Program have always been guided by national nutrition standards described by the USDA's Food and Nutrition Service. In addition, many states also have competitive food policies which limit children's access to "junk foods" at school. What Farm-to-School programs provide is an alternative to the minimum standards—an opportunity for school food services to include fresh or minimally processed produce grown by local farmers. If children have access to this fresh, local produce in school meals, the theory is that they will eat it. Most nutritionists would agree that eating more fresh produce generally contributes to better health, particularly if it substitutes for less healthful foods.

The million dollar question is: Will children really eat more fresh produce if it is offered? Studies in both the Los Angeles Unified School District and the Davis and Winters Unified School Districts have found that farm fresh salad bars are successful strategies for

increasing fruit and vegetable consumption in children. In the Davis and Winters Unified School Districts, more than 850 digital photographs were taken of children's lunch plates to see what they took when the farm fresh salad bar (Crunch Lunch) was offered, compared to when it was not offered. In particular, photos showed that children took at least 100% and up to 120% of the USDA minimum requirement (2 servings) for fruits and vegetables when offered via a farm fresh salad bar. Children only took 77% of the USDA requirement when offered fruits and vegetables as part of the hot lunch (no salad bar, no local produce).

Moreover, children liked these new crunchy offerings, at least according to their parents. When asked what children did and didn't like about the farm fresh salad bars, children overwhelmingly mentioned the fresh fruits (strawberries and cherries are favorites) and vegetables. Additionally, they liked the ability to choose what they wanted. And their plates reflected a huge variety (see below). We hypothesize that children who are exposed to and have regular opportunities to select a wide variety of fresh fruits and vegetables, will learn to incorporate these values into their long-term dietary practices. For those who may be more timid about trying new foods, sample tastings of new produce items to be offered in the school cafeteria are provided either in the lunch line or in classrooms along with brief nutrition lessons.

Eating fresh, local produce is actually a nutritious end point in a food chain that includes a long process of growing, harvesting, and distributing food to the schools. In many programs, including those in Davis and Winters, children participate in school gardens or go on farm tours to learn about where their food actually comes from



Photo: University of California SAREP

and how it is produced. For many, this is a revelation. They come home with a new appreciation of what it takes to grow their food. They are introduced to the concept that the health of the land is related to the quality of the food and ultimately to their own health. We are all part of the cycle of life and health is an important goal throughout the cycle. If health and wholeness are integral parts of the school environment from what children learn in the classroom to what they experience in the garden and in the cafeteria, then we have come a long way toward creating a more sustainable food system.

For more information, contact Gail Feenstra at gfweenstra@ucdavis.edu

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Research Questions for Farm to Cafeteria

- 1 Does eating local produce make a difference? Are kids more likely to eat fruits and vegetables if they are locally grown?
- 2 Can farm to school programs lead to a change in lifetime eating habits?
- 3 Do extra curricular activities, such as school gardens and farm visits, impact eating habits?
- 4 Can farm to school programs increase the number of servings children eat on a daily basis?
- 5 Can children involved with farm to school programs influence their family's eating habits?
- 6 Can farm to school programs lead to more physical activity, through school gardening, helping with chores on the farm?
- 7 Can farm to school programs help with weight loss and the consumption of less fat in the diet?
- 8 Can farm to school programs lead to increases in participation in the National School Lunch Program?

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Obesity, Food Insecurity and the Federal Child Nutrition Programs: UNDERSTANDING THE LINKAGES

(Excerpted from a longer paper written by Lynn Parker and available on FRAC's website at http://www.frac.org/pdf/obesity05_paper.pdf)

In the United States we find ourselves at a challenging crossroads in our efforts to improve the nation's nutrition and health. At the same time that we face an epidemic of obesity in the U.S., food insecurity continues to be a significant (and in recent years growing) public health problem as well.

Food insecurity results when people, due to economic constraints, lack access to enough food to fully meet basic needs at all times. Over one-third of households with incomes below the poverty line are food insecure, while only 5% percent of households with incomes at or above 185 % of poverty are food insecure. Overall rates of overweight and obesity also are highest for low-income people, but the differences by income are much more modest than in the case of food insecurity. Moreover, a recent analysis of national health data over three decades shows that it is not the poor who have shown the largest increases in obesity. There also is a great deal of variation among subgroups in how income affects obesity rates. Among children, the differences are not clear cut and vary a great deal by age, gender and income. When disaggregated by race and ethnicity, in some cases low-income children are more likely to be overweight or obese, and in other instances less likely.

What has surprised many is that food insecurity and obesity can affect the same individuals and households, as well as communities. There are serious consequences that grow out of both of these conditions. For poor people and communities, food insecurity and obesity, especially in the context of poverty, are a kind of negative "double whammy." Either of

the problems alone is terribly damaging to poor people, and the solutions have to be synergistic, rather than work at cross purposes. This dual nutrition problem thus is an enormous challenge for policy-makers, communities, and practitioners. Their task is to figure out how these two public health problems can be dealt with simultaneously, in an effective and sensitive manner.

Food insecurity and obesity: Linkages

It is at first blush counterintuitive that hunger and food insecurity can co-exist with obesity in the same individual. However, a number of recent studies have shown strong associations between food insecurity and obesity among women. One study looked at a random sample of women in a rural county in New York State and found that the body mass index for women in food insecure households was significantly higher than that of women in food secure households, controlling for height, income, education, single parent status and employment. Another study analyzed data on women's weight and food security status from USDA's nationally representative 1994-1996 Continuing Survey of Food Intakes by Individuals, and found that an increased prevalence of overweight was associated with food insecurity.

Analysis of national health data showed similar results—the prevalence of overweight was significantly higher in women from food insufficient households than in food sufficient households. An examination of data collected in the 1998-1999 California Women's Health Study found that food insecurity without hunger was

(See *OBESITY* on pg. 10)

OBESITY (continued from page 9)

associated with an increased obesity rate in all women, and that food insecurity with hunger was associated with increased obesity in Asians, Blacks, and Hispanics, but not among Whites. In addition, another study in California, among Latina mothers of preschoolers, demonstrated an association between food insecurity with hunger and obesity.

The reasons for these associations between food insecurity and obesity among women (there is much less evidence of this association among men or children) are unclear. Researchers have suggested a number of mechanisms, most having to do with how low-income mothers manage limited resources for food—sacrificing their own nutrition in order to protect their children from hunger. Researchers believe that something about inadequate resources and putting the children's needs first can create a chronic "feast or famine" situation which appears to contribute to maternal obesity. Research also shows that food deprivation can cause a preoccupation with food that has the potential to cause obesity. Some researchers have found an association between food insecurity and a binge-like pattern of eating. Thus, women who are food insecure on a regular basis may overeat at those times during which they have adequate amounts of food.

Some also have suggested that the kinds of food consumed by food insecure women may make a difference. Because refined grains, sugar, and fat cost less per calorie than fruits and vegetables, women lacking adequate resources may be purchasing the less expensive energy-dense foods in order to stave off hunger, or they may be avoiding fruits and vegetables because of their increased cost per calorie.

Some suggest that food insecurity and obesity appear to be associated with each other because they both may result from poverty. In particular, poverty in childhood may play this role. Two recent studies, from New Zealand and Britain, demonstrate that

poverty in childhood is associated with obesity in young adulthood. Hunger and food insecurity related to that early poverty may contribute to poverty's impact on adult obesity.

In addition, food insecurity may be a stressor that results in a stress response that leads to disordered eating, reduced physical activity, and depression, all of which may be related to weight gain, or food insecurity and/or poverty may cause a stress response that is hormonal, causing central patterning of fat deposition.

There is a limited amount of research that focuses on the relationship between obesity and food insecurity among children, and it does not paint a consistent or clear picture. Two recent studies, using nationally representative data from different data sets, have found positive relationships between food insecurity and obesity among some groups of children studied, but not among all groups. Another study, using a third nationally representative data set, did not find such a relationship. A fourth study of a sample of preschool Mexican-American children in California found a trend toward such a relationship, but it was not statistically significant. The research in this area is just beginning, and no clear pattern has emerged to explain which children may be affected by this relationship and why.

Child nutrition programs, food insecurity and obesity: What role can the programs play?

The prevention of obesity and food insecurity—each a public health problem that is harmful to the health and quality of life for low-income families—requires regular access to nutritionally adequate foods. One key way to gain that access for more families is to take full advantage of the child nutrition programs. These programs play a dual role of fighting hunger and food insecurity and providing nutritious foods on a regular basis. For example, the child nutrition programs provide more than half of the

nutrition a school-aged child receives each week day if s/he participates in both breakfast and lunch, and this food must meet nutrition standards. In after-school and summer programs, the added benefit is that food attracts the children to programs that offer them opportunities for physical activity.

A recent expert panel appointed by the U.S. Department of Agriculture reviewed the current scientific literature and found no evidence of a relationship between participation in the nutrition programs and increased obesity. Similarly, a recently published analysis of data from the nationally representative 1997 Panel Study of Income Dynamics Child Development supplement showed no evidence that the Food Stamp Program, National School Lunch Program, or School Breakfast Program contributes to overweight among poor children. In fact, emerging research is showing that participation in nutrition programs has the potential of protecting children from excess weight gain. An analysis of nationally representative survey data shows that school-age food insecure girls are less likely to be overweight or at risk of overweight if they participate in the School Breakfast Program, School Lunch Program or Food Stamp Program or any combination of these programs. Another study showed that WIC participation prevents overweight in young children. Increasing access to the nutrition programs is essential.

There are still many children who are not receiving the benefits of these programs. There are numerous reasons for this, including: lack of availability of programs in certain schools or geographic areas; difficulty in accessing programs even when they are available; lack of knowledge or misconceptions about the programs or who is eligible for them; the competition of unhealthy food and beverage offerings in vending machines and a la carte lines in schools; lack of universal school breakfast programs (i.e., school breakfast without a charge,

(See *OBESITY* on pg. 18)

The Health Implications of Poor Food Access in Philadelphia

Nutrition-related health problems are reaching epidemic levels in the United States. According to government data, two out of three adults in the US are estimated to be overweight or obese. Indeed, *Healthy People 2010*, the federal document which charts health policy priorities at the national level, identifies “Overweight and Obesity” as a major public health concern, for the coming decade.

People who are not able to maintain a healthy diet suffer higher rates of other diet-related health problems associated with obesity. These include higher risk of illness from high blood pressure, high cholesterol, Type 2 diabetes, heart

disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers.

The Food Trust’s research shows that low-income Philadelphians suffer from diet-related health problems at rates significantly higher than those of the City’s population as a whole. Among impoverished Philadelphians, many individuals and families struggle to meet their nutritional needs due to limited access to food in their communities.

According to a 1996 study of twenty-one urban areas by the University of Connecticut, Philadelphia ranks as the second-worst metropolitan area in the country in terms of access

to food markets in low-income communities. Families without access to transportation are forced to rely on smaller groceries or corner stores, which too often sell low-quality, high-priced foods. During the 1990s, the market share for convenience stores and pharmacies grow dramatically. In the Philadelphia metropolitan area, the top five convenience store/pharmacies hold 21.6% of the \$12.3 billion food retail market.

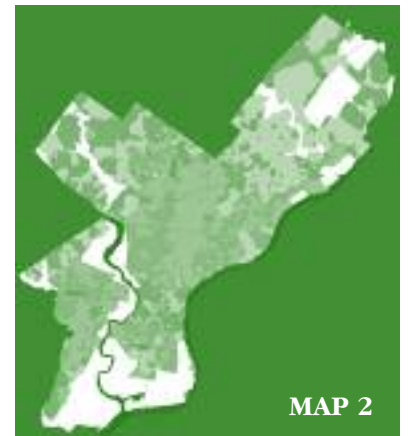
The Food Trust’s Food for Every Child report revealed that poor supermarket access in Philadelphia is linked to the high incidence of diet-related diseases in many low-income neighborhoods.



MAP 1

Map 1: Income and Diet-related Deaths, shows mortality data by income in Philadelphia, for the following diet-related causes of death: neoplasms (stomach, other digestive organs, breast); endocrine, nutritional, and immunity disorders (diabetes mellitus); and diseases of circulatory systems (hypertension, myocardial infarction, heart disease). For lower-income neighborhoods, the lack of a supermarket negatively impacts people’s ability to obtain a nutritionally adequate diet.

Map 2: Areas with Greatest Need, shows lower-income neighborhoods in Philadelphia where there are low supermarket sales because there are few to no supermarkets located there, and a high number of deaths due to diet-related diseases. These neighborhoods have the greatest need for more supermarkets.



MAP 2

Increasing the availability of nutritious and affordable food in neighborhoods with high rates of diet-related diseases does not guarantee a reduction in the incidence of these diseases. However, by removing this as a barrier to healthy eating, we can better focus on helping people improve their diets and health.

The Food Trust’s Supermarket Campaign leveraged the success of the first supermarket report into a myriad of policy initiatives that continue to combat the lack of food retail access in Philadelphia and throughout the state:

■ The Pennsylvania Fresh Food Financing Initiative (FFFI) is an \$80 million public-private partnership that works to increase the number of grocery stores in under-served communities. The initiative serves the financing needs of supermarket operators that plan to operate in these under-served communities where infrastructure costs and credit needs cannot be filled solely by conventional financial institutions. The Food Trust, the Greater Philadelphia Urban Affairs Coalition (GPUAC), and The Reinvestment Fund (TRF) have formed a public-private partnership to support the Pennsylvania Fresh Food Financing Initiative, working with the Commonwealth of Pennsylvania.

■ The National Institute of Health awarded researchers from Penn State University, University of Michigan, and the University of London in conjunction with The Food Trust a grant to study the effect of changes to the built environment on incidences of overweight and obesity. The study will evaluate the impact of the Pennsylvania Fresh Food Financing Initiative. The project will examine fruit and vegetable consumption patterns in a neighborhood attaining a new grocery store through FFFI. This project is the first phase of a larger, mixed-method, multi-site study in a range of community settings (urban, suburban, and rural) throughout the United States.

— James Johnson-Piatt, *The Food Trust can be reached at jjpiatt@thefoodtrust.org*

A SURVEY OF FARM-TO-COLLEGE PROGRAMS: history, characteristics and student involvement

Sarah C. Murray

A student-led group working with Dining Services to create a popular local-foods dinner.

A local food co-op setting up a facility to process locally grown organic fruits and vegetables for schools and universities.

A new type of wheat developed in a university's research facilities and then used to provide flour for pizza dough in campus eateries.

These are just a few of the stories uncovered in farm-to-college research I conducted for a master's thesis at the University of Washington in conjunction with the Community Food Security Coalition.

Farm-to-college programs involve purchasing local farm products for use in campus cafeterias or other food service operations. In doing so, program organizers often hope to help the local economy (and local farmers in particular); bring fresh, quality foods into campus dining operations; and support more environmentally friendly production methods or reduce the distance traveled by campus food supplies. These programs are part of the larger farm-to-cafeteria movement, which tries to accomplish similar goals

for K-12 schools, hospitals, nursing homes and other institutions.

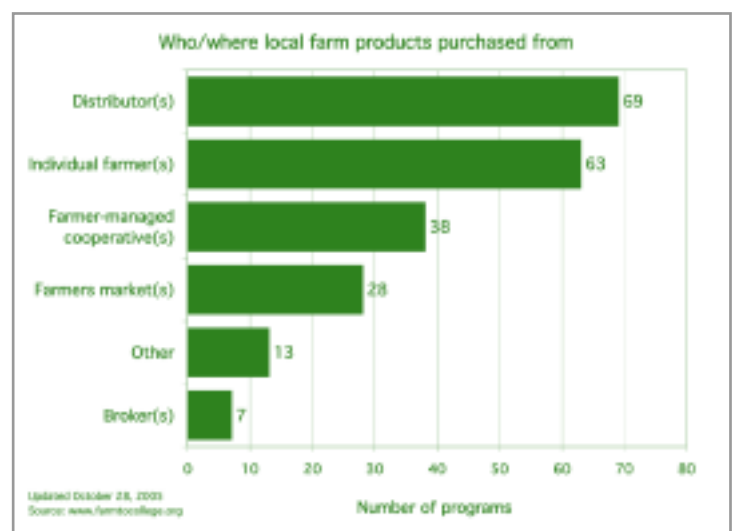
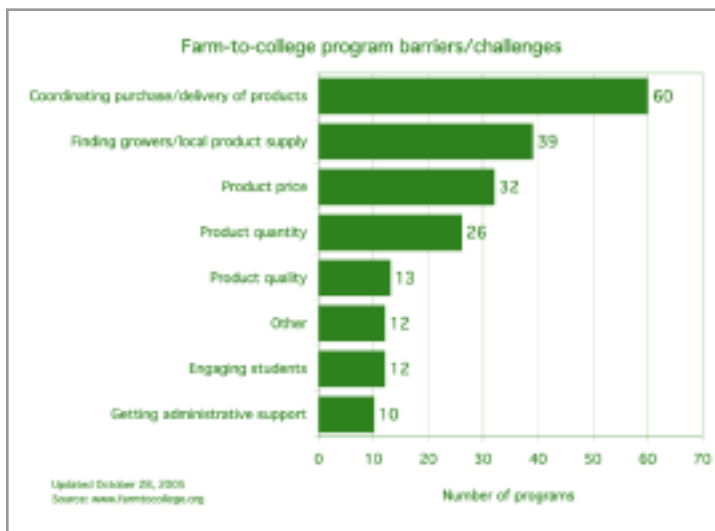
The results showed that programs are located at more than 80 schools throughout the United States, but are primarily concentrated in the Northeast, Midwest and West Coast. There is wide variation among the schools in terms of number of students, community size, food services operations type and other characteristics. Although food services personnel or students start many programs, an increasing number are initiatives of food service management companies at both the local and national levels.

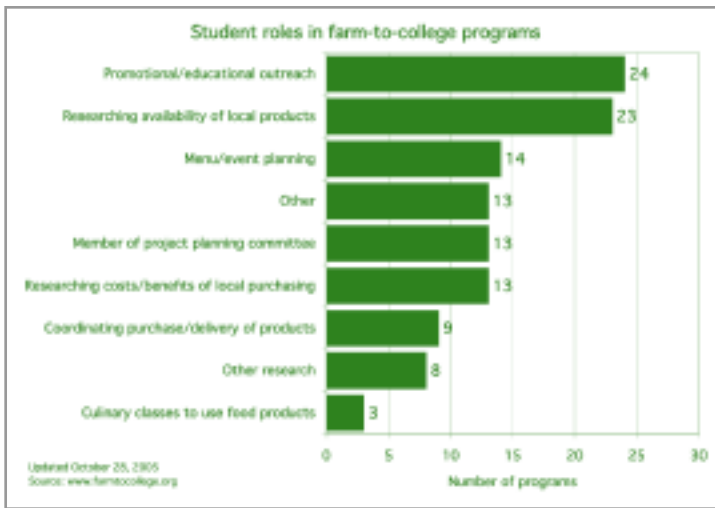
According to both survey responses and interviews, the biggest challenges for most programs include finding adequate sources for local products, meeting safety requirements, and coordinating the logistics of purchasing and transporting products to campus. While a handful of programs have received grants or other external funding to help with these initial hurdles, the majority have not.

Many large public universities with farm-to-college programs face special challenges from state contracting requirements and their high product

volume needs. For instance, the University of Washington can buy only a small amount from an individual vendor without using a competitive bidding process. Some schools have incorporated "buy local" agreements into their primary contracts, allowing them to obtain more local products through existing vendors or add new vendors who can provide local items. Dining Services at Ohio University has worked out an agreement with its primary supplier that allows it to purchase up to 10% of items locally. At UMass, Dining Services included a clause in its most recent produce contract that allowed for purchasing up to 15% locally when available. The University of Wisconsin-Madison has been able to take advantage of a more flexible contracting system to increase its local product supply, but has recently been dealing with a state push to have all state agencies buy from a uniform set of vendors.

Finally, more than half of the programs surveyed had active student involvement in initiating and/or managing the existing program. Through student-led groups (at North Carolina State University and the





University of Wisconsin) or class work (at the University of Washington and Washington State University), students have helped initiate or maintain successful programs. At Portland State University, students run a café utilizing local foods, and at Oberlin College a student cooperative association buys local food for its kitchens. At other schools, however, student involvement has been nonexistent, though it is not clear if this is something that may change over time.

The results of this study were used to create a new Web site from the Community Food Security Coalition, www.farmtocollege.org, featuring information on individual farm-to-college programs across the country. It includes a searchable database of responses from the farm-to-college survey, to which other programs are encouraged to add their information, outlines trends of the farm-to-college movement, and provides links to a number of recommended resources.

Kaiser Permanente Farmers' Markets Creating a Win, Win, Win: Helping Members, Staff, Farmers, and the Community: Improving Access and Opportunities Through Food Retailing

Kaaiser Permanente, the nation's largest non profit health maintenance organization, currently hosts 12 farmers' markets and plans to operate 20-25 sites by late 2005. This includes new markets in California's rural Central Valley, Hawaii, Maryland, and Oregon. Driven by a desire to improve health conditions for health plan members, staff, and community residents, Kaiser's top administrators wanted to address community factors that contribute to individual health. Launching weekly farmers' markets keeps Kaiser moving forward in its mission of being a leader in preventive health and healthy living while increasing access to healthy food in

low-income communities and providing small family farmers with new sales opportunities. Kaiser has three models of farmers' markets.

In their Farmers' Market Association model, an association coordinates the logistics related to setting up and maintaining the market and Kaiser provides the space and promotes the market. In their Community Collaboration model, a community organization purchases produce from small farmers and transports and sells it at markets. This model reduces the time burden on farmers, and provides opportunities for at-risk youth or other community members to participate in selling the goods at the market. In their

Unbrokered model, Kaiser works directly with one or two farmers without involving an association. Kaiser is exploring creative ways to further its farmers' market impact. The institution convened a workgroup to explore strategies to build on current successes and expand them into changes in policy. The workgroup is drafting policies that incorporate local purchasing into the hospital's procurement practices. Kaiser is considering purchasing as much as 20 percent of the food used in its hospitals, cafeterias and business meetings from local organic growers.

From PolicyLink's *Healthy Food, Healthy Communities: Improving Access and Opportunities Through Food Retailing*, www.policylink.org. Copyright PolicyLink, 2005. Reprinted with permission.

WORKING TOWARD A DIVERSE AND INCLUSIVE COALITION

Over the last two years, members of the CFSC Outreach and Diversity Committee (ODC) have worked to deepen the Coalition's understanding of the role that racism plays in perpetuating injustice in the food system. This conversation has highlighted the need for CFSC to proactively challenge racism in order to truly change the food system. In response, CFSC has begun a change process to move toward becoming an anti-racist organization: one that is led by and inclusive of people of color, transparent in its decision making and power structures and follows an agenda set by the people it serves. CFSC is working with consultants from *dismantling Racism Works!* to develop a structured process to make the changes needed to realize these goals.

To begin this work, the CFSC board, staff and Coalition members who are active in the ODC, participated in a two-day anti-racism training facilitated by *dR Works!* in July 2005 in Chicago. The focus was on developing a shared understanding of what racism is and how it affects people's lives. This provided a foundation for examining how power, privilege, discrimination and oppression shape our society at every level, including the

Coalition and the CFS movement.

At the end of this training, two caucuses were formed—a white caucus and a people of color caucus (based on people's self-identification). Caucuses are a fundamental component of DR work, formed to give each group a place to share experiences and perspectives and work together to provide input into the change process. While we must all work together to create change, as individuals learning to build an anti-racist organization, white people and people of color have different work to do. Currently only people who attended CFSC's *dR Works!* trainings are eligible to participate in the caucuses.

CFSC held a second training with *dR Works!* in October 2005, in Atlanta. The purpose of this one-day training was to begin applying what had been learned in July to the Coalition. Participants discussed the characteristics of organizations along the spectrum from racist to anti-racist and began evaluating where CFSC fits on this continuum. As CFSC undertakes the work to become an anti-racist organization it will be looking to change the organization on many levels. Understanding these characteristics will help CFSC develop benchmarks to measure its progress

through this change process.

At the end of this training, each caucus met to select three individuals to serve on the *CFSC Change Team*. The Change Team will organize the process toward becoming an anti-racist organization. They will work with CFSC board and staff, the ODC and the caucuses to: create a vision of CFSC as an anti-racist organization; set clear and meaningful goals for reaching this vision; develop and carry out action plans to achieve these goals; and evaluate progress along the way.

The Coalition is committed to creating an open process and welcomes all members to give input as we move forward. The feedback given by CFSC members at the community forum held at the annual conference in Atlanta in 2005 will be carefully considered in developing the goals and action plan. The Change Team will develop additional ways for more people to actively participate in this process. You can learn more about this effort and anti-racism philosophy by visiting the ODC web page. There is also a bulletin board on this page where you can send us your comments as we move forward.

CFSC Dismantling Racism Change Team

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Jim Hanna, Coastal Enterprises, Inc., Portland, ME. jimhanna@maine.rr.com, 207-777-5131

Kai Siedenbug, CFSC Staff, Santa Cruz, CA. kai@foodsecurity.org, 831-429-8202

Heather Fenney, CFSC Staff, Los Angeles, CA. heather@foodsecurity.org, 310-822-5410

CFSC Outreach and Diversity Committee www.foodsecurity.org/outreach

All CFSC members are encouraged to join the ODC. Contact Maya at 310-822-5410 or Maya@foodsecurity.org if you are interested in joining.

dismantling Racism Works! www.dismantlingracism.org

CFSC'S COMMUNITY FORUM ON DISMANTLING RACISM

The Atlanta conference included a Community Forum where hundreds of people talked in small groups about CFSC's dismantling racism (DR) work. It was an open dialogue about why this work is important and what people hoped would come out of it. Groups were asked to provide written feedback to CFSC. The 44 comment sheets covered a lot of ground, yet there were key themes that were echoed by many groups, as described below. A longer summary of the comments is available on the CFSC website.

Every group said that it was important for CFSC to take on dismantling racism (DR) work. Most gave compelling reasons for this, with many emphasizing the following themes:

- Many people of color are food insecure, and racism is a major contributor to poverty and food insecurity.
- Race issues need to be acknowledged and addressed, but are often avoided.
- CFSC and the CFS movement need to be broad and inclusive of all voices in order to be representative and effective.
- CFSC and the CFS movement need to be accountable to people of color and the communities they seek to serve.

Participants mentioned a broad range of hopes for the Coalition's DR work. A few key themes were echoed by many groups:

- DR work must be recognized as a long-term commitment and an ongoing process. It should be integrated throughout CFSC's work, not compartmentalized in specific programs or conference tracks.
- CFSC should share information about the DR work with its

members and become a model for others. It should provide access to training, tools, and funding for others to do this work.

- CFSC needs to become more accountable to its members and the communities it seeks to benefit. It needs to be more democratic and inclusive, with grassroots groups and people of color at the table and setting the agenda. The staff (including higher levels) and board need to be more diverse.
- CFSC should empower and support leadership by people of color, not just try to include or serve them. Some groups suggested leadership development, capacity building, and/or regional meetings. A number called for more outreach to particular groups, especially youth, farmworkers, Latino/as, and Native Americans.

The CFSC conferences should provide more scholarships, have more diverse and community-based speakers and participants, and incorporate diverse and multi-cultural and learning styles. Some groups also called for integrating diverse cultural styles into communication and decision-making, and using simpler and more inclusive language.

A few concerns were expressed. Many thought that CFSC should address other types of oppression in addition to racism, with class issues mentioned most often. A few had concerns about the work being divisive and questioned the need for separate caucuses of white people and people of color. Several expressed concern that other types of work (e.g. policy) also move forward. Still, overall there was overwhelming support expressed for CFSC taking on this important work.

You can read an extended report on the Community Forums at: www.foodsecurity.org/outreach

CULTIVATING COMMON GROUND (continued from page 3)



appear to have the most potential for mutual effort:

- Provide fresh food in health care institutions
- Ensure fresh food in every neighborhood
- Promote agricultural subsidies for fresh food
- Eliminate the use of non-therapeutic antibiotics

It is clear that food is one of the most fundamental issues affecting human health and the health of the environment. Therefore, creating a sustainable food system that supports healthy consumption habits has the potential to be a central goal for both sustainable agriculture and health care, and to have resonance community-wide.

To see the rest of our recommendations and to read the full report, please visit our website at www.prevention-institute.org.



Supermarkets in Indian Country:

The case of a successful store-tribe partnership

By Kami Potbukuchi, Wayne State University

For residents of many Indian reservations, a three-hour long round trip for grocery shopping is not at all unusual. Native Americans experience poverty and food insecurity at higher-than-average rates; diabetes and other diet-related illnesses are also at near-epidemic proportions in many communities. Access to full-service supermarkets is therefore a pressing concern in Indian Country.

Yet, significant amounts of grocery dollars are expended outside reservations or in local convenience stores that carry few healthful choices and charge higher prices. A few tribes have developed stores or partnered with outside chains, but most communities continue to go without a supermarket. The partnership between Bashas' Supermarkets, an Arizona-based, private chain with 153 stores, and several Navajo communities, could serve as an important model to communities hoping to develop grocery outlets nearby.

How Bashas' came to Chinle, Arizona

When Dineh Cooperatives Inc. (DCI), a Navajo community development corporation in Chinle, Arizona, queried tribal members about local needs, a supermarket quickly surfaced

to the top of the list. DCI went on to build Navajo Nation's first shopping center, overcoming significant but typical challenges associated with land development in Indian Country.

Getting a grocery retailer to anchor the Tseyi' Shopping Center proved to be more difficult. "We had put together a dog-and-pony show to present to representatives of leading chains in the area—Albertsons, Safeway, and others," says Jon D. Colvin, President and CEO of DCI, "but these officials just sat there and nodded politely. And we never heard from them afterwards." Bashas' Supermarkets was last on their list, but, to their great surprise, Chairman Eddie Basha agreed to work with them.

The 29,000 square foot store opened in 1981; its sales soon were among the chain's highest. A portion of rent in the 50-year lease, was pegged to sales, and 25 percent of profits were returned to the tribe. Soon, similar arrangements were put in place in other communities such as Window Rock and Tuba City, Arizona, and Crownpoint, New Mexico.

Why Bashas'?

Why were the Bashas interested in this remote Indian community? The family's history provides some clues. During the Great Depression, Najiby Basha and her son, Ike, peddled shoes, combs, and other merchandise from their car on the Yaqui and Pima reservations, which experience provided an early



affinity with far-flung Indian communities. Moreover, unlike for national chains, private ownership meant that opening a new store did not need approval from corporate headquarters. Most importantly, however, Eddie Basha was persuaded by the strength of the market that existed on the reservation, and the potential for expansions to other Navajo communities based on the Chinle experience. This was, first and foremost, a significant business opportunity.

Tribal law requires that businesses employ local residents whenever possible, but few Chinle residents had the requisite experience to run a supermarket. To orient potential employees with the particulars of operating a grocery store and to cultivate a sense of the larger store community, Bashas' brought the first set of Navajo trainees to live at the homes of their Phoenix-based employees. "Bashas' displayed an extraordinary commitment to making this store work," says DCI's Colvin. Store directors and employees I interviewed at three stores conveyed this strong sense of family within the chain.



What customers buy

The Bashas' Indian or "Diné" stores carry a variety of products desired in the community. Large sacks of "Blue Bird" brand flour—used to make the traditional fry bread—evaporate from shelves on busy days. Cuts of mutton, large cans of lard, potatoes, dairy alternatives, sacks of animal chow, and fresh and canned vegetables and fruits are other populars. As elsewhere in the country, however, large amounts of processed foods laden with sugar, salt, and fats are purchased in these stores. "Bashas' is interested in carrying healthy products; diabetes is something the community is trying to combat. So we carry a wide selection of fruits and vegetables. But we also have to go with what moves. Chips, junk foods,



soda pop... This is what the community is buying," says Shelly Biakaiddy, director of the Crownpoint (NM) Bashas'.

Conveniently, the diabetes clinic is also located in the shopping center, at the intersection of Highway 57 and Route 9. Getting people to buy healthier perishables might be difficult given relatively long trips, gaps between shopping trips, and possibly lack of electricity, reliable kitchen equipment, and knowledge of how to cook and eat more healthfully. As in other low-income communities, the store is busiest during the first two weeks of the month, and EBT (Electronic Benefits Transfer, for food stamps and WIC) payments account for a significant proportion of sales.

In all, seven Diné stores exist. Bashas' have built an extensive repository of experience in profitable stores, and are interested in expanding to other tribal communities in the Southwest United States. At the same time, the stores have returned a host of community benefits in the form of healthy food access, jobs, and profit-sharing. This case highlights, once again, that communities that wish to attract grocery stores to underserved neighborhoods may need to recruit successful stores within their regions, including independents and privately held chains; document market potential for retail grocery; and enlist local community development corporations as partners in particular deals.

For more information contact Kami Potbukuchi, ae7693@wayne.edu

New National Food Policy Council Program Launched

CFSC is pleased to announce the start of a new national Food Policy Council Program designed to support the development and operation of current and emerging Food Policy Councils, and help them link with and build markets for local farmers. Food Policy Councils (FPC's) bring together stakeholders from different food-related sectors to examine how the food system is operating and to provide recommendations on how to improve it. FPC members often include City officials, food retail and restaurant owners and advocates from anti-hunger, public health, sustainable agriculture, and community gardening. FPC's have been effective at developing policy and projects around various Community Food Security issues including farm to institution, community gardens, and community food assessments. We are excited to offer support to Food Policy Councils to help foster their

success in building community food security.

While FPC's are not a brand new concept, the structure, practices, and policies of FPC's are still evolving and many emerging groups are looking for support, resources, and direction. Like most community food security approaches, FPC's are not a quick fix. Set-up, maintenance, and success require a particular set of skills, vision, and a great deal of work. To support those engaged in this pioneering work, CFSC will be providing direct technical assistance, facilitating information sharing, and identifying policy ideas and promising practices, with a focus on identifying ways FPC's can support local farmers (especially limited resource, people of color, women, and other traditionally underserved groups). Since the mid-1990's CFSC has been offering some limited technical assistance to FPC groups without dedicated funding to support this work. However, this year for the first time CFSC received funding from the Risk Management Agency, of the

US Dept. of Agriculture.

Last month we began reaching out to partners and distributing a survey to help us gauge FPC needs and interests. Later this month we will be compiling our survey results and moving forward on the recommendations. In this endeavor, CFSC will be tapping into the expertise of program consultants Denise O'Brien from Women, Food & Agriculture Network in Atlantic, IA, Rosalinda Guillen from Community to Community in Bellingham, WA, and Debra Livingston from the Rural Coalition in Washington DC. CFSC also will partner with Food Policy Council veterans Mark Winne from New Mexico Food Systems in Santa Fe, NM, and Wayne Roberts from Toronto Food Policy Council as technical assistance consultants. It is exciting to have the opportunity serve community food advocates working thru Food Policy Councils.

For more information, contact Raquel Bournbonesque at raquel@foodsecurity.org or 310-822-5410.

New Staff: CFSC Policy Associate



Steph Larsen

Steph Larsen hails from a snowy, cheese-filled region of northwestern Wisconsin, and studied geology at the University of Wisconsin-Eau Claire. After realizing that people were more interesting to her than rocks, she earned her master's degree in the Geography Department of the University of Wisconsin-Madison. Her thesis research related to agrobiodiversity in Mexican corn led her to several adventures in agriculture, including internships on organic farms in Cornwall, England, research in urban agriculture in Cuba, and an internship with the Michael Fields Agricultural Institute working on policy. An organizer by nature, she worked on environmental issue campaigns during the 2004 elections, and is extremely excited to have landed in the policy organizer position with the CFSC. Steph enjoys rock climbing, running, great books and conversations, and shaking up the status quo.

FOOD POLICY (continued from page 1)

We invite your input in this process, to help determine policy goals through listening sessions happening this winter, or through reviewing and commenting on blueprint drafts on CFSC's website at www.foodsecurity.org

How will this initiative, well-financed in comparison to previous policy reform initiatives, ever compete with the well-heeled agri-industrial complex, which has a vested interest in maintaining the status quo? The best answers are that we are better organized than ever before and more of us believe that change is necessary. There are growing signs, for instance, that health, trade, and high crop subsidy concerns are slowly changing Americans' thinking about our food and farm system for the better. At the same time, the good work of the past

30 years by the ever expanding local food and food security movement has sharpened people's appetites for food that is grown nearby while ensuring that everybody has access to healthy, affordable food. If we stay focused, contribute ideas, and support the final policy proposals to the best of our abilities, we might yet witness policy changes that are good for us, and even better for our children.

— *Mark Winne, CFSC
Communications Director at
mark@foodsecurity.org, and
Steph Larsen, CFSC Policy
Associate, at
steph@foodsecurity.org*

OBESITY (continued from page 10)

advantage of the nutritious meals and snacks offered by these programs. If seen and utilized as important allies in the battles against obesity and food insecurity, the child nutrition programs can help lead many low-income households onto a healthier path. (See FRAC's website, www.frac.org for more information on the federal nutrition programs and how to increase children's access.)

In addition to increasing access to the child nutrition programs, it is important to examine how the programs themselves can be further improved and how the environment in which the meals and snacks are served can foster good nutrition and increased physical activity. These two sets of actions can lead to the full development of the potential that nutrition programs offer in the battle to prevent obesity.



CFSC'S TENTH ANNUAL CONFERENCE will be held at the Sheraton Wall Centre in Vancouver, BC, October 7-11, 2006, in conjunction with Food Secure Canada. Check www.foodsecurity.org for more information.

WHAT IS THE COMMUNITY FOOD SECURITY COALITION?

The CFSC is a national network of organizations forging new ground in developing innovative approaches to food and farm needs for communities across America. Started in 1994, it is at the forefront of building a national movement around community food security.

WHY SHOULD I BECOME A MEMBER?

Becoming a member is a way to strengthen your connection to the Coalition and other related organizations and individuals across the country. Your membership helps build a dynamic national movement, and provides important support for innovative CFS initiatives. Membership also comes with certain benefits: a subscription to the quarterly CFS News newsletter, voting privileges (for organizations), and discounts on Coalition publications.

MEMBERSHIP CATEGORIES:

Please join at the organization member level. By doing so, it demonstrates your organization's commitment and lends us greater political strength.

- \$35 Individuals
- \$50 Small organizations, with less than \$100,000 budget
- \$100 Large organizations, with more than \$100,000 budget
- \$500 Individual life time membership
- \$_____ Low income individuals, students, or seniors (sliding scale—\$1-\$25)

PUBLICATIONS AND OTHER MERCHANDISE:

- \$12 Healthy Farms, Healthy Kids: Evaluating the Barriers and Opportunities, for Farm to School Programs. 2001.
- \$15 Full Color, original artwork, T-shirts. (100% organic cotton shirt) – Circle one: S, M, L, XL
- \$10 Getting Food on the Table: An Action Guide to Local Food Policy. 1999.
- \$10 Feeding Young Minds, 2005.
- \$30 Seeds of Change: Strategies for Food Security for the Inner City. 1993.
- \$18 What's Cooking: A Guide to Community Food Assessments. 2002.
- \$22 Evaluation Toolkit and Handbook. 2004.
- \$10 Linking Farms with Schools. 2004.

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Phone: _____ Fax: _____

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SAVE THE DATE:
Tenth Annual CFSC
Conference, Vancouver, BC
October 7-11, 2006

New Board Members

Ed Cooney is the executive director of the Congressional Hunger Center in Washington, D.C. He specializes in public policy issues on



federal nutrition programs. CHC administers the Bill Emerson National and Mickey Leland International Hunger Fellowship Programs. Ed held two senior positions on policy in the Clinton Administration at the U.S. Department of Agriculture. He previously was the deputy director and chief lobbyist at the Food Research and Action Center.

Molly Anderson is working currently as Research Coordinator for the national Food & Farm Policy Project. She was employed by the US



Regional Office of Oxfam America between 2003 and 2005, most recently as director of the US Program, supporting programs and policy that help poor rural communities in the United States. Prior to Oxfam America, Molly worked at Tufts University for 14 years as a professor, administrator, partnership builder, and researcher. She co-founded and for five years directed the Agriculture, Food and Environment Graduate Program in the School of Nutrition Science & Policy at Tufts. She was a national Food & Society Policy Fellow between 2002 and 2004.

Chukou Thao is the son of a Hmong refugee parent. He was a part of the Vietnam War which brought his family to America. He is



nationally recognized leader for the Hmong farmers' movement and the current director for the National Hmong American Farmers, Inc. (NHAF) and has been working in with grassroots community for the last six years. He is also a steering committee member for the National Immigrant Farming Initiative, Board member for the Rural Coalition and a Planning Committee for the USDA Annual Partners Meeting.