

# Food policy – a 30 second history

Military  
readiness

Famine



Industrialized  
(Yield-focused)  
agriculture



calorie  
Cheap feed  
policy,  
1974 - 2011

1800s

1900s

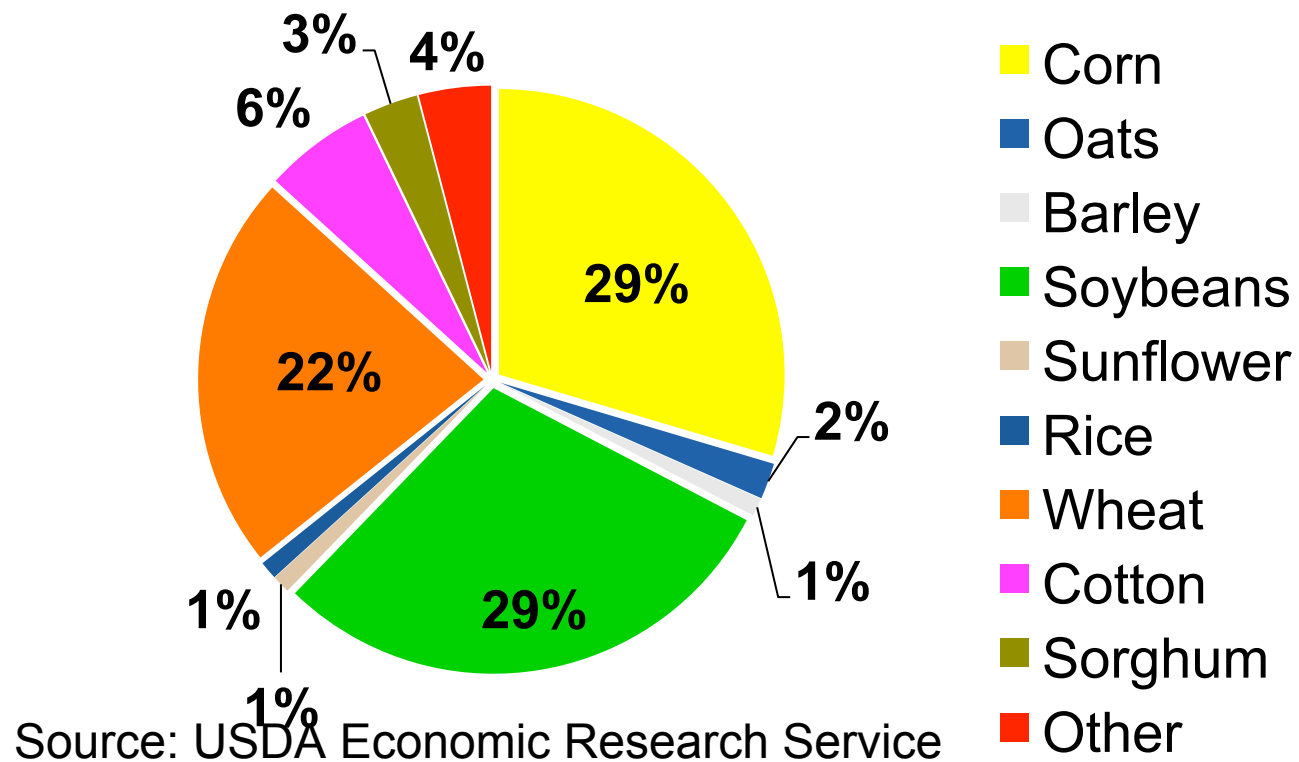
1950s

2000



# U.S. food policy: Health “externalities”

U.S. Crop Area Planted 2006



# U.S. food policy: Health “externalities”



Americans overconsume cheap, overabundant calories in junk foods that are high in added fats and sugars.

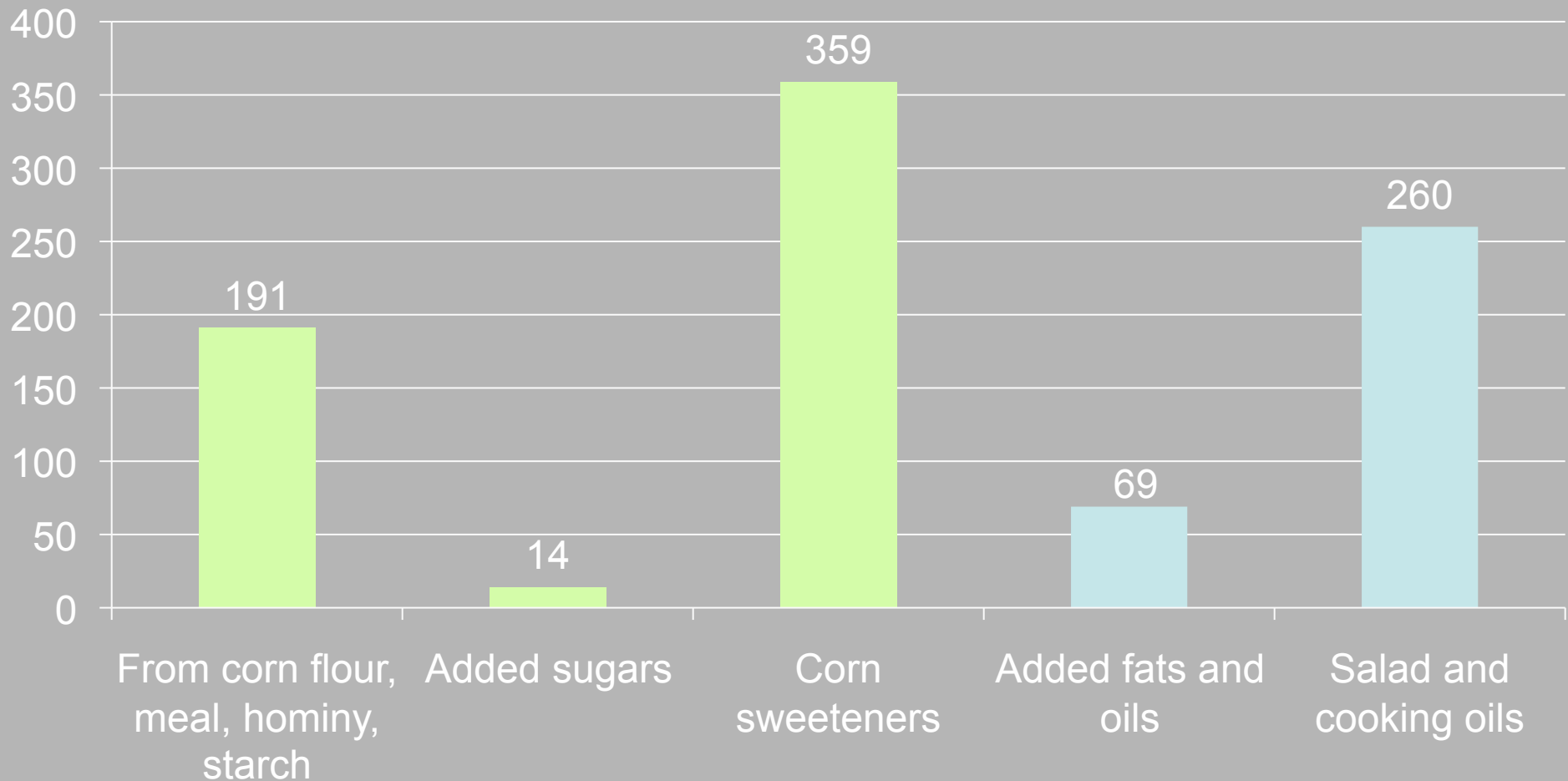
Diets rich in these foods contribute to obesity and other, expensive epidemic chronic dz.

These calories are derived from the same few commodity crops supported by U.S. farm policy for decades.

Source: Wallinga D. Agricultural Policy And Childhood Obesity: A Food Systems And Public Health Commentary. *Health Affairs* 2010; 29(3): 404–409

# Farmers grow what Americans overconsume

Percent increase in calorie intake, 1970 to 2007



Economic Research Service. Loss adjusted food availability [database on the Internet]. Washington (DC): U.S. Department of Agriculture; updated 2009 Feb [cited 10 Jan 2010]. Available from: <http://www.ers.usda.gov/Data/FoodConsumption/FoodGuideIndex.htm>

# Other “externalities”



## HEALTH

- Chronic diseases (cancer, diabetes, obesity)
- Antibiotic resistance & food-borne pathogens
- Pesticide exposure (cancer, reproductive, neurodevelopmental, and endocrine impacts)
- Asthma and respiratory illness
- Food justice (hunger, food deserts)

## SOCIETY

- Local economic development
- Labor issues

## ENVIRONMENT

- Water and air quality
- Energy use and GHG emissions
- Loss of crop and biological diversity
- Soil erosion

## Changing frames

Healthy behaviors  Default environments

Focus on  
individuals



- ✓ PSE (Policy, Social, Environment)
- ✓ Public health
- ✓ Public environmental health nutrition

Brownell KD, et al. *The Need for Bold Action to Prevent Adolescent Obesity*, *Journal of Adolescent Health*, 45 (2009) S8–S17.

Brownell et al., *Health Affairs* 2010

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REPORT BRIEF • SEPTEMBER 2009

### LOCAL GOVERNMENT ACTIONS TO PREVENT CHILDHOOD OBESITY

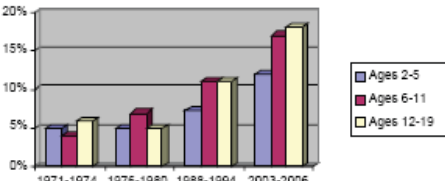
In the United States, 16.3 percent of children and adolescents between the ages of two and 19 are obese. This epidemic has exploded over just three decades. Among children two to five years old, obesity prevalence increased from 5 percent to 12.4 percent; among children six to 11, it increased from 6.5 percent to 17 percent; and among adolescents 12 to 19 years old, it increased from 5 percent to 17.6 percent (see Figure 1). The prevalence of obesity is so high that it may reduce the life expectancy of today's generation of children and diminish the overall quality of their lives. Obese children and adolescents are more likely than their lower-weight counterparts to develop hypertension, high cholesterol, and type 2 diabetes when they are young, and they are more likely to be obese as adults.

In 2008, the Institute of Medicine (IOM) Committee on Childhood Obesity Prevention Actions for Local Governments was convened to identify promising ways to address this problem on what may well be the epidemic's frontlines. The good news is that there are numerous actions that show potential for use by local governments. Of course, parents and other adult caregivers play a fundamental role in teaching children about healthy behaviors, in modeling those behaviors, and in making decisions for children when needed. But those positive efforts can be undermined by local environments that are poorly suited to supporting healthy behaviors—and may even promote unhealthy behaviors. For example, many communities lack ready sources of healthy food choices, such as supermarkets and grocery stores. Or they may not provide safe places for children to walk or play. In such communities, even the most motivated child or adolescent may find it difficult to act in healthy ways.

... local governments are ideally positioned to promote behaviors that will help children and adolescents reach and maintain healthy weights.



**FIGURE 1: PREVALENCE OF OBESITY AMONG CHILDREN, 1971-2006**



Time Period	Ages 2-5	Ages 6-11	Ages 12-19
1971-1974	5%	6.5%	5%
1976-1980	12.4%	17%	5%
1988-1994	12.4%	17%	5%
2003-2006	12.4%	17%	17.6%

SOURCE: Centers for Disease Control and Prevention, National Health and Nutrition Examination Survey

For more information visit [www.iom.edu/obesitylocalgov](http://www.iom.edu/obesitylocalgov).

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Parker et al. IOM 2009

*Changing frames*

# A food systems perspective

Farm & food policy



- Intensive water, soil use
- Energy use & climate change
- Antibiotic, hormone use
- Rising, pesticide, fertilizer use

**Healthy food systems**  
**Healthier eating environments**

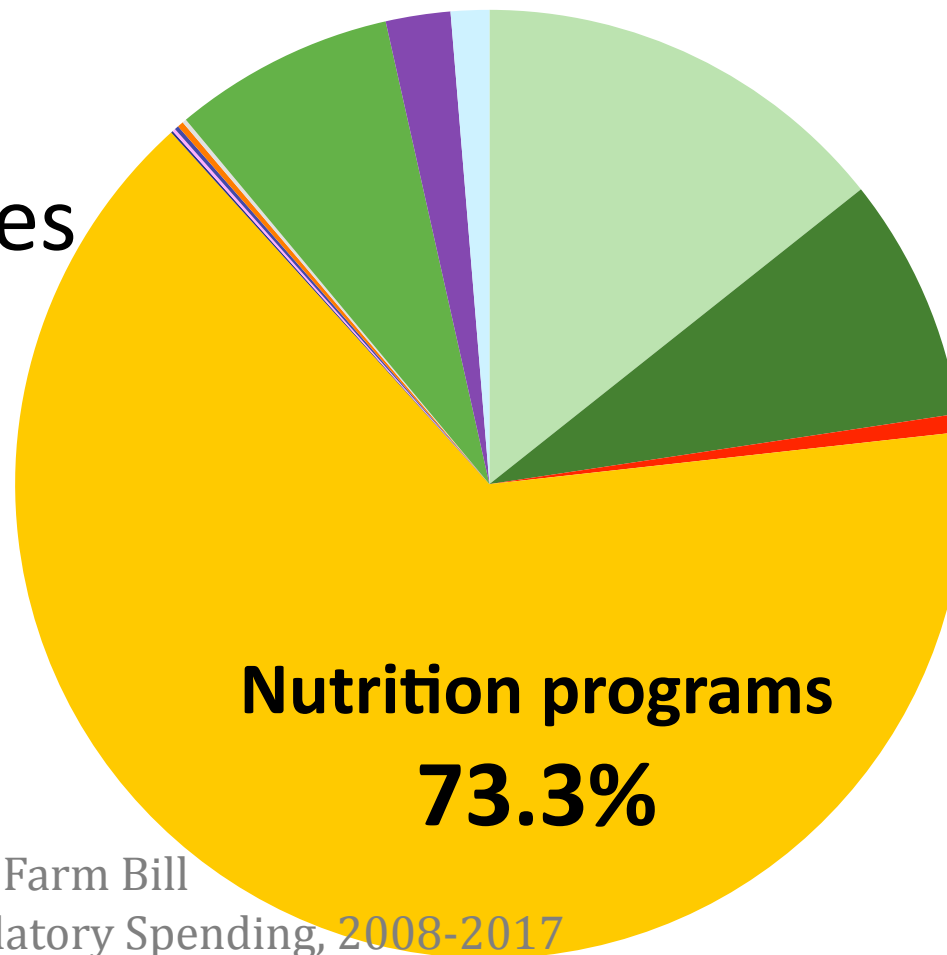
Behavior Change

Story M, Hamm MW, Wallinga D, eds. Food Systems and Public Health: Linkages to Achieve Healthier Diets and Healthier Communities (suppl) Journal of Hunger & Environmental Nutrition, Volume 4, Issues 3 & 4. December 2009 (in press)

# Why the Farm Bill?

It's a very, big pie

- 673 pages
- \$284b
- every 5 years



**Farm programs**  
**26.7%**

**Nutrition programs**  
**73.3%**

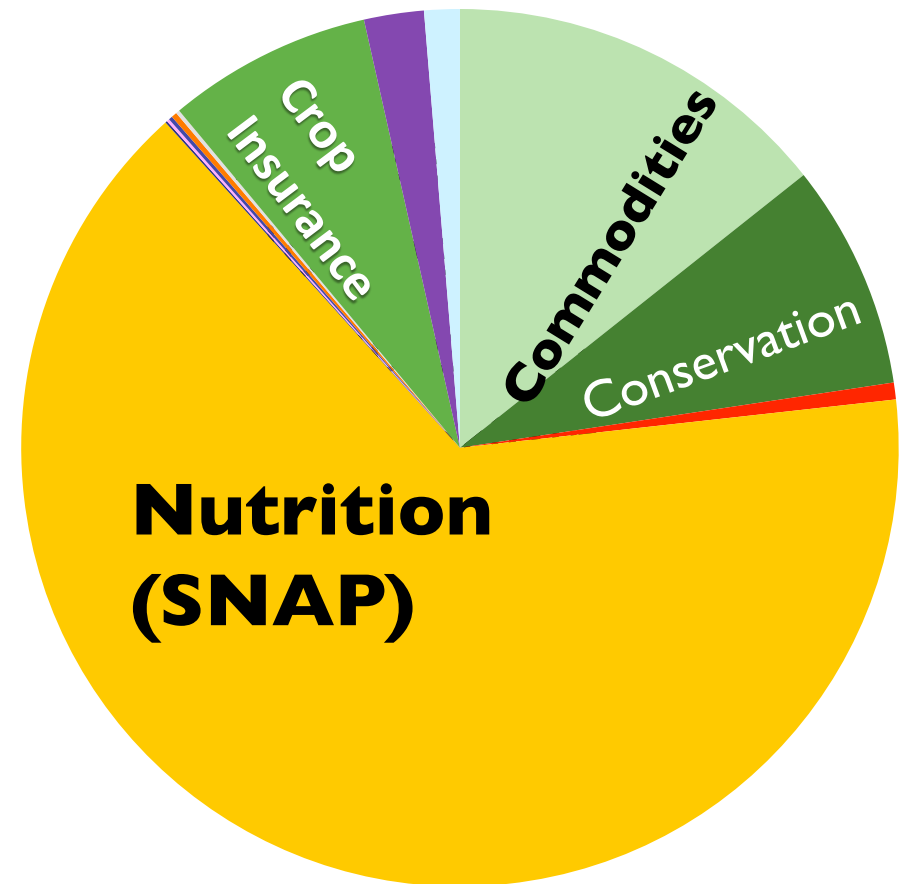
*At Enactment: 2008 Farm Bill*

Distribution of Mandatory Spending, 2008-2017

CRS: <http://www.nationalaglawcenter.org/assets/crs/RL34696.pdf>

# 2008 Food, Conservation & Energy Act

- 15 Titles
  - **Title I: Commodities**
  - Title II: Conservation
  - **Title IV: Nutrition**
  - **Title VI: Rural Development**
  - **Title VII: Research**
  - Title IX: Energy
  - **Title X: Hort & Organic Ag**
  - **Title XII: Crop Insurance**



Summary at: [www.ers.usda.gov/farmbill/2008](http://www.ers.usda.gov/farmbill/2008)

# Health in the Farm Bill

Courtesy of Roni Neff, PhD, Johns Hopkins University Bloomberg School of Public Health

## 1. What we eat

- *Access/affordability/production of healthy / sustainable / local & regional food*
- Support for commodities heavily used in less-healthy foods

## 2. Environmental health / sustainability

- *Conservation, organic and sustainable agriculture*
- *Local/regional food systems*
- Support for agriculture with negative environmental impacts

## 3. Anti-hunger / food insecurity

- *Addressing food insecurity – domestic, international*
- Food security threats including due to unsustainable agriculture

## 4. Social disparities

- *Access, affordability of healthy, sustainable, local/regional foods*
- *Leveling the playing field for small/midsized producers*
- *Rural public health, quality of life*
- Distribution of Farm Bill funds

# Title I

## Support commodities

- \$5.2 billion/year
- 84% to **corn, soybeans**, rice, wheat, cotton
  - Knowledge *re* yields, prices enables loans, financing, insurance, other risk mgt tools
  - Prohibits fruits/vegs on enrolled acres
- Commodity support in other titles: crop insurance, marketing loans, disaster payments, research

<http://www.ers.usda.gov/BRIEFING/FarmPolicy/gallery/directpaymentmap1.gif>



## *Health in the Farm Bill (2008)*

### Community food / Healthy food access

- Fresh Fruit and Vegetable Snack Program      \$120m / yr
  - Farmers' Market Promotion Program      \$ 6.6m / yr
  - Healthy Incentives Pilot      \$20m
  - Specialty Crop Block Grants      \$55m / yr
  - Financing for Local Food Enterprises      \$50m / yr
  - Community Food Projects      \$5m / yr
- ~\$250m



## *Health in the Farm Bill* 2008 → 2012

- Change takes time
- Organizing new alliances was effective, but required nurturing
  - Kellogg-funded Farm & Food Policy Project. Four core groups: EDF, AFT, CFSC, NEMW (not health)
  - Specialty Crop Farm Bill Alliance (more than 120 fruit and vegetable organizations)
  - National Sustainable Agriculture Coalition (80 organizations)
- No enduring health coalition
- Interested organizations --like NSAC, APHA, or Healthy Farms, Healthy People Coalition – but lacking capacity for
  - ✓ Organizing new partnerships
  - ✓ Health-focused and systems-focused policy analysis
- AGREE
  - ✓ Not a health focus
  - ✓ Near-term work??

**Nationally, Globally**

**Regionally**

**Communities**

**Institutions**

**Households**

Change behavior,  
Treat disease

**Reducing disease**

**Food systems  
(PSE) change *at  
all levels –  
Opportunities  
for partnership***

Nationally

- National healthy food system research agenda
- Farm Bill policy research and issue advocacy

Regionally

- Major health organizations prioritize healthy food systems

Communities

- New farmer financing

- Regional, local food policy councils

Institutions

- Funding regional pilots of what works

Households

Change behavior,  
Treat disease

- Program related investments in healthy food infrastructure

- Changing food systems in schools, hospitals, government buildings

- Training for physicians around food systems