



HEALTH IN ALL POLICIES: FOOD

Healthy Food Policies

Food choices are often shaped by policies that originate outside the health sector and therefore require significant cross-sector collaboration. For example, policies that promote access to local healthy food stores may require collaboration between the land use or planning, agriculture, commerce, and transportation departments and the business community. Policies that improve access to healthier foods in schools require partnerships between local and state health and education departments, and policies that promote food safety often require partnerships between health agencies and agriculture departments. The purpose of this document is to highlight how policies of other sectors, such as agricultural, transportation, or land use, can be strengthened to improve the nation's health. The cross-sector collaboration necessary to advance healthy policies is at the core of a Health in All Policies (HiAP) approach.

Introduction

With the growing number of foodborne illness outbreaks each year and the dramatic increase in obesity in the United States over the past 20 years, there is opportunity to improve our nation's wellness by considering health in food and agricultural policies. One in six Americans is sickened by foodborne diseases each year, resulting in an estimated 128,000 hospitalizations and 3,000 deaths annually.¹ According to a 2012 study in the *Journal of Food Protection*, the cost of foodborne illnesses in the United States is estimated to be \$77.7 billion annually, including medical costs, lost productivity, illness-related mortality, and monetized quality-adjusted life year estimates.² In addition, nutrition related non-communicable diseases, such as cardiovascular disease, type

2 diabetes, and certain cancers, cause a significant burden of disease in terms of ill health and premature death. Estimates reveal that the obesity epidemic across the nation costs \$147 billion per year, in addition to other social and emotional costs.³ Policies and programs that (1) enable access to healthy food choices, (2) improve school nutrition, (3) promote food safety, (4) enhance food defense, (5) support safe food production, and (6) reduce food contamination during transport can improve public health. Many stakeholders play a role in making this happen. The corresponding guides align with these six goals and outline state and federal programs and initiatives that have been successful in forging partnerships that benefit health and improve our overall food safety system.

Goal 1: Enable Access to Healthy Food Choices

Multi-sectoral approaches are needed to increase the availability, accessibility, affordability, and awareness of healthy foods. Two-thirds of the U.S. population is obese or overweight⁴ and one-third of U.S. children are overweight or at risk of being overweight.⁵ Being obese or overweight can lead to chronic diseases such as diabetes, cancer, and heart disease. Some policies and programs that increase access to healthier food choices include addressing food deserts, promote community gardens, and form food policy councils.

Goal 2: Improve School Nutrition

Creating a healthier school food system requires more than just new recipes and menus—it takes a systems approach, one that requires reevaluating existing school food systems, developing new partnerships, and investing in new strategies. Many states have launched successful initiatives to aid with this effort, including Let's Move Salad Bars to Schools and farm to school programs.

Goal 3: Promote Food Safety

Food safety is a core public health issue. With today's far-reaching and complex food supply chain, there is an increasing need to find more effective solutions to better protect consumers by preventing food contamination. Food can become contaminated at different stages in the food chain, including at the source on the farm, in processing or at distribution facilities, during transit, at retail and food service establishments, and in the home. The Food Safety Modernization Act (FSMA) enables health agencies to better protect public health by strengthening the food safety system. Because federal, state, and local agencies have different roles and responsibilities in the food safety system, FSMA aims to integrate various aspects of the food safety system to develop a sustainable, better coordinated prevention-oriented infrastructure.

Goal 4: Enhance Food Defense

Food safety concerns used to focus solely on accidental contamination. However, in recent

years there has been growing concern that terrorists could intentionally introduce biological, chemical, or radiological agents into the U.S. food supply. To enhance food safety practices and food defense preparedness, partnerships need to be established among multiple federal, state, and local partners. Both federal and state programs take this cross-sector approach to secure the nation's food supply, including the development of agroterrorism initiatives and food safety task forces.

Goal 5: Support Safe Food Production

Safe food production and processing practices help reduce animal-to-human disease transmission and promote worker health. States are the primary link between federal agencies and on-the-ground efforts to respond to illness outbreaks, and they are playing an increasingly larger role in inspections of food manufacturing facilities. Policies and standards that support good farming practices lead to healthier foods and also have positive impacts on rural communities and farm workers. Safety improvements in food processing protect production workers on and off the farm. Supporting safe production helps ensure health considerations are at the table throughout all steps of the farm-to-fork continuum.

Goal 6: Reduce Food Contamination During Transport

Each point along the farm-to-fork continuum has its own unique challenge. Food can get contaminated during production, processing, distribution, preparation, or transportation to the final vendor. In addition, food is often transported multiple times throughout the process, such as from the farm to a local market or warehouse prior to reaching a restaurant. Thus, coordination between multiple entities is required to ensure the food's safety. The Sanitary Food Transportation Act and state food transportation assessment projects are two ways to address this issue.

Health in All Policies

HiAP is an encompassing approach that extends beyond the boundaries of the public health sector.⁶ [ASTHO](#) defines HiAP as a collaborative approach that integrates and

articulates health considerations into policymaking and programming across sectors, and at all levels, to improve the health of all communities and people. HiAP requires public health practitioners to collaborate with other sectors to define and achieve mutually beneficial goals.

State and Territorial Health Agencies

State and territorial health agencies (S/THAs) play a major role in HiAP efforts. S/THAs are the primary protectors and promoters of basic environmental health services to communities, including protecting food and water, preparing for climate change, and promoting safe and healthy physical environments. They are well-suited to integrate health protection and health equity activities across their agencies. S/THAs regularly inform state-level policy, create new programs and initiatives, serve as liaisons to federal agencies, and provide support to local health departments, all of which are crucial to a comprehensive HiAP approach. At the state level, HiAP depends on interagency or cross-sectoral collaboration.

Environmental Health and HiAP

Environmental health is concerned with how interactions between humans and their environments impact human health. The field emerged to protect people from chemical or biological threats in their environments, such as air pollution and waterborne diseases. More recently, the field has focused on creating health-promoting environments, such as homes, workplaces, schools, neighborhoods, and communities.

Human-environment interactions are complex, and their issues often fall under multiple agencies' or organizations' jurisdictions. For example, environmental agencies may be responsible for monitoring air quality and water safety, and natural resource agencies may regulate our fisheries and our parks. Together, these agencies, along with many others, impact our health through regulating our outdoor environment. Therefore, improving overall population health necessitates cross-sectoral collaboration on policies, programs, and projects. HiAP provides a framework for

working across sectors to address these multifaceted issues.

A HiAP approach for food and agriculture systems involves agriculture, commerce, health, education, human services, chronic disease, corrections and rehabilitation, state planning and research, transportation, food retailers, community development, and other local associations.



Collaboration Is Key

Within Health Agencies

Across the country, several existing policy initiatives highlight the importance of collaboration and illustrate a HiAP approach. Environmental health programs within S/THAs play a variety of roles in promoting healthier food choices by collaborating with other state and local agencies, private industry, and community partners. Environmental health practitioners provide input for many cross-sectoral approaches, including safety considerations for getting fresh, local foods into schools, restrictions regarding cottage food and raw milk sales, and data for food establishment siting. They also often provide expertise in food safety and processing.

Across State Agencies

This guide includes many examples of S/THA collaboration with state agriculture, education, and land-use and planning departments, as well as local universities and farmers. Although the roles of sectors involved in any one specific policy initiative vary by region, there are some common roles across states.

[Agriculture Departments](#)

Either the state agriculture department or SHA is responsible for overseeing school nutrition programs. State agriculture departments and SHAs will often work with their counterparts at the local level, state education departments, and school food authorities to ensure that school nutrition programs serve safe and healthy food.⁷

[Education Departments](#)

A designated state agency, often the education department, is responsible for overseeing the state-wide operation of school nutrition programs.⁷ State education departments are responsible for ensuring that school nutrition programs comply with federal requirements and are consistent across the state. The designated state agency is also responsible for obtaining and distributing any food or beverage provided by federal nutrition assistance programs.⁸

[Transportation Departments](#)

State transportation departments can help improve access to fresh, healthy, and affordable food. Individuals' limited access to transportation may require state and local agencies and policymakers to work together to address the problem. Improvements in public transportation routes and services from areas with limited access and transportation subsidies for low-income individuals may be effective ways to reduce access problems.⁹ Such improvements may also help consumers access other services, like medical treatment, that may also be lacking in their area.

[Land Use and Planning Departments](#)

Farms, factories, grocery stores, and other food production sites use huge tracts of land. The planners and developers who shape our neighborhoods and cities also decide many healthy eating and active living policies.¹⁰ Zoning laws directly impact health where supermarkets, farmers markets, community gardens, and other food retail establishments are sited in relation to residential areas.^{11,12}

Health Equity Considerations

For decades, low-income urban and rural communities have had limited access to healthy

food. During the 1960s and 1970s, many middle-class families moved from cities to suburbs and supermarkets relocated, leaving those who remained in urban centers with limited access to fresh, healthy, and affordable foods. Without cars or access to public transit, low-income residents in these areas have relied on expensive, fatty, and highly processed foods sold at corner stores or local convenience stores. Low-income rural residents face similar struggles to access high-quality, affordable, and healthy foods.¹²

In the United States today, approximately 30 million people live in low-income areas more than one mile from a grocery store or supermarket.¹³ Residents in these communities typically lack transportation options to get to stores located in other parts of town. It is estimated that almost one-third of the U.S. population has difficulty accessing the transportation needed to purchase food, get to work, or accomplish other basic needs.¹⁴ This challenge especially impacts low-income, minority, and rural households.¹²

Inequities also persist across racial and ethnic groups with obesity rates, which have been escalating over the last few decades.¹⁵ African-American and Mexican-American children are almost twice as likely as white children to be obese, and children from low-income families are twice as likely to be overweight as those from higher-income families.^{12,16,17} Researchers estimate that this generation of children may live sicker and shorter lives than their parents if changes to the food systems are not made.¹⁸

A growing body of research suggests that one of the many factors contributing to Americans' expanding waistlines is the lack of healthy food in low-income neighborhoods.¹² In recent years, numerous studies have identified a strong association between high rates of obesity and the absence of a community grocery store or supermarket.¹⁹

The good news is that there are signs of change. Across the country, innovative programs and policies are helping thwart and reduce the nation's growing obesity rates. Some strategies that are proving helpful include

increasing access to affordable, healthy foods in low-income neighborhoods, improving the quality and selection of food sold at convenience stores, and linking farmers directly to consumers.¹²



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² Scharff R. "Economic burden from health losses due to foodborne illness in the United States." *Journal of Food Protection* 2012;75:123-131. Available at: <http://www.marlerblog.com/uploads/image/s18.pdf>. Accessed 1-7-2014.

³ Finkelstein EA, Trogon JG, Cohen JW, Dietz W. "Annual medical spending attributable to obesity: Payer- and service-specific estimates." *Health Affairs* 2009;28(5):w822-w831. Available at: <http://content.healthaffairs.org/content/28/5/w822.full>. Accessed 1-7-2014.

⁴ Flegal KM, Carroll MD, Ogden CL, Curtin LR. "Prevalence and trends in obesity among US adults, 1999-2008." *JAMA* 2010;303(3):235-241. Available at: <http://jama.jamanetwork.com/article.aspx?articleid=185235>. Accessed 1-7-2014.

⁵ Hedley AA, Ogden CL, Johnson CL, *et al*. "Prevalence of overweight and obesity among US children, adolescents, and adults, 1999-2002." *JAMA* 2004;291(23):2847-2850. Available at: <http://jama.jamanetwork.com/article.aspx?articleid=198912>. Accessed 1-7-2014/

⁶ Association of State and Territorial Health Officials. "Health in All Policies." Available at:

<http://www.astho.org/Programs/HiAP/>. Accessed 1-7-2014.

⁷ Public Health Law Center. "Feeding America's Schoolchildren: Navigating the Complicated Legal Terrain and Practical Challenges of Federal School Nutrition Programs." January 2013. Available at: <http://www.publichealthlawcenter.org/sites/default/files/resources/Feeding%20America's%20Schoolchildren.pdf>. Accessed 1-7-2014.

⁸ United States Department of Agriculture. "USDA Foods: More Choices for You. More Options for Them." Slide 4. Available at: <http://www.fns.usda.gov/usda-foods-more-choices-you-more-options-them-usda-foods-guide-child-nutrition-professionals>. Accessed 1-7-2014.

⁹ United States Department of Agriculture. "Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences." Economic Research Service, June 2009. Pages 108-109. Available at: http://www.ers.usda.gov/media/242675/ap036_1.pdf. Accessed 1-7-2014.

¹⁰ Northwest Center for Livable Communities, University of Washington, Department of Urban Design and Planning. "Food Access Policy and Planning Guide." 2011. Available at: <http://www.nyc.gov/html/ddc/downloads/pdf/ActiveDesignWebinar/King%20County%20Food%20Access%20Guide.pdf>. Accessed 1-7-2014.

¹¹ Johns Hopkins University. "Zoning for a Healthy Baltimore: A Health Impact Assessment of the Transform Baltimore Comprehensive Zoning Code Rewrite." 2010. Available at: http://www.hiasociety.org/documents/BaltimoreHIA_FullReport.pdf. Accessed 1-7-2014.

¹² PolicyLink. "Healthy Food, Healthy Communities." 2011. Available at: <http://www.policylink.org/site/apps/nlnet/content2.aspx?c=IkIXLbMNJrE&b=5136581&ct=10958405>. Accessed 1-7-2014.

¹³ Healthy Food Access Portal. "Making the Case." 2013. Available at: <http://www.healthyfoodaccess.org/get-started/making-case>. Accessed 1-7-2014.

¹⁴ Robert Wood Johnson Foundation. "Healthy Food Access Portal: Making the Case." 2013. Available at:

¹⁵ CDC. "Childhood Obesity Facts." Available at: <http://www.cdc.gov/healthyyouth/obesity/facts.htm>. Accessed 1-7-2014.

¹⁶ Bethell C, Simpson L, Stumbo S, *et al*. "National, State, and Local Disparities in Childhood Obesity." *Health Affairs*, March 2010, 29:3. Available at: <http://content.healthaffairs.org/content/29/3/347.abstract>. Accessed 1-7-2014.

¹⁷ National Council of La Raza. "Key Facts About Childhood Obesity in the Latino Community: A Fact

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¹⁸ Olshansky SJ, Passaro DJ, Hershow RC, *et al.* “A potential decline in life expectancy in the United States in the 21st century.” *New England Journal of Medicine* 2005;352(11):1138-45. Available at:
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¹⁹ PolicyLink. “The Grocery Gap: Who Has Access to Healthy Food and Why It Matters.” 2009. Available at:
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