

Part 2

Broader challenges in accessing healthy food



Food-health connection

Food is essential for life. Everybody eats in order to survive. But simply eating any food is not enough. A human body needs a variety of nutrients so that it can function properly and stay healthy. Food should not be seen only as something we enjoy eating or by which we fill our empty stomachs but also as our body's fuel that gives us the energy and nutrients to grow and be active. When we think food, we should think nutrition and health along with taste and smell.

**You are
what you eat!**



Photo by Elysia Sligh

There is a direct correlation between the food we eat and our health. The diets people choose, in all their cultural variety, define to a large extent people's health, growth, and development.¹⁹ Eating well is one of the pillars of maintaining good health. Eating well does not mean eating large quantities of food but eating a balanced diet. A balanced diet means the intake of all necessary nutrients in the correct quantities. Therefore, what we eat and how much we eat are important determinants of our health.

Most people are aware of the connection between what they eat and their well-being. However, despite this awareness, many people do not behave in a way that reflects this awareness. Food consumption patterns and eating habits may be influenced by many factors, including economic, environmental, political, social, and cultural. There are many reasons why people continue eating the foods that may cause major health risks. Perhaps the most common reasons are:

Insufficient nutrition knowledge. It is difficult for people to figure out the nutritional content of the food they eat. Calculating the nutritional value of home-cooked food requires serious nutrition education. Information about ingredients and/or nutritional value of food sold at restaurants or carry-outs is not usually available, so people do not know how nutritious their meals are. Packaged foods usually have nutrition information, but daily recommended intake of calories and other nutrients are for an average person, and these numbers do not fit for all. What constitutes a healthy diet or what quantity of which nutrients are needed daily differ from person to person depending on their age, size, and health.



¹⁹ *Diet, Nutrition and the Prevention of Chronic Diseases*. Report of a Joint World Health Organization and Food and Agriculture Organization Expert Consultation, Geneva 2003, p. 30.

Food insecurity. People who do not have food security often eat inexpensive, high-calorie prepared foods that suppress their hunger. Often times they eat large quantities of these foods, because they do not know when they will have their next meal. Unfortunately, these high-calorie foods are also high in salt, sugars, and/or fat. Eating in large quantities has a considerable negative effect on health.

Food prices. Processed unhealthy food is inexpensive, while healthy food is expensive. Substantial government subsidies for commodity crops, such as corn that goes in almost all processed foods, and artificial additives make it possible to produce cheap food with long shelf life. Healthy food is usually free of preservatives and has to be consumed when fresh. Bringing healthy food from producer to consumer in a short period of time, especially from long distances, is costly. Moreover, healthy food, such as fruits and vegetables, are not government subsidized. Therefore, healthy food prices, compared to processed food prices, are extremely high. Even people who can afford healthy food often tend to choose lower-priced processed food to save money. Unfortunately, people do not think about tomorrow's high cost of poor health from eating low cost, unhealthy food today. Healthcare costs to cure serious, diet-related illnesses, a consequence of unhealthy eating, could be significant.

Availability. Healthy food may not be available at nearby stores, whereas unhealthy food may be abundant. There is no shortage of processed boxed food, unhealthy junk food, and sugary drinks. On the other hand, fresh and good quality healthy food is hard to find. Even though people prefer to eat healthy food, they may not be able to find it.



Lack of knowledge about how to prepare food. Not everyone knows how to cook. Some people do not even recognize some fruits and vegetables (that they regularly eat) when they see them raw. Children who grow up without being exposed to food preparation are not likely to learn it as adults unless they realize the importance of it.

Lack of time. Today's lifestyle does not leave much time to shop for and cook food from scratch. A recent study showed that Americans purchase fast food to save time.²⁰ People have to choose between spending time at the market or with their friends—or at home in the kitchen or with their children. Indeed, it takes time to prepare homemade meals. But time spent today may save lots of time later in life for fun activities rather than doctor and hospital visits.



²⁰ Karen Hamrick and Abigail Okrent, *The Role of Time in Fast-Food Purchasing Behavior in the United States*, USDA Economic Research Report No. ERR-178, November 2014.

Convenience. It is easier to buy prepared food (take out or boxed) than to prepare raw food, due to an abundance of fast food restaurants and carry-out places.

Cultural traditions. People tend to eat the food they are accustomed to and have a developed taste for, regardless of its nutritional value.

Individual preferences. Some people eat what they like and enjoy it, even though they know it is not good for them.

Peer-pressure. People, especially children but even adults, are influenced by others around them and want to eat the same things others are eating.

Marketing. Discount coupons and commercials (especially television commercials) for fast-food restaurants, processed food, and sugary beverages influence people's choices. Most of these commercials target children who can significantly affect their parents' food-buying decisions.



Food as a causative agent of chronic diseases

Today's diet may not only influence present health but also may have a significant impact on determining whether or not an individual develops chronic diseases such as cancer, cardiovascular disease, and diabetes later in life.²¹ These diseases are often referred to as diet-related diseases and are considered to be preventable.

The U.S. food system experienced a major transformation in the second half of the twentieth century with the shift from family to corporate farming. Furthermore, changes in food processing and distribution methods as a result of technological advancements coupled with federal subsidies for commodity products have resulted in shifting dietary patterns. Traditional, largely plant-based diets have been swiftly replaced by high-fat, energy-dense diets with a substantial content of animal-based foods, added sugars, and reduced fiber, fruit, and vegetable intakes.²² Lifestyle patterns also have shifted tremendously due to the changes in land use patterns that require dependency on motorized transportation as well as advancement in technology that introduced television and computers. People have been pushed into a more sedentary lifestyle. The end result of shifting dietary and lifestyle patterns was the significant increase in preventable chronic diseases. "Preventable" is the key word here, because the occurrence of these diseases can be significantly lowered, for the most part, by simply changing eating habits, increasing physical activity, and lifestyle changes.

The most common diet-related diseases that affect the health of Prince George's County residents are summarized below.

"The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease."

—Thomas Edison

²¹ WHO and FAO report, p. 2.

²² WHO and FAO report, p.6 and 13.

Obesity and overweight

The terms “overweight” and “obesity” refer to body weight that is greater than what is considered healthy for a certain height.²³ The body mass index (BMI), a useful tool for measuring obesity and overweight ranges, is calculated from a person’s weight and height. An on-line BMI calculator for adults age 20 and over is available on the National Institutes of Health (NIH) web site.²⁴ Persons with a BMI ranging from 25 to 29.9 are considered overweight, and those with a BMI of 30 and above are considered obese.

Obesity, defined as an excessive amount of body fat that presents a health risk,²⁵ is indeed classified by the American Medical Association as a disease itself.²⁶ Obesity is on the rise and becoming an epidemic. In the United States, more than two-thirds (approximately 69 percent) of the adults are considered to be overweight and obese, and more than one-third (35 percent) of adults are considered to be just obese.²⁷

Prince George’s County obesity rates are alarming. As shown in Chart 16, while they are slightly better than the nation’s, they exceed the state’s rates.²⁸

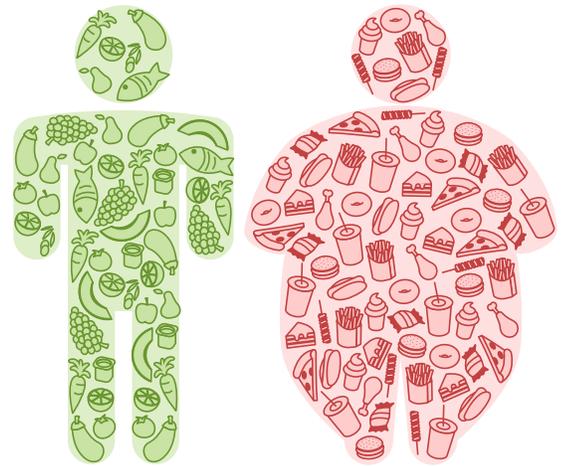
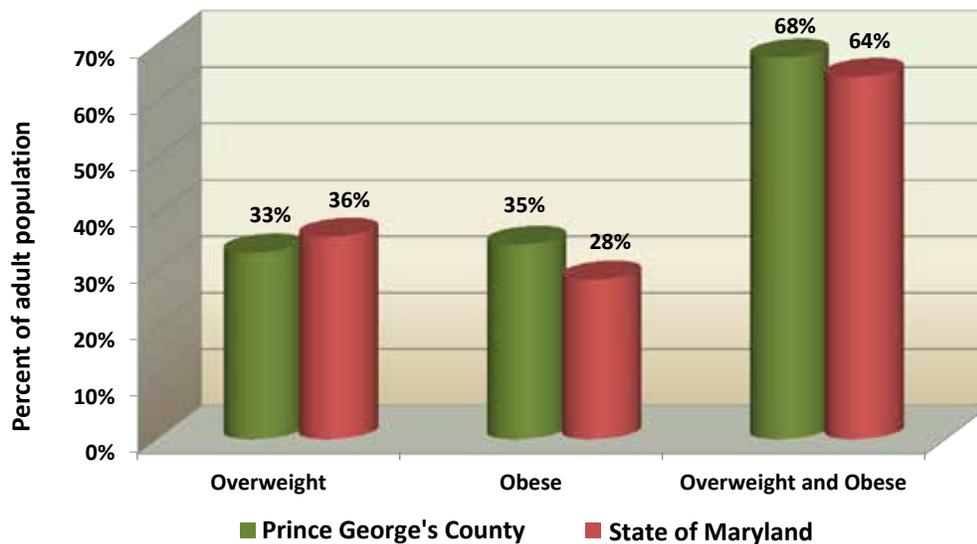


Chart 16: Percent of overweight and obese adults



Source: Maryland Behavioral Risk Factor Surveillance System, 2013.

²³ NIH, National Heart, Lung, and Blood Institute. <http://www.nhlbi.nih.gov/health/health-topics/topics/obe>

²⁴ NIH Online BMI calculator. http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm

²⁵ World Health Organization. <http://www.who.int/topics/obesity/en/>

²⁶ Rich Barlow, Is Obesity a Disease? Boston University Today, June 20, 2013. <http://www.bu.edu/today/2013/is-obesity-a-disease/>

²⁷ Cynthia L. Ogden, PhD; Margaret D. Carroll, MSPH; Brian K. Kit, MD, MPH; Katherine M. Flegal, Ph.D. “Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. *Journal of the American Medical Association*, February 26, 2014, Vol 311, No. 8.

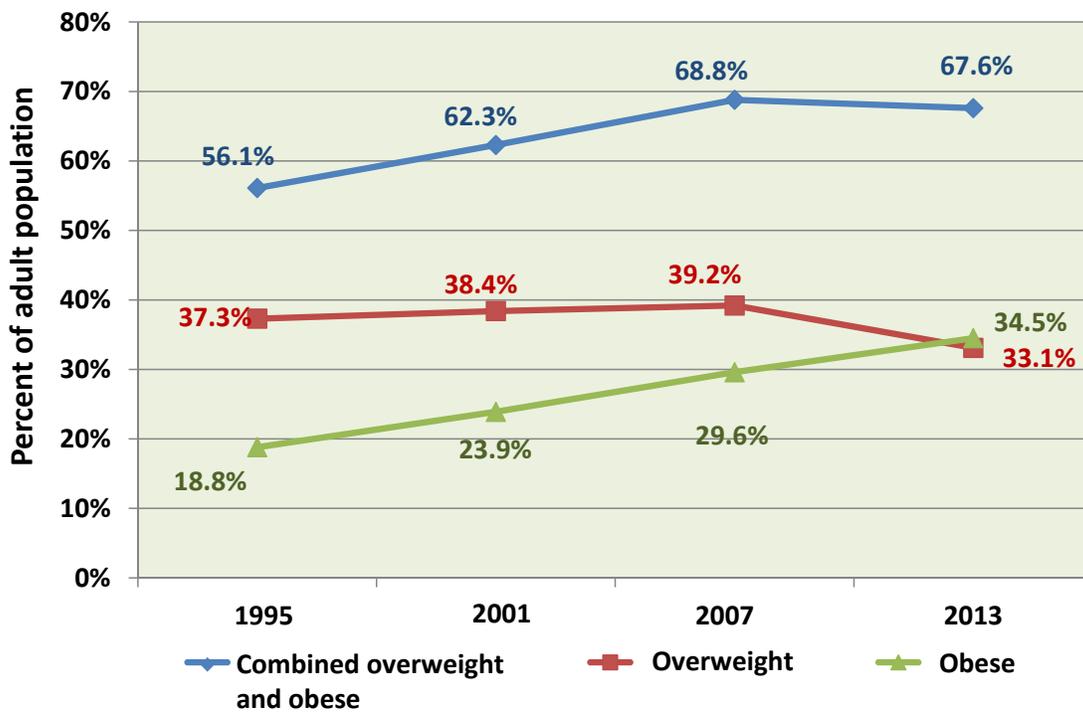
²⁸ Maryland Behavioral Risk Factor Surveillance System 2013 Results. <http://www.marylandbrfss.org/>

Among the 24 Maryland jurisdictions, 23 counties, and Baltimore City, Prince George’s County had the sixth highest rate of obesity in 2013, an increase in ranking from the ninth position in 2012.²⁹ However, the County dropped from the fourth highest position in 2012 to the 12th in 2013 in the combined ranking of percentage of overweight and obese people due to the decrease in the percentage of overweight people.

More than two thirds of the adult population in the County was overweight or obese in 2013. While a third of the adult residents were obese, another third were overweight. Obesity rates are extremely high for African Americans. In 2013 over 90 percent of African Americans were overweight or obese, with 52 percent being obese and another 41 percent being overweight. While 37 percent of the male population and 33 percent of the female population were obese, 32 percent of males and 34 percent of females were overweight in the County.

Chart 17 displays the steady increase in the County’s obesity rates between 1995 and 2013. Although the combined percentage of the overweight and obese population flattened lately due to the declining percentage of overweight people, the percentage of obese people continues to climb upward. In fact, in 2013 for the first time, the obesity rate surpassed the overweight rate by a 1.4 percentage point. Obesity rates in the County increased 84 percent between 1995 and 2013. Only 18.8 percent of the residents were obese less than 20 years ago.

Chart 17: Obesity trends in Prince George’s County, 1995–2013



Source: Behavioral Risk Factor Surveillance System, 1995–2013.

While there are various causes of obesity, the two most important causes are not following a healthy diet and being physically inactive. Obesity is related to energy imbalance; the more energy intake, the more physical activity is required to achieve the balance. Even people who exercise regularly may start gaining weight if they switch from a healthy to an unhealthy diet. Therefore, eating healthily is extremely important in preventing obesity. This association shows that there is a clear connection between food and health.

²⁹ Maryland Behavioral Risk Factor Surveillance System 2012 Results. <http://www.marylandbrfss.org/>

Childhood obesity

It is even more alarming to see the increase in childhood obesity rates. The body mass index (BMI) for children 2 through 19 years old is determined by using a BMI chart that compares their weight and height along with growth charts. The growth charts use a child's BMI, age, and sex to produce a BMI percentile.³⁰

In the United States during 2011–2012, approximately 17 percent of children and adolescents aged 2–19 years were obese.³¹ In 2013 in Maryland, 11 percent of high school students were obese. In Prince George's County, this number was 14 percent, which is a decrease from 15 percent in 2010.³² Prince George's County has the seventh highest rate among Maryland counties and Baltimore City in childhood obesity. The total percentage of overweight and obese high school students in the County is 31 percent (14 percent obese and 17 percent overweight).³³

Obesity at a young age is associated with higher premature mortality risk in adulthood. Youth who are obese have a higher risk of suffering from diabetes, hyperlipidemia (high levels of cholesterol in the blood, stemming from a diet high in fat), and hypertension (high blood pressure, which is affected by salt intake, general health, and hormone levels) diseases, which can persist into adulthood.

Obesity is certainly a very serious disease. Obesity is not only considered a chronic disease itself but also may be the cause of other chronic diseases.



Heart disease

Heart disease and stroke rank at the number one and number three causes of death, respectively, in the United States each year. Often, too much sodium in the diet contributes to increases in blood pressure and, therefore, an increase in the risk of a heart attack or stroke. Risk can be lowered by controlling portion size; eating more vegetables, fruits, whole grains, and low-fat protein sources; limiting unhealthy fats, cholesterol, and salt; and planning meals in advance, while indulging only occasionally in favorite, less healthy treats.³⁴ These diet-related practices need to be infused into everyday living.

Heart disease is the number one cause of death in Prince George's County. One quarter of all deaths in 2013 were due to heart disease.³⁵ Comparison of age-adjusted death rates from heart disease per 100,000 population for the County and the state, displayed in Chart 18, shows that over time the County's rate has been much higher than the state's.

³⁰ NIH, National Heart, Lung, and Blood Institute.

³¹ Centers for Disease Control and Prevention.

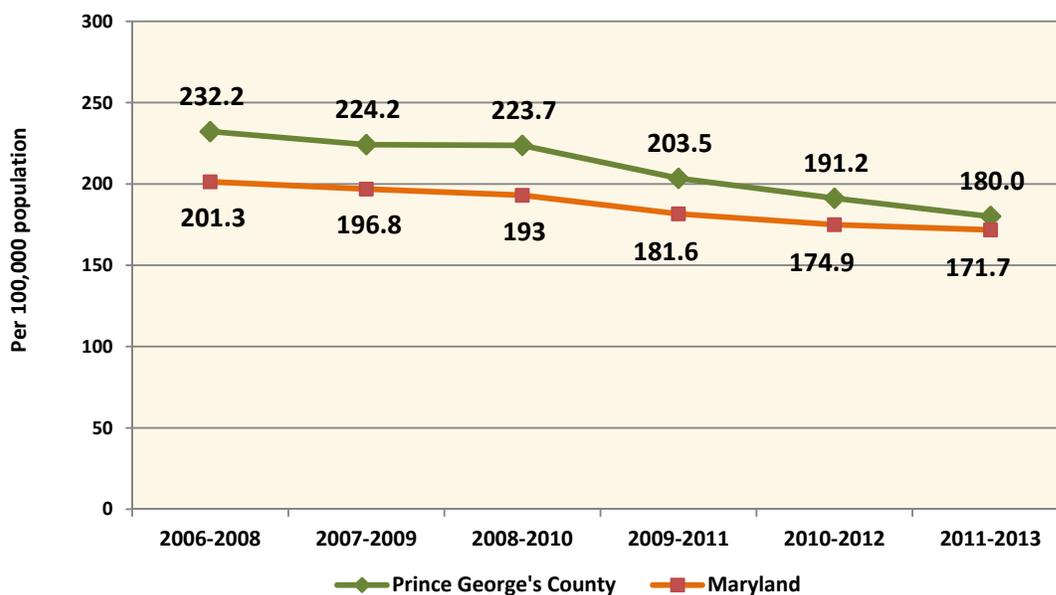
³² Maryland State Health Improvement Process (SHIP).

³³ Maryland Youth Risk Behavior Survey 2013.

³⁴ The Mayo Clinic.

³⁵ Maryland Vital Statistics 2013, Division of Health Statistics, Department of Health and Mental Hygiene.

Chart 18: Death rate from heart disease, 2006–2013



Source: Maryland Vital Statistics, Division of Health Statistics, Department of Health and Mental Hygiene

Diabetes

Diabetes, often referred to as the “silent killer,” is a serious and potentially deadly disease. Diabetes causes more deaths each year than breast cancer and AIDS combined. Two out of three people with diabetes die from heart disease or stroke.³⁶

Although diabetes is caused largely by genetics, being overweight increases the risk for developing Type 2 Diabetes.³⁷ Since a diet high in calories from any source contributes to weight gain, there is a direct link between the type of food consumed and the state of one’s health. Research has shown that drinking sugary drinks is linked to Type 2 Diabetes.³⁸

People with diabetes have an increased risk of developing a number of serious health problems. Consistently high blood glucose levels can lead to serious diseases affecting the heart and blood vessels, eyes, kidneys, nerves, and teeth. In addition, people with diabetes also have a higher risk of developing infections. In almost all high-income countries, diabetes is a leading cause of cardiovascular disease, blindness, kidney failure, and lower limb amputation.³⁹

“Let your food be your medicine and your medicine be your food.”

– Hippocrates



³⁶ American Diabetes Association.

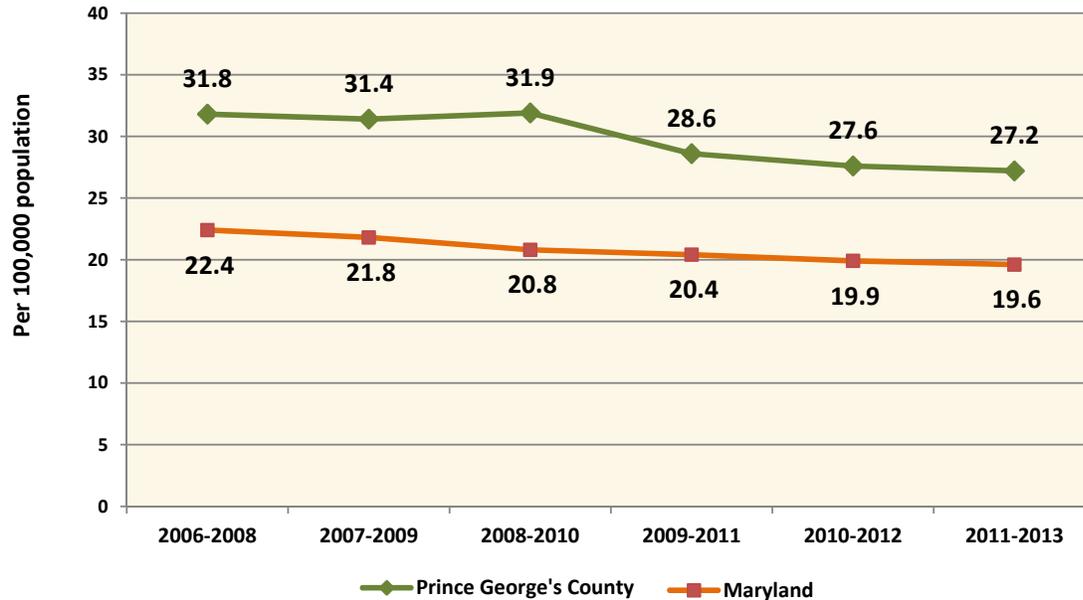
³⁷ Ibid.

³⁸ Ibid.

³⁹ International Diabetes Federation. <http://www.idf.org/complications-diabetes>

Diabetes was the cause of only four percent of the deaths in the County in 2013, but it was the fifth highest cause of death. Prince George’s County has the third highest age-adjusted death rate from diabetes among the Maryland counties, including Baltimore City, during 2011–2013. As shown in Chart 19, the County has consistently had a significantly higher rate than the Maryland average since 2006.⁴⁰

Chart 19: Death rate from diabetes, 2006–2013



Source: Maryland Vital Statistics, Division of Health Statistics, Department of Health and Mental Hygiene.

It has been shown that diabetes has a disproportionate and adverse impact on African Americans and low-income populations. The strong correlation with race and socioeconomic status is significant for the study’s target audience, which is at a high risk for these diet-related health problems.⁴¹



⁴⁰ Maryland Department of Health and Mental Hygiene, Maryland Vital Statistics 2013.

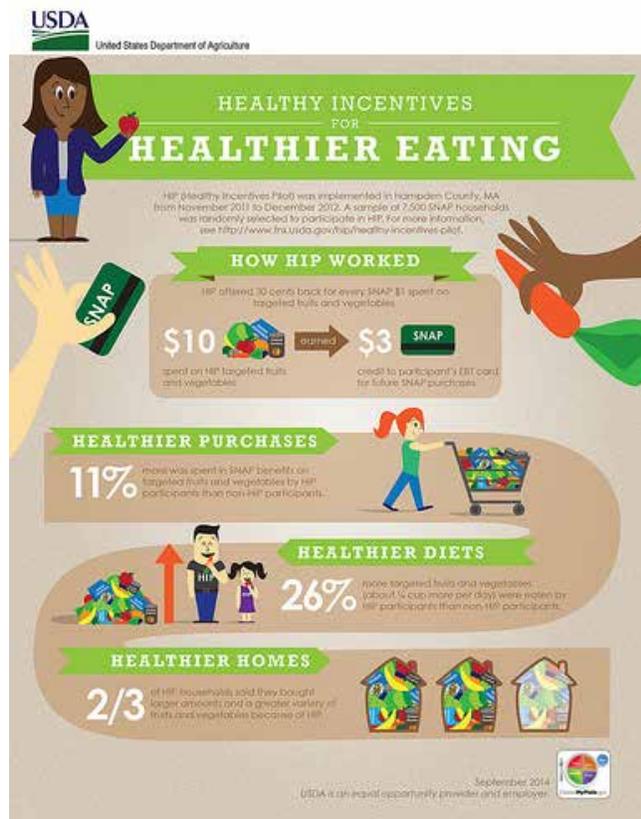
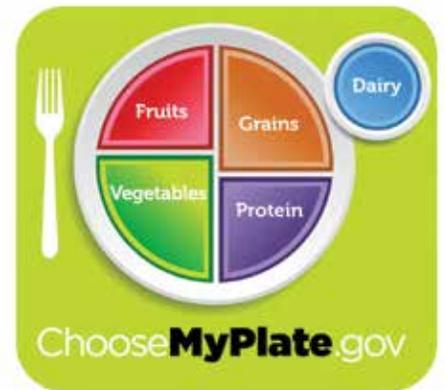
⁴¹ “The Diabetic’s Paradox,” The Atlantic, April 2013.

Most of these chronic diseases can be managed by following a healthy and balanced diet. Preventing and controlling chronic disease is the number two priority in the *Prince George's County Health Improvement Plan 2011 to 2014, Blueprint for a Healthier Community*.⁴² The plan also lists a set of strategies for increasing access to healthier foods.⁴³ Eating a healthy diet plays an important role in controlling these diseases.

A healthy diet is a *balanced diet* that includes:

- **Low in saturated and trans fat**
- **Moderate in salt and sugar**
- **Meals based on lean protein**
- **Non-starchy vegetables**
- **Whole grains, healthy fats, and fruit**

MyPlate is a nutrition guide published by the United States Department of Agriculture illustrating five food groups that are building blocks for a healthy diet. The web site ChooseMyPlate.gov has a wealth of information about healthy eating and active living.



⁴² Prince George's County Health Improvement Plan 2011 to 2014, p. 30.

⁴³ Ibid., pp.32-34.

What is being done in Prince George's County to promote healthy eating and prevent diet-related diseases?

To promote healthy eating and prevent diet-related diseases, several initiatives in Prince George's County are coordinated by federal, state, and county agencies as well as nonprofit and community-based organizations. Some examples are summarized below. Additionally, there are various plans, programs, and services to promote health, including consumption of nutritious foods and active living. Information about some of them is provided in Appendix 7 on page A-21.

Prince George's County Health Improvement Plan 2011–2014, Blueprint for a Healthier Community⁴⁴

A priority of the Prince George's County Health Department⁴⁵ is to prevent and control chronic disease by reducing obesity. *The Prince George's County Health Improvement Plan 2011–2014, Blueprint for a Healthier Community*, prepared by the Health Department, articulates the goal of increasing the proportion of adults with healthy weights by enhancing access to healthier foods and encouraging more physical activity.⁴⁶ Strategies include:

- Educating the community to be aware of menu nutrition labeling (starting December, 2015).
- Increasing demand for healthier choices at restaurants and food markets.
- Partnering with Supplemental Nutrition Assistance Program to assist with community education.
- Boosting marketing of healthier options using the Get Fresh Baltimore model.⁴⁷
- Developing and disseminating culturally and linguistically appropriate materials to inform the public about healthy eating and food preparation.
- Adopting policies that incentivize lower prices on healthier food products and that discourage consumption of nutrient-poor foods.
- Promoting local farmers' markets.
- Encouraging more school gardens and healthier food for youth.

Food and Drug Administration Nutrition Labeling Guidelines⁴⁸

Starting December 1, 2015, the Food and Drug Administration will require calories to be listed on food and beverage menu items at chain restaurants with more than 20 locations, entertainment venues, and supermarkets and convenience stores serving prepared dishes. Additional nutrition information—sugar, sodium, fat, and cholesterol content—must be available to consumers upon request. These guidelines were required under the Patient Protection and Affordable Care Act of 2010.

⁴⁴ Prince George's County Health Department. Prince George's County Health Improvement Plan 2011–2014: Blueprint for a Healthier Community.

⁴⁵ Prince George's County Health Department.

⁴⁶ Prince George's County Health Improvement Plan 2011–2014: Blueprint for a Healthier Community. Health Department, Prince George's County.

⁴⁷ Get Fresh Baltimore is an educational campaign to enhance awareness, action, and engagement of children and adults to eat healthy, fresh foods. www.baltimorecity.gov

⁴⁸ Food Labeling; Nutrition Labeling of Standard Menu Items in Restaurants and Similar Retail Food Establishments. *Federal Register*, the daily journal of the United States Government.

This new labeling will provide additional caloric and nutritional information to Prince George’s County residents. This information can be helpful in making decisions about what to choose when eating out. It is important to note, though, that many restaurants within the County are carry-outs without 20 outlets. Restaurants in this category will not be required to provide nutritional information.

Community Transformation Grants⁴⁹

The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), issues Community Transformation Grants (CTG) to improve the health and wellness of Americans. Prince George’s County received two CTGs related to improving health and food. Both of these CTGs were completed in 2014.

The Institute for Public Health Innovation (IPHI) received a two-year CTG in 2012 to reduce chronic disease, improve health equity, and improve the health status of residents inside the Beltway. This work supported the County Executive’s Transforming Neighborhoods Initiative.⁵⁰

Four of the seven strategies that IPHI implemented directly relate to health and food, including:

- Supporting the development of the Prince George’s County Food Equity Council.
- Funding Maryland Farmers Market Association to implement a Double Value Coupon Program where certain federal benefits spent on fresh fruits and produce can be matched up to 10 dollars in Maryland Market Money.⁵¹
- Partnering with local farms, including ECO City Farms, to provide Community Supported Agriculture options for low-income residents of Prince George’s County.
- Initiating a comprehensive health and wellness policy scan at Prince George’s County Public Schools to determine current policies related to food and nutrition standards in school cafeterias and vending machines as well as health education within elementary schools.

The Prince George’s County Health Department was awarded a two-year CTG to impact a behavioral change for improved health and longevity.⁵² The Healthy Eating and Active Living Initiative had four strategic directions, one of which focused on encouraging proper nutrition and physical fitness.⁵³ The initiative selected the following 11 community-based organizations to receive minigrants to provide food distribution, nutrition counseling, fitness programs, health screenings, and nutrition training:

Fort Washington Medical Center
Mary’s Center for Maternal and Child Care, Inc.
Community Outreach and Development, CDC

⁴⁹ Community Transformation Grants. Centers for Disease Control and Prevention.

⁵⁰ Transforming Prince George’s County communities through health in all policies. IPHI.

⁵¹ Maryland Market Money program is explained in the “How is food insecurity a problem?” section.

⁵² Overview of Community Transformation Grant for small communities. Health Department, Prince George’s County. <https://mypgchealthrevolution.org/HEAL/About-Us.asp>

⁵³ Promoting Healthy Eating Acting Living. Health Department, Prince George’s County. <https://mypgchealthrevolution.org/HEAL/Promoting-Healthy-Eating-Active-Living.asp>

Catholic Charities Archdiocese of Washington
Jewish Community Center of Greater Washington, Inc.
Engaged Community Offshoots, Inc. aka ECO City Farms
Providence Health Foundation
Access to Wholistic and Productive Living Institute, Inc.
Community Builders LTD
Capital Area Food Bank
Centro De Apoyo Familiar (CAF)

Prince George's County Place Matters⁵⁴

The Port Towns Community Health Partnership sponsors the Prince George's County Place Matters program, which was launched in October, 2013. The program's focus areas are food equity, healthy schools, and faith communities. Its goal includes reducing community inequity by placing health at the center of all policy considerations. Through various strategies, Prince George's County Place Matters creates more equitable access to healthy foods and encourages active lifestyles to reduce chronic disease and obesity rates.

The Place Matters team's partners include public health representatives, education representatives, local elected officials, land use planners, and residents committed to advancing health through policies that address the system-level determinants of health.

The Prince George's County Food Equity Council⁵⁵

The Prince George's County Food Equity Council (FEC) was launched in October, 2013. The mission of the Council is to:

"Significantly improve public health and community well-being of all who live, work, study, worship and play in the County. [The FEC] will develop and support policies, approaches, procedures, practices and initiatives to create systemic change to the local food system, promoting health, economic opportunity, food security, and well-being, especially among communities that have been negatively impacted by the current food system."

FEC developed out of the Place Matters team of the Port Towns Community Health Partnership and has been incubated within IPHI since its launch. One of the working groups is Healthy Eating and Nutrition Education.

Health Policy Research Consortium⁵⁶

The mission of the Health Policy Research Consortium (HPRC) is to improve the quality of health care by addressing health inequalities across social, ethnic, and racial groups in Prince George's County as well as the greater D.C. area and surrounding states. HPRC was initiated in 2014 through the National Institute on Minority Health and Health Disparities, which is part of the National Institutes for Health.

⁵⁴ Who We Are. Prince George's County Place Matters. <http://placematterspgc.org/index.php/porttowns/who-we-are>

⁵⁵ Prince George's County Food Equity Council. www.pgcfec.org

⁵⁶ The Health Policy Research Consortium. www.hprc.info

Prince George's County was selected as a pilot because of the mix of urban and suburban populations, high minority population, and the high occurrence of health disparities such as chronic heart disease. The HPRC intends to collaborate with the County to investigate and establish health policies.⁵⁷

Let's Move!

Let's Move!⁵⁸ is an initiative launched by First Lady Michelle Obama in 2010 dedicated to raising a healthier generation of kids and solving the problem of obesity within a generation.

Let's Move! Cities, Towns, and Counties (LMCTC)⁵⁹ is a nationwide initiative that supports elected leaders at local levels contributing to healthier communities. This program requires commitment to five goals that will ideally lead to health improvements for local constituents.

LMCTC goals are to:

- Incorporate best practices for nutrition, physical activity, and screen time for early care providers.
- Display MyPlate prominently in all municipal and County venues where food is served.
- Increase participation in federal school meals.
- Implement guidelines for healthy and sustainable food service in all municipal and County venues where food is served.
- Increase kids' access to play to encourage physical activity.

An overarching recommendation is to form or align with a childhood obesity task force with a range of local stakeholders to achieve these goals.

At least 10 communities in Prince George's County are already LMCTC sites:⁶⁰

- Bladensburg
- Capitol Heights
- College Park
- District Heights
- Forest Heights
- Greenbelt
- Mount Rainier
- North Brentwood
- Seat Pleasant
- University Park.



⁵⁷ Ibid.

⁵⁸ Let's Move! www.letsmove.gov

⁵⁹ Ibid.

⁶⁰ Let's Move Cities, Towns & Counties! National League of Cities. www.healthycommunitieshealthyfuture.org



How healthy are school meals?

On school days, most children in the United States consume at least half of their daily calories at school.⁶¹ For some children, the only real meals they eat are provided by the school cafeteria.⁶² This is also the case in Prince George’s County.

The educational features of a properly chosen diet served at school should not be underemphasized. Not only is the child taught what a good diet consists of but also his parents and family likewise are indirectly instructed.

House Committee on Agriculture Report, June 4, 1946

School meals provide numerous opportunities to offer healthy food to students from pre-kindergarten through 12th grade and to influence students’ dietary habits. Schools can therefore be considered focal points for preventing obesity and related diseases.⁶³



In Prince George’s County, 31 percent of high school students are overweight or obese.⁶⁴ More information about childhood obesity in the County may be found in the “Food-health connection” section on page 69.

School meals provide nutritious food; however, the nutritional value of other foods sold to students at a la carte snack bars, vending machines, school stores, and school-supported events during the school day is not clear. Similarly, nutritional value of food brought from home⁶⁵ or nearby retail places is unknown.

Children need good nutrition from healthy foods to participate and learn all day as well as to adopt positive attitudes and behaviors about food and health.⁶⁶ Healthy school food may have the following effects:⁶⁷

Healthy School Food ...	
Increases:	Decreases:
<ul style="list-style-type: none"> • Food security • Healthy behaviors and outcomes • Better dietary and eating practices • Better attendance at school, educational outcomes, and academic achievement • Skills and support in choosing a healthy lifestyle 	<ul style="list-style-type: none"> • Health problems related to poor nutrition and obesity • Health care costs

Healthy school food is high quality and includes fruits and vegetables, unrefined and minimally processed foods, whole grains, heart-healthy fats and oils, and healthy sources of protein, without added sugar or trans fats, and with limited sodium.

Harvard School of Public Health

⁶¹ Let’s Move
⁶² Kaiser Permanente. Food in schools.
⁶³ Institute of Medicine, Nutrition standards for food in schools.
⁶⁴ Maryland Youth Risk Behavior Survey 2013.
⁶⁵ Lunches brought from home can be less healthy than school lunch. Smarter Lunchrooms.
⁶⁶ Harvard School of Public Health. The best diet: Quality counts.
⁶⁷ Minnesota Department of Health. Healthy school food options.

Existing school meal programs

School meal programs in the United States are primarily funded by the federal government. Their major goals are to provide food security to children, improve children’s health, and expand their educational opportunities. Most of the programs are administered by the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS). The Healthy, Hunger-Free Kids Act of 2010 (HHFKA) sets new guidelines for achieving healthy eating in schools and improving child nutrition. The guidelines affect all school meals and Smart Snacks. Detailed information on HHFKA is included in Appendix 8 on page A-23.

The most prevalent federal school meal programs and Prince George’s County Public Schools (PGCPS) participation in them are listed in Table 11. Program details are provided in Appendix 9 on page A-27.

Table 11: PGCPS participation in federal school meal programs in the 2014-2015 school year.	
<i>Approximately 128,000 students enrolled in the Prince George’s County Public Schools.*</i>	
Program	Participation**
<i>National School Lunch Program (NSLP)</i>	<i>Almost 80,000 students (62.5 percent)</i>
<i>Free and Reduced-Price Meals (F.A.R.M.)</i>	<i>Approximately 64 percent of students participating in NSLP</i>
<i>School Breakfast Program (SBP)</i>	<ul style="list-style-type: none"> • <i>Over 53,000 (42 percent) students</i> • <i>65 percent of F.A.R.M.-enrolled students</i>
<i>Fresh Fruit and Vegetable Program (FFVP)</i>	<i>27 schools</i>
<i>Summer Food Service Program (SFSP)</i>	<i>Summer, 2014: 117 sites served almost 150,000 breakfasts and over 190,000 lunches.</i>
<i>Afterschool Meals and Snacks Programs</i>	<i>107 schools served over 410,000 afterschool suppers (2013–2014 school year)</i>
<i>Weekend Bag</i>	<i>979 children (aged 5-18) at 18 sites each weekend (in 2012)</i>

* Prince George’s County Public Schools, Official September 30, 2014, Report.

** Interviews with staff at PGCPS Food and Nutrition Services (FNS); PGCPS FNS Nutrition Program Overview; and Capital Area Food Bank.

USDA supports various programs to improve children’s health, particularly through healthier school food. Some USDA funded programs are listed below, and details are provided in Appendix 10 on page A-31.

- Team Nutrition
- Healthier U.S. School Challenge (HUSSC)
- HUSSC: Smarter Lunchrooms
- Expanded Food and Nutrition Education Program (EFNEP) for Youth

The University of Maryland Extension Food Supplement Nutrition Education (FSNE) Child Programs are offered to integrate key nutrition messages into curricula, school policies, the lunchroom, and family meals. A few examples are described in Appendix 11 on page A-33.

Other innovative programs about healthy food are listed below, with details in Appendix 12 on page A-35:

- Alternative Breakfast Models: Beyond Cafeteria
 - Maryland Meals for Achievement
 - Breakfast in the Classroom (BIC) Grab n’ Go
- Healthy School Food Maryland
- Let’s Move!
- Alliance for a Healthier Generation

Farm to School

Farm to School is a USDA FNS program to bring local foods into school breakfast, lunch, and other student nutrition programs. Farm to School also supports student food gardens, farm and farmer visits, culinary classes, and food-related curricula.⁶⁸

PGCPS FNS notes that 90 percent of the apples they serve are grown in Maryland⁶⁹ and that every Prince George’s County school participates in Maryland Homegrown School Lunch Week.⁷⁰ While these statistics are heartening, PGCPS FNS reported in the 2011-2012 USDA Farm to School Census that only two percent of the approximately \$20 million in total food costs was spent on local foods—mostly apples, watermelons, grape tomatoes, and cucumbers.⁷¹ For comparison, in the same year, Baltimore City Public Schools and Montgomery County Public Schools spent 29 percent and 5 percent, respectively, of each of their \$16 million budgets on local foods as displayed in Table 12.⁷² PGCPS FNS may be eligible for a Farm to School grant to help increase local food purchasing.



Photo by Yona Sipos

Table 12: Percent of school food budget spent on local foods		
School District	Food Budget	Percent Spent on Local Foods
Prince George’s County Public Schools	\$20 million	2
Baltimore City Public Schools	\$16 million	29
Montgomery County Public Schools	\$16 million	5

Source: USDA Farm to School Census 2011-2012

⁶⁸ Farm to School activities in Maryland are supported by the National Farm to School Network and the University of Maryland Extension (UME). In 2009 to 2010, UME specialists worked with researchers and farmers to examine the supply chain for local foods in Maryland K-12 school meals and published the Farm to School Study. They note that while smaller school systems have more flexibility, large school districts can also increase local food sales.

⁶⁹ PGCPS FNS Food Fun Facts. Available: <http://www1.pgcps.org/foodandnutrition/index.aspx?id=199337> Note: This document is on the Nutrition Events page, under the Maryland Homegrown School Lunch Week.

⁷⁰ In 2014, Maryland Homegrown School Lunch Week was in its seventh year of the program. <http://www1.pgcps.org/foodandnutrition/index.aspx?id=199337> Participation is required under Maryland’s Jane Lawton Farm-to School Act of 2008, and all PGCPS schools do participate. It is important to note, though, that in the PGCPS principals’ focus group (described below in Section_ , several attendees were not familiar with the Maryland Homegrown School Lunch Week and did not think their schools participated

⁷¹ According to PGCPS FNS, they work with their produce supplier to source locally grown produce as it is available. One stated concern is that local farmers are unable to provide the quantities of produce needed for both breakfast and lunch—especially since almost two million pounds of fresh produce is purchased annually. Interview with PGCPS FNS staff.

⁷² Farm to School Census. USDA. See: <http://www.fns.usda.gov/farmtoschool/census#/district/md/2400510>

Meals at Prince George's County Public Schools

Most of the children in Prince George's County attend public schools, and most of them eat food served by the school system. How the food services in PGCPs work and what foods are offered in schools in what kind of environment are discussed in this section.

PGCPS Food and Nutrition Services Operations

PGCPS Food and Nutrition Services (FNS) is responsible for all school meals served in the Prince George's County school system. Contracts are awarded by competitive bid to a distributor for canned, packaged, and frozen products (including entrées), a produce company for fresh fruits and vegetables, and a bread and dairy company.⁷³ Medical disabilities, including life-threatening food allergies, as defined by the American Disabilities Act, are accommodated with a written doctor's note. Vegetarian options are offered every day.⁷⁴



The PGCPS FNS Director highlighted important information about how FNS operates for the school district. Below are key numbers for PGCPS FNS and information about the PGCPS cafeterias for the 2014-2015 school year.⁷⁵

PGCPS key numbers:⁷⁶

- PGCPS has 204 public schools with approximately 128,000 students.
- PGCPS FNS serves almost 80,000 school lunches and over 53,000 school breakfasts every day.
- Federal reimbursement for a free lunch is \$2.98 per student.⁷⁷
- The annual budget for PGCPS FNS is \$69 million.
- PGCPS FNS employs two registered dietitians and one executive chef and trainer.

PGCPS cafeterias:

- Offer one menu for all elementary schools and one menu for all middle and high schools. The menus are set by PGCPS FNS.⁷⁸
- Use precooked frozen entrée items, reheated for meal service.
- Must meet federal nutrition and food safety guidelines for all food served.
 - Each cafeteria has at least one certified food service manager to ensure food safety standards are followed.
 - Every food served in the cafeterias must undergo nutrient analysis.

⁷³ Interview with PGCPS FNS Director.

⁷⁴ For elementary school lunches, a regular vegetarian entrée is a peanut butter and jelly sandwich with a cheese stick.

⁷⁵ Interview with PGCPS FNS Director.

⁷⁶ Data also available via PGCPS FNS "Little Known Facts." www.pgcps.org

⁷⁷ According to the PGCPS FNS Director, half of the lunch budget is spent on labor, leaving very little to spend on food.

⁷⁸ An interview with the PGCPS FNS Director revealed that all schools serve the same food, but there is room for some difference based on cultural needs throughout the County. PGCPS FNS runs occasional theme bars, offering special foods for one day, for example Mexican- or Asian-themed meals.

- Have varying kitchen sizes, storage capacity, and equipment.⁷⁹
- Have school food nutrition professionals responsible for reheating, assembling, and presenting or finishing the meals, including steaming fresh or frozen vegetables and making fresh salads every day.
 - Since 2013, PGCPS FNS has been participating in the state’s Cook Smart Culinary Boot Camps to support skill building for the school nutrition community, including menu development, knife skills, and food seasoning.⁸⁰
- Offer approved “Smart Snack” a la carte options in elementary, middle, and high schools that vary among schools.
 - PGCPS FNS states that all Smart Snack options have been analyzed and approved by PGCPS FNS to ensure they meet federal and state guidelines. School cafeteria managers select from the approved list the items they will sell at their school.⁸¹

Entrées arrive at schools pre-cooked and frozen. Kitchen and storage facilities are inadequate or unavailable in many schools. Such limitations make most scratch cooking too challenging for individual schools, especially with the large numbers of students eating every day. While it may be ideal to have schools cook from scratch, money is the largest constraint, as costs exceed federal reimbursement and kitchen capacities require enhancement. Based on the size of the schools and the district, a central production facility would be required to enable cooking from scratch districtwide. Large school districts with a central production facility are able to scratch cook and have increased control over their menus and ingredients.⁸²



⁷⁹ In 2008 and 2012, the school facilities of PGCPS were assessed by an external consultant, Parsons. The *Updated Facility Condition Assessment Final Report* (September 12, 2012) found that most schools are doing meal prep, reheating meals, and some basic cooking or assembly. It recommends extensive kitchen renovations, including infrastructure and space.

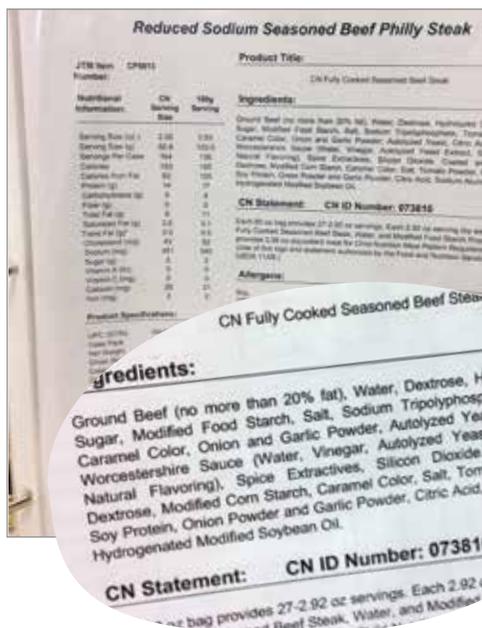
⁸⁰ Cook Smart is co-sponsored by the Maryland State Department of Education (MSDE), the Restaurant Association of Maryland Education Foundation, and four Maryland school systems, including PGCPS, and made possible by HHFKA. The Boot Camps enable school nutrition professionals to prepare more menu items from scratch that meet USDA nutritional guidelines. <http://masbhc.org/msde-culinary-boot-camp/> and <http://marylandpublicschools.org>

⁸¹ Interview with PGCPS FNS Director.

⁸² Two examples of large school districts with central production facilities that scratch-cook healthy meals: Houston Independent School District, Food Services Support Facility, Houston, TX. Memphis City Schools, Central Nutrition Center, Memphis, TN.

PGCPS school menu evaluation⁸³

The purpose of the menu evaluation is to investigate food being served in PGCPS cafeterias. While PGCPS FNS state that they meet all federal and state requirements for caloric, saturated fat, trans fat, and sodium limits, these targets do not ensure that students are offered high quality, healthy food with wholesome ingredients. The researchers therefore chose to highlight and evaluate a small sample of meals, going beyond the legal requirements where possible.⁸⁴



School menus⁸⁵ were evaluated for:

- Compliance with the HHFKA regulations. See Appendix 12 on page A-35.
- Added sugar content.
- Transparency of the ingredients.

School menus were evaluated using available nutrition information and ingredients, including:

- The 2013-2014 PGCPS Nutrition Facts Sheets.⁸⁶ PGCPS Nutrition Facts Sheets are available in Appendix 13 on page A-39.
- General Mills nutrition information and ingredients available on-line (to evaluate school breakfasts that include these products).
- The PGCPS FNS ingredient binders, which are kept in the PGCPS FNS Director's office.

It should be noted that the PGCPS FNS ingredient binders are not available at any school sites. Any person who is interested in learning about the ingredients and detailed nutritional value of the students' food must schedule a meeting to access these binders.⁸⁷ Ingredients are not mentioned on the PGCPS Nutrition Information site and no instructions were provided for how to access them.

Four meals were randomly selected from PGCPS elementary and high school breakfast and lunch menus from November, 2014.⁸⁸ The four meals selected include:

- Elementary School Breakfast
- Elementary School Lunch
- Secondary School (Middle and High) Breakfast
- Secondary School (Middle and High) Lunch

⁸³The evaluation was conducted by Dr. Yona Sipos, Ph.D., Food System Analysis.

⁸⁴ HHFKA regulations require that SBP and NSLP meals meet the calorie, saturated fat, trans fat, and sodium limits over the course of a week. This approach allows for daily variations, meaning that some meals will exceed and some will fall short of the daily average requirements.

⁸⁵ Only breakfasts and lunches were evaluated, not other school nutrition programs or Smart Snacks. Smart Snacks were not assessed for this study because researchers were unaware that centralized information about a la carte foods was available.

⁸⁶ PGCPS Nutrition Facts Sheets: 2013-2014 (Breakfast Menu Items, Elementary and Secondary School Lunch Items, and High School Lunch Items). www.pgcps.org

⁸⁷ The study researchers scheduled a visit to the FNS Director's office for September 11, 2014, to review the binders of school meal ingredients.

⁸⁸ School meal menus are displayed in Appendix 14.

While this sample size is small, it highlights several meals—all of which are relatively common menu options—and provides insight into food served in PGCPs cafeterias. Each breakfast and lunch was evaluated against the HHFKA nutrition standards, including calories per meal, total fat and saturated fat content and, where possible, sodium (which was not available on the 2013-2014 Nutrition Facts Sheets). Although there is no legal requirement to limit added sugars in school meals, added sugar was evaluated where possible, using the American Heart Association recommended daily maximum of approximately three teaspoons for children age four to eight and five to eight teaspoons for pre-teens and teenagers.⁸⁹ The results of the evaluation are presented on the following pages. Detailed assessment of individual menu items may be found in Appendix 15 on page A-55.



PGCPs FNS is meeting many HHFKA requirements.

Meals that fall short or exceed the ranges may be within acceptable limits when the average of weekly meals falls within regulations, which is how state reviews are conducted. It is worth noting, however, that both the elementary and secondary school lunch exceeded the maximum caloric limit (even counting plain white milk in the examples), and the secondary school breakfast fell short of minimum calories.



Meeting caloric requirements at each secondary school breakfast would help students feel full throughout the day, which is a concern expressed by students nationwide.⁹⁰ PGCPs FNS offers pudding in secondary school lunches to meet the required calories (which is not an issue in this example).⁹¹ USDA FNS recommends offering puddings and other desserts only occasionally and advises offering other filling features, including fresh fruit and vegetables.^{92,93} Information about sodium was unavailable and could not be evaluated.

PGCPs FNS provides some nutritional information for school food, but it is limited.

The 2013–2014 Nutrition Facts do not include information on sodium, and food ingredients are not easily available.⁹⁴ While PGCPs FNS states that nutrition information should be updated prior to the school year, 2014–2015 materials were not posted as of December 2014. There is no mention of how to access the ingredients for foods served.⁹⁵ As an alternative example, Fairfax County Public Schools FNS links to school food ingredients via their web site.⁹⁶

⁸⁹ American Heart Association. Added sugars. www.heart.org

⁹⁰ See for example, “We are Hungry” music video. YouTube.

⁹¹ Interview with PGCPs FNS Director.

⁹² FNS USDA presents tips and suggestions for offering appealing and filling school meals, including larger amounts of fruits and vegetables beyond the minimum requirements. Whole fruits and vegetables are more filling and are digested more slowly than juice. They also suggest occasional desserts such as: “fruited gelatin, baked apples, or low-fat pudding that do not contribute to grain limits.” HHFKAfactsheet-calories, www.fns.usda.gov.

⁹³ PGCPs FNS states that they serve fruits and vegetables in abundance on a daily basis, but these are naturally low in calories.

⁹⁴ The binders of ingredient lists are kept in the FNS Director’s office. A meeting must be scheduled to access the binders. The study researchers scheduled a visit to the FNS Director’s office for September 11, 2014, to review the ingredients.

⁹⁵ Nutrition information: PGCPs FNS.

⁹⁶ Manufacturer Product Labels (Ingredient Content). Fairfax County Public Schools FNS. Note that Real Food for Kids (Fairfax) advocated for the ingredients to be published on-line. <http://www.fcps.edu>

Added sugar in school breakfasts exceeds limits recommended by the American Heart Association. Sugar is not yet regulated for school breakfast or lunch, but the Union of Concerned Scientists, the Center for Science in the Public Interest, and researchers from Johns Hopkins are advocating for the USDA to include added-sugar restrictions for all school food and informing consumers about the dangers of over-consumption. Since there are currently no regulations on sugar in school meals, PGCPs FNS is not legally required to limit added sugars, although they may choose to do so.



Photo by Yona Sipos

Sugar was evaluated in the elementary school breakfast because General Mills' products have ingredients available on-line. The largest added sugar loads in this breakfast are the strawberry milk (with high fructose corn syrup) and the General Mills cereal. Each has 10g or 2.5 teaspoons of added sugar;⁹⁷ taken together, these two items exceed the recommended daily added sugar limit for children ages four to eight. While plain milk is offered every day, flavored milk has been a particularly controversial issue in school cafeterias, especially as children may drink two or even three containers of milk per day. Some schools have removed flavored options to mixed results, and the debate is ongoing.⁹⁸ Evidence is emerging that milk consumption will rise after falling briefly when flavored milks are removed.⁹⁹

Cafeteria evaluation

The study researchers visited two fairly new schools¹⁰⁰ to see the cafeterias in operation. The researchers visited one elementary and one high school cafeteria during school lunch and were invited to speak with the cafeteria staff, observe the children's selection of their meals, and assess local issues such as individual choices and cafeteria waste. While the observations below are based on only two schools, the assessments may still be relevant for PGCPs FNS and the local school administration.

"As much as we are focused on menus in the school lunch program, we need to look more at our cafeteria environments, especially with our youngest children. We can give kids the healthiest food possible, but if they don't have time to eat it or they are distracted by how noisy the cafeteria is, they're not going to eat it."

—Susan Gross, Johns Hopkins Bloomberg School of Public Health

Lunchrooms and cafeterias were evaluated for:

⁹⁷ The strawberry milk nutrition label states that it contains 22g or 5.5 teaspoons of high fructose corn syrup. So-called "white milk" (or no sugar-added) has about 12g or 3 teaspoons of naturally occurring sugars in the form of lactose. This strawberry milk therefore has 10 grams or 2.5 teaspoons of added sugar.

⁹⁸ New study argues against ban on chocolate milk. The Lunch Tray. www.thelunchtray.com/new-study-argues-against-ban-on-chocolate-milk-in-school-cafeterias/

⁹⁹ Jamie Oliver Food Foundation, The hard facts about flavored milk. www.jamieoliver.com

¹⁰⁰ Barack Obama Elementary School and Dr. Henry A. Wise, Jr. High School

- Noise level
- Encouragement of fruit and vegetable selection
- Availability of free drinking water
- Hand-washing stations
- Salad bars
- Waste generated from school meals
- Length of time for lunch



When visiting the elementary and high school cafeterias, study researchers noted that both cafeterias were decorated with brightly colored signs about eating healthy and nutritious food. Other similarities, as well as some differences were also noted.

The elementary school lunchroom was quieter than the high school.



When the cafeteria environment is pleasant, students eat more of their lunch, do better in their academic work, and have fewer behavioral problems.

Center for Ecoliteracy

Elementary school cafeteria provided a calmer atmosphere for the children to eat lunch. The high school cafeteria, by contrast, had on-going announcements by microphone. The elementary lunchroom used only about half of the available tables, raising the question of whether it would be better to fill the lunchroom with more children, enabling longer lunch periods held closer to midday.¹⁰¹ The high school lunchroom looked to be at capacity.



Drinking water is not freely available where students are eating.

Unrestricted, free drinking water was not observed in either lunchroom.¹⁰² A pitcher of water is kept behind the counter in the elementary school, but is not visible to the children, nor is there signage to indicate its availability. It is not clear whether students are even aware of this option. HHFKA requires access to free drinking water in the cafeteria: “Schools participating in the school lunch program under this Act shall make available to children free of charge, as nutritionally appropriate, potable water for consumption in the place where meals are served during meal service.”¹⁰³ HHFKA also provides guidance on how to meet this requirement.¹⁰⁴

Whatever solution is chosen, water must be available without restriction in the location where meals are served.
HHFKA guidance, 2011

¹⁰¹ Since at least 2006, several schools in Maryland have been extending lunch periods. At Arundel High School in Anne Arundel County, strategies to extend lunch period included merging staggered lunch periods, shaving eight minutes from morning advisory groups and three minutes of instructional time, and structuring the one-hour lunch period with supervised options in tutoring, time for homework, and student clubs (See 2008 Baltimore Sun article, “Longer lunch, more options.”). Other schools include Laurel High School in Prince George’s County, and James Hubert Blake and Montgomery Blair High Schools in Montgomery County.

¹⁰² PGCPFS FNS states that water fountains are accessible to students in the multipurpose room. Interview with PGCPFS FNS staff.

¹⁰³ Public Law 111–296: Healthy, Hunger-Free Kids Act of 2010, Section 203.

¹⁰⁴ A 2011 HHFKA guidance note addressed to all FNS Directors states: “There are a variety of ways that schools can implement this requirement. For example, schools can offer water pitchers and cups on lunch tables, a water fountain,

No hand-washing stations were observed in the lunchrooms visited.

Some PGCPs facilities do not offer hand-washing opportunity to students where food is handled and consumed. While schools in this situation may suggest children can wash their hands before lunch in the restrooms, it is unlikely that students are given adequate time needed to do so. Hand-washing stations have been identified by the Center for Science in the Public Interest as a main safety feature of cafeterias.¹⁰⁵



The cafeteria staff spoke with the elementary children and encouraged more fruits and vegetables.

In the high school, the display of steamed vegetables was almost covered with a tray of hotdog buns and not quite visible. Students seemed to take fewer fruits and vegetables; some students barely took any.¹⁰⁶

No salad bars are available in PGCPs cafeterias. The PGCPs FNS director confirmed that due to perceived health and safety risks salad bars are not allowed. Infrastructure, such as solid food shield barriers between students and food and/or additional staff are required to ensure safety. The infrastructure may be reimbursable through available grants, such as the Let's Move Salad Bars to Schools grant program, which funds equipment, but not salaries. According to Let's Move, 57 percent of school districts surveyed saw increased student participation in school lunch with the addition of salad bars, an important financial boost to support school meal programs.

Seventy-eight percent reported purchasing more fruits and vegetables as a result of salad bar implementation. Instead of salad bars, PGCPs FNS offers pre-packaged salad plates and side salads, made fresh every day in schools. USDA identifies this option as a reasonable alternative.

The FNS director also raised concerns about how to ensure correct portion sizes at salad bars, including the minimum required. The USDA reports on strategies to ensure minimum required portions, including:¹⁰⁷

- Pre-portioning specific items for the salads.
- Having cashiers determine if the food or item counts toward reimbursement.
- Using signage to demonstrate minimum portions for self-service items (e.g., greens).



or a faucet that allows students to fill their own bottles or cups with drinking water. Whatever solution is chosen, the water must be available without restriction in the location where meals are served. Schools should be working toward developing a reasonable method to implement this requirement...no later than the beginning of the School Year 2011–2012." <http://waterinschools.org>

¹⁰⁵ Center for Science in the Public Interest. Making the grade. An analysis of food safety in school cafeterias.

¹⁰⁶ PGCPs FNS strongly disagreed with this observation. They state that once meal service begins, items cannot be covered with a tray, because staff would not be able to serve. They also state that high school students typically do not take fruits and vegetables. Interview with PGCPs FNS staff.

¹⁰⁷ USDA FNS, Salad bin in the National School Lunch Program. www.fns.usda.gov

Cafeteria observations revealed no separation of recyclables or compostables. While some foods were discarded, there was not a significant amount of fruits or vegetables observed in the elementary waste receptacles. Many elementary students appeared to eat their fruit or keep it for later. Waste receptacles were not observed in the high school.¹⁰⁸

PGCPS recently hired a Recycling Coordinator and are now focusing on a comprehensive Single-Stream Recycling Program. The Prince George's County Department of the Environment is in discussion with PGCPS to pilot food scraps collection.¹⁰⁹



Lunch periods are too short. PGCPS students get between 20 and 30 minutes total for lunch periods.¹¹⁰ Lunch begins as early as 10 a.m. and ends as late as 2 p.m. to accommodate all students.¹¹¹ Lunch periods include washing hands, choosing and buying lunch, sitting down, eating lunch, and getting to the next class on time. Research shows that less than 20 minutes to sit and eat lunch creates pressure to eat fast, which may hinder making good food choices and cause more food waste. When lunches are scheduled as early as 10 a.m., students may not be hungry and may throw out more of their food. When lunches are scheduled late in the day, students get too hungry.¹¹² At least one school in PGCPS, Laurel High School, decided to offer a double lunch period for all students, with available tutoring and other structured activities.¹¹³

¹⁰⁸ Different studies have found varying amounts of fruit and vegetable waste. A 2014 Harvard School of Public Health study found the very high rates of discarding fruit and vegetable pre-HHFKA have stayed the same or come down slightly. It is important to work with students to find appealing recipes and presentation of fresh foods. www.hsph.harvard.edu

¹⁰⁹ Interview with staff at Prince George's County Department of the Environment.

¹¹⁰ Length and timing of school lunch periods are determined by the local school administration. Interview with PGCPS FNS staff.

¹¹¹ Lunch schedules are determined based on the number of enrolled students and the lunchroom capacity. Interview with Director PGCPS FNS.

¹¹² USDA FNS, Comments of the Center for Science in the Public Interest on Nutrition Standards in the National, School Lunch Program and School Breakfast Program Proposed Rule.

¹¹³ Finding some free time. Gazette.Net. September 21, 2006.

Principals' insights into school meals

A representative group of 18 PGcps principals from elementary, middle, and high schools were invited to participate in a focus group about the quality of school meals. A total of 13 PGcps principals or representatives attended the focus group on October 30, 2013. Eight elementary, two middle, and three high schools were represented. Findings from the discussion are presented in Table 13, arranged into successes, challenges, and suggestions to PGcps FNS and to local administration for improvement.

Table 13: Principals' opinions and suggestions to improve school meals.			
	SUCCESSES	CHALLENGES	SUGGESTIONS
Quality of school meals	<ul style="list-style-type: none"> • Menus have improved to include more fruit and vegetables. • Students enjoy FFVP; they eat and learn about new produce. • Highlighting healthier entrées encourages participation (e.g., Mt. Rainier ES).* 	<ul style="list-style-type: none"> • School meals don't appeal to students: too many carbohydrates, not enough protein, mushy vegetables. • Students prefer to eat a la carte items that are not exclusively healthy. 	<ul style="list-style-type: none"> • Individual schools would like more control over preparing, growing, and cooking food. • Schools would like to offer input about menus. • Cooking on-site encourages students to eat school food.
Breakfast programs	<ul style="list-style-type: none"> • Breakfast programs (BIC & MMFA) are important for students and have a big positive impact: <ul style="list-style-type: none"> ◦ Trips to nurse decrease. ◦ Students arrive on time. ◦ Disciplinary issues decrease. ◦ Children are more alert and perform better. 	<ul style="list-style-type: none"> • Schools get different breakfasts depending on funding (i.e., MMFA, BIC/Walmart). • Some students don't eat breakfast due to stigma. • Students miss breakfast when buses are late. • Some teachers have to adjust to food in class. 	<ul style="list-style-type: none"> • School breakfast needs better standards to avoid too much sugar. • Offer cold cereal for younger students. • Do not offer foods with food-coloring in them. • Do not offer strawberry milk; chocolate milk is bad enough.
Programs for healthy eating	<ul style="list-style-type: none"> • MD Homegrown Week is observed at some schools.** • One school received a "Teaching the Food System" grant from Johns Hopkins University to engage students in critical analysis of food system issues. • Weekend Bag and Summer Meals provide food for weekends and summer. • School gardens get students involved (e.g., Buck Lodge MS, Fairmont Heights HS, and Bladensburg HS). 	<ul style="list-style-type: none"> • Schools are not all participating in Farm to School; some principals are not familiar with Farm to School and MD Homegrown School Lunch Week. • High F.A.R.M. eligibility rates may not be reflected in local schools when students from wealthier neighborhoods attend, for example, magnet schools. Those schools may then be ineligible for special nutrition programs (e.g., alternative breakfasts), which is not fair to the students who need them. 	<ul style="list-style-type: none"> • More Farm to School programming. • More school gardens. • Schools can offer cooking demonstrations for parents (e.g., Fairmont Heights HS). • PGcps FNS and schools should communicate better about nutrition programs (e.g., free breakfast and dinner programs).

Table 13: Principals' opinions and suggestions to improve school meals.

	SUCSESSES	CHALLENGES	SUGGESTIONS
Vending machines	<ul style="list-style-type: none"> • <i>Vending machines:</i> <ul style="list-style-type: none"> ◦ <i>Not in elementary schools.</i> ◦ <i>In middle & high schools, operate at certain times.</i> • <i>Buck Lodge MS principal refused vending machines.</i> • <i>Fairmont Heights HS replaced items with healthier choices (e.g., water, nutritious snacks).</i> 	<ul style="list-style-type: none"> • <i>Vending machines appear without principals' knowledge or consent.</i> • <i>Sometimes healthy selections get stale; over time, suppliers fill with unhealthy options that sell faster.</i> 	<ul style="list-style-type: none"> • <i>Principals and schools should know they can refuse vending machines or change to healthier options.</i>
Other issues	<ul style="list-style-type: none"> • <i>Schools can designate special tables (e.g., "peanut-free" to accommodate allergies and special needs).</i> 	<ul style="list-style-type: none"> • <i>It can be difficult to get all parents to fill out the F.A.R.M. forms.</i> • <i>Lunch breaks are too short; teachers have to rush students.</i> 	<ul style="list-style-type: none"> • <i>Involve parents more.</i> • <i>Have longer lunch breaks at appropriate times.</i> • <i>Nutrition educators can train teachers to teach nutrition in Physical Ed and Health curricula.</i>

* Mr. Shawn Hintz (Principal, Mt. Rainier Elementary), said parents in Mt. Rainier are into organic produce due to an organic market in the area. Most parents were packing their children's lunches, and only a few were eating school meals. When the school lunches started featuring healthy entrées, more and more parents stopped packing lunch.

** PGCPS FNS reports that all schools in the County participate in Maryland Homegrown School Lunch Week with menus that highlight local produce and posters displayed in the cafeterias. Interview with PGCPS FNS staff.



Photo by Yona Sipos

Student insights into school meals

Nationally, students continue to be vocal about their concerns around school lunches, using social media to highlight that school lunches leave them hungry.¹¹⁴ Students find school meals not filling, unappetizing, and unappealing. They think that school meals do not taste good because of the whole grains and other requirements.

"In America, a parent puts food in front of a child and says, 'Eat it, it's good for you.' In Europe, the parent says, 'Eat it. It's good!'"

—John Levee

In Prince George's County, Parkdale High School students involved with Liberty's Promise Afterschool Program¹¹⁵ made a presentation to members of the Prince George's County Food Equity Council (FEC) in May, 2014. They gave feedback on the FEC School Meals Workgroup Strategies with suggestions for the School Board, local administrators, and FNS about improving school meals and food and nutrition education.¹¹⁶



Strategy 1: Advocate for School Board to support healthy school meals and nutrition education.

Students suggested:

- More healthy foods
- More organic or less chemically infused foods
- More fruit
- More fish
- Less chicken
- Additional classes to learn about food and nutrition

¹¹⁴ One example is "We are Hungry" music video. YouTube.

¹¹⁵ Liberty's Promise supports young immigrants in need to make their experience as newcomers to America an affirmative one. <http://libertypromise.org>

¹¹⁶ PGCPFS FNS states that students are surveyed regularly about what they like and their feedback is taken into consideration when planning menus. It also states that even after receiving student feedback and placing student-approved items on the menu, they receive low participation. Two examples are: 1) an unbreaded seasoned Pollock, on the menu for the last two years, subject to discontinuation due to low usage, and 2) vegetarian options perceived to be healthier yet with low usage. These are higher cost items that PGCPFS FNS feels bring variety to the menus and serve student interests, yet they do not perform well. Items such as these are always at risk of being replaced with more acceptable and cost-effective items. Interview with PGCPFS FNS Staff.

Strategy 2: Make healthy food attractive to students.

Students suggested:¹¹⁷

- Marketing
- Colorful decorative packaging
- Celebrity endorsements
- Cash/games/toy prizes
- Sales (e.g., buy one, get one free)
- Healthy food
- Variety of fruit
- Low-fat foods
- Tasty food is the most important
- Healthy but good tasting snack options



Strategy 3: Expand participation in school nutrition programs.

Students suggested:

- Nutrition education classes.
- Healthier lunch selections (less fried foods).
- Additional vending machines with healthy snacks.
- Healthy snack options between classes.
- Food journals/logs for extra points for eating healthy foods



Strategy 4: Incorporate nutrition education and culinary skill building into school curriculum.

Student ideas for integrating nutrition education into various classes, including:

- Science—Study the body system and learning what nutrients the body needs and how nutrition affects body and mind.
- Math—Solve math problems about nutrition and percentage of obese and unhealthy people.
- English—Research projects about nutrition and healthy and unhealthy foods.
- History—Look at various time periods to see how the food system has changed over time and the impact of unhealthy foods.



Many schools in the County are individually working to promote healthy eating. Some of their programs and projects are described in Appendix 16 on page A-57.

¹¹⁷ Upon seeing the student recommendations to make healthy food attractive to students, PGCPs FNS stated that while these are great suggestions, the school food service is not able to compete with retail foodservice chains with their limited food budget and federal and state nutrition standards. Interview with PGCPs FNS Staff.



How is food insecurity a problem?

Finding food has become a central worry for millions of Americans. One in six reports running out of food at least once a year. In many European countries, by contrast, the number is closer to one in 20.

National Geographic, 2014 Food Features

Food insecurity is often mistaken as an exclusively global problem, yet food insecurity also exists in the United States—in every county of every state.¹²¹ In the U.S., food insecurity is generally episodic rather than chronic, meaning that it doesn't happen all the time, making it more challenging to observe.¹²²

In 2013, 49.1 million Americans lived in food insecure households, including 33.3 million adults and 15.8 million children.¹²³ The rate of food insecurity in the

U.S. has increased by about one-third since 2007¹²⁴ and five-fold since the late 1960s. The number of emergency food programs across the country increased from a few hundred in 1980 to 50,000 today.¹²⁵

Definitions of food security and food insecurity

The right to food is a human right. The right to food is protected under national and international laws that specify all human beings should be able to feed themselves in dignity and free from fear, including producing or obtaining food that is available, appropriate, and adequate to meet nutritional and cultural needs.¹²⁶ Food security is therefore a human right.

Food security: The USDA defines food security as access by all people at all times to enough food for an active, healthy life. The USDA also defines ranges of food security and food insecurity.¹²⁷

Other definitions of food security also state that the food should be:¹²⁸

- Healthy, nutritious, and safe
- Culturally appropriate
- Part of a sustainable food system
- Community-based

*Food **security** means access by all people at all times to enough food for an active, healthy life.*

USDA

¹²¹ Feeding America, Map the Meal Gap 2013.

¹²² Dr. Maureen Black, Hidden Hunger in America, Foltyn Family Health Science Lecture at the University of Delaware, 2013.

¹²³ USDA Economic Research Service (ERS), Household food security in the United States in 2013. www.ers.usda.gov

¹²⁴ Craig Gundersen, Emily Engelhard, and Elaine Waxman, *Map the Meal Gap: Exploring Food Insecurity at the Local Level*. Applied Economic Perspectives and Policy, Vol. 36, Issue 3, 2014, pp. 373-386.

¹²⁵ National Geographic, Food Features, 2014.

¹²⁶ Examples of international laws that recognize the right to food include the 1948 Universal Declaration of Human Rights (Article 25), as part of the right to an adequate standard of living, and the 1966 International Covenant on Economic, Social, and Cultural Rights (Article 11). Food and Agriculture Organization of the United Nations, Guide on Legislating for the Right to Food, Rome, 2009.

¹²⁷ USDA ERS, Food security in the U.S. www.ers.usda.gov

¹²⁸ See, for example: Hamm, M.W., and A.C. Bellows. (2003). Community food security and nutrition educators. *Journal of Nutrition Education and Behaviour*, 35: 37-43. Via Campesina. (2007). Nye'le'ni declaration on food sovereignty. Nyeleni Village, Selingue, Mali: Via Campesina

*Food **insecurity** means not always being able to access enough nutritious and safe food to support a healthy life because of limited or uncertain availability of food via socially acceptable ways.*

USDA

Food insecurity: The USDA defines food insecurity as not always being able to access enough nutritious and safe food to support a healthy life because of limited or uncertain availability of food via socially acceptable ways.

Food insecurity and hunger are sometimes used interchangeably, but it can be helpful to think about them differently, as the USDA does:¹²⁹

Food insecurity is a household-level economic and social condition of limited or uncertain access to adequate food at any point throughout a year.

Hunger is an individual-level physiological condition resulting in discomfort, illness, weakness, or pain that may result from food insecurity because of prolonged and involuntary lack of food.

Food insecurity and health

Food insecurity is a serious public health problem that can lead to poor physical, mental, and emotional development in children and poor health for adults and children, including depression and Type 2 Diabetes.¹³⁰ People who are food insecure often eat high-calorie, nutritionally deficient foods, because that is what is available and less expensive. Food insecurity therefore also carries a higher risk of overweight and obesity, particularly among women and children.¹³¹ Obesity leads to a host of diet-related diseases, discussed in the Food-Health Connection section.

Food recovery for food security

In 2010 in the U.S., while almost 49 million people were food insecure,¹³² 133 billion pounds of food was wasted.¹³³ This “food waste” happens when edible food is not eaten, such as when retailers throw out blemished or oddly shaped produce or when consumers have plate waste. Improving food waste recovery is an essential strategy to increasing food security. In the U.S., 31 percent of the 430 billion pounds of available food was not consumed in 2010. If that food were recovered instead of being wasted, there could be:¹³⁴

In the U.S., 31 percent—or 133 billion pounds—of the 430 billion pounds of available food was not consumed in 2010.

USDA Economic Research Service

- An additional \$161.6 billion worth of food available.
- An additional 141 trillion calories per year or 1,249 calories per capita per day.
- 30 percent more meat, poultry, and fish for distribution.
- 19 percent more vegetables.
- 17 percent more dairy products.
- Reduced food prices in the U.S. and the rest of the world.

¹²⁹ USDA ERS, Ranges of food security and food insecurity. www.ers.usda.gov

¹³⁰ Marianna Chilton and Donald Rose, “A Rights-Based Approach to Food Insecurity in the States.” *American Journal of Public Health*. July 2009, 99(7), pp. 1203-1211.

¹³¹ Food Research and Action Center, *Food Insecurity and Obesity: Understanding the Connections*, Spring 2011.

¹³² Feeding America, *Map the Meal Gap*, 2010.

¹³³ Buzby, Jean C., Hodan F. Wells, and Jeffrey Hyman. *The Estimated Amount, Value, and Calories of Postharvest Food Losses at the Retail and Consumer Levels in the United States*, EIB-121, USDA ERS, February 2014

¹³⁴ *Ibid.*

In June 2013, USDA and the U.S. Environmental Protection Agency (EPA) launched the U.S. Food Waste Challenge,¹³⁵ calling on entities across the food chain—farms, agricultural processors, food manufacturers, grocery stores, restaurants, universities, schools, and local governments—to join efforts to:

- *Reduce* food waste by improving product development, storage, shopping/ordering, marketing, labeling, and cooking methods.
- *Recover* food waste by connecting potential food donors to hunger relief organizations like food banks and pantries.
- *Recycle* food waste to feed animals or to create compost, bioenergy, and natural fertilizers.

By joining the U.S. Food Waste Challenge, participants demonstrate their commitment to reducing food waste, helping to feed the hungry in their communities, and reducing the environmental impact of wasted food. The activities of the participants will be used as best practices to stimulate more practices to reduce food waste. As of April 2015, over 4,000 businesses, schools, and organizations from across the country are participating in the U.S. Food Waste Challenge.¹³⁶

In December of 2014, USDA shared three effective strategies based on the food waste reduction efforts of the participants:¹³⁷

1. Encouraging donations of safe but misbranded meat and poultry products to food banks.
2. Helping growers develop new food products from food waste.
3. Working with fruit and vegetable groups to find alternative outlets for wholesome produce that do not meet their committees' standards.

EPA's Food Recovery Hierarchy¹³⁸ suggests prioritized actions to prevent and divert wasted food. It promotes prevention/reduction of food waste at its source as the top priority. The second priority is to redistribute safe and edible foods to food-insecure people. If reduction and donation are not possible, food waste can supplement animal feed, be used in industrial production, be composted, or be converted into renewable energy, all of which can also contribute to food security and food system sustainability. Landfilling food waste should be a last resort.

Locally, the University of Maryland students founded the Food Recovery Network (FRN)¹³⁹ in 2011 after seeing the surplus food generated on campus and at the same time noticing hungry people in Prince George's County and Washington, D.C. The first year, they recovered and donated 30,000 meals to area shelters. In 2012, they expanded to other colleges, and as of 2015, they have chapters at more than 140 colleges in 35 states and the District of Columbia and have recovered nearly 800,000 pounds of food. Each chapter works with on-campus dining halls and other off-campus eateries to divert food from the landfill to community members in need, while also raising awareness on issues of food waste and hunger in America.



¹³⁵ USDA Office of the Chief Economist, What is the U.S. Food Waste Challenge? www.usda.gov/oce/foodwaste

¹³⁶ The U.S. Food Waste Challenge at 4,000. USDA Blog, June 3, 2015.

¹³⁷ How USDA Fights Food Waste, USDA Office of Communications bulletin, December 15, 2014.

¹³⁸ U.S. Environmental Protection Agency, The Food Recovery Hierarchy. www.epa.gov

¹³⁹ www.foodrecoverynetwork.org

Food insecurity in Maryland and Prince George's County

Although Maryland is the wealthiest state in the country in 2013,¹⁴⁰ close to 760,000 Marylanders struggled with food insecurity.¹⁴¹ Seventeen percent or 129,000 of them were Prince George's County residents. The County had a food insecurity rate of 15 percent, compared to 13 percent in Maryland.¹⁴²

In Maryland:

- One in eight people is food insecure.
- One in five children does not have enough food for regular, healthy meals.
- One in 10 Marylanders lives below the poverty line.

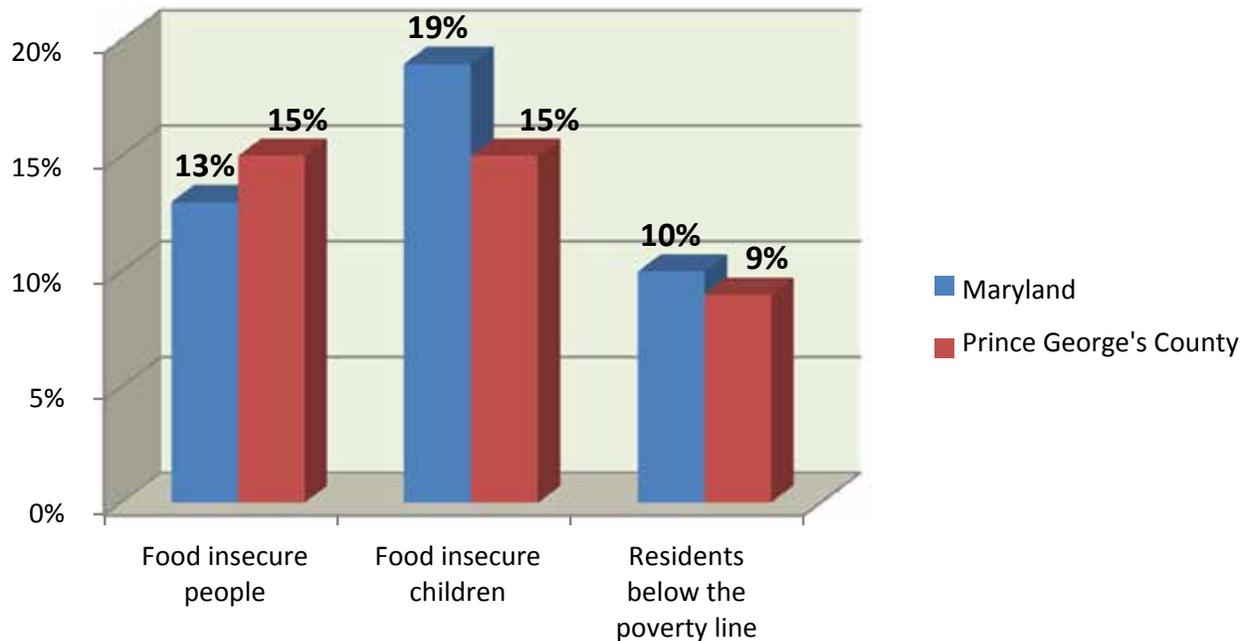
In Prince George's County, the situation is similar where:

- One in seven people is food insecure.
- One in eight children experiences a lack of food.
- Almost one in 10 residents lives below the poverty line.

Source: 2013 data. Feeding America, Map the Meal Gap 2015. Poverty data from U.S. Census Bureau.

Chart 20 compares Maryland and Prince George's County in 2013 regarding food insecurity, child food insecurity, and residents below the poverty line.

Chart 20: Comparison of food insecurity and poverty in Maryland and Prince George's County, 2013



Source: Food insecurity data from Map the Meal Gap 2015. Poverty data from U.S. Census Bureau.

¹⁴⁰ "America's Richest (and Poorest) States." Special report, 24/7 Wall Street, September 18, 2014. <http://247wallst.com>
In Maryland, the median household income was \$72,483 in 2013, which is more than \$20,000 higher than the national median income of \$52,250.

¹⁴¹ Feeding America, Map the Meal Gap 2015.

¹⁴² Ibid.

Participation in federal nutrition assistance programs in Prince George's County

Federal programs are available in Prince George's County to address both hunger and food insecurity. Most programs focus on access to food and not access to healthy food specifically, although that is changing. Some programs provide food directly; others provide cash benefits for food. It is possible to apply for and enroll in more than one program at once. Many are listed below and described briefly. The Service Access and Information Link at the Maryland Department of Human Resources helps people to apply, renew, or learn about various social services offered by the State.¹⁴³

Supplemental Nutrition Assistance Program

Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) is known in Maryland as the Food Supplement Program (FSP). SNAP/FSP provides monthly financial assistance to help low-income people and families buy nutritious food and seeds to grow their own.¹⁴⁴ It has been shown that every five dollars in SNAP benefits generates nine dollars of economic activity.¹⁴⁵

SNAP is not welfare. Many working people use SNAP benefits to get through the month. SNAP is the largest program addressing domestic hunger,¹⁴⁶ but it is under-enrolled. Maryland Hunger Solutions estimates that a large number of residents eligible for federal food assistance do not get the help they need—particularly low-income employed people, seniors, and immigrants.¹⁴⁷ It is estimated that one-third of eligible households in Maryland are not receiving benefits from SNAP.¹⁴⁸

Almost one of four seniors in Maryland age 65 and older has income at or below 200 percent of the federal poverty level and, therefore, is eligible for SNAP/FSP, although enrollment is far lower.¹⁴⁹ Maryland began tracking eligible seniors in 2011, and between then and 2014, SNAP/FSP enrollment increased by 38 percent. Data for senior food insecurity is not available at the county level.¹⁵⁰ Nationally, nine percent of households with seniors and seniors living alone participated in SNAP in 2013.¹⁵¹

The average monthly [SNAP] benefit was \$133.07 a person [in 2013], less than \$1.50 a meal. SNAP recipients typically run through their monthly allotment in three weeks, then turn to food pantries. Who qualifies for SNAP? Households with gross incomes no more than 130 percent of the poverty rate. For a family of four, that qualifying point is \$31,005 a year.

National Geographic, 2014 Food Features



¹⁴³ Maryland Department of Human Resources. Service Access and Information Link. www.marylandsail.org

¹⁴⁴ USDA, FNS, SNAP Eligible Food Items. www.fns.usda.gov

¹⁴⁵ USDA Economic Research Service, SNAP Linkages with the General Economy. www.ers.usda.gov

¹⁴⁶ Maryland Hunger Solutions, The Food Supplement Program. www.mdhungersolutions.org

¹⁴⁷ Maryland Hunger Solutions, Getting Food Stamps in Maryland, 2013 Edition. www.mdhungersolutions.org

¹⁴⁸ Ed Cooney. Congressional Hunger Center. Presenter, Fighting Hunger in Maryland Conference. September 29, 2014.

¹⁴⁹ Maryland Hunger Solutions, Senior Hunger in Maryland. www.mdhungersolutions.org

¹⁵⁰ Interview with staff at the Prince George's County Planning Department.

¹⁵¹ Feeding America. Senior Hunger Fact Sheet. www.feedingamerica.org

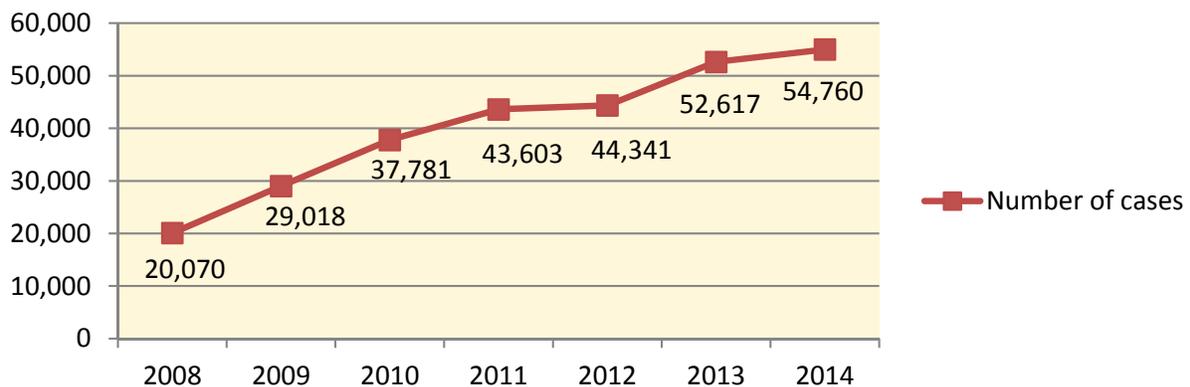
In Maryland, FSP benefits are deposited monthly to each eligible person's Electronic Benefit Transfer (EBT) card, which is called the Independence Card. In FY 2014, an average monthly deposit of \$119.89 per person (with a minimum amount of \$16) was added to an Independent card.¹⁵² EBT cards can be used like debit cards at most grocery stores and other food retail shops. SNAP approved retailers in Maryland and Prince George's County can be found on the USDA FNS web site.¹⁵³

In Prince George's County:

- In June, 2014, 111,943 or approximately 13 percent of the population participated in SNAP/FSP.¹⁵⁴
- Maryland Alliance for the Poor estimates that only 59 percent of eligible individuals participated in SNAP/FSP,¹⁵⁵ meaning that almost 190,000 residents are eligible for SNAP/FSP.
- The participation rate in SNAP/FSP increased by 108 percent between 2008 and 2013.¹⁵⁶
- The number of SNAP/FSP cases increased by 173 percent from 2008-2014.¹⁵⁷ Chart 21 shows the increases in SNAP/FSP cases in Prince George's County from 2008 to 2014.
- There were 500 SNAP approved retailers in Prince George's County as of December 2014.

Chart 21 shows the increasing number of SNAP/FSP cases in Prince George's County over time.

Chart 21: Number of SNAP/FSP cases in Prince George's County, 2008-2014



Source: USDA, FNS 2014 data obtained from Maryland Department of Human Resources Statistical Reports 2014.

¹⁵² USDA, FNS, Supplemental Nutrition Assistance Program: Average monthly benefit per person. www.fns.usda.gov

¹⁵³ USDA FNS. SNAP Retailer Locator. www.fns.usda.gov

¹⁵⁴ FSP Participants. Maryland Department of Human Resources, Statistical Reports, 2014.

¹⁵⁵ Maryland Alliance for the Poor, 2014 Maryland poverty profiles.

¹⁵⁶ USDA, FNS, Supplemental Nutrition Assistance Program: Average monthly benefit per person. Data as of December 5, 2014.

¹⁵⁷ USDA, FNS.

Food Insecurity Nutrition Incentive Grant Program

To support healthier choices on a SNAP budget, in late 2014, USDA initiated the Food Insecurity Nutrition Incentive (FINI) grant program. FINI promotes fruits and vegetable purchasing among SNAP participants by offering incentives at the point of purchase. FINI also tests strategies to support this goal.¹⁵⁸ The first year of grants totaled approximately \$31.5 million nationally.¹⁵⁹ Information on grant recipients was not available at the time this report is prepared.

The Special Supplemental Nutrition Program for Women, Infants, and Children

Women, Infants, and Children (WIC)¹⁶⁰ is a nutritional program of the USDA FNS to provide select supplemental nutritious foods, nutrition education, breastfeeding support, and access to health care for low-income pregnant, breastfeeding, or post-partum women as well as infants and children up to five years of age who face nutritional risk.¹⁶¹ WIC serves 53 percent of infants born in the U.S. WIC is considered one of the most successful and cost-effective nutrition intervention programs, although it has been facing cuts in recent years.¹⁶²

In Prince George's County:

- There were 4,832 WIC participants in June 2014, an increase of almost five percent from 2013.¹⁶³
- Only 54 percent of those eligible were participating in WIC.¹⁶⁴
- In 2012, participants received food benefits averaging \$61.12 per month before rebates.¹⁶⁵

WIC Works Resource System

The WIC Works Resource System offers educational resources for WIC participants. These online resources provide information about eating healthy during pregnancy, breastfeeding, infant and child nutrition, grocery shopping, planning meals, and cooking on a budget.¹⁶⁶

WIC-only stores

WIC-only stores stock only WIC approved food items and just serve WIC customers.¹⁶⁷ They are a valuable resource to WIC participants who may otherwise have to “shop around” to find all eligible items. WIC-only stores are concentrated in California, Florida, Texas,

¹⁵⁸ USDA National Institute of Food and Agriculture (NIFA). Food Insecurity Nutrition Incentive Grant Program. www.nifa.usda.gov

¹⁵⁹ USDA, NIFA, 2014/2015 Request for Applications. FINI Grant Program.

¹⁶⁰ USDA FNS. About WIC-WIC at a glance. www.fns.usda.gov

¹⁶¹ Two major types of nutritional risk are recognized for WIC eligibility, based on federal guidelines: Medically-based risks (designated as “high priority”) and diet-based risks. From USDA FNS: What is “nutritional risk”? FAQ, WIC.

¹⁶² “WIC cuts: Balancing the budget on the backs of babies.” Baltimore Sun, May 12, 2011.

¹⁶³ Maryland Hunger Solutions. The federal nutrition programs in Prince George’s County. www.mdhungersolutions.org

¹⁶⁴ Maryland Department of Legislative Services. Public Benefits for Children and Families. <http://dls.state.md.us>

¹⁶⁵ *Ibid.*

¹⁶⁶ USDA WIC Works Resource System. <http://wicworks.nal.usda.gov>

¹⁶⁷ Center on Budget and Policy Priorities, WIC-Only Stores and Competitive Pricing in the WIC Program. May 17, 2004, www.cbpp.org

Arkansas, and Puerto Rico, but are spreading to other states. USDA has been exploring opening WIC-only stores in Prince George's County.

Temporary Assistance for Needy Families/Temporary Cash Assistance

Temporary Assistance for Needy Families (TANF) is a short-term cash benefit program to help needy families get back on their feet. In Maryland, the program is called Temporary Cash Assistance (TCA).¹⁶⁸ The safety net that TANF provides now only covers 25 families for every 100 poor families (down from 68 out of 100 families in 1996). There is a 60 month or five-year limit to receiving TANF/TCA in one's lifetime. Since 1996, TANF/TCA benefits have lost a fifth of their value.¹⁶⁹

In Prince George's County:

- Less than one percent of the population received TCA benefits in November, 2013. The maximum benefit amount for a family of three was \$574¹⁷⁰
- Just over two percent of children received TCA benefits in November of 2013.¹⁷¹ Children receiving TANF are still eligible for welfare as adults.

USDA Food and Nutrition Service Child Nutrition Programs

The USDA FNS addresses childhood hunger and improves food security through offering Free and Reduced-Price Meals (F.A.R.M.) for school children, including:

- National School Lunch Program (NSLP)
- School Breakfast Program (SBP)
- Summer Food Service Program (SFSP)
- Fresh Fruit and Vegetable Program (FFVP)
- Special Milk Program (SMP)

Detailed information on these child nutrition programs, including F.A.R.M., is provided in Appendix 9 on page A-27.



¹⁶⁸ U.S. Department of Labor. What is TANF? www.dol.gov

¹⁶⁹ Center on Budget and Policy Priorities. Welfare Reform/TANF. www.cbpp.org/

¹⁷⁰ Maryland Department of Human Resources, Statistical Report, FY 2014.

¹⁷¹ Ibid.

Child and Adult Care Food Program

Child and Adult Care Food Program (CACFP) provides funds to child and adult care institutions, homes, and programs to provide nutritious foods for young children and older adults, including those who are chronically impaired and at-risk.¹⁷² At-risk Afterschool Meals and Snacks programs in CACFP provide nutritional boost to children, including teenagers through age 18, in eligible afterschool programs in lower income areas. Funding comes from the USDA, and in Maryland, the program is administered by the Maryland State Department of Education's School and Community Nutrition Programs Branch.¹⁷³

In Prince George's County:

- PGCPs FNS serves as a sponsor for CACFP licensed child care providers.¹⁷⁴

The Emergency Food Assistance Program

The Emergency Food Assistance Program (TEFAP) provides free, emergency food and nutrition assistance to supplement the diets of low-income Americans.¹⁷⁵ It is projected that in 2015, Prince George's County will receive 15 percent of all emergency food for Maryland. Only Baltimore City exceeds that amount, at 21 percent.

In Prince George's County

- TEFAP and other donated foods are distributed by the Department of Social Services to over 30 local food pantries and shelters.¹⁷⁶

¹⁷² USDA, FNS, Child and Adult Care Food Program. www.fns.usda.gov

¹⁷³ Maryland State Department of Education, What is the CACFP? www.marylandpublicschools.org

¹⁷⁴ PGCPs, FNS, CACFP. www.pgcps.org

¹⁷⁵ Maryland Department of Human Resources. The Emergency Food Assistance Program. www.dhr.state.md.us

¹⁷⁶ Prince George's County Department of Social Services, Food Assistance. www.princegeorgescountymd.gov

Farmers' Market Nutrition Programs

Both WIC and Senior Farmers' Market Nutrition Programs (WIC FMNP and SFMNP) provide participants with vouchers to use during the market season to purchase locally grown, unprocessed fruits and vegetables to access fresh produce as well as grow awareness of and sales at farmers' markets.¹⁷⁷ In 2014, Maryland provided WIC FMNP participants with \$20 for the season and SFMNP participants with \$30 for the season.¹⁷⁸ Even these small amounts contribute to fresh fruit and vegetable consumption, which is essential for food security.

In Prince George's County:

- All farmers' markets accept SFMNP and WIC Fruit and Vegetable Checks.¹⁷⁹



¹⁷⁷ Maryland Department of Agriculture, Farmers' market nutrition programs. <http://mda.maryland.gov>

¹⁷⁸ Ibid. Note: WIC nutritionists have been present at markets to distribute coupons, offer nutritional advice, and assist in selection of seasonal fruit and vegetables. See: "Maryland's Prince George's County WIC Goes to the Farmers' Market." MARWIC Times, Fall 2009, p.9. www.nal.usda.gov/wicworks/Sharing_Center/MARWIC/Fall09.pdf

¹⁷⁹ University of Maryland Extension, 2015 Prince George's County Farmers Markets.

Role of farmers' markets in alleviating food insecurity

Farmers' markets can contribute significantly to individual and community food security through increased access to fresh fruit, vegetables, and farm-fresh proteins (including meat, dairy, and eggs). Farmers' markets also contribute to local farm viability and develop social capital within communities.¹⁸⁰

As part of the growing emphasis on encouraging SNAP recipients to purchase fresh fruits and vegetables, 13 of 18 farmers' markets in Prince George's County accept SNAP in 2015.¹⁸¹

- At the market level:
 - College Park Farmers Market
 - Glenn Dale Farmers Market
 - Hollywood Farmers Market
 - Riverdale Park Farmers Market
 - Roots & Stems Farmers Market at National Church of God
 - Roots & Stems Farmers Market at WSSC
- At the vendor level:
 - Branch Avenue in Bloom Farmers Market
 - Cheverly Community Market
 - Greenbelt Farmers Market
 - Hyattsville Farmers Market
 - MedStar Southern MD Hospital Center Farmers Market
 - Up on the Hill Flea & Farmers Market
 - USDA (Beltsville) Farmers Market

In addition to the federal FINI program, there are several initiatives to promote SNAP recipients to use their food dollars at farmers' markets:

SNAP to Health Program

A Prince George's County program, SNAP to Health, was established in 2014¹⁸² to support SNAP/EBT acceptance and processing at farmers' markets in Prince George's County to increase the accessibility of healthy food options for SNAP recipients.

Maryland Market Money Program

The Eat Fresh Maryland Network expands use of federal nutrition benefits at farmers markets.¹⁸³ Eat Fresh, Maryland Farmers' Market Association, and Crossroads Community Food Network launched Maryland Market Money in 2013.¹⁸⁴ This currency matches SNAP, WIC-Fruit and Vegetable Checks, and FMNP-Senior/ WIC up to 10 dollars per market, while funding is available, for SNAP-eligible items.¹⁸⁵

In 2015, the program runs at Riverdale Park Farmers Market and Cheverly Community Market in Prince George's County.¹⁸⁶

Bonus Bucks and Fresh Checks are similar programs to Maryland Market Money. Both are described briefly in Appendix 18 on page A-63.

¹⁸⁰ Prince George's County Health Department, Recommendations to Improve Farmers Market in Prince George's County, MD, March 2014.

¹⁸¹ University of Maryland Extension, Prince George's County, Fresh. Local. Fun. June 2015.

¹⁸² See Appendix 17 for SNAP to Health legislation (CB-37-2014).

¹⁸³ Eat Fresh Maryland Network.

¹⁸⁴ Maryland Farmers Market Association, Maryland Money Market. www.marylandfma.org

¹⁸⁵ Ibid.

¹⁸⁶ University of Maryland Extension, Prince George's County. 2015 Prince George's County Farmers Markets.

Other programs, initiatives, and services

Many agencies and organizations provide various programs, initiatives, and services in Prince George's County to support food security for residents. Some are listed below and described in Appendix 18 on page A-63.

- **Prince George's County Department of Social Services (DSS)**
 - Mission: Nutrition
- **Prince George's County Department of Family Services**
 - Senior Nutrition Program
- **University of Maryland Extension (UME)**
 - Grow It Eat It and Grow It Eat It Preserve It
 - Grow It Give It
 - Expanded Food and Nutrition Education Program (EFNEP)
 - Food Supplement Nutrition Education (FSNE)
 - Healthy Cents
 - Market to Mealtime
 - Nutrition to Go
 - Cooking Matters at the Store
 - Eat Smart, Live Strong
- **The Capital Area Food Bank (CAFB)**
 - Weekend Bags program.
- **Share Our Strength**
 - No Kid Hungry Campaign
 - Maryland Breakfast Challenge
- **Maryland Hunger Solutions**
 - Advocacy, education, and outreach to maximize participation in federal nutrition programs and access to affordable healthy food.
- **SHARE (Self Help and Resource Exchange) Food Network**
 - Quality reduced-cost food distribution
- **ECO City Farms**
 - Urban agriculture training classes
- **Arcadia/Martha's Table Mobile Market**
 - Bonus Bucks program
 - The Arcadia Mobile Market Seasonal Cookbook
 - Martha's Market
- **Crossroads Community Food Network**
 - Crossroads Farmers Market
 - Fresh Checks coupons
 - The Microenterprise Training Program
- **Chesapeake Bay Foundation's Claggett Farm**
 - From the Ground Up Program



Food pantries

Food pantries are community-based distributors of goods from food banks and donations. They supply free food to people in need.



In Prince George's County:

- Capital Area Food Bank (CAFB) supplies 132 food pantries. This number underestimates total food pantries, as others do not receive support from CAFB.
- At least 86 food pantries (65 percent) are located within the study area, with an additional three on the border.
- The Maryland Department of Human Resources Service Access and Information Link (SAIL) provides a link to Prince George's County Resource Center Food Pantries Directory.¹⁸⁷

Interviews with food pantries

The Community Support Services volunteers conducted interviews with food pantries for this study. They interviewed the managers of nine of the food pantries (11 percent) in the study area. The questions covered location, hours of operation, clients, services, resources, sources of their food, whether they offer fresh produce, and more. Highlights are summarized below.

Overview of operations:

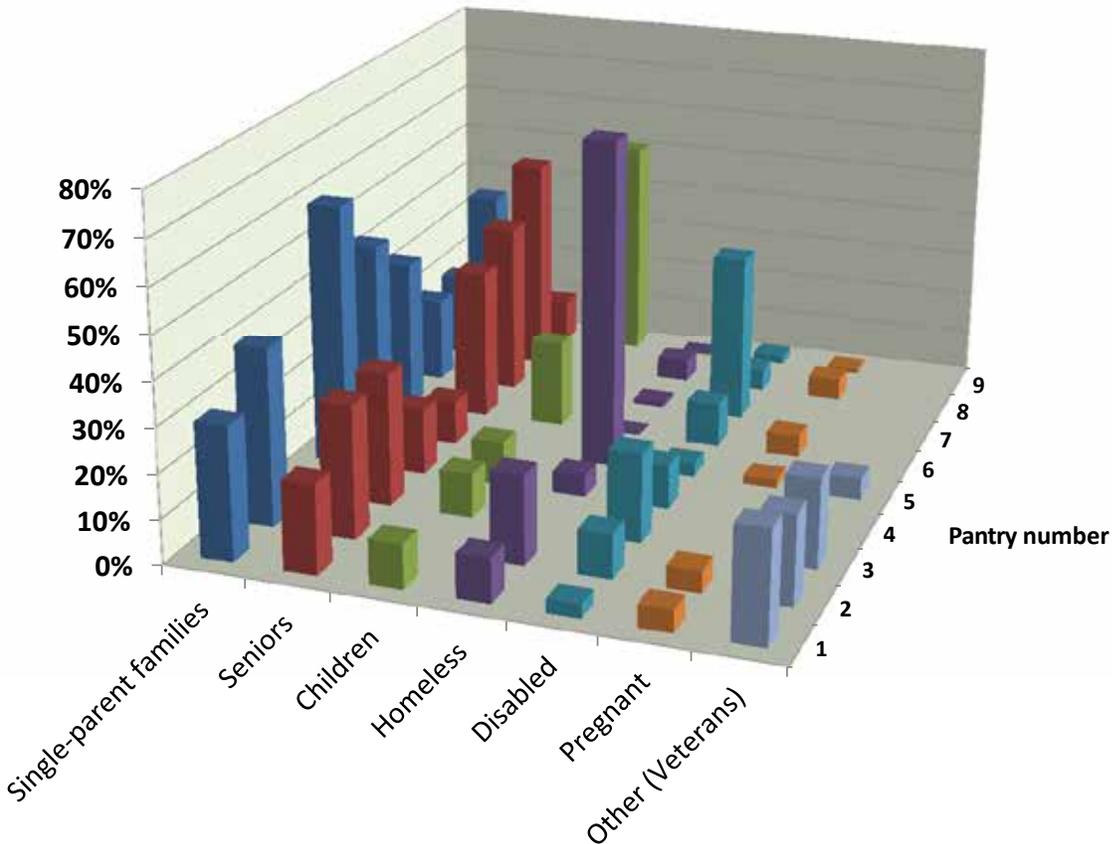
- The food pantries are open for a range of times, most with very limited hours:
 - Once a month to four days a week
 - From one to six hours at a time
- Average daily numbers of families on a typical day ranges from 10 to 160
- Most food pantries are volunteer-run; a few have paid staff

¹⁸⁷ Maryland Department of Human Resources. Prince George's County Food Pantries. SAIL, www.marylandsail.org

What are some characteristics of clients?

- Most food pantries require that clients reside in Prince Georges' County.
- Many clients also receive other food assistance, including SNAP, WIC, F.A.R.M., The Commodity Supplemental Program, and The Emergency Food Assistance Program (TEFAP).
- Most clients were single parent families, seniors, children, and/or homeless. Other populations include people with disabilities, pregnant women, and veterans.

Chart 22: Who uses food pantries in Prince George's County?



What food is available at pantries?

- Source food from CAFB, TEFAP, corporate, distributor, or individual donations, and others.
- One-third of the pantries do not offer fresh produce.
- Those who offer fresh produce got it from CAFB, retailers and wholesalers, and local farmers.
- There are not a lot of whole-grains, low fat, low sugar, or low sodium foods available for participants.

What items are most often available?

- Bread
- Meats
- Fresh fruits and vegetables
- Canned fruit and vegetables
- Dry goods

- Sweets/ candy
- Juices
- Deli items
- Fish/seafood (fresh and frozen)
- Other: Mac and cheese, rice, canned meat, dry beans, peanut butter and jelly

Additional services at the pantries include:

- Blood pressure monitoring
- Blood sugar monitoring
- Health and wellness information
- Nutrition information
- Nutrition classes
- Cooking demos
- Cooking classes
- Recipes

Some insights about food pantries in the study area are summarized in Table 14.

Table 14: Food pantries in the study area.	
Fresh Produce	<ul style="list-style-type: none"> • One of three (33 percent) pantries does not offer fresh produce. • Those offering fresh produce get it from CAFB, retailers and wholesalers, and local farmers.
Transportation	<ul style="list-style-type: none"> • None of the food pantries operate a shuttle for participants. • Two of nine (22 percent) said they can do home delivery as needed.
Infrastructure	<ul style="list-style-type: none"> • All have refrigerator and freezer storage.
Limits	<ul style="list-style-type: none"> • Two of nine (22 percent) limit clients to taking food three or four times a year.

Source: Interviews with food pantries.

Food security issues stated by the residents of Prince George’s County

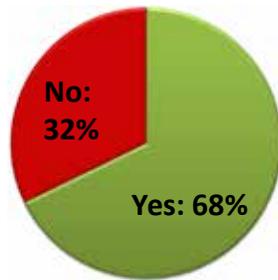
To get a little more insight and find out residents’ awareness of food insecurity in the County, some questions were included in the consumer survey questionnaire. Additionally, a focus group discussion was conducted with the federal nutrition assistance participants. Summary of findings from residents’ responses are displayed in this section.

Consumer survey results

The Access to Healthy Food Survey, described in the What Do Consumers Say? section, included three questions about food security for Prince George’s County residents. These questions asked about federal nutrition and food assistance programs as well as familiarity with community-level hunger. Over 500 participants filled out the survey.

The majority of residents are familiar with federal food assistance programs. Just over two-thirds (68 percent) of respondents were familiar with SNAP, WIC, free and reduced-price meals, and summer meals programs. Almost one-third (32 percent) of the respondents were not familiar with these programs.

Are you familiar with Federal Food Assistance?



For the people in Prince George’s County unfamiliar with federal food assistance, there is a need for ongoing and perhaps new forms of outreach and education. This information is particularly important in light of under-enrollment within the state.¹⁸⁸

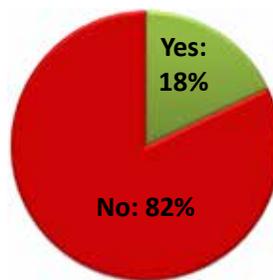
Almost one in 10 respondents had someone in their households participating in federal food assistance programs. About nine percent of respondents answered “yes” to the question about household food assistance, which is lower than the rate for the County of about 13 percent.¹⁸⁹

Is anyone in your household participating in Federal Food Assistance programs?



Almost one in five of the respondents knew someone in their neighborhood who did not have enough to eat in the past year. That number is higher than the national average of one in seven people who do not have enough to eat. Most people (82 percent) did not know anybody in their neighborhood without enough to eat in the past year.

Did anyone in your neighborhood not have enough food in the past year?



¹⁸⁸ One-third of eligible Marylanders are not receiving SNAP benefits. Ed Cooney. Congressional Hunger Center. Presenter, Fighting Hunger in Maryland Conference. September 29, 2014.

¹⁸⁹ FSP Participants. MD DHR Statistical Reports 2014. Pg. FSP2-2.

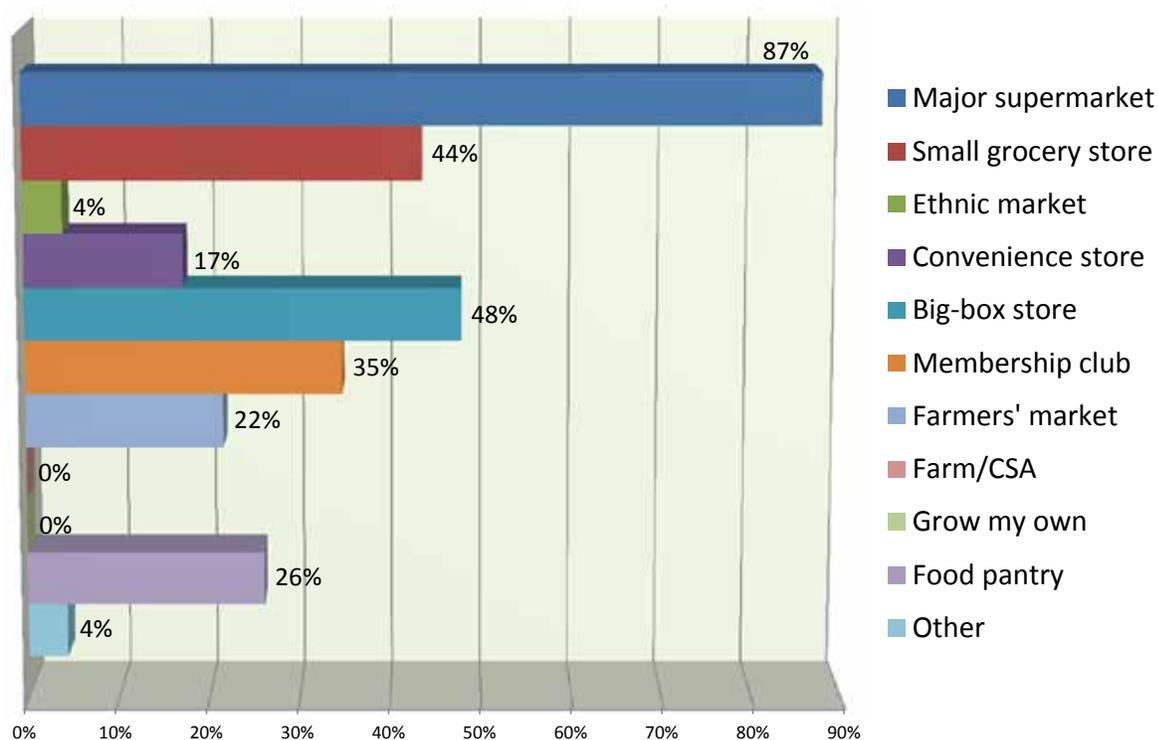
Results of Access to Healthy Food Survey with participants of the federal nutrition assistance programs

A total of 23 residents currently enrolled in federal nutrition assistance programs responded to the Access to Healthy Food Survey with additional questions about food assistance and hunger.¹⁹⁰ The following are the results of the survey.

All but one respondent received SNAP benefits. Almost 40 percent received WIC, but only 9 percent participated in the Farmers' Market Nutrition Program. A few participants were enrolled in the Emergency Food Assistance Program, Commodity Supplemental Food Program, and the Child and Adult Care Food Program. Almost all reported that their school-aged children received free and reduced-price lunch at school.

Food assistance recipients shop at a variety of food retail outlets. Almost 9 in 10 respondents (87 percent) shopped at major supermarkets for their groceries. One in five shopped at a farmers' market, but four in five reported they would shop at farmers' markets that doubled their dollars. One in four reported using a food pantry. About half shopped at big-box stores, such as Walmart and Target, and half shopped at small grocery stores. About one in five got groceries at convenience stores, and less than one in twenty went grocery shopping at ethnic markets.

Chart 23: Where do you shop?

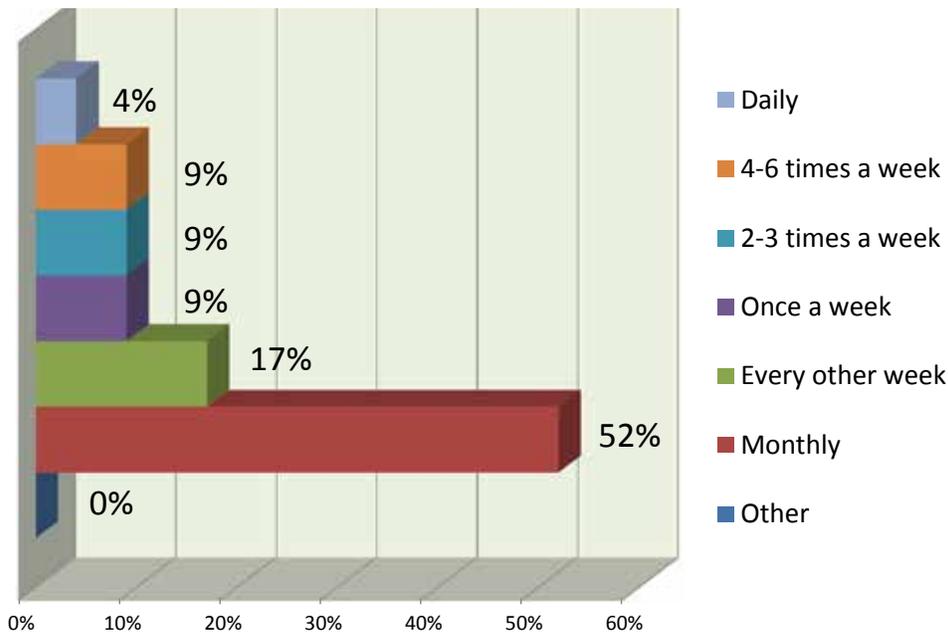


¹⁹⁰ Survey questionnaire is displayed in Appendix 19 on page A-69.

Almost half live within 5 to 10 minutes from the place where they most frequently shop for food, but almost one in five are 30 minutes away. Over half drive themselves to get their groceries, with another third getting a ride or taking a taxi. About one in six walks or takes the bus. Nobody reported riding a bicycle or taking the Metro. Only about half reported having their own car.

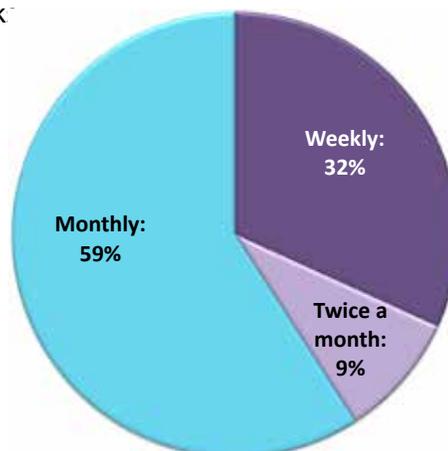
Over half of the respondents shopped for food only once a month. Close to one in five shopped every other week. That means about 70 percent of respondents went shopping every two to four weeks for their groceries, which can significantly limit the amount of fresh produce they access. Less than 20 percent shopped one to three times a week, and 13 percent shopped four to seven times a week.

Chart 24: How often do you shop for food?



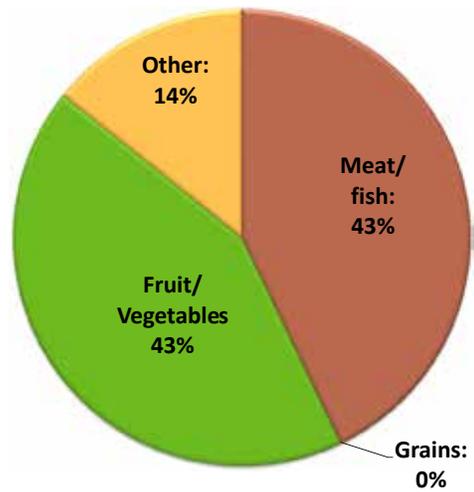
More than half of the respondents buy fresh fruits and vegetables only once a month. Less than a third can buy them weekly. This implies that the majority of the respondents can only eat fresh fruits and vegetables for one or two week(s) a month, since fruits and vegetables usually cannot stay fresh for more than two week

How often do you buy fresh fruits and vegetables?



Close to half of the respondents said that if their benefits doubled they would like to spend the difference on fruits and vegetables. Almost half also said that they would like to buy more meat and fish.

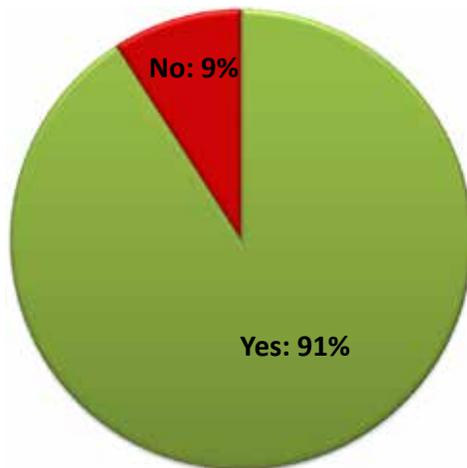
If you could double your benefits, how would you spend the additional food dollars?



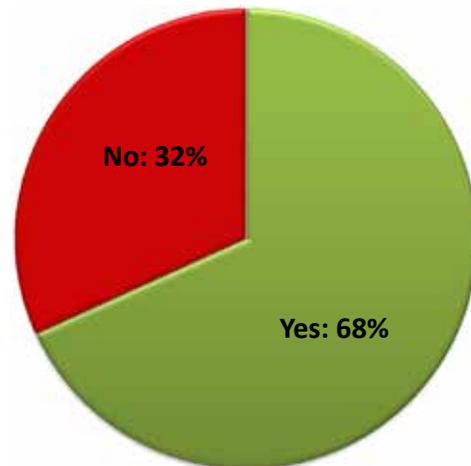
Many households are food insecure in the County.

- Nine percent of the respondents did not have enough food to eat in a given seven-day period.
- Almost one-third of respondents, or 32 percent, said they or their household members did not have enough food to eat in the past year.
- More than one in three (36 percent) said that they or their household members had to skip meals in the past year because of not having enough food.

Did you have enough food to eat in the past seven days?

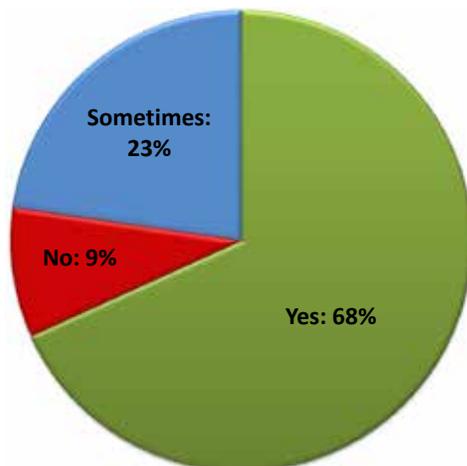


Did you and your household members have enough food to eat in the past one year?

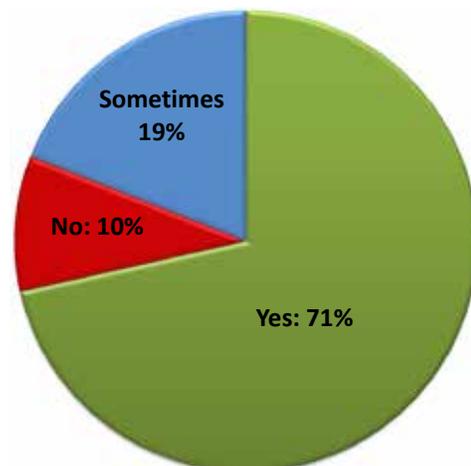


Almost one-third of the respondents reported not being able to feed their children enough nutritious food all or some of the time. Over a quarter reported that their child did not eat three meals a day ever or sometimes. This means that at least one-quarter to one-third of the respondents are facing more severe forms of food insecurity.

Are you able to feed your child enough nutritious food?

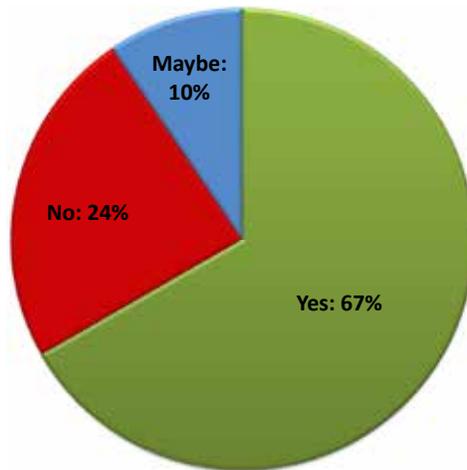


Does your child eat at least three meals a day?



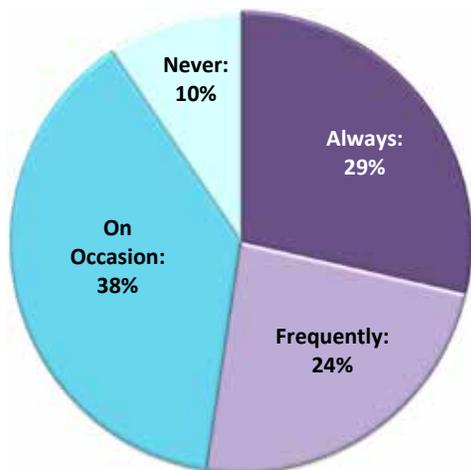
Parents are in favor of after-school food assistance to their children. Over three quarters said that they would or possibly would be in favor of schools providing afternoon/evening bag dinners to help offset the cost of cooking at home.

Would you be in favor of schools providing afternoon/evening bag dinners to help offset the cost of cooking at homes?

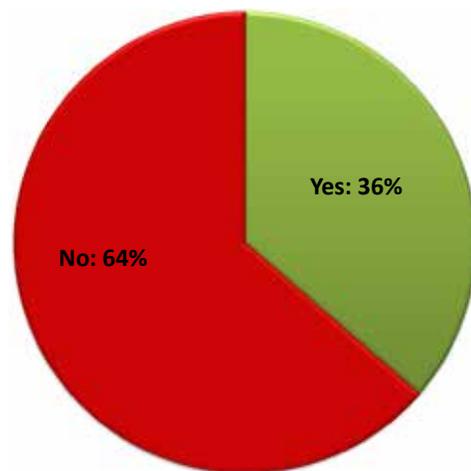


Almost all respondents run out of their SNAP benefits before the end of the month. Only 10 percent of respondents said they never run out of SNAP benefits before the end of the month. Two-thirds reported that current SNAP benefits did not cover all meals for the household every day.

Do you run out of your SNAP benefits before the end of the month?



Do your current SNAP benefits cover the cost of enough food to feed your household every meal every day?



Focus group discussion with federal nutrition assistance participants

The same individuals who took the survey also participated in a focus group discussion about access to healthy food on September 23, 2013. Over half of the respondents were from the Central Area, about 30 percent were from the South Area, and 13 percent from the North Area. Federal nutrition assistance participants shared specific barriers to accessing healthy food and suggested strategies to address them.

Issues discussed in the focus group included:

- Physical access to healthy food
- Economics of food
- Cultural preferences availability
- Quality of food
- SNAP and WIC specific issues

Results are presented in Table 15.

Category	Concerns	Suggestions
Physical	<ul style="list-style-type: none"> • <i>Poor neighborhoods have stores with poor quality food; need to travel to wealthier neighborhoods.</i> • <i>Consumers without cars are stuck locally.</i> • <i>Better quality and better buys at supermarkets in nicer/more affluent neighborhoods.</i> 	<ul style="list-style-type: none"> • <i>Make healthy food more convenient to access.</i> • <i>Carpools or shuttle trips to the better stores should be formed—meet at community centers.</i> • <i>Stores should drive customers home if they spend \$100 or more in a single trip.</i>
Economic	<ul style="list-style-type: none"> • <i>Healthy food is more expensive.</i> • <i>Club warehouses have low prices, but one has to buy large quantities.</i> • <i>Some ethnic markets in Langley Park have quality food at low prices.</i> 	<ul style="list-style-type: none"> • <i>Make healthy food cheaper.</i> • <i>Educate consumers to use bulk stores (e.g., Costco) to stretch their food dollars.</i> • <i>Build more stores with affordable prices, good quality, and easy accessibility.</i>
Cultural	<ul style="list-style-type: none"> • <i>Some stores have culture-specific foods.</i> • <i>Neighbors give neighbors rides to the store and back home with groceries.</i> • <i>Some ethnic stores are very expensive and hardly have anything on sale, but food they sell is culturally appropriate and they offer lots of specialty items.</i> 	<ul style="list-style-type: none"> • <i>International stores should serve many cultures—carry a variety of foods.</i> • <i>International markets should have discounts, sales, and/or coupons.</i> • <i>More rides to and from international stores—exchange rides for goods purchased with food stamps.</i>

Table 15: Concerns and suggestions of federal nutrition assistance participants about accessing healthy food.

Category	Concerns	Suggestions
Quality	<ul style="list-style-type: none"> • <i>Inside the Beltway, chain supermarkets have damaged canned foods, poor produce, and expired goods.</i> • <i>Meat is better outside the Beltway.</i> • <i>Some grocery stores are expensive, yet have poor quality, expired goods, and smell bad.</i> • <i>Stores are understocked, things are broken, produce is bad, and cans are bent.</i> • <i>Food appears to expire quickly.</i> • <i>Out-of-date items are put in “reduced” bin.</i> • <i>There are some stores that are good source of quality food.</i> 	<ul style="list-style-type: none"> • <i>Inform store managers of poor food quality, dented cans, and poor food choices.</i> • <i>Voice concerns/protest if informing managers does not change anything.</i> • <i>Remove outdated [expired] and dented food from store shelves.</i> • <i>Neighborhood stores should buy fruits and vegetables from local farmers.</i> • <i>The government should raise meat quality—provide regulations that do not allow below-standard meat to be sold.</i> • <i>All stores should have the same quality food.</i> • <i>Provide more access to quality meat locally.</i>
SNAP/WIC programs	<ul style="list-style-type: none"> • <i>Food stamps [SNAP] run out too soon.</i> • <i>Must shop around; need to shop at several stores to use the benefits efficiently.</i> • <i>Not enough WIC benefits to buy juice for children.</i> • <i>WIC benefits do not last all month and have to dip into SNAP.</i> 	<ul style="list-style-type: none"> • <i>Increase food stamp funding; add more benefits—cut from other programs.</i> • <i>Better/higher quality stores in local/urban communities that accept SNAP/WIC benefits.</i> • <i>Increase SNAP benefits based on inflation and the cost of living.</i> • <i>Modify WIC benefits:</i> <ul style="list-style-type: none"> ◦ <i>Need more uniformity among stores.</i> ◦ <i>Do not limit to only generic products.</i> ◦ <i>Tailor packages to needs of the family.</i> ◦ <i>Explain purpose of specific food amounts (why so many milk vouchers—it is a challenge to find what to do with it all).</i> ◦ <i>Allow purchase of healthier choices [e.g., whole wheat, not white bread for WIC].</i> • <i>Percentage of benefits should be dedicated to fresh produce.</i> • <i>Provide an additional voucher specifically for fruits/vegetables.</i>
Other	<ul style="list-style-type: none"> • <i>Discount stores are a good “fill-in” source of food.</i> • <i>Hard to get enough milk, juice, and pampers for the children.</i> • <i>Hard to shop to address child allergies [e.g., hard to find gluten-free foods].</i> • <i>Convenience stores are good sources of food.</i> 	



Photo by Lincoln Smith