

**Health Priority: Adequate and Appropriate Nutrition**  
**Objective 3: Adequate, Safe and Appropriate Food (Template)**

**Long-term (2010) Subcommittee Outcome Objective:**

**3a.** By 2010, increase the number of Wisconsin households that have access to adequate, safe, and appropriate food at all times.

**3b.** By 2010, increase the proportion of Wisconsin households that have access (physical and economic) to adequate, safe, and appropriate food at all times.

Long-term outcome objective updated as of: Sept 2004

<b>Wisconsin Baseline</b>	<b>Wisconsin Sources and Year</b>
9% of households were food insecure, 1996-2000	Wisconsin Food Security Project, University of Wisconsin Extension and Wisconsin Department of Health and Family Services. Available at: <a href="http://www.uwex.edu/ces/flp/cfs/index.cfm">http://www.uwex.edu/ces/flp/cfs/index.cfm</a>
7.2% of households were food insecure and 2.3% of household were food insecure with hunger	United States Department of Agriculture Prevalence of Food Insecurity and Hunger by State, 1996-1998

<b>Federal/National Baseline</b>	<b>Federal/National Sources and Year</b>
9.7% households were food insecure and 3.5% were food insecure with hunger	United States Department of Agriculture Prevalence of Food Insecurity and Hunger by State, 1996-1998

<b>Related USDHHS Healthy People 2010 Objectives</b>			
<b>Chapter</b>	<b>Goal</b>	<b>Objective Number</b>	<b>Objective Statement</b>
19 – Nutrition and Overweight	Promote health and reduce chronic disease associated with diet and weight.	19-4	Reduce growth retardation among low-income children under age 5 years.
		19-12	Reduce iron deficiency among young children and females of childbearing age.
		19-18	Increase food security among U.S. households and in so doing reduce hunger.
10 – Food Safety	Reduce foodborne illnesses.	10-1	Reduce infections caused by key foodborne pathogens.
		10-2	Reduce outbreaks of infections caused by key foodborne bacteria.

**Related USDHHS Healthy People 2010 Objectives**

Chapter	Goal	Objective Number	Objective Statement
		10-5	Increase the proportion of consumers who follow key food safety practices.

Definitions	
Term	Definition
Access	According to the Institute of Medicine, “The timely use of personal health services to achieve the best possible health outcomes.” This definition includes both the use and effectiveness of health services. The concept of access also encompasses physical accessibility of facilities. <i>IOM. Medicare: A Strategy for Quality Assurance. Vol. 1. Lohr, K.N., ed. Washington, DC: National Academy Press, 1998.</i>
Adequate nutrition	Adequate nutrition means food security. People have access to nutritious, safe, and culturally appropriate foods at all time to support health. Foods are obtained in socially acceptable ways—that is, through regular sources and not through emergency coping strategies such as food pantries.
Appropriate nutrition	Appropriate nutrition means foods in the appropriate amounts and quality to promote overall good health and prevent chronic diseases.
Food insecure	Food insecure/food insecurity means that people do not have access at all times to enough food for an active, healthy life.
Hunger	The uneasy or painful sensation caused by a lack of food.

### Rationale:

- Increasing and assuring access to adequate, safe, and appropriate food recognizes the problem of food insecurity and hunger for many. Food insecurity and hunger have health, social, and economic consequences. Food security implies that people have access to nutritionally adequate and safe foods and have the resources to acquire the food in socially acceptable ways. This means food is obtained through the regular marketplace, not through coping strategies such as emergency food sources, scavenging, or stealing. The consequences of limited access to safe and appropriate food has led to national measures and surveys, and a national commitment with the U.S. Action Plan on Food Security. Several *Healthy People 2010* objectives support improving access to adequate, safe, and appropriate food with a focus on under-nutrition, including iron deficiency, growth retardation, food security, and related to food safety.
- Food insecurity is increasing in Wisconsin. In 1995, 6.4 percent of Wisconsin households were food insecure. By 1998, the percentage of food insecure households had risen to 7.2 percent.
- Hunger and food insecurity has consequences. Tuft’s University Center on Hunger, Poverty, and Nutrition Policy notes that there is compelling evidence that under-nutrition during any period of childhood can have a negative effect on a child’s cognitive development and their later productivity as adults.
  - Pregnant women who are undernourished are more likely to have low birthweight babies.

- Under-nutrition, along with other environmental factors associated with poverty, can result in permanently retarded physical growth and brain development.
- Poor children who attend school hungry perform significantly below their non-hungry peers on standardized tests.
- Improved nutrition and environmental conditions can modify the effects of poor early nutrition.
- The elderly are also vulnerable to the effects of under-nutrition. Under-nutrition in the elderly can slow recovery from medical procedures, aggravate chronic conditions, and can increase the possibility of disability, illness, and disease. Good nutrition in the elderly not only improves health, but also decreases dependence, utilization of health care, and health care costs.
- Food insecurity among low-income families with young children appears high. The Wisconsin Women, Infants, and Children (WIC) Association and the Department of Health and Family Services State WIC Program conducted a survey in January 2001 in 16 WIC projects. The results found that 44 percent of those surveyed were food insecure and 20 percent of those surveyed experienced hunger. A follow-up survey conducted in January of 2002 by all 68 WIC projects found 43 percent of those surveyed were food insecure and 18 percent of those surveyed experienced food insecurity with hunger.
- Usage of emergency food resources in Wisconsin is increasing. A Wisconsin Community Action Program (WISCAP) survey conducted in 2000 found that between September 1998 and September 1999 usage of food pantries increased 9 percent. Demand in September 2000 remains constant.
- Only 51 percent of eligible people in Wisconsin receive food stamps. This is the fourth lowest percentage in the nation. The number of people receiving food stamps dropped 45 percent between January 1995 and July 1999. During this period, the number of people living below 125 percent of the federal poverty limits increased 7 percent.
- WIC participation has increased from approximately 100,000 in 2001 to 104,000 in 2002. The Wisconsin WIC Program serves less than 70 percent of the women and children who are eligible.
- Only 23 percent of low-income students in Wisconsin who received school lunch, received school breakfast. This is the lowest percentage in the nation. The national average is 42 percent.

#### **Short Term Outcome Objectives (2002-2004)**

- By 2003, identify populations and areas in Wisconsin where there is not access to nutritionally balanced, culturally appropriate food.
- By 2003, raise public awareness of food insecurity concerns in Wisconsin.
- By 2003, there will be an assessment of current food handling practices in non-regulated settings.

#### **Medium-term Outcome Objectives (2005-2007)**

- By 2006, state and local food security plans identify gaps, maximize available resources, and reduce barriers to food security.
- By 2007, develop a statewide targeted plan to educate consumers and emergency food providers about safe food handling practices.
- By 2008, increase the availability of nutrient dense foods through non-emergency means.

### **Long-term Outcome Objective (2008-2010)**

- By 2010, increase the number of Wisconsin households that have access to adequate, safe, and appropriate food at all times.

#### **Inputs:** *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Policymakers, community leaders, Wisconsin Food Security Consortium members, public and private food/nutrition resource staff, hunger coalitions, and government agencies will provide the leadership necessary to develop and implement strategies to address issues related to adequate and safe foods.
- Partners in the public and private sector will combine monies and in-kind services such as building, staff, program operations materials, and equipment.
- Partners will collaborate to establish appropriate legislation supporting expansion of community gardens, farmers markets, community-supported agriculture, and food-buying clubs as well as government nutrition programs.
- Data collection systems will be developed for identifying food insecure populations and food insecure areas of the state; food handling practices that place people eating in non-regulated settings at risk; and strategies for reducing barriers to food insecurity.
- Training information and sessions will be developed for groups on strategies to make local communities more food secure and to learn safe food handling skills.
- All forms of media will be utilized to disseminate food security concerns, increase the community's awareness of food insecurity, and share success stories in the fight for food security.
- Statewide and local food security and other food and nutrition coalitions will be called upon to support the objective.

#### **Outputs:** *(What we do – workshops, meetings, product development, training. Who we reach-community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Identify workforce partners that include policymakers, Wisconsin Food Security Consortium members, public and private food and nutrition resource staff, local hunger, and nutrition coalitions.
- Identify populations and areas of the state that are experiencing problems accessing the foods they need for good health.
- Develop a system to routinely identify, in each county, the populations and areas of the county where food insecurity is a problem, and the availability and participation in public and private food and nutrition programs. This will include data on food handling practices that place people eating in non-regulated settings at risk.
- Workforce partners will identify roles of various programs at the state and local level to facilitate a system to collect the data and identification of strategies to reduce barriers to food security.
- To increase public awareness of the problem of food insecurity and hunger in Wisconsin, the Wisconsin Food Security Consortium will develop white papers

identifying the food insecure populations in the state as well as the gaps in resources that contribute to food insecurity.

- The Wisconsin Food Security Consortium will use various forms of information, media, and technology to draw attention to hunger concerns and successes in Wisconsin. This includes an annual Hunger Report Card and the Wisconsin Food Security Project web site.
- A Food Security Summit will be hosted in 2005 that will call to action state, local, and tribal partners to learn about effective strategies for reducing food insecurity.
- Partners from the Food Security Summit will return to their communities to work with interested local stakeholders to develop and implement a food security plan for their locale that fills identified gaps in their communities, maximizes available resources, and reduces identified barriers to food security. Plans will include strategies for educating consumers about food budgeting, food preparation and safe food handling, strategies to improve access to federal nutrition programs, as well as private, emergency food resources, strategies for increasing the proportion of eligible people who participate in these public and private programs, and strategies for increase in food security resources at the state and local level.
- Workforce partners that include policymakers, community leaders, public and private food and nutrition resource staff, hunger and nutrition coalitions will develop a system to assess food handling practices at non-regulated emergency food resources. Poor food handling practices in the home or by volunteers and staff at emergency food resources can lead to foodborne illness and in rare cases, hospitalization and death. If relevant food safety information is to be disseminated, a system to assess food handling practices in the home and at emergency food resources that are not regulated by larger, umbrella organizations like Second Harvest must be developed. This can then be used to develop a statewide, targeted plan to educate at-risk groups regarding basic food safety practices.
- Using information from the food handling assessment, a statewide, targeted plan will be developed to educate consumers and emergency food providers about safe food handling practices. This plan incorporates, when possible, relevant strategies from other national food safety campaigns.
- Partners will identify strategies for making low-cost, nutrient-dense foods available through non-emergency means in order to increase food security for economically vulnerable households. Strategies identified will increase awareness of and access to community gardens, farmer's markets, community-supported agriculture, and food buying cooperatives/clubs along with federal nutrition programs.
- Workforce partners work to increase legislative support for community gardens, farmers markets, community-supported agriculture, and food buying clubs as well as government sponsored nutrition programs.
- State and local partners include Department of Health and Family Services Division of Public Health Nutrition Section and Special Nutrition Program for Women, Infants, and Children; Department of Health and Family Services Division of Health Care Financing, Food Stamp Program; Department of Health and Family Services Division of Children and Family Services; Department of

Health and Family Services Division of Supportive Living, Aging, and Long Term Care Resources; Department of Public Instruction Food and Nutrition Services; University of Wisconsin Extension; Wisconsin Food Security Coalition; local health departments and tribes county extension offices; county and tribal Aging Units; school leaders; food pantries and providers; faith communities; recovery organizations; local hunger and nutrition coalitions; community partners; policymakers; and the general public.

## **Evaluation and Measurement:**

### **Long-term Outcome Objective:**

- Increase the number of Wisconsin households that have access to adequate, safe and appropriate foods at all times.

The long-term objective of improving the proportion of Wisconsin residents who have access to adequate, safe, and appropriate food at all times will be measured using data collected annually in the Food Security Prevalence Study conducted by the Census Bureau for United States Department of Agriculture. This annual tool provides states with the proportion of state households who expressed concern about not having sufficient food, households who have reduced the nutritional quality or size of meals, who have skipped meals, or who have experienced hunger because of insufficient income.

### **Medium-term Outcome Objectives:**

- Create state and local food security plans that fill identified gaps, maximize available resources, and reduce barriers to food security
- Develop a statewide targeted plan to educate consumers and emergency food providers about safe food handling practices.
- Increase the availability of nutrient-dense foods through non-emergency means.

The state and local food security plans will be on file with the Food Security Coalition. The Department of Health and Family Services will maintain a copy of the statewide food safety campaign and will develop a system for tracking dissemination of the messages by hunger coalitions, along with public and private agencies. The availability of nutrient-dense foods available through non-emergency means will be tracked by the Food Security Consortium via their annual status report on hunger. The number of counties with community gardens, farmer's markets, community supported agriculture, Special Nutrition Program for Women, Infants and Children (WIC) Farmer's Market Programs, Wisconsin Nutrition Education Program, and food-buying coops will be tracked annually.

### **Short-term Outcome Objectives:**

- Identify populations and areas of Wisconsin where there is no access to nutritionally balanced, culturally appropriate food.
- Raise public awareness of food security concerns in Wisconsin.
- Assess current food handling practices in non-regulated settings.

The Department of Health and Family Services will identify and utilize a short, existing, validated tool (Centers for Disease Control and Prevention and United States Department of Agriculture) to assess food security in each county in Wisconsin. A statistically reliable sample will be identified for each county and a method for administering the survey will be developed by the Department of Health and Family Services. Local health departments will assure that it is conducted. All federal nutrition programs in each county will participate in the survey. Data will be sent to Department of Health and Family Services for compilation.

Public awareness of hunger and food insecurity will be evaluated via the health needs assessment conducted in each county every 5 years. A tool for assessing food security will be incorporated into the health needs assessment to track both food security concerns at the local level and public awareness of food insecurity and hunger issues.

To assess current food handling practices, the Department of Health and Family Services will develop a short series of questions to add to the Wisconsin Behavioral Risk Factor Survey to regularly assess household food handling practices. The Department of Health and Family Services will also modify these same questions, and survey every 5 years local food pantries and community meal sites as to their food handling practices as part of their ongoing health needs assessment.

### **Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010**

*Access to Primary and Preventive Health Services:* Lower socioeconomic groups often have compromised nutritional status that impacts on health. The population with the fewest resources for primary and preventive health services may also be food insecure or hungry.

*Existing, Emerging, and Re-emerging Communicable Diseases:* Safe food handling practices by consumers and non-regulated emergency food resources are critical for prevention of food borne illness, especially for population groups that are at risk for under-nutrition due to lack of access to adequate, appropriate, and safe food.

*Mental Health and Mental Disorders:* Food insecurity is a problem for segments of the population suffering from mental health problems due to a variety of reasons. Assuring access to safe and appropriate food will support improved mental and physical health.

*Overweight, Obesity, and Lack of Physical Activity:* Obesity in some individuals is due to food insecurity. Obesity prevalence is higher in lower socioeconomic groups and is related to control over food resources. This might include limited food resources so the food dollar is stretched by buying the wrong kinds of food, to living in poorer neighborhoods or areas that lack the larger grocery stores so food prices are high, to bingeing or over-eating when food is available.

*Social and Economic Factors that Influence Health:* Food security and hunger most often result from inadequate household resources. The prevalence of obesity is higher in lower socioeconomic population. Food insecurity and hunger have harmful health effects and is of particular concern for the most vulnerable groups such as pregnant women, infants and children, and the elderly.

*Integrated Electronic Data and Information Systems:* There needs to be a data system to track hunger and food insecurity, and food and nutrition resources.

*Community Health Improvement Processes and Plans:* Assessing hunger, food insecurity and food and nutrition resources are part of a community nutrition and health assessment process in order to assure adequate, appropriate, and safe food at all times. Traditional community health partnerships should be expanded to include the many food and nutrition resource partners. This will strengthen collaboration on community health assessment and commitment to improvement plans that will address ways to enhance and maximize food and nutrition resources to meet needs for improved food security.

*Coordination of State and Local Public Health System Partnerships:* Assuring adequate, appropriate, and safe food requires the coordination and collaboration of many partners. This includes, but is not limited to: Department of Health and Family Services Division of Public Health, Nutrition Section and the Special Nutrition Program for Women, Infants, and Children; Department of Health and Family Services Division of Health Care Financing, Food Stamp Program; Department of Health and Family Services Division of Children and Family Services; Department of Health and Family Services Division of Supportive Living, Aging, and Long Term Care Resources; Department of Public Instruction Food and Nutrition Services; University of Wisconsin Extension; Wisconsin Food Security Coalition; local health departments and tribal county extension offices; county and tribal aging units; school leaders; food pantries and providers; faith communities; recovery organizations; local hunger and nutrition coalitions; community partners; policymakers; and the general public.

*Sufficient, Competent Workforce:* Assure the integrity of nutrition education, programs, and services through utilization of qualified nutrition professionals in leadership roles; and also dissemination of best practices.

*Equitable, Adequate, and Stable Financing:* Currently emergency and non-emergency food programs and services are funded through a patchwork of financial sources ranging from federal and state dollars to individual donations. To ensure that food security resources are available to all who need them, it is imperative that current funding sources are maximized and new funding mechanisms be explored.

### **Significant Linkages to Wisconsin's 12 Essential Public Health Services**

*Monitor health status to identify community health problems:* Tracking and monitoring the food insecure populations needs to be enhanced and incorporated into a nutrition surveillance system.

*Identify, investigate, control, and prevent health problems and environmental health hazards in the community:* Food insecurity and hunger exists across the state and with systematic assessment specific food insecure populations can be identified by area of the state. This will also include assessment of food handling practices in non-regulated settings for identification of improvement strategies.

*Educate the public about current and emerging health issues:* There is a need to increase awareness of the issue of food insecurity and hunger in Wisconsin. Education of partners and the public will encourage collaboration and maximizing resources. Food safety and sanitation are also major concerns to address with consumers and non-regulated emergency food resources.

*Promote community partnerships to identify and solve health problems:* Partnerships are promoted to address food and nutrition resources to assure adequate, safe, and appropriate nutrition. The Food Security Coalition is a model at the state level; there are several local hunger and nutrition coalitions. A partnership approach is essential for maximizing food and nutrition resources to address needs.

*Create policies and plans that support individual and community health efforts:* Local plans for improving food security should support local, state, and federal policy/legislation to expand community gardens, farmers markets, community supported agriculture, food buying clubs, and government nutrition programs.

*Enforce laws and regulations that protect health and insure safety:* Food and nutrition regulations are implemented appropriately and there is advocacy for legislation and policy that is needed to assure health and safety as it is related to food and nutrition services and resources.

*Link people to needed health services:* Through assessment participation in food and nutrition programs and services within communities, linkages for services can be identified and strategies developed to meet needs.

*Assure a diverse, adequate, and competent workforce to support the public health system:* Assure the integrity of nutrition education, programs, and services through supervision or oversight by qualified nutrition professionals.

*Evaluate effectiveness, accessibility, and quality of personal and population-based health services:*  
Assess availability, needs, and participation in public and private food and nutrition programs and resources through the development of a system for assessment.

*Conduct research to seek new insights and innovative solutions to health problems:* A Food Security Summit will be used to stimulate a call to action to food security concerns, learn about effective strategies, and stimulate local plan development.

*Promote access to primary health care for all:* Increase access to food and nutrition services and programs which will increase referral and linkage for primary health care services.

*Foster the understanding and promotion of social and economic conditions that support good health:* Increase awareness of partners and providers on food insecurity and hunger in Wisconsin and ways to improve access to adequate, appropriate, and safe foods in socially acceptable ways.

## **Connection to the Three Overarching Goals of Healthiest Wisconsin 2010**

*Protect and Promote Health for All:* Increasing the number of households that have access to adequate, safe and appropriate food at all times is essential in protecting and promoting health, especially for segments of Wisconsin's population that have been identified as food insecure or hungry.

*Eliminate Health Disparities:* Lower socioeconomic groups most at risk for health disparities and are most at risk for food insecurity or hunger. A system to assure people have access to adequate, appropriate, and safe food will help in reducing health disparities.

*Transform Wisconsin's Public Health System:* Partnerships and collaboration, improved assessment and plans, maximizing and better utilization of resources from public and private sources all support and require a transformed public health system to increase the number of households that have access to adequate, safe, and appropriate foods at all times.

**Key Interventions and/or Strategies Planned:**

- A system will be developed to track hunger/food insecurity and identify at risk and vulnerable populations and areas of the state.
- There will be increased public awareness about the problem of food insecurity and hunger and its effect on health.
- State and local food security plans will be developed and implemented to enhance food security across the state.
- There will be increased availability of and access to community gardens, farmers' markets, community supported agriculture programs, food buying coops/clubs, and federal nutrition programs.
- Consumers and emergency food providers will be educated about safe food handling practices.

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