



POLICY OPTIONS FACT SHEET

Updated April 2017

State policy options to increase food security and access to healthy food

The **2017 HPIO Health Value Dashboard** identified food insecurity as one of Ohio's greatest health challenges. This fact sheet highlights effective strategies to increase food security and improve access to healthy food and nutrition outcomes.

Food insecurity in Ohio

- **Ohio is in the bottom quartile of states for food insecurity, ranking 45th.** This means that a higher percent of Ohioans are living without reliable, daily access to enough food compared to the percent in most other states.¹
- **Sixteen percent of Ohioans live in food-insecure households,**² including nearly a quarter of children³ and 18 percent of seniors.⁴

Health outcomes and costs

- Poor nutrition is a key factor in many of the leading causes of death in Ohio, including **heart disease, stroke, diabetes** and **cancer**.⁵
- Food insecurity is associated with **increased diabetes risk and poor diabetes control in adults**⁶ and **poor academic performance in children**.⁷
- Almost 15 percent of working-age adults enrolled in Medicaid in Ohio report having diabetes, well above the state rate of about 11 percent.⁸ **Managing diabetes is estimated to cost Medicaid nearly \$4,000 per person per year in medical costs.**⁹

Evidence-based strategies relevant to state policy	Proven outcomes	
	Increased access to/sales of healthy foods and/or improved nutrition	Increased food security
Fruit and vegetable incentive programs. See detail on page 2	✓	
Healthy food in convenience stores/small retailers. ★ See detail on page 3	✓	
Nutrition interventions in preschool and child care. Healthy food for children in child care could be incentivized through the Step Up to Quality rating system and supported through increased training and technical assistance (Ohio Healthy Program).	✓	
Diabetes Prevention Program. Use of this nutrition and physical activity coaching program could be expanded through increased provider screening and referral, funding for new sites and/or Medicaid reimbursement.	✓	
School breakfast programs. ★ Participation in this federally-funded program could be increased. Ohio had more than \$26 million in unclaimed federal reimbursements in 2015-16. ¹⁰	✓	✓
Housing assistance, such as rental housing vouchers or rapid re-housing programs. ★ Many low-income families spend more than half of their income on housing, leaving little left for food.		✓

★=Likely to reduce health disparities (**What Works for Health** has indicated that the strategy is likely to decrease disparities, including racial/ethnic, socioeconomic, geographic or other disparities, based upon the best available evidence.)

Blue text indicates link to detailed strategy description

Fruit and vegetable incentive programs

Nutrition incentives increase the value of Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) dollars when spent on produce, making fruits and vegetables more affordable for low-income consumers.¹¹ For example, when a consumer spends \$10 in SNAP on fruits and vegetables, they get an additional \$10 to spend on fruits and vegetables.

These incentive programs bring new dollars into local economies through payments to farmers and food retailers.

Ohio status

- In 2016, SNAP incentive programs were operating in 12 Ohio counties. Seventy-three of Ohio's 316 farmers markets participated (23 percent).¹² Local programs included Produce Perks in Cincinnati and Cleveland, Veggie SNAPS in central Ohio, Carrot Cash in Akron and Double Food Bucks in Toledo.
- Expanding in 2017 under the statewide name **Produce Perks**, these programs will include a small number of grocery stores, as well as farmers markets. The goal is to reach approximately 27,000 low-income Ohioans this year.
- Produce Perks is currently supported by local and state funding, as well as federal funding from the U.S. Department of Agriculture (USDA) Food Insecurity Nutrition Incentive (FINI) grant program.

Policy options

The Produce Perks incentive program could be scaled up to reach more low-income and rural communities by:

- Expanding the number of SNAP consumers and retailers (grocery stores, convenience stores, farmers markets, etc.) participating in Produce Perks.
- Increasing the efficiency of electronic benefits transfer (EBT) for Ohio's SNAP processing vendors by providing wireless EBT equipment and service to all farmers markets as part of their state SNAP contract.

In addition to fruit and vegetable incentives, limiting unhealthy foods purchased with SNAP funds may increase the effectiveness of incentive programs.¹³ However, the USDA has not allowed any jurisdictions to implement restrictions.

Possible funding sources

- Support the Ohio Nutrition Incentive Network's effort to secure a large-scale FINI grant from the USDA. A 100 percent non-federal match is required.
- Invest a portion of existing soft drink sales tax revenue toward food access strategies, such as Produce Perks. (Ohio's sales tax applies to soft drinks.¹⁴)
- Encourage investment through private philanthropy, corporate sponsorship, hospital community benefit and/or state general revenue to expand Produce Perks.

See **Evidence Inventory** publication for details and additional strategies

Healthy food in convenience stores/small retailers

Small retailers such as convenience stores, gas stations and corner stores are sometimes the only food retail options in low-income or rural communities. These stores typically carry foods such as sugary drinks, chips and candy, rather than fruits, vegetables or other nutritious foods.

Initiatives that include financial incentives, infrastructure (such as refrigeration) and marketing can support small retailers to carry fresh produce and other healthier options. These programs can lead to increased customer traffic and profit for small food retailers.¹⁵

Ohio status

- Ohio's **Good Food Here** initiative, coordinated by the Ohio Department of Health, provides technical assistance and marketing materials to local communities to encourage small food retailers to stock fruits, vegetables, whole grains and other healthier food options. Using grant funds, some local communities also provide incentives for store improvements, such as paying for shelving and refrigeration.
- In 2016, 80 stores in 11 counties were participating in the Good Food Here program.¹⁶

Policy options

The Good Food Here initiative could be scaled up to reach more low-income and rural communities by:

- Providing financial incentives to small retail stores to participate.
- Assisting small retailers with infrastructure improvements (refrigeration, shelving, signage, etc.) and marketing, and providing education for consumers.
- Increasing coordination between the Ohio Department of Health and the Ohio Department of Agriculture to promote the sale of Ohio-grown produce in small retail stores.

Possible funding sources

- Increase state investment in **Healthy Food for Ohio**, a public-private partnership that provides loans and grants to food retailers developing new or renovating existing fresh food retail in underserved communities.
- Leverage Community Development Block Grant funds to support business development for healthy food retailers.
- Invest a portion of existing soft drink sales tax revenue toward food access strategies, such as the Good Food Here initiative. (Ohio's sales tax applies to soft drinks.¹⁷)
- Encourage investment through private philanthropy, corporate sponsorship, hospital community benefit and/or state general revenue to expand Good Food Here.

Our approach

To identify the strategies in this publication, HPIO and the Center for Public Health Practice (CPHP) at the Ohio State University developed an **Evidence Inventory** summarizing the following research reviews:

- What Works for Health (County Health Rankings and Roadmaps)
- Nutrition Evidence Library (USDA)
- The Guide to Community Preventive Services (CDC)
- U.S. Preventive Services Task Force Recommendations (Agency for Healthcare Research and Quality)

HPIO and CPHP selected strategies from the Evidence Inventory to include in this fact sheet that met the following criteria:

- Strong evidence for increasing food security and access to and/or sales of healthy food and improved nutrition
- Relevant to state policy and actionable by state legislators and/or state agency leaders
- Timely opportunity for our state given Ohio's current status and alignment with existing efforts, such as the **2017-2019 state health improvement plan**

How can we improve health value in Ohio?

The **2017 HPIO Health Value Dashboard** identifies areas in which Ohio's performance is worse than most other states, including:

- Adult smoking
- Secondhand smoke exposure for children
- Cardiovascular disease
- Food insecurity
- Drug overdose deaths
- Infant mortality



HPIO's **Guide to Improving Health Value** provides policymakers, community health improvement planners and philanthropy with the best-available sources of evidence for what works to address many of these challenges.

This fact sheet is part of a series of tools that comprise the Guide to Improving Health Value. HPIO will continue to add tools on specific health challenges throughout 2017. All publications can be found at: www.hpio.net/guide-to-improving-health-value

Notes

1. Coleman-Jensen, Alisha, Matthew P. Rabbitt, Christian Gregory and Anita Singh. *Household Food Security in the United States in 2015*, ERR-215. U.S. Department of Agriculture, Economic Research Service, September 2016. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#map> as compiled by the Health Policy Institute of Ohio. *2017 Health Value Dashboard*, March 2017.
2. Ibid.
3. Data from the 2014 U.S. Census Bureau Current Population Survey, as compiled by Feeding America. *Map the Meal Gap 2016*. Accessed June 2016. <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/2014/map-the-meal-gap-2014-exec-sum.pdf>
4. Data from 2014 U.S. Census Bureau Current Population Survey, as compiled by the National Foundation to End Senior Hunger. "The State of Senior Hunger in America 2014: An Annual Report." June 2016. Accessed June 2016. <http://www.nfesh.org/wp-content/uploads/2016/05/State-of-Senior-Hunger-in-America-2014.pdf>.
5. *The Impact of Chronic Disease in Ohio: 2015*. Ohio Department of Health, Bureau of Health Promotion, Chronic Disease Epidemiology and Evaluation Section, 2015. http://www.healthy.ohio.gov/-/media/ODH/ASSETS/Files/health/Chronic-Disease-Plan/CD-Burden-Final_Webv2.pdf.
6. Seligman, H., et al. "Food Insecurity is Associated with Diabetes Mellitus: Results from the National Health Examination and Nutrition Examination Survey (NHANES) 1999–2002." *Journal of General Internal Medicine* 22, no. 7 (2007):1018–1023. See also, Seligman, H., et al. "Food Insecurity and Glycemic Control among Low-Income Patients with Type 2 Diabetes." *Diabetes Care* 35, no. 2 (2012): 233–238. See also, Seligman, HK., Larcia, B., Kushel, MB. "Food Insecurity Is Associated with Chronic Disease among Low-Income NHANES Participants." *Journal of Nutrition* 140, no. 2 (2010): 304–310.
7. Shepard, Donald S., Elizabeth Setren and Donna Cooper. "Hunger in America: Suffering We All Pay For." *Center for American Progress*, October 2011. <https://www.americanprogress.org/issues/poverty/report/2011/10/05/10504/hunger-in-america/>.
8. Data from the 2015 Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard. Ever been told had diabetes (all ages). Accessed June 2016. <http://grcapps.osu.edu/dashboards/OMAS/adult/>.
9. Data from the Centers for Disease Control and Prevention Chronic Disease Cost Calculator version 2, prepared by Ohio Department of Health. Provided April 28, 2016.
10. *School Breakfast Scorecard: School Year 2015-2016*. Food Research and Action Center. Accessed April 2017. <http://frac.org/wp-content/uploads/school-breakfast-scorecard-sy-2015-2016.pdf>
11. *Improving Diets of Low-Income Americans through SNAP Pricing Incentives*. John's Hopkins Center for a Livable Future. Summer 2012. Accessed August 2016. http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-a-livable-future/_pdf/projects/fsp/farm_bill/SNAP-Pricing-Incentives.pdf.
12. Wholesome Wave. 2016. SNAP and healthy food incentive use at direct-to-consumer markets in Ohio, 2016. Data provided directly to HPIO by Wholesome Wave.
13. Harnack, Lisa, et al. "Effects of subsidies and prohibitions on nutrition in a food benefit program: A randomized clinical trial." *JAMA Internal Medicine*.
14. ST 2004-01- Food Definition, Ohio Department of Taxation, accessed April 2017. http://www.tax.ohio.gov/portals/0/sales_and_use/information_releases/st200401.pdf
15. doi:10.1001/jamainternmed.2016.5633 (2016).
16. *Healthier Corner Stores, 2014*. The Food Trust. Accessed April 2017. http://thefoodtrust.org/uploads/media_items/healthier-corner-stores-positive-impacts-and-profitable-changes.original.pdf
17. Includes number of stores participating in Good Food Here and/or the Ohio Healthy Food Retail Network. Data provided directly to HPIO by the Ohio Department of Health, April 10, 2017.
18. ST 2004-01- Food Definition, Ohio Department of Taxation, accessed April 2017. http://www.tax.ohio.gov/portals/0/sales_and_use/information_releases/st200401.pdf

