



Testimony prepared by
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For the
**New York City Council Hearing on
New York City's Response to the Obesity Epidemic**

on behalf of
Food Bank For New York City

Introduction

Good afternoon. I am Áine Duggan, Vice President for Government Relations, Policy and Research with the Food Bank For New York City. The Food Bank appreciates the opportunity to present testimony this afternoon to the Committee on Health of the City Council regarding the link between obesity and hunger.

Firstly, I would like to acknowledge the commitment of the Committee on Health to address this important nutritional issue and I particularly appreciate your understanding of the need to address the link between obesity and hunger.

The Food Bank For New York City collects, warehouses and distributes food to over 1,200 emergency and community food programs citywide. The organization's diverse range of support services, including nutrition and food safety workshops, networking sessions and education tools help to build capacity and improve efficiency throughout the network. Additionally, the Food Bank regularly conducts research and develops policy to inform community and government efforts to end hunger throughout the five boroughs.

In my testimony today I wish to provide a brief overview of research findings to date and highlight the particular socioeconomic obstacles for New Yorkers at risk of hunger that can increase their likelihood of obesity.

Background

During the past 20 years, there has been a dramatic increase in obesity in the United States. State reports on obesity to the CDC's Behavioral Risk Factor Surveillance System (BRFSS) increased from four states having obesity prevalence rates of 15–19 percent and no states with rates at or above 20 percent in 1991, to 7 states with obesity prevalence rates of 15–19 percent; 33 states with rates of 20–24 percent; and 9 states with rates more than 25 percent in 2004.¹ Results of the National Health and Nutrition Examination Survey for 1999–2002 indicate that:

- An estimated 30 percent of U.S. adults aged 20 years and older - over 60 million people - are obese, defined as having a body mass index (BMI) of 30 or higher.
- An estimated 65 percent of U.S. adults aged 20 years and older are either overweight or obese, defined as having a BMI of 25 or higher.

Thus, nearly two-thirds of adults in the U.S. are now considered overweight or obese.²

The recognized health consequences of obesity include hypertension, dyslipidemia (for example, high total cholesterol or high levels of triglycerides), type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems and some cancers (endometrial, breast, and colon).

In recent years as initiatives to reverse the trend of increasing obesity in adults and children have gained momentum research has uncovered linkages between two seemingly contradictory nutrition problems, hunger and obesity.

Research on Food Insecurity and Obesity

A variety of research publications in peer-reviewed scientific journals have examined the link between obesity and hunger. For example, reports published by the U.S. Department of Agriculture (USDA)³ and the Journal of Nutrition⁴, in 2001 and 2002, show food insecurity is positively related to overweight in women. Similarly, a 2003 paper presented at a USDA panel discussed data showing that women living below the federal poverty line are more than twice as likely to be obese than women earning the highest incomes (29 percent vs. 14 percent).⁵ Research has also ventured to examine the relationship between participation in government nutrition programs and obesity, but results are not unanimous. A 2003 publication by USDA Food and Nutrition Services concluded that there was no link between participation in nutrition assistance programs and obesity.⁶ Whereas, a 2004 study found that long-term participation in

¹ <http://www.cdc.gov/NCCDPHP/dnpa/obesity/trend/maps/index.htm>

² CDC Nutrition and Physical Activity. Defining Overweight and Obesity. www.cdc.gov/nccdphp/dnpa/obesity/defining.htm

³ USDA Center for Nutrition Policy and Promotion. (2002). "Food Insufficiency and Prevalence of Overweight Among Adult Women".

⁴ Adams et al. Journal of Nutrition. (2001). "Food Insecurity is Associated with Increased Risk of Obesity in Women".

⁵ USDA Food and Nutrition Services. (2003). "A Snapshot of the Obesity Problem in the US, with a Focus on Low Income and Minority Populations".

⁶ USDA Food and Nutrition Services. (2003). "Obesity, Poverty and Participation in Nutrition Assistance Programs".

the federal Food Stamp Program (FSP) was positively and significantly related to overweight in young girls (age 5-11 years old), and negatively and significantly related to overweight in young boys (aged 5-11 years old). Compared with girls and boys whose families did not participate in the FSP during the previous five years participation in FSP was associated with a 43 percent increase for young girls and a 29 percent decrease for young boys in the predicted probability of overweight. Long-term FSP participation was not significantly related to overweight in older children (12-18 years old).⁷

Research on Hunger and Food Insecurity

U.S. Census Bureau poverty statistics and U.S. Department of Agriculture data show that, in the U.S., 37 million people are living in poverty and 38 million are in food insecure households.⁸ While there is limited research to date on the link between hunger/food insecurity and obesity, existing studies do explore demographic, socioeconomic and psychosocial commonalities. For example, a link between high prevalence of food insecurity and obesity exists in: households with incomes at or below 185 percent of the federal poverty level; households with children under 18 headed by single women; and in Latino/Hispanic and Black/African-American households. In terms of New York City, a helpful subsection to look at is the population of New York City residents turning to emergency food programs (EFPs) to make ends meet.

EFPs (soup kitchens and food pantries) are currently providing emergency food and other services to approximately 1.2 million city residents,⁹ approximately half the number of New Yorkers at risk of hunger (2 million).¹⁰ EFP participants are largely comprised of the elderly (24 percent), the disabled (25 percent), women (56 percent), including single women with children (22 percent of total EFP population) and the working poor (19 percent) in impoverished minority communities; 53 percent Black/African-American, 34 percent Latino/Hispanic, 9 percent White, 2.5 percent Multi-Racial/Other and 1.5 percent Asian. More than three quarters rent the places where they live (78 percent, including 33 percent in public housing and 45 percent in private rentals), and are bound by the constraints of poverty and lack of education: almost all (98 percent) have annual incomes less than \$25,000 (with 85 percent struggling to survive on annual incomes less than \$15,000) and 47 percent have not completed high school.¹¹

Underutilization of government nutrition programs is a chronic problem among EFP participants – although more than three-quarters (76 percent) of EFP client households have incomes below 130 percent of the federal poverty level, less than half (46 percent) are enrolled in the federal Food Stamp Program (FSP). Similarly, there is underutilization of the child nutrition programs. Less than two-thirds (64 percent) of EFP client households with school-age children participate

⁷ Gibson, D. Community and International Nutrition. (2004). “Long-Term Food Stamp Program Participation is Differentially Related to Overweight in Young Girls and Boys”.

⁸ USDA Economic Research Service. (2005). Household Food Security in the United States, 2004. Economic Research Report NO. (ERR11): October 2005. The USDA defines food insecure households as those that, at some time during the year, had difficulty providing enough food for all household members due to a lack of resources. In 2004, approximately 12 percent of all households in the U.S. (13.5 million) were food insecure.

⁹ Food Bank For New York City/City Harvest. (2006). *Hunger in America 2006: The New York City and State Report*

¹⁰ Food Bank For New York City/Food Policy Institute, Rutgers University. (2004). *Hunger Safety Net 2004: Measuring Gaps in Food Assistance in New York City*. Division of Government Relations, Policy and Research.

¹¹ Ibid.

in the National School Lunch Program and just less than half (49 percent) participate in the School Breakfast Program. Worst of all, only 36 percent participate in the Summer Food Service Program for children, yet almost half (47 percent) of all soup kitchens in New York City see a spike in the number of children served during the summer months.¹²

Causal Factors of Obesity Among Populations At Risk of Hunger

To date, research on the link between food insecurity and obesity has posed as many questions as it has offered answers, demonstrating the need for further study. Nevertheless, the evidence uncovered thus far, coupled with a common sense approach, provides enough information to significantly tackle the problem of obesity in populations at risk of hunger. Inoue et al. provide a good overview of recent research in a paper released by the University of Washington in 2005.¹³ The paper analyzes the mechanisms that create a link between food insecurity and obesity, including physiological, psychosocial and socioeconomic factors. A common-sense approach helps us to understand that the latter category is the primary casual factor.

Poverty

The root cause of hunger in New York City (and the rest of the country) is poverty. As research shows, the vast majority of people who turn to soup kitchens and food pantries are living below the federal poverty level, and even the percentage above the poverty level are barely surviving on small incomes, including fixed incomes and minimum wages. In New York City almost three-quarters (73 percent) of EFP client households have incomes at or below the federal poverty level, and one-half of all EFP client households have monthly incomes lower than \$670. This level of poverty is largely driven by low-wages and fixed incomes. While one-fifth of those who visit EFPs are working (as mentioned earlier), approximately one-third (32 percent) of EFP client households have one or more employed adults, including 51 percent of whom are working full-time. Employment, Social Security and Supplemental Security Income (SSI) are the main sources of income for a majority of EFP client households – 20 percent SSI, 18 percent employment and 9 percent Social Security. As demonstrated by this statistic, these income sources do not provide sufficient income to offset basic costs, such as housing, food and utilities.

This finding makes sense when one considers the value of the minimum wage, even the increased minimum wage in New York State. Although the minimum wage in New York State increased from \$5.15 (the federal minimum wage) to \$6.00 in January 2005 and to \$6.75 in January 2006, many working residents still struggle to meet their basic household needs. Working 40 hours per week for 52 weeks at the current minimum wage of \$6.75, a NYC resident would only earn \$12,450 per year. This projected income is below \$16,090, the 2005 federal poverty line for a family of three. Even when the NYS minimum wage increases to \$7.15 per hour in 2007, the annual income for a NYC resident working full time every week of the year would only be \$14,872 – again, well below the poverty line for a family of three. Although the raise in the minimum wage in New York benefits 267,000 workers - primarily consisting of women, people of color and immigrants - the overall value of the minimum wage has declined. In 2004, the value of New York State's minimum wage was 71 percent lower than it was in

¹² Food Bank For New York City/City Harvest. (2006). *Hunger in America 2006: The New York City and State Report*

¹³ Ibid.

1970, while the purchasing power of the minimum wage fell 40 percent below its peak level in 1968. As a result, the minimum wage today does not afford a family as much as it did in 1970.

Not surprisingly, then, of NYC's labor force of 3.8 million residents, nearly one in ten (9 percent) are living at or below the federal poverty line. Among labor force participants living in poverty, 71 percent are employed. Poverty not only affects NYC residents who are a part of the labor force, but their families and children as well. Throughout NYC, 19 percent of all families and 25 percent of families with children under age 18 are living at or below the federal poverty line. Among families living in poverty, a majority (60 percent) have at least one employed member.

Similarly, elderly people who rely on fixed incomes, such as Social Security, are struggling to make ends meet. While there is no debate about the success of the Social Security program – In New York State, the 1997 Census report revealed that Social Security benefits reduced the number of the elderly population living below the poverty level from 50 percent to 15 percent¹⁴ - close to one-fifth (18 percent) of elderly New York City residents live below the federal poverty level, almost double the national average (9 percent).¹⁵

Low-cost food

Understandably, a majority of EFP clients take care of rent expenses first and, given the high cost of housing, have little left over for food. These individuals are then forced to buy the cheapest food available. As noted by University of Washington research, “the major economic factor associated with food insecurity and obesity is energy cost, which is defined as the monetary cost of a unit of energy. There is an inverse relationship between energy density of foods, the available dietary energy per unit weight, and energy cost. Energy-dense diets, which may be rich in starch, added sugar and fat, often have a stable shelf life and a relatively lower cost. On the contrary, lean meat, fish, fresh vegetables and fruit, with high water content and easily perishable, have a lower energy density and higher price.”¹⁶ In short, low-income New Yorkers do not have sufficient incomes to house, clothe and feed themselves and their families. After paying for rent, they have little choice but to make what little money they have left stretch by buying the least expensive food, forcing them to stock up on high-calorie, high fat foods. Consequentially, poverty and food insecurity result in “lower food expenditures, low fruit and vegetable consumption and lower-quality diets.”¹⁷

Exacerbating this problem is the lack of availability of fresh, nutritious food in low-income neighborhoods. Many of the local stores have, if any, a limited selection of fruit and vegetables and maintain inventories of the lowest-cost food, as described above. In addition, low-income neighborhoods have higher concentrations of fast food outlets – 2.5 times greater – than wealthier areas.¹⁸ The relationship between fast food and obesity is well-documented, particularly the trend to upsize portions for a minimal cost increase.

¹⁴ Greenstein et al. Center for Budget and Policy Priorities. (1999). *Social Security Reduces the Proportion of Elderly Who Are Poor from Nearly One in Two to Less Than One in Eight.*

¹⁵ United States Bureau. (2004). American Community Survey Summary Tables, *Selected Economic Characteristics.*

¹⁶ Inoue et al., Nutritional Sciences, University of Washington. (2005). “Exploring the Links Between Food Insecurity and Obesity.”

¹⁷ (2004). Poverty and Obesity: “The Role of Energy Density and Energy Costs”

¹⁸ Reidpath et al. Health Place. (2002). “An ecological study of the relationship between social and environmental determinants of obesity.”

Eating Behaviors

These socioeconomic challenges spur purchasing and eating behaviors that can, in turn, increase the likelihood of obesity. For example, among EFP client households that are receiving food stamps, benefits usually last two and a half weeks or less for one-half of food stamp recipients. As indicated by the University of Washington study, this cyclical lack of food access can lead people to overeat in the beginning of the month to make up for the shortage of food experienced at the end of every month, a binge-eating pattern which in turn can contribute to obesity.¹⁹ Similar binge-eating patterns impact other populations who experience food deprivation, such as formerly incarcerated individuals and single women with children, who go without food to feed children first and binge to make up for the deficit when food is more readily available. Given the high percentage of single mothers with children accessing EFPs (22 percent of the EFP client population), it is likely that this eating pattern poses a particular risk to city residents in need of emergency food assistance.

One tangent to the discussion on obesity in the U.S. is a proposal to restrict the types of food that families can purchase with food stamps. This misguided suggestion would not address the underlying issue that food stamp benefits are not sufficient to help families afford nutritious food, and in fact by limiting people's choices, food stamp benefits would last an even shorter period of time, resulting in even greater rates of food insecurity and hunger. In addition, such a restriction would increase the stigma associated with hunger and food stamps, and would further punish families and individuals for being poor. Impoverished New Yorkers lack adequate benefits and access to information about nutritious food. The best way to address this problem is to advocate for increased food stamp benefit amounts and ensure wide and affordable availability of fresh food and produce in low-income communities. As discussed in a later section, the Food Bank has developed an initiative to help EFPs provide fresh food to people in need, and the lesson from this effort is very clear – when fresh food is available, people choose it first.

A further link between hunger and obesity is stress. Research has shown that stress has significant physiological effects on the body, which can lead to increased food intake and obesity.²⁰ Among families and individuals at risk of hunger, stress is caused by the persistent struggle to make ends meet with incomes that cannot stretch to cover even the most basic costs. This invariably causes low-income New Yorkers to worry about where the next meal is coming from, how to pay rent or meet rent increases or pay an unexpected medical bill. Health care costs are another significant expense for low-income New Yorkers.

Healthcare

Among EFP client households, more than one-fifth (22 percent) choose between paying for medicine or medical care and food. Even as they are forced to make such an impossible choice, 28 percent have at least one household member in poor health. Two-thirds of client households have members who receive Medicaid and a further one-third have household members who receive Medicare. Nevertheless, many participants remain uninsured and only 14 percent of client households have private health insurance, indicating that the majority of those who are working are not receiving health care benefits as part of their employment compensation package. Not surprisingly, 16 percent of client households have unpaid medical or hospital bills.

¹⁹ Inoue et al., Nutritional Sciences, University of Washington. (2005). Exploring the Links Between Food Insecurity and Obesity

²⁰ Bjorntorp, P. (2001). "Do stress reactions cause abdominal obesity and comorbidities?"

As a result, many EFP clients may not have access to health care and may not, for example, be diagnosed as obese or receive the necessary nutritional education or medical care to prevent or address their obesity.

Role of Food Bank For New York City

The mission of Food Bank For New York City is to end hunger by organizing food, information and support for community survival and dignity. A member of America's Second Harvest: The Nation's Food Bank Network, the Food Bank collects, warehouses and distributes food to close to 1,200 nonprofit emergency and community food programs throughout the five boroughs. This past year, the organization provided 67 million pounds of food to our network, including soup kitchens, food pantries, shelters, daycare centers, senior centers, rehab programs and after-school programs, which in turn, helps to provide more than 250,000 meals every day to low-income families and individuals. The Food Bank also offers ongoing support to its network of food programs through nutrition and food safety workshops, networking sessions and education tools that help build capacity and improve efficiency. In addition, the Food Bank develops policy, conducts innovative research and serves as a resource center for member agencies, legislators, the media and the public.

The Food Bank recognizes the dire shortage of fresh, nutritious food in low-income communities and households and has sought to address this problem in three ways:

Nutritionists

As the primary link to the network of emergency and community food programs, the Food Bank's Agency Relations Division helps ensure that programs have the technical assistance and support to provide appropriate services and referrals for services to the diverse population of clients whom they serve. The division's responsibility includes administering government and private grants, conducting site monitoring visits, evaluating programs, trouble-shooting and educating programs about food safety and nutrition. Nutrition staff members play a vital role in the Food Bank's daily operations. In addition to regular technical assistance site monitoring visits, all programs receive nutrition site visits.

During nutrition site visits, the nutritionists analyze vitamin and mineral content of meals/food packages/snacks distributed and provide one-on-one trainings on meal planning and pantry bag packing. The visits ensure compliance with food safety requirements (storage and handling). Technical assistance and analysis follows the guidelines of the New York State Department of Health as outlined through the Hunger Prevention and Nutrition Assistance Program policy and procedures. In addition to standard, mandatory nutrition visits, programs may be referred for specialized nutrition visits if deemed necessary by the Food Bank's team of site monitors. Topics addressed include: identifying food safety issues, assistance with placing orders, provision of handouts and guidelines to address relevant nutrition issues, individualized training on the USDA pyramid, the importance of the five food groups and emphasis on the need for all pantry bags and cooked meals to include adequate amounts and variety of fresh food.

In addition, the nutritionists play a key role in managing the Food Bank's inventory by regularly conducting inspections of the warehouse and participating in a team of food management specialists who monitor the food ordering patterns and trends of member programs. This function

allows the nutritionists to educate the logistical and warehouse staff, thereby equipping them to offer guidance to programs as they place orders.

Kids Cafe

For the past five years, the Food Bank has worked to fight childhood hunger and malnutrition through our Kids Cafes, after-school programs in low-income neighborhoods to which we regularly distribute food for healthy meals and snacks, and which we guide in a regular nutrition education curriculum that instills healthy eating habits at a young age. This year, with the addition of a refrigerated van to our fleet of vehicles and enhanced partnerships with local vendors, we are incorporating regular deliveries of fresh fruits and vegetables to our 12 Kids Cafes. Upon delivery, the food is incorporated into meals and snacks served on-site, and included in Kids Cafe-To-Go bags for children to take home to their families. In this way, children who may have never even eaten a fresh peach or cucumber will receive the much-needed vitamins and nutrients available in these foods, and can bring them home for their families to enjoy.

With 12 Kids Cafes operating throughout New York City in some of the city's highest need areas, we are able to institute some exciting new program components. For example, a Fitness Curriculum (known as Cafe S.H.A.K.E. or Staying Healthy As Kids Exercise) has been developed and will be launched in early July. The first fitness curriculum designed specifically for Food Bank For New York City Kids Cafe programs, Cafe S.H.A.K.E. enables Kids Cafe Coordinators to promote physical activity and healthy lifestyles among children and their families. In order to best implement the program, Cafe S.H.A.K.E addresses the physical and mental capabilities of children, considers factors involving implementation of the curriculum (internal space, etc) and is flexible and expandable for future activities.

The fitness curriculum has five components, each appropriate for a different age group (2-5, 6-8, 9-12, 13-15 and 16-21). Developed for use by fitness professionals, Cafe S.H.A.K.E. is appropriate for all program types. As part of the curriculum, Fit Kits are being distributed to each child enrolled in our Kids Cafe programs. The Fit Kits bear the Kids Cafe logo and consist of fitness-inspired items such as water bottles, jump ropes and balls. Each bag is also used for the Kids Cafe-to-Go program, which enables children to take emergency food home over the weekend when needed. This program will help reduce the stigma of hunger relief among the children's peers.

In addition, the Food Bank fosters greater networking among Kids Cafe programs. The Food Bank is committed to providing learning and networking opportunities for Kids Cafe site managers. Through our close interaction with all Kids Cafes in the network, the Food Bank has learned that networking not only supports the growth of the individual cafes, it also ensures that the network grows together and that all cafes, despite individual financial resources, have access to Kids Cafe activities and opportunities. For example, one cafe has developed a golfing program for the children and another is developing an African dance program. The Food Bank is working to bring these and similar opportunities to cafes across the network.

During FY 2006, the Food Bank and the Kids Cafe program received national recognition. In conjunction with America's Second Harvest, ConAgra Foods hosted an event to honor Cafe Cielo's selection as an America's Second Harvest model program. Cafe Cielo, a program in one

of the highest need areas of the Bronx, is known for its rooftop garden, through which children learn about healthy foods.

Fresh Food Initiative

The Food Bank procures food for distribution in a variety of ways, including buying wholesale and in bulk, and accepting food donations from a growing roster of more than 200 industry partners. Government contracts continue to be a crucial source for shelf-stable, canned, and dry goods - providing 27 million pounds in 2004, 40 percent of our total distribution. Nevertheless, of the food provided by the government, **less than 1 percent is fresh produce or meat.**

Since 1989, the Food Bank has worked to include fresh food with our distribution of mostly shelf-stable products. Over the years, these efforts have expanded and taken shape as the Fresh Food Initiative, an organized strategy to obtain fresh vegetables, fruit, meat, poultry and fish from local vendors and distribute it to soup kitchens, food pantries, shelters and senior centers throughout the city.

While the Initiative is poised to expand further this year and in 2007, the procurement and distribution costs are rising at an alarming rate, up 14.5 percent from FY2004 to FY2005. With oil prices skyrocketing, these costs will almost certainly keep rising, making it more and more difficult to ensure that hungry New Yorkers receive healthy, nutritious meals.

The nutritional value of fresh lean meat, poultry, and fish, fruits and vegetables indisputably outweighs that of the processed, shelf-stable food that constitutes the bulk of the calories consumed by those at risk of going hungry. However, recent studies have shown that food prices are higher in New York City than anywhere else in the country, and with food prices in low-income neighborhoods still higher than in middle-income and affluent neighborhoods, the cost of fresh food can be prohibitive for families struggling to make ends meet. As the largest provider of food to community food programs in the five boroughs, the Food Bank For New York City is committed to improving the diets of the city's hungry, and especially those most vulnerable to poor nutrition and malnourishment: children and the elderly.

The Fresh Food Initiative, which has become the Food Bank's hallmark, began with the aim of supplementing shelf staples with foods of high nutritional value - initially fresh fruits and vegetables, and later adding fresh meat, poultry and fish. This is especially important in low-income neighborhoods, where access to quality fresh produce is both limited and costly. Thanks to the generosity of our partners in the food industry, we are able to procure most of these supplementary items from food vendor donations.

Today, the Fresh Food Initiative aims to enhance the diversity of the Food Bank's inventory, thereby strengthening the nutritional quality of meals and pantry bags provided by community food programs. While fresh, nutritious food is essential to good health and should comprise a large part of everyone's diet, it is of greater importance to children and older adults - groups with special needs for nutritious foods.

- Fruits and Vegetables – While the quality of the shelf-stable food the Food Bank distributes has always been a priority, the nutritional value of fresh fruits and vegetables far surpasses that of their non-perishable counterparts, making fresh produce a high-impact item for a population struggling to eat three meals a day. The Food Bank

procures fresh fruits and vegetables from a variety of sources, enabling us to provide these nutritious necessities to organizations throughout the city.

Because of the perishable nature of fruits and vegetables, their procurement and delivery are time-sensitive and therefore incur a greater cost than other food products. With fuel and transportation costs skyrocketing, the Food Bank is seeing the cost of providing these nutritious foods rise at an alarming rate. Last year saw an increase of \$.01 per pound to procure fresh produce from America's Second Harvest - The Nation's Food Bank Network and local sources. At 11 million pounds per year, this adds an additional \$110,000 per year to our procurement costs.

- **Meat and Fish** – According to the Harvard School of Public Health, the average adult should consume an average of 70 grams (about two 4-ounce servings of fish or meat) of protein daily. Whereas high-protein diets have been shown to prevent heart disease, consuming too little protein can cause growth failure, loss of muscle mass, decreased immunity, weakening of the heart and respiratory system, and death. For children and older adults, high-protein diets are especially important to support growth and maintain tissue.

Launched in 2004, our Fresh Food Initiative's fast-growing meat and fish donation program aims to provide more protein-rich fresh foods, especially lean protein-rich foods, to supplement the Initiative's already well-developed sourcing of fresh fruits and vegetables. Currently, Food Bank staff members trained in the safe handling of fresh fish and meat pick up fresh product from Pathmark stores on a regular weekly schedule, and from vendors at the Fulton Fish Market. Donated meat and fish is fresh and safe to eat, but can no longer be displayed for retail purchase due to regulatory requirements. The program is designed so that Food Bank staff can pick up the product in specially-equipped refrigerated trucks and deliver it on the same day to agencies that have ordered it and are pre-approved to handle it.

In 2006 and 2007, the Food Bank will continue to expand and improve the Fresh Food Initiative. To ensure that our fresh food deliveries are having the greatest impact on the nutritional value of the food provided to hungry New Yorkers, the Food Bank has a three-step process for quality control and assessment. In order to become pre-approved to receive fish and meat deliveries, agencies are required to attend food safety and nutrition trainings conducted by the Food Bank staff's community nutritionists. As mentioned above, regular nutrition and food safety workshops are offered to all agencies.

We are excited about the strong success and continued expansion of the program, yet we are frequently reminded of the challenges facing us as we strive to meet our goals. Fuel and transportation costs continue to skyrocket: the overall cost of our services, including fresh food procurement, rose nearly 15 percent last year. Since 2001, there has been an increase of 233 percent in the amount of produce distributed to the network (from 3,329,679 lbs in 2001 to 11,072,314 in 2005). In 2006, fresh produce is expected to comprise 48 percent of the total donated food distributed by the Food Bank, while meat, fish and poultry will make up a further 6 percent of donated food. Nevertheless, fresh produce only accounts for 17 percent of the overall food distributed. This low percentage is due to the high quantity of shelf-stable food supplied through government funding for emergency food. While this shelf-stable food is a vital resource

for people in need, there is still a huge need to augment this supply with government funded fresh food. New funding to ensure that soup kitchens, food pantries and other emergency and community food programs have more fresh food available to distribute to people in need would help to address a number of health related issues that impact the population at risk of hunger, including obesity. With the growth of the Food Bank's Fresh Food Initiative, we can expect the health of our city's neediest to benefit significantly from the markedly higher nutritional content of their meals and pantry bags.

Conclusion

While research findings are not conclusive about the connection between hunger and obesity, indicating a need for continued research, a variety of studies have uncovered a number of links between these two chronic nutritional problems. Demographic analysis proves that many of the same communities and populations impacted by hunger also suffer from higher rates of obesity. The underlying commonality between the two is poverty.

Poverty, caused by low wages and low, fixed-incomes, forces a diverse population of impoverished New Yorkers to purchase the cheapest food available or rely on emergency food programs. Affordable food is typically high in calories and fat content, while fresh nutritious food, such as fruit and vegetables, is more expensive and out of the reach of poor New York families and individuals. Further exacerbating this economic constraint is the lack of availability of fresh, nutritious food in low-income communities, the same communities that are typically home to twice the number of fast food outlets as wealthier neighborhoods.

The food insecurity caused by hunger spurs eating behaviors that can increase the likelihood of obesity among people in need. Individuals who are deprived of food, including families whose food stamps run out half way through the month, often make up for times of food shortages by binge eating when food is more readily available, which is one of the eating behaviors associated with obesity.

Further compounding the problem is lack of access to healthcare. Few EFP client households have private health insurance and family members who are not covered by Medicaid or Medicare frequently go without medical care, and any medical costs incurred further reduce the family's ability to buy food, including nutritious food. In addition, lack of access to healthcare causes a lack of access to information about nutrition that could help individuals prevent or address obesity.

Recognizing the importance of this issue, the Food Bank For New York City developed a number of measures to increase awareness about nutrition within its network of more than 1,200 emergency and community food programs. Nutritionists regularly conduct technical assistance monitoring and trainings for programs in the network, as well as participate in inventory management at the Food Bank's warehouse. Kids Cafe, a specialized after-school program, develops awareness about nutrition among programs, children and their families. In early July a new fitness curriculum, Cafe S.H.A.K.E., will be launched. Lastly, the Food Bank developed a fresh food initiative to help increase the amount of produce, meat, fish and poultry distributed by the network of programs to New Yorkers in need. Since 2001, there has been a 233 percent increase in the amount of fruit and vegetables supplied to the network by the Food Bank. As this

initiative continues to grow, with the help of our partners in the food industry, the need for government funded fresh food in the emergency food system is clear. Currently, shelf-stable food comprises the bulk of food provided by the federal, state and city emergency food programs. The solution is to develop new sources of government funding for fresh food, so that the poorest of New Yorkers have equal access to nutritious food.

Emergency food is, of course, only the first step in addressing hunger and food insecurity. The goal of the emergency food system is to help families and individuals reach levels of self-sufficiency by participating in government funded nutrition programs, such as food stamps or the child nutrition programs, while taking advantage of other long-term training and programs. A second measure needed to help reduce the likelihood of obesity amongst impoverished New Yorkers is initiatives to help more eligible households enroll in government nutrition programs as well as increased benefit amounts to ensure that binge eating does not result from benefits running out in the middle of the month.

Finally, the long-term goal must be to ensure that all New Yorkers have equal access to nutritious food. In addition to measures that address wages, health care benefits and fixed-income amounts, initiatives are needed to increase the availability of fresh food in poor communities around the city.

New York City Council Speaker Quinn announced a measure that will help to achieve this goal as part of her four-year plan to cut hunger in half. The plan calls for increasing the number of farmers' markets in low-income communities and improving the way food stamps are accepted at farmers' markets. In addition, the Speaker's proposal would help to address issues about government funded food programs and the lack of participation among eligible New Yorkers in these programs. The Food Bank supports the measures outlined by the Speaker and the Council, and encourages the Council to address the near-term need by helping to develop new government funding for emergency 'fresh food.'

I thank you again for the opportunity to present this testimony today. The Food Bank is encouraged by your interest in the link between obesity and hunger, and looks forward to collaborative efforts that will achieve the aforementioned goals. Also, the Food Bank conducts a comprehensive study on hunger every three years – the next report in this series, due to be released in September 2007, will provide new analysis on obesity among EFP client households.