LOCAL Food Consumption and Rural Public Health

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Rural and urban residents alike are increasingly becoming attuned to the way food tastes, despite — or perhaps because of — the abundance of highly processed matter that typically adorns our plate and lines our stomachs meal after meal. Yet the era of convenience foods, absent of flavor beyond that provided by salt, corn sweeteners, and fat, is slowly waning as we begin to collectively comprehend the devastating long-term impact this kind of food culture has on public health. Nationally, 300,000 annual obesity-related deaths have finally managed to send small ripples throughout the public health and food policy arenas after languishing for decades in dead-end debates that link food decision-making with individual responsibility (many of which continue today). Clinging to the periphery of these debates is the role local food can play in reducing food-related health risks. Yet few efforts have clearly connected the impact of consuming locally grown food on public health and improved eating behaviors. Rural health professionals have an opportunity to fill this void.

In rural areas, food systems (a term used to describe the inputs, processes and people involved in keeping people fed) differ from those in urban areas. Rural food systems typically lack the quantity and variety of food

distribution points such as grocery stores and restaurants that populate urban areas. While urban residents typically have better access to food through food retailers, rural areas often have greater access to food grown and harvested locally or food procured through hunting, fishing, and foraging activities. In the largely rural state of Iowa, alternative food markets such as farmers' markets, on-farm sales, and Community Supported Agriculture (CSA) are proliferating rapidly. CSA is a direct market community food system where consumers pay growers up front for locally grown, usually organic produce they receive weekly throughout the season. Today in Iowa there are an estimated 170 farmers' markets and 50 CSAs, many of which serve rural communities.

Study after study has shown that people prefer to eat locally grown fresh fruits and vegetables because of their superior taste and quality. Results of research conducted in 2005 by the North Central Regional Center for Rural Development (NCRCRD) can help inform the work of health professionals to reduce food-related public health risks. Funded by the Leopold Center for Sustainable Agriculture, the study examined the ways in which multi-producer CSA contributes to broad notions of community health in Iowa. People (or members) join for a variety of reasons such as improving environmental health, improving human health, supporting the local economy and learning about food and farm issues. Among members who join for human health reasons, they say CSA provides them access to tastier food and encourages them to eat healthier. "My family would eat more vegetables by being a part of the CSA than if we only purchased them at the grocery store." "[CSA] expands my family's vegetable consumption." "It provides good incentives to get more vegetables into the family diet." Other members say participation challenges them and their families to eat more creatively by eating outside their normal buying habits because CSA offers them better quality produce and more variety than grocery stores. Many members also remark that eating CSA produce is more nutritious and healthy than conventional produce because it is fresher (more nutrients are present at the time of consumption), varieties are grown for taste rather than durability, and products contain fewer (if any) pesticides and herbicides because they are grown organically. Members also contend that participating in CSA changes the family food culture by encour-

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aging healthier eating behaviors as family members learn to connect with their food. Studies on community gardening projects confirm this finding — those who engage in community gardening are more likely to eat more vegetables. As one respondent aptly noted, "Buying local is vital to our health and to the health of our community."

Increased consumption of fresh fruits and vegetables is a common goal for achieving improved public health outcomes. To meet this goal, most strategies fall along a continuum of increasing public access to food at one end while increasing access to quality food at the other end. CSA is an expression of efforts to increase access to quality food. An effort to merge both strategies is illustrated by the Fruit and Vegetables Pilot Program funded by the USDA. This program, initiated in the 2002-2003 school year, provided fresh fruits and vegetables free of charge to children at 107 schools in 4 states and schools within the Zuni Indian Tribal Organization in New Mexico.

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According to an evaluation of the program conducted by the USDA's Economic Research Service, nearly all schools participating in the Pilot Program recognized health benefits. School staff believed children ate not only more fruits and vegetables, but also a greater variety, with anticipated benefits on reducing the risk of childhood obesity. To comply with the program's ten percent cap on labor costs associated with food preparation, most schools bought higher cost trays of pre-sliced produce. And although participating schools had the freedom to source the produce themselves, most chose to buy from wholesalers and grocers. Only 12 percent bought from farmer's markets, local, or organic growers.

Interestingly, while the program provided school children with greater access to fruits and vegetables, produce quality comparisons and attendant outcomes were neither monitored nor assessed. Yet program evaluators did note the need for making program improvements, such as getting schools to reduce their reliance on high-fat dips and condiments to make the produce more appealing to students. This is where public health and nutrition professionals can seize an active role. If evidence from NCRCRD's study on CSA in Iowa is any indication, schools can improve taste and increase consumption by purchasing fruits and vegetables from local sources. This may be challenging given that the school year doesn't coincide with the growing season in many regions. However, it can be overcome in locations with longer growing seasons and locations with the structural capacity (local processors, greenhouses, storage, etc.) to extend the season.

In 2004, the Child Nutrition and WIC Reauthorization Act made the Fruit and Vegetable Pilot Program permanent. Now, public health advocates, food service managers, school administrators, evaluators and others have a remarkable opportunity to conduct comparative analyses of eating local versus conventional produce. Together, they can track the habits and health

outcomes of children offered locally grown produce to see what difference taste makes in reducing the need for dips and condiments, increasing produce consumption, and influencing long-term health. At the same time, it will be critical to evaluate the effect of the 10 percent labor cost cap on the ability of schools to source local food.

Back in the 70s, "fresh" meant anything that wasn't canned or frozen. Today, a growing number of people are equating "fresh" with flavor and nutrition and expect more from their food, food producers, and food processors. In this regard, products commonly available in commercial outlets marketed as "fresh" don't measure up anymore, giving rise to a resurgent interest in homegrown varieties that emphasize taste. Rural health professionals in agriculturally important areas find themselves uniquely poised to address this issue but don't always know where or how to start. They can start by using their clinical expertise to understand the links between food and agriculture policy and public health. Then they can use that knowledge to forge new relationships and demand it become the topic of professional and public debate. Although these activities will require a substantial commitment of time, energy, and resources none of us seem to have anymore, it will have a positive impact on the lives of our children and the health of our communities. What could be more important than that?

For more information on the USDA Fruit and Vegetable Pilot Program, go to http://www.ers.usda.gov/Briefing/ChildNutrition/fruitandvegetablepilot.htm.

For more information about multi-producer CSA in Iowa and work of the North Central Regional Center for Rural Development, go to http://www.ncrcrd.iastate.edu/projects/csa/index.html.

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Tacoma Family Medicine (TFM) announces 4 openings for August 1, 2007 in our Fellowship in Rural Family Medicine. TFM, a 29 year-old Family Practice Residency affiliated with the University of Washington, has a strong history of training physicians for rural practice. We are currently in the 17th year of our Fellowship in Rural Family Medicine and 4 Fellows are currently participating in the program. Applicants should have previously completed or be finishing a Family Practice Residency in 2007 and have an interest in rural practice. The curriculum consists of 6 months of intensive training in high risk and operative obstetrics and 6 months of electives tailored to the needs of the individual. Elective options include adult and pediatric emergency and critical care, all medical and surgical specialties, procedural skills, rural preceptorships, public health, practice management, etc. As the only civilian residency in Tacoma, WA, located on beautiful Puget Sound, this is an ideal training site.

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