

YEAR

FOOD & NUTRITION

PLAN

NEW YORK STATE COUNCIL ON FOOD
AND NUTRITION POLICY

1988

1992

NEW
YORK
STATE

Department of Health
Office for the Aging
Education Department
Department of Agriculture and Markets
Office of General Services
Department of Social Services
Council on Children and Families

TASK FORCE ON FOOD, FARM &
NUTRITION POLICY

NEW YORK STATE
FIVE YEAR
FOOD AND NUTRITION PLAN
1988-1992

New York State Council on Food and Nutrition Policy

Council Members

David Axelrod M.D., Commissioner
New York State Department of Health
(Chair)

Eugene S. Callender, D.D., Director
New York State Office for the Aging

Thomas Sobol, E.D., Commissioner
New York State Education Department

Donald G. Butcher, Ph.D., Commissioner
New York State Department of Agriculture and Markets

John C. Egan, Commissioner
New York State Office of General Services

Cesar A. Perales, Commissioner
New York State Department of Social Services

Joseph J. Cocozza, Ph.D., Executive Director
New York State Council on Children and Families

Advisory Committee

CHAIR, Reverend David Garcia New York, New York	Food, Nutrition and Education Advocate
Mr. Warren E. Anderson Fairport, New York	Food Processor
* Ms. Susan J. Baird East Greenbush, New York	Elderly Advocate
Ms. Patricia Barber Watertown, New York	Consumer Educator
* Sister Serena Branson Albany, New York	Social Service Provider
Ms. Sandra C. Chapin Huntington Bay, New York	Nutrition Advocate
Katherine L. Clancy, Ph.D. Syracuse, New York	Nutritionist
Ms. Mary Catherine Owens Cooper Syracuse, New York	Health Planner
* Ms. Adrian D. Fleming Bronx, New York	Retail Consumer
Ms. Joanne Gage Schenectady, New York	Consumer Educator
* Ms. Pamela E. Green Brooklyn, New York	Food Bank Director
Mr. Fred Griesbach Albany, New York	Homeless Advocate
Mr. William Grinker, Commissioner New York, New York	Human Resources Administration
Steven C. Joseph, M.D. Commissioner New York, New York Represented by Dr. Catherine Cowell	New York City Department of Health
Ms. Brenda LaFrance Hogansburg, New York	Health Planner
Malden Nesheim, Ph.D. Ithaca, New York Represented by Ms. Gayle Leitch Kelly	Nutritionist
Ms. Vera Page Rivers Hempstead, New York	Consumer Educator

Ms. Linda L. Robbins Frankfort, New York	Farmer
Ms. Amanda Rodriguez New York, New York	Consumer
Mr. Russell Sykes Albany, New York	Advocate
Yvonne M. Williams Buffalo, New York	Nutrition Educator
Assemblywoman Helene Weinstein Albany, New York	NYS Assembly Food, Farm & Nutrition Policy Task Force

Agency Representatives

Co-Chair, Dr. Janice Dodds	Department of Health
Mr. Jack Bellick	Office of General Services
Mr. Dwayne Lipinski	Department of Agriculture and Markets
Ms. Linda Muncil	Department of Social Services
Ms. Donna Noyes	Council on Children and Families
Ms. Marge Reidy	Department of Education
Ms. Patricia Szemela	State Office for the Aging

*Resigned due to a change in job-related assignments before the completion of the plan design

Acknowledgements

The Advisory Committee gratefully acknowledges the work of staff from the Bureau of Nutrition, without whose skills and support, this document would not be possible. Sandra Rhoades researched and edited the Five Year Plan with the assistance of Deborah Spicer, Eleanor Carey and Daniel Egan. Shirley Kane provided exemplary secretarial support throughout the development of the plan.

<u>List of Tables and Figures</u>	<u>Page</u>
Table 1: Eligibility Criteria for Participation in Food and Nutrition Assistance Programs	4
Table 2: Participation Rates in Various Food and Nutrition Programs in New York State, 1985-86	5
Table 3: School Meal Reimbursement Rates (1985-86)	10
Table 4: Yearly Consumption and New York State Production of Selected Commodities	22
Table 5: Total Farms and Farm Acreage in New York State, 1959 to 1986	24
Table 6: Dairy Product Processing Plants, 1985	27
Table 7: Food Manufacturing Plants and Employees by Type of Product in New York State 1978 and 1982	28
Table 8: Change in Type of Food Retail Stores from 1953-1982	34
Table 9: State Agency Food and Nutrition Programs and Level of Service Delivery, 1986-87	40
Figure 1: New York State Food Marketing Mechanisms, from Producer to Markets	31
Figure 2: NYS Marketing Mechanisms: Breakdown by Product	32

EXECUTIVE SUMMARY

The available evidence suggests the majority of New Yorkers get enough to eat and choose a diet that is properly nourishing and healthy.

But there is also growing evidence that, despite the existence of many state and federal initiatives to improve peoples' access to an adequate diet and promote public understanding of what constitutes good nutrition, a substantial number of New York State's citizens, most of them poor, many either very young or very old, are neither adequately fed nor nourished.

To address and assess this problem, and to propose ways to correct it, Governor Cuomo established the New York State Council on Food and Nutrition Policy. The council consists of the heads of seven state agencies involved in food and nutrition programs, together with an advisory committee representing agricultural, nutrition, food production and consumer interests.

The council was directed to propose a Five-Year Plan for Food and Nutrition Policy to improve the nutritional status of the people of New York State. The plan and its recommendations are based on an intensive review of evidence linking nutritional factors with morbidity and mortality, an examination of existing food and nutrition programs and their impact on targeted populations and a study of New York's food producing and distribution capabilities. A series of public hearings elicited information from interested groups and individuals not directly involved with the advisory committee.

Nutrition and Health

Many sound scientific studies show that intake of essential nutrients is necessary for proper growth and development, resistance to and recovery from some illnesses and maintenance of health and wellbeing throughout one's lifetime.

Nutrition is particularly important during pregnancy. When a pregnant woman is poorly nourished, she is much more likely to produce an underweight, sickly baby who faces increased risk of physical and mental impairment or death. Pregnant women who are poor, poorly nourished and receive inadequate or no prenatal care contribute to a disproportionate degree to the incidence of neonatal morbidity and mortality.

Poor nutritional habits, such as overeating, high dietary fat intake, excessive sodium intake, etc., have been linked to increased risk of heart disease, high blood pressure, cancer, diabetes, obesity and other illnesses and disorders.

Concern for this insidious association between poor nutrition and poor health led New York State, under Governor Cuomo, to incorporate nutrition education in its public school curricula for all grade levels, kindergarten through high school.

Feeding Those at Risk

There is abundant evidence not only that many New Yorkers consume unhealthy diets, but also that a great many of the state's citizens are poorly nourished because they don't get enough to eat. A survey of emergency feeding programs in the state during 1986 found that these programs were providing 216,000 free meals every week, and were not keeping up with demand.

About 9 percent of the state's population receives federal food stamps, but a 1985-86 survey suggested that they represent only 50-60 percent of those who are eligible for such benefits. The incidence rate varies widely; in some counties upstate, less than 20 percent of the eligible population receives food stamps.

The income levels for food stamp eligibility are federally established and are unrealistically low, as are federal estimates of the costs of food in New York State. As a consequence, many poor families either do not qualify or receive too little assistance to purchase adequate supplies of food, forcing them to go without food or seek emergency food assistance, usually toward the end of the month when they are awaiting renewal of their supply of food stamps. Under the current program, the food stamp benefit is intended as a supplement to the family's income and is not intended to cover monthly food needs.

School lunch programs are generally available at schools throughout the state, but there are still 16 public school districts that do not participate. In 1986, 960 school food authorities (public school districts and eligible private schools) participated in the school lunch program, serving an average daily census of 810,000 children from families with incomes below 185 percent of the federal poverty level. Based on estimates of the numbers of children ages five to 17 who are from families in this income category, the school lunch program fails to reach one in three low-income children.

Declining federal reimbursement since 1980 has brought a steady decline in the number of low-income children taking part in school breakfast programs. As of 1985-86, only 190,000 low-income children received breakfast at their schools about 23 percent of the number receiving lunch. Statewide, 744 so called "severe need schools" (in which more than 40 percent of school lunches are served to low-income students) have school lunch programs but do not offer breakfast.

The summer food service program, a federal initiative designed to ensure that poor children receive at least one nutritious meal a day during summer recess from school, reaches only about 38 percent of the children who receive free or reduced price school lunches during the rest of the year, pointing to a large eligible, but unserved, population.

Likewise, the child care food program for poor children placed in day care programs provides meals for only 83,000 youngsters, which represents a small percentage of the state's estimated 1.2 million children under the age of five.

New York is one of a few states that augment federal funding for the Supplemental Nutrition Program for Women, Infants and Children (WIC). WIC provides supplemental food, as well as nutrition education, to low income women who are pregnant or recently delivered, their infants and children.

While WIC nominally serves women in households with income below 185 percent of the federal poverty level, the state is paid on the basis of a population derived formula which is equivalent to 8.2 percent of the total federal appropriation for WIC. This funding, together with state augmentation, enables New York to serve about 46 percent of the eligible population. Without state support, this figure would shrink to 36 percent.

The state's elderly population, already in excess of 3.2 million people, is growing in number and proportion. Federal and state nutrition programs aimed at the elderly serve an estimated 10 percent of this population. Some 11 percent of the elderly receive food stamps. Many more of the state's frail elderly are believed to need home-delivered meals.

Despite the many public programs described above, to which must be added many voluntary, community and church sponsored nutrition initiatives, at least a quarter-million New Yorkers are believed to be experiencing chronic hunger, and, according to one estimate, over two million of the state's citizens are at risk of hunger.

Food Supply and Production

The purpose of the five year plan is to encourage the state's residents to consume a diet that promotes health and supports New York's food producing system. Central to ensuring an adequate food supply is a viable agriculture industry and maintenance of the state's farmland and cropland.

Over the past 30 years, the total number of farms in New York State has shrunk from 82,000 to 42,000. Despite this shrinkage, only 7 percent of cropland has gone out of production. Between 1960 and 1980, the number of people living and working on farms in New York declined from 164,000 to 96,000. However, the overall decline in farmland and farm population appears to have leveled off in the past several years.

An estimated 75 percent of the state's food supply is imported while 50 percent of the state's food production is exported. This suggests a large untapped market for state food products as well as for new products.

In the years ahead, the challenge of meeting food and nutrition needs of New Yorkers is expected to become more complex. Addressing these needs will require cooperation between the state's food and nutrition policymakers, and those who produce, process and market food and food products.

Conclusions

Although a wide variety of nutrition programs are in existence, all of them have a common failing: they fail, often to a very significant degree, to reach or meet all of the needs of their target populations.

Furthermore, many of these initiatives are under the direct control of the federal government, giving New York State little voice in their control or operation. The state should press federal officials for more money and more control.

Any further erosion in New York's agricultural industry would not be in the state's interest if it is to achieve its goal of nutritional adequacy for all of its citizens.

Recommendations

Among the many recommendations put forth by the Council on Food and Nutrition Policy as part of its Five-Year Plan for Food and Nutrition Policy in New York State the following are pre-eminent:

1. In order to systematically coordinate food and nutrition programs, the Department of Health should convene an interagency task force of state directors of food and nutrition programs. Its responsibilities would include efforts to reduce program duplication, develop uniform application procedures, encourage the sharing of food preparation facilities and track pertinent legislative initiatives at the federal and state level.

2. The Departments of Health, Aging and Social Services should spearhead an effort to form an interagency task force to foster a coordinated response and platform on state and federal nutrition programs and related legislation.

3. To increase participation in the federal Food Stamp Program, especially by the homeless, the elderly and the working poor, the feasibility of the state's assuming full responsibility for administration of the program should be studied, as should ways to ensure that all counties are in compliance with state and federal regulations governing food stamp distribution.

4. New York State, through the Department of Social Services, should advocate raising the minimum food stamp benefit to reflect actual costs adjusted to the Consumer Price Index. A similar effort should be made to peg income eligibility at more realistic levels, for example, excluding as income money spent for shelter, child care and medical expenses.

5. The State Education Department should seek to provide incentives, such as seed money and outreach funds, so that all school districts in poor neighborhoods can participate in the National School Breakfast Program. Similar efforts should be made to increase funding for school milk and surplus commodity programs.

6. Increased state and federal funding should be sought to improve nutrition education curricula in the schools and to provide nutrition training for school teachers, food service personnel and health professionals.

7. The public, private and voluntary sectors should join together to advocate that all eligible women and children have access to WIC. As a first step, WIC funding should be increased to lift participation to the 50 percent level.

8. A consortium of state and voluntary agencies should join in an effort to help the elderly gain access to food and nutrition programs, particularly food stamps and vehicles to transport meals in rural areas.

9. The United States Department of Agriculture (USDA) should be encouraged to allow private, nonprofit sponsorship of Summer Feeding Programs as means of improving needy children's access to this nutritional resource when school is out of session.

10. The Interagency Task Force of Food and Nutrition Program Directors should lead efforts to involve more day care centers and family day care homes in the Child Care Feeding Programs.

11. A variety of initiatives, including increased funding for distribution costs, should be employed to expand use of surplus commodity foods.

12. As a means of overcoming social and political inertia, the public's awareness of the extent of the nutrition and hunger problem should be increased.

13. To combat hunger, expanded funding will be sought for the Supplemental Nutrition Assistance Program (SNAP) for the homeless and destitute, frail elderly and low-income women, infants and children.

14. The Department of Health will require all county health departments to establish nutrition services as an integral part of their programs.

15. Nutritional assessment and counseling should be a reimbursable service of Medicaid and Medicare.

16. The Department of Health should join with private and voluntary health organizations in sponsorship of a mass media campaign to educate the public about the importance of good nutrition to childhood development, to pregnancy outcomes and to prevention of cancer, heart disease, osteoporosis and other problems.

17. Nutrition assessment and counseling services will be provided on a routine basis to the state's elderly residents as a mandated and funded item of the Older Americans Act and SNAP.

18. Nutrition education materials provided by state agencies should be multilingual and multicultural, recognizing the state's diversity.

19. The Department of Health will coordinate a statewide nutrition surveillance network, will analyze information gathered and evaluate progress in achieving stated nutritional objectives.

20. State government and the State Legislature should provide increased incentives for farmland preservation and agricultural production, and to improve the state's food marketing potential.

I: INTRODUCTION

Governor Cuomo in 1984 appointed and charged the Council on Food and Nutrition Policy with the development of a five year plan for food and nutrition programs and services. Four purposes for the plan were identified:

- (1) to encourage New York State citizens to consume a diet that promotes good health and prevents food and diet-related diseases throughout their life span (This includes assuring the availability of a food supply that is of high quality, safe, affordable and nutritious);
- (2) to alleviate and ultimately prevent hunger in every household by assuring that all citizens of New York State have access to food through adequate purchasing power, including the availability of food assistance programs and the necessary facilities to prepare food;
- (3) to support an adequate food producing system in New York State, one which attains the state's potential as a producer of nutritious foods and preserves the environmental resource base and labor supply that support it.
- (4) to promote the development and economic viability of the state's food processing, marketing and distribution industries.

The council was directed to prepare a Five-Year Plan for Food and Nutrition Policy by: reviewing data and information relating to food and nutrition issues in the state; reviewing state programs and identifying existing inadequacies, possible modifications of programs, new initiatives and possible measures to increase coordination among federal, state and local programs; recommending goals, objectives and actions to improve the effectiveness of such programs; and holding public meetings to solicit comments from interested parties.

An advisory committee which represented provider and consumer constituencies in the state was appointed and directed to develop the five year plan in conjunction with the council agencies.

B. Principles and Elements of Food and Nutrition Policy

Food and nutrition policy is a complex array of educational, economic, technical and legislative measures designed to reconcile projected food demand, forecast food supply and meet nutritional requirements (F.A.O., 1972). It integrates goals for health and nutrition with goals for food supply and consumption.

The basic goal of a food and nutrition policy is not only to provide adequate nutrition in an accessible and affordable manner, but also strive to achieve efficient growth in agricultural production, job generation, food security and expanded markets for goods. In New York State, such policies should reflect the essential unity of the agricultural, aquacultural and fishery subsystems as integrated with processing, marketing, distribution, consumer education and food accessibility. (14) Solid theoretical foundations and scientific principles should guide the development of food and nutrition policies, which in turn will guide the implementation of program plans.

A review of literature on food and nutrition policy development revealed that in order to ensure the goal of adequate nutrition, there should be explicit policies relating to each element of the food system (1-11):

- food consumption trends as they reflect consumer demand and choice of foods;
- agricultural, aquaculture, fishery and other food production systems and their capacity over time to meet consumer demands;
- food processing capacity for foods locally produced;
- stocking, warehousing and transportation systems adequate and efficient enough to meet production and processing needs and emergency situations;
- access of all segments of the population to the food supply;
- education of the population on food needs, appropriate dietary intake and health related issues;
- consumption of foods from a safe and nutritious food supply;
- improvement and maintenance of local food subsystems through economic and conservation initiatives;
- effective information system to provide communication among all the various elements in the food system so that consumer's wants and demands drive the food system.

II. FOOD AND NUTRITION POLICY IN NEW YORK STATE

To date, there has been considerable literature published on food and nutrition policy issues in New York State.(12-22) The authors of the papers form a broad representation of interests from within the fields of agriculture, nutrition, health, advocacy, academia and the Legislature. Five major policy areas are evident in the literature; food adequacy and accessibility; nutrition and health relationship; food and nutrition education; adequate food supply; and food processing and distribution. Major issues within each policy area are identifiable. A review of these follows.

A. FOOD ADEQUACY AND ACCESSIBILITY

To some New Yorkers it may be surprising that not all of the State's population has access to a nutritionally wholesome and adequate food supply. In late 1984, a survey of emergency feeding programs in New York State revealed an estimated 141,576 units of service (e.g., meals in soup kitchens and individuals receiving food from food pantries) were provided on a weekly basis.(23) In 1986, the average weekly units of service provided by emergency feeding programs¹ was estimated at 216,019.(24) Families, children, the elderly, and adult women and men were reported to frequent soup kitchens and food pantries when other resources for food were exhausted (income, food stamps, other assistance).

Another survey completed in 1984-85 sought to identify nutritional problems in frail, homebound elderly.(25) Before these elderly received food assistance in the form of home delivered meals, 16 percent reported going one or more days per week without any food at all. Others reported a clear lack of a sufficient or nutritionally adequate food supply. In a 1985-86 survey, 17 percent of the upstate elderly and 27 percent of elderly in New York City reported going one or more days without eating during a month (26). Food and nutrition policy in New York State should assure that food is accessible and available to all segments of the population at all times.

Assuring adequacy and accessibility of the food supply means that all New Yorkers have access to food to meet their nutritional needs. To accomplish this goal, New York State must promote adequate employment and wages and support funding for and provide supplemental food assistance to low income people. State and federally funded food and assistance programs have mandated various eligibility criteria; income is a major criterion (see Table 1). In addition, many of the food programs limit the number of eligible participants they can serve due to inadequate program funding. Even entitlement programs, those which can serve any eligibles who apply, do not have 100 percent participation, due to a combination of barriers (Table 2). Barriers to participation may include lack of awareness of eligibility, lack of benefits and the absence of federal funding specifically for outreach to expand program coverage.

The following sections provide a brief description of the major food and nutrition programs, including the more significant issues and problems surrounding each.

¹Footnote:

This figure was extrapolated from a sample of emergency feeding sites and may not be directly comparable to the 1984 survey which represented all identifiable sites. The problem of an insufficient food supply is growing and is not limited to just the homeless and indigent populations.

Table 1: Eligibility Criteria for Participation in Food and Nutrition Assistance Programs

Program	Income	Residency	Health or Nutrition Risk	Age
Food Stamps (1)	130% poverty	County	none	none
WIC (2)	185% poverty	County	yes	infants & child up to 5 yrs. pre & post-natal women breast-feeding women
Free or Reduced Price School Meals (3)	185% poverty	School District	none	school aged (5-18 yrs.)
Elderly Feeding(4) Congregate Meals	none	As determined by AAA*	none	60 or over
Home Delivered Meals	none	Within planning & service area of AAA	yes	60 or over

- (1) NYS Dept. of Social Services, Food Stamp Bureau
- (2) NYS Dept. of Health, Bureau of Nutrition
- (3) NYS Education Dept., Bureau of School Food Management and Nutrition
- (4) NYS Office for Aging, Division of Local Services

*AAA = County Area Agency on Aging

Table 2: Participation Rates in Various Food and Nutrition Programs in New York State, 1985-86

Program	Percent Participating
Food Stamps (1)	
NYS	59.5
Upstate	50.5
WIC (2)	
Federal only	36
with SNAP*	44.3
Elderly (% all NYS elderly) (3)	
Title III C-1 (Congregate)	7.3
Title III C-2 (HDM)	1.2
SNAP* (HDM + cong.)	0.6
Total with SNAP*	9.1
School Lunch (4)	50.6
Free, Reduced & Paid as % enrollment	
School Breakfast (4)	7.8
Free, Reduced & Paid as % enrollment	

- (1) NYS Dept. of Social Services, Food Stamp Bureau, 1985 data
(2) NYS Dept. of Health, Bureau of Nutrition, WIC Program, 1987 data (monthly)
(3) NYS Office for Aging, Division of Local Services, 1985-86 data
(4) NYS Education Dept., Bureau of School Food Management and Nutrition, 1986 data

*SNAP (Supplemental Nutrition Assistance Program) provides additional program funding to existing WIC and nutrition programs for the elderly.

Food Stamp Program

The Food Stamp Program is a major federal effort aimed at preventing hunger. It is available to anyone meeting income and asset eligibility criteria. Current (January, 1986) New York State participation averages approximately 1,650,000 individuals a month. (27) The New York State Department of Social Services (DSS) oversees the program at the state level; county social services offices administer and implement it at the county level. The cost of the food purchased with food stamps is borne by the federal government while all administrative costs (including county costs) are covered by matching federal and state funding.

A major program operating issue is the percentage of eligibles served by the program. In 1985, 59.5 percent of eligible low-income people were receiving food stamps in New York State. (27) The rate upstate was 50.5 percent and the rate ranged from a low in Putnam County of 18.7 percent to a high in Niagara County of 80.9 percent. National studies indicate that the elderly, the working poor and the poor in rural areas are least likely to participate. Barriers to participation include lack of information or inaccurate information on eligibility, a low benefit level which may not be worth the time and effort of applying and staying on the program, confusing application procedures, physical access problems and the stigma of participating in what is viewed as a welfare program. Since 1981, U.S.D.A. has refused to reimburse states or counties for any food stamp program outreach activities except for outreach targeted to the homeless. In recognition of the importance of nutrition outreach, the State Legislature has appropriated funding (in FY1987 it was \$500,000) for outreach activities administered by the Department of Health. The nutrition outreach campaign emphasizes the economic benefit of the food stamp program, which brings approximately \$900 million of federal benefits per year into the state. The multiplier effect of increased jobs, for example, due to the food stamp money means that the program has approximately a \$4.5 billion economic impact on the economy in New York State.

Since 1984, U.S.D.A. has provided Federal Food Stamp Program administrative matching funds (\$500,000) to the Department of Social Services to conduct a nutrition education campaign. The nutrition education campaign seeks to improve the nutrition knowledge and shopping skills of food stamp eligible populations. The campaign includes a statewide multimedia effort as well as 15 community-based nutrition education programs statewide.

Except for the elderly, in order to be eligible for the Food Stamp Program, a person must currently pass both a gross income test (<130% poverty) as well as a test of the amount of money theoretically available for food. Concern has been raised that the gross income test automatically eliminates people who have other excessive costs and might indeed not have enough money for food. In order to determine benefit levels, various adjustments are made to income for excessive costs, such as shelter, child care and medical expenses. Some advocates claim that the shelter and child care deductions are not realistic and should reflect the true cost of housing and child care. The deduction for excessive medical expenses is only available to the elderly. Currently, child support payments are counted in full as income, whereas the Aid to Dependent Children program exempts the first \$50 of child support.

Child support payments are highly irregular and are often not a reliable indicator of income. USDA's promulgated regulations require the inclusion of foster care payments as income, although this interpretation is currently being challenged in the courts. In addition to an income test, applicants must also pass an asset test. The Food Security Act of 1985 included an increase in the allowable asset limit to \$2,000 (\$3,000 for a household with an elderly member), up from \$1,500.

Once all adjustments have been made, the amount of money available to the household for food is determined, then is compared to a standard, the Thrifty Food Plan, developed by USDA, for that household size and composition. If the amount available to the household is less than the standard, the household is authorized to receive food stamps in an amount sufficient to bring the total available up to the standard. Much controversy exists over the appropriateness of the Thrifty Food Plan, inasmuch as it was designed to be used for short periods of time, in emergency situations; and it relies on foods that participants are not necessarily familiar with. The Thrifty Food Plan also does not take into consideration the differences in food prices in different geographic areas, special dietary needs, the availability of cooking and refrigeration equipment. It also assumes a fairly sophisticated level of shopping and cooking skills, as well as ample time to prepare food. In 1987, the Thrifty Food Plan standard for a family of four was \$65.70 per week. The New York City Department of Consumer Affairs has priced a typical market basket for a family of four at \$125 per week. A slightly more liberal plan, the Low-Cost Food Plan, also developed by USDA, would allow the same family of four \$84.10 per week for food.

Once determined eligible for food stamps, participants have to be recertified, usually every six months, although Supplemental Security Income (SSI) and social security recipients need only be certified once a year, and New York City participants are recertified every four months. Each county determines its own certification period, and some participants (those whose income is likely to change) are recertified each month.

An applicant for the Food Stamp Program must provide proof of identity, residence, alien status, shelter costs, social security number, medical expenses, household size, dependent care costs, date of birth, income and any excessive costs for which deductions are being claimed (e.g. rent receipts, utility bills, phone bills). In normal circumstances, the county DSS office has 30 days to determine eligibility and notify the applicant. If eligible, a participant receives an Authorization to Participate (ATP), usually by mail. This is then taken to a cooperating bank or check cashing facility and redeemed for the actual food stamps, which can then be used in participating grocery stores. Because commercial banks are often reluctant to be involved in the Food Stamp Program, alternative means of issuing food stamps have been suggested.

In New York City the Electronic Payment File Transfer system is in place. Upon determination of eligibility, the participant is issued an ID card, to present each month at a bank or check cashing facility and receives allowed food stamps (and Home Relief and Aid to Dependent Children (ADC) checks if they are on ADC). This eliminates the need to mail an ATP each month. DSS has released a Response for Proposal (RFP) to solicit pilot studies of other alternative issuance systems. DSS has awarded a contract to First Texas Savings Association to pilot alternative food stamp issuance in New York State outside of New York City. The pilot will be conducted in seven counties and is expected to start in October 1988.

If a household faces an emergency because it has no money to purchase food, it may be eligible for expedited food stamps. To be eligible, the household must meet a more severe test of income and assets (less than \$150 in gross monthly income and less than \$100 in liquid assets). Regulations are changing, however, as per the Federal Urgent Relief for the Homeless Act. Current federal regulations require the issuance of expedited food stamps within five days of application. Recent state regulations have reduced the time frame to 24 hours or within the next business day for issuance of expedited food stamps. The concern has been raised that many eligible low income-people are not aware of expedited food stamps and do not ask specifically for them when applying for food stamps. State guidelines were issued in 1986 covering procedures for meeting the immediate needs of applicants in an emergency situation. However, there is concern that considerable countywide variation in the implementation of the Expedited Food Stamp Program still exists. The complaint has been voiced that many county DSS offices refer clients to private emergency food relief providers rather than issue expedited food stamps.

Another component of the Food Stamp Program is the Restaurant Program. This initiative allows elderly and disabled food stamp recipients to use their stamps at participating restaurants. There are currently over 200 participating restaurants in New York State. Nutritionists have raised concern over the fact that many of the participating restaurants are fast food restaurants which serve high fat, high salt foods which may not be appropriate for clients, especially on a regular basis.

The increase in homelessness in recent years has brought attention to the availability and accessibility of the Food Stamp Program to this population. A permanent address is not a requirement for receiving food stamps a homeless person can pick up his or her ATP card each month at the food stamp office. However, food stamps cannot be used to purchase cooked foods and the homeless are not eligible for the Restaurant Program. USDA has recently initiated a new effort which would allow soup kitchens and shelters for the homeless to accept food stamps for meals served to the homeless. As of this writing, no soup kitchen in New York State has applied to participate in this program; it is viewed as a disincentive to the soup kitchen and its patrons.

School Feeding Programs

Although the School Lunch Program is widely available in schools throughout the state, there are still 16 public school districts that do not participate in any school feeding programs. In 1986, 960 school food service authorities (public school districts and eligible private schools) participated in the School Lunch Program, serving an average of 809,679 children from families with incomes below 185 percent of poverty. (28) Applying 1985-86 average daily participation figures to 1980 census estimates of the number of low-income five to 17 year olds reveals a participation rate of 65 percent.

The School Breakfast Program is not as widely available: only 30 percent of the school food service authorities that participate in the School Lunch Program also sponsor a School Breakfast Program, and often a school district will only offer School Breakfast in some of its schools. The average daily participation (1985-86) by low income children was 190,417, or 23 percent of that for School Lunch. Between 1980 and 1984, participation in the School Feeding Program dropped by more than 150,000 in New York State due to changes in federal reimbursement for reduced price and free meals.

The School Breakfast Program has been mandated for the five largest city public school districts (Buffalo, Rochester, Syracuse, New York City, Yonkers). As of October 1986, 20 percent of eligibles (based on returned application forms) were participating, compared with 16 percent in November 1981.(28) Throughout the state, 744 severe need schools (those where more than 40 percent of school lunches are served to low income students) have a School Lunch Program but do not have a School Breakfast Program.

Schools are reimbursed based on the number of meals served to children in different income categories (see Table 3). The State supplements the federal reimbursement rate for all meals in all categories. Students below 125 percent of poverty receive a free meal. Students eligible for a reduced price meal (income from 125% to 185% of poverty) pay a maximum of \$.25 for lunch and a maximum of \$.30 for breakfast. Students in families with income above 185 percent of poverty pay a maximum of \$1.15 for lunch (as of 1987, there is no maximum for paid breakfasts). Schools also receive surplus commodity foods or cash in lieu of commodities for use in their meal programs from USDA. In 1985-86, the federal funding for school meals totaled \$300.7 million, while state funding equaled \$21.7 million.

USDA, which runs the national school feeding programs, has strict meal pattern requirements for lunches and breakfasts reimbursed under the program. The meal patterns are designed to meet, on average, one-third of the recommended daily dietary allowances for select nutrients. The meal patterns specify the amounts from certain food groups which each meal is to contain. Federal guidelines have been issued relating to the use of the Dietary Guidelines For Americans in planning menus, but there is no information on the extent to which meals served meet these guidelines. During the summer months, training is provided to school food service workers. During 1986, the training covered the Dietary Guidelines For Americans and the application of them to school meals.

One of the barriers to participation in the School Feeding Programs appears to be class schedule conflicts. Some schools serve the breakfast before student buses have arrived, and others schedule the program during homeroom or the first class when there is not enough time to eat and get to classes. Although schools generally have designated lunch periods, classes are sometimes scheduled during those periods and students may not have a designated lunch period. This is especially true in New York City.

TABLE 3: School Meal Reimbursement Rates (1985-1986)

	<u>Breakfast</u>		<u>Lunch</u>	
	Federal(1987-88)	State(1985-86)	Federal***	State
Free	\$ 0.9125* 0.7625**	\$ 0.11	\$ 1.4050	\$ 0.065
Reduced	0.6125* 0.4625**	0.12	1.0050	0.065
Paid	0.1350* 0.1350**	0.0025	0.1350	0.065
Commodity Cash in Lieu	0.1100		0.1175	

* Severe need schools (at least 40% of students receive free or reduced price school lunch)

** Nonsevere need schools

***Schools with 60 percent or more of students at or below 130 percent of poverty receive an additional \$0.02 per lunch meal.

Sources: "A Primer of NYS Food Assistance Programs," NYS Task Force on Food, Farm and Nutrition Policy, update for 1986.
Federal Register, vol. 52, No. 127, Thursday, July 2, 1987

Supplemental Food Program for Women, Infants and Children (WIC)

The WIC program provides supplemental food and nutrition education to low-income (less than 185% poverty) women (pregnant, breastfeeding and postpartum), infants and children. In national studies, the program has been found to be effective in reducing the incidence of low birthweight. (29-30) The program is funded with both federal and state money and is regulated nationally by USDA and administered by the New York State Department of Health. In 1987, the NYS WIC Program received \$138.4 million in federal funds plus \$30.7 million in state funds. The federal funds supported approximately 36 percent of eligibles. The state and federally funded combined current (August 1987) caseload is 290,000, which represents 44.3 percent of eligibles. (31) An estimated \$357 million annually would be required to serve all WIC eligibles in New York State.

WIC is not a federal entitlement program. There are limits on the total amount of money available for the program; funds are allocated to states according to a funding formula. New York State receives 8.2 percent of the total federal funds available for WIC nationwide.

Summer Food Service Program

The Summer Food Service Program (SFSP) is designed to ensure that low income children, ages five to 19, who receive a school breakfast and lunch during the school year continue to receive nutritious meals during the summer. The program is operated directly by USDA in New York State. Local sponsorship of the program is limited to public (or private nonprofit) school food authorities, residential camps or municipal and county agencies. This eliminates the possibility of community action agencies or other community based organizations sponsoring the program. The program can be operated only in areas where at least 50 percent of children are eligible for free or reduced price school lunch. In 1986, average daily attendance in SFSP was 306,326. (28) Comparing this with the 809,679 children receiving free or reduced price school lunch indicates that at most only 38 percent of school lunch participants are participating in SFSP. Many emergency food relief providers report an increase in the number of children they serve during the summer months. This testifies to the need for expansion of the SFSP in New York State.

Child Care Food Program

The Child Care Food Program reimburses for meals served to low income children (less than 185% poverty) under 12 years of age in day care centers, licensed family day care homes and after school programs. USDA operates the program directly in New York State. Reimbursement for meals is determined by the number of free, reduced price and paid meals. All public and nonprofit day care centers are eligible, as are for-profit centers if at least 25 percent of the children they serve are from low-income families. Family day care homes are eligible only if they are licensed and if they have a sponsoring agency. Data for 1986 indicate that 758 day care centers and family day care home sponsors participated in the program and served an average of 83,000 children. (28) Using national survey data, an estimated 1.2 million children younger than age five and 2.3 million children five to 14 have mothers who work outside the home. (32) Approximately 164,000 of these children are in organized day care programs and another 150,000 are cared for in the home of a nonrelative.

Elderly Nutrition Programs

The increasing numbers of elderly in our society and their financial vulnerability make this an important group for targeting nutrition services. The major nutrition programs in place for the elderly are the Congregate and Home Delivered Meals Program funded by the federal government under Title IIIC of the Older Americans Act, and the state funded SNAP program which provides meals and supportive nutrition services to the frail elderly. Funding and services provided through the two programs are as follows:

<u>1985-86</u>	<u>\$</u>	<u># Clients/Yr</u>
Title IIIC	\$42,317,677	277,347
SNAP	\$ 5,564,425	16,806

In New York State, less than 10 percent of the elderly participate in nutrition programs. State and national estimates indicate there is a significant number of unserved elderly in need of nutrition programs, particularly those who cannot shop and/or prepare food for themselves, and require home delivered meals. (33) However, this estimate does not consider other formal or informal services used by the home-bound elderly such as assistance from a relative or friend, or homemaker services. The poor elderly are also eligible for food stamps. However, they have a low participation rate. Based on 1980 census figures of the number of poor elderly, only 11 percent are currently receiving food stamps.

Emergency Food Relief Programs

The emergency food relief network is a loosely organized ad hoc group of privately sponsored soup kitchens and food pantries. These programs provide food to people in emergencies, usually with a minimum of paperwork or application procedures. Many providers report that they are seeing more families, and that more of their clients are receiving public benefits such as food stamps, public assistance and unemployment benefits that are insufficient to meet their food needs. Recent surveys of upstate emergency food relief users found that 50 percent of soup kitchen users and 56 percent of food pantry clients were receiving food stamps. (34)

These programs rely upon private donations as well as food collected from corporate donors by regional food banks, and some government funding for their food supplies. The major sources of public funding for emergency feeding for FY 1987 programs were:

Federal (FEMA -FFY 87)	\$8,168,867
State (SNAP-SFY 87)	6,460,000
New York City (EFAP-1987-88)	2,250,000

Information collected from providers of emergency food relief in 1986 indicates that approximately 576,000 meals are provided per month by soup kitchens in New York State and 369,000 individuals are being served per month by food pantries. (24)

Estimates of the number of people in New York State who are hungry and potentially in need of emergency food relief range from a conservative estimate of 252,000 adults experiencing chronic hunger (defined as low weight for height due to lack of food) to a liberal estimate of those at risk of hunger at 2,371,250. (35) This last estimate was determined by a method developed by the Physician's Task Force on Hunger and assumes that all people below the poverty level who are not receiving food stamps and 50 percent of those receiving food stamps are hungry.

Temporary Emergency Food Assistance Program (TEFAP)

USDA has established several mechanisms to distribute the nation's surplus commodity foods to individuals and organizations that can make use of them. The TEFAP program (also known as the Needy Families Program) is one such mechanism. Others include the provision of surplus commodities to schools, charitable organizations and elderly meal programs. TEFAP provides commodity foods and administrative money to local organizations to distribute food directly to low income people. It is not a food assistance program in that it does not intend to provide for the food needs of the population. The program is operated at the state level by New York State Office of General Services. Federal administrative funding in 1987 was \$3.7 million. Additional state funding for administrative costs is being requested for FY 1988. The statutory authority for TEFAP expires at the end of FY 1988.

Commodities distributed through TEFAP are those designated as "bonus" by USDA and are fixed in quantity. The commodities currently available through the program are: processed cheese, butter, flour, cornmeal, dry milk, rice and honey. Foods are distributed five times a year to charitable organizations in each county. The amount each county gets depends on its share of the total state public assistance caseload. Local agencies distributing the commodity foods can be reimbursed up to 2 1/2¢ per pound from federal funds for documented administrative costs. However, this is not sufficient to cover all costs of local distribution, and the state funding requested for FY 1988 will provide additional local reimbursement. Only those whose income does not exceed 185 percent of the poverty level are eligible to receive food under TEFAP federal regulations.

Expanded Food and Nutrition Education Program (EFNEP)

A major nutrition education program for low income families and youth from low income families is the EFNEP, a Cornell Cooperative Extension program. As a land grant university, Cornell is responsible for statewide leadership in this initiative. Cooperative Extension agents in 39 counties and five sites in New York City employ, train and supervise nutrition aides who are from low-income communities. The aides teach eligible families and youth the nutrition and food information and skills necessary to improve their diets as well as provide referral information appropriate for handling the myriad of other problems facing low income families.

Program participants are recruited by the aides or referred to the EFNEP by other participants and personnel from other agencies. Lessons are taught individually in participants' homes, in small groups in homes or neighborhood centers or a combination of other approaches. The number and frequency of lessons are based on the participants' needs. Food budgeting including planning, comparative shopping and use of food stamps and WIC coupons; food preparation; food storage, safety and sanitation; basic nutrition and maternal and infant nutrition are among lesson content subjects.

The number of EFNEP programs in New York State change based on available resources, the number of eligible (unserved) low-income residents and county program priorities. Only two of the 18 counties without EFNEP have ever included it as part of their county Cooperative Extension program.

EFNEP is referred to as a federally funded program but currently requires county funding. The federal appropriations have not kept pace with inflation. Since the early 1970s all of the counties in New York State with EFNEP (except New York City) have provided local funding to ensure that low-income families have nutrition education opportunities. The current federal administration has tried consistently to eliminate funding; however, Congress has restored it each year.

Adequate Income

There are a variety of public programs in place to assure that people have sufficient income and resources to provide the basic necessities of life, including food. However, due to inflation and program budget cuts in recent years, many of these measures now fall short of meeting that goal. The minimum wage has not been increased since 1981, even though consumer prices have risen 30 percent. The head of a four-person household, working full time at minimum wage, would only earn \$134 per week, substantially below the poverty threshold of \$197 per week.

The poverty index currently used in most federal programs is based on the Thrifty Food Plan, a minimal food budget which is designed to be used only for short periods of time. The amount of money necessary to purchase foods under this plan is multiplied by three (based on a 1955 study which found that low income families spend one third of their money on food) to arrive at a poverty threshold. No adjustments have been made for the fact that, due to sharply increased housing costs, many poor families have to spend more of their income on housing, with less available for food. The poverty index also does not take into consideration the regional differences in the cost of living. Even when income is measured so as to include cash and noncash benefits, fully 12 percent of the nation's population still live below the poverty threshold. In New York State, this translates to over 2 million people.

The basic purpose of the welfare system is to assure that people have enough resources to meet a minimally acceptable standard of living. However, a calculation of the maximum amount of assistance (including the basic grant, shelter allowance and food stamps) available to a family of three with no income would equate to 83 percent of the poverty threshold.

B. NUTRITION AND HEALTH RELATIONSHIP

The food we eat and the nutrition it provides has a significant impact on all stages of our lives from infancy into old age. Adequate intakes of energy and essential nutrients are necessary for proper growth and development, physical activity, reproduction, lactation, resistance to and recovery from illness, and for maintenance of health throughout the life span. Deficits of essential nutrients can lead to several specific deficiency diseases, disabilities and increased susceptibility to others. Excessive or inappropriate consumption of some nutrients may contribute to adverse health conditions, such as obesity, or may increase the risk of certain chronic diseases (e.g., heart disease, adult onset diabetes, hypertension, dental caries, some cancers). Such diseases have a complex array of causes with substantial variation in individual susceptibility to the factors involved. However, epidemiologic and laboratory studies have demonstrated that making proper food choices may help people maintain their health and possibly prevent or delay chronic disease. (36)

When people lack access to an adequate food supply, primary attention is given to providing sufficient calories, and sometimes protein, to meet basic food needs. However, since low-income people are at higher risk to chronic diseases, notably cardiovascular disease, it is imperative attention also be given to their dietary habits. To date, most intervention strategies for reducing diet-related risk factors are directed toward middle and upper income populations. Exceptions include the Expanded Food and Nutrition Education Program and the Food Stamp Nutrition Education Campaign described earlier. Providing food to meet basic needs must be linked with providing nutrition information and skills, to assist individuals in choosing and preparing foods which promote health.

During the past 10-15 years, considerable attention has been given to exploring the influences of dietary habits on the development of certain chronic diseases, notably heart disease, hypertension, diabetes, cancer and osteoporosis. There is sufficient scientific evidence on the causative potential of specific eating habits to warrant the release of Consensus Statements on the relationship of diet to various diseases. (37-41) In addition, the U.S. Public Health Service identified a number of 1990 goals and objectives for the nation which specifically address reducing the risk to chronic disease by altering dietary habits. (36) The chronic diseases thought to be associated with dietary habits are discussed below.

Cardiovascular Disease

Much attention has been given to the relationship of nutrition to cardiovascular disease, the major cause of death in the U.S. A large body of evidence identifies elevated blood cholesterol levels as a major risk factor for heart disease. Cigarette smoking, high blood pressure, obesity, diabetes mellitus, physical inactivity and behavior patterns have also been identified as increasing one's risk of heart disease. Medical science has established beyond a reasonable doubt that "lowering definitely elevated blood cholesterol levels (specifically blood levels of low-density lipoprotein cholesterol) will reduce the risk of heart attacks due to coronary heart disease." (37) The dietary changes needed to lower blood cholesterol levels and weight include reducing total fat, saturated fat and cholesterol intake and increasing the ratio of polyunsaturated fats to saturated fats. Changes in dietary habits that lower cholesterol include consumption of more low fat dairy products,

grains, fruits and vegetables, poultry and fish, and reduced consumption of high fat red meats, fried foods, eggs and fats such as butter, margarine and oils.

Hypertension

Hypertension, or high blood pressure, is a major risk factor in heart disease and stroke. Excessive sodium intake and overweight have been associated with high blood pressure in susceptible individuals. Other nutrients, notably potassium, calcium and magnesium have also been shown to influence blood pressure in certain individuals. Dietary sources of sodium are increasing in the U.S. as more commercially prepared and processed foods, dinners, meats, snacks and fast foods are marketed. The average daily intake for American adults ranges from 2.4 to 7.2 gm of sodium which is two times higher than the National Academy of Sciences (NAS) recommended "safe and adequate" intake of 1.1-3.3 gm. (38) The dietary changes needed to reduce sodium intake include the consumption of minimally processed foods and the avoidance of highly salted products. Labeling of commercially processed and fast foods will assist consumers in choosing low or moderate sodium items.

Cancer

There is substantial evidence linking diet and the probability of developing cancer of the breast and other tissues susceptible to hormonal influence, cancer of the gastrointestinal tract and, to some extent, cancer of the respiratory tract and urinary bladder. The data base is not yet adequate to identify firm causal relationships between diet and cancer; however, there appears to be sufficient justification for interim dietary guidelines to reduce the risks of certain cancers. (39) These guidelines are consistent with good nutritional practices and are similar to recommendations made for heart disease and hypertension. They emphasize eating a variety of foods, especially fresh fruits, leafy green and yellow vegetables, and fibrous foods, such as whole grain breads and cereals. The guidelines also suggest reducing consumption of fats and saturated fats, alcohol and cured meat products. Also recommended are efforts to minimize contamination of food with carcinogens during production, processing, storage and distribution.

Osteoporosis

Osteoporosis is a major underlying cause of bone fractures in postmenopausal women. Nutritional factors such as calcium, phosphorus and fluoride intake, vitamin D status, as well as exercise and hormone replacement, have been shown to influence bone loss associated with osteoporosis. (40) In postmenopausal women, who have the most rapid bone loss, a daily intake of calcium 1,000-1,500 mg has been recommended. Dietary sources of calcium rich foods include low fat milk and dairy products, dark green and leafy vegetables, dried beans and tofu processed with calcium sulfate.

Obesity

A substantial part of the U.S. population is overweight; 24 percent of women and 14 percent of men ages 20-74 meet the criterion for obesity (120% of ideal weight for height). (41) Data from the Health and Nutrition Examination surveys conducted every three to four years indicate the prevalence of obesity in children increased by 54 percent in 6-11 year olds and 39 percent in 12-17 year olds over the past 15 years. Obese children are at substantial

risk of remaining obese throughout their lives; 40 percent of children who are obese at age seven and 70 percent of those who are obese adolescents become obese adults. Obesity has been associated with hypertension, hypercholesterolemia, adult-onset diabetes, certain cancers, heart disease, other medical problems and a decreased life span. (41) The cause of obesity is complex, involving an interplay of dietary factors, exercise habits and genetic susceptibility. Dietary changes to decrease or prevent obesity include limiting caloric intake by reducing consumption of high fat and high sugar foods and increasing fibrous and minimally processed foods. Increasing physical activity is also an important variable for losing weight.

Undernutrition

Undernutrition, the inadequate intake of essential nutrients and calories, is still a major public health problem in some population groups. Low-income pregnant and lactating women, children and the frail elderly are often at risk of undernutrition. Data from national and state health surveys indicate that poor growth, low birthweight infants and iron deficiency anemia are prevalent in low-income populations. (42) Food consumption surveys conducted nationally also indicate many population groups have inadequate intakes of calories, iron, calcium and vitamin A. (43)

Pregnancy

Pregnant women have both special nutrition needs and risk factors that may affect the healthy outcome of the baby. During pregnancy, physiologic changes occur which affect nutritional needs of women. When a pregnant woman is poorly nourished, the well being of her infant and its maximum physical and mental potential may be impaired. Women who have the greatest risk of developing problems in pregnancy are often those who are poor, from a racial minority, adolescent, lack prenatal care and/or have had frequently spaced pregnancies. These women are more likely to produce a low birthweight infant who will have physical or mental impairments or who will die in the first year of life. The goal of prenatal care is to provide comprehensive medical, nutritional, social and financial assistance for a safe and successful pregnancy.

Special Populations

Because of various social, cultural and economic situations, some population groups are at greater risk for nutritional problems than others. Special attention must be given to the development of nutrition programs which are accessible and culturally appropriate for each population subgroup. A far greater proportion of Hispanics and blacks are impoverished than Caucasians. Poverty is a nutritional risk factor. Migrant and seasonal workers are at high risk due to the unpredictable nature of their work and the inaccessibility of health and social services. The frail, homebound elderly are another high-risk group due to their social isolation. These groups and others require nutritional service systems which are sensitive to ethnic customs and habits, which address language and literacy barriers and which use innovative approaches to improving the accessibility of service.

Nutrition Intervention

There is overwhelming evidence linking dietary practices with chronic disease and poor health conditions and it provides substantial support for adopting a food and nutrition policy that addresses the relationship of nutrition to health that includes the adoption of dietary guidelines or recommendations for healthy eating habits. Nationally, the Dietary Guidelines For Americans were recently revised and released by USDA and the Department of Health and Human Services (DHHS) and are appropriate for state level policy application. (44) Policies inherent in the dietary guidelines include specific dietary recommendations to lower fat, cholesterol and salt intake, to increase the consumption of calcium and fiber rich foods, and to increase the intake of fruits, vegetables, grains, fish and poultry. In addition, the policies would apply to the production and processing of foods concordant with the dietary recommendations which will help consumers alter their habits and establish dietary patterns to meet the guidelines.

As individuals and populations with nutritional risks and problems are identified through food, nutrition and health programs, strategies for intervention should be applied. For policy implementation, food and nutrition interventions such as education, diet counseling and food assistance should be available to high-risk and eligible groups in order to meet their nutritional and health care needs. Nutrition services components must be integrated into all health care programs to assure comprehensiveness and continuity of care. This, in turn, will require reimbursement schemes and funding mechanisms to ensure qualified nutrition professionals are available to provide nutrition education and dietary counseling to individuals in need. It follows that the state should ensure all population groups have access to affordable health care. The state should oversee the implementation and evaluation of state and federally funded food and nutrition and health care programs to ensure nutritional needs of the population are met as they relate to the goals of stated food policy.

Coordination of relevant agencies, programs and professionals at state and local levels is sometimes lacking when implementing health and nutrition policies. There is a broad spectrum of intervention activity occurring throughout the state by local health units, county Cooperative Extensions, and private and voluntary groups such as the American Heart Association, the American Cancer Society and others.

Nutrition Surveillance

An essential step towards identifying individuals and population groups at nutritional risk and in need of nutrition intervention is the continued development of a nutrition surveillance system. Important to policy development and evaluation is the identification of nutritionally high-risk populations (e.g., ethnic groups, prenatals, infants, children, elderly, low-income groups) and monitoring the dietary habits of the general population. The surveillance system should use standardized data collection methods and the results should be accessible to local food and nutrition assistance and health programs. Surveillance data can be useful to programs in identifying nutritionally vulnerable groups and is useful for planning and evaluating programs targeted to these groups.

C. FOOD AND NUTRITION EDUCATION

Over the past several years, interest in nutrition and its role in preventive health care has increased tremendously. The concepts of wellness and general good health have motivated people to seek more information about diet and nutrition. People who want nutrition information may or may not know where to get it and may fall prey to unqualified people and unreliable sources of information. Other people may not even realize they need nutrition information in order to meet their health care needs.

The need for nutrition education is well documented in the literature and has resulted in the formulation of "concepts for food and nutrition education" by the Society for Nutrition Education. (45) There are six major concept areas for food and nutrition education efforts: nutrition physiology, food and its handling, nutrients and dietary components, nutrition and physical activity, food selection and national and international food policy. The concepts are ideas around which food and nutrition education activities can be built. They address a broad range of issues from food production, nutrient needs and food selection to food availability and marketing.

As policy seeks to strengthen the economic base of the agricultural and production industries by promoting consumer preference for New York State products and adherence to dietary recommendations, efforts to increase public knowledge should consist of improving awareness and understanding of the food system in New York State. Knowledge of the interrelationships (nutritional, social, economic) between farmers and consumers can promote demand for New York State foods and strengthen the agricultural base. Education should also focus on promoting good nutrition throughout the lifecycle and assure that food, nutrition and health information and counseling available to the general public and participants of food and nutrition programs is sound, factual and reflects the state of the art. Corollary efforts to combat nutrition fraud and quackery should exist in New York State to protect consumers from unhealthy practices.

Since children acquire health-related habits early in life, it is important that nutrition education be included in daycare programs, preschool and grades K-12. These curricula should focus on understanding the complexities of the food system in addition to health promotion, disease prevention and their relationship to good nutrition. Existing curricula in use in New York State include the joint State Education, Department of Health and Cornell University curricula "Nutrition Comes Alive, K-6" and "Nutrition for Life, 7-12"; the Dairy Council, Inc. "Food Choices, K-12"; the Columbia University Teacher's College, "Earth Friends, Food and Environmental Education Program for Children, 1-6"; as well as others. Teacher training is an important step in curricula implementation; Cornell Cooperative Extension has been a partner with the State Education Department in this area.

The Department of Education is establishing a network of regional health coordinators to enhance school-based prevention programs and services. The State coordinator and the regional coordinators will assist schools and communities in supporting the healthy lifestyle choices of school-age children. Recommendations for the program were developed by the State Education Department, Department of Social Services, Division of Alcoholism and Alcohol Abuse, Division of Substance Abuse Services, Department of Health and the Council on Children and Families. The recommendations include improved training on the use of the health education curricula, creation of a public awareness campaign, and coordination of state agency materials dealing with nutrition education.

Health, food service, social services and teaching professionals responsible for food and nutrition education and counseling must have necessary competencies in the field in order to translate scientific principles into daily applications. Therefore, nutrition training should be incorporated into education programs for physicians, allied health professionals, social workers, teachers and others. Licensure status for qualified nutrition counselors will assist consumers in locating a source of valid information for special dietary problems. Food service and auxiliary professionals should also be trained in applying dietary recommendations and in promoting New York State foods within their scope of work.

D. FOOD SUPPLY

Agriculture 2000, a basic agriculture policy document developed by consensus conference in 1984, is the reference document for agriculture in New York State. (21) The recommendations for action in the agriculture section of the Five Year Plan are reflections of parts of Agriculture 2000 intended to provide direction to current and future programs within the purview of appropriate state agencies.

Consumers play a key role in the food system by making decisions about which foods to purchase. They decide and make choices in the marketplace every day. Consumer tastes and preferences have changed over time due to many factors, including research, prices, fads, nutrition education and advertising. New York producers, manufacturers and distributors compete actively in response to their demands. Thus, a feedback information system for forecasting this demand is vitally important.

New York State Food Production and Consumption

There are over 17 million consumers within the borders of New York, constituting a vast demand and market for food. New York State citizens make up eight percent of the nation's total consumers and spend 10 percent of the nation's total expenditures for food and related products. In the years ahead, the challenge of meeting the food and nutrition needs of the population will become more and more complex. Changing demography and lifestyle are among the important variables underlying structural changes in the food supply system. Health and nutrition concerns of consumers suggest they will be eating more fish, poultry, whole grain breads and cereals, and fresh fruits and vegetables but less fat, sugar and overly processed foods. (21)

There is little current consumer forecasting of food needs done in New York State. Agriculture 2000 provided a general forecast of global trends in food consumption as they may relate to New York State. Methods to forecast production and marketing potential for state grown foods could be further explored. (21)

Data from the Nationwide Food Consumption Survey conducted in 1977-78 can be applied to the population base of New York State to estimate the potential demand for certain food products. (46) This demand can be compared to the total production of those foods in New York State and inferences can be made regarding production and marketing potential. Table 4 shows the yearly consumption and New York State production of selected commodities in New York State. New York State products are marketed on a regional basis so consumption and production information can only be used as a frame of reference.

New York State is a major producer of a few commodity items, all of which make a contribution to a nutritionally balanced diet. The state produces more than the estimated New York State consumption for milk, cheese, apples and grape juice. On the other hand, the state does not appear to produce sufficient quantities of eggs, carrots, poultry, potatoes and tomatoes. Where there is more production than consumption, the product is exported. Where there is greater consumption than production, it offers an increased market potential.

Table 4: Yearly Consumption and New York State Production of Selected Commodities

Commodity Consumed (1)	Pounds Consumed Per Person (2)	Approx. NYS Consumption (lbs) (3)	Approx. Volume Produced (4)
beef	79.1	1,396,779,440	328,680,000 lbs. (5)
fish	14.5	256,046,800	42,879,000 (6)
chicken	57.4	1,013,592,160	9,000,000 lbs
turkey	11.9	210,134,960	6,174,000 lbs
cheese	22.4	395,548,160	484,217,000 lbs
eggs (number)	255.0	4,502,892,000	1,523,000,000 eggs
low fat milk	113.0	1,995,399,200	11,744,000,000
whole milk	123.0	2,171,983,200	(total fluid milk)
apples	27.9	492,669,360	950,000,000 lbs
grape juice	0.5	8,829,200	89,400 tons
carrots	10.9	192,476,560	56,000,000 lbs
cauliflower	3.1	54,741,040	35,700,000 lbs
dry beans	6.1	107,716,240	43,400,000 lbs
potatoes	137.4	2,426,264,160	778,000,000 lbs
tomatoes	77.8	1,373,823,520	28,600,000 lbs

1. Includes both fresh and processed consumption
2. USDA Food Consumption Data, 1985
3. 1980 Census data, 17,658,400 X lbs. consumed per person
4. New York Agricultural Statistics, 1986, NYS Dept. of Agriculture and Markets
5. Total Liveweight Slaughter
6. National Marine Fisheries Service, 1986,

To provide a frame of reference for evaluating the market potential of foods, nutritionally desirable foods are those foods produced and processed in a manner consistent with the Dietary Guidelines for Americans. (44) The guidelines encourage the consumption of a variety of foods, both fresh and minimally processed, and those that are low in existing or added fat (especially saturated fat and cholesterol), sugar and sodium. The consumption of foods meeting these criteria are believed to be associated with lower risk of chronic diseases; staple commodities currently grown in New York State meet these criteria. Consumers are beginning to seek foods which meet the criteria. It follows that the demand for these foods can be used to forecast state food needs and potential markets.

New product development and processing technology are needed to demonstrate the viability of producing alternative agricultural products and for processing foods in line with the dietary guidelines. Current (1986-87) work in this area is focused on increasing the production of turkeys, tomatoes, cauliflower, specialty cheeses (including low fat cheese) and aquaculture for trout, mussels and scallops. (47) Additional attention could be given the production of a greater variety of produce for the fresh and frozen market.

Maintenance of Farming in New York State

Central to ensuring an adequate food supply is the maintenance of farmland and farm life. There are two ways to define the size of a "farm," which may affect the interpretation of the statistics. Farms can be defined in terms of acreage or sales of farming output. In the 1982 Census of Farms, USDA defined farms by sales of agricultural products: residential = less than \$5,000 in sales, part-time = \$5,000 - 39,000 in sales, and commercial = greater than \$40,000 in sales. In the last 30 years, 50 percent of New York's farms have ceased operation, but only 7 percent of the cropland has gone out of production. (48) Much of that loss was consolidations of farms in the dairy industry. Many losses in farms during this time were from part-time or residential units where the primary sources of family income had been from nonfarm sources. In the last five years, the number of total farms declined by 16 percent; many farms ceased to exist as full-time farms. However, Table 5 indicates that the trend in declining farms may have stabilized. The goal of food and nutrition policy is to keep as much land in agriculture as possible because of its importance to New York's economy.

The state Agricultural Districts Law and the Agricultural Use Value Assessment Program help to maintain land for agricultural use. The Agricultural Districts Law contains a provision which states that no local government shall enact laws or regulations within an agricultural district which would unreasonably restrict or regulate farm structures and farming practices. In 1985, New York State had identified 417 such districts, encompassing a total of 8 million acres. The Agricultural Assessment Program is part of the Agricultural Districts Law. It allows farmers to receive an assessment on their land based upon agricultural value versus development value. This reduces the property tax burden on farmers considerably. However, the law and the penalty for developing farm land for nonagricultural purposes must be consistently enforced. Rapidly rising land prices near metropolitan areas, particularly in the Hudson Valley near New York City, have induced some farmers to sell prime farm land to developers.

Other factors influencing the maintenance of farmland and farming include the availability of skilled and unskilled laborers, and the existence of support services in farming areas. The composition of the workforce varies from farm to farm. With the changing farming scene (such as decline in farms, increasing technology, etc.), shifts in the needed workforce have occurred. As technological developments have increased at a rapid rate, so has the need for skilled farm labor. Specialized training programs for farmworkers should be enhanced.

When farms cease operation, farmers, their families and their hired workers become unemployed. Support services for displaced farm migrants and farm workers may need to be enhanced. Currently, two programs for farmers and farm workers exist in New York State. The FARMNET is a cooperative assistance program of the New York State Department of Agriculture and Markets and Cornell University. The Board of Cooperative Education Services (BOCES) system also provides retraining for farmers. The Job Training Partnership Act Program operated by Rural Opportunities, Inc., provides assistance to migrant and seasonal farm workers.

Table 5: Total Farms and Farm Acreage in New York State, 1959 - 1986

	<u>1959</u>	<u>1969</u>	<u>1978</u>	<u>1985</u>	<u>1986</u>
Total Farms	82,000	52,000	47,000	44,000	42,000
Total Acreage	13.5M	10.1M	9.8M	9.1M	8.7M

Source: Agricultural Statistics, USDA, 1986

Farm income in 1985 was over \$2.5 billion in cash receipts from marketing of livestock, products and crops. More than one-third of the 42,000 farms had total sales of less than \$5,000, while 36-37 percent had sales of \$40,000 or more. Taxes levied on farm real estate in New York State ranks the sixth highest in the nation, even with the Agricultural Value Assessment Program. Applying the 1984 percent of the taxes levied in New York State, over \$162 million dollars were paid on 9,200,000 (1985) farmland acres which is an average of \$3,652.41 per farm. This resulted in an average net cash income per farm in 1985 of \$12,800. (53)

Assuring adequate income for farmers and wages for farmworkers is contingent upon receiving a fair price for foods produced. In general, New York State farmers receive equal to or lower than the national average price for foods produced. (49, 52, 53) Exploration of ways to influence prices received for commodities and improving the market for New York State products may help to maintain agriculture in New York State.

Prices paid to farmers for products are set by the competitive nature of the marketplace. Orderly marketing of many fresh products occurs because of federal and state market orders and marketing agreements which determine price and fund promotional activities. It is disconcerting to note that some food items imported into New York State are cheaper than the same item produced in this state. (51) Producers in other states may provide a greater volume of product and, with sufficient advertising, can produce greater sales with a lower priced product. It is sometimes difficult for New York State producers to compete because one or more of the following situations may likely exist elsewhere:

- o better growing season (greater volume of product);
- o consistent product (uniformity, quality, packaging);
- o good storage capacity (constant supply);
- o availability of nearby processing plants to handle product (lower transportation cost);
- o effective promotion (cooperation among producers and commodity groups);
- o less burdensome regulations and restrictions (strict laws on pesticide use);
- o trade barriers (other states or countries provide subsidies for production);

New York State producers must be able to compete effectively with other producers throughout the country in order to find profitable markets for their goods.

E. FOOD PROCESSING AND DISTRIBUTION

Processing

There are six types of food processing methods that are being used in New York State: canning, cold storage, freezing, bottling (beverages), bagging and dehydrating. The predominant methods are canning and freezing. Only apples are being dehydrated and vegetables are being bagged for fresh use. Cold storage is being employed with apples and selected other fruits. Wine, fruit juices and miscellaneous beverages are using bottling exclusively. Processing facilities are located primarily in the central to western part of the state with a few located in the lower Hudson Valley. There may be a need for food processing plants in other parts of the state, such as the North Country and Southern Tier, to improve the market potential for foods grown in those areas. Ideally, food processing facilities need to be in close proximity to farm areas.

In 1977, the value added by food processing in New York ranked second only to California. (51) Each food dollar is recycled three times throughout the food system (farming, processing, distribution) on its way to consumers. This illustrates the high degree of interdependence on individual sectors of the food industry and the extent to which the economic viability of the industry as a whole is dependent on the health of those individual sectors. In promoting the processing of foods which are lower in fat and sodium based ingredients, attention must be given to the commercial marketing of products in order to make such ventures profitable for the industry. The profitable use of by-products such as fat, must also be taken into consideration.

Milk and Dairy Products: New York State ranks third in milk production in the United States and provides 12 percent of the nation's milk supply. In 1985, 4 billion pounds of milk were produced for fluid consumption and 6.3 billion pounds for processing, up from 1984. (52) Table 6 indicates the number of plants producing various dairy products. Of these plants, 166 were producing more than one item. There were 88 fluid milk bottlers and 70 processing plants. The average fat content of milk sold by NYS farmers in 1986 was 3.67 percent milk fat and in 1976 3.63 percent. Of the cheese plants, 22 were producing Italian cheese, 14 American, 13 cottage and 73 other types including one feta cheese plant. The volume of dairy product manufacturing was up from 1984.

Fruits and Vegetables: In 1985, the quantity of vegetables sold for the fresh market was 595,400 tons for a value of \$135.7 million. This was 9 percent below the 1984 value. (52) There were 3,559,000 tons of vegetables produced for processing at a value of \$37.6 million, up 11 percent from 1984. Fruit production (apples, grapes, pears, cherries and peaches) totalled 743,650 tons for a value of \$115 million. New York State ranked second in the nation for production of apples, tart cherries and grapes. There are 127 apple processing plants, 121 cider and juice plants, six apple canning plants and three apple freezing plants. There were 48,077 tons of wine produced and 75,830 tons of grape juice produced. New York received 11,810 tons of grapes from other states and Canada for processing.

Table 6: Dairy Product Processing Plants -- 1985

<u>Type of Plant</u>	<u>Number</u>
Cheese (excluding cottage cheese)	54
Butter	16
Nonfat Dry Milk	11
Condensed Skim Milk	13
Yogurt	17
Ice Cream	76
Water Ices	28
Fluid Milk	88

Source:

List of Plants Manufacturing Dairy Products in New York State During 1985, New York State Department of Agriculture and Markets, June 1986

Livestock and Poultry: In 1985, there were 29,000 cattle, 2,200 sheep and 5,400 hog operations producing 404 million pounds of meat at a value of \$166 million. (52) Production was down by one percent from 1984 while cash receipts were down by 9 percent. The combined value of New York produced eggs, broilers and turkeys plus other chickens was also down by 19 percent from 1984, primarily due to lower egg prices. Egg production totaled 1.71 billion, the same as for 1984, and broiler production totaled 7.70 million pounds, down 1 percent from 1984. New York State is a net importer of red meats, poultry and eggs, meaning the state imports more of these items than it produces.

Fish and Seafood: In 1983, there were 33,481,308 pounds of fish landed by New York State commercial fishermen for a value of \$35,718,883 and 2,057,400 pounds of fish produced through aquaculture for a value of \$9,393,391. There were 225 fishing vessels, 44 processing plants, 172 wholesalers and 10 aquaculture farms.

The types of food processing and manufacturing plants in New York State in 1978 and 1982 are shown in Table 7 and includes employment figures. In general, employment in food processing and manufacturing decreased in 1982 due to a 13.7 percent decrease in number of plants, although the total value added from processing increased. In 1982, there were 1,608 food manufacturing plants with 84,572 employees. (51) The loss among product groups was largest in dairy beverages. Most of the decline in food processing employment from 1978-1982 was attributable to closing or consolidation of establishments with fewer than 20 employees. There was a total loss of 285 establishments and 10,760 jobs with a net loss of 20 firms and 841 jobs. The number, location and status of the idle food processing facilities is not known.

Table 7: Food Manufacturing Plants and Employees by Type of Product in New York State, 1978 and 1982

Product Group	1978		1982	
	Reporting Units	Employment	Reporting Units	Employment
Livestock	214	8,179	194	7,338
Dairy	352	12,759	243	11,936
Fruit and Vegetable	203	13,400	177	10,418
Grain Milling	102	5,725	111	5,421
Bakery	427	18,364	408	16,788
Confectionary	92	9,748	81	6,880
Beverages	241	16,340	188	15,149
All Other	235	10,947	208	10,642
All Food Products	1,864	95,462	1,608	84,572

Source: New York State Department of Labor Annual Averages of Covered Employment: New York State.

Food Transportation and Storage

Currently, 75 percent of the state's food supply is imported, and 50 percent of the state's production is exported. In 1985, 17.1 million pounds of apples and 11,810 tons of grapes were received for processing in New York from other states and Canada. The arrival of apples, cherries, grape juice, peaches and pears by rail, boat and air in New York City markets was 671, 4, 32, 17 and 310 "hundred weight"² respectively. (49) The same fruits received by motor truck was 725, 31, 0, 291 and 197 "hundred weight" respectively. To what extent these fruits were locally produced is unknown. There is very little transport of food from New York City to upstate except for imported foods.

New York State production serves consumer needs in other states and countries as well. Current exports include fresh apples, cabbage, onions, carrots, sweet corn, potatoes, and grapes. Processed products supplied to other states include cottage cheese, Italian type cheese, aged cheddars, yogurt, frozen desserts, applesauce, apple slices, grape juice, wine, frozen sour cherries and many different processed vegetables.

In 1985, there were 300 refrigerated warehouse facilities in the state, including cooler and freezer space. (51) There has been a drop in total warehouse capacity from a peak in 1975 of 103,120,000 to 90,404,000 cubic feet in 1985. Newer technology and methods for long term storage of fresh product must be explored and implemented. Additional, cold storage to extend the life of seasonal products is needed in order to expand the marketing potential of New York State products particularly for apples and grapes. Increased investment credit is needed to support that expansion.

The ability to market a product successfully depends on a viable transportation system. The recent catastrophe that resulted from the collapse of the New York State Thruway bridge has forced the state to focus on the deterioration that is occurring to its infrastructure. If New York State is determined to assure its citizens access to food, an adequate rail, water, air and highway transportation system must be maintained.

Marketing and Distribution of Food

Support for the successful marketing of state products is another major goal for food and nutrition policy. Better markets for New York State foods should be developed at local, state, regional, national and international levels. Regional markets, farmers markets and buying clubs should be fostered. Local retailers such as grocery store and restaurant owners should be encouraged to buy and promote New York State foods. The New York City market is a significant area of focus for a local food market system. At the state level, institutional buying of state products should be a priority and could become economically feasible if the state began contracting with farmers and farmers cooperatives for the production of specific commodities (e.g., apples, eggs, onions, carrots, cabbage, tomatoes, potatoes, etc.) Similar contracts could apply to processors of New York State foodstuffs as well (i.e., cheese, yogurt, apple and grape juices, etc.)

²Footnote: "Hundred weight" is an agricultural unit of measure; each hundred weight equals 100 pounds.

Marketing opportunities for New York State products should be expanded both nationally and internationally. The development of a statewide electronic marketing system through farmers' cooperatives could increase opportunities for agricultural commodity trading in these markets and through the utilization of the commodity market system. Developing more and less product specific farmers' cooperatives may increase the farmer's ability to profitably market a greater variety of food stuffs. For example, a fresh produce cooperative could be established in central New York. Growers of a variety of produce could bring their food to a central packing house for grading, aggregation, marketing and distribution to local retailers or exported to regional or national markets. The result of many farmers' harvests is a more viable marketing opportunity and greater profit.

Producers of agricultural products have the right to form cooperatives in which farmers pool similar products and make joint marketing decisions. In 1983, there were 220 farmers' cooperatives headquartered in New York State. (49) There were 232 cooperatives actually doing business in the state with 109,614 farmer members for \$2,274 million worth of business. The important cooperatives in New York State are for milk, cherries, apples, grapes, wine, tomatoes and farm supplies. Support of cooperatives is essential to ensuring marketable and competitive products. This includes having sufficient product volume, consistent product quality and uniformity, availability of storage and nearby processing plants and effective promotion which directly affects the marketing potential.

In 1986, the New York State Department of Agriculture developed a program to identify quality New York State farm products and create buyer awareness at wholesale and retail levels. This program, "Seal of Quality," is currently available for eggs, potatoes, onions, carrots and apples; "Seal of Quality" specifications for other fruits and vegetables and cheese may become available in 1988. Greater visibility and support of the program is needed to assure that the farmer, wholesaler, retailer and consumer will accept "Seal of Quality" products.

Figure 1 shows the current marketing mechanisms in place for New York State products. Marketing begins at the producer (farmer) level and continues through to cooperatives, processors, fresh markets, regional markets, retailers and finally the consumer. Figure 2 shows the marketing points for five major commodity food groups in the state: milk and dairy products, fruits and vegetables, livestock, fish and seafood, and eggs. In some instances, retailers and processors directly contract with producers for specific commodities. Greater awareness of the array of New York State commodities available to all levels of the food distribution system is needed.

Regional or terminal markets are breakdown facilities that distribute product to wholesalers and, in some instances, to local consumer markets such as farmers markets. Regional markets do not aggregate products for other markets, this is a role of farmers cooperatives. Terminal markets are important for regional and national marketing of New York State products and should be kept in top condition. Regional markets in Menands, Rochester, Syracuse, Buffalo and Hunts Point are reported to be in disrepair. (51)

**Figure 1:
New York State Food Marketing Mechanisms,
from Producer to Markets**

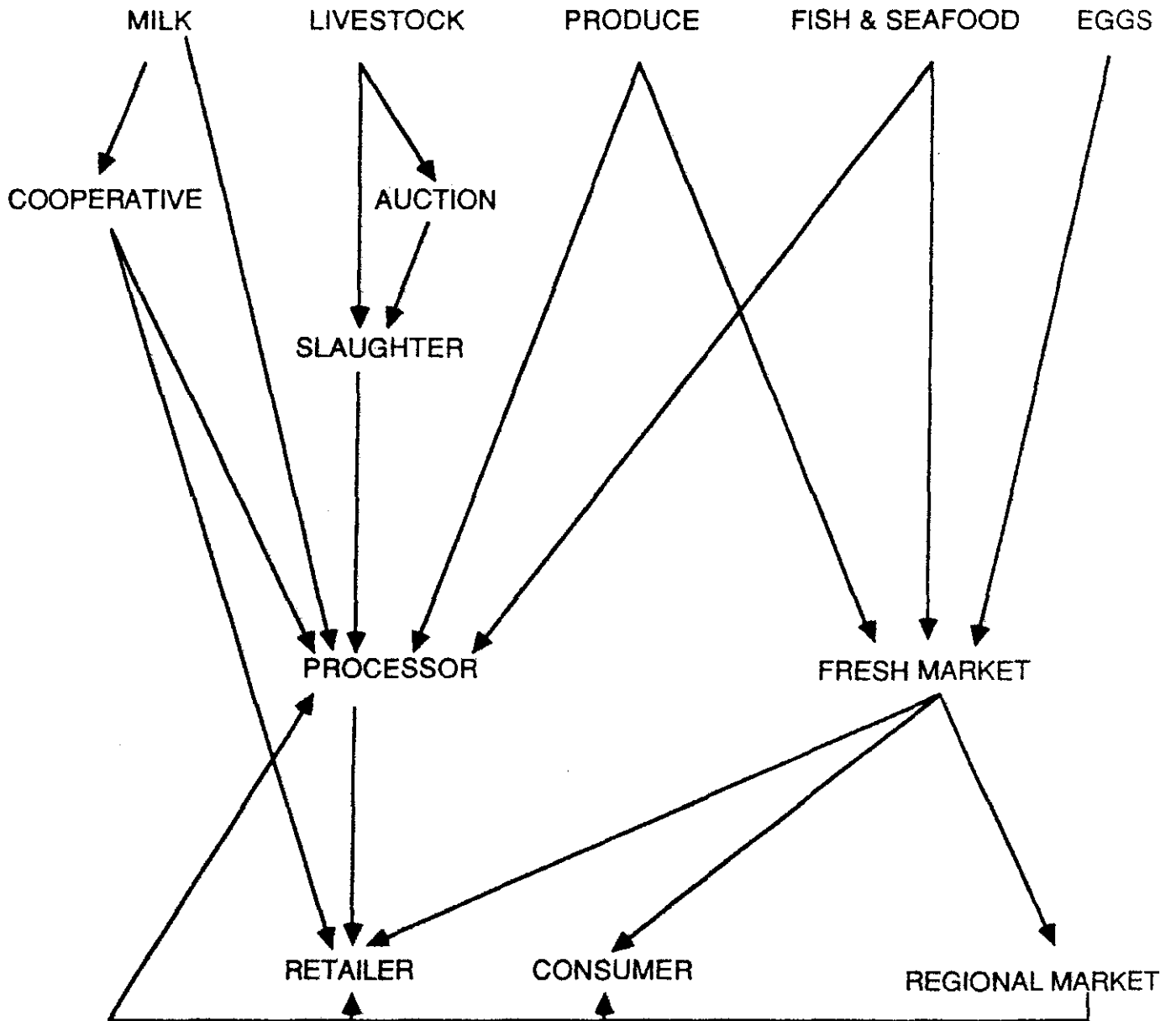
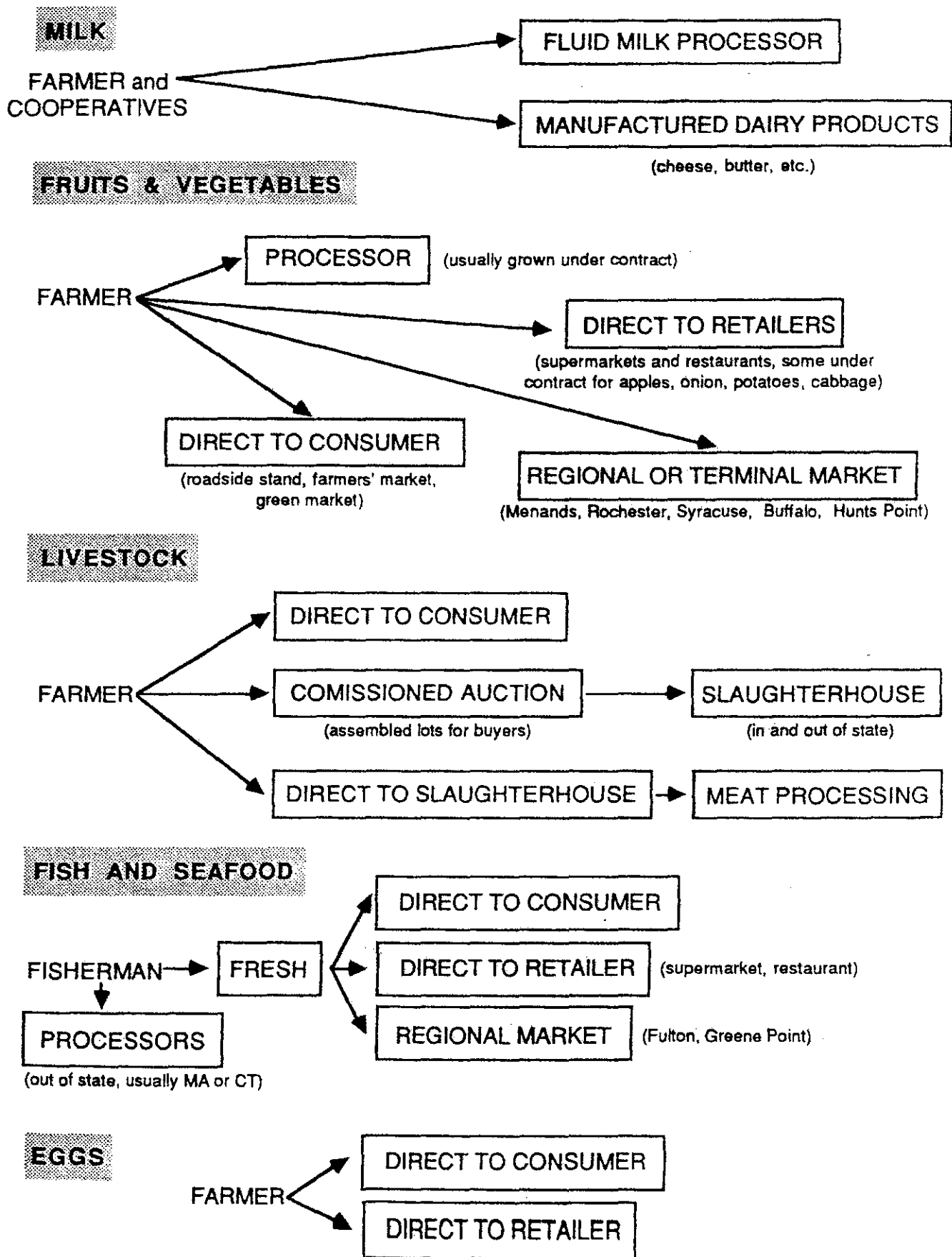


Figure 2: NYS Marketing Mechanisms: Breakdown by Product



Food Retailing

The primary distribution point of food to consumers involves the private sector of retail outlet owners. Retail food stores are important producers of income in the food industry. In 1982, there were 162,000 retail food stores in New York State. The number of grocery stores in New York State declined by 22 percent from 1970 to 1982 while retail food sales increased 14.7 percent from \$76.9 billion to \$88.2 billion. (50) Food store sales in New York State in 1985 amounted to \$12.6 billion, constituting 9.9 percent of total food retailing in the United States. (51)

The type of food retail store has changed dramatically over the past 30 years. Table 8 shows an overall increase in the percent of chain and convenience stores over independent food stores from 1953 to 1982. Sales for the three types of stores showed a similar trend.

The location of food retail outlets is dependent on a number of factors including available real estate, transportation routes, population density and, to some extent, the socioeconomic status of an area. Location of sites and selection of items for sale are largely based on consumer demand. In 1950, there were 378 people per retail food store; in 1982 there were 1,388 people per store. (50) This increase in population per store is primarily due to a shift from independent, mostly small stores to supermarket chains. However, in some rural and urban areas, supermarket chains are a rarity requiring people in those areas to rely upon smaller often higher priced "mom and pop" stores or to travel long distances to purchase food.

Consumer Education in Retail Stores

In order to achieve the more specific objectives of the Dietary Guidelines for Americans, foods which contribute to good health need to be encouraged through planned retailer and consumer incentives. In addition, information on labels in food stores and information in ready-to-eat locations will empower consumers to make healthy food choices.

Currently, food labels are under the jurisdiction of the U.S. Food and Drug Administration although bills have been presented in the New York State Legislature to add specific label information to food produced and/or sold in New York State. These bills have been sponsored by the Consumer Protection Board and have covered sodium and sugar content of food. The Attorney General's Office had also sponsored legislation in the 1987 legislative session on the use of terms "lite" and "natural." None of the bills on labeling have passed in the New York State Legislature. The Federal Trade Commission investigated specific labeling issues in the late 1970s at the federal level; no action has been taken since then. Separate New York State labeling requirements might make our products less competitive in regional markets if they are not consistent with federal guidelines.

There has been successful implementation of community-based interventions to decrease risk factors for cardiovascular disease, which include food labeling and point of purchase information in groceries and restaurants in other states. Low cost actions are being implemented to transfer this success from nationwide efforts to communities and states, including New York. Initiatives by the local chapters of the American Heart Association, the American Cancer Society and private grocery and restaurant chains are a part of community-based intervention programs. In New York State, various food retailers and the American Heart Association and Cancer Society chapters have carried out limited projects of this nature.

Table 8: Change in Type of Food Retail Stores from 1953-1982

Year	% of Total Grocery Stores			% of Total Grocery Store Sales		
	Chain	Independent	Convenience*	Chain	Independent	Convenience*
1953	5.6	94.4	-----	36.0	64.0	-----
1963	9.1	90.9	-----	41.1	58.9	-----
1974	12.3	76.3	11.4	46.9	49.1	4.1
1978	11.4	69.4	19.2	46.9	48.2	4.9
1980	11.2	67.4	21.4	46.7	47.7	5.6
1982	11.3	64.8	23.9	49.8	44.2	6.0

*Convenience store category separated out in 1974

*Convenience store sales exclude gasoline.

Source: Agriculture 2000, 1986

F. BIBLIOGRAPHY

1. "Agriculture, Food, Nutrition, Competing Goals in National Policies," in Nutrition Policy in Transition, Smandt. J.et.al. Lexington Press, 1980, pgs. 1-37, and Ch. 7 pg. 241-280.
2. Austin, J.E.: "Nutrition Intervention: Scope and Limits," in Nutrition in Health and Disease and International Development, Symposia from the XII International Congress of Nutrition. Prog. Clin. Biol. Res. Vol. 77, 1981, pg. 549-562.
3. Blythe, C.: "Norwegian nutrition and food policy; Consumer information and price policy aspects," Food Policy, August 1978, pg. 163-179.
4. "Food and Nutrition Policy" in Community Nutrition; People, Policies, and Programs, Ed. by H.S. Wright and L.S. Sims, Wadsworth, Inc., Belmont, CA., 1981, PG. 214-282.
5. "Food and Nutrition Policy," Seminar in Nutrition, Dept. of Nutrition Education, Teacher's College, Columbia University, Spring 1982.
6. Hrubig, J.: "Problems of Nutrition and Food Policy," World Review of Nutrition and Dietetics, Vol. 41, 1983, pg. 1-39.
7. "Nutrition Policy Implementation and Concluding After Thoughts," Chapter 8 in Nutrition Policy Implementation: Issues and Experience, ed. by Scrimshaw and Wallerstein. Plenum Press: New York, 1982, pg. 573-537.
8. On Norwegian Nutrition and Food policy, Report No. 32 to the Storting, Royal Norwegian Ministry of Agriculture, 1975-76.
9. Sai, F.T.: "The Nutrition Component of National Policy and Planning: Some Issues and Concerns," in Nutrition in Health and Disease and International Development, Symposia from the XII International Congress of Nutrition. Prog. Clin. Biol. Res. Vol. 77, 1981, pg. 955-964.
10. Toro, J.: "Food and Nutrition Policies," Chapter 3 in Food and Nutrition Policy in a Changing World, ed. by Mayer and Dwyer, Oxford Press: New York, 1979, pg. 33-66
11. Towards a National Nutrition Policy, Select Committee on Nutrition and Human Needs, United States Senate, US Government Printing Office, Washington; 1975.
12. A Basis for Developing a Food and Agriculture Policy for New York State, Agriculture Resources Commission, December, 1975.
13. NYS Assembly Subcommittee on Food, Farm and Nutrition Policy, Task Force on Food Farm and Nutrition Policy 1980 Report.

14. NYS Food Policy: A White Paper, NYS Assembly Subcommittee on Food, Farm and nutrition Policy, 1981.
15. The NYS Food System: Growing Closer to Home, The Cornucopia Project of Rodale Press, 1981.
16. Findings and Recommendations of the Nutrition Watch Committee, Publication updated. (1982)
17. Conference Report and Position Statement to the NYS Council on Food and Nutrition Policy, Metroland Nutrition Council, February 1984.
18. NYS Nutrition Policy; Implementation of a Five-Year Plan, NYS Department of Health, Bureau of Program and Policy Development, December 1984.
- 18a. Comments on NYS Nutrition Policy; Implementation of a Five-Year Plan; Office of Public Health, January 1985.
19. Nutrition, Division of Planning, Policy and Resource Development, January 16, 1985.
20. NYS Nutrition; Needs and Services for the 80's and Development of a Surveillance System, Division of Nutrition Sciences, Cornell University, Publication Undated (1985)
21. New York Agriculture 2000, ed. by D.G. Butcher, Project Director Publication undated. (Agriculture 2000 Conference held November, 1984.).
- 21a. New York Agriculture 2000, Reactor Panel Recommendations, Nutrition Section, pg.250.
22. Frontiers for Agriculture: An Action Agenda for NYS, Arthur D. Little, Inc.: Cambridge, MA, April 1985.
23. Joint Report on Emergency Food Relief in NYS, Cornell University and NYS Department of Health, April 1985,
24. Emergency Food Relief Surveillance Report: April 1986-June 1986, Cornell University and NYS Department of Health, February, 1987.
25. 1984-85 Survey of Elderly Recipients of SNAP Home-Delivered Meals in NYS, Cornell University and NYS Dept. of Health, Final Report, July 1985.
26. 1986 Survey of Elderly Recipients Enrolled in Home Delivered Meals Programs in NYS, Cornell University and NYS Dept. of Health, Preliminary Report, September 1986.
27. Basic Data on NY State's Children: A Statistical Supplement, Statewide Youth Advocacy, January 1986.

28. A Primer of NYS Food Assistance Programs, NYS Assembly Task Force on Food, Farm and Nutrition Policy, unpublished update for 1986.
29. WIC: A Success Story, Food Research and Action Center, 1983, pg. 3-8.
30. The National WIC Evaluation, Volume 1: Summary, Research, Triangle Institute under contract with USDA, FNS, 1987.
31. WIC Program Data, NYS Department of Health, Bureau of Nutrition, 1987.
32. Child Care Arrangements: Winter 1984-85, U.S. Dept. of Commerce, Bureau of Census, Series P-70, No. 9.
33. Estimating Unmet Need for the NYS SNAP Home Delivered Meals Program, NYS Nutrition Surveillance Program of Cornell University and NYS Dept. of Health, unpublished report, August, 1987.
34. Food Stamp Program Participation and Food Pantry Use by Clients in NYS Food Pantries, NYS Nutrition Surveillance Program of Cornell University and Dept. of Health, unpublished report, August, 1987.
35. Estimates were developed by the Nutrition Surveillance Program, Bureau of Nutrition, NYS Dept. of Health.
36. Nutrition: Promoting Health, Preventing Disease, Objectives for the Nation, U.S. Dept. of Health and Human Services, Fall 1980, pg. 73-77.
37. Lowering Blood Cholesterol, Consensus Development Conference Statement, National Institutes of Health, December, 1984.
38. Facts About Sodium, Statement on the Role of Dietary Management in Hypertension Control, National High Blood Pressure Education Program, U.S. DHHS, March 1979.
39. Diet, Nutrition and Cancer: Executive Summary, Committee on Diet, Nutrition and Cancer, Assembly of Life Sciences, National Research Council, 1982.
40. Osteoporosis, Consensus Development Conference Statement, National Institutes of Health, April, 1984.
41. Health Implications of Obesity, Consensus Development Conference Statement, National Institutes of Health, February, 1985.
42. Nutrition Monitoring in the U.S.: A Progress Report from the Joint Nutrition Monitoring Evaluation Committee, US DHHS-NCHS, USDA-HNIS, July 1986.
43. Dietary Intake Source Data: United States, 1976-80, Data from the National Health Survey, USDHHS, NCHS, Series 11, No. 231, March, 1983.
44. Nutrition and Your Health: Dietary Guidelines for Americans, 2nd Edition, USDA-DHHS, 1985.
45. "Concepts for Food and Nutrition Education", Society for Nutrition Education, J. of Nutrition Education, Vol. 14, No. 1, 1982.

46. Nutrient Intakes: Individuals in 48 States, Year 1977-78, Nationwide Food Consumption Survey 1977-78, Report No. 1-2, USDA-HNIS, May, 1984.
47. Annual Report 1985, NYS Department of Agriculture and Markets.
48. "Farmland, land Use, Labor and Capital" in Agriculture 2000, edited by D.G. Butcher, pg. 37-38, publication undated.
49. Agricultural Statistics, U.S. Dept. of Agriculture, 1986.
50. "The Economic Environment for Agriculture and the Food System", in Agriculture 2000, ed. by D.G. Butcher, undated.
51. The NYS Food Industry: Economic Development Opportunities for the Future, NYS Dept. of Agriculture and Markets, NYS Dept. of Commerce etal, 1984.
52. New York 1985 Agricultural Statistics, NYS Department of Agriculture and Markets, July 1986.
53. New York 1986 Agricultural Statistics, New York Department of Agriculture and Markets, June 1987.
54. "Comments on Draft, NYS Five Year Food and Nutrition Plan, 1988-1992," B.F. Stanton, Professor of Agricultural Economics, Cornell University, October 1987.

III. Food and Nutrition Programs and Services in New York State

The Department of Health has as its primary focus the delivery of food and nutrition services as an adjunct to health care and in protection of the public's health. Direct food assistance programs like WIC and the SNAP Homeless/Destitute programs are administered by the Department of Health through local agencies; nutrition service delivery includes nutrition screening, assessment, education, counseling and monitoring services through targeted health care programs. The Department of Health is also responsible for food safety and sanitation in food service facilities.

The State Education Department is responsible for food and nutrition activities in schools. The National School Lunch and School Breakfast programs, as well as the Special Milk Program, are administered by State Education. This includes providing technical assistance and training to school food service providers. State Education also develops and disseminates nutrition education curricula. Some training of teachers in implementing the curriculum is provided by the Nutrition Education and Training (NET) Program in the State Education Department.

The Department of Social Services administers food and income assistance programs such as food stamps and public assistance (aid to families with dependent children and home relief). The Department of Social Services also licenses day care centers which allows them to participate in the Child Care Feeding Program administered by U.S.D.A. in New York State.

The Department of Agriculture and Markets provides technical assistance and guidance to farmers and farm workers in an array of rural services including the marketing of products, soil and water conservation, new product development and more. Agriculture and Markets is also responsible for inspecting the food supply in New York State for safety and integrity.

The State Office for the Aging administers nutrition programs for the elderly which include the provision of congregate and home delivered meals, nutrition education, nutrition counseling services and shopping assistance.

The Office of General Services is responsible for procuring, processing and distributing food to state institutions. General Services is also the administrative agency for the distribution of USDA commodity surplus foods.

Last, the Council on Children and Families coordinates and initiates programs for children and families. The council recently compiled and distributed an inventory of food and nutrition materials available in NYS. The inventory lists nutrition education materials developed by state agencies and includes hot line numbers for food assistance programs.

Table 9 illustrates the variety of food and nutrition programs administered by the seven state agencies of the Council on Food and Nutrition Policy.

**Table 9
State Agency Food and Nutrition Programs and Level of Service Delivery, 1986-87**

Agency/Program	Food Assistance	Meal Program	Nutrition Educational	Nutrition Counseling Intervention	Advocacy Outreach	Resource Development	Program Administration	Technical Assistance	Training/Professional Education	Quality Assurance	Surveillance	Interagency Effort	Referral	Food Retailing	Food Production	Food Processing	Food Distribution
Health																	
WIC/SNAP	●		●	●	●		●	●	●	●			●				
Nutrition Outreach					●		●	●	●			●	●				
SNAP Homeless	●	●															
SNAP Elderly							●	●		●		●	●				
Nutrition Surveillance											●	●					
Chronically Ill Children							●	●	●	●	●	●	●				
Heart & Hypertension								●	●								
Health Risk Reduction			●	●				●	●								
School Health							●	●	●	●							
IHAP			●	●			●		●	●		●	●				
0-5 Health Care			●	●													
Breastfeeding Promo			●	●					●	●							
MIC Projects			●	●													
Prevention of LBW			●	●	●												
Adolescent Pregnancy Prog.			●	●													
Prenatal Care Asst.			●	●													
Food Protection							●	●	●	●	●						
Health Systems Mgmt.										●	●						
State Education																	
Gr. 6-12 Curricula			●				●	●	●	●							
School Lunch		●			●		●	●	●	●		●					
School Breakfast		●			●		●	●	●	●		●					
Special Milk Program		●			●		●	●	●	●		●					
NET			●	●		●	●	●	●	●		●					
Social Services																	
Adult Services		●	●	●			●			●							
Medical Assistance	●						●	●	●	●		●	●				
Public Assistance	●	●					●	●	●	●		●	●				
Food Stamp	●		●				●	●	●	●		●	●				
Homeless	●	●					●	●	●	●	●						
Agriculture & Markets																	
Marketing			●				●	●	●	●		●		●	●	●	
Food Inspection							●	●	●	●							
Milk Control							●	●	●	●							
Food Laboratory								●	●	●							
Rural Resources																	
Farm Net				●													
Migrant Child Care	●		●	●			●		●			●					
Ag. Land Programs							●	●		●		●					
Soil & Water Conserv.							●	●	●			●					
Office for the Aging																	
Congregate Meals	●	●	●	●	●		●	●	●	●		●	●				
Home Delivered Meals	●	●	●	●	●		●	●	●	●		●	●				
SNAP-Elderly	●	●	●	●	●		●	●	●	●	●	●	●				
Office of General Services																	
Supply Support Commod.			●				●	●		●		●			●	●	●
NYS Grown Program							●			●		●					
Donated Foods	●						●	●				●				●	●
Council on Children & Families																	
Nutrition Inventory							●					●	●				

IV. Recommendations

This section details the recommended objectives and actions to achieve the overall goal of nutritional adequacy among residents of New York State. Many of the recommendations deal with changes in existing food and nutrition programs. However, many of these programs are governed by federal legislation and regulations over which the state has no direct control. Achievement of these objectives will often depend on vigorous advocacy work with our Congressional delegation. Recommended actions in bold print are priority items for FY1988 implementation.

The nutrition and health objectives use the relevant 1990 Objectives for the Nation as a starting point and for measuring progress toward the plan's objectives. Focusing on these promotes coordination of New York's efforts with those of other states and with the federal government.

The recommendations call for the creation of two major task forces: (1) the Task Force of State Directors of Food and Nutrition Programs and (2) the Legislative Interagency Task Force. The former group will carry forward the work of the Council on Food and Nutrition Policy by coordinating program efforts and will meet twice a year. The latter will list the yearly state and federal legislative activity from the recommendations and compare them with agendas of appropriate state agencies and interest groups. Actions not included in the previous agendas will be promoted by the Legislative Subcommittee of the Advisory Committee to the council.

Notes on the Plan

Carrying out recommended actions will not be possible without assistance from private and voluntary groups, agencies and academic institutions which have an interest in or are conducting similar work relative to the action proposed. Some of these are as follows:

Food and Nutrition Programs/Access to Food:

- Nutrition Consortium (representing a variety of hunger advocacy and anti-poverty groups);
- Coalition for the Homeless (an advocacy group in New York State for the homeless);
- Hunger Action Network of New York State (represents the network of emergency feeding programs);
- Statewide Emergency Network for Social Economic Security (an antipoverty agency).

Health and Nutrition/Public Awareness

- Cornell Cooperative Extension (includes the university and its network of county extension programs)
- Cornell University (includes the Division of Nutrition Sciences);
- American Heart Association ;
- American Cancer Society;
- Columbia University Teachers College;
- Dairy Council, Inc.;
- New York State Food Service Association;

- March of Dimes;
- American Lung Association;
- American Diabetes Association;
- NYS Dietetic Association.

Food Production, Markets and Distribution

- Cornell Cooperative Extension;
- Cornell University;
- BOCES;
- Rural Opportunities, Inc.;
- New York Farm Bureau;
- Commodities groups.

In addition, wherever the phrase "qualified nutrition professional" occurs, it is meant to include people who have had didactic training in the biological and social sciences and have had practical experience under the supervision of a registered dietitian in the provision of nutrition assessment and therapeutic diet counseling. People qualified to provide nutrition education include home economists trained in foods and nutrition, dietitians registered with the Commission on Dietetic Registration and any other professionals with similar qualifications.

RECOMMENDATIONS OF THE NEW YORK STATE
FIVE YEAR FOOD AND NUTRITION PLAN

I. Food and Nutrition Programs/Access to Food

Goal 1. The Council on Food and Nutrition Policy will coordinate food and nutrition programs in New York State. Such programs shall include but not be limited to: Food Stamp Program, Nutrition Services for the Elderly, Women, Infants and Children Supplemental Food Program, School Meals, Summer Feeding Program, Child Care Feeding Program, Emergency Food Relief Organizations, Temporary Emergency Food Assistance Program, Nutrition Education and Training Program, Expanded Food and Nutrition Education Program.

Objective:

1.1. Systematically coordinate all state programs for children, adults, elderly, etc., to insure that linkages exist and standards are appropriate.

Recommended Action

1.1.1. The Department of Health should convene an interagency task force of state directors of food and nutrition programs, require timely meetings, be accountable to the council and accomplish the following:

(a) Review programs for coverage to reduce duplication of effort and assure consistent nutrition messages.

(b) Develop similar application procedures for all benefit programs, and include a packet containing descriptions of all benefit programs for applicants.

(c) Implement a uniform family referral form for local food and nutrition program use.

(d) Encourage the sharing of physical resources (e.g., food preparation and feeding facilities) by school meal, senior meal and emergency food relief programs.

(e) Work with the private and voluntary sector to regularly track federal and state legislative and administrative developments; and develop and distribute mailings, alerts and issue updates to agency personnel and advocates.

(f) Assure all food and nutrition program staff are trained to recognize the special needs of low-income people.

Goal 2. Income and food and nutrition programs will be available, adequate and appropriate to meet the nutrition needs of NYS residents.

Objective:

2.1. Expand eligibility for federal and state food programs so that low-income New Yorkers have program benefits available to them to help them maintain an adequate diet.

Recommended Action

2.1.1. The Departments of Health and Social Services should rotate as chair to convene a Legislative Interagency Task Force composed of the legislative arms of state agencies and representatives from the private and voluntary sector to develop a coordinated legislative platform for responding to state and federal food and nutrition program issues. This will include advocacy at the state level where appropriate.

Objective:

2.2. Fund and encourage coordinated outreach activities to increase participation in all federal and state food assistance programs to assist people who are eligible but not accessing programs.

Recommended Action

2.2.1. The Departments of Social Services, Health, Aging and State will continue to develop and expand a coordinated, statewide nutrition outreach program.

2.2.2. State agencies will review the extent to which food and nutrition programs they administer are available, accessible and utilized to meet the needs of disabled children and adults and are incorporated into related interagency program development.

Food Stamp Program

Objective:

2.3. Improve the image of the Food Stamp Program in the general population.

Recommended Action

2.3.1. The Department of Social Services will continue the present effort and expand public relations with the media.

2.3.2. The Department of Social Services, in conjunction with the private and voluntary sector, will develop and distribute informational fact sheets and brochures to dispel myths about Food Stamp Program users.

2.3.3. Department of Health, Department of Social Services, Department of Economic Development, Department of Agriculture and Markets and the private and voluntary sector should develop economic impact statements to outline the positive economic effects and show the importance of food stamp programs to local economies.

2.3.4. The Department of Social Services will continue to promote and expand Governor Cuomo's Nutrition Education Campaign to help food stamp recipients better use their resources.

Objective:

2.4. Increase participation in the Food Stamp Program, particularly among vulnerable groups such as the homeless, the elderly, the working poor, farmers and farmworkers.

Recommended Action

2.4.1. The Legislative Interagency Task Force will convene to advocate for federal funding of outreach activities.

2.4.2. The Department of Social Services and private and the voluntary sectors will study the feasibility of the passage of legislation that will grant New York State full responsibility for administration of the Food Stamp Program or will ensure all counties are in compliance with state and federal regulations; the study will be completed by 3/30/89.

2.4.3. The Department of Social Services will mandate a maximum certification period in circumstances where people are on a fixed income (e.g., elderly).

2.4.4. The Department of Social Services will apply for a federal waiver to allow multiple month issuance of benefits for households receiving a small benefit (e.g., elderly receiving only \$10 per month could apply for a quarterly lump sum of \$30).

2.4.5. The Department of Social Services will continue to enforce local level adherence to regulations which state the homeless can receive and use food stamps.

2.4.6. The Department of Social Services will continue to apply for federal waivers to implement alternative issuance systems.

2.4.7. The Department of Social Services will ensure there are adequate food stamp issuance sites in all counties of the state.

2.4.8. The Department of Social Services will establish evening hours for food stamp application.

2.4.9. The Department of Social Services will advocate to raise the minimum Food Stamp Program benefit to reflect actual regional food costs adjusted to the Consumer Price Index.

2.4.10. The Department of Social Services, Department of Health and other agencies administering federal benefit programs will increase food stamp outreach and referral efforts.

Objective:

2.5. Assure that benefits received are sufficient to provide an adequate diet.

Recommended Action

2.5.1. The Legislative Interagency Task Force will pursue federal legislation as follows:

- (a) Increase the basis for food stamp benefits from the current standard of USDA's Thrifty Food Plan to the more representative USDA Low Cost Food Plan.

- (b) Increase deductions for determining food stamp eligibility and benefits (including the shelter deduction, the dependent care deduction and a broader medical expense deduction).
- (c) Seek to treat child support payments as earned income and disregard foster care payments as income.
- (d) Remove the gross income at 130 percent of poverty limitation from the Food Stamp Program and return eligibility determination to a net income formula only (includes deductions for shelter, medical and child care expenses).
- (e) Increase assets limitation for Food Stamp Program and liberalize the household definition to accommodate economic units within a single dwelling.
- (f) Expand income exemptions to assure that increases in other benefits do not result in a decrease in food stamp benefits.
- (g) Change the definition of people eligible to participate in the Restaurant Food Stamp Program to include the homeless and migrant farm workers.
- (h) Seek federal legislation and/or state administered remedy to implement a 24-hour standard for the issuance of expedited food stamps.
- (i) Pass state legislation to mandate monthly reporting of Food Stamp Program participation data by age, category (public assistance. vs. nonpublic assistance) characteristics of households and numbers of expedited cases by county.
- (j) Seek federal participation in outreach activities.
- (k) Seek to revise the assets limitations requirement affecting participation of farmers in the Food Stamp Program
- (l) Raise minimum Food Stamp Program benefit to elderly from \$10 to \$20 per month

School Feeding Programs

Objective:

2.6. Increase participation by schools in both the National School Lunch and School Breakfast programs.

Recommended Action

2.6.1. The State Education Department will study why schools are not involved in the National School Lunch Program and how schools have accommodated low-income children.

2.6.2. The State Education Department and the Legislature will provide incentives, such as seed money and outreach funds, for the expansion of the School Breakfast Program to all schools with severe need (defined as schools where 40% or more of children participate or are eligible for school lunch at the free or reduced price rate).

2.6.3. The State Education Department and the private and voluntary sector will develop a school district organizers packet to inform school administrators and boards about school meal programs and how to operate a nutritious and cost-effective meal program that provides high quality nutritious food.

2.6.4. The Legislative Interagency Task Force, the State Education Department and the private and voluntary sector will advocate at the federal level to increase the reimbursement rate for both school lunch and school breakfast to be based on cost-of-living increases for free, reduced price and paying children.

Objective:

2.7. Increase participation by students in both the National School Lunch and School Breakfast programs.

Recommended Action

2.7.1. The State Education Department will assure that school breakfast will not cost more than school lunch.

2.7.2. In schools that offer meals, the State Education Department will mandate an adequate amount of time for a lunch period in the middle of the school day and mandate a breakfast period prior to the beginning of the first class. (As a guideline, children should have at least 15 minutes to eat after being served).

2.7.3. The State Education Department will encourage schools to limit the sale of competitive foods (candy and bake sale items) until the end of the last lunch period; and enforce the law prohibiting the sale of sweets and sweetened foods before the end of the last lunch period.

2.7.4. The State Education Department and the private and voluntary sector will support the state subsidy for the price of school meals.

2.7.5. The State Education Department will enforce the confidentiality of children receiving free or reduced price school meals.

2.7.6. The State Education Department will support Regent's legislation that proposes to use the number of free and reduced priced lunches to establish state aid levels.

Objective:

2.8. Expand the use of the Special Milk Program in New York State schools.

Recommended Action

2.8.1. The State Education Department and the private and voluntary sector will advocate for and support state and/or federal legislation to increase funding for the Special Milk Program in split kindergarten classes.

2.8.2. The State Education Department and the Office of General Services will increase the use of the Commodities Food Distribution Program in split kindergartens.

Objective:

2.9. Improve the acceptability and nutritional quality of meals served in the School Feeding Programs by following the Dietary Guidelines for Americans.

Recommended Action

2.9.1. The State Education Department will continue and expand training of school food service workers for menu planning and food preparation techniques which follow the Dietary Guidelines for Americans.

2.9.2. The Office of General Services will work with the USDA to improve the quality and acceptability of commodity foods to schools.

2.9.3. The State Education Department, Office of General Services, the School Food Service Association and students will work together to improve menu planning, cultural meals and the eating environment.

2.9.4. The Legislative Interagency Task Force will encourage USDA to produce and distribute recipe files following the Dietary Guidelines for Americans.

Nutrition Education and Training (NET) Program

Objective:

2.10. Improve linkages between the nutrition education curriculum and the school feeding programs to reinforce the knowledge needed by children to make informed food choices.

Recommended Action

2.10.1. The State Education Department and the Department of Health will advocate for expanded federal and state funding of the Nutrition Education and Training (NET) Program to increase the consumption of nutritious foods in school feeding programs by:

(a) holding workshops for school teaching and food service staff;

(b) maintaining and expanding the NET Nutrition Resource Centers across the state.

2.10.2. The State Education Department, Department of Health and Cooperative Extension will coordinate the distribution and implementation of the nutrition education curriculum "Nutrition Comes Alive" and "Nutrition For Life" in schools.

Women, Infants and Children Supplemental Food Program (WIC)

Objective:

2.11. All women, infants and children eligible for the WIC program will receive nutritious foods, nutrition education and appropriate health and social services.

Recommended Action

2.11.1. The Department of Health, the WIC Association and the private and voluntary sector will advocate at the federal level for universal access to WIC (Miller - DeConcini resolution in Congress).

2.11.2. Within the current federal funding formula, the Department of Health and the WIC Association will assure New York State is getting its fair share of federal funding.

2.11.3. The Department of Health will utilize state SNAP funding to augment federal funds to bring WIC participation up to at least 50 percent of those who are eligible.

2.11.4. The Department of Health will maintain and strengthen the preventive health aspects of WIC through the use of nutritional risk criteria which prevent the discharge of participants at risk for nutritional problems (primarily children).

2.11.5. The Department of Health, the WIC Association and the public and voluntary sector will advocate at federal and state levels for increases in the administration and program services share of funding.

2.11.6. The Department of Health will continue to seek federal approval and funding for the Commodity Supplemental Feeding Program (CSFP) as an adjunct to WIC.

2.11.7. The Department of Health will investigate the use of coupons for WIC participants to use for the purchase of fresh fruits and vegetables at direct marketing outlets.

2.11.8. The Department of Health will encourage local agencies to establish flexible hours for the distribution of WIC checks.

Elderly

Objective:

2.12. All elderly residents will have access to an adequate diet, including special diets in meal programs.

Recommended Action

2.12.1. The State Office for Aging, the Department of Health and the private and voluntary sector will seek to increase the availability of funding for all nutrition titles of the Older Americans Act, USDA and SNAP, including New York City Health Resources Administration elderly recipients.

2.12.2. The State Office for Aging, Department of Social Services, Department of Health and local voluntary groups will assure that other food and nutrition programs, particularly the Food Stamp Program, are accessible to the elderly by expanding out-of-office certifications, authorized representatives satellite certification sites and establishing transportation programs such as vehicles to transport meals in rural areas.

2.12.3. The Department of Health, State Office for Aging and Human Resources Administration will expand their targeting of elderly meal programs to all needy people with emphasis on low-income and minority areas.

2.12.4. The State Office for Aging, State Education Department and Office of General Services will explore the use of commodities in elderly feeding programs, as well as the shared use of school facilities.

2.12.5. The State Office for Aging and Department of Health will identify the policies and practices which may be preventing the participation of the elderly in nutrition programs and will explore means of removing these barriers.

Summer Feeding Program

Objective:

2.13. All children eligible for free or reduced price school lunch will have access to a meal program during summer school recess.

Recommended Action

2.13.1. The Office of General Services and State Education Department will seek to have USDA restore the ability of private, non profit sponsors to operate Summer Feeding Programs.

2.13.2. The State Education Department will work with USDA to encourage the expansion of the Summer Feeding Program in all large urban areas (Rochester, Buffalo, Syracuse, Yonkers, New York City, Utica, Capital District).

2.13.3. The State Education Department, Office of General Services and the private and voluntary sector will review options for operating the Summer Feeding Programs including the operation of programs by the Office of Parks, Recreation and Historic Preservation.

Child Care Feeding Programs

Objective:

2.14. Expand participation in the Child Care Feeding program by both day care centers and family day care homes, including Headstart.

Recommended Actions

2.14.1. The Interagency Task Force of State Directors of Food and Nutrition Programs and the Council on Children and Families will support state administration of the Child Care Feeding Program.

2.14.2. The federal Legislative Interagency Task Force will seek to restore the ability of after school programs and day care programs to serve meals to children up to the age of 18.

2.14.3. The Interagency Task Force of State Directors will review and examine licensing issues which affect participation by day care centers and family day care homes.

Commodity Distribution Program

Objective:

2.15. Adequate administrative funding and support will be available to enable community organizations to expand their use and distribution of commodity foods.

Recommended Action

2.15.1 The Office of General Services and Department of Social Services will advocate for stable and adequate funding for the Temporary Emergency Food Assistance Program (TEFAP) and/or provide state funding for administrative costs of distributing commodities.

2.15.2. The Office of General Services will seek to amend legislation to allow state agencies to provide transportation of commodities to recipient organizations including food banks, elderly nutrition programs, schools and TEFAP recipients.

2.15.3. The Office of General Services and Department of Health will pursue the feasibility of distributing commodities through emergency food provider networks as adjuncts to food packages rather than one-day mass distributions.

Objective:

2.16. Commodity foods provided will be in line with Dietary Guidelines for Americans and will be in a form acceptable to the recipients.

Recommended Action

2.16.1. The Office of General Services and USDA will continue to investigate alternative packaging methods for distributing commodities to counties under the TEFAP and the Needy Families Program for Indian reservations.

2.16.2. The Office of General Services, State Education Department, State Office for Aging and Department of Health will continue to work toward expanding the processing of underused commodities into products more acceptable to the recipients and will meet the Dietary Guidelines for Americans.

2.16.3. The Office of General Services will advocate to improve the nutritional quality of commodities (e.g., reducing fat and sodium in cheese) distributed through food and nutrition service programs by USDA.

Expanded Food and Nutrition Education Program (EFNEP)

Objective:

2.17. Increase the availability of EFNEP to low-income families with young children.

Recommended Action

2.17.1. The Department of Health, the public and voluntary sector and Cornell University will advocate for expansion of the program and increased federal, state and county funding of the EFNEP.

Adequate Income

Objective:

2.18. Income obtained through wages, pensions and/or public benefits will be sufficient to provide all New York State residents with an adequate diet.

Recommended Action

2.18.1. The Legislative Interagency Task Force, Department of Labor Minimum Wage Advisory Council and the private and voluntary sector will seek to increase the federal and state minimum wage and index it to a percentage of the national wage rate.

2.18.2. The Department of Social Services will finalize the study design on increasing the standard of need for establishing benefit levels; the State Legislature will pass legislation to enact a new standard and implement it statewide.

2.18.3. The Legislative Interagency Task Force and the private and voluntary sector will seek to raise the State grant for levels for public assistance and the State supplemental share of Supplemental Security Income benefits to reach poverty level through state legislation. In pursuing changes in public assistance and Supplemental Security Income, efforts should be made to minimize losses in Food Stamp Program benefit levels.

2.18.4. The Legislative Interagency Task Force and the private and voluntary sector should seek to implement a national benefit standard for the Aid to Families with Dependent Children (AFDC).

Goal 3. All people with emergency food needs will have access to adequate and appropriate food and nutrition services.

Objective:

3.1. Increase the awareness by the general public that food is not adequate or accessible to all segments of the population.

Recommended Action

3.1.1. Include an educational component in the outreach activity described in Objective 2.2. to enhance the public's awareness.

3.1.2. Establish county level coordinating bodies to address local food and nutrition needs; include local government and private and voluntary sector.

Objective:

3.2. Reduce the reliance on private emergency food relief programs.

Recommended Action

3.2.1. The Department of Social Services will ensure necessary emergency cash grants are being issued.

3.2.2. The Department of Social Services will enforce the 24-hour standard for issuance of expedited food stamps to the eligible households. (See also Objective 2.5.1. (h)).

3.2.3. The Department of Social Services will assure that private emergency food relief will not be used to circumvent the statutory and regulatory responsibility of public programs to meet emergency food needs.

3.2.4. The Department of Social Services will establish and publicize a hotline number for food stamp enrollment problems.

3.2.5. The Interagency Task Force of State Directors of Food and Nutrition Programs will expand the availability of applications and general program information in emergency feeding programs through the outreach activity of Objective 2.2.

3.2.6. The Interagency Task Force of State Directors of Food and Nutrition programs will continue to assess the causes of emergency feeding program use in both food assistance program participants and nonparticipants in order to promote activities to eliminate need.

3.2.7. The Legislative Interagency Task Force will advocate for state and federal initiatives to provide low-cost loans or grants for upgrading migrant labor housing now outdated or in poor condition to farmers and processors.

Objective:

3.3. Assure that emergency food providers have adequate facilities, equipment and supplies of nutritious foods and technical assistance to meet true emergency needs as an interim measure to combat hunger.

Recommended Action

3.3.1. The private and voluntary sector and Federal Legislative Interagency Task Force will advocate for continued and expanded funding for SNAP Homeless and Destitute Program, Federal Emergency Management Administration (FEMA) and TEFAP, which is based on documented program need.

3.3.2. The Department of Health, Department of Social Services and other agencies will target funding for emergency food providers to geographic areas which are unserved and/or underserved.

3.3.3. The Department of Health will investigate the need for administrative support out of SNAP Homeless and Destitute funds.

II. Health and Nutrition

Goal 4. New York State will develop a comprehensive nutrition services system statewide to promote nutritional health and reduce the incidence of nutrition-related illness. Development of any such system will include coordination at the state and county levels.

Objective:

4.1. All New York State citizens will have access to nutrition services as part of preventive health care which will include screening for nutrition risk factors, health and nutrition education needs, referral and follow-up.

Recommended Action

4.1.1. The Department of Health will require county departments of health to have established nutrition services as an integral component of their Article VI, Municipal Health Services Plan which states, "Preventive and remedial nutrition services shall be made available and accessible to persons at risk for nutrition related health disorders," and that the provision of nutrition service be under the direction of a public health nutritionist as defined by the State Sanitary Code (Part 11). By 1992, 90 percent of county health departments will comply.

4.1.2. Where there is not a county health department, the Department of Health will provide guidelines to all state funded preventive health programs and state licensed health facilities (certified home health care agencies) that include screening for nutrition risk factors, protocols for referral to a qualified nutrition professional for counseling and integration of nutritional care needs with client's treatment program.

Progress Measured By 1990 Objective for the Nation:

- By 1990, 95 percent of all encounters with primary health care professionals/providers by individuals who are at risk because of age, physiological or disease-related factors will include (or will make referrals to) nutrition education or nutrition counseling, as appropriate.

4.1.3. The Legislative Interagency Task Force will advocate for nutrition assessment and counseling services by a qualified nutrition professional as a reimbursable item under Medicaid and Medicare.

4.1.4. The Department of Health will convene a task force to review the status of nutrition services and develop guidelines to improve services in state regulated group homes.

4.1.5. The Department of Health will coordinate the assessment of nutrition, health, social and safety issues of farmers and farmworkers.

Objective:

- 4.2. Reduce nutrition risk factors in people at risk of developing chronic disease (e.g., cancer, cardiovascular disease, osteoporosis, dental disease).

Recommended Action

4.2.1. The Department of Health will continue to promote fluoridated community water supplies.

4.2.2. The Department of Health, State Office for Aging, universities and the private and voluntary sector will develop comprehensive community-based intervention program strategies to reduce nutrition related risk factors for chronic diseases such as heart disease, cancer and osteoporosis.

Progress Measured By 1990 Objectives for the Nation:

- A reduction in the proportion of adults with serum cholesterol levels above 220 mg/dl for adults ages 24 to 29 years, above 240 mg/dl for adults ages 30 to 39 years, above 260 mg/dl for adults over 40 by 50 percent as compared with that observed in 1971-1974.
- A reduction in the average daily sodium ingestion (as measured by excretion) by adults to the 3 to 6 gram range.
- A reduction in the prevalence of overweight (body mass index (BMI) of 27.8 or higher for men and 27.3 or higher for women) among the U.S. adult population without impairment of nutritional status to approximately 18 percent of men and 21 percent of women.

4.2.3. The Department of Health, universities and the private and voluntary sector will assess the prevalence of obesity in New York State and reduce the number of residents more than 20 percent over ideal body weight.

Progress Measured By 1990 Objectives for the Nation:

- The maintenance of acceptable weights in adults by adoption of a nutritionally adequate caloric intake balanced with physical activity.

- The adoption of an appropriate balance of caloric intake and physical activity to achieve and maintain desirable weight in overweight adults.

- At least 75 percent of the adult population will be aware of the seven major recommendations in Dietary Guidelines for Americans and will follow those guidelines in relation to their own personal risk profile.

4.2.4. The Department of Health and the private and voluntary sector will develop and implement a media campaign to educate the public about lifestyle risk factors such as heart disease, cancer and osteoporosis and will use new funds to expand or enhance existing programs.

Goal 5. Prevent malnutrition throughout the lifecycle.

Objective:

5.1. Establish mechanisms to coordinate comprehensive prenatal and postpartum health and nutritional care service for all females particularly susceptible to risks or complications during pregnancy.

Recommended Action

5.1.1. The Department of Health will convene an agency interdisciplinary (including perinatal networks) work group to define and coordinate nutrition and health services for pregnant and postpartum women.

5.1.2. The Department of Health will refine and fully implement standards for the nutritional care of pregnant women in health care systems, including the WIC program and Prenatal Care Assistance Program (PCAP).

Progress Measured By 1990 Objectives for the Nation:

- A reduction in the percentage of low birthweight (less than 2,500 grams) babies in New York State.

5.1.3. The Department of Health will increase the number of pregnant women entering prenatal care in the first trimester.

Objective:

5.2. Increase the percent of women who breastfeed at hospital discharge and continue to breastfeed when her infant is three to four months of age.

Recommended Action

5.2.1. The Department of Health and the private and voluntary sector will develop and implement a comprehensive training program which will provide all levels of health care providers with skills for providing breastfeeding support.

5.2.2. The Department of Health will increase funding of state funded prenatal programs to include staff trained to provide breastfeeding support to prenatal and postpartum women.

Progress Measured By 1990 Objectives for the Nation:

- The proportion of women who exclusively or partially breastfeed their babies immediately postpartum as reflected by hospital. Discharge data should be increased to 75 percent and 50 percent of these mothers should continue to breastfeed until the infants are three to four months of age.

Objective:

5.3. Improve the nutritional status of preschool and school-aged children and adolescents.

Recommended Action

5.3.1. The Department of Social Services and Department of Health will encourage greater participation of physicians and children in the Child/Teen Health Plan (C/THP).

5.3.2. The State Education Department and Department of Health will develop a coordinated school health program in which students are periodically assessed for weight for height, cholesterol level and nutrient intake; health services should be linked with nutrition education and food services.

Progress Measured By 1990 Objectives for the Nation:

- A reduction in the proportion of children and young adults (2 to 24 years of age) with high-risk serum cholesterol levels (≥ 170 mg/dl).

- A reduction in the prevalence of impaired iron status as defined by low iron stores in children age one and two, in males ages 11 to 14 and in adolescent females to at least 50 percent of those levels estimated for these population groups in National Health and Nutrition Examination Survey, II (NHANES II).

- A reduction in the percentage of children in the general population, or in any identifiable subgroups of the population, with height-for-age and weight-for-height less than the fifth percentile because of dietary inadequacy.

- A reduction in the percentage of children in the general population, or in any identifiable subgroup, with obesity.

5.3.3. The Department of Health, Office of Mental Retardation and Developmental Disabilities and State Education Department will develop mechanisms to ensure the provision of comprehensive nutrition services and food assistance for chronically ill and handicapped children ages 0-21 years.

Objective:

5.4. Reduce the prevalence of eating disorders and reduce the severity of complications.

Recommended Action

5.4.1. The Department of Health will encourage appropriate nutritional, medical and psychological services be available to people with eating disorders.

5.4.2. The Department of Health will convene an interdisciplinary task force to identify and coordinate information and referral services for people with eating disorders.

Objective:

5.5. Improve the nutritional status of elderly.

Recommended Action

5.5.1. The Legislative Interagency Task Force will advocate for nutrition assessment and counseling services for the elderly as a mandated and funded item under the Older Americans Act (OAA).

5.5.2. The State Office for Aging and Department of Health will establish comprehensive nutrition services to include screening, assessment, education, counseling and monitoring of elderly participants by qualified nutrition professionals in state and federal supported nutrition programs.(e.g., Title IIIC and SNAP).

5.5.3. The Departments of Health and Aging will ensure that providers of home care services screen elderly for nutritional risk, facilitate the consumption of an adequate diet by the elderly and provide nutrition education and counseling needed to improve nutrition knowledge and habits.

Objective:

5.6. Develop systems to provide follow-up and referral to mentally handicapped (noninstitutionalized developmentally disabled and mentally ill) and physically disabled adults in the community to ensure that these groups receive appropriate nutrition support services.

Recommended Action

5.6.1. The Department of Health, Office of Mental Health and Department of Social Services will develop mechanisms to increase the availability and accessibility of comprehensive nutrition services and food assistance to disabled adults.

III. Public Awareness

Goal 6. Citizens of New York State will develop appropriate eating habits to promote their health and well being.

Objective:

6.1. Citizens of New York State will understand relationships between food, nutrition practices and physical and mental health.

Recommended Action

6.1.1. All health promotion and nutrition education activities and feeding programs of state agencies, universities and private and voluntary education organizations will include the Dietary Guidelines for Americans and other recognized disease prevention guidelines, prevention of foodborne illness and information on nutrition fraud.

Progress Measured By 1990 Objectives for the Nation:

- Awareness by at least 75 percent of the adult population of the seven major recommendations in Dietary Guidelines for Americans and will follow those guidelines in relation to their own personal risk profile.

-- Knowledge by at least 75 percent of the adult population about the food choices recommended in Dietary Guidelines for Americans and ability to identify the major nutrients provided by those food choices.

6.1.2. The Department of Health will ensure that nutrition education is coordinated with the health activities in Objective 4.2. and with activities of other agencies and organizations providing community based education.

6.1.3. The State Education Department will require nutrition education as a component in the health education curricula in elementary and secondary schools, ensure that they are integrated with the food service and that curricula are taught by qualified personnel.

Progress Measured By 1990 Objectives for the Nation:

-- All schools will document the inclusion of a nutrition education component in their K to 12 curriculum. ("Nutrition Comes Alive," "Nutrition for Life" supplemented with other nutrition and health curricula).

6.1.4. The State Education Department and the Department of Agriculture and Markets will expand the use of Cornell University's "Agriculture in the Classroom" and Columbia University Teacher's College "Earth Friends" to cover all school districts.

6.1.5. The Department of Health will endorse the January 1987 statement from the American Institute of Nutrition for moderation in vitamin and mineral supplementation practices and use this statement in educational strategies to inform the public about the proper use of these supplements.

6.1.6. Nutrition education materials provided by state agencies will be multilingual, multicultural and in large print (for the elderly).

Objective:

6.2. Providers of food, nutrition and health care services will have a core understanding of the interrelationships of food and nutrition, cultural beliefs and practices and physical and mental health, including the Dietary Guidelines and other recognized disease prevention guidelines, preventing foodborne illness and nutrition fraud and misinformation.

Recommended Action

6.2.1. An interagency task force will be convened to assess, develop and implement educational standards for providers of food, nutrition and health-related information and services which would promote integration and coordination between disciplines within institutions.

6.2.2. Comprehensive nutrition education curricula will be developed, integrated and mandated where feasible into the initial and continuing education and training of professionals including teachers, dentists, physicians, nurses, allied health professionals (e.g., home health aides), food service managers, child care providers, coaches and athletic trainers, case workers and food handlers.

Progress Measured By 1990 Objectives for the Nation:

- All schools will include in the certification requirements for elementary and selected secondary school teachers the completion of at least a one semester college-level course in nutrition beyond one year of biological science. For secondary school teachers of health, physical education and athletics, training in the basic biological sciences should be required for certification.

- All medical, osteopathic and dental schools will have 20 hours of designated nutrition education included in the undergraduate curriculum in addition to relevant lectures in the basic science courses.

IV. Planning For and Monitoring State Needs

Goal 7. Information on the nutritional needs of all population groups and the adequacy of existing food and nutrition services will be available for use at the state and municipal or county level in developing food and nutrition policies and programs.

Objective:

7.1. Develop and implement a system for the timely reporting of information at the state and municipal or county level on the food adequacy and nutritional needs of the population of New York State in order to identify and track trends in nutrition problems, allocate funds to areas or population groups based on need, target high-risk groups and determine the overall adequacy of food and nutrition policy and activities.

Recommended Action

7.1.1. The Department of Health will establish a feasible, cost effective system for collecting dietary intake data on the residents of New York State.

7.1.2. The Department of Health will establish a task force to design a way to make current and realistic poverty rate estimates for New York State as a whole as well as for counties and municipalities.

7.1.3. The Department of Health will develop a model of indicators of nutritional risk in population groups.

Objective:

7.2. Coordinate existing nutrition surveillance activities and develop and implement new activities to measure progress toward achieving the council objectives as stated in this report.

Recommended Action:

7.2.1. The Department of Health will continue the Interagency Nutrition Surveillance Working Group which will:

(a) Assess the usefulness of current data collection and reporting systems in measuring progress toward achieving goals and objectives.

(b) Identify gaps in existing data collection efforts.

(c) Develop and implement new systems for measuring progress toward objectives not covered by existing data collection systems.

7.2.2. The Department of Health will work with the Advisory Committee to the Council on Food and Nutrition Policy to prepare an annual report on progress toward achieving objectives, using Nutrition Surveillance Program data.

7.2.3. The Nutrition Surveillance Program will give priority to monitoring the nutritional needs of the following populations:

- (a) pregnant women enrolled in WIC and PCAP (Prenatal Care Assistance Program);
- (b) children enrolled in CHAP, particularly for growth, lead, iron and cholesterol status;
- (c) adults at risk for chronic diseases;
- (d) elderly;
- (e) special population groups such as Puerto Ricans, Hispanics, blacks, Asians, Native Americans, the disabled, migrant farm workers and emergency food program users;
- (f) long term care patients;
- (g) families of working poor and single parents.

V. Food Production

Goal 8. Maintain farmland of sufficient quality and quantity to preserve or enlarge New York's diverse farm industry's ability to produce agricultural products

Objective:

8.1. Strengthen the Agriculture Districts Law to continue to provide increased incentives for agricultural production.

Recommended Action

8.1.1. The Department of Agriculture and Markets and the Legislature will enhance economic incentives to promote participation in agricultural districts such as requiring agricultural impact statements.

8.1.2. The Department of Agriculture and Markets will promote participation in the program by continuing to educate other agencies as to provision of the law.

Goal 9. Strengthen and stabilize farm communities

Objective:

9.1. Promote rural development activities that create an environment that allows for a viable commercial agricultural industry and opportunities for nonagricultural employment.

Recommended Action

9.1.1. The Governor's Office of Rural Affairs and Office of Economic Development will recruit small business and industry to farm areas that are compatible with agriculture practices.

9.1.2. The State Job Training Partnership Council and the Department of Labor will support, coordinate and enhance the development and implementation of agricultural skill development and retraining programs for farmers and farm workers, including vocational agriculture courses in high school and technical colleges.

9.1.3. The Department of Agriculture and Markets will continue the Migrant Child Care Program.

Goal 10. Support the infrastructure of rural communities through development of resources and services, including roads and bridges.

Objective:

10.1. Improve rural roads and bridges that are important to maintaining the agriculture industry.

Recommended Action

10.1.1. The Department of Transportation and Agriculture and Markets will conduct a detailed study to determine which roads and bridges are used by commercial agriculture vehicles, prioritize their maintenance requirements and develop a dedicated funding mechanism to ensure their repair and maintenance.

VI. Food Processing, Markets and Distribution

Goal 11. Maintain the quality and integrity of the food supply.

Objective:

11.1. Assure the integrity of the food supply through adequate food inspection, grading, standards of identity, food processing standards and facility inspection.

Recommended Action

11.1.1. Maintain the current inspection procedures of all food processing plants in New York State.

Objective:

11.2. Coordinate federal and state food safety programs regarding use of pesticides; introduction of bacterial, chemical and hormonal contaminants; food processing (chemical inhibitors, irradiation, loss of nutrients).

Recommended Action

11.2.1. The Department of Agriculture and Markets will expand the regular monitoring of foods to include sampling of the food supply for adulteration, pesticides, contaminants and other indicators of food safety, particularly imported foods to ensure these food products are produced under the same rigorous standards as imposed on produced and processed foods in New York State.

11.2.2. The Department of Agriculture and Markets will review inspection procedures and regulations and modify them where necessary.

11.2.3. State agencies responsible for inspection will coordinate inspection schedules with each other and appropriate federal agencies to reduce the regulatory burden on New York State processors.

Objective:

11.3. Encourage the maintenance and development of food processing facilities within New York State.

Recommended Action

11.3.1. The Department of Agriculture and Markets and the Department of Economic Development will encourage the establishment and maintenance of efficient food processing facilities.

Goal 12. Strengthen and expand wholesale and retail markets for New York State farmers and food processors.

Objective:

12.1. Continue to encourage and provide funds for research to improve food production and processing technologies of foods and further develop those already in existence.

Recommended Action

12.1.1. The Department of Agriculture and Markets will continue to fund projects that identify and research new crop varieties and new animal technologies for improving nutritional quality.

12.1.2. The Department of Agriculture and Markets will convene an interagency task force (including the Department of Health, Office of General Services and Department of Economic Development) to promote collaboration between researchers, farmers, (including producer and commodity groups), health professionals, educators, consumers and retailers.

Objective:

12.2. To increase the skills of farmers in the areas of direct consumer marketing and market forecasting.

Recommended Action

12.2.1. The State Education Department and Department of Agriculture and Markets will develop curricula and consultation resources at technical colleges and universities to address marketing, agricultural economics and new product development issues.

12.2.2. The Department of Agriculture and Markets and Cornell University will continue cooperative education and training programs to improve the business prowess of farmer and consumer cooperatives.

Objective:

12.3. To increase incentives for farmers and processors to produce and market products in line with The Dietary Guidelines for Americans.

Recommended Action

12.3.1. The Department of Agriculture and Markets and Office of General Services will encourage state contracts between New York State farmers, processors and institutions.

12.3.2. The Department of Agriculture and Markets will forecast, monitor and coordinate consumer demand and health concerns with producer and processor activity.

12.3.3. The Department of Agriculture and Markets will have nutrition expertise within the department.

Goal 13. Assure the New York State products are competitive in regional, national and international markets.

Objective:

13.1. Maintain a strong marketing and processing system for New York State products.

Recommended Action

13.1.1. The Department of Agriculture and Markets, Department of Health and Department of Economic Development will assess the status of food processing facilities in New York State in relation to their ability to produce quality food products.

13.1.2. The Department of Agriculture and Markets will forecast, research and identify the market demand for current and future products.

13.1.3. The Department of Economic Development will evaluate the cost of doing business in the state and its impact on the competitiveness of New York State products.

13.1.4. The Department of Agriculture and Markets will study the potential for nonfood uses of food processing by-products.

Objective:

13.2. Provide support to promote fair competition in the fresh produce production and marketing system.

Recommended Action

13.2.1. The Department of Agriculture and Markets and Department of Economic Development will investigate impact of state, national and international agriculture and marketing policies on New York State markets and recommend changes that would support New York State farmers and food processors, and publish a report.

Objective:

13.3. Improve and develop regional and local terminals for products produced by New York State.

Recommended Action

13.3.1. The Department of Economic Development and Department of Agriculture and Markets will continue to develop incentives for purchasing and promoting New York State products at regional and local terminal markets.

13.3.2. The State Industrial Development Agency will provide loans for improving regional and local terminal markets.

13.3.3. The Department of Agriculture and Markets will fund, research and promote methods to extend in-state availability of seasonal products such as increased storage facilities and biotechnology development.

Objective:

13.4. Expand direct marketing programs to retailers and consumers.

Recommended Action

13.4.1. The Department of Agriculture and Markets and Department of Economic Development will evaluate the "Seal of Quality" campaign and expand where necessary with grower input.

13.4.2. The Department of Agriculture and Markets and private sector will encourage the establishment of cooperatives whereby farmers would bring produce to a central packinghouse for grading, marketing and distribution to retailers and processors.

13.4.3. All state agencies will review their food service program policies for adherence to Chapter 710 Agriculture and Markets Law of 1985 and will expand it to apply to local food service programs. (Chapter 710 refers to preferential purchasing of locally grown foods.)

Goal 14. Improve the food distribution system.

Objective:

14.1. Ensure that food transportation and storage facilities are adequate throughout the state.

Recommended Action

14.1.1. The Department of Agriculture and Markets will develop a program to identify and improve convenient warehousing and transfer points.

14.1.2. The Department of Agriculture and Markets and Department of Transportation will continue to target resources for the improvement of the food transportation network.

14.1.3. The Department of Agriculture and Markets will compile a directory and periodic updates of food warehousing by type and capacity.

Goal 15. Assure that affordable, high quality foods are available through the retail system to all New York State residents.

Objective:

15.1. Increase the availability of a variety of foods at affordable prices in underserved areas.

Recommended Action

15.1.1. An interagency task force of Department of Health, Department of Economic Development, Department of State and other pertinent agencies will research the availability and accessibility of retail food markets in low-income and rural areas of the state.

15.1.2. The Department of Economic Development and Department of State will work with the private food distribution sector (e.g., supermarket chains) and local governments to encourage the development of adequate retail food facilities in underserved areas.

15.1.3. The interagency task force mentioned in 15.1.1. will assist small groceries in low-income and rural areas to offer high quality and reasonably priced foods through such activities as wholesaling.

15.1.4. The Department of Transportation and Office of Rural Affairs will improve access to public transportation in urban and rural areas to increase access to food stores and employment (using pilot projects).

15.1.5. The Department of Health, State Office for Aging, Department of Social Services and other agencies will expand the availability of food purchasing assistance to the homebound through existing programs and networks.

15.1.6. The Department of Agriculture and Markets will encourage the development of farmer's markets in low-income urban areas.

Objective:

15.2. Assure that foods sold in New York State carry labels which include appropriate nutrition and food safety information.

Recommended Action

15.2.1. The Department of Health and Department of Agriculture and Markets should advocate for the adoption of improved national uniform guidelines for nutrition labeling of food, including product identity, imitation labeling, standard serving sizes, nutrition and food safety information.

15.2.2 The Department of Agriculture and Markets will encourage New York State food processors to include nutrition labeling on foods processed and packaged for sale in New York State.

Progress Measured By 1990 Objectives For The Nation

-- 90% of packaged foods will have labels that provide information on caloric content and nutrient composition in a form that enables consumers to select diets that promote and protect health as suggested in Dietary Guidelines for Americans. In addition, voluntary nutrition labeling of fresh meats, poultry, and produce at point of retail purchase should encompass 25% of sales of these foods.

Objective:

15.3. New York State citizens who eat meals away from home, such as restaurants, will be able to obtain food in line with the Dietary Guidelines for Americans.

Recommended Action

15.3.1. The Department of Health will work with voluntary organizations to encourage restaurants and other food service operations to provide nutrition information and produce menu items which are lower in fat, cholesterol, sodium, simple carbohydrates, and higher in fiber. The Department of Health will create and encourage the use of symbols for menu items in line with the Dietary Guidelines for Americans.

Progress Measured By 1990 Objectives for the Nation:

-- Food service operations will provide food choices that make it possible to follow the Dietary Guidelines for Americans.

V. APPENDICES

Glossary of Acronyms

Reference materials available in the New York State Department of Health,
Bureau of Nutrition

GLOSSARY OF ACRONYMS

CHAP = Child Health Assessment Program

DOH = Department of Health

DSS = Department of Social Services

EFNEP = Expanded Food and Nutrition Education Program

FEMA = Federal Emergency Management Administration

FSP = Food Stamp Program

HRA = Human Resource Administration (based in NYC)

NET = Nutrition Education and Training Program

NYC = New York City

NYS = New York State

OGS = Office of General Services

PCAP = Prenatal Care Assistance Program (was called PCNP)

SOFA = State Office for Aging

SNAP = Supplemental Nutrition Assistance Program

TEFAP = Temporary Emergency Food Assistance Program

USDA = United States Department of Agriculture

WIC = Women, Infants and Children Supplemental Feeding Program

OMH = Office of Mental Health

OMRDD = Office of Mental Retardation and Developmental Disabilities

IHAP = Infant Health Assessment

Reference Materials

The following materials were included in draft copies of the accompanying document. They have been deleted here to reduce the size of the document but are available in the Bureau of Nutrition, New York State Department of Health, Room 859 Tower Building, Albany, New York 12237.

Problem Summary Statements

Priority Recommendations for 1988-89

1988-89 Budget Request

State Agency Briefings (summarized in Table 9)



STATE OF NEW YORK
MARIO M. CUOMO, GOVERNOR

