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# Emory ENACT Course Students

Emily Benson, Jamie Constantine, Ethan Feldman, Cara  
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# Outline

- Who we are
  - Defining the problem
  - What has been done in GA
  - What has been done in other states
  - Two possible solutions
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# Who we are

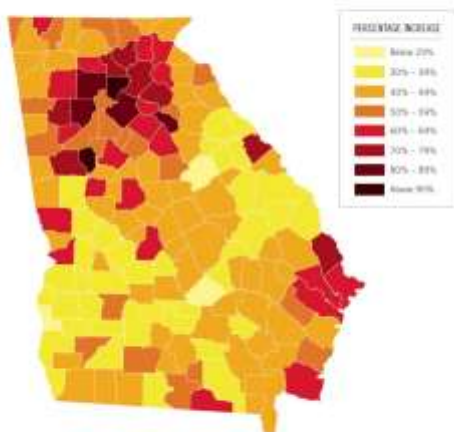
- Emory undergraduates
  - ENACT Course: engage undergraduates at colleges and universities across the nation in state level legislative change by learning to work with legislators, staffers, and community organizations to advance policy.
  - Dr. Michael Rich
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# Problem Definition

## Georgia Child Food Insecurity Increases Due to COVID (2018 vs 2020)

The coronavirus pandemic has left the state's vulnerable children in an even more precarious position with more than 638,320 children not knowing where their next meal is coming from.



DATA SOURCE:

<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>

- Food Insecurity: the state of being without reliable access to a sufficient quantity of affordable, nutritious food.
- Over two million Georgians, including 500,000 children, live in communities that lack access to affordable fruits, vegetables, and other foods that contribute to a healthy diet
- Food insecurity is present in both rural and urban communities

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# Food Insecurity is not a Desert

Desert implies isolation, but our research suggests that nutritional food is close by but too expensive for many Georgians

- Traditional classifications tend to overemphasize the role of transportation
- Food desert neighborhoods have an influx of *cheap, unhealthy* food (fast food, non-healthy local stores) that individuals choose over healthy options due to affordability and education

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# Food Insecurity is not a Desert

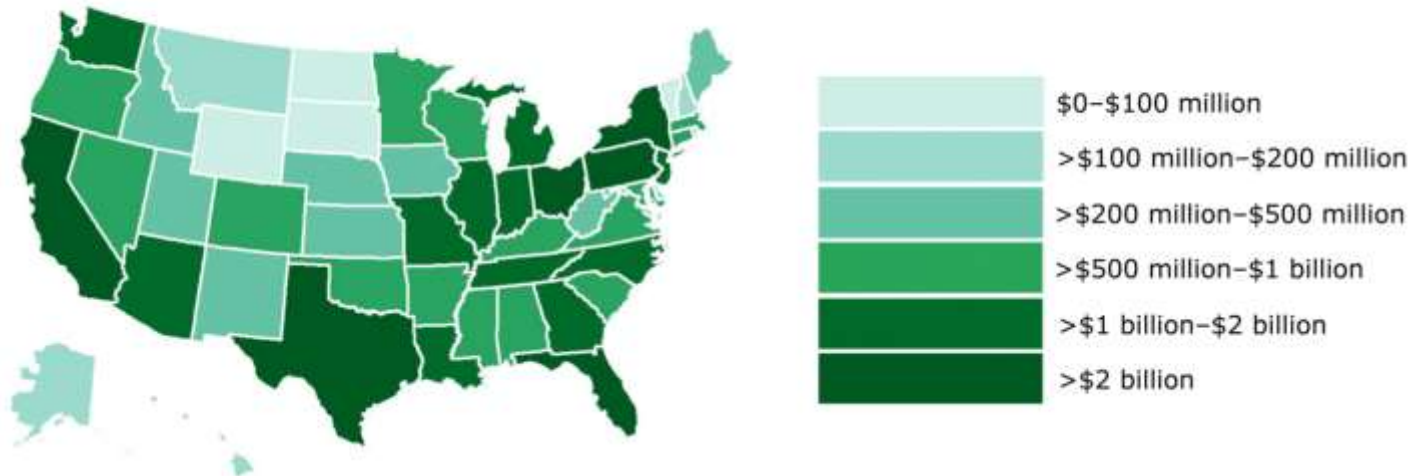
- 91% of nutritional intake differences between high and low income individuals are due to public demand
  - Low-income communities often don't possess food education that's a precursor for demand
- People commute similar distances for food regardless of income - 90% of individuals use a car
- Low-income individuals cite education and high costs as barriers

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# The Cost of Food Insecurity in Georgia

- Food insecurity leads to chronic diet-based illnesses like obesity and type 2 diabetes - costing Georgia more than \$10 billion dollars a year when considering extra healthcare costs and costs lost due to productivity.

**A** Health Care Cost Associated with Food Insecurity, by State



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# 2017 Georgia Fruit and Vegetable Prescription Program (FVRx)

- Strengths
  - Community-centered approach
  - Lowered diastolic blood pressure
  - Lower waist circumference
  - Lowering of food insecurity among 42% of participants
- Weaknesses
  - High dropout rate in 2017 (36% of participants did not graduate the program)



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# Best Practices: Providence, Rhode Island



- Changes prompted by upsurge in community demand
  - Government offices established + mayoral participation
- Bottom up approach → citizen/leader input
- Government and private sector collaboration (city + NGO)
- Community gardens, Co-ops, vertical farming

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# Best Practices: Portland, Oregon



- Integration of food security into climate change policies/initiatives
- Education: Sustainable food database, Urban Food Zoning Codes
- Portland Food Hub → connect rural farmers to urban markets (overcome rural-urban food divide)
- Food carts, food plots and Eco-roof urban agriculture

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# What can be done?: Education



- Expanding the scope of SNAP-Ed
- Increasing funding and expanding nutritional education programs in public schools
- Based on results from 2017 Georgia Fruit and Vegetable Prescription Program



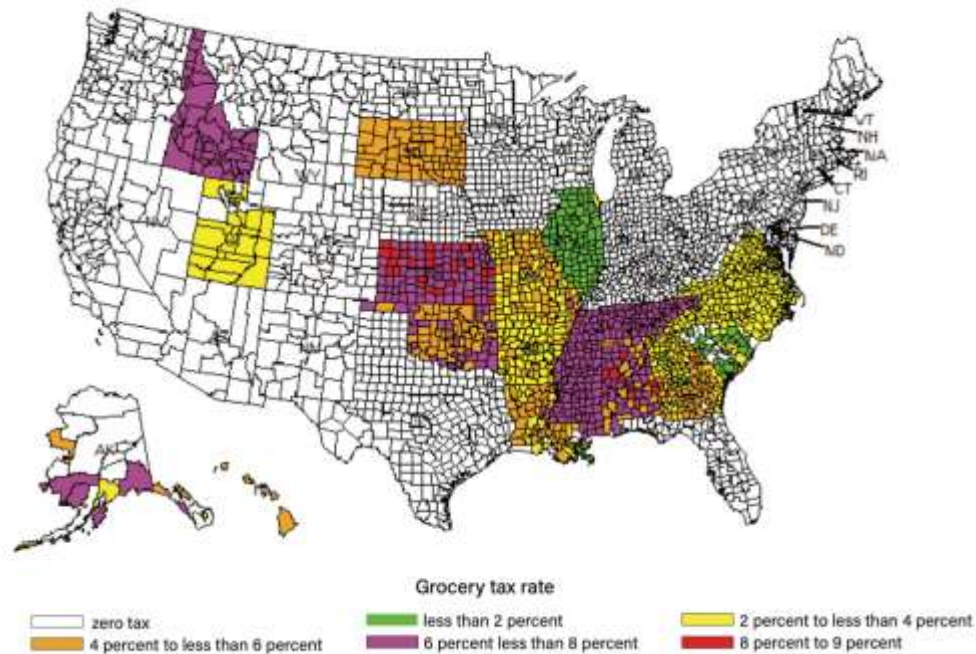
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# Why Nutritional Education is Important

- Education is a pivotal component of accessibility
- Positive effects from financial incentive programs alone are short lived
- Knowledge on how to use nutritious food is a documented burden to many low-income households

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# What can be done?: Grocery Taxes



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# Grocery Taxes Cont.

- Grocery taxes are:
  - Rare
  - Unpopular
  - Regressive
  - Bad for business
  - Hurt rural GA



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# Grocery Taxes Cont.

- Grocery taxes cause:
  - Obesity
  - Diabetes
  - Greater restaurant spending
  - Higher levels of food insecurity

Wang, Lingxiao, "Three Essays on Grocery Sales Taxes" (2021). Theses and Dissertations--Agricultural Economics. 92. [https://uknowledge.uky.edu/agecon\\_etds/92](https://uknowledge.uky.edu/agecon_etds/92)

Wang, L., Zheng, Y., Buck, S. et al. Grocery food taxes and U.S. county obesity and diabetes rates. *Health Econ Rev* 11, 5 (2021). <https://doi.org/10.1186/s13561-021-00306-2>

Zheng, Yuqing & Dong, Diansheng & Burney, Shaheer & Kaiser, Harry M., 2017. "Eat at Home or Away from Home? The Role of Grocery and Restaurant Food Sales Taxes," 2017 Annual Meeting, July 30-August 1, Chicago, Illinois 258416, Agricultural and Applied Economics Association.

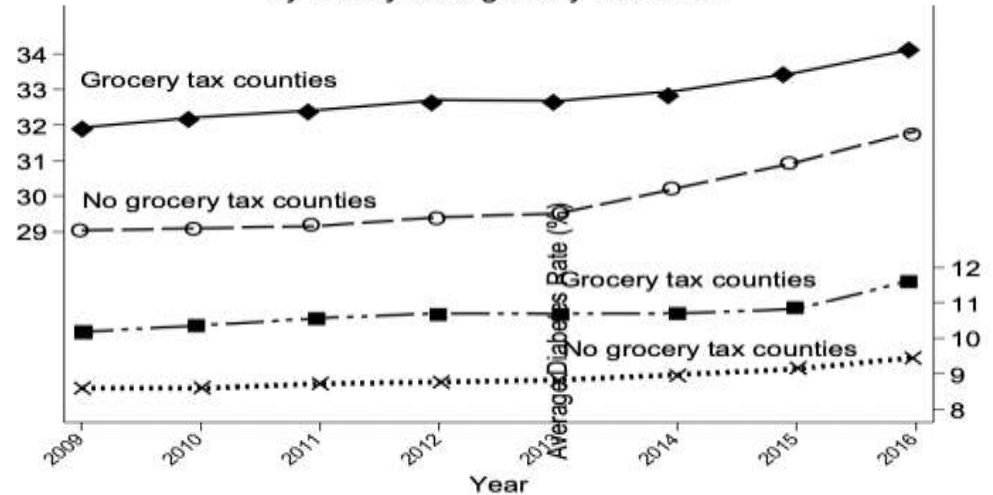
Wang, Lingxiao & Zheng, Yuqing & Dong, Diansheng & Stewart, Hayden & Kaiser, Harry Mason, "undated". "Grocery Taxes and Health Outcomes: Evidence from Decade-Long U.S. State and County Tax Changes," 2020 Annual Meeting, February 1-4, 2020, Louisville, Kentucky 302329, Southern Agricultural Economics Association.



# Grocery Taxes Cont.

- Grocery taxes cause:
  - Obesity
  - Diabetes
  - Greater restaurant spending
  - Higher levels of food insecurity

Average obesity and diabetes rates (2009 to 2016)  
by county-level grocery tax status



Sources: Centers for Disease Control and Prevention and authors' own data collection.

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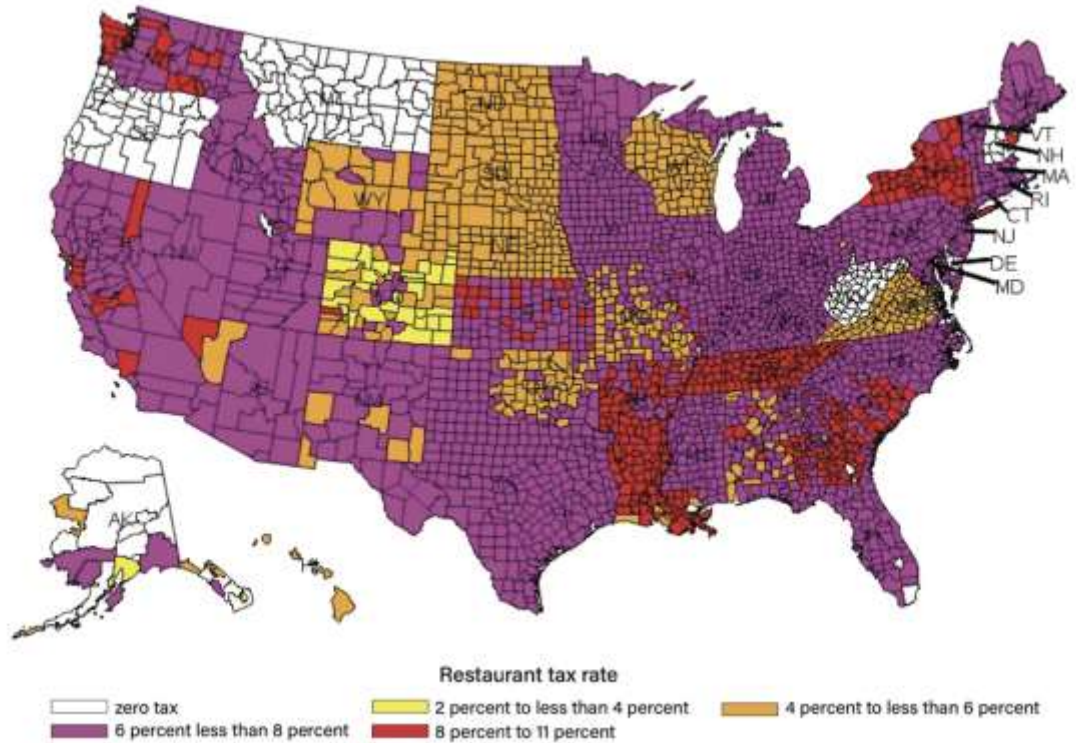
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# Grocery Taxes Cont.

- Restaurant and Grocery taxes are comparable in GA
- Note many counties without grocery taxes tax restaurants



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# Concluding Thoughts & Takeaways

- Food insecurity is not a “desert”
  - Other states have implemented successful initiatives
  - Two areas where you can make a difference
    - Education
    - Cost
  - Food desert solutions are not “one-size-fits-all”
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**Thank You!**

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# Our Contact Information

- Emily Benson
  - [erbenso@emory.edu](mailto:erbenso@emory.edu)
- Jamie Constantine
  - [jamie.j.constantine@emory.edu](mailto:jamie.j.constantine@emory.edu)
- Ethan Feldman
  - [ethan.l.feldman@emory.edu](mailto:ethan.l.feldman@emory.edu)
- Cara Waite
  - [cwaite2@emory.edu](mailto:cwaite2@emory.edu)



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**Questions?**

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