

NOURISHING CHANGE:

The New London County Food System Baseline Report

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New London County **Food Policy Council**
A PARTNERSHIP FOR FOOD, NUTRITION AND WELLBEING

**United
Way**



United Way
of Southeastern Connecticut



Letter from the Co-chairs

Dear Friend:

The New London County Food Policy Council is pleased to present *Nourishing Change: The New London County Food System Baseline Report*. We hope this report will inspire you to join our mission to transform the region's food system for improved health outcomes through policy advocacy, program innovation, alignment and support.

The Food Policy Council was the inspiration of Paul Jakoboski, former Vice President of the Gemma E. Moran United Way/Labor Food Center, located in New London, Connecticut. Its establishment was further motivated by regional health assessments which revealed significant rates of chronic, diet-related diseases in the county. In response to Paul's vision and these pressing health trends, Virginia Mason, President and CEO of United Way of Southeastern Connecticut, convened community stakeholders and officially launched the Council in 2011.

The William W. Backus Hospital provided early and generous financial support that led to the Council's application for U.S. Department of Agriculture funding. In addition to United Way and Backus Hospital, early founding partners were Southeastern Mental Health Authority, Thames Valley Council for Community Action, Lawrence + Memorial Hospital, F.R.E.S.H. New London, Ledge Light Health District, and Uncas Health District. We have also been blessed with the involvement of countless other individuals and organizations, noted in "Acknowledgements."

Following the Council's founding, United Way secured the services of AmeriCorps VISTAs to provide critical support to Council activities. The VISTAs organized a week-long SNAP Experience, in which Congressman Joe Courtney and his family participated, to spread awareness of the challenges of families receiving government food benefits. Children First Norwich hosted a symposium featuring nationally recognized health and nutrition expert, Dr. David Katz, and United Way and Backus Hospital hosted author and food systems pioneer Mark Winne. A local food cooking demonstration was held in collaboration with local schools and United Way.

The ongoing Council collaboration has led to surprising and innovative collaborations. During a task force meeting regarding schools, the role of childcare centers as part of children's environment was discussed. This led to a local health district receiving a grant to improve the nutrition at county childcare centers. Additionally, Backus Hospital and the Town of Sprague collaborated on an initiative to educate local youth about the origins of their food.

This report is the first comprehensive assessment of New London County's food system. It will inform the Council's development of the county's first Food Action Plan, a strategic plan for transforming the region's food system to reduce hunger and food insecurity, to improve diet-related, health outcomes, and to support development of local agriculture in New London County.

The work of the New London County Food Policy Council has just begun. Please share this report with your neighbors and colleagues and join us as we build this regional collaboration to promote enduring change in the region's food system for healthier communities.

Sincerely,



Arthur Lerner
Co-chair



Nancy Rossi
Co-chair



Acknowledgements

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Executive Summary

Food systems are essential components to strong communities. They are interwoven into a society, thus affecting, the economy, its residents' health, food security, the environment, and much more. A food system consists of the processes of growing, harvesting, processing, transporting, marketing, consuming, and disposing of food.

The food system present in the nation and in Connecticut does not consider the well-being of its residents and does not create a healthy food environment. The issues of food policy, nutrition, and the health system have become fragmented across multiple government and local organizations. There is growing recognition that a comprehensive framework is required to improve health across the region efficiently and effectively. Food Policy Councils (FPCs) are usually developed to be this innovative collaboration between citizens, organizations, and government officials.

Most food policy councils have four functions:

- To evaluate and influence policy
- To launch or support programs and services that address local needs
- To foster coordination between sectors in the food system
- To serve as forums for discussing food issues

The New London County Food Policy Council (NLCFPC) was created by a group of concerned organizations and individuals in order to unite food system stakeholders in creating collective impact in New London County. Currently, New London County is experiencing an increase in the rates of obesity, food insecurity, and malnutrition. Founding members include United Way of Southeastern Connecticut, William W. Backus Hospital, Lawrence + Memorial Hospital, the Thames Valley Council for Community Action (TVCCA), F.R.E.S.H. New London, the Southeastern Mental Health Authority, and a freelance research scientist. It was determined that a countywide, outcomes-based approach should be developed to reduce diet-related diseases, particularly among children and low-income populations. From 2011 to 2012, this baseline study was produced to conduct an environmental scan of the New London County food system as it relates to community health. This study was made possible by United Way of Southeastern Connecticut and other NLCFPC members.

Project objectives are described as follows:

- Inform the NLCFPC on the county's food system in strategically chosen indicator areas
- Provide recommendations to improve the county's food system
- Assist with future decision-making about policies and actions
- Establish a long-term food system monitoring system with a clear set of indicators

This baseline report is based on the findings of needs, assets, and recommendations through a combination of secondary and primary data collection methods. Primary data collection includes a survey conducted by the NLCFPC of emergency food clients in New London County. A total of 380 surveys were completed, representing 380 households and the voice of at least 685 adults, 400 children, and 47 older adults utilizing emergency and supplemental food services. Additionally, a total of 27 food system stakeholder interviews were conducted. This baseline report will serve as a guiding document for

the NLCFPC when determining its priorities, actions, and future assessment areas in order to effectively determine the next collaborative steps in building a healthy and well-nourished community.

Health in the Community

The first chapter provides an overview of New London County's diet-related health and the community's readiness in encouraging residents to make healthy choices. The Centers for Disease Control (CDC) acknowledges that being obese is more than a matter of individual choice and that a community should work to improve its environment so that the healthy choice becomes the easy choice. Food insecurity and poverty are notable factors that have a strong relationship with poor diet-related health due to their association to environments that encourage poor food choices, among other factors.

In 2009, 23.3% of adults in New London County were obese, compared to 20.6% in 2004. Additionally, increasing rates of childhood obesity have recently come to the forefront. From 2008 to 2010, the average low-income preschool obesity rate was 16.5% of students aged two to four years in New London County. Being overweight or obese increases the risk of many diseases and health conditions including: hypertension, coronary heart disease, certain types of cancer, and more type II diabetes.

The New London County rate of adults diagnosed with diabetes in 2009 was 8.1%, compared to 6.6% in 2004. Diets high in fruit, vegetables, whole grains, beans and low-fat dairy foods can help prevent these diseases. In New London County, residents have been consuming less of the healthier, but sometimes more intimidating to prepare, fruits and vegetables. Only 27.4% of county resident aged 18 years and older consume at least five servings of fruits or vegetables per day.

New London County has a wide array of programs that help individuals to develop healthful eating habits and manage their weight. However, the programs are scattered and many are unaware of one another. There is a need to coordinate or catalog these efforts in order to determine demographic gaps in populations targeted. There is also a need for an increase in nutrition education outreach and resources, and information regarding the locations of healthful food outlets for end-users of the emergency food system.

The health care community must provide leadership for the public and model best practices in promoting health. This could include purchasing from local producers, becoming a fast food-free zone, and replacing unhealthy snacks with healthy choices in vending machines. Finally, health-centered policies adopted within an institution or through local legislation could be used to enact health-related change in the community. Workplaces could assist with improving wellness through policies that encourage serving healthful fares in cafeterias, vending machines, or at functions and meetings.

Key Recommendations

- Further research the nutrition education efforts in New London County and develop a central system to coordinate efforts and facilitate closing educational gaps in target demographic populations.
- Increase nutrition education efforts at emergency food provider locations.
- Increase education about accessing healthful foods. This could include developing a sourcing guide that includes the locations of farmers' markets, community supported agriculture (CSA) programs, and farm stands.

- Advocate for workplace-based health improvement programs and nutrition policies and increase the number of workplace environments that promote healthy eating habits.
- Increase the integration of nutrition into health care for a multidisciplinary team approach and emphasize the best practices that do so.

Food Access

The second chapter examines many of the factors that contribute to the food options provided for New London County residents. This includes three sections: socioeconomic access, accessibility, and local food access.

The socioeconomic access section takes a look at the portion of New London County residents who are food insecure and examines the adequacy of the county's options for these families who lack the financial resources to meet their nutritional needs, such as federal food assistance and the emergency food system. The food insecurity rate in New London County for 2010 was 11.7% of the population. During this time, New London County had a meal gap of 5,468,558 meals. This was calculated using the average cost of a meal in New London County of \$2.78. This compares to \$2.73 per meal in Connecticut and \$2.52 per meal for the United States.

In 2012, the New London County emergency food system included the Gemma E. Moran United Way/Labor Food Center (Food Center) as well as a total of 48 food pantries, 18 community meal sites, and five shelters. In the past ten years, there has been nearly a threefold increase in demand for emergency food. Between 2001 and 2013, the Food Center's food distribution has increased from 843,000 pounds annually to nearly three million pounds annually.

Nearly 52% of clients surveyed by the NLCFPC reported using Supplemental Nutrition Assistance Program (SNAP) benefits in addition to the emergency food resources. Fifty-six percent of clients reported their reason for visiting an emergency food provider was an ongoing need for food or insufficient income. This reiterated findings through interviews that many clients are no longer coming to pantries only for short-term, emergency situations. For the majority of people seeking food assistance, pantries are a part of households' longer-term strategies to supplement monthly shortfalls in food.

For increased convenience, it is believed by stakeholders that an ideal two-week supply of food should be given as opposed to the traditional three-day emergency food supply. Other services, such as heating assistance, SNAP benefit assistance, and medical consultation, could also be offered at pantries to reduce the number of trips that families make to various agencies. Emergency food providers also highlighted the need for improved communication among agencies and a streamlined ordering system.

The accessibility section assesses whether the New London County population can effectively reach food resources, such as food retail stores and emergency food locations in the community. This considers public or private transportation that is available between resources and peoples' homes, especially in low-income neighborhoods. There are five census tracts in New London County that are considered to be food deserts, including regions of Griswold, northeastern and southern Norwich, and Groton. Additionally, according to a study by the University of Connecticut, Voluntown, North Stonington, Sprague, Lyme, and Salem all rank lowest in New London County for access to food retail options.

Transportation is a major obstacle to adequate food access. Only 13 out of 21 districts in New London County have public bus transportation available while 7.7% of households have no vehicle available. Anecdotes relating to accessibility to emergency food providers vary by town, but clients surveyed at various food pantries and community meal sites shared difficulties in arriving at their destination. Although adults who are 60 years of age and older have Meals On Wheels for access to prepared meals, reports have been found of disabled individuals under the age of 60 unable to find assistance with meals. Transportation to food assistance, emergency food, and food retail sites in New London County merits further investigation.

The local food access section examines outlets available to connect the community to local foods or to provide opportunities to participate in community gardens or other food production activities. During the 2012 growing season there were a total of eight community supported agriculture (CSA) programs based in New London County. Awareness of CSA programs and their benefits could be increased and programs could be unified to increase their reach within the community.

In the 2012 season, there were 18 total farmers' markets in the county. This has grown from 14 farmers' markets for the 2011 season. Only five of the 18 farmers' markets accepted SNAP benefits, 13 out of 18 were WIC cash value voucher (CVV) authorized, and all 18 farmers' markets were Farmers' Market Nutrition Program (FMNP) authorized.

Information about farmers' market locations should be increased in emergency food provider locations. Additionally, increasing the number of farmers' markets that are SNAP or WIC CVV authorized would be beneficial to lower income populations. Finally, there is no publicly available central source for determining community garden locations in New London County.

Key Recommendations

- Increase convenience for clients who require emergency food as an ongoing need by:
 - Giving out a larger portion of food to last at least one week instead of the traditional three days.
 - Providing more accessible pantry hours for working clients.
 - Providing assistance for “wrap-around services” at emergency food sites or cross-training workers on benefit programs to better inform clients of assistance options.
- Improve communication among emergency food providers for improved awareness, updating, and sharing of ideas.
- Further research the status of transportation as it relates to food access.
- Increase the number of farmers' markets in the county authorized to accept SNAP benefits and WIC cash value vouchers.
- Research the location and availability of community gardens in the county and create a publicly available central source for gardening information and resources.

School and Childcare Environments

In the third chapter, the community's ability to encourage healthy food choices and to provide access to healthful foods in the school and childcare environments are examined. Like adults, children with poor eating habits are at risk of diet-related health problems, such as obesity, diabetes, cardiovascular disease, and increased blood pressure. Food insecurity is a barrier to ensuring healthy eating habits and

can be particularly harmful to children due to the potential for long-term consequences. Food insecure children tend to do more poorly in school and have lower academic achievement because they cannot concentrate.

The rate of child food insecurity in New London County for 2010 was 16.9% or 9,990 children. School food service programs, including the national school lunch and school breakfast programs, have become an important tool in alleviating hunger among food insecure children. In New London County, three out of 20 school districts do not participate in the school breakfast program, and many schools could increase their school breakfast participation rates. A total of \$1,148,633 would be brought to New London County school districts if all eligible students currently participating in the free and reduced lunch program were to receive a free and reduced breakfast as well.

Increasing the consumption of healthful and/or locally grown foods in New London County schools is an important component to improving the health of our children. Schools can opt to participate in a Healthy Food Certification (HFC), meaning that the school opts to apply the Connecticut Nutrition Standard to all foods sold to students, including school stores and vending machines. During the 2012-2013 school year, 17 of 20 school districts in New London County implemented the Healthy Food Certification.

The State Department of Agriculture reported that in 2011 at least eight of 20 schools districts in New London County were participating in a farm to school program. A school or childcare center garden offers opportunities for community cohesion by providing an environmental learning center, which creates connections with food from seed to table. Children who grow their own foods and understand where the food they eat comes from are more likely to consume it. More research is needed to determine the total number of school and childcare center gardens found in New London County.

Recommended policy strategies to encourage healthy choices by children include encouraging school policies to provide a school garden, prohibiting access to sugar-sweetened beverages, and banning marketing of less healthful foods and beverages onsite.

Key Recommendations

- Increase participation in federal school breakfast programs.
- Increase the total number of schools participating in the Healthy Food Certification.
- Create more opportunities to engage youth in understanding local farms and agriculture as well as the nutrition and preparation of healthful foods.
- Research the total number of gardens in schools and daycare centers and work to increase the total number of youth educational gardens present within the county.
- Build relationships with principals, school staff, and school wellness committees for improved collaboration between schools and other food system stakeholders and to implement healthy food policies within schools.

Introduction

New London County Demographics

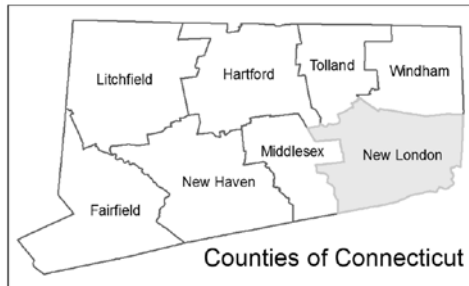


Figure 1 Counties of Connecticut (Ledge Light Health District, 2012)

New London County is one of eight counties in Connecticut, occupying a 771 square mile area located in the southeastern corner. The county includes 21 municipalities: Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton, Lebanon, Ledyard, Lisbon, Lyme, Montville, New London, North Stonington, Norwich, Old Lyme, Preston, Salem, Sprague, Stonington, Voluntown, and Waterford. There is a high diversity among towns ranging from rural agricultural land to urban manufacturing cities (Ledge Light Health District, 2012).

Government

Connecticut does not have county government. The towns are the principal units of local government and have the power to adopt their own local charters and structure of government. Regional Planning Organizations (RPOs) were created to address regional issues, including infrastructure and land use (Ledge Light Health District, 2012). Most municipalities in New London County are part of the Southeastern Connecticut Council of Governments, while Lyme and Old Lyme are members of the Connecticut River Estuary Regional Planning Agency, and Lebanon is a member of the Windham Regional Council of Governments.



Figure 2 New London County Districts (Ledge Light Health District, 2012)

Population

In 2010 the total population of the county was 274,055 (U.S. Census Bureau, 2010). This includes 107,057 households with an average household of 2.4 persons. Of these households 31.3% include persons under 18 years of age and 26.2% include persons 65 years of age and over (U.S. Census Bureau, 2010). New London County's population is somewhat diverse. The racial and ethnic composition is 78.3% Caucasian, 5.8% Black or African American, 4.2 % Asian, 0.9% American Indian, and 8.5% Hispanic or Latino (21.7% non-white) (U.S. Census Bureau, 2010).

Most of the non-white population in the county is concentrated in three municipalities: Norwich, New London, and Groton. The vast majority of county residents over five years old speak English (86.1%); 13.9% have a primary language other than English, and only 5.7% of those speak English less than "very well" (Ledge Light Health District, 2012).

Income and Unemployment

In 2010, the median income was \$62,230 per household in the county (Ledge Light Health District, 2012). As shown in Table 1, the median income for New London County households falls below the state median. Income inequality exists in the state and county by ethnicity, race, gender, and household composition. The income disparity in Connecticut ranks second in the nation and has grown faster than any state in the nation (Partnership for Strong Communities, 2010).

Income by municipality in New London County varies considerably. In 2010 median household income in the county ranged from a low of \$40,624 in New London to a high of \$107,483 in Lyme. Four municipalities have median household incomes below the state median: New London, Norwich, Groton, and Griswold, though only New London and Norwich fall below the national median. Almost two-thirds of the county's municipalities experienced a decline in the household median income from 2009-2010, likely related to the economic recession and the resulting rise in unemployment.

Municipality	Median Household Income (\$) in 2009	Median Household Income (\$) in 2010
Bozrah	70,000	70,000
Colchester	83,643	81,288
East Lyme	84,606	83,271
Franklin	77,601	76,511
Griswold	62,921	58,720
Groton	57,237	55,874
Lebanon	77,110	71,713
Ledyard	78,488	77,903
Lisbon	68,249	64,754
Lyme	91,672	107,483
Montville	68,362	65,852
New London	42,688	40,624
North Stonington	72,936	75,162
Norwich	48,505	47,851
Old Lyme	86,765	93,064
Preston	69,475	68,965
Salem	85,414	88,375
Sprague	53,784	64,361
Stonington	66,447	69,144
Voluntown	72,322	69,887
Waterford	69,463	71,575
New London County	63,239	62,230
Connecticut	67,034	64,321
US	50,221	50,046

Table 1 New London County Median Household Income (Ledge Light Health District, 2012)

In October 2012, the unemployment rate in New London County was 9.0%

(CT Department of Labor, 2012). Unemployment rates ranged from a low of 6.3% in Lyme to a high of 11.9% in New London (CT Department of Labor, 2012). Unskilled workers, persons with low educational attainment, and minorities are historically at higher risk for unemployment (Ledge Light Health District, 2012).

Education

Advancing levels of education are strongly associated with increased income and the related benefits of improved socioeconomic status (Ledge Light Health District, 2012). Figure 3 shows that in New London County the overall county rate for high school completion is approximately the same as the state rate, while the rate of attaining a bachelor's degree or higher falls below the state rate. Lower levels of educational attainment are found in the municipalities with the lowest median household incomes: Norwich and New London. Montville and Voluntown rank similarly low in educational attainment.

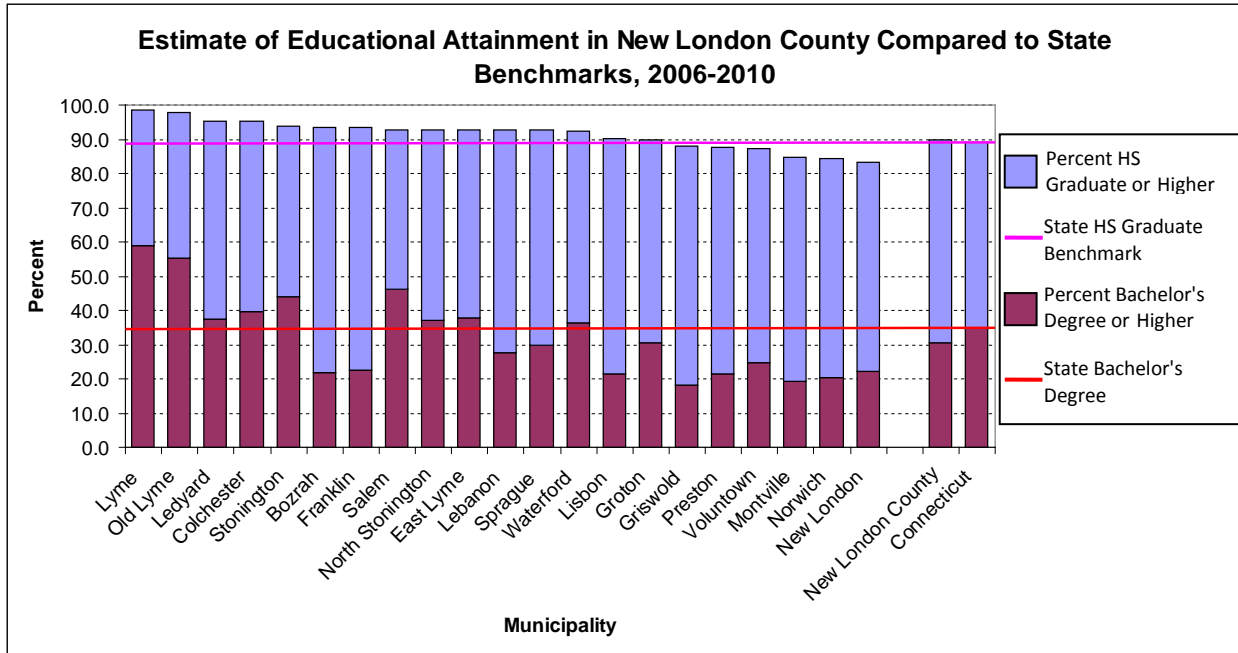


Figure 3- Estimate of Educational Attainment in New London County Compared to State Benchmarks, 2006-2010 Source: Ledge Light Health District

Health Resources

New London County is home to two acute care hospitals: Lawrence + Memorial Hospital in New London and William W Backus Hospital in Norwich. There are two federally qualified health centers¹ located within the county: Generations Family Health Center in Norwich and the United Community and Family Services with several locations across the county. There are several census tracts in Groton, Norwich, and New London that are federally designated primary care health professional shortage areas (Ledge Light Health District, 2012).

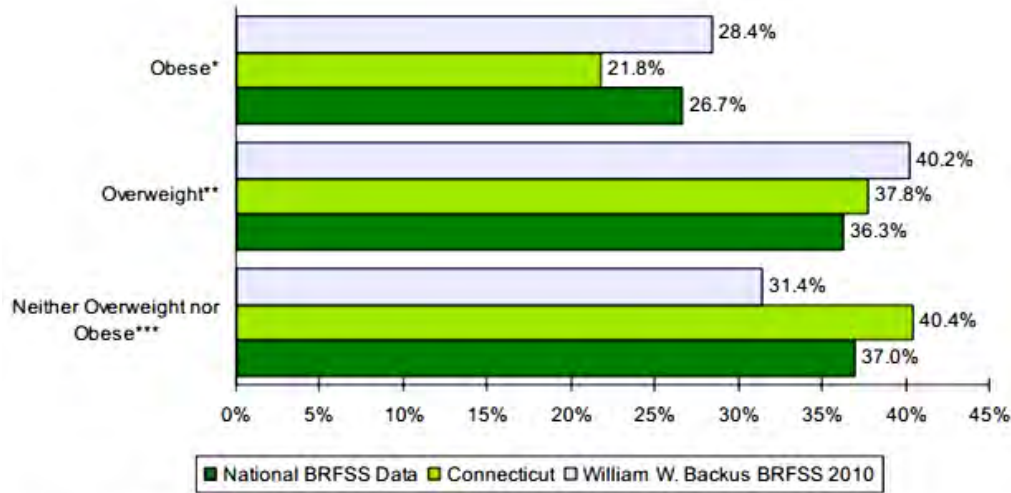
Municipalities within the county are served by three full-time health districts and eight part-time health departments. The majority (thirteen out of twenty-one) of the county’s municipalities, and 214,906 out of 274,055 residents, are served by Ledge Light Health District and Uncas Health District. There are a wide variety of additional health-related resources within the county. United Way 2-1-1 maintains an up-to-date online searchable community resource database of health and human service providers, agencies, and organizations (Ledge Light Health District, 2012).

New London County’s Health

In 2010 Backus Hospital commissioned a study to determine the health needs of the region, using a Centers for Disease Control and Prevention (CDC) surveillance study tool. The survey highlighted the health status of New London and Windham County residents and showed that 28.4% of the population was obese and a startling additional 40.2% of the population was overweight (see Figure 4). The results

¹ Federally qualified health centers (FQHC) receive federal funding support to provide preventive, primary, and specialty care services in medically underserved areas.

are disproportionately higher than those of other regions in the United States and were considered by hospital officials as serious indicators of a need for action in the region (Holleran, 2010).



*William W. Backus Hospital 2010 is significantly higher than the Connecticut comparison.
 **William W. Backus Hospital 2010 is significantly different from the National comparison.
 ***William W. Backus Hospital 2010 is significantly lower than National and Connecticut comparisons.

Figure 4 William W. Backus Hospital 2010 Community Health Needs Assessment Weight Results

At the same time, Lawrence + Memorial Hospital in New London was key sponsor of a regional needs assessment by United Way of Southeastern Connecticut with emphasis on the underlying conditions that impact health and well-being in the area. Under the direction of the United Way Board of Directors, the needs assessment was conducted by the Center for Research and Public Policy in Vermont. The needs assessment also received support from Dominion Nuclear Connecticut and the Community Foundation of Eastern Connecticut. Focus group participants completing deliberative needs cards were asked to determine the health areas which needed to be a priority for United Way: 69% of the respondents listed food/hunger as a priority, 36.2% listed nutrition, and 34.5% listed fitness and obesity as critical (United Way of Southeastern Connecticut, 2010).

Recognizing the growing need for improved diet-related health in the region and understanding its links to food insecurity, various stakeholders from the New London County community united as the New London County Food Policy Council (NLCFPC). This Council sought to examine the state of health and hunger as they relate to the local food system, and the ability of its community to support actions and environmental changes in improving the health and reducing hunger among its citizens.

Additional Community Health Needs Assessments

Lawrence + Memorial Hospital has more recently released a 2012 Community Health Needs Assessment. This includes the towns of New London, East Lyme, Lyme, Groton, Ledyard, Montville, North Stonington, Stonington, Old Lyme, and Waterford. Following are some key indicators that were reported in relation to dietary health:

- The percent of adults who reported a BMI of 30 or greater in New London County (26.0) was lower than the Healthy People 2020 goal of 30.6. However, it was still higher than that reported for the State (23.1).
- The 65 and over age group reported the highest percent (25.5) of obese individuals in 2010.
- In 2010 the incidence of diabetes in the L+M primary care area for ages 18-84 was 33.7%, a percentage much higher than recommended by Healthy People 2020 (7.2).

William W. Backus Hospital spearheaded a comprehensive 2012 Community Health Needs Assessment to evaluate the health needs of individuals living in the hospital service area surrounding Norwich, Connecticut. The purpose of the assessment is to gather information about local health needs and health behaviors. Following are some dietary health-related findings:

- A larger proportion of residents in the total service area (27.8%) are considered obese when compared to the the state (23.3%). In addition, fewer residents (32.3%) are considered of a normal weight when compared to the state (39.4%) and the nation (35.0%).
- The proportion of residents who have never been told by a doctor that they have diabetes (92.8%) is higher when compared to the state (87.7%) and the Nation (87.2%).

Food Policy Councils and the Food System

New London County is experiencing a rise in the rate of obesity and an increase in food insecurity and malnutrition. A lack of adequate and nutritious food can lead to a diminished quality of life that may end with premature death due to diet-related chronic disease. These components are all inter-related within the larger food system.

Figure 5 illustrates the various components of a food system. The parts listed within the arrows illustrate the typical cycle of food within a community. Starting with food production, it is processed, distributed through wholesale, distributed through retail outlets, prepared into meals and consumed, and recovered as waste or composted where the cycle begins anew. The center of the wheel shows how these components are influenced, while the outside of the wheel shows how the various parts of the food system relate to community goals. For example, the government can influence retail distribution in improving healthy food access and reducing food insecurity.

Looking at the food system when planning for public health is a relatively new concept. Currently there is no form of government that considers the food system in its entirety and advocates for the welfare of its citizens regarding food. Issues associated with food policy, nutrition and the health system have become fragmented across multiple government and local organizations. Therefore, there is a growing recognition that a comprehensive framework is required to create strategies to improve the health across our region efficiently and effectively.



Figure 5- The Food System and Its Links to Community Goals (Pothukuchi, The Detroit Food System Report, 2009-2010)

Food policy councils (FPCs) are usually developed to be innovative collaborations between citizens, organizations, and government officials. FPCs have been forming in the United States since the first FPC was developed in Knoxville, Tennessee, in 1985. Some FPCs are sanctioned by government, while others are independent bodies which seek to influence and impact government on food issues.

FPCs exist at the local, county, regional, or state level. The scope of an FPC varies by location. They are usually developed by a community to give voice to the concerns and interests of its members regarding food systems and food politics. Members generally come together to provide a broader perspective and understanding of the regional or local food system. The community members that comprise an FPC can vary as widely as the community itself. The scope of work can range from sustainability and fair worker interests in the agriculture sector to tackling obesity, nutrition, and hunger issues (Alethea Harper, 2009). Figure 6 below shows the variability of community areas that food policy councils typically target.



Figure 6 Food system diagram. Source www.fpclanecounty.org/overview

Most food policy councils have four functions:

- To evaluate and influence policy
- To launch or support programs and services that address local needs
- To foster coordination between sectors in the food system
- To serve as forums for discussing food issues

The four functions often are integrated. For example, in connecting local farmers directly to school lunch programs, the production and meal preparation sectors would collaborate in evaluating policies or programs to support the effort. In general, FPCs are umbrella organizations in which many groups can participate and foster new and innovative approaches (Alethea Harper, 2009).

Currently in Connecticut a state-level food policy council is established within the Department of Agriculture (Connecticut Food Policy Council, 2012). At the municipal level, the New Haven Food Policy Council (New Haven Food Policy Council, 2012) and the City of Hartford Advisory Commission on Food

Policy (City of Hartford, 2012) have been created by city ordinances and are funded and supported by the municipalities.

The New London County Food Policy Council

In early January 2011 United Way of Southeastern Connecticut (United Way) established the New London County Food Policy Council (NLCFPC). United Way is unique because it funds a regional emergency food distribution center, the Gemma E. Moran United Way/ Labor Food Center (Food Center), which distributes food to 96 feeding sites throughout New London County.

Founding partners for the NLCFPC, in addition to United Way and the Food Center, included: William W. Backus Hospital, Lawrence + Memorial Hospital, Thames Valley Council for Community Action (TVCCA), F.R.E.S.H. New London, the Southeastern Mental Health Authority (SMHA), and a freelance research scientist. Since January 2011, the NLCFPC has grown to include a broad group of stakeholders. It remains independent from government but includes government constituents. Please refer to www.nlcfpc.org for the NLCFPC's full member list.

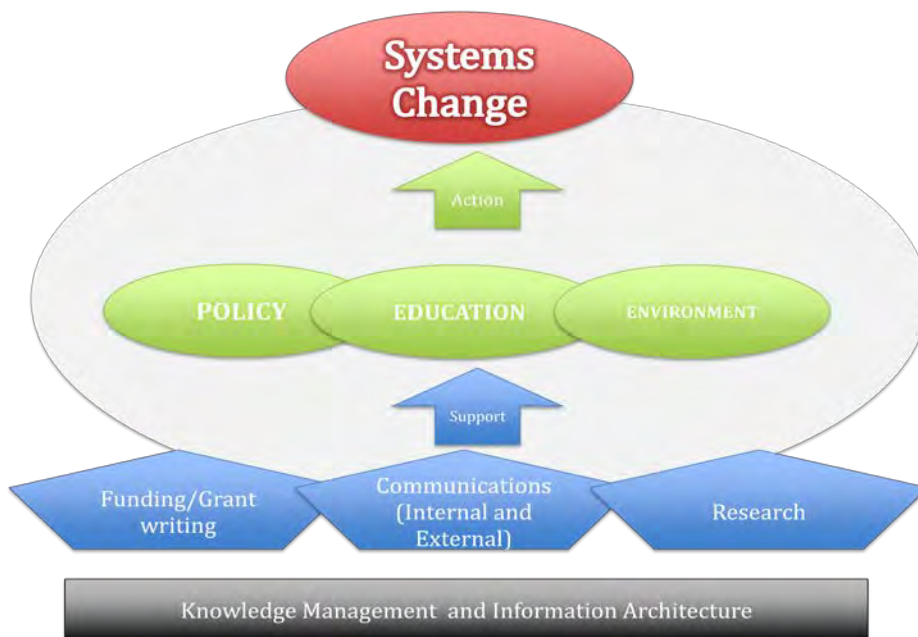


Figure 7 NLCFPC Systems Change Framework.
Illustration contributed by Sheryl Torr-Brown, PhD

The activities of the New London County Food Policy Council began with an exploration. The partners convened and planned a research process to develop a multi-disciplinary and collaborative approach to tackling the food and health issues of the region. It was determined that a countywide, outcomes-based approach should be developed to reduce diet-related diseases, particularly in children and low-income populations. Figure 7 illustrates the framework through which the NLCFPC plans to enact systems change. Through a base of

research, funding, and communications, it will support policy, educational, and environmental actions into the New London County community for results that affect its regional food system.

The Baseline Report

Goals

From 2011 to 2012 a baseline study was conducted to investigate the New London County food system as it relates to community health. This study was advised by United Way of Southeastern Connecticut and other NLCFPC members. Project objectives are described as follows:

- Inform the NLCFPC on the county food system in selected indicator areas
- Provide recommendations to improve the county's food system
- Assist with future decision-making about policies and actions
- Establish a long-term food system monitoring system with a clear set of indicators

Indicators and areas of interest in the food system were chosen that are most closely tied to its mission of enhancing the diet-related health of New London County residents. Findings have resulted in this report, designed to highlight needs, assets, and recommendations. It intends to serve as a guiding document for the NLCFPC when determining its priorities, actions, and future assessment areas.

Organization of the Study

For people to eat healthful foods, not only must healthful food options be available and accessible, but individuals must be encouraged to make the healthy choice by their community as well. Encouraging healthy choices has many facets that include nutrition education efforts and the marketing of foods. Ensuring access to healthful foods considers the basic pillars of community food security, such as socioeconomic factors, accessibility, and local production of foods. The Institute of Medicine (IOM) states that we must strengthen schools as the heart of health (Institute of Medicine of the National Academies, 2012). In order to combat childhood obesity, school and childcare center strategies must encourage children to make healthy choices as well as provide healthful options, as is reflected in the larger community.

This report is broken down into the following three main chapters:

- Health in the Community
- Food Access
 - Socioeconomic Access
 - Accessibility
 - Local Food Access
- The School and Childcare Food Environments

Each chapter will highlight findings from primary and secondary research. Findings consist of indicators, needs, assets, and recommendations. Indicators are statistics and data points that are intended to represent the state of the county in relation to a particular component of the community's food-related health. Indicators were chosen by pulling from myriad community food assessments (Exploring the Clark County Food System, 2008; USDA's Community Food Security Toolkit, 1999) and by consulting with New London County stakeholders to find out what kinds of data would be most useful to them in assessing improvements in the food system. The indicator data points have all been chosen from reliable

secondary data sources, which are current and will consistently be available in the future. Needs, assets, and recommendations have been found as a combination of both secondary and primary data collection methods.

Methodology of Data Collection

Information for this baseline report was gathered from interviews, surveys, and existing studies and publications. Secondary resources were used for information on demographics, various community indicators, and a review of strategies and policy recommendations from experts in public health and food systems planning. Information from a Food Service Director survey conducted by the NLCFPC in July of 2012 was included in the School and Childcare Food Environments chapter.

“I’m happy to finally be heard and that this organization has opened, no one really has taken the time to listen to us in a long time!”

Food pantry provider
interviewed by the NLCFPC

For primary data collection, the NLCFPC gathered information from various perspectives: individuals who experience food insecurity, pantry administrators who work with food insecure populations, and food system stakeholders from the New London County community. In total, data was collected through 380 emergency food client surveys, 46 food pantry administrator surveys, and 27 stakeholder interviews.

To collect primary data from individuals who experience food insecurity, the NLCFPC research group developed the Emergency Food Client Survey (Appendix A) in collaboration with Ledge Light Health District that incorporated questions from hunger studies by the Greater Boston Food Bank, a St. Vincent de Paul Place end-user survey, a New London Area Food Pantry end-user survey, and a household food security report from the U.S. Department of Agriculture (USDA) (Nord, Andrews, & Carlson, 2009).

For primary input from pantry administrators, a Pantry Provider Survey (Appendix B) was developed based on hunger studies compiled by Greater Boston Food Bank, a Feeding America best practices pantry survey, and the USDA Emergency Food System report. Also, additional questions were added to the survey with the help of community stakeholders.

Information from these surveys was gathered to help gain a strong understanding of:

- Factors contributing to hunger
- Characteristics of individuals and households who receive food from the emergency food system kitchens and pantries
- Barriers, challenges, and client preferences regarding the emergency food system

The Emergency Food Client Survey was administered at fifteen pantry and community meal locations, which were determined by pounds distributed, number of meals served, and geographic location in New London County (based on Food Center data from 2011). This allowed for a wide range of data, which considered both the geographical and cultural representation of the county. The study only surveyed clients from pantries and community meals sites in order to eliminate possible repetition in the samples collected. Shelters were not included as survey sites since clients are highly likely to additionally

frequent pantries and kitchens. Refer to Appendix C for a list of pantries and community meal sites where surveys were distributed.

Surveys in Spanish were made available at all locations and English and Spanish speakers were present to assist in filling them out. A total of 380 surveys were completed, representing 380 households and at least 685 adults, 400 children, and 47 seniors utilizing the emergency food services.

The Pantry Provider Survey was administered at 46 pantries and community meal sites through site interviews using volunteers. All pantries and kitchens participating in the Food Center program were contacted, and the site interview sample was determined based on geography and availability.

Input about the local food system was gathered by administering 27 key stakeholder interviews. The interviewed stakeholders were determined by the NLCFPC research group. Representation from a range of food system sectors was considered to ensure a varied perspective. The full list of interviewees along with their representation can be found in Appendix D. Interview questions were formulated that would help highlight the needs, assets and local opportunities, and recommendations associated with hunger and diet-related health in the community. Interview questions are included in Appendix E.

Limitations

Primary data collection through local surveys and interviews was limited to the sampling of 46 food pantries and community meal sites. These are not intended to be representative of all New London County residents.

Chapter 1: Health in the Community

It is commonly known that obesity and related chronic diseases are at the forefront of health problems that our society is facing, both nationally and globally. Although national rates have been rising since the mid-1970s, the prevalence of overweight and obesity has increased from 18.3% to 25.1% of the population between 1998 and 2006 (SustiNet Health Partnership, 2010). Similarly, the prevalence of diabetes has increased from 6.3% of the population in 2002 (Department of Health and Human Services, 2012) to 8.3% of the U.S. population in 2011 (Centers for Disease Control and Prevention, 2011). As a result many communities are placing an increased emphasis on community health.

The Centers for Disease Control and Prevention (CDC) recommends food policy councils as conveners in helping to create environmental and systemic change to reverse the U.S. obesity epidemic. It believes that a comprehensive and coordinated approach is needed, using policy and environmental changes to transform communities into places that support and promote healthy lifestyle choices (Keener, 2009). The CDC acknowledges that being obese is more than a matter of individual choice and that a community should work to improve its environment so that the healthy choice becomes the easy choice (Centers for Disease Control and Prevention, 2012). Food insecurity and poverty are factors that have a strong relationship to poor diet-related health due to their association to environments that encourage poor food choices, among other factors.

This chapter describes rates for obesity and associated health risks in New London County, looks at its relationship to food insecurity, examines the role of a community in helping to fight diet-related diseases among its citizens, and considers factors which influence personal behaviors and choices that could contribute to healthy eating patterns and improved health.

Diet-Related Health in New London County

The New London County community has not been immune to the changing waistline patterns seen nationally:

- **In 2009, 23.3% of adults in New London County were obese, compared to 20.6% in 2004** (Centers for Disease Control and Prevention, 2012).

Additionally, increasing rates in childhood obesity and overweight are increasingly at the forefront. According to the CDC, the prevalence of childhood and adolescent obesity has more than tripled in the past 30 years. In 1980, the percentage of children aged 6 to 11 years in the nation who were obese was 7%.



Photo Credit: Rudd Center for Food Policy and Obesity

This has increased to nearly 12% in 2008. Similarly, the incidence of obesity among adolescents aged 12 to 19 years increased from 5% to 18% over this same time period. In addition to health concerns, youth who are obese are more likely to experience social and psychological problems due to poor self-esteem and are more likely to be overweight adults. (Centers for Disease Control and Prevention, 2012)

- **From 2008-2010, the average low- income² preschool obesity rate was 16.5% of students aged 2-4 years in New London County** (Economic Research Service, 2012).

No consistent, reliable, and readily available source of childhood obesity data was found for New London County. For more information on indicators as they relate to the diet of children in New London County, please refer to Chapter 3-the School and Childcare Food Environments.

Overweight and Obese: What do they mean?

Body weight status can be categorized as underweight, healthy weight, overweight, or obese. Body mass index (BMI) is a tool that can be used to estimate an individual's body weight status. BMI is a measure of weight in kilograms (kg) relative to height in meters (m) squared. The terms overweight and obese describe BMI ranges of weight that are greater than what is considered healthy for a given height. These categories are a guide, and some people at a healthy weight also may have weight related health conditions. Because children and adolescents are growing, their BMI is plotted on growth charts for sex and age. The percentile indicates the relative position of the child's BMI among children of the same sex and age (U.S. Department of Agriculture and U.S. Department of Health and Human Services, December 2010). It is to be noted that while BMI can be used on an individual basis, it is a tool that is more relevant as a health indicator on a community-wide basis. A higher BMI average for a community correlates to increased healthcare costs, lower productivity, and shorter life spans than the previous generation.

Category	Children and Adolescents (BMI for Age Percentile Range)	Adults (BMI)
Underweight	Less than the 5 th percentile	Less than 18.5
Healthy Weight	5 th percentile to less than the 85 th percentile	18.5 to 24.9
Overweight	85 th percentile to less than the 95 th percentile	25.0 to 29.9
Obese	Equal to or greater than the 95 th percentile	30.0 or greater

Adult BMI can be calculated at <http://www.nhlbisupport.com/bmi/>.

A child and adolescent BMI calculator is available at <http://apps.nccd.cdc.gov/dnpabmi/>.

The long-term consequences of this epidemic weigh on the community in many ways. Being overweight or obese increases the risk of many diseases and health conditions, including hypertension, coronary heart disease, stroke, respiratory problems, certain types of cancer, and more notably type II diabetes (National Heart, Lung, and Blood Institute in cooperation with The National Institute of Diabetes and Digestive and Kidney Diseases, 1998).

With diabetes, the body loses the ability to produce or use insulin, and it is increasing at alarming rates in conjunction with obesity. There are two kinds of diabetes: type I and type II. Type I is not attributable to diet and is usually onset at a young age. Type II diabetes is the type associated with obesity, among other factors, and can be prevented with a healthy diet and exercise (National Diabetes Information Clearinghouse, 2011). In the past, type II diabetes was commonly referred to as adult onset diabetes;

² This means they are in households with income < to 200% of the poverty threshold for their family size.

however, in the past two decades children have been developing type II diabetes in relation to increases in obesity rates among other environmental factors.

- In 2009, the New London County rate of adults diagnosed with diabetes was 8.1%, compared to 6.6% in 2004 (Centers for Disease Control and Prevention, 2012).

Regarding public health, it is important to consider both the treatment of diet-related diseases and the prevention of diet-related diseases. Treatment of obesity is an expensive and extended process requiring significant investment of health care dollars. In 2008, national medical costs associated with obesity were estimated at \$147 billion. The medical costs for people who are obese were \$1,429 higher than those of normal weight (Eric A. Finkelstein, 2009).

Obesity-related medical expenditures in Connecticut adults are \$1.08 billion each year (Finkelstein E, 2004). Similarly, after adjusting for population age and sex differences, average medical expenditures among people with diagnosed diabetes were 2.3 times higher than what would be predicted for an individual without diabetes (Centers for Disease Control and Prevention, 2011). It is certainly more efficient to invest in prevention, and the State of Connecticut’s Sustinet Childhood and Adult Obesity Task Force recommends this approach for the majority of initiatives in Connecticut (Sustinet Health Partnership, 2010).

A Model on Predictors of Obesity

There are many factors involved in becoming obese, from the physiological component of eating to the effects an environment imposes on an eater. The “Ecological Model of Obesity” shown in Figure 8 illustrates the many facets of these interactions, which lead to previously discussed “Health Outcomes” at the far right of the figure.

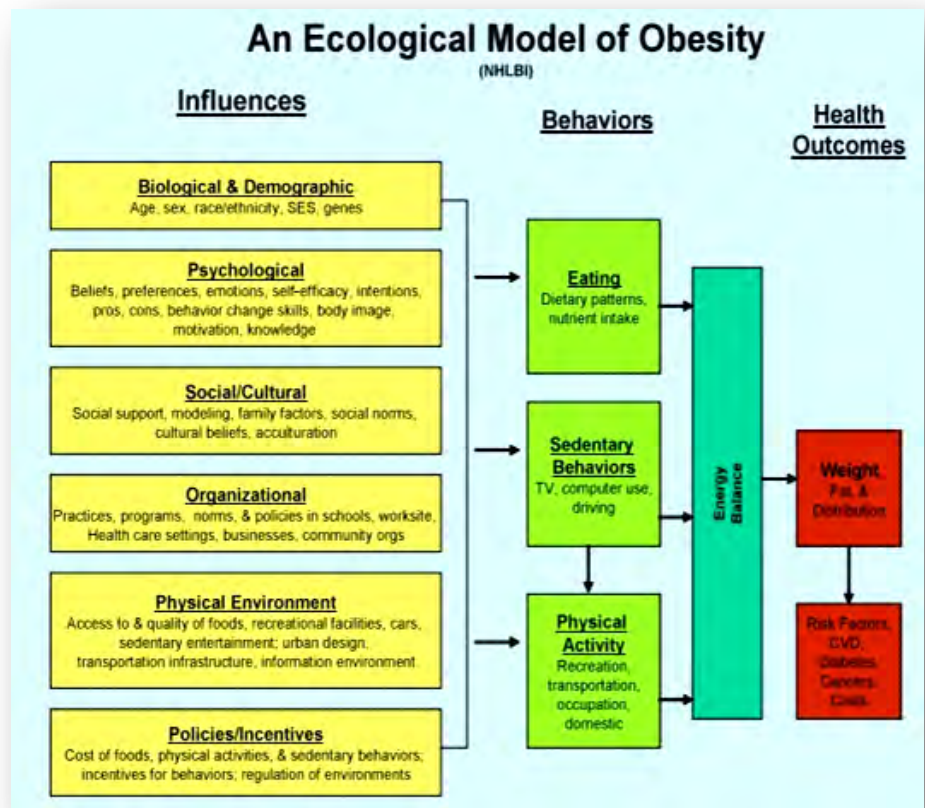


Figure 8- An Ecological Model of Obesity- developed for the NHLBI Workshop on Predictors of Obesity, Weight Gain, Diet, and Physical Activity: August 4-5, 2004, Bethesda MD

In the rectangle at right, “Energy Balance” refers to a calorie balance equation that says calories consumed should be equal to calories burned through exercise. In the case of obesity one consumes more calories than they burn, and the body’s excess of energy will lead this individual to gain weight. This energy imbalance is at the core of understanding regarding causes in obesity. Another factor to note is that one could be consuming too many calories while still not ingesting appropriate amounts of nutrients for adequate health. Therefore, for adequate health some individuals with excess weight who are feeling unhealthy may need to not only reduce the amount of calories consumed, but also increase certain nutrients.

An energy imbalance is supported by personal “Behaviors” illustrated as a column in the center of Figure 8. This includes a person’s actions and habits that contribute to the amount of calories consumed or exerted on a regular basis. The Institute of Medicine has highlighted a set of behavioral changes that are likely to encourage a proper energy balance. The listed eating behaviors focus on not only consuming an appropriate amount of calories, but also on overall dietary quality. These include “increasing plant-based dietary components; reducing the consumption of sugar-sweetened beverages and of high-calorie, energy-dense foods; increasing breastfeeding and responsive child feeding; and ensuring the intake of nutrients needed to promote optimal linear growth” (Institute of Medicine of the National Academies, 2012).

The NLCFPC fully acknowledges the two main factors of energy balance, but will focus its research on the energy intake side of the equation, which relates to the food system. The State of Connecticut’s SustiNet Childhood and Adult Obesity Task Force states that: “In the field of obesity treatment and prevention, there has been an ongoing tension between those who study the food side of the equation and those who study the activity side of the equation. Some of the most vocal advocates for the importance of more physical activity have been members of the food and restaurant industries. Recent research, however, has determined that the changes in food intake that have occurred in the last three decades are more than sufficient to explain the rise in obesity in the United States.”



Lastly, the yellow boxes on the left illustrate the many types of influences that will determine one’s behaviors. It is often debated how much control people have over their own behaviors when factoring in the various influences that affect them. These influences range from biological, demographic, and cultural factors, to policies and the physical environment at the work place and within one’s community.

In order to pinpoint the cause of obesity one would need to fully understand what could go wrong within each of these interactions that ultimately influence an energy imbalance. In the end, individuals choose the type and amount of food they eat and how physically active they are. However, these choices are often limited by what can be done in a particular environment, including stores, restaurants, schools, and worksites. The overall environment in which we now live, work, learn, and play has contributed to the obesity epidemic (Keener, 2009). The fact that obesity is

caused by energy imbalance – with more calories consumed than expended – says everything and nothing at the same time. This leads us to ask ourselves: What is causing individuals to behave in a way that is creating this imbalance of calories and nutrients?

Influences On Our Decisions

Changes in our society over time have affected our lifestyles and diets. We now have more two-worker households who, short on time, value convenient foods over healthy, home-cooked meals. Unfortunately, quick and easily prepared foods are often more processed and of a higher calorie content. Changes in etiquette and norms around eating have increased expectations around portion sizes and broadened societal acceptance regarding when and where one should eat. A large increase in marketing for fast food and high-calorie snacks, as opposed to healthy fares like fruits and vegetables also play a role in our choices of food. (SustiNet Health Partnership, 2010)

Consequently, New London County residents have been consuming less of the healthier, but sometimes more intimidating to prepare, fruits and vegetables.

- **Only 27.4% of adults aged 18 years and older in New London County consume at least five servings of fruits or vegetables per day** (Behavioral Risk Factor Surveillance System, 2007).

Compared to people who consume a diet with only small amounts of fruits and vegetables, people who eat a diet high in fruits and vegetables are likely to have reduced risk of chronic diseases, including stroke and possibly other cardiovascular diseases, and certain cancers (Centers for Disease Control and Prevention, 2012).

Figure 9 illustrates the ideal proportions of a healthy diet recommended by the United States Department of Agriculture. This includes a higher proportion of legumes, whole grains, and low-fat dairy products in addition to fruits and vegetables. It also encourages a lower consumption of meat and saturated fat (U.S. Department of Agriculture and U.S. Department of Health and Human Services, December 2010).

What used to be common knowledge or instinct about which foods are healthful is being buried under marketing ads encouraging and confusing people into eating products that are not healthful to eat on a regular basis. In addition to this, highly processed, calorie dense, nutrient lacking foods are often less expensive than healthful whole foods. The knowledge and skills required to prepare healthy, inexpensive meals, which used to be passed down through family and culture, is dwindling. This information is needed to arm oneself against the high-calorie, low-nutrient, processed, and easy to prepare foods abundantly found in grocery stores and



Figure 9- The United States Department of Agriculture's MyPlate, which illustrates the five food groups that are the building blocks for a healthy diet.

encountered on a daily basis. A more recently discovered barrier is the addictive component of high-calorie foods, particularly those containing high levels of fructose, or a kind of sugar. A study has determined that fructose leads to a “vicious cycle of excessive consumption” and that “societal efforts to reduce fructose consumption will likely be necessary to combat the obesity epidemic.” (Lustig, 2010)

“It should require little effort to eat well and great effort to eat poorly, instead of the current situation, which is the other way around.”

SustiNet Childhood and Adult Obesity Taskforce

Food Insecurity and Health

While excess weight is a result of consuming too many calories, there is frequently a counter-intuitive relationship between being food insecure and being overweight or obese. Food insecure individuals are disproportionately affected by obesity and other diet-related diseases (Tanumihardjo SA, 2007).

Socioeconomic status is a strong factor influencing one’s food consumption behaviors and health outcomes. There is a growing body of research suggesting that socioeconomic factors underlie many of the observed racial, ethnic, and gender inequalities in health status, and that socioeconomic factors are powerful predictors of health status and health outcomes (Ledge Light Health District, 2012). A study found that 12% of low-income³ children were overweight, compared with 9% of children from families at or above 300% of the poverty line (Gershoff, 2003). Many families with a low-income often must live in neighborhoods where fresh, healthful foods are not only scarce, but sometimes more expensive and of a lower quality than other neighborhoods (Andreyeva, 2008). A study of the New Haven area has shown that supermarkets located in less affluent areas stock fewer healthier varieties of foods and have fresh produce of lower quality than supermarkets located in higher-income areas (Andreyeva, 2008). Conversely, highly processed and calorie dense foods are more readily available and of a lower cost (Morland, 2002). A 2004 study demonstrated that a strong relationship exists between food products with a high energy density, usually due to higher fat and sugar content, and a lower cost per calorie (Drewnoski A, 2004).

When considering these barriers, in addition to the previously mentioned societal changes and the stresses of living on a low-income, one can understand today’s relationship showing that a higher percentage of food insecure families are obese when compared to the population at large. This issue of decreased access to healthful foods for those of a lower socioeconomic status in New London County is further examined in Chapter 2 of this report. The remainder of this chapter will focus on assisting residents to make informed choices about their food selections by examining the information provided in the environment.

³ At 200% of Federal Poverty Line and below

Informing the Healthy Choice in New London County

A common belief is that food decisions are made based on knowledge and conscious intention. However, as researchers study human eating behavior we are learning that we are highly influenced by the nutrition environment or places where one buys or eats food, often in ways that are outside of our awareness.

Having considered New London County's high obesity rates and the reasons behind personal choices that have led to this, the NLCFPC examined the nutrition education efforts present for the county's residents to develop practical, healthful and sustainable dietary habits regardless of their income or social status. Through various stakeholder interviews, the NLCFPC discerned various categories of efforts and needs within the community that represent possibilities for future action. With an overarching goal of assisting citizens in making the healthy choice their default behavior, we will examine nutrition education programs, the role of health care providers, and health-centered policies.



Community Nutrition Education Programs

Having residents who are informed in making healthy food choices is an important element to a community's wellbeing. Often people at risk for making poor food choices do not have the knowledge to make wise food decisions or do not have the skills to cook healthful foods. Education programs on food and nutrition are an important part of increasing food security among those at highest risk. Additionally, the culture in today's society does not prioritize cooking skills and consequently the knowledge to prepare healthful meals in inexpensive ways is slowly being lost in the general community. As a result, many nutrition education programs are being administered to help community members regain this knowledge.

New London County provides a wide array of programs that help individuals to prepare healthful meals within their budgets, to decipher nutrition labels, and to manage and reduce their weight. Two long-standing nutrition education programs in the county are the SNAP-Ed (Supplemental Nutrition Assistance Program Education) program and the EFNEP (Expanded Food Nutrition Education Program) program. The Connecticut Department of Social Services, in partnership with the University of Connecticut Health Center, administers SNAP-Ed for older adults in the county. The EFNEP nutrition education efforts are administered by the University of Connecticut College of Agriculture and Natural Resources Department.

SNAP-Ed promotes healthy eating and active lifestyles among those eligible for the Supplemental Nutrition Assistance Program (SNAP) throughout the lifespan (National Institute of Food and Agriculture, 2009). EFNEP provides food and nutrition education to low income families with children and to low income youth in order to improve food choices, shopping and food preparation skills, and food safety (National Institute of Food and Agriculture, 2009). It is one of the federal government's longest running education outreach programs.

These programs are currently minimally funded within the county. A number of other programs are delivered to various target audiences. A few multi-week Cooking Matters for Teens sessions, provided through Share Our Strength and local dietitians, taught teens how to make healthy food choices, meals, and snacks. The Hispanic Health Council regularly conducts nutrition puppet shows at New London and Norwich Public Schools. Ledge Light Health District takes part in assisting with many nutrition education efforts including Healthy Kids are Happy Kids (HKHK), the African American Health Council, and Women's Healthy Heart. The Community Health Center of New London provides nutritional counseling for the community. Finally, both hospitals located in the county have also been actively involved in nutrition education programs. These are profiled in the Nutrition Focused Health Care Providers section.



Registered Dietitian Erica Benvenuti showing older adults how to make healthful salad dressings at a mobile farmers' market stop in Groton

Through emergency food client and pantry provider surveys, much feedback was given regarding an increased need for nutrition education in emergency food agencies across the county for not only clients, but volunteers in assisting clients and choosing healthful foods. More information on food access in the emergency food system can be found in Section 1 of Chapter 2. However, it is believed that access to healthful foods must go hand in hand with nutrition education. One way of accomplishing this is to create a culture of nutrition education at emergency food agencies that supports economic self-sufficiency (Pascual & Powers, 2012). This can take the form of cooking demonstrations, gardens on-site or in community plots, or creative displays. Generally, there is much information on nutrition education programming that emergency food providers are not aware of or cannot access. There is a need to make available nutrition education resources for emergency food providers as well as assist with information sharing between existing programs.

Impact in nutrition education is difficult to determine; however, some needs for improved outreach have been determined from various community members. First there is a need to increase the number of dietitians that mirror

the ethnic background of the population. Secondly, nutrition education programs are scattered and many are unaware of one another. There is a need to coordinate or catalog these efforts in order to determine demographic gaps in populations targeted.

Nutrition Focused Health Care Providers

Health professionals have an important role in both preventing obesity and other diet-related diseases as well helping those who have already developed conditions (SustiNet Health Partnership, 2010). Mental health communities, school health professionals, and dietitians within the New London County community have all stressed the importance of connecting patients to a health care support system that emphasizes a healthy diet and teaches the know-how for improved health. It is difficult for individuals to change their food consumption behaviors when many components of their environment do not support this change.

The health care community must provide leadership for the public and model best practices in promoting health. These practices include purchasing from local producers, becoming a fast food-free zone, replacing unhealthy snacks with healthy choices in vending machines, and hosting a farmers' market on hospital grounds (American Medical Association, 2009). Leading by example through responsible purchases is imperative for health care organizations that are a large component of the food system: the national health care market for food and beverage expenses are estimated at \$12 billion annually (Harvie, Mikkelsen, & Shak, 2009).

Additionally, hospitals can provide healthful consumption information to their patients or to the community through their website and support the Healthy Food in Health Care Pledge. The Healthy Food in Health Care Pledge is a framework that outlines steps to be taken by those in the health care industry to improve the health of patients, communities, and the environment. Visit www.healthyfoodinhealthcare.org/pledge to learn more or to sign the pledge.

“It is essential that health care organizations become both models and advocates of food systems that promote optimal health.”

The American Medical Association

Efforts to improve local food systems by health care organizations should be shared to encourage best practices within the community. In New London County, Lawrence + Memorial Hospital and the William W. Backus Hospital have been actively involved in encouraging proper nutrition. Lawrence + Memorial Hospital has successfully run the Happier Healthier You program, which helps individuals change lifestyle behaviors and lose weight in nine weeks with a mix of advice from a nurse, a dietitian, and a chef. It also outreaches to the faith-based community through its Faith In Action network, regularly conducts community nutrition education sessions through staffed dietitians, provides a pediatric weight management program, and hosts a weekly farmers' market on hospital grounds (see Appendix I for market details).

The William W. Backus Hospital conducts the Rx for Health program (profiled below), reaches out to pantries and the community with cooking demonstrations and its Mobile Health Van, and partners with a high school for a full day of health-related sessions led by health care specialists (Life Happens). Additionally, it offers a weight loss program titled Thin's In, which helps patients to lose weight at its Backus Weight Loss Center, and provides Enjoy L.I.F.E. (Lifelong Investment in Fitness and Exercise), a six-month program designed to help people eat healthier, exercise more, lose weight and improve quality of life. It also promotes O.W.C.H. (Online Weight Management Counseling for Healthcare Providers), a program developed by Dr. David Katz of the Yale University School of Medicine, to its staff as a method to obtain Continuing Medical Education credits while learning more about offering nutrition education to patients.

R_x for Health

The William W. Backus Hospital partnered with the Norwich Community Development Council, the Thames Valley Council for Community Action (TVCCA), multiple local farmers, and two local Federally Qualified Health Centers (FQHCs) - United Community & Family Services and Generations Family Health Center, Inc.

For the Rx for Health program, Primary Care Providers (PCPs) at the FQHCs wrote prescriptions for healthy foods that were redeemable at the farmers' market from a Registered Dietitian. The prescriptions were worth \$20 in vouchers per week for five concurrent weeks.

- From August to September 2010, 22 families participated in the program
- From June to October 2011, 33 families participated in the program
- In 2010 98% of all vouchers handed out were redeemed at the market (a total of 830 vouchers were distributed)

Surveys and the focus group discussion yielded positive results:

- Participating families indicated that they incorporated more fruits and vegetables into their meals.
- The families thought their children increased their fruit and vegetable intake during the program: there were noted increases from 1-2 fruits and vegetables per day to 3-4 fruits and vegetables per day.
- Budget limitations were frequently cited as a barrier to accessing fresh fruits and vegetables. Participants appreciated the opportunity to spend \$100 on fresh produce.
- Asked about having to get an actual prescription from the doctor for "fruits and veggies," two participants noted that it made an impact on their children. One participant stated: "In fact, it's changed the way he looks at food. We read the labels, especially for carbohydrates. He realizes that there's almost a day's worth of carbohydrates in a can of soda."

Plans for the future include partnering with locally owned and operated supermarkets in low-income neighborhoods to provide a similar program. They would also like to outreach to homeless populations with cooking demonstrations in soup kitchens and promote dietitian-led supermarket tours focusing on how to shop on a budget.



Christopher Gregory, right, holds his son Alejandro while his wife, Jacquelin Miranda, looks over the vegetable choices at the Norwich Farmers Market at Howard T. Brown Memorial Park. Photo credit: William W. Backus Hospital's "Backus Healthy Connections"

Health-Centered Policies

Policies are an important factor affecting the choices of individuals on a daily basis and are central influences on the food system. Yale's Rudd Center for Food Policy and Obesity (Rudd Center) highly recommends policies as a way to enact health-related change in one's community, particularly because they have long-term effects, broad reach, and assist in making healthful eating the default behavior. Policies can impact how food is grown, processed, labeled, or made available to a community (American Medical Association, 2009).

There are various types of policies. Some policies are institutional or represent voluntary changes implemented within an organization. Others are regulatory and involve legislation that may affect organizations (Institute of Medicine of the National Academies, 2012). Ideally policies would encourage healthful food consumption behaviors by offering an abundance of fruits and vegetables that are inexpensive, processed foods that are scarce, and advertising which promotes the consumption of healthful foods. Also, every community would have a supermarket; no schools would sell junk food; and

local governments and workplaces would only serve healthful fares in their cafeterias, vending machines, and at functions and meetings. All of this could be accomplished with the careful use of policies.

A number of respected institutions have issued policy recommendations in response to the obesity epidemic, including the Yale Rudd Center for Policy & Obesity, the Institute of Medicine, and the Centers for Disease Control. Following are some of these recommendations whose sentiments have been echoed by New London County community stakeholders:

- Adopt policies and implement practices to reduce overconsumption of sugar-sweetened beverages (Institute of Medicine of the National Academies, 2012). This could include:
 - Making clean, potable water available
 - Prohibiting access to sugar-sweetened beverages, including flavored/sweetened milk, in schools and licensed childcare facilities and limiting the portion size of 100% juice
 - Providing a variety of beverage options that are competitively priced
- Utilize strong nutritional standards for all foods and beverages sold or provided by the government and ensure that these healthy options are available in all places frequented by the public (Institute of Medicine of the National Academies, 2012). This would apply to meal menus, vending machines, and food provided in meetings and other food outlets.
- Adopt policies that limit advertising and promotion of less healthful foods and beverages (Keener, 2009).
- Adopt policies to affect the cost of healthier foods and beverages relative to the cost of less healthful foods and beverages sold (Keener, 2009).
- Adopt policies that encourage the production, distribution, or procurement of food from local farms (Keener, 2009).

Many of these policy recommendations could be instituted in the business community and private sectors, schools, after-school programs, childcare centers, community recreational facilities, and municipal buildings. Some of these may also be adopted by local governments on a public and regulatory basis.

Recommendations

- Create targeted community campaigns regarding how to reduce obesity and related chronic diseases by developing simple nutrition education messages.
- Advocate for and support district-wide efforts to address policies and practices to limit advertisements that contribute to unhealthy eating behaviors and lifestyles.
- Increase the integration of nutrition into health care for a multidisciplinary team approach and emphasize the best practices that do so, including the William W. Backus Rx for Health initiative and their encouragement of Dr. David Katz's O.W.C.H. program.
- Advocate for workplace-based health improvement programs and nutrition policies and increase the number of workplace environments that promote healthy eating habits. Options include policies and practices for ensuring vending machines in workplaces that include healthful options, adopting standards for the provision of healthful food at all meetings and events, and providing tax and other incentives for businesses to offer physical activity, healthful food options, and lactation accommodations to employees.
- Increase education about accessing healthful foods. This could include developing a sourcing guide that includes the locations of farmers markets, community supported agriculture (CSA) programs, and farm stands.
- Increase nutrition education efforts at emergency food provider locations.
- Further research the nutrition education efforts in New London County and develop a central system to coordinate efforts and facilitate closing educational gaps in target demographic populations.

Chapter 2: Food Access

Access to healthful food is a necessary part of making sure that New London County residents consume healthful diets. Regardless of which foods one wishes to choose, food choices are ultimately affected by one's access to the food supply. Ensuring that a community has adequate access to food for its citizens is a component of community food security. It can be viewed as an expansion of the concept of household food security, or conventional "food security."⁴

Household food security generally focuses on the individual or household level of need, mostly as food assistance and social welfare programs, whereas community food security places an emphasis on the infrastructure of food access, where the food comes from, how it is produced, and the effects of current food production and distribution.

Community food security involves many facets: social and economic resources that are available, the location of retail food stores and the food items that they carry, transportation that is available for obtaining resources and food, and connections to obtain fresh and local produce around the county (Pothukuchi, Joseph, Burton, & and Fisher, 2002). This chapter will examine many of these factors that ultimately contribute to the food options provided for the New London County community. It will consider how well-equipped the community is in meeting the food-related needs of its residents.

"Community food security is a condition in which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance and social justice."

(Pothukuchi, Joseph, Burton, & and Fisher, 2002)

Section 1: Socioeconomic Access

Food security is one of several conditions necessary for a population to be healthy and well-nourished (Coleman-Jensen, Nord, Andrews, & and Carlson, 2012). High rates of unemployment and poverty in New London County have decreased many families' ability to remain self-sufficient and pay for daily living expenses, often compromising their food security. Consequently, there are a growing number of families who do not have enough money to purchase food through normal channels.

This section examines the population of New London County residents that is food insecure and examines the adequacy of the county's options for these families who lack the financial resources to meet their nutritional needs. This includes federal assistance programs and the emergency food system. In addition, it is important to find out whether there are barriers that make use of these resources difficult. Examples of this might include lack of information or distance to resources.

⁴ The term "food security" is synonymous with household food security. Community food security will be referred to as such.

Who is Food Insecure in New London County

The face of hunger is changing in communities across the country, and situations are no different in New London County where not having access to enough food to sustain a healthy life is a reality for many households.

In New London County one in eight households cannot always afford the food they need.

- **In 2010 the food insecurity rate in New London County, or the percentage of the population that was food insecure, was 11.7%** (Feeding America, 2012).



This number is slightly lower than both Connecticut's average (13.8%) and the national average (16.1%), but has slightly increased since 2009 (11.2%) (Feeding America, 2012). In order to provide context given fluctuations from the recent recession, the Census Bureau estimates that the average food insecurity rate in New London County from 2005-07 was 8.8% while the same rate averaged from 2008-2010 was 12.7%. This shows an average 3.9% increase since 2005 (Economic Research Service, 2012).

Unemployment levels are rising and many families are struggling to put food on their tables. There are members of the community who are dealing with daily stresses in getting enough food to eat and to live healthful, productive lives. This is happening everywhere in the county, from urban communities in Norwich and New London, to rural settings in Sprague and Voluntown, and even in suburban households in Stonington. These people are often hard-working adults, who simply are not making enough money in this economy to make ends meet and are often forced to skip meals due to their inability to afford food.

- **The Poverty Rate in New London County for 2011 was 8.8% or a total of 22,977 individuals.** (U.S. Census Bureau, 2012).
- **In 2010 the average cost of a meal in New London County was \$2.78.** This compares to \$2.73 per meal in Connecticut and \$2.52 per meal for the United States (Feeding America, 2012).
- **In 2010 New London County had a meal gap⁵ of 5,468,558 meals** (Feeding America, 2012).

Though the populations affected by poverty and food insecurity overlap, they are not identical. Not all people in poverty are food insecure, and the risk of food insecurity is also present among those living above the federal poverty level (Nord, Andrews, & Carlson, 2007).

⁵ The meal gap is a conversion of the total annual food budget shortfall in a specified area divided by the weighted cost per meal in that area. This calculation used a 2010 food budget shortfall of \$15,202,590 and an average meal cost of \$2.78 for New London County.

Food Insecurity, Hunger, and Poverty

Food insecurity is a household-level economic and social condition of limited or uncertain access to adequate food. This is defined in two parts:

- **Low food security** (*old label=Food insecurity without hunger*): reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
- **Very low food security** (*old label=Food insecurity with hunger*): Reports of multiple indications of disrupted eating patterns and reduced food intake. (Economic Research Service, 2012)

Hunger is an individual-level physiological condition and potential consequence of food insecurity that, because of prolonged, involuntary lack of food, results in discomfort, illness, weakness, or pain that goes beyond the usual uneasy sensation. (Economic Research Service, 2012)

Poverty rate is the percentage of people (or families) who are living in poverty. Poverty status is determined by comparing annual income to a set of dollar values called poverty thresholds that vary by family size, number of children, and the age of the householder. If a family’s income before tax is less than the dollar value of their threshold, then that family and every individual in it are considered to be in poverty. For people not living in families, poverty status is determined by comparing the individual’s income to his or her poverty threshold. The poverty thresholds are updated annually to allow for changes in the cost of living using the Consumer Price Index (CPI-U). They do not vary geographically (Bishaw, 2012).

"Below 100% of poverty" is the same as "in poverty." (U.S. Department of Commerce, 2012)

In areas with a high cost of living such as New London County, families living well above the poverty level often struggle financially. In 2012 Connecticut was the seventh most expensive state in the United States for housing (National Low Income Housing Coalition, 2012). The living wage required for a person in the Norwich-New London area to live in a one bedroom apartment is double the current minimum wage⁶ (Universal Living Wage, 2011).

The University of Connecticut conducted an at-risk ranking of towns in Connecticut based on the likelihood that a resident in that town is food insecure. A low number indicates the least risk of being food insecure, while a high number indicates a high risk of being food insecure. This ranking is based on a total of 169 towns in Connecticut. Ranking was calculated based on characteristics of town residents such as age, education, children, unemployment, poverty, and vehicle ownership.

Following are the top and lowest five ranking towns in New London County (Rabinowitz & Martin, 2012):

Five Lowest-Risk for Food Insecurity Towns of New London County

Town	Population At-Risk Ranking
Lyme	36
Salem	37
Ledyard	38
Old Lyme	48
Colchester	49

Five Highest-Risk for Food Insecurity Towns of New London County

Town	Population At-Risk Ranking
New London	163
Norwich	161
Groton	150
Griswold	144
Sprague	138

⁶ Using a current 2012 CT minimum wage of \$8.25

Emergency Food Client Demographics

The NLCFPC surveyed end users of various pantries and community meal sites around New London County, to evaluate the demographics of clients facing food insecurity. A total of 380 surveys were completed, representing 380 households and the voice of at least 685 adults, 400 children, and 47 older adults utilizing emergency and supplemental food services.

It was found that 51.8% of those clients surveyed reported using SNAP benefits in addition to food pantry resources. We believe these survey results represent a small cross-section of not only the emergency food system users, but of hungry individuals in the community who are utilizing a variety of channels to make ends meet. For more detailed results of emergency food client survey demographics, please refer to Appendix F.

Additional findings of the survey results include:

- 27% of clients surveyed were either working full-time or part-time, and 30% were unemployed and looking for work.
- 21.8% of clients surveyed had an education level higher than high school, including 4.1% with graduate and post-graduate degrees.
- In addition to more commonly seen reasons for using the emergency food system, such as a temporary job loss (13%) or a disability (12%), results showed that a shocking 56% of clients reported their reason for visit as an ongoing need for food/insufficient income (see Figure 10).
- 94% of clients reported cooking at home, and of those 66% reported cooking at home 5-7 days per week (10% cooked at home 1-2 days/week and 24% cooked at home 3-4 days/week).

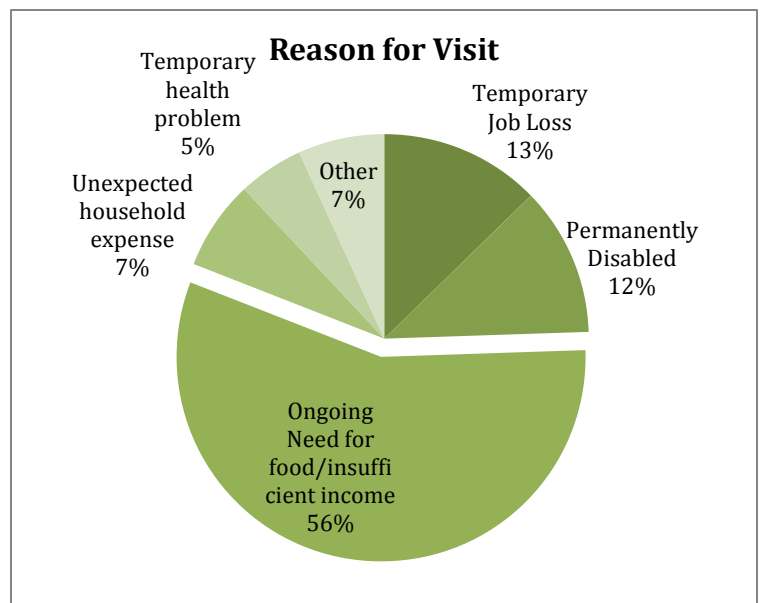


Figure 10- Reasons for visit to food pantries listed by clients in the Emergency Food Client Survey conducted by the NLCFPC

Older Adults and Food Insecurity

Older adults or senior citizens are a large and growing population subgroup in New London County that is particularly vulnerable and should be considered when looking to ensure good diet-related health and food security in the region.

In 2010 a total of 14.2%, or 507,837 of New London County's residents were 65 years of age or older (Economic Research Service, 2012). This is the same as Connecticut's state rate of 14.2% (Administration on Aging, 2011).

It is estimated that by 2015 the number of older adults in Connecticut will increase by 11.9%. In contrast, the number of those between the ages of 18 and 64 will only increase by 0.10% (Connecticut's State Unit on Aging, 2010).

As the older adult population grows larger it is important to consider the implications involved in planning for health, in addition to the other specialized needs and support that this population will bring (Ledge Light Health District, 2012). Nutrition is a key component to staying well, and older adults have unique nutritional needs and challenges (Feeding America, 2013). Oftentimes senior medical needs require that nutritionally adequate diets are maintained. Older adults may have many barriers to consuming a healthy diet of fresh fruits and vegetables, including: financial difficulties, accessing and shopping for the food, which will be covered in Section 2 of this chapter, and preparing, chewing, and swallowing the produce (Johnson, Beaudoin, Smith, Beresford, & LoGerfo, 2004).

Income is a large barrier to food security for older adults. A fixed income paired with increasing medical costs can often place older adults in a position of food insecurity.

- **In 2010, 6.6% of adults aged 65 years and older in Connecticut were living below the poverty level** (Administration on Aging, 2011).

Indeed, it was discerned through NLCFPC surveys that among the older adult community the main reason for needing food was that of insufficient income. These results matched with concerns raised by older adult targeted pantries and senior centers which confirmed that the income for retired individuals relying on Social Security was not sufficient for independently-living older adults to make ends meet including a healthful diet.

Often, unexpected household expenses or medical expenses related to disability may create a state of food insecurity and increase the need for emergency food. It is important to ensure that older adults in the New London County community who qualify for assistance programs and would like to use them are making use of these benefits. Additionally, older adults should be encouraged to work with municipal agents and senior center coordinators to learn about available assistance for managing costs.

Federal Assistance Programs

State and federal government programs are essential tools to providing food safety nets for millions of Americans. This section looks at federal food assistance programs and examines their status within the community. Programs include the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplement Nutrition Program for Women, Infants, and Children (WIC). The federal assistance programs administered in schools are examined in Chapter 3.

In the 2012 Community Food Security report from the University of Connecticut towns were ranked by how well residents were being served by public food assistance programs. The ranking includes a comprehensive examination of SNAP, WIC, school meals, and bus service for accessibility. The following results represent a ranking out of 169 total towns in Connecticut with the lowest number showing that the town is well served (Rabinowitz & Martin, 2012).

5 Highest-Ranking Towns of New London County

Town	Food Assistance State Ranking
Norwich	4
New London	6
Sprague	26
Montville	35
Griswold	36

5 Lowest-Ranking Towns of New London County

Town	Food Assistance State Ranking
Old Lyme	140
Franklin	138
Salem	131
Preston	102
Lyme	93

The Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) plays a critical role in helping low-income Americans put healthful food on the table. The alleviation of food insecurity is the central goal of SNAP, the largest food assistance program in the United States. People apply for benefits by completing a state application form. Benefits are provided on an electronic card that is used like a debit card and is accepted at most grocery stores.

In Connecticut, applications can be made at a state Department of Social Services (DSS) office or by mail (CT Department of Social Services, 2012). There are two DSS offices serving New London County located in Norwich and Middletown (CT Department of Social Services, 2011). Refer to Appendix H for office contact information.

When the SNAP program began (formerly known as “food stamps”), its objective was to help low-income Americans get enough to eat. Over time the program evolved from solely focusing on sufficient quantities of food to emphasizing the consumption of healthful foods with a high nutrient content (Food and Nutrition Service, 2012).



SNAP participation closely follows trends in poverty and unemployment since its eligibility is determined by a standard related to the poverty level (Feeding America, 2012). According to the USDA’s Food and Nutrition Service (FNS), eligibility for SNAP is limited to those with a monthly gross income up to 130% of the federal poverty line (\$2,498 for a family of four). Participants must demonstrate that their net monthly income, after deductions for housing and childcare costs, is less than or equal to 100% of the poverty line (\$1,921 for a family of four). The current maximum monthly allotment for SNAP benefits

based on a family of four is \$668. See Appendix G for more information on SNAP eligibility (Food and Nutrition Service, 2012).

- **Approximately 10.6% of New London County residents received SNAP benefits in 2011, an increase compared to a rate of 7.3% in 2009** (Economic Research Service, 2012).
- **In 2009 75% of eligible New London County residents received SNAP benefits** (Economic Research Service, 2012).

For many families SNAP benefits do not last the entire month. The national average monthly SNAP benefit per person was \$133.85 in fiscal year 2011 or less than \$1.50 per person per meal (Food and Nutrition Service, 2012), hardly enough for an adequately nutritious diet. Most SNAP benefits are exhausted before the end of the month with 90% of benefits redeemed by day 21 (Castner & Henke, 2011). As a result, many families receiving SNAP benefits must turn to food pantries to make ends meet. A September 2011 Feeding America study found that the sooner a household's SNAP benefits run out during the month the more frequently they visit a food pantry (Feeding America, 2011).

Special Supplement Nutrition Program for Women, Infants, and Children (WIC)

The Special Supplement Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for nutritional assessment and education, referrals to health care, and nutritious foods to supplement diets for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at financial risk. Income eligibility is set at or below 185% of the federal poverty income limit (WIC counts an unborn infant as a household member) (CT Department of Public Health, 2012). Under these guidelines a family of four can make up to \$42,643 gross income (before taxes) a year to be income eligible (CT Department of Public Health, 2012).

WIC participants receive vouchers that can be redeemed for specified nutritious foods at designated grocery stores. WIC also offers monthly cash value vouchers (CVV), \$8 for women and \$6 for children, specifically for fresh, frozen, and canned vegetables and fruits year round. CVV purchases can be made at authorized farmers' markets and WIC authorized retail outlets. The WIC CVV program is different from WIC FMNP (Farmers Market Nutrition Program), which is only redeemable at farmers' markets. (U.S. Department of Agriculture, 2007)

In New London County, WIC is administered through the Thames Valley Council for Community Action (TVCCA), which has offices in both New London and Norwich (CT Department of Public Health, 2012). For contact and address information, refer to Appendix H.

- **In 2012 there were 48,318 WIC clients served by TVCCA⁷ in New London County. This includes 12,016 infants, 24,535 children under five years of age, and 11,764 pregnant, breastfeeding and postpartum women.** (CT Department of Public Health- WIC, 2012)
- **In 2012 TVCCA WIC clients redeemed an average of \$247,447 per month in food, including women (\$39,795), infants (\$127,106), and children (\$80,547)⁸** (CT Department of Public Health- WIC, 2012).

⁷ TVCCA serves a total of 17 towns in New London County.

⁸ Using a 10-month average from 11/11 to 08/12

- In 2012⁹ there was a Connecticut State Cash Value Voucher (CVV) redemption rate of 82.57% (654,615 total vouchers issued). This compares to 2011¹⁰ when CVV redemption rates were 81.83% (658,307 vouchers issued). CVV redemption rate data are only collected on a state-wide basis (CT Department of Public Health- WIC, 2012).

Overview of the Emergency Food System

For many clients monthly SNAP benefits and other federal assistance programs are not sufficient to meet their household's grocery needs. Among food insecure people in New London County 54% do not qualify for SNAP or other government programs because their incomes are above the income guidelines required for these programs, although their incomes are inadequate to feed their families (Feeding America, 2012).

These families often rely on other sources such as the Connecticut Food Bank, Gemma E. Moran United Way/Labor Food Center, local pantries and kitchens to help feed themselves and their families. A Feeding America study in 2012 found that among clients currently receiving SNAP benefits over half (58%) have visited a food pantry monthly for at least six months or more during the past year (Feeding America, 2011). What have historically been "emergency" programs are now being utilized more as ongoing supplemental programs. This has been seen among many emergency food sources nationwide and has been an increasing trend in New London County.

The emergency food system consists of various components, including food banks, food pantries, community meal sites, and shelters. A University of Connecticut report on community food security revealed that towns with relatively higher private food provision resources (for example, community meal sites) enjoyed a higher level of community food security (Tchumtchoua & Lopez, 2005).

In 2012, there were a total of 48 food pantries, 18 community meal sites, and five shelters in New London County. Refer to Appendix J for a full list of emergency food locations. The Gemma E. Moran United Way/Labor Food Center (Food Center) is the distribution food bank for the majority of food pantries and feeding sites in New London County (a total of 96, which include day care and residential programs as well) (United Way of Southeastern CT, 2012).

Emergency Food System Terms

Commodities: Foods purchased by USDA to feed people in need.

Community Meal Site (Soup Kitchens): Sites that supply meals for onsite consumption.

CT NAP: Connecticut Nutrition Assistance Program. State and federal dollars are used to buy high-protein food and other nutritionally beneficial supplemental foods in bulk to be distributed by the emergency food system.

Feeding America: A national network of 200 food banks and food rescue operations.

Connecticut Food Bank is a member of Feeding America. The Gemma E. Moran United Way/Labor Food Center is a Partner Distribution Program of the Connecticut Food Bank.

Food Bank: Organizations that solicit and distribute wholesome, edible food (usually surplus) to local non-profit charities or client agencies, which then distribute the food directly to needy individuals and families.

Food Pantry: Distribution centers that provide groceries and other basic necessities that clients use in their homes or at locations away from distribution sites.

Shelter (emergency shelter): A facility or a part of which is used to provide temporary housing.

TEFAP: The Emergency Food Assistance Program. Federal dollars are allocated to cover the cost of warehousing and distributing USDA commodities.

Sources:

<http://www.ctfoodbank.org/about-hunger/terms-abbreviations> and USDA terms

⁹ Fiscal Year Oct 2011- Sept 2012, interim figures for Sept 2012

¹⁰ Fiscal Year Oct 2010- Sept 2011

In the past ten years, there has been nearly a threefold increase in demand for emergency food. Between 2001 and 2013, the Food Center's total food distribution increased from 843,000 pounds to nearly 3 million pounds (see Figure 11). This equates to 1,664,171 emergency meals served in 2011.¹¹ In September 2012 alone, 90 agencies across the county distributed more than 145,467 pounds of food (Gemma E. Moran United Way/ Labor Food Center, 2012).

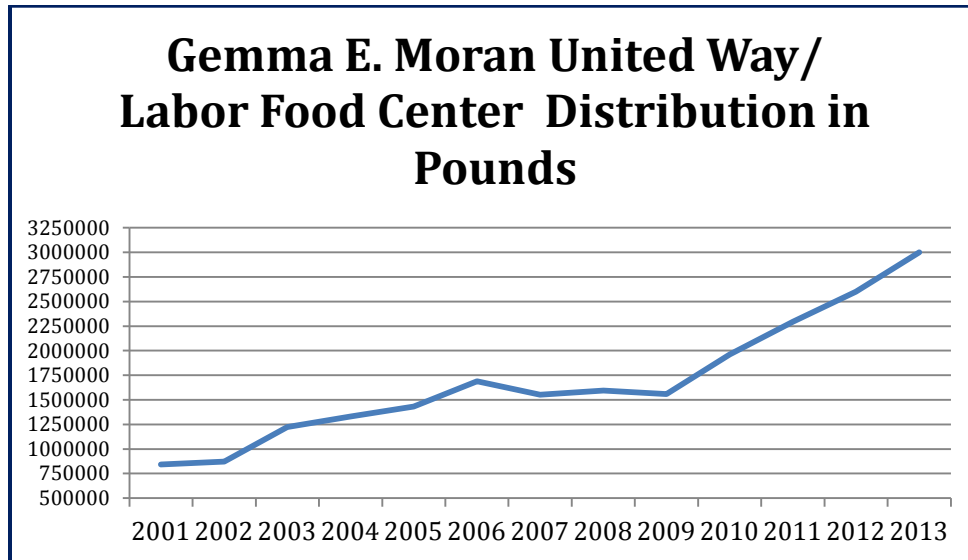


Figure 11- Gemma E. Moran United Way/ Labor Food Center Food Distribution in Pounds, including a projection for the 2013 fiscal year.

Where Does The Food Come From?

The Gemma E. Moran United Way/Labor Food Center receives surplus non-perishables and more recently perishable foods from Connecticut Food Bank, Feeding America, U.S. Department of Agriculture (USDA), food corporations, distributors, packers, supermarket chains, local retailers, and restaurants. It also receives food and monetary donations from the community through food drives performed by corporations, post offices, civic groups, schools and a wide variety of businesses to help strengthen the food supply that will benefit their local community needs.



Although the emergency food system began as an accrual of surplus material, there is a national and county effort to satisfy more of the supplemental and emergency client needs by providing more nutritious diet enhancing food options. The Food Center also occasionally participates in gleaning

¹¹ Using the formula (1.3) pounds of food equal (1) meal

events. Some farmers notify the Food Center that they have extra produce that they would like to donate. The produce is either dropped off at the Food Center or a Food Center truck is sent to the farmer's land for pickup. There is much room to expand with gleaning activities, and it has been discerned that more organization regarding volunteers and pickups could be beneficial to the Food Center.

About the Gemma E. Moran United Way/Labor Food Center

With 35.5 million households at risk for hunger in the United States in 2009, a strong national response is required to meet the need for anti-hunger programming. Nationwide, a complex public private partnership has developed between government and the emergency food assistance system. In New London County, a unique set of partnerships has developed to fight hunger by modifying our emergency food system to fit our community needs.

The Food Center's vision to "strengthen the community by offering food and guidance to every man, woman, and child in their times of need" came from the belief that in the land of plentiful there should be NO reason why anyone should go hungry.

The Food Center was established in 1988 by United Way of Southeastern Connecticut in partnership with the Metal Trades Council, New London Central Labor Council, Norwich-New London Building and Construction, Trades Council, MDA United Auto Workers, Teamsters, and Norwich Central Labor Council.

The Food Center joined efforts as an anti-hunger advocate by becoming a Partner Distribution Organization (PDO) of the Connecticut Food Bank (CTFB) in East Haven, the largest food bank in the state.



Where Does The Food Go?

The Food Center supplies free food to sites that are 501(c)(3) sponsored members. These include: emergency pantries, community meal sites (soup kitchens), child daycare centers, homeless shelters, after-school programs, shelters for battered women and their children, programs for the elderly, senior nutrition programs, and many more.

- **In 2011-2012 the Food Center served an average of 19,827 individuals per month.** Of these individuals 27.7% were under 18 years of age, 63.6% were 18 to 64 years old, and 8.7% were over the age of 64 (Gemma E. Moran United Way/ Labor Food Center, 2012).

Programs such as Plenty of Produce for People in Need (P.O.P.P.I.N.) allow distribution to non-member agencies in the community of both perishable and non-perishable surplus food. Therefore, the Food Center along with both member and non-member agencies in New London County continue to fight hunger by providing a sustainable source of food for all those in need regardless of socioeconomic status. The face of hunger is shifting along with the recession, and the emergency food system in New London County works to serve not only the low-income population, but all community members that are now at risk of hunger.

Current Needs for Emergency Food System Clients

Through both emergency food client and pantry provider surveys conducted by the NLCFPC areas of need were revealed and are presented below. Throughout pantry provider surveys several highly effective systems emerged. These successful pantries deserve to be recognized and given the opportunity to share successes and ideas with other pantries. The P.O.P.P.I.N. program in Sprague is a great example of a fresh fruit and vegetable success story. However, this section is intended to identify needs and areas of improvement highlighted in surveys.

Better Transportation

It has been discerned that transportation services between towns could be improved. As seen in Figure 12 only 2% of surveyed clients use the bus system to reach food pantries, while a total of 45% walk or receive transportation from friends and family.

Through discussions with clients it was found that many would like to use the bus system, but simply cannot because of price or inconvenience. Transportation was listed by 25% of survey respondents as a barrier to getting to pantries or community meal sites. The price of transportation was especially highlighted by clients as a barrier to accessing emergency food sites.

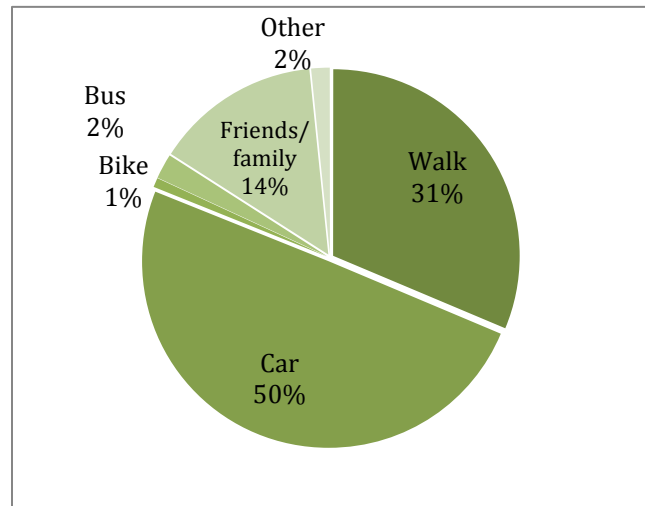


Figure 12 Emergency Food Client Survey results regarding the method of transportation to emergency food sites

Better Convenience for Non-Traditional Clients

Clients are no longer coming to pantries only for short-term, emergency situations. For the majority of people seeking food assistance, pantries are a part of households' longer-term strategies to supplement monthly shortfalls in food. For increased convenience it is believed by stakeholders that an ideal two-week supply of food should be given as opposed to the traditional three-day emergency food supply. This would assist clients and working families by reducing transportation and other burdens some families face in reaching pantries on a regular basis.

It is believed that emergency food assistance is only “the tip of the iceberg” when considering the financial troubles some families are experiencing. Other forms of assistance these families seek (a.k.a. “wrap-around services”) include heating assistance, SNAP benefits, and medical consultation. Offering wrap-around services at pantries would help reduce the number of trips that families in financial trouble need to take for assistance.

“There’s no way I would be able to afford \$2.00 per ride on the bus when I have other things to worry about paying, I just really can’t afford it!”

Surveyed Client

Help Connecting the Dots

Clients stated they were confused about how to obtain or apply for food assistance. Requirements (identification cards, paycheck, etc.) can be different depending on the site of application. One client was at a pantry because Social Services was having complications in processing his SNAP benefits. Whenever he tried contacting their services there was no direct personalization from the service personnel to the clients.

The main method of awareness and communications among the clientele is that of “word of mouth.” Some have used the 2-1-1 infoline, but did not find the referrals helpful in meeting their urgent needs. One surveyed client stated: “You call them and they tell you to call somewhere else!” Lastly, pantries have shared that availability and locations of emergency food sites should be more broadly advertised to clients.

Needs for Emergency Food Sites

An Online Ordering System

An online ordering system would ease the process of ordering, allow for menu planning, increase variety of food provided to clients, and enable pantry coordinators to pre-order necessary materials allowing for easy pick-up and preparation for distribution days. Pantry providers highlighted that the variety that was served to clients depended on what the Food Center had to offer. There was not much dependability to serve a consistent set of staples since emergency food supplies are largely dependent on donation and fluctuation surplus.

Processing of Bulk Food to Small Packaging Items

Often times various agencies in the emergency food system receive large amounts of food, in both size and quantity, due to a surplus in supplies. This can cause problems distributing the food in pantries to clients that have difficulty incorporating one food item into so many meals and handling these large units of food so that they will not spoil before they are eaten. Community meal sites also have difficulties handling bulk quantities of food, since large quantities often do not fit in freezers. Meal programs may resort to preparing the same food item for an entire week to avoid food waste. One recommendation would be to establish a processing kitchen to allow for packaging of bulk donations into different sizes and added-value food items (for example, chicken processed into meatballs) to help reduce waste.

Sprague Community Center



The Sprague Community Center is a great success story regarding considerations in more fresh fruits and vegetables for the community. The Sprague Senior Center Pantry is not a member agency of the Food Center, although it does participate in the Friday P.O.P.I.N. program. Generally, this pantry aims to have a very large portion of the food distributed to be fresh fruits in vegetables, in addition to commodity items. It has, over time, created strong relationships with its clients and is very aware of their dietary needs. As a result, it created partnerships with the agricultural community and successfully has been receiving many fresh donations.

A Central Communication System

Providers have stated that they would like an improved communication system for providing nutrition education information to food pantry volunteers and clients. According to providers, some foods are donated that many clients will not take because they are unsure of how to use them. Having reliable resources available to agencies on the preparation of less commonly known foods would be helpful.

Communication is also needed in helping to provide a set of generalized best practices for agencies (for example, types of client choice, food layouts and distribution, methods to engage the community). It would also be helpful in highlighting agencies in the county already conducting best practices, along with regional and national best practices.

Following are some recommendations made from agency directors for increased communication:

- A Food Center agency newsletter, a mass email system, a central website database for inter-agency communication, and town-level agency meetings.
- The establishment of a generalized Food Center resource list for all agencies with information about all agencies in the area, including details on requirements for pantry use, hours, etc. as well as other resources which clients can use to obtain food (farmers' markets, other food programs, etc.).

Section 2: Accessibility

This chapter assesses whether the New London County population can effectively reach food resources, such as food retail stores and emergency food providers. This considers public and private transportation that is available between the resources and peoples' homes, especially in low-income neighborhoods. An assessment of accessibility is important in low-income communities because residents may be surrounded by "food deserts" or a lack of access to food.

Additionally, people who live in low-income neighborhoods are often reliant on public transportation and have limited access to full service supermarkets. These are all factors that can make the healthier options not only less affordable, but also less accessible to many individuals (SustiNet Health Partnership, 2010).

Food Deserts

Food deserts are a way to measure accessibility to food while factoring in a community's low-income population. The Healthy Food Financing Initiative (HFFI) defines "a food desert as a low-income census tract where a substantial share of residents has low access to a supermarket or large grocery store."

A census tract or geographic region must have either a poverty rate of 20% or higher or a median family income at or below 80% of the area's median family income to qualify as a "low income community."

A region must have at least 500 people and/or at least 33% of the census tract's population must reside more than one mile from a supermarket or large grocery store (for rural census tracts, the distance is more than ten miles) to qualify as a "low access community" (U.S. Department of Agriculture, 2012).



Figure 13 Food Deserts in New London County from the USDA Food Desert Locator (Economic Research Service, 2012)

According to these standards, there are five census tracts in New London County that are considered to be food deserts, highlighted in pink in Figure 13. These areas include sections of Griswold, Norwich, and Groton.

Although the food desert measures are useful, they are often not reflective of the whole picture given the restrictions that qualify a location as low-income and low-access. This could exclude low-income families that live in a community that may have a lower poverty rate or higher median income than other areas, such as Lyme. Also, the definition of low-access only considers a supermarket or large grocery store as a source of food access, excluding independently owned groceries, farmers' markets,

and other markets that gross less than \$2 million in annual sales. In an effort to further examine the status of food accessibility regardless of food desert definitions, food retail sources and transportation in New London County are further considered.

Retail Food Sources

Ensuring accessibility to retail food sources where fresh and healthful foods are readily available and affordable is an essential component to a community’s health and food security. The University of Connecticut recently ranked Connecticut towns based on their geographic proximity to and the number of food retail options for consumers. The examination considered food retail options such as local foods, supermarkets, grocery, wholesale clubs, mass merchandisers, and fast food.

A low number (high ranking) indicates a higher accessibility to food retailers. These rankings are based on a total of 169 towns. Following are New London County towns with the highest and lowest rankings in this category (Rabinowitz & Martin, 2012):

**5 Highest-Ranking Towns of
New London County**

Town	Food Retail Options State Ranking
New London	19
Waterford	44
Groton	48
Norwich	57
East Lyme	73

**5 Lowest-Ranking Towns of
New London County**

Town	Food Retail Options State Ranking
Voluntown	158
North Stonington	155
Sprague	149
Lyme	148
Salem	146

Table 2 contains proximity measures to supermarkets and small grocers for towns in New London County that were used in determining the above-listed rankings (Rabinowitz & Martin, 2012). Voluntown is an average of 8.58 miles to the nearest supermarket and 3.56 miles to the nearest small grocer. Franklin is 5.76 miles from the nearest supermarket and 7.34 miles from the nearest small grocer. Other towns that are more than four miles from either a supermarket or a small grocer include Bozrah, Lebanon, Lyme, North Stonington, Preston, Salem, and Sprague.

Town	Average number of miles ¹² to nearest supermarket ¹³	Average number of miles ¹² to nearest small grocer ¹⁴
Bozrah	4.60	7.08
Colchester	2.75	5.20
East Lyme	3.08	2.90
Franklin	5.76	7.34
Griswold	3.75	3.16
Groton	1.88	3.05
Lebanon	5.62	5.20
Ledyard	3.52	6.82
Lisbon	2.69	6.74
Lyme	6.03	5.42
Montville	2.35	5.76
New London	1.21	1.31
North Stonington	5.34	8.72
Norwich	1.60	2.99
Old Lyme	3.65	3.44
Preston	4.75	5.77
Salem	4.74	10.24
Sprague	5.85	9.15
Stonington	2.78	5.27
Voluntown	8.58	3.56
Waterford	2.37	2.85

Table 2- Average Number of Miles to Retail Food Sources in New London County Towns (Rabinowitz & Martin, 2012)

Transportation

According to a report by the University of Connecticut, the greater the accessibility to transportation (i.e., car ownership or public transportation) the higher the level of community food security (Tchumtchoua & Lopez, 2005). Transportation should be considered in ensuring access to food resources, including retail food stores, food assistance programs, emergency food providers, and local food outlets such as farmers' markets.

- **In New London County, 7.7% of households or 8,334 households have no vehicle available (U.S. Census Bureau, 2012).**

¹²From city census block centroid.

¹³Includes both conventional supermarkets (full-line, self-service grocery stores generating a sales volume of \$2 million or more annually) and supercenters (retail units with a full-line supermarket and discount merchandiser under one roof).

¹⁴Includes limited assortment stores (stores offering a limited selection of items in a reduced number of categories), natural/grocery foods (self-service grocery stores primarily offering natural, organic, or gourmet foods, typically with expanded fresh food and/or prepared food departments, and a limited health and beauty center and general merchandise selection), warehouse grocery stores (stores with limited service that eliminates frills and concentrates on price appeal), and superettes (grocery stores generating under \$2 million annually or \$40,000 weekly).

- **Only 13 out of 21 towns in New London County are served by public bus transportation** (Rabinowitz & Martin, 2012).

Many food insecure households with a working family member only have one vehicle. This means that if the working household member is using the family’s only vehicle during the day accessibility to emergency food and federal food assistance locations may be compromised when considering the reach of the public transportation system and agency hours. In New London County 32.3% of households have only one vehicle available, although this does not reflect the percentage of families that are food insecure and/or employed (U.S. Census Bureau, 2012).

Following is a breakdown of households without a vehicle by town, as well as a comparison with bus transportation availability (Table 3). A “yes” indicates that there is bus transportation available in the listed town, while a “no” indicates that there is none.

Town	Percent of households without a vehicle	Bus transportation
Bozrah	0.46%	No
Colchester	3.17%	No
East Lyme	3.17%	Yes
Franklin	1.58%	No
Griswold	8.90%	Yes
Groton	7.45%	Yes
Lebanon	2.07%	Yes
Ledyard	0.56%	Yes
Lisbon	0.37%	Yes
Lyme	0.40%	Yes
Montville	3.85%	Yes
New London	17.07%	Yes
North Stonington	0	No
Norwich	11.29%	Yes
Old Lyme	3.07%	Yes
Preston	1.55%	No
Salem	0.57%	No
Sprague	0.82%	No
Stonington	2.91%	Yes
Voluntown	1.82%	No
Waterford	3.62%	Yes

Table 3 Percent of Households without a Vehicle and Bus Transportation Status for Towns of New London County (Rabinowitz & Martin, 2012)

Surveys and interviews reveal that transportation is a barrier for many clients seeking food assistance and emergency food services. Transportation to food assistance, emergency food, and food retail sites in New London County is a serious challenge for the county that merits further investigation and a regional response.

Older Adult Accessibility

Many aspects of aging can compromise accessibility to foods and significantly impact one's ability to eat and drink well, regardless of income (Connecticut's State Unit on Aging, 2010). One study found that difficulties with transportation, disabilities, health problems, and inability to prepare or eat certain foods are strong contributors to limiting access to food (Wolfe, Frongillo, & P., 2003).

- **Among individuals 65 years and older in New London County, 28.3% reported having a disability in 2010** (Ledge Light Health District, 2012).

Meals On Wheels is a program that delivers hot, nutritious meals to the home of older adults and provides one-third of their recommended dietary needs. Meals are available for the homebound elderly aged 60 years or more that require home delivered meals due to medical necessity or social isolation. They must be unable to access a Community Café,¹⁵ such as a local senior center.

Meals are delivered to the home Monday through Friday with frozen meals provided for weekends. Meals provided are nutritionally balanced and are consistent with a no-added-salt and no-added-sugar diet.

In New London County, TVCCA is the contracted provider of Meals on Wheels and Community Café services. Meals are prepared from scratch and packaged on a daily basis at the TVCCA Commissary located in Bozrah, CT. Stakeholders in the community consider Meals On Wheels to be an extremely valuable assets that is helping many homebound seniors remain food secure (Thames Valley Council for Community Action, 2012).

Some barriers were found within the 50-59 year old subgroup. This population is nearing older adult status and is often facing similar difficulties, yet does not qualify for senior assistance benefits that are helping many individuals remain food secure. According to Meals On Wheels staff, phone calls are often received for disabled, food insecure individuals who are under 60 years of age. Unfortunately, this population cannot be served by Meals On Wheels due to funding restrictions and represents a need that must be addressed.

The Eastern Connecticut Area Agency on Aging is the representative Area Agency on Aging (AAA) for New London County. This agency is funded by the Aging Services Division of the state Department of Social Services and develops and supports programs for the elderly. These agencies work to improve health through nutrition assistance and education, community cafes, home delivered meals, supplemental programs, and transportation assistance.

Senior centers are a central source of support for older adults. Most senior centers in New London County provide shuttle vans for older adults to use throughout the community. In addition to using these vans for increased accessibility to foods, grocery store delivery services are often used by older adults and are essential for some families in ensuring food security.

¹⁵ Community Cafes offer a nutritious meal in a social setting where participants can gather, eat well, and discover additional resources in their area. These are most often held at senior centers, but can also be hosted by senior housing projects, churches, or other community settings. (State Department on Aging, 2011)

Section 3: Local Food Access

Local food production resources can play an important role in community food security. By increasing the availability and demand for fresh, local produce throughout the community, including direct marketing outlets and traditional retail outlets, small farmers will be given an opportunity to increase their economic viability. Connecting federal food assistance programs to this local production also enables a region to channel this share of spending back into their local economy (Barbara Cohen, IQ Solutions, Inc., 2002).

Locally produced foods generally taste better and have a higher nutrient content due to being picked when ripe. They also reduce the use of fossil fuels from less transportation, are usually less processed, and create relationships between individuals, farmers, and the environment (American Medical Association, 2009).

This section considers the outlets present in New London County to connect individuals to local food production. It examines direct marketing resources and community gardens, while considering opportunities to facilitate low-income household participation. The status of local food connections in schools and childcare centers, such as the presence of gardens and farm-to-school initiatives, will be considered in Chapter 3 of this report.

Direct Marketing

Direct marketing is a term used when the “middle man” is removed and farmers are connected directly to buyers. This can have a variety of advantages, including providing increased access to local and fresh food.

- **In 2007 there were 157 farms in New London County involved in direct marketing sales.** This represented 19.8% of farmers. In all, direct farm sales represented 2.8% of all farm sales. (Economic Research Service, 2012)



Direct marketing venues include, but are not limited to, roadside stands, farmers’ markets, and community supported agriculture programs. These venues are key components of the food system because farmers have been receiving a decreasing share of what consumers pay for food at retail stores, due to the need

to distribute income among processors, distributors and other workers on the chain from grower to eater.

Involving a distributor does not always facilitate selling the produce close to where it was grown. It is estimated that one dollar spent at a local farm will contribute back to the local economy two to three times more than that same dollar spent on an equivalent non-local business (Sanders & Shattuck, 2011). Still, in 2011 the average household in the United States purchased 86% of its food for home consumption at retail stores (Economic Research Service, 2012). These retail stores, which include grocery stores, supermarkets, and supercenters among others, are essential to community food security and present a great opportunity for increasing the purchase of locally grown products. There is a need for connecting these popular food venues with local agriculture producers.

Community Supported Agriculture (CSAs)

Community supported agriculture programs or CSAs directly link the consumer to the farmer by creating a partnership between the eater and the grower. The consumer commits at the beginning of the growing season to purchase a share of the farmer's crops. They pay their membership fee up front, which helps cover production costs for the farmer. The cost and size of the share varies by farm. Some CSAs offer the options of half shares and of working shares, where the consumer can participate in the harvest each week for a reduced cost. (CT NOFA, 2012)

- **During the 2012 growing season there were a total of eight CSA programs based in New London County.** (CT NOFA, 2012)

Awareness of CSAs in the community could be increased. Many community members are unaware of their presence and their benefits.

Why join a CSA?

- Membership in a CSA keeps your food dollars close to home.
- The farmer has a guaranteed market for produce and receives a fair income.
- You have access to the freshest, highest quality, oftentimes organic produce for your family.
- You have greater diversity in your food choices – this means new taste experiences from a large variety of vegetables and herbs.
- You can develop a relationship with the farmer – ask questions, and even take a tour of the farm.
- You can make going to the CSA farm a learning experience for your kids – teaching where and how food is grown, and who's doing all the work.
- In addition to vegetables, some CSAs offer herbs, flowers, fruit, dairy products, maple syrup, local honey, eggs, and grass-fed meats.

For more information on CSAs, visit <http://ctnofa.org/CSAs.htm>

Farmers' Markets

Farmers markets are a critical component of food systems. They provide benefits to farmers looking to reach more customers and to communities seeking more access to fresh and healthful food (U.S. Department of Agriculture, 2012). At a farmers' market a regular group of farmers will set up stands to sell their produce at a designated location, typically once or twice per week. It is one of the oldest forms of direct marketing by small farmers (Local Harvest, 2012). Nationally, farmers' markets are becoming more popular every year. There was a 9.6% increase in total farmers' markets from 7,175 in 2011 to 7,864 in 2012 (Agricultural Marketing Service, 2012).

- **In 2012 there were 18 farmers' markets in New London County** (CT Department of Agriculture, 2012), **an increase of four since 2011** (Economic Research Service, 2012).

Farmers' markets can be connected to the low-income population through a variety of options. One option is to ensure that all markets accept SNAP, WIC Cash Value Vouchers (CVV) payment options, and Farmers' Market Nutrition Program (FMNP) vouchers (see below for more information).



- **In 2012 only five of the 18 farmers' markets in New London County accepted SNAP benefits** (CT Department of Agriculture, 2012).
- **In 2012 thirteen out of 18 farmers markets in New London County were WIC Cash Value Voucher authorized** (CT Department of Agriculture, 2012).

The emergency food client survey revealed that few clients were aware that some farmers' markets accepted SNAP. The main complaint about farmers' markets was the high prices of foods sold. More information about farmers' market locations could be provided in pantries and community meal sites. Additionally, using programs that incentivize clients receiving federal assistance dollars to shop at farmers' markets would enable the community to keep federal dollars in the local economy. For example, a program that uses vouchers to double a client's SNAP dollars when used for fruits and vegetables at farmers' markets. Refer to Appendix I for a list of farmers' markets and their federal food assistance authorizations in New London County.

Farmers' Market Nutrition Programs (FMNP)

The Farmers' Market Nutrition Program (FMNP) is made up of two federally-authorized programs, the Special Supplement Nutrition Program for Women, Infants, and Children FMNP (WIC FMNP) and the

Senior FMNP (SFMNP). It is administered through a federal and state partnership in which the Food and Nutrition Service (FNS) provides cash grants to state agencies.

In Connecticut it is administered through the Department of Agriculture (CT DoAG). The purpose of FMNP programs is to provide fresh, unprepared, locally grown fruits and vegetables to participants and to expand the awareness, use of, and sales at farmers' markets (CT Department of Agriculture, 2012).

The WIC FMNP provides benefits to women, infants and children who are identified as "nutritionally at-risk" and have been certified to receive WIC program benefits or are on a waiting list for WIC certification. Each eligible recipient receives WIC FMNP check booklets that are distributed to WIC offices statewide by the CT DoAG. This is a different program from WIC CVV (Food and Nutrition Service, 2012).

The SFMNP is a supplemental food program for low-income seniors. Individuals 60 years of age or older with incomes that do not exceed 185% of poverty are eligible. Senior FMNP checks are issued to Municipal Agents or Social/Elderly Service Directors by the CT DoAG. The vouchers are then distributed by the Municipal Agents or Social/Elderly Service Directors to their older adults. (Food and Nutrition Service, 2012)

Both WIC FMNP and SFMNP provide eligible recipients with five \$3 checks (\$15 per recipient, per market season). These can be redeemed at FMNP authorized markets for fruits, vegetables, fresh cut herbs, and honey (CT Department of Agriculture, 2012).

- **In 2011, there was \$746,415 in Senior and WIC FMNP sales in of Connecticut (Zotti, 2012).¹⁶**
- **In 2012 all 18 of New London County's farmers markets were FMNP authorized (CT Department of Agriculture, 2012).**

Community Gardens

Community gardens are an important source of local fruit and vegetables that are accessible to residents and should not be underestimated in their productive capacity. A community garden is a parcel of land gardened by a group of people (American Community Gardening Association, 2012)



¹⁶ Data collected by the CT DoAG is limited to a broad service area, therefore FMNP redemption rates specifically for New London County are unknown.

It offers land to those who do not have space for growing a garden, including residents in multifamily housing and in single family dwellings with small yards or poor growing conditions. These can take many forms. In a traditional community garden individuals reserve their own plot to manage from which they can harvest produce. Sometimes gardens have user restrictions, for example a community garden plot at a senior center is exclusively for older adults. Other types of community gardens include those cultivated by a group of people as a team effort. Harvest is then distributed within the group, sold, or donated to a particular at-risk community.

In New London County, there are two community gardening organizations: Eastern Connecticut Community Gardens Association and New London County Community Gardens organization. However, there is no publicly available and central source for determining community garden locations in New London County. Additionally, privately-owned community gardens are difficult to find. It is not the intention of this report to comprehensively catalog all community gardens present, but through investigation the NLCFPC has discerned that there are at least eight community gardens of the traditional kind. In order to determine the location of all other types of gardens, further research will be needed. For a list of known community gardens, refer to Appendix K.

F.R.E.S.H. New London

Food: Resource, Education, Security, Health in New London (FRESH) has been working since 2004 to transform the food system from what it is to what it ought to be: healthful, universally accessible, sustainable, just and beautiful. Its current projects include the FRESH Farm, the FRESH Mobile Market, the FRESH CSA, and community garden support, all of which are tied together through the FRESH youth program. The FRESH youth program trains and employs teenagers every year to work in the community as producers and advocates for better community nutrition and health. Youth crew members learn a broad set of skills including how to plant from seed, how to create and cultivate healthy, organic soil, as well as how to harvest, wash, pack, and distribute everything that is grown. More advanced training also includes public presentations and advocacy to increase support for local agriculture, engagement in service learning projects, and improving nutritional choices.



Photo Credit: F.R.E.S.H. New London

The FRESH Farm is a one-acre farm located five miles from downtown New London on the campus of the Waterford Country School. Produce from the FRESH Farm, in addition to a small amount from other local farms, is used for the FRESH CSA, the FRESH Mobile Market, wholesale, and for education among the youth crew. Each year, approximately 20,000 pounds of FRESH produce is distributed throughout the New London area through the various FRESH outlets.

The FRESH Mobile Market was developed as a bridge to fresh food in a transportation poor area. Run by youth, this market serves primarily low-income, older adult eaters. In order to help make the produce affordable for everyone, the produce is available on a sliding scale to low-income individuals. In total, 50% of the produce is sold at a market rate, 25% is sold at a subsidized rate to low-income customers, and 25% is donated to non-profit partners. The FRESH CSA finished its second year of operation in the fall of 2012, with a total of 85 members. In a mission-driven effort, it provides produce grown at the FRESH Farm to the community by delivering boxes of the produce at places of work and commerce. Prices for the FRESH CSA subscriptions are offered on a sliding scale based on a family's income. Youth assist in running both the Mobile Market and CSA, while servicing customers and collecting feedback.

Finally, FRESH supports community gardens and gardening initiatives throughout New London County. FRESH manages community gardens in New London, including the FRESH Community Garden Center. It also works with partners throughout the region, offering support, guidance and identification of resources to those interested in starting new educational or community gardens.

Recommendations

- Increase participation in federal food assistance programs by actively promoting these benefits at emergency food provider sites.
- Increase the quality of donations to emergency food providers. This can include streamlining the message by asking for particular healthful food donations or promoting direct connections between food businesses and food pantries.
- Increase awareness of food resources and outlets available in the community, particularly for emergency food system clients in helping to maneuver through emergency food options.
- Increase convenience for clients who require emergency food as an ongoing need by:
 - Giving out a larger portion of food to last at least one week instead of the traditional three days.
 - Providing more accessible pantry hours for working clients.
 - Providing assistance for “wrap-around services” at emergency food sites or cross-training workers on benefit programs to better inform clients of assistance options.
- Implement an online ordering system for emergency food providers.
- Improve communication among emergency food providers for improved awareness, updating, and sharing of ideas.
- Administer a mobile food pantry to target residents in food deserts.
- Address the gap of non-senior disabled individuals who lack accessibility to healthful foods and cannot receive deliveries from Meals On Wheels.
- Further research the status of transportation as it relates to food access within the county by:
 - Becoming more engaged with transportation coalitions.
 - Conducting a comprehensive assessment of transportation in the county, including its links to retail, food assistance, emergency food, and farmers’ market locations.
 - Further examining food shopping patterns and transportation needs of community residents, possibly through the use of focus groups
- Conduct further research on the food access needs of older adults, including those relating to socioeconomic access, accessibility, and connections to local foods.
- Increase the number of farmers’ markets in the county authorized to accept SNAP benefits and WIC cash value vouchers.

- Increase the community's awareness of local food and direct marketing sources found within the county.
- Research the location and availability of community gardens in the county and create a publicly available central source for gardening information and resources.

Chapter 3: The School and Childcare Food Environments

The obesity problem is now occurring at earlier ages than ever before. Obesity and overweight rates in the nation for children ages two to five have doubled in the past 30 years to 21.2%. The obesity rate for children ages six to eleven has more than quadrupled from 4.2% to 19.6% over the past four decades (Partnership for a Healthier America, 2012).

Much like adults, children with poor eating habits are at risk of diet-related health problems, such as obesity, diabetes, cardiovascular disease, and increased blood pressure. However, there are other severe effects unique to children who are growing, learning, and developing. This includes not getting adequate nutrition for proper growth of their bodies and brains, decreased academic performance, and poor self-image (Nemours, 2012).



In other chapters, the NLCFPC examines New London County's ability to encourage healthful food choices and to provide access to healthful foods. It is essential that we examine these themes in settings that consider the health of our youth: the school and childcare environments. This is a vital step to ending child hunger and decreasing diet-related illnesses among children in New London County.

The following chapter will examine the community's status in:

- Providing federally funded food programs for socioeconomically disadvantaged children.
- Increasing access to locally grown foods in school environments.
- Empowering students with the necessary knowledge to make the right choices and prepare healthful meals.
- Implementing policies at the school level.

Child Food Insecurity

With poverty and unemployment rates rising, maintaining a plate of food on the table has become a difficult task for some parents. A nutritious diet is critical to forming a good foundation for a child's future. Food insecure children tend to do more poorly in school and have lower academic achievement because they cannot concentrate (Cook, 2009). Consequently, scientific evidence suggests that hungry children are less likely to become productive citizens (Feeding America, 2012).

- **In 2010 the child food insecurity rate in New London County was 16.9% or a total of 9,990 children.** The child food insecurity rate for 2010 compares to 18.8% for Connecticut and 21.6% for the nation (Feeding America, 2012).

Federal Assistance Programs

Federal food assistance programs administered through school food services or childcare centers have become an important tool in alleviating hunger among food insecure children. Stakeholders reported that some children arrive to school hungry, and meals provided by school food service programs are the only source of fuel in their bodies.



These programs include the National School Lunch Program, School Breakfast Program, and Summer Food Service Program. The Child Adult Care Food Program is utilized in some childcare centers and after-school programs.

Guidelines are set to determine if a child is eligible to use school food service programs. A child's family income must fall below 130% of the federal poverty guidelines¹⁷ to qualify for free meals or below 185% of the federal poverty guidelines to qualify for reduced-cost meals. Children receiving SNAP benefits are automatically qualified for free meals (Food and Nutrition Service, 2012).

Due to its ties to federal poverty guidelines, the percentage of school-age children who are eligible for free or reduced school meals is a useful indicator of financial hardship in the community. Data indicate that most school districts in New London County fall below the statewide average for free or reduced price meal eligibility, with the exception of schools serving New London, Norwich, Sprague, and Groton. It is notable that over the past two years there has been an increase in the proportion of eligible children in the majority of districts, with the highest percentage increases in Norwich, Sprague, and Montville.

Following is data on the percentage of students eligible for free or reduced (F/R) meals in each of the New London County school districts for the 2010-2011 school year (Table 4).

¹⁷ For more information on federal poverty guidelines, please go to: <http://aspe.hhs.gov/POVERTY/figures-fed-reg.shtml>

School District	% Students Eligible for F/R Meals (2010-2011)
Bozrah School District	18.4%
Colchester School District	11.4%
East Lyme School District	9.9%
Franklin School District	13.1%
Griswold School District	29.6%
Groton School District	35.3%
Lebanon School District	12.2%
Ledyard School District	12.8%
Lisbon School District	19.3%
Montville School District	28.4%
New London School District	85.1%
North Stonington School District	17.1%
Norwich School District	70.1%
Preston School District	15.6%
Regional School District 18 (Lyme-Old Lyme)	7.2%
Salem School District	7.2%
Sprague School District	40.2%
Stonington School District	8.7%
Voluntown School District	16.3%
Waterford School District	12.4%

Table 4 Students Eligible for Free/Reduced Price School Meals, 2010-2011 (Rabinowitz & Martin, 2012)

- **In New London County it is estimated that 49% of food insecure children are income-ineligible for federal nutrition assistance, including the free and reduced lunch benefits¹⁸ (Feeding America, 2012).**

The income eligibility guidelines consider poverty, but do not take into account other environmental factors that often contribute to hunger among families living marginally above federal poverty levels. Following are profiles of school food service programs fighting hunger whose eligibility is determined by the F/R meal standards.

National School Lunch Program (NSLP)

The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential childcare institutions. It is instrumental in assuring that children receive at least one nutritional meal during the school day by providing nutritionally balanced, low-cost or free lunches to children. It is administered by the Connecticut State Department of Education for the U.S. Department of Agriculture (Food and Nutrition Service 2012).

¹⁸ This number reflects the percentage of food insecure children living in households with incomes above 185% of the federal poverty guideline for 2010. Eligibility for federal child nutrition programs is determined in part by income thresholds, which can vary by state.

Any child at a participating school may purchase a meal through the National School Lunch Program. These may be obtained either as a child qualifying for a free meal, a reduced-price meal, or a regular priced meal. Children from families with incomes at or below 130% of the poverty level are eligible for free meals. Those with incomes between 130% and 185% of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents. If a family receives SNAP benefits their children are eligible for free meals at school.

Table 5 below shows the percentages of students eating lunch that participated in free lunches, reduced lunches, and the total percentages of students participating in either a free or reduced lunch for New London County school districts in the 2010-2011 school year (CT Department of Education, 2012).

Table 5 New London County School Districts' Percentages of Lunches Served that are Free and/or Reduced

School District	% Free	% Reduced	% Free and Reduced
Bozrah	14.59%	8.79%	23.37%
Colchester	17.25%	4.92%	22.17%
East Lyme	14.83%	5.73%	20.56%
Franklin	16.26%	2.67%	18.92%
Griswold	35.06%	10.86%	45.93%
Groton	37.86%	11.83%	49.69%
Lebanon	16.83%	5.40%	22.23%
Ledyard	27.12%	7.33%	34.46%
Lisbon	20.39%	4.76%	25.15%
Montville	31.66%	9.50%	41.16%
New London	64.49%	12.98%	77.47%
North Stonington	21.73%	8.50%	30.23%
Norwich	65.91%	12.73%	78.64%
Preston	19.46%	6.79%	26.25%
Residential District #18 (Lyme-Old Lyme)	12.61%	3.96%	16.57%
Salem	13.24%	3.74%	16.98%
Sprague	40.91%	12.01%	52.92%
Stonington	22.37%	6.57%	28.94%
Voluntown	25.19%	6.56%	31.75%
Waterford	22.62%	5.46%	28.08%

School Breakfast Program

The School Breakfast Program (SBP) is a federally assisted meal program that provides nutritionally balanced, low-cost, or free breakfasts to children each school day. The program is meant to ensure that all children have access to a healthful breakfast at school to promote learning readiness and healthful eating behaviors (Food and Nutrition Service, 2012).

Many children do not eat a nutritious breakfast every morning. Often families are living on very tight budgets and cannot afford to either provide good breakfasts at home every day or purchase them at school (Food Research and Action Center, 2012). Research has shown that starting the day with a nutritious breakfast helps students stay alert and perform better in school. Having breakfast in the morning also helps children develop healthful eating habits and contributes to their overall well-being (Food and Nutrition Service, 2012).

Table 6 below lists some school breakfast findings for New London County school districts (End Hunger CT!, 2012). Included is the percent of students participating in the free and reduced (F/R) breakfast program who are already participating in the F/R lunch program. Also listed is the amount of money available in federal reimbursement that could be brought to the school district by serving breakfasts to all students that ate a F/R lunch during the 2010-2011 school year.

Table 6 School Breakfast Participation Rates and Federal Dollars Left for New London County School Districts during 2010-2011 School Year

School District	F/R breakfast participation rate (2010-2011 school year) ¹⁹	Federal \$ left on the table by NOT serving F/R students eating lunch ²⁰
Bozrah School District	40.90%	\$3,855
Colchester School District	42.50%	\$34,206
East Lyme School District	5.30%	\$40,090
Franklin School District	0%	\$1,130
Griswold School District	38.30%	\$65,411
Groton School District	28.40%	\$214,803
Lebanon School District	34.40%	\$17,587
Ledyard School District	16.10%	\$51,955
Lisbon School District	36.80%	\$10,279
Montville School District	48.90%	\$64,268
New London School District	41%	\$313,801
North Stonington School District	30.80%	\$15,337
Norwich School District	70.20%	\$156,702
Preston School District	22.70%	\$10,303
Regional School District 18 (Lyme-Old Lyme)	0%	\$16,226
Salem School District	0%	\$6,252
Sprague School District	43%	\$16,915
Stonington School District	44.90%	\$43,863

¹⁹ The number of free and reduced-price lunch participants that ate a school breakfast each day for every 100 free and reduced-price students participating in lunch. A district with 0.0% participation did not participate in the federal School Breakfast Program in school year 2010-2011.

²⁰ The potential additional federal reimbursement towns would have received in the 2010-2011 school year if ALL students participating in school lunch also participated in the district's School Breakfast Program. Funding indicates the minimum additional funding available for school breakfast.

Voluntown School District	13.80%	\$7,496
Waterford School District	46.50%	\$58,154

- **\$1,148,633 in federal benefits would be brought to New London County school districts if all students currently participating in the F/R lunch program were to receive a F/R breakfast as well.**

Summer Feeding Program

When the school year is over students living in a food insecure household may struggle to obtain nutritious meals throughout the summer. The Summer Feeding Program is a USDA funded program that provides free nutritious breakfasts and/or lunches to children 18 and under during summer hours. The program can either be considered an “open” site, which is usually located near lower-income neighborhoods and serves any child under 18 years of age, or a “closed” site where children must show that they are income-eligible in order to participate.

- **As of summer 2011 there were “open” Summer Nutrition sites in Groton, New London, and Norwich.**

End Hunger Connecticut!, a hunger outreach and advocacy organization, has stated that it is difficult for rural regions to sustain a summer feeding site (Olivero, 2012). Often, areas do not have sufficient participants to qualify for a federally funded summer feeding program and lack of transportation for children can make it difficult to keep participation levels high.

Child Adult Care Food Program (CACFP)

The Child and Adult Care Food Program (CACFP) is a program funded federally through the USDA. The CACFP provides nutritious meals and snacks to infants and children in childcare centers, family daycare homes and emergency shelters, and snacks and suppers to children participating in eligible at-risk afterschool care programs. The program also provides meals and snacks to adults who receive care in nonresidential adult daycare centers. All meals and snacks must meet the requirements of the CACFP meal patterns for children and infants. It mirrors the same polices as the National School Lunch Program (Food and Nutrition Service, 2012).

Meals served using CACFP funds have been shown to be significantly more nutritious than those served to children in childcare agencies that do not receive CACFP funds. According to the Food Research and Action Center, “87 percent of the family childcare homes considered to be providing quality childcare participated in CACFP” (Food Research and Action Center, 2012).

- **In 2011-2012²¹, six programs in New London County received CACFP funding for a total of \$392,500 in funds received. These programs were located in New London, Groton, and Norwich, including afterschool care programs, childcare centers, and shelters.**

²¹ October 2011 to September 2012

Healthy Food Certification (HFC)

All Connecticut public schools participating in the National School Lunch program can opt to participate in a Healthy Food Certification (HFC). This certification means that the school serves quality, nutritional a la carte foods, applying the Connecticut Nutrition Standard to all foods sold to students in addition to the reimbursable school meals. These include school stores, vending machines, school cafeterias, and any fundraising activities on school premises (CT Department of Education, 2012). Once a school holds an HFC, reimbursement for school lunches is increased by 0.10 cents per meal (End Hunger CT!, 2012).

The Connecticut Nutrition Standards focus on limiting fat, saturated fat, trans fat, sodium and sugars; moderating portion sizes; and promoting increased intake of nutrient-dense foods such as whole grains, fruits, vegetables, low-fat/nonfat dairy products, lean meats, legumes, nuts and seeds (CT Department of Education, 2012).

- **In 2012-2013 seventeen out of 20 school districts in New London County were implementing the Healthy Food Certification. The school districts not participating were Bozrah, East Lyme, and Griswold** (CT State Department of Education, 2012).

Access to Locally Grown Foods

Increasing the use of healthful, locally grown foods in New London County schools is an important component to community food security and to improving the health of children.

The NLCFPC schools task force conducted a survey of school food service directors in June 2012 to gauge the status of and interest in various healthy food initiatives. Eleven of 20 food service directors responded. Although not representative of New London County in its entirety, results from this survey are woven into the sections below, offering a sample of various initiatives and opinions regarding increasing access to healthful, locally grown foods in the county.

Farm to School

Farm to school is the term used in reference to connecting local farms to the food service programs and cafeterias of schools. In recent studies, farm to school programs have been shown to increase students' intake of fruits and vegetables after the incorporation of fresh, local produce into school salad bars, meals, or class-based education (Berlin, Kolodinsky, Norris, & Nelson, 2010).



- **The CT Department of Agriculture reported that in 2011 eight of 20 schools districts²² in New London County had a farm to school program (CT Department of Agriculture, 2012).**

Food service directors surveyed identified delivery considerations, seasonal availability, and product costs as top concerns with the farm to school program. These same concerns appeared in the qualitative comments collected in the survey regarding reasons why they would choose not to continue purchasing local foods.

Educating Students in Making the Healthful Choice

Nutrition and the Preparation of Healthful Foods

Programs that empower children with education on food literacy and other components that focus on developing healthy eating habits have been shown to create an impact in positively changing the knowledge and behaviors of children (Institute of Medicine of the National Academies, 2012). Following are some programs that can be considered in helping to teach students about good nutrition: Chef to School program, Home-Ec program, SNAP-ED/ Food Stamp ED Support, Captain 5-A-Day, MyPlate.gov, Nutrition Detectives, Expanded Food Nutrition Education Program (EFNEP) Educator Support, Kids Eat Right, and Cooking Matters.

“You should aim for every school to have a garden, even just a tiny one, to give kids more access to natural cycles of life.”

Stakeholder Interviewed

Currently, information is not available on which programs are located in various districts in the county. Based on the preliminary Schools Task Force survey, it was determined that:

- Both Norwich and New London school districts have hosted Cooking Matters classes.
- The Voluntown school district has hosted the Chef to School program.
- Norwich, New London, Bozrah, and Groton school districts have had SNAP-ED supported forms of education.
- Both Montville and Groton school districts have home economics programs.

Understanding Local Farms and Agriculture

Children who participate in growing their own food and understand where the food that they eat comes from are more likely to consume it. According to the “Principles of a Healthy, Sustainable Food System,” established in part by the American Planning Association, a major component of maintaining a healthy food system is to be transparent about where food comes from by providing opportunities for eaters “to gain the knowledge necessary to understand how food is produced, transformed, distributed, marketed, consumed, and disposed” (American Planning Association, 2010). Encouraging this type of knowledge in

²² The CT Department of Agriculture states that this number may not fully represent all schools participating in farm to school initiatives due to a low response rate.

school and childcare communities can reinforce the teaching of new skills for the young population, as well as empower broad participation in the ultimate transformation of the food system.

Following are some programs that can be considered in helping to link students with local farms and agriculture: having a school farm or garden, the CT Junior Master Gardener Program, CT Agriculture in the Classroom, CT 4-H Program, having a Farm to School program, taking students to visit a farm or farmers market, serving meals featuring CT grown products, providing education about CT food and agriculture, sharing information about local foods with families (for example the Food of the Month program), or holding a farmers' market at the school. Out of the small portion of food service directors that responded to the Schools Task Force survey, the following information was gleaned (all reported to have happened in the last three years):

- Montville, New London, and Norwich school districts have at least one school with a garden.
- Montville, East Lyme, New London, and Norwich school districts all participate in a farm to school program.
- A school in Bozrah has taken students to visit a farm or a farmers' market.
- The East Lyme school district has previously invited farmers to visit a school and has held a farmers' market at a school as well.

Gardens for Education

A school garden or a school farm offers opportunities for community cohesion by providing an environmental learning center, which creates a deep connection with food from the seed to the table. The Riverfront Children's Center is a great model of a day care successfully implementing a garden that



maintains a pro-active school community through various steps of the growing process and infuses this knowledge into the curriculum. Connecticut College has also implemented a school garden whose resulting produce and knowledge is incorporated into the students' dining services, as well as some of the school's curriculum. They raise awareness about the importance of consuming locally grown, high quality foods among students and staff. More research is needed to determine the total number of school and childcare center gardens found in New London County.



Educational Garden at the Riverfront Children's Center in Groton, CT

Food Policy in Schools and Childcare Centers

The Centers for Disease Control (CDC) is a strong advocate and resource for helping to increase the diet-related health of children by targeting policies in a child's environment to make children's default choice the healthful choice. This could include looking at policy changes to be made within both schools and childcare centers. Following are some strategies that the CDC recommends implementing in fighting obesity:

- Ensure that students are provided only healthful food and beverage options beyond the school food services (for example, all vending machines, school stores, and food brought for celebrations).
- Provide safe, unflavored, cool drinking water throughout the school day at no cost to students.
- Prohibit access to sugar-sweetened beverages (including flavored/sweetened milk) and limit the portion size of 100% juice.
- Ensure that multiple channels, including classrooms, cafeterias, and communications with parents, are used to promote healthy eating behaviors.
- Ban using food as a reward or punishment for academic performance or behavior.

Marketing in Schools

As the Institute of Medicine states, "Marketing works"¹. Children consume 45% more when exposed to food advertising, and most of us know that marketing ads are not typically done to encourage healthy eating; 98% of food ads promote products high in fat, sugar, and/or sodium. When one considers the various forms that marketing takes within the schools environment, one realizes how much these can add up. Ads can be seen around scoreboards, textbooks, fundraisers, box tops, vending machines, reading incentive programs, teacher resources, and school buses.

- Ban marketing (for example, through counter advertisements, posters, or other print materials) of less healthful foods and beverages onsite.
- Encourage school policies to provide a school garden (for example, access to land, container gardens, or raised beds) and related resources (for example, staff volunteer time and financial incentives).

Recommendations

- Increase participation in federal school breakfast programs.
- Increase the total number of schools participating in the Healthy Food Certification.
- Increase the number of school districts participating in farm to school programs in the county.
- Create more opportunities to engage youth in understanding local farms and agriculture as well as the nutrition and preparation of healthful foods. This could include creating leadership opportunities through the food policy council activities, creating after-school culinary clubs, and learning from F.R.E.S.H. New London's youth leadership best practice program.
- Research the total number of gardens in schools and daycare centers and work to increase the total number of youth educational gardens present within the county, pulling from best practice examples such as the Riverfront Children's Center.
- Research the status of school wellness committees located throughout the county.
- Build relationships with principals, school staff, and school wellness committees for improved collaboration between schools and other food system stakeholders and to implement healthy food policies within schools.

List of Appendices

- A. Emergency Food Client Survey
- B. Pantry Provider Survey
- C. Provider Sites Interviewed
- D. Stakeholder Interviewee List
- E. Stakeholder Interview Questions
- F. Emergency Food Client Survey Demographics Results
- G. SNAP Income Eligibility Guidelines
- H. Location of Federal Assistance Offices
- I. List of Farmers Markets in New London County
- J. List of all emergency food locations
- K. List of Community Gardens in New London County

Appendix A- Emergency Food Client Survey

Customer Needs Survey

How Are We Doing?

We want to know how our pantries are doing. Our main goal with this survey is to find out how to make the emergency & supplemental food system fit your needs. This survey is **anonymous**- please answer openly and honestly. Your answers are very important to us and **WILL NOT** impact your ability to use the pantry. The New London County Food Policy Council welcomes your feedback and your answers will be kept confidential. Thank you for your participation!

Demographic:

1. In what town do you live? _____
2. What was your **biggest challenge** to getting here today? _____
3. How old are you? _____ Gender: Female Male

Please **circle** the best answer to each question below:

4. What is the main reason for your visit today?

Temporary Job Loss	Ongoing need for food/ Insufficient income	Temporary Health Problem
Permanently Disabled	Unexpected Household Expense	Other: _____
5. How did you get to our site today?: Walk Car Bike Bus Friends/family Other: _____
6. How many people in your household:
 - a. Adults(18-64): _____ Children (0-17 yrs old): _____ Adults over 65: _____
 - b. How many children in your household : (0-5yrs old): _____ (5-10): _____ (10-17): _____
7. What is your race?

White	Black or African American	American Indian or Alaskan Native
Asian	Identified with 2 or more	Native Hawaiian/ Pacific Islander
8. Are you of Hispanic, Latino or Spanish origin? Yes No
If yes, what nationality: _____
9. What is your marital status?

Single	Married	Divorced	Widowed	Separated
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10. What is the highest level of education completed:

No high school	Some high school	High school graduate (GED)	Associate Degree	Bachelor's Degree	Graduate Degree	Post-graduate work	Post-graduate degree
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11. Which of the following categories best describes your current employment status:

Full time	Part-time	Unemployed looking for work	Unemployed not looking for work	Retired	Homemaker	Work-options limited disability	Student
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12. What is your **annual** household income (from all sources- this information will not impact your ability to use the pantry)?

Less than \$9,999	\$10,000-\$24,999	\$25,000-\$39,999	\$40,000-\$84,999
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13. What language do you most commonly speak at home?

English	Spanish	French	Japanese	Chinese	Other: _____
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14. Have you ever been told by a doctor that you or anyone in your household has diabetes (High blood sugar, "the sugar")? Yes No Don't Know

Examining Client Needs

1. Is this your first time using a food pantry? Yes No
 - a. If yes please answer only questions 2-4.
 - b. If no, how long have you been coming to the food pantry? _____
2. Is there anything that would make it easier for you to use the emergency & supplemental food pantry services? _____

3. When you visit the pantry, how would you like to receive your food? (Please **circle** one):
 Select food items myself Receive foods already bagged No preference
4. Do you cook at home? Yes No Don't know how to cook
 - a. If yes, how often per week? 1-2 days/week 3-4 days/week 5-7 days/week
 - b. If yes, what materials do you typically use to cook at home?
 Don't have any Microwave Hot Plate Stove Full Kitchen Other: _____
5. Have you visited multiple pantries this month: Yes No
 1. If yes, how many times this month? _____
6. How important are the following factors when choosing a food pantry (please rate these on a scale of 1-10 with 1= Not Important at all and 10= Very important):
 Selection of food _____ I can walk there from home (under 1 mile) _____ Near a bus stop _____
 Quality of food _____ I can walk there from work (under 1 mile) _____ Hours of operation _____
 Select food items myself _____ Pantry/soup kitchen staff friendly _____ Confidentiality _____
 Food goes with dietary/religious needs _____ Other: _____
7. Does the food that you receive at the food pantry last for 3 days? Never Rarely Sometimes Often
8. Are you satisfied with the food you receive at your pantry? Yes No
9. What are 2 food items that the food pantry currently doesn't provide that you would like to see available in your pantry:
 1. _____ 2. _____

10. In the past year, which of the following have you used to get food, and how often? (check all that apply)

	Never	Rarely	Sometimes	Often
Farmer Market Coupons				
Church/Soup kitchen (Free community meal)				
Food Pantry				
Family or Friends				
Food Stamps (EBT)				
WIC				
Community Garden				
Summer Food Service Program:				
Meals on Wheels				
Supermarkets (Walmart, BJ's, etc)				
Mini Mart or gas station (7-eleven, etc)				
Fast Food				

11. Is there sufficient information on food aid programs in your pantry (SNAP, WIC, location of other pantries/kitchens)? Yes No
 Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.

Appendix B- Pantry Provider Survey

Provider survey

The New London County Food Policy Council wants to know what needs, barriers and assets your pantry/kitchen currently faces to help you provide better services to your community. Please take a few minutes to fill out this survey to help us learn more about the community you currently serve.

Name of Agency : _____

Address _____

City _____ Zip Code _____ Phone Number (____) _____

Primary Contact person & Title: _____

1. What are the hours of operation of your food distribution program (days/time): _____

2. Which towns do you currently serve? _____

3. How long have you been an active site? _____

4. Are there any other pantries or kitchens in town that you know of? _____

5. What services do you provide (Check all that apply):

_____ Emergency Programs:

_____ Soup Kitchen/Community meals _____ Food Pantry _____ Emergency Shelter

_____ Non-emergency programs:

_____ Residential program _____ Children's Day Care _____ Senior Program

_____ After-School Program _____ Rehabilitation Program

_____ Other: Please describe: _____

6. What percentage of the food you provide comes from sources other than the Gemma E. Moran Food/Labor Center? _____ %

a. Do you receive food from any of the following sources:

Wholesalers _____ Community donations/food drives _____

Farmers/growers _____ Local restaurants (leftovers) _____

TEFAP/USDA _____ CT Food Bank _____

Other _____ POPPIN programs on Friday _____

7. Do you charge any fees for your services? _____ If yes, please describe: _____

8. Please describe your food storage area (Pictures): _____

9. Do you have freezers? How many? Walk-in _____ Domestic _____ Commercial _____

10. Do you have refrigerators? How many? Walk-in _____ Domestic _____ Commercial _____

11. Do they have thermometers? Yes _____ No _____

Appendix C- Provider Sites Interviewed

Forty-six agencies/provider sites were interviewed using the Provider Survey below. Agencies were contacted by phone or email to set up an interview during the months of June-August. Agencies were informed that these interviews were specifically to research the emergency food system structure, needs and barriers that emergency food service providers face in accessing and distributing food to their communities. Agencies were forewarned that these interviews were not inspections of any kind and any information collected would be kept confidential and the results would be reported collectively.

Name of Agency	Agency Classification	Town
Covenant Shelter	Shelter/Community Meal Site	New London
202 Colman Street Feeding Site	Pantry- New London Housing Authority	New London
St. Vincent de Paul Place	Pantry/Community Meal Site	Norwich
St. James Episcopal Church-Lords Pantry	Pantry/Community Meal Site	New London
New London Community Meal Center	Community Meal Site	New London
First Church-Fishes & Loaves	Community Meal Site	New London
Care & Share- Pleasant Valley Community of Prayer Praise	Community Meal Site	Groton
Shoreline Soup Kitchen-First Church	Pantry/Community Meal Site	Old Lyme
Shoreline Soup Kitchen-Niantic	Pantry	Niantic
BP Learned Mission	Day Care/Youth feeding program	New London
Riverfront Children's Center	Day Care/Pantry	Groton
Alliance for Living	Pantry/Community Meal Site	New London
Beulah Land Church	Pantry	New London
Catholic Charities & Family Services	Pantry	New London
Catholic Charities & Family Services	Pantry	Norwich
Colchester Youth & Social Services	Pantry, Youth Programs, Multi-service	Colchester
Family Church of God	Pantry	Norwich

Groton Human Social Services	Multi-Service Pantry	Groton
Huntington Towers	Pantry	New London
Jewish Federation Senior & Community Services	Pantry	New London
MTC-MDA UAW Food Locker	Pantry	Groton
Montville Senior Social Services	Pantry	Uncasville
Montville Union Baptist Church	Pantry	Montville
First Congregational Church-Neighbors Helping Neighbors	Pantry	Lebanon
New London Area Food Pantry	Pantry	New London
New London Salvation Army	Pantry	New London
New London Senior Center	Pantry	New London
Norwich Area Clergy	Pantry/Community Meal Site	Norwich
Norwich Salvation Army	Pantry	Norwich
Norwich Worship center	Pantry	Norwich
OIC	Multi-Service Pantry	New London
Outreach for the Unreached Community of Christ Church	Pantry	Gales Ferry
Pawcatuck Neighborhood Center	Pantry	Pawcatuck
St. Mary's Church	Pantry	Jewett City
Sisters of Charity	Pantry	Baltic
Penobscot Place	Residential Pantry/Community Meal Site	Norwich
PILOTS program	Multi-Service Pantry	Norwich
Sound Community Services- Brent Crandall	Residence (Multi-Service)	Groton
Sound Community Services-Michael Kerr Respite Program	Shelter/Community Meal Site/Pantry	Norwich

Oasis	Snacks/pantry	New London
Stonington Arms	Pantry/Community Meal Site	Pawcatuck
Town of Ledyard	Pantry	Ledyard
Sprague Senior Center	Pantry/Community Meal Site	Baltic
Groton Heights Baptist Church*	Pantry	Groton
Care & Share-Middletown*	Pantry	Niantic
Care & Share of East Lyme Inc.*	Pantry/Community Meal Site	East Lyme

Appendix D- Stakeholder Interviewees

Interviewee	Representation*
Sherry Filiatreault	City of Norwich Office Children First Norwich/School Readiness Council, Program Development
Tommy McKissick	End Hunger CT!, SNAP Outreach
Arthur Lerner	F.R.E.S.H. New London, Director of Operations (Co-Founder)
Timothy Bowles	First Selectman at Town of Preston
Cathy Osten	First Selectman at Town of Sprague
Katherine Sebastian Dring	Gemma E. Moran United Way/Labor Food Center, Working Leader
Mary McGrattan	Lawrence + Memorial Hospital, Coordinator of Faith in Action- Parish Nurse/Health Ministry Program
Laurel Holmes	Lawrence + Memorial Hospital, Director, Community Health, Outreach & Partnerships
Mary Ann Nash	+ Memorial Hospital, Nutrition Coordinator for the Community Cancer Center
Cindy Barry	Ledge Light Health District, Senior Program Coordinator
Susan Corrice	Riverfront Children's Center, Financial Director
Paul Jakoboski	(1)Saint Francis House New London, President (2)Gemma E. Moran United Way/Labor Food Center, Former Director
Nancy Rossi	Southeastern Mental Health Authority, Director- Community Support Services
Peg Moran	Stonington Flower Farmer, Author
Beth Ann Stewart	Stonington Human Services, Director
Marylou Underwood	Thames Valley Council for Community Action, Chief Operations Officer
Patrick McCormack	Uncas Health District, Director of Health
Nancy Cowser	United Community & Family Services, Vice President of Planning
Sharon Peccini	United Way of Southeastern Connecticut, AFL-CIO Community Service Representative Labor Liaison
Erica Benvenuti, RD	University of Connecticut Cooperative Extension / Lawrence + Memorial Hospital, Dietitian/ Community Nutrition Educator
Linda Drake	(1)University of Connecticut, EFNEP Director (2)Connecticut Food Policy Council, Chair
Susan Beeman, RD	University of Connecticut, Program Director-CPHHP,SNAP
Alice Facente, RN	William W. Backus Hospital, Clinical Educator
Interviewed, but exempt from questions format	
Virginia Mason	United Way of Southeastern Connecticut, President and CEO
Alison Dvorak, RD	Area Agency on Aging 1-B, Nutrition Assessor and Educator
Gail Sharry	New London Public Schools, Food Service Director
Art Costa	Re-New London Council, President
Tim Paquette	Stonington Public Schools, Food Service Director
Sarah Drake	Thames Valley Council for Community Action, Director WIC

*Positions listed are representative of status at time of interview.

Appendix E- Stakeholder Interview Questions

1. Can you share how you're involved with healthy food issues or policies in your work?
 - Could you please update us on the status of initiatives that your organization/business is undergoing for improved diet-related health/ food access in the community? Are there any particular assets in that realm that you would like to share?
2. What do you think are some needs/ barriers that the community faces in increasing consumption of healthy foods in the region?
3. What actions could be taken to improve the diet-related health of our community? Do you have any recommendations/ aspirations for the New London County Food Policy Council?
4. Are there others you recommend we interview?

Appendix F- Emergency Food Client Survey Demographics

Number of surveys collected

A total of 380 surveys were completed and collected from all chosen sites.

Site	Site location	Number of households Surveyed	Average Total Clients served for the month of June-July	Percentage of respondents by community
New London Area Food Pantry	New London	52	352 Vouchers	51.4%
TVCCA	New London	129		
Groton Human Services Office	Groton	37	250	14.8%
Montville Union Baptist Church	Montville	22	100	22%
Niantic Food Pantry	Niantic	19	80	24%
New London Meal Center	New London	44	400	11%
Old Lyme Food Pantry	Old Lyme	41	281	15%
St Mary's Jewett City	Jewett City	9	80	11%
St. Vincent's de Paul Place	Norwich	27	150	18%
Totals		380		

Residing towns represented by the clients surveyed:

Cantenbury, Deep River, East Lyme, Gales Ferry, Griswold, Groton, Groton/Mystic, Ivorytown, Jewett City, Lebanon, Ledyard, Lisbon, Montville, Mystic, New London, Niantic, Norwich, Oakdale, Oklahoma City, Old Lyme, Old Saybrook, Quaker Hill, Taftville, Uncasville, Waterford.

Emergency Food Client Profiles

Age and Race

Age Range	% Surveyed Clients	Race	Number of Clients	% Clients
>19 yrs	0.5	White (Non-hispanic)	186	49
20-29 yrs	14.5	White (Hispanic/Latino)	120	31
30-39 yrs	17.6	Black or African American	41	11
40-49 yrs	30.5			

50-59 yrs	24.7
60-69 yrs	8.7
70+ yrs	3.4

American Indian or Alaskan Native	2	0.5
Asian	0	0
Native Hawaiian/Pacific Islander	0	0
Identified with 2 or more	31	8.5
Total	=380	

Nationalities

New London County is a diverse community composed of multiple backgrounds and cultural perspectives around food. Food insecurity can impact every multicultural household in the county. The following list represents different backgrounds represented by end-users of our emergency food system:

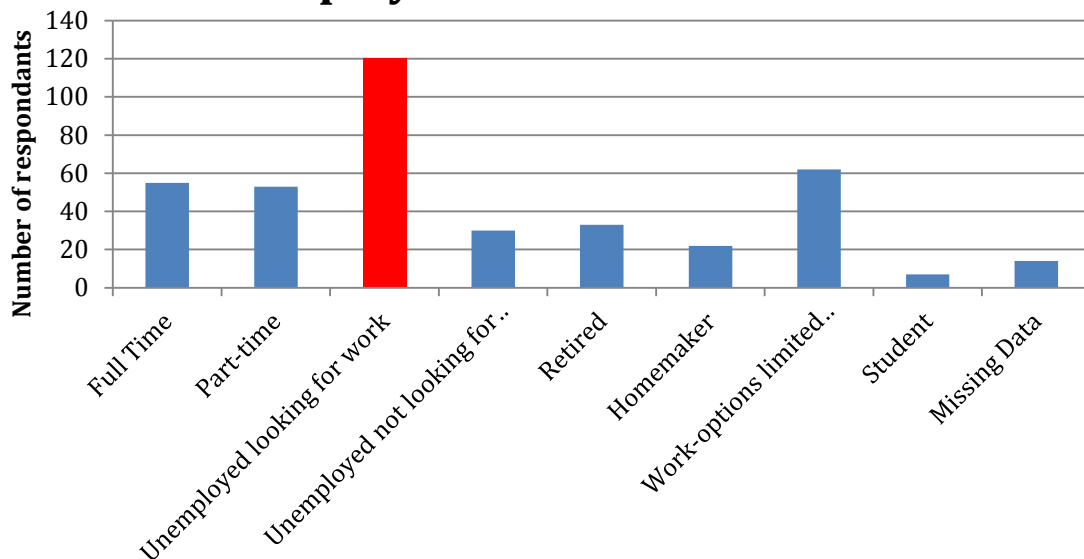
Haiti	Brazil	Colombia	Cuba	Peru	Mexico
Ecuador	El Salvador	Dominican Republic	Honduras	Puerto Rico	Spain

Education

About 22% of the pantry and soup kitchen beneficiaries **hold a college or 2 year degree.**

Client Economic Standing

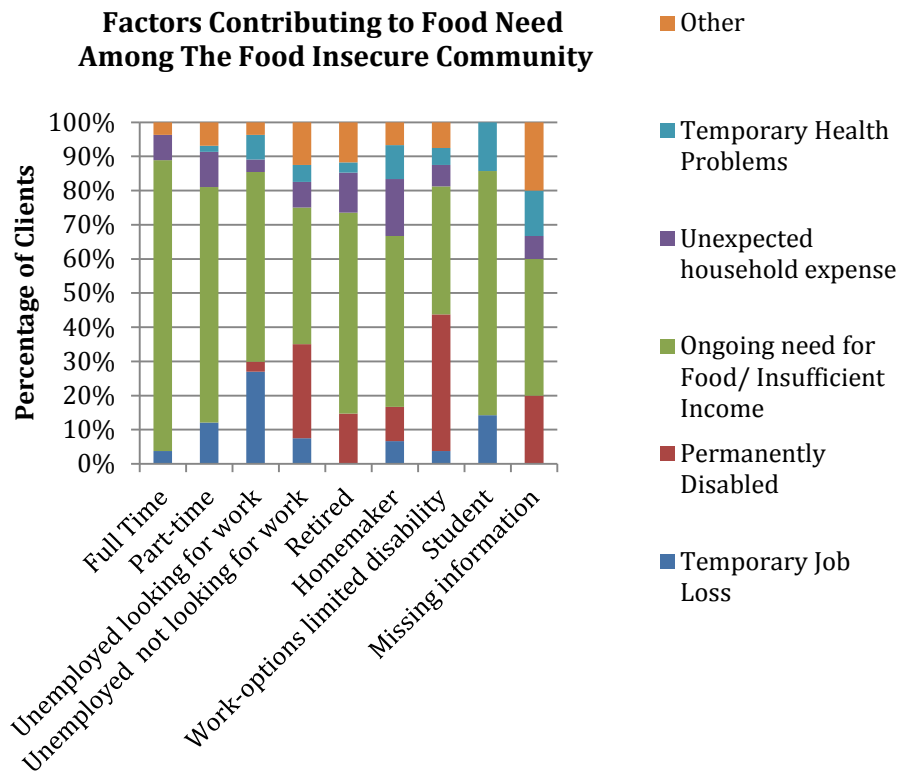
Employment Status of Clients



Overall income range	% respondents
less than \$9,999	45.8
\$10,000-\$24,999	35.3
\$25,000-\$39,999	7.6
\$40,000-\$84,999	0.3
NR	11.1

The community that the New London County Emergency Food System serves today includes a diverse array of households undergoing either temporary or long term financial difficulties that contribute to their need for emergency food. Of the clients surveyed, about 30% are employed either part-time or full time (making up the working poor community), 2% are students, and 31% are unemployed looking for work.

Factors Contributing to Hunger: Reasons Behind Emergency Food Need



Hunger has been known to be influenced by other environmental, social factors that contribute to household food insecurity in our communities. To further understand these factors, clients were surveyed about the main reason for their visits to the food pantry/community meal site and their employment status. Understanding these environmental, social factors is important to target hunger.

Of the community surveyed, the main factors contributing to food insecurity among the working poor (full time or part-time employed clients) are temporary job loss in their households, unexpected household expenses, but mainly ongoing need for food due to insufficient income. Pantries and community meals sites have become the only source of food aid for these individuals, because their pre-determined household incomes are barely above the threshold line, therefore disqualifying them for other assistance programs. Pantries and community meal sites have become the emergency and supplemental food source for these families.

Among the senior community (retired individuals), the main reason for needing food was that of insufficient income. These results matched with concerns raised by senior targeted pantries and senior centers, which confirmed that the income for retirees under Social Security wasn't sufficient enough for seniors living independently. Incidents, such as unexpected household expenses, or medical expenses related to disability influences the need for food among this community.

Challenges or Barriers to Access to Food

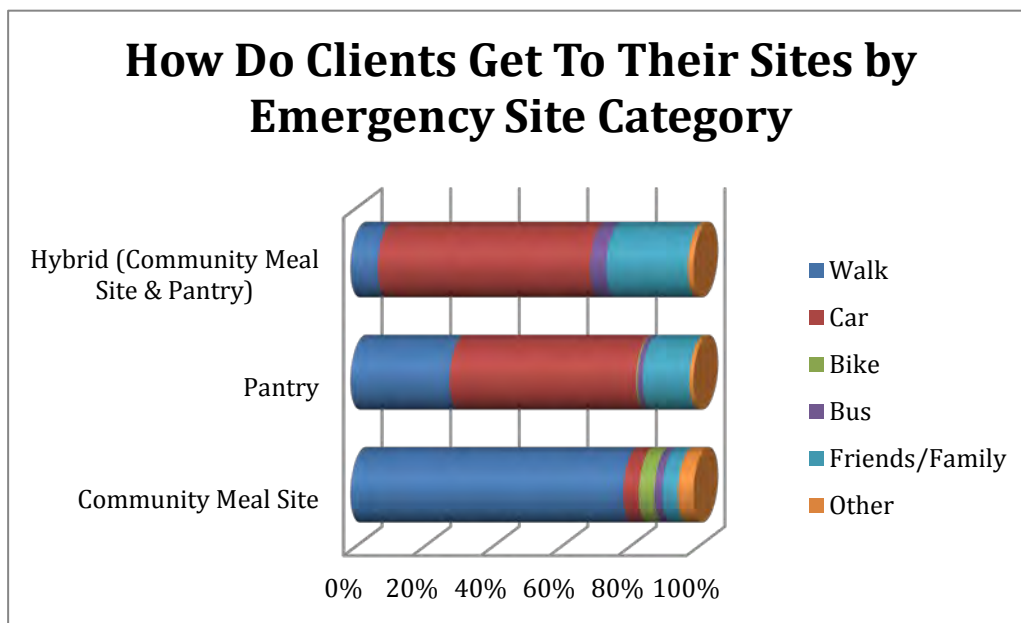
According to clients of the food pantries and kitchens, some challenges that they faced in getting to the site where the food were:

Barrier/Challenge	Number of Households	%	Other observations
Transportation (ride, bus, public transportation, troubles with car, walking because don't have a car)	97	25.5	
Asking for food, pride, embarrassment	27	7.1	
Babysitting	3	0.8	Ages lower 20s, single mothers, residing in Groton, mystic and Norwich. Already participating in government aid programs.
Disability (medical)	14	3.7	
Food assistance eligibility (food stamp discontinuance, not qualifying for aid, not enough aid)	7	1.8	
Gas (not enough money for gas, gas prices)	29	7.6	
Information (not knowing where to get food, location)	13	3.4	
Schedules (not coordinating with work, time too late of a start?)	9	2.4	Residing towns: Niantic, Norwich, New London, Groton, Mystic, Jewett City, Griswold
Other (laziness, weather, parking, dodging traffic, don't have work)	22	5.8	

No Challenge	78	20.5	Groton:7, New London: 51, Niantic: 4, Old Lyme: 1, Ledyard:1, Norwich:2, Montville:3 , Uncasville:1, Quaker Hill:1 , Mystic:2, Jewett City: 1
No Response	84	22.1	

How Are Clients Getting to their Sites?

In order to get a good understanding on how clients are accessing food in New London County, we asked clients about how they arrived to their site.



Appendix G- SNAP Income Eligibility Guidelines

Households have to meet income tests unless all members are receiving TANF, SSI, or in some places general assistance. Most households must meet both the gross and net income tests, but a household with an elderly person or a person who is receiving certain types of disability payments only has to meet the net income test. Households, except those noted, that have income over the amounts listed below cannot get SNAP benefits.

(Oct. 1, 2012 through Sept. 30, 2013)

Household size	Gross monthly income (130 percent of poverty)	Net monthly income (100 percent of poverty)
1	\$1,211	\$ 931
2	1,640	1,261
3	2,069	1,591
4	2,498	1,921
5	2,927	2,251
6	3,356	2,581
7	3,785	2,911
8	4,214	3,241
Each additional member	+429	+330

Gross income means a household's total, non-excluded income, before any deductions have been made. Net income means gross income minus allowable deductions.

Deductions are allowed as follows:

- A 20 percent deduction from earned income;
- A standard deduction of \$149 for households sizes of 1 to 3 people and \$160 for a household size of 4 (higher for some larger households);
- A dependent care deduction when needed for work, training, or education;
- Medical expenses for elderly or disabled members that are more than \$35 for the month if they are not paid by insurance or someone else;
- Legally owed child support payments;
- Some states allow homeless households a set amount (\$143) for shelter costs; and
- Excess shelter costs that are more than half of the household's income after the other deductions. Allowable costs include the cost of fuel to heat and cook with, electricity, water, the basic fee for one telephone, rent or mortgage payments and taxes on the home. (Some States allow a set amount for utility costs instead of actual costs.) The amount of the shelter deduction cannot be more than \$469 unless one person in the household is elderly or disabled. (The limit is higher in Alaska, Hawaii and Guam.)

Gross Income Computation	Example
Determine household size....	4 people with no elderly or disabled members.
Add gross monthly income...	\$1,500 earned income + \$550 social security = \$2,050 gross income.

If gross monthly income is less than the limit for household size, determine net income.

\$2,050 is less than the \$2,498 allowed for a 4-person household, so determine net income.

Subtract Deductions to Determine Net Income and Apply the Net Income Test	Example
Subtract 20% earned income deduction.....	\$2,050 gross income \$1,500 earned income x 20% = \$300. \$2,050 - \$300 = \$1,750
	\$1,750 - \$160 standard deduction for a household size of 4 = \$1,590
	\$1,590 - \$361 dependent care = \$1,229
	\$1,229 adjusted income/2 = \$614.50 \$700 total shelter - \$614.50 (half of income) = \$85.50 excess shelter cost
	\$1,229 - \$85.50 = \$1,143.50 Net monthly income
	Since the net monthly income is less than \$1,921 allowed for a household of 4, the household has met the income test.

Appendix H- List of Food Assistance Program Locations in New London County

SNAP Office Locations

Department of Social Services (DSS) Norwich Regional Office

401 West Thames Street, Unit 102, Norwich, CT 06360

Normal Business Hours : 8:00 to 4:00 Monday -Friday

Main Number: (860) 823-5000

Serves Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton, Lebanon, Ledyard, Lisbon, Montville, New London, North Stonington, Norwich, Preston, Salem, Sprague, Stonington, Voluntown, and Waterford

Middletown Regional Office

117 Main Street Ext., Middletown, CT 06457-3843

Normal Business Hours: Monday- Friday 8:00 AM to 4:00 PM

Main Number: (860) 704 3100

Serves Lyme and Old Lyme (among other towns not located in New London County)

WIC Office Locations

TVCCA New London WIC Office

83 Huntington Street, New London, CT 06320

Normal Business Hours:

Monday, Tuesday, Thursday- 8:30 AM-4:30 PM

Wednesday-10:00 AM- 6:30 PM

Friday- 8:00 AM- 4:00 PM

Main Number: (860) 425-6620/ (860) 425-6625

TVCCA Norwich WIC Office

401 West Thames Street, Unit 201, Norwich, CT 06360

Normal Business Hours:

Monday, Tuesday, Thursday- 8:30 AM-4:30 PM

Wednesday-10:00 AM- 6:30 PM

Friday- 8:00 AM- 4:00 PM

Main Number: (860) 425-6562

Appendix I- List of New London County Farmers' Markets

2012 Certified Farmers' Market

Last Updated 09/13/2012

Source: http://www.ct.gov/doag/lib/doag/marketing_files/brochures/farmers_market_brochure_2012.pdf

FMNP- The Farmers' Market Nutrition Program serves WIC clients and eligible seniors with FMNP checks. Clients can purchase CT Grown fruits and vegetables at participating farmers' markets.

SNAP -Through Electronic Benefits Transfer (EBT), some farmers' markets have the ability to participate in the Supplemental Nutrition Assistance Program (SNAP).

WF&V-WIC Fruit and Vegetable Check Program- WIC clients can use their fruit and vegetable WIC checks to purchase fruits and vegetables from participating farmers throughout the state.

Bozrah Farmers' Market

Fridays 4 p.m. - 7 p.m.

July 6 - October 5

Maples Farm Park, 45 Bozrah Street

FMNP Authorized

www.bozrahfarmersmarket.org

Contact:

Deb Stake

8608892689 ext.5

assessorsassistant@bozrahct.org

Griswold - Pachaug Village Farmers' Market

NEW! in 2012

Saturdays 9 a.m. - 12 Noon

June 30 - October 27

852 Voluntown Road (Rte. 138), Geer's Earth & Landscape Products

FMNP Authorized

Contact:

Bo Geer

860376-5321

bowmangeer@sbcglobal.net

Colchester Farmers' Market

Sundays 9 a.m. - 12 noon

June 10 - October

St Joseph Polish Society, 395 South Main Street

FMNP Authorized, WF&V

www.colchesterfarmersmarket.com

Contact:

Jeff Savitsky

860786-8866

jeff.savitsky@gmail.com

Groton Farmers' Market

Wednesdays 11 a.m. - 6 p.m.

July 11 - November 7

Groton Shopping Plaza, Next to the Post Office, Rte. 1

FMNP Authorized, WF&V, SNAP

Contact:

Rick Whittle

860536-3083

magicsalt@comcast.net

Franklin Farmers' Market

NEW! in 2012

Fridays 3 p.m. - 7 p.m.

June 29 - November 2

828 Route 32, Cedar Hill Market Place

FMNP Authorized, WF&V

Contact:

Harry Childs

860642-6778

hchilds@snet.net

Lebanon Farmers' Market

Saturdays 9 a.m. - 12 p.m.

June 2 - October 13

Town Hall Green

FMNP Authorized, WF&V

www.lebanontownhall.org

Contact:

Phil Chester

860642-2006

townplanner@lebanontownhall.org

Ledyard Farmers' Market

Wednesdays 4 p.m. - 7 p.m.
June 6 - September 5
Ledyard Town Center, Fair Grounds
FMNP Authorized
www.ledyardfresh.com
Contact:
Bob Burns
8605366407
burns@aikifarms.com

Lisbon Farmers' Market

NEW! in 2012
Thursday 3:30 p.m. - 6:30 p.m.
June 28 - October
Lisbon Meadows Park, Route 169
FMNP Authorized
Contact:
Donna Harris
860608-2050
info@lisbonfarmersmarket.com

Mystic Farmers' Market

Tuesdays 2 p.m. - 6 p.m.
May 1 - November 20
Quambaug Fire House, 50 Old Stonington Road
FMNP Authorized, WF&V, SNAP
Contact:
Joe Dondero
(860)659-4894
donderoorchards@cox.net

Mystic - Denison Farmers' Market

Sundays 12 Noon - 3 p.m.
June 3 - October 28
120 Pequotsepus Road
FMNP Authorized, WF&V
www.denisonhomestead.org/farm-market
Contact:
Stuart Woronecki
860334-2245
sworonecki@gmail.com

New London - L & M Hospital Farmers' Market

Wednesdays 12 Noon - 4 p.m.
June - October
L & M Hospital
FMNP Authorized, WF&V, SNAP
www.newlondonfieldofgreens.org
Contact:
Brad Thayer & Art Costa
860-439-0016 / 860-984-3213
info@newlondonfieldofgreens.org

New London - Parade Plaza Farmers' Market

Fridays 10 a.m. - 1 p.m.
June - October
New London Parade Plaza
FMNP Authorized, WF&V, SNAP
www.newlondonfieldofgreens.org
Contact:
Brad Thayer & Art Costa
860-439-0016 / 860-984-3213
info@newlondonfieldofgreens.org

Niantic Farmers' Market

Thursdays 3 p.m. - 6 p.m.
May 24 - October
Methodist Street Parking Lot
FMNP Authorized, WF&V
Contact:
Joe Smith
(860)739-7240
jsmith5@snet.net

Norwich - Downtown Farmers' Market

Wednesdays 10 a.m. - 2 p.m.
July 11 - October 31
Boat Marina @ Howard Brown Park, Rte. 2
FMNP Authorized
Contact:
Jackie Roy
860887-6964
jackieroy@npumail.com

Norwich - Uncas on Thames Farmers' Market

Mondays and Fridays 10 a.m. - 1 p.m.
July 2 - October 29
Uncas on the Thames, 401 West Thames Street,
100 Campbell Building
FMNP Authorized, WF&V
Contact:
Chris Bassette
(860)633-1067
chrisbassette@cox.net

Waterford Farmers' Market

Saturdays 9 a.m. - 12 Noon
June 23 - October 27
15 Rope Ferry Road
FMNP Authorized, WF&V
Contact:
Rob Schacht
860443-1770
huntsbrookfarm@yahoo.com

Salem Farmers' Market

NEW! in 2012
Thursdays 3 p.m. - 6 p.m.
June 28 - October 25
89 Norwich Road,
FMNP Authorized, WF&V
Contact:
Mary Ann Chinatti
860589-3873
maryann.chinatti@salemct.gov

Stonington Farmers' Market

Saturdays 9 a.m. - 12 noon
May 5 - October 27
Stonington Borough, Town Fishing Fleet Pier
FMNP Authorized
<http://www.sviastonington.org/what.htm#Farmers>
Contact:
Julia Roberts
802233-3310
jroboston@gmail.com;
pauldesrochers.46@gmail.com

Voluntown Farmers' Market

NEW! in 2012
Sundays 11 a.m. - 2 p.m.
July 8 - October 7
Corner Main & Gate Streets, Voluntown Village
FMNP Authorized, WF&V, SNAP
Contact:
Jack Wesa
860376-3963
wesa@comcast.net

Appendix J- List of Emergency Food Locations in New London County

Name of Agency	Agency Classification	Address	Town
Covenant Shelter	Shelter/Community Meal Site	42 Jay Street	New London
202 Colman Street Feeding Site	Pantry- New London Housing Authority	202 Colman St	New London
St. Vincent de Paul Place	Pantry/Community Meal Site	10 Railroad Place	Norwich
St. James Episcopal Church-Lord's Pantry	Pantry/Community Meal Site	76 Federal Street	New London
New London Community Meal Center	Community Meal Site	12 Montauk Ave	New London
First Church-Fishes & Loaves	Community Meal Site	66 Union Street	New London
Care & Share- Pleasant Valley Community of Prayer Praise	Community Meal Site	20 Grove Avenue	Groton
Shoreline Soup Kitchen-First Church	Pantry/Community Meal Site	2 Ferry Old Road	Old Lyme
Shoreline Soup Kitchen-Niantic	Pantry	170 Pennsylvania Ave	Niantic
BP Learned Mission	Day Care/Youth feeding program	40 Shaw Street	New London
Riverfront Children's Center	Day Care/Pantry	476 Thames Street	Groton
Alliance for Living	Pantry/Community Meal Site	154 Broad Street	New London
Beulah Land Church	Pantry	80 Jefferson Ave	New London
Catholic Charities & Family Services	Pantry	28 Huntington St.	New London
Catholic Charities & Family Services	Pantry	331 Main Street	Norwich
Colchester Youth & Social Services	Pantry, Youth Programs, Multi-service	127 Norwich Avenue	Colchester
Family Church of God	Pantry	63 Church Street	Norwich
Groton Human Social Services	Multi-Service Pantry	2 Fort Hill Road	Groton
Huntington Towers	Pantry	149 Huntington Street	New London

Jewish Federation Senior & Community Services	Pantry	28 Channing St.	New London
MTC-MDA UAW Food Locker	Pantry	18 Pleasant St.	Groton
Montville Senior Social Services	Pantry	310 Norwich-New London Turnpike	Uncasville
Montville Union Baptist Church	Pantry	#279 Route 163	Montville
First Congregational Church-Neighbors Helping Neighbors	Pantry	588 Exeter Rd.	Lebanon
New London Area Food Pantry	Pantry	106 Truman St	New London
New London Salvation Army	Pantry	11 Governor Winthrop Blvd.	New London
New London Senior Center	Pantry	120 Broad Street	New London
Norwich Area Clergy	Pantry/Community Meal Site	2 Union Square	Norwich
Norwich Salvation Army	Pantry	262 Main St.	Norwich
Norwich Worship center	Pantry	165 Lawler Lane	Norwich
OIC	Multi-Service Pantry	106 Truman Street	New London
Outreach for the Unreached Community of Christ Church	Pantry	12 Inchcliffe Drive	Gales Ferry
Pawcatuck Neighborhood Center	Pantry	27 Chase St.	Pawcatuck
St. Mary's Church	Pantry	34 North Main St.	Jewett City
Sisters of Charity	Pantry	54 West Main St.	Baltic
Penobscot Place	Residential Pantry/Community Meal Site	16 Penobscot Street	Norwich
PILOTS program	Multi-Service Pantry	2 Cliff Street	Norwich
Sound Community Services- Brent Crandall	Residence (Multi-Service)	649 Buddington Road	Groton
Sound Community Services-Michael Kerr Respite Program	Shelter/Community Meal Site/Pantry	401 West Thames Street, Cottage 8	Norwich
Oasis	Snacks/pantry	932 Bank St.	New London

Stonington Arms	Pantry/Community Meal Site	133 South Broad Street	Pawcatuck
Town of Ledyard	Pantry	741 Colonel Ledyard Highway	Ledyard
Sprague Senior Center	Pantry/Community Meal Site	1 Main Street	Baltic
Groton Heights Baptist Church*	Pantry	72 Broad St.	Groton
Care & Share-Middletown*	Pantry		Niantic
Care & Share of East Lyme Inc.*	Pantry/Community Meal Site	pantry 170 Flanders Rd (Midway Mall)	East Lyme
Madonna Place	Day Care/internal Community Meal Program/snacks	240 Main Street	Norwich
Apostolic Cathedral of Hope	Pantry	157 Green Street	New London
First Haitian Baptist Church	Pantry	356 Central Avenue	Norwich
Mount Moriah Church	Pantry	22 Moore Avenue	New London
New Life Church	Pantry	1729 Center Groton Road	Ledyard
Oasis of Restoration, Inc	Pantry/Snack Program	138 Garfield Ave	New London
Tabernacle of Deliverance & Praise- temporarily inactive	Pantry	230 Hunters Road	Norwich
St. Luke Lutheran Church*	Kids care meal outreach organization	1830 Route 12	Gales Ferry
Unitarian Universalist Church*	Community Meal Site	148 Broadway	Norwich
St. Peter & Paul's Church*	Pantry	181 Elizabeth St.	Norwich
Martin Luther King Center- temporarily closed*	Pantry	21 Fairmount Street	Norwich
St. Andrews Church *	Community Meal Site	128 Norwich Avenue	Colchester
Colchester Federated Church*	Community Meal Site (free lunch M-F)	60 Main St.	Colchester
Abounding Grace*	Undetermined Classification	435 High Street #34	Mystic
Eastern Pequot	Undetermined	638 Lantern Hill Rd	North Stonington

Reservation*	Classification		
Ledyard Senior Center*	Undetermined Classification	12 Van Tassell Dr	Gales Ferry
North Stonington Senior Center*	Undetermined Classification	391 Norwich Westerly Rd	North Stonington
Old Lyme Senior Center*	Undetermined Classification	26 Town weed Rd	Old Lyme
In his Presence Ministry*	Undetermined Classification	St. James Church, NL	New London
Rock of Salvation Christian Temple Summer Youth Program*	Undetermined Classification	39 Circle Avenue	Groton
S.T.E.P.S., St. Johns Christian Church*	Undetermined Classification	356 Shennecossett Road	Groton
Town of Preston*	Undetermined Classification	589 Rte. 2	Preston
Trinity Missionary Baptist Church*	Undetermined Classification	60 Blackhall St	New London

*Indicates that the agency is not a member of the Gemma E. Moran United Way/ Labor Food Center

Appendix K- List of Community Gardens in New London County

Groton Community Garden

- 2 Fort Hill Road, Groton , CT 06340
- Ben Morse, 860-536-5687
- bmorse@groton.ct.gov
- Open to the public
- 64 beds, 10'x10'

Stonington Human Services Community Garden

- 166 South Broad Street, Pawcatuck, CT 06379
- Leanne Theodore, 860-535-5083
- ltheodore@stonington.ct.gov
- Open to the public
- Beds are 10'x10'

Montville Garden

- Montville CT 06382, New London Turnpike
- Peter Bushway, 860-848-3030 ext. 322

Williams/ Mercer Street Community Garden at the F.R.E.S.H. Community Garden Center (CGC)

- Williams Street and Mercer Street intersection, New London, CT 06320
- Arthur Lerner at F.R.E.S.H. New London, (860) 444-8050 Ext. 14
- Open to the public
- Includes sixty raised beds for community gardeners, as well as 45 raised beds used by the FRESH Educational Program.

Gemma E. Moran United Way/ Labor Food Center Garden

- 374 Broad Street, New London, CT 06320
- Arthur Lerner at F.R.E.S.H. New London, (860) 444-8050 Ext. 14
- Open to the public
- 15 raised beds

Calkins Community Garden

- Riverview Avenue, New London
- Contact Membership@calkinscommunitygarden.org or visit the website at <http://www.calkinscommunitygarden.org/>
- Open to the public
- 30 raised beds

United Community & Family Services Community Garden

- 47 Town Street, Norwich, CT 06360
- Melinda Wilson
- Open to the public

Broad Street Community Garden

- 28 Broad Street, Norwich, CT 06360
- Jchurney@snet.net

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