



## **The Good Food for All Program: A Sustainable Solution to Improve Diet Quality and Uplift Health**

*As of August 6th, 2021*

The COVID-19 pandemic has made clear the inequity rampant in our food and health systems. Those living with obesity and underlying diet-related conditions -- including diabetes, high blood pressure, or heart disease -- have suffered disproportionately from COVID-19. Obesity alone has been shown to triple the likelihood of hospitalization and increase risk of death from COVID-19.<sup>1</sup> The link between rising rates of obesity and diet-related chronic disease alongside the spread of COVID-19 has been referred to as a fast pandemic on top of a slow pandemic, and it is impacting low-income communities and communities of color the hardest. In 2020 life expectancy in the US fell an average of 1.5 years overall, but declined 2.9 years for African Americans and 3 years for Hispanics.<sup>2</sup>

The good news is that government, corporate America, philanthropy, and civil society saw and began to address the need for emergency food relief and improved nutrition during COVID-19. The bad news is that these closely intertwined issues were not addressed in tandem. Improvements in nutrition were made by mostly higher-income individuals, while programming focused on addressing nutritional needs was narrowly applied and limitedly available. There was a major proliferation in emergency food relief, but those activities occurred without attention to quality and/or without the benefit of knowledge showing how healthy food can be distributed in a way that not only provides nutrition in the short term, but leaves a lasting desire for produce that can begin to shift the culture of food and health for good.

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<sup>1</sup> *Obesity, Race/Ethnicity, and COVID-19 | Overweight & Obesity | CDC.* (2020, October). Centers for Disease Control and Prevention. <https://www.cdc.gov/obesity/data/obesity-and-covid-19.html>

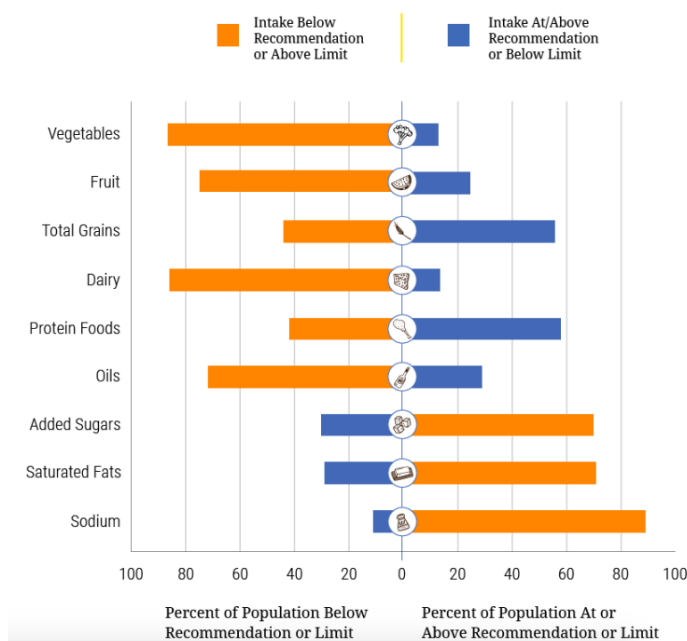
<sup>2</sup> Arias, E., Tejada-Vera, B., Ahmad, F., & Kochanek, K. (2021). Vital Statistics Rapid Release Provisional Life Expectancy Estimates for 2020. <https://www.cdc.gov/nchs/data/vsrr/vsrr015-508.pdf>

To that end, and in response to the challenges of COVID-19, the Partnership for a Healthier America (PHA) launched the COVID-19 Fresh Food Program in Denver, Colorado in May of 2020. Though we were responding to what was expected to be a short-term supply chain issue -- surplus produce, we wanted the work to have lasting impact. So, PHA designed the program to provide vegetables and fruits to families in disadvantaged communities with a very specific goal of shifting habits. The positive results from the pilot program led to additional pilot projects in Rochester, New York and Aurora, Colorado, stretching the project beyond the period of supply chain misalignment. In July of 2021, the program was rebranded as Good Food for All (GFFA), recognizing its value during the pandemic and beyond and prior to a 22 city expansion centered in the Midwest.

***GFFA seeks to shift the impact of emergency relief from outputs to outcomes*** by embedding diet quality and sustainability into the core of the program model. In its first phase, the program seeks to impact the long-term dietary preferences of participants and, in its second, demand data is leveraged to increase the availability of healthy, affordable produce in retail. Both phases involve engagement of and involvement by community-based non-profit, public, and private institutions that have long standing, trusted relationships with participants.<sup>3</sup>

## Good Food for All: Improving Health by Establishing a Long-Term Habit of Produce

Today just 1 in 10 Americans meet the federal recommendations for fruit and vegetable consumption, with men, young adults, and low income individuals showing the lowest rates.<sup>4</sup> Americans consume more than the recommended levels of meat, eggs, nuts, and grains. French fries remain the number one vegetable consumed by children as young as 12-14 months<sup>5</sup> and American adults consume, on average, 46.4 pounds of potatoes per year, the highest rate of any vegetable.



<sup>3</sup> GFFA has been implemented in partnership with many types of organizations. For a list of partners, please see Appendix A.

<sup>4</sup> Only 1 in 10 Adults Get Enough Fruits or Vegetables. (2017, November 16). <https://www.cdc.gov/media/releases/2017/p1116-fruit-vegetable-consumption.html>

<sup>5</sup> Amira A Roess, Emma F Jacquier, Diane J Catellier, Ryan Carvalho, Anne C Lutes, Andrea S Anater, William H Dietz, Food Consumption Patterns of Infants and Toddlers: Findings from the Feeding Infants and Toddlers Study (FITS) 2016, *The Journal of Nutrition*, Volume 148, Issue suppl\_3, September 2018, Pages 1525S–1535S, <https://doi.org/10.1093/jn/nxy171>

Consumption of fruits and vegetables has been shown to lower blood pressure and reduce the incidence of and risk of death from cardiovascular disease and from several types of cancers, including breast, mouth, esophageal, lung, stomach, and colorectal, reducing diet-related healthcare costs.<sup>6</sup> According to a recently released report from the Rockefeller Foundation, the true cost of food in the US, including the cost to human health and the environment, is \$3.2 trillion, three times higher than direct supply chain expenses.<sup>7</sup>

GFFA recognizes the centrality of vegetables and fruits to a healthy diet and the importance of establishing a preference for those foods. The 90 day program provides 50 servings of high-quality vegetables and fruits per week per family -- a volume and length of distribution that establishes a healthy habit of produce, while laying the groundwork for sustainable, long-term access to affordable, nutritious foods.

GFFA builds off of data from Brighter Bites, a nonprofit operating school-based food co-ops, and University of Texas researchers that found that participants' frequent access to significant amounts of produce through the co-op model improved consumption compared to a control group, with results sustained up to two years after the conclusion of the intervention.<sup>8</sup> The GFFA pilot data indicate similar results, showing that roughly 80% of participants displayed a lasting desire to consume fruits and vegetables. In 2021, GFFA expansion efforts across the Midwest are being supported by a third-party evaluation undertaken by the Altarum Institute. This evaluation will be completed in April 2022 and will include baseline, post, and 6-12 week follow-up surveys from participants to determine changes in vegetable and fruit consumption compared to a control group, among other areas of assessment.

***Already GFFA has shown us that produce quality has a strong influence on consumption, habit formation, and demand generation.*** Fresh, high-quality produce is more visually appealing and more flavorful, which increases desirability. For those reasons, each GFFA box contains a variety of high-quality produce at peak freshness. We use locally grown, seasonal vegetables and fruits whenever possible. The GFFA weekly menu offers 60% vegetables and 40% fruit and variety within each category, highlighting colorful and nutrient-dense choices.<sup>9</sup> Many low-income individuals lack access to full-service grocery stores and rely on corner stores with limited produce offerings or on emergency food distribution programs. These programs typically focus on distributing durable produce with a long shelf life like onions, potatoes, and root vegetables or donated produce near the end of its usable life.

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<sup>6</sup> World Cancer Research Fund/American Institute for Cancer Research. Diet, Nutrition, Physical Activity and Cancer: a Global Perspective. Continuous Update Project Expert Report 2018. <https://www.wcrf.org/wp-content/uploads/2021/02/Summary-of-Third-Expert-Report-2018.pdf>

<sup>7</sup> True Cost of Food: Measuring What Matters to Transform the U.S. Food System Heal. (2021, July). Rockefeller Foundation. <https://www.rockefellerfoundation.org/wp-content/uploads/2021/07/True-Cost-of-Food-Full-Report-Final.pdf>

<sup>8</sup> Sharma, S. V., Markham, C., Chow, J., Ranjit, N., Pomeroy, M., & Raber, M. (2016). Evaluating a school-based fruit and vegetable co-op in low-income children: A quasi-experimental study. *Preventive Medicine*, 91, 8–17. <https://doi.org/10.1016/j.ypmed.2016.07.022>. The Brighter Bites program model differs from GFFA, but both models are centered on produce saturation and habit formation. Brighter Bites runs for two, eight-week sessions, one in the spring and one in the fall. It is complemented by recipe tastings and the application of the CATCH curriculum in the classroom.

<sup>9</sup> See Appendix B for GFFA menu.

GFFA is designed to create sustainable change without continuous programming, relieving the need for perpetual funding. Families are provided with a risk free (no cost) trial of high-quality fruits and vegetables equivalent to between one and two additional servings of produce per day per individual for households of 3 or 4. PHA knows that addressing the cost of vegetables and fruits can have a long term impact on consumer behavior. Research has shown that low-income parents or caregivers of children are less likely to purchase fruits and vegetables given the financial risk of food rejection (food waste avoidance) and that it can take as many as 8-15 exposures to a vegetable or fruit to establish food acceptance, particularly for bitter vegetables.<sup>10</sup>

## **Reinforcing Healthy Behaviors by Increasing the Supply of Affordable Vegetables & Fruits**

A USDA report released in June of 2021 found that 88% of SNAP participants faced barriers to eating healthily over the course of the month. The most common environmental barrier, reported by 61% of participants, was price. Participants said they could not afford the foods that are recommended as part of a healthy diet. The lack of affordable healthy food was shown to have the largest adverse effect on the food security status of SNAP households.<sup>11</sup>

Over the past decade many programs have attempted to solve the challenges of food deserts, or areas where food access is limited, in an effort to improve diet quality. However, both research and experience has shown that even when grocers are able to open up in low-access communities, consumers continue to choose food that is lower in nutritional value (i.e. snacks and ultra-processed carbohydrates over vegetables and fruits).<sup>12</sup> This suggests that ***we need to identify and build demand for healthy foods before increasing supply.***

That leads us to part two of GFFA, which aims to identify retailers -- both existing and emerging -- who are able and willing to meet consumer demand for good food at prices the community is able and willing to pay.

PHA is uniquely positioned to leverage Good Food for All program data on demand for produce, produce preferences, and willingness-to-pay, to work with the retail sector to expand healthier, affordable produce options through traditional or innovative means. Data from previous deployments show that roughly 80% of participants display a lasting desire to consume fruits and vegetables following the close of the program. Although 61% of participants said the main

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<sup>10</sup> Daniel, C. (2016). Economic constraints on taste formation and the true cost of healthy eating. *Social Science & Medicine*, 148, 34–41. <https://doi.org/10.1016/j.socscimed.2015.11.025>

<sup>11</sup> Gearing, M., Dixit-Joshi, S., & May, L. (2021). Barriers That Constrain the Adequacy of Supplemental Nutrition Assistance Program (SNAP) Allotments: Survey Findings Nutrition Assistance Program Report Food and Nutrition Service Office of Policy Support. <https://fns-prod.azureedge.net/sites/default/files/resource-files/SNAP-Barriers-SurveyFindings.pdf>

<sup>12</sup> Allcott, H., Diamond, R., Dubé, J.-P., Handbury, J., Rahkovsky, I., & Schnell, M. (2019). Food Deserts and the Causes of Nutritional Inequality\*. *The Quarterly Journal of Economics*, 134(4), 1793–1844. <https://doi.org/10.1093/qje/qjz015>

barrier to consuming more vegetables and fruits was cost, at least 50% of participants indicated they would be willing to pay the wholesale price of the GFFA produce box. This data dispels the myth that there is “no willingness to pay” for produce among low-income consumers, instead suggesting significant unmet demand in the marketplace.

PHA seeks to engage small, medium, and large food retailers and entrepreneurs in meeting demand and closing the produce gap experienced by low income communities: the gap between high quality and low quality produce, the gap between consistent and inconsistent produce access, and the gap between produce priced beyond reach and within reach.

In Denver, Colorado following the close of the first phase of the GFFA program, The Co-Op at First, a social enterprise and GFFA distribution partner, launched a new service called “My Food Box” in response to community demand built by GFFA. My Food Box is a healthy food subscription service that offers the same quantity of fruits and vegetables as GFFA in addition to pre-made meals from local chefs at wholesale prices. The program allows participants to use their SNAP benefits and Double Up Food Bucks to pay for the subscription. The Co-Op sells an average of 40 My Food Boxes per week for as low as \$20 per box. One out of every three customers uses SNAP or Double Up Food Bucks to pay for the purchase. When the offering was made available to the primarily Latinx community served, ***the Co-Op saw its SNAP enrollment efforts increase three-fold, indicating that the availability of affordable produce may drive income-qualified SNAP participants to enroll.***

“This program has been vital to us,” said program participant Peggy Suebaca. “We are always struggling to find healthy options, especially being low income. Most food banks give out canned and boxed items, many of which keep low income people unhealthy. Your food program has allowed us to cook healthy meals while also teaching our kids how to cook healthy.”

## **A Vegetable and Fruit Stimulus to Propel an Equitable Food Marketplace**

Good Food for All is a time-bound emergency response to the longstanding, slow pandemic of obesity and diet-related disease caused primarily by poor diet quality. By leveraging the evidence base on habit formation and capturing critical data from participants, the program stimulates long-term demand for produce while calling on retailers and entrepreneurs to respond in kind by increasing the supply of affordable produce.

The program has the potential to stimulate demand among SNAP and WIC participants and SNAP and WIC-eligible audiences across the country, leveraging community-based assets like schools, clinics, recreation centers, and public housing facilities to identify participants and coordinate distribution. Data gleaned could inform how SNAP and/or WIC certified retailers could be incentivized to further drive demand through price, convenience, or quality measures. It could also direct the application of complementary competitive resources like GusNIP or Healthy Food Financing grants.



Over the long-term, GFFA could contribute to a reduction in preventable healthcare expenses, while also alleviating nutrition insecurity across the country.



### ***About Partnership for a Healthier America***

Partnership for a Healthier America (PHA) is the premier nationwide nonprofit working to create lasting, systemic changes that transform the food landscape in pursuit of health equity. PHA develops evidence-based approaches that are implemented in partnership with the private sector, nonprofits, and government, leveraging PHA's assets and the partner's knowledge to accelerate the pace of transformation.

Founded in partnership with Michelle Obama's Let's Move campaign in 2010, PHA seeks partnerships that reduce disparities and develop and catalyze the adoption of evidence-based practices that drive voluntary change across entire sectors. In a decade of work, we have partnered with more than 300 corporations, convenience store chains and distributors, hospitals, early childhood education centers, and SNAP-Ed implementing agencies, among others, in pursuit of our vision that all children, families, and adults - especially those disproportionately affected - will live healthier lives free from diet-related diseases such as obesity, diabetes, heart disease, and other chronic conditions. Our Good Food for All Program, launched as the COVID-19 Fresh Food Fund response to the pandemic in May 2020, will have distributed 15 million servings of fruits and vegetables to nearly 25,000 low-income households across 26 cities by the close of 2021. Our data shows that this program is shifting diets and at scale, has potential to build a culture of health through better food.

## **APPENDIX A: Good Food for All Community Partners**

City	Partner(s)	Partner Type(s)
Denver, Colorado	Denver Department of Public Health and the Environment  The Co-Op at First  Denver Housing Authority  Montbello Organizing Committee	Government agency  Food retailer/social enterprise  Public housing  Nonprofit
Rochester, New York	FoodLink	Food bank
Aurora, Colorado	Aurora Housing Authority  ACTION Zone Schools	Public housing  Public schools
Indianapolis, Indiana	City of Indianapolis	Government agency
Omaha, Nebraska	Food Bank for the Heartland  Whispering Roots	Food bank  Nonprofit
Sioux Falls, South Dakota	Sioux Falls Health Department	Government agency
Fort Wayne, Indiana	Human Agricultural Cooperative	Food retailer/social enterprise
Toledo, Ohio	YMCA of Greater Toledo	Community organization
Des Moines, Iowa	Des Moines Area Religious Council	Food bank
Minneapolis, Minnesota	Sanneh Foundation	Nonprofit/Community organization
Wichita, Kansas	Kansas Food Bank  Greater Wichita YMCA	Food bank  Community organization
Chicago, Illinois	Apostolic Faith  Chicago Housing Authority  Harvey School District  Advocate Aurora Health	Religious/community organization  Public housing  Public schools  Nonprofit Healthcare system

Columbus, Ohio	Food Rescue US	Nonprofit
Gary, Indiana	Human Agricultural Cooperative	Food retailer/social enterprise
	Legacy Taste of the Garden	Food retailer/social enterprise
Cleveland, Ohio	Cleveland Public Schools	Public schools
	Greater Cleveland Food Bank	Food bank
Grand Rapids, Michigan	Boys & Girls Club of Grand Rapids	Community organization
	The Other Way Ministries	Religious/community organization
	Hispanic Center of West Michigan	Nonprofit
	Madison Square Church	Religious/community organization
	New City Kids	Nonprofit/community organization
	United Church Outreach Ministry	Religious/community organization
Lincoln, Nebraska	Food Bank of Lincoln	Food bank
Akron, Ohio	Akron-Canton Regional Food Bank	Food bank
Milwaukee, Wisconsin	Wisconsin Early Childhood Association (WECA)	Nonprofit/Early child care organization
	Feeding America Eastern Wisconsin	Food bank
Madison, Wisconsin	Wisconsin Early Childhood Association (WECA)	Nonprofit/Early child care organization
	Second Harvest of Southern Wisconsin	Food bank
Detroit, Michigan	Focus: HOPE	Nonprofit/Community organization
Cincinnati, Ohio	Cincinnati Public Schools	Public schools

## APPENDIX B - Good Food for All Produce Box Menu



Box %	Group	Category	Number of Items Per Category	Total Pounds	Examples (not limited to the below items)
6.25	Vegetable	Dark Green	1-2	1.25-1.5	Broccoli, kale, collard greens, spinach, romaine lettuce, swiss chard, mustard greens
18.75	Vegetable	Red & Orange	2-3	3.75-4.5	Tomatoes (all grape, cherry, slicing), red/orange bell peppers, carrots, winter orange squash
8.75	Vegetable	Starchy	1-2	1.75-2.25	Corn, lima beans, green peas
8.75	Vegetable	Cooking Staples	0-1	1.75-2.25	White potatoes, sweet potatoes, onions
17.5	Vegetable	Cruciferous, Marrow & Other	2-3	3.5-4.25	Cauliflower, zucchini, green bell pepper, cucumbers, brussel sprouts, cabbage, summer squash, green/string beans, zucchini, okra
20	Fruit	Citrus & Berry	2-3	4-5	Oranges, lemons, limes, grapefruits, berries (all)
20	Fruit	Fruits, Other	2-3	4-5	Apples, pears, plums, kiwi, avocado, mangoes, papaya, grapes, peaches, apricots, pineapple
1.) Prioritize locally sourced and seasonally available items. 2.) Menu should highlight different items week-by-week.				20-25	<i>Overall package should maximize variety and seasonality to the greatest extent possible.</i>