



Nutrition for Family Living

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December, 2008 Topics

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Economic Research Service Report on the Affordability of a Healthy Diet

By Gayle Coleman

How affordable is a healthy diet? According to a summary article from the USDA Economic Research Service (ERS), low-income households are less likely than other households to meet Federal recommendations for consumption of fruits, vegetables, whole grains and low-fat dairy products. Do low-income households have less healthy diets because they cannot afford healthier diets?

Determining 'affordability' is more complex than one might imagine because there are multiple ways to look at affordability – absolute, relative, and subjective. If someone does not have the money or other resources to acquire a food, it is clearly unaffordable (absolute.) If they have the money but other things take priority in their budget, then the food may be unaffordable (relative.) If a person decides that the food is too expensive, then it may be unaffordable to them (subjective.)

Determining the composition and cost of a healthy diet is another complicating factor. There is an enormous variety of foods that could make up a healthy diet and prices of foods vary across the United States. The current USDA food plans calculated by the Center for Nutrition Policy and Promotion are based on the types and quantities of commonly consumed foods that people could purchase and prepare at home to obtain a healthy diet at four cost levels – Thrifty, Low-Cost, Moderate-Cost, and Liberal. The cost of these plans is calculated using national-average price estimates. In June 2008, the cost of the food plans for a family of two adults and two elementary school-age children ranged from \$588.30 per month for the Thrifty Food Plan to \$1,151.40 per month for the Liberal Food Plan.

The average American household devotes about 10 percent of their household income to food each year. In 2006, the Thrifty Food Plan corresponded to about 8 percent of median income for a four-person household, while the more expensive Low-Cost Food Plan corresponded to about 11 percent of this median income. [Median family household income in 2006 was \$59,156.] Based on this information, it appears that a healthy diet is affordable for most households. However, lower-income household may find food less affordable since they may devote a greater proportion of their income to food.

Maximum benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, are based on the Thrifty Food Plan. Therefore, for the nearly one out of three participating households that receive the maximum benefit, SNAP benefits alone are sufficient to purchase a healthy diet. Exceptions may occur in areas with especially high food prices and/or in periods of high food price inflation in which families experience a loss of purchasing power.

In the 1960s, it was estimated that one-third of after-tax household income was used to purchase food based on data from the 1955 Household Food Consumption Survey. Since the 1960s, increased spending on housing, utilities, medical care, transportation and child care, and changes in relative prices of food have reduced the average share of income spent on food from 30 percent to about 10 percent. However, the



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SNAP still uses a 30 percent deduction when determining SNAP benefits. That is, households receive the maximum benefit for their household size less 30 percent of their income adjusted for a number of deductions. Therefore, low-income households that receive less than the maximum SNAP benefit may find it more difficult to purchase a healthy diet since in reality low-income households do not allocate their budget shares in the same proportions as households in the 1950s. The ERS and USDA's Food and Nutrition Service found that in 2006 the typical household with income below 130 percent of the poverty line spent about 5 percent less on food than the cost of the Thrifty Food Plan.

Subjective notions about the affordability of healthy foods such as fruits, vegetables and whole grains also undermine healthy food choices. In a 2004 survey about the factors shaping their food choices, more than a third of respondents indicated that the cost of a healthy diet limited what they ate. However, empirical research on overall diet costs has shown that eating healthfully does not necessarily mean paying more. When ERS researchers examined inflation-adjusted prices for 11 basic fresh fruits and vegetable and 4 common snack foods (chocolate chip cookies, cola, ice cream and potato chips), they found that prices for basic, minimally processed fruits and vegetables have been falling at about the same rate as those snack foods. Even in situations where the costs of healthy and less nutritious food options are equal, many consumers believe that they get more value from the less nutritious food. For example, 75 cents is too much to pay for an apple but not for a soda.

In summary, whether or not a healthy diet is affordable depends on a variety of factors including food prices, resources available for purchasing food, household expenses competing for food dollars, and people's perceptions of food prices.

Implications for Extension Educators

Understanding that there are multiple factors that contribute to affordability of a healthy diet can help Extension Educators in their work with low-income households as well as higher-income households. Educational resources such as Money for Food lessons can be used to explore which factors relate to learners and open discussion on addressing barriers to purchasing healthy diets.

Sources: USDA, ERS Amber Waves website, *Can Low-Income Americans Afford a Healthy Diet?* <http://www.ers.usda.gov/AmberWaves/November08/Features/AffordHealthyDiet.htm>, accessed November, 2008.

Stewart H, Blisard N. *Are Lower Income Households Willing and Able to Budget for Fruits and Vegetables.* USDA, ERS, January 2008.

Kuchler F, Steward H. *Price Trends are Similar for Fruits, Vegetables, and Snack Foods.* USDA, ERS, March 2008.



Preschoolers Mimic Parents' Food and Beverage Shopping Patterns

By Julia Salomon

An article published in the 2008 November issue of *Archives of Pediatrics and Adolescent Medicine*, suggests that pre-school age children are able to form food preferences early on, and pay attention to and imitate their parents food choices.

The study looked at children's food and beverage selections while role-playing a shopping experience from a miniature grocery store stocked with different products. Parents of the children in the study completed questionnaires that asked how frequently they purchased certain grocery items. All of the parents reported bringing their children with them when they went grocery shopping.

In the study, 120 children in ages ranging from 2 to 6 took turns playing in a toy grocery store. The children were instructed that they could buy anything they wanted out of a total of 133 food and beverage items. The items offered at the play grocery store included healthier foods (fruits, vegetables, whole-grain cereals, bread and milk) and "less healthy" foods such as desserts, candy, potato chips and sugary cereals.

Even though most of the children bought some sugary and salty treats, the study revealed that on average their carts were filled with about half of healthy and less healthy items. However, some children bought significantly more healthy food items than less healthy items; five healthier products for each less healthy product selected. These "healthy shoppers" had parents whose questionnaires showed they engaged in healthier shopping practices as well.

Overall, the study found that children who chose the less healthy "play grocery items" (sweets, sugary drinks and salty snacks) had parents who purchased like items when grocery shopping. Similarly, the study showed that the children who chose the healthier items seemed to be imitating their parents' shopping habits.

"The data suggest that children begin to assimilate and mimic their parents' food choices at a very young age, even before they are able to fully appreciate the implications of these choices", report the researchers, led by Dr. Lisa A. Sutherland of Dartmouth Medical School in Lebanon, New Hampshire.

Implications for Extension Educators:

The study suggests that children as young as 2 years old seem to form food preferences that may be long lasting ones, based on their parents' grocery shopping habits. While most nutrition interventions for children target school age children, this study seems to indicate that pre-school children are able to and are actively forming food preferences learned by observing their parents' food choices. Exposing and offering young children healthier foods could contribute to them continuing to make healthier choices later in life. In addition, this study alludes that grocery stores can serve as a classroom, where parents

can engage their children in teaching about foods, healthy choices and including more fruits, vegetables and whole grains in their diet. This study supports that nutrition education resources, such as the recent MyPyramid for pre-school children may be very effective in helping young children start to make healthy choices early on.



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Source: Sutherland LS, Beavers DP, Kupper LL, Bernhardt AM, Heatheron T, Dalton. MA. Like Parent; Like Child – Child Food and Beverage Choice During Role Playing. *Archives of Pediatric and Adolescent Medicine* 2008; 162(11):1063-1069.



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Trends From The American Dietetic Association's 2008 Consumer Opinion Survey

By Gayle Coleman

The American Dietetic Association (ADA) released results from their most recent consumer opinion survey at their annual conference in October. The survey was conducted by Mintel International between February 15 and March 7, 2008. Telephone interviews lasting approximately 18 minutes were done with 783 adults representing a nationally representative sample of the total U.S. population. Similar surveys were done by ADA in 1991, 1993, 1995, 1997, 2000 and 2002. The objectives of each of these surveys have been:

- To measure people's attitudes, knowledge, beliefs and behaviors regarding food and nutrition.
- To identify trends and understand how consumers' attitudes and behaviors have evolved over time.

Key findings were:

- When consumers were asked about their attitudes toward maintaining a healthy diet and getting regular exercise, 43% responded "I'm already doing it", 38% responded "I know I should" and 19% responded "don't bother me." The percentage in the 'don't bother me' category has dropped substantially over the years – 40% in 1997 and 32% in 2002. The 'I'm already doing it' group has increased steadily and, in each survey, appears to represent the movement away from 'don't bother me.'
- Approximately 60% of consumers said diet, nutrition and physical activity are "very important" to them. Women were more likely than men to say both are very important. Younger adults, 18-24 years, were less likely (48%) than all age groups to say these were "very important."
- In 2000 and 2008, respondents to the surveys were given a menu of reasons people give for not doing more to achieve balanced nutrition and a healthy diet. According to the 2008 survey, adults don't do more to achieve a balanced diet because they are 'satisfied with the way they eat' (79%) and 'they don't want to give up their favorite foods' (73%). Fifty-four percent of respondents said that 'it takes too much time to keep track of my diet,' 52% said 'I need more practical tips to help me eat right' and 41% said 'I don't know or understand guidelines for diet and nutrition.' The percentage of responses for each reason are similar to percentages of responses in 2000.
- The percentage of respondents who strongly agree that they actively seek information about nutrition and healthy eating has been steadily increasing since 2000 – from 19% in 2000 to 36% in 2002 and 42% in 2008.
- Consumers were asked if the amount of foods and nutrients with possible health-related effects has increased, decreased or stayed the same in the past five years. Foods and nutrients of which people were most likely to increase consumption in the past five years included low-fat foods (48%), omega-3 fatty acids (38%), garlic (36%), low-sugar foods



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(34%) and low-sodium foods (32%). Foods containing trans fat were most likely to see their consumption reduced in the past five years with 56% of respondents saying they had cut back on these foods. At least half of all respondents said they had not changed their consumption of allergen-free foods (81%), probiotics (76%), soy-based products (63%), garlic (58%), low-carb foods (56%), berries (54%), omega-3 fatty acids (53%), and low-sodium foods and alternative sweeteners (52% each.)

- When asked about their consumption of whole grains, vegetables, fruits, dairy and meat,
 - 56% report an increased consumption of whole-grain foods.
 - 50% report an increased consumption of fruits.
 - 48% report an increased consumption of vegetables.
 - 23% report decreased consumption of dairy foods.
 - 33% report decreased consumption of pork.
 - 41% report decreased consumption of beef.

People 65 and over were the least likely to have increased their consumption of whole grains, fruits or vegetables, while adults between 18 and 34 were the most likely to have increased consumption of these foods, especially whole grains.

- More than half (54%) of respondents said that organically-grown fruits and vegetables are healthier than regularly-grown products, with 38% saying there is no difference and 8% saying regularly-grown products are healthier.
- Almost everyone (94%) said they believe that whole-grain bread is healthier than white bread, with 6% saying they are equally healthy and just six people (four of whom were men) saying white bread is healthier.
- According to the survey, Americans get most of their food and nutrition information from television (63%, down from 72% in 2002) and magazines (45%, down from 58% in 2002.)
- There has been substantial growth in the use of the Internet as a source of information (24%, up from 13% in 2002.) The Internet was the third most-often named source, replacing newspapers (19%, which is down from 33% in 2002.) Almost every leading source of information has dropped in popularity in the past six years except the Internet.
- When asked how credible a variety of sources were for food and nutrition information, the percentage of respondents who considered the following sources credible were: registered dietitians (78%), doctors (61%), nurses (56%), USDA/MyPyramid (46%), references/books (43%), personal trainer (39%), magazines (25%), Internet (22%), family/friends (17%) and food manufacturers (9%).

Implications for Extension Educators:

Awareness of trends gives us insight into consumers' attitudes and beliefs. In combination with information from local sources familiar with specific audiences' needs and practices, national data can guide us in deciding topics for lessons, anticipating barriers to changing eating behaviors and venues for delivery of educational messages such as the Internet or the media. For example, almost 3 of 4 adults (73%) say that not wanting to give up their favorite foods keeps them from



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doing more to achieve balanced nutrition and a healthy diet. This suggests a need for lessons in which learners can plan simple and affordable ways to make dietary improvements that incorporate their personal and family food preferences.

Source: American Dietetic Association, *Nutrition and You: Trends 2008*.
http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/media_18649_ENU_HTML.htm, accessed November 2008.