

## Society of Behavioral Medicine position statement: increase funding for fruits and vegetables production in The Farm Bill reauthorization

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### Abstract

The Society of Behavioral Medicine (SBM) recommends that Congress increase funding for fruit and vegetable production and intake in The Farm Bill reauthorization. Analysis of the U.S. Department of Agriculture's databases indicates that the availability of fruits and vegetables in the food supply is at half or less than half of what is needed to meet federal dietary recommendations for Americans. Based on the extant literature, SBM supports including funding allocations for fruit and vegetable production, including fruits and vegetables in commodity programs, providing additional insurance subsidies for producing fruits and vegetables, and maintaining or increasing funding for initiatives that promote fruit and vegetable intake. To avoid some of the unintended consequences of increasing support for fruit and vegetable production, new insurance products should be developed in collaboration with groups representing fruit and vegetable producers.

### Keywords

The Farm Bill, Reauthorization, Policy, Fruits and vegetables

Society of Behavioral Medicine (SBM) Position Statement: SBM recommends that the upcoming reauthorization of The Farm Bill includes funding allocations to aid in increasing fruit and vegetable (FV) production, which can positively impact FV intake. SBM also supports improving and maintaining current policies by including FV in crop commodity programs for price loss coverage, removing FV planting restrictions on base acres, providing additional insurance subsidies for FV production, and maintaining or increasing support for other FV initiatives (e.g., Specialty Crop Block Grant, Fresh Fruit and Vegetable Program).

### INTRODUCTION

Adequate intake of fruits and vegetables (FV) is critical for health [1]. However, the majority of Americans do not consume the recommended daily amounts of FV [2] and in the USA, there are not enough FV in the food supply to meet the Dietary Guidelines for Americans (DGA) [3]. Given the gaps

### Implications

**Research:** Future research should determine the effectiveness of programs such as the Food Insecurity Nutrition Incentive Grant program (FINI) and similar programs to increase fruit and vegetable consumption and to continue ongoing surveillance of the U.S. Department of Agriculture's fruit and vegetable databases.

**Practice:** Public health practitioners should inform the public about programs such as FINI and should implement effective community- and clinic-based interventions to increase consumption of fruits and vegetables, especially among subgroups of the population with low intakes.

**Policy:** In the reauthorization of The Farm Bill, policymakers should allocate funding to increase fruit and vegetable production (e.g., include fruits and vegetables in commodity programs) and expand evidence-based initiatives that increase fruit and vegetable intake.

between FV intake, FV availability, and federal dietary guidelines, the Society of Behavioral Medicine (SBM) supports increasing funding allocations for FV production and intake in the upcoming reauthorization of The Farm Bill. By allocating funds for strategies such as including FV in crop commodity programs and providing additional crop insurance for FV, production of FV may increase [4]. Also, continued implementation and expansion of initiatives (e.g., Food Insecurity Nutrition Incentive Grant Program) that have been shown to increase consumer demand for and intake of FV may lead to better alignment of Americans' FV intake with the federal Dietary Guidelines for Americans.

### BACKGROUND

In the USA, approximately 12% (estimated based on fruit and vegetable consumption below 500 grams

per day) to 17% (estimated based on fruit and vegetable consumption below 800 grams per day) of all deaths in 2013 were attributable to inadequate FV intake [5]. Adequate FV intake is associated with lower risks for chronic diseases such as cardiovascular disease, stroke, and some forms of cancer, and with all-cause mortality [1, 5–7]. Given the critical importance of FV for the prevention of chronic diseases, the DGA includes recommended daily intakes based on calorie level. For example, in the 2015–2020 DGA, an individual on a 2000 calorie diet should consume 2½ cups of vegetables and 2 cups of fruits per day [2]. However, despite the federal dietary guidelines, the overwhelming majority of Americans do not meet the recommended daily FV intake [2].

While there are many factors (e.g., behavioral, economic, environmental) that contribute to lower FV intake [8], there are currently not enough FV in the U.S. food supply to meet the recommendations in the DGA [3, 7, 9]. Analysis of the U.S. Department of Agriculture's databases indicate that the availability of FV in the food supply are at half or less than half of what is needed to meet federal dietary recommendations [3]. The aforementioned estimates account for the loss of availability of FV due to waste and spoilage. Unfortunately, the gap between federal dietary recommendations and the availability of FV is a deeper food systems issue that has persisted for over 40 years [3, 9]. This critical and persistent gap is a barrier to achieving the federal dietary recommendations, to preventing chronic diseases, and to helping Americans live longer and healthier lives. *Therefore, SBM recommends that in the upcoming reauthorization of The Farm Bill, funding allocations for increasing FV production are included.*

#### Assessment of current policies

*Subsidies and planting restrictions presently in The Farm Bill (2014 Agricultural Act) do not support increased production of specialty crops like FV* (Specialty crops are defined as “fruits, vegetables, tree nuts, dried fruits, horticulture, and nursery crops (including floriculture).”). Crop commodity programs exist for price loss coverage (when market prices fall below a reference price) and agriculture risk coverage (for when crop revenue drops). However, these programs only cover certain commodities (e.g., soybeans, wheat, corn); *specialty crops, including FV, are excluded.*

- Farmers who participate in crop commodity programs receive reduced payments if they plant FV on base acres (“crop-specific acreage eligible to participate in commodity programs”) [4, 10, 11].
  - The planting and reimbursement restrictions on base acres led to decreased acres of farmland containing FV post implementation of the 1990 and 1996 Farm Bills [4].

- Planting restrictions are generally supported by FV farmers (because they help to maintain higher prices for FV). However, *removing these restrictions would likely lead to increased production of FV* [4].

*Crop insurance is one of the only safety nets for specialty crop farmers but federal crop insurance programs are underutilized by these farmers* [12]. Crop insurance has been a facet of U.S. agricultural policy since 1938 by providing government-subsidized policies to protect farmers if crop yields are lower than expected due to issues outside of their control (e.g., weather, price declines, yield declines based on a farmer's actual production history) [12, 13].

- Historically, this insurance has been underutilized by FV farmers partly because it has not been tailored to the unique risks of specialty crop production.
  - Some risks are non-weather related such as food safety and contamination-related issues, small-acreage and production, complex farming practices, and difficulties in premium ratings [12, 14, 15].
- The current Farm Bill included pilot programs (e.g., Whole-Farm Revenue Protection Program) to increase insurance coverage for specialty growers like FV farmers [12, 14].
  - Some specialty crop growers have lobbied against federal insurance coverage due to concerns that insurance products for their specialty crops may increase competition and drive down prices [12, 14–16].
  - Given the opposition to insurance by some specialty crop farmers, the Senate-passed 2012 Farm Bill (but not passed by the House) required that new insurance products be developed in collaboration with groups representing these producers [15].
- Current initiatives in The Farm Bill have focused on increasing products to support specialty crops including FV (e.g., resources for organic farmers, funding for pest and disease management) [12, 14, 15, 17].
- In the upcoming reauthorization, additional pilot insurance programs could be developed for specialty growers.
  - These products should account for the unique risks of FV production and, as described in the Senate-passed 2012 Farm Bill, should be developed in collaboration with specialty growers.

*To increase FV production and intake, in the forthcoming reauthorization of The Farm Bill, funding for other existing FV initiatives should be maintained or increased.*

- The Specialty Crop Research Initiative supports critical research and extension projects that provide resources

to address the needs of specialty crop industries in food and agriculture [18].

- The Specialty Crop Block Grant Program is an initiative designed to enhance the competitiveness of specialty crops in domestic and foreign markets [19].
- The Farmers Market Promotion Program provides grants to “increase domestic consumption of and access to locally and regionally produced agricultural products” [20].
  - This program has led to increased access to and consumption of FV as well as contributed to building local economies [21, 22].
- Continuation of FV programs (e.g., Fresh Fruit and Vegetable Program, the FINI Program, and the Farmers Market Promotion Program) should be included.
  - The Fresh Fruit and Vegetable Program delivers fresh FV to schools and has been shown to increase school-children’s FV intake [23].
  - The FINI Program aims to increase purchase of FV by incentivizing FV at the point of purchase for participants in the Supplemental Nutrition Assistance Program (SNAP) [24]. A randomized controlled trial demonstrated that the pilot of FINI increased FV intake among SNAP participants [25].
- These promising initiatives are important strategies to increase FV production and intake, which may also stimulate more consumer demand for the production and consumption of FV.

## Policy recommendations

### *SBM recommends:*

- (1) Including funding allocations for increasing FV production in the upcoming reauthorization of The Farm Bill. Potential benefits include:
  - Supporting producers of FV.
  - Directly increasing FV production.
  - Better aligning U.S. food supply with the DGA.
- (2) Including FV in commodity programs for price loss coverage (when market prices fall below a reference price) and agriculture risk coverage (for when crop revenue drops).
- (3) Removing FV planting restrictions on base acres in crop commodity programs.
- (4) Providing additional insurance subsidies for producing FV.
- (5) Maintaining or increasing funding for other existing FV initiatives to increase FV intake:
  - **Specialty Crop Research Initiative, Specialty Crop Block Grant, Fresh Fruit and Vegetable Program,**

**Food Insecurity Nutrition Incentive grant Program, and Farmers Market Promotion Program.**

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### Compliance with Ethical Standards

**Conflict of Interest:** Akilah Dulin, Lisa Quintilliani, Joanna Buscemi, Brooke M. Bell, Kim M. Gans, and Amy L. Yaroch declare that they have no conflict of interest.

**Primary Data:** The Society of Behavioral Medicine uses a formal vetting process for all potential policy briefs. A policy brief proposal is submitted to the Society of Behavioral Medicine’s Health Policy Committee for review. Once approved, the primary author is assigned to work with a health policy committee member to draft the brief in a format that aligns with the Society of Behavioral Medicine’s Health Policy Committee guidelines. The policy brief drafts are reviewed by the Health Policy Committee and all feedback is sent to the policy brief authors for incorporation into the policy brief. Once the feedback is incorporated, the brief is reviewed by the Health Policy Committee again and the members may approve the brief at this time or may provide additional feedback and request another review of the policy brief. If the policy brief is approved, then it is sent to the Health Policy Council for review and final approval. Once the Health Policy Council votes to approve the policy brief, then it goes into production by the Society of Behavioral Medicine staff who format the final brief and create accompanying infographics.

On December 1, 2017, this manuscript was posted on the Society for Behavioral Medicine, Preventive Cardiovascular Nursing, and the Rudd Center for Food Policy and Obesity’s websites and/or Twitter and Facebook pages.

This manuscript is not being simultaneously submitted elsewhere. All procedures were conducted in accordance with ethical standards. The authors have full control of the entire content of this manuscript and allow the journal to review the information and sources.

**Ethical Approval:** This article does not contain studies with human participants performed by any of the authors. This article does not contain any studies with animals performed by any of the authors.

**Informed Consent:** For this type of study formal consent is not required.

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