
THE BRONX HEALTH LINK, INC.



**STATEMENT OF JOANN CASADO,
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**Hearings by the New York City Council Consumer Affairs Committee
On the Green Cart Legislation
January 31, 2008**

The Bronx Health Link, Inc., is a clearinghouse of information for members of the health and human service delivery system of the Bronx. We reach thousands of community members, agencies and other through our electronic mailing list and numerous workgroups, advisory boards, task forces, community based workshops, conferences and forums held throughout the year to inform, educate and organize around issues of importance in the field of health care. Under contract with the NYC Health Department under the Infant Mortality Reduction Initiative and a contract with the NYS Health Department to operate the Perinatal Information Network, we work extensively with the community and health care providers to improve birth outcomes, prenatal care and the reproductive health of Bronx women. Thank you for the opportunity to submit our comments on the Green Cart legislation, which we support with some recommendations for additional provisions.

A major focus of our work is seeking to reduce the Bronx's shamefully high rates of infant mortality, maternal mortality, and percentages of prematurity, low birth weight, teen pregnancy, and late or no prenatal care. The rates of all these exceed those of the city and the country. In particular, we seek to reach the African American and Latino mothers and babies who are at greatest risk. We educate women about the importance of prenatal and postpartum medical screening and care, as well as self-care -- including good nutrition -- and self-empowerment.

Among the major obstacles faced by people of color and low-income people in the Bronx are the institutional barriers to accessing healthy food that includes fresh fruit and vegetables. These barriers, compounded by the lack of access to living-wage jobs, are dimensions of a complex interaction of social and economic factors that results in poor nutrition outcomes. These are reflected in high levels of diabetes, overweight and obesity in our communities. Furthermore, these neighborhoods have a saturation of fast foods establishments and very few well-stocked supermarkets. This combination results in communities suffering from high rates of chronic diseases.

It has been well established that the overconsumption of carbohydrates and the underconsumption of fruits and vegetables are major contributing causes of obesity. In particular, poor nutrition and obesity are important risk factors for adverse outcomes of pregnancies. Women who are obese before conception may experience complications during pregnancy and childbirth. They are also at higher risk of having babies with congenital malformations. In addition, mothers who are overweight or obese prior to conception or as a result of excessive weight retention after pregnancy are at an increased risk for a variety of diseases later in life, such as cardiovascular disease and Type II diabetes. CDC data from a 2004 survey of pregnant women reached primarily through the Supplemental Nutrition Program for Women, Infants, and Children showed that just before pregnancy, 43% had been overweight (for Black women, the percentage was 50). In addition, low levels of the B-vitamin folate in pregnant women are strongly linked to higher risk of neural tube defects such as spina bifida. Folate is found in leafy green vegetables and citrus fruits.

More generally, a vast amount of research has found that increased consumption of fruit and vegetables leads to significant reductions in levels of chronic disease. For example, according to the New York City Health Department, “A national study demonstrated that eating fruits and vegetables three or more times per day as compared to less than one time per day was associated with a 42% lower risk of dying of stroke and a 24% lower risk of dying of heart disease. In another study, eating five or more servings of fruits and vegetables per day significantly lowered the risk of developing type 2 diabetes.”

At the same time, there is abundant evidence that when fresh fruit and vegetables are made available in poor communities, there is strong demand and consumption increases significantly. According to the New York City Health Department, “Studies show that access and proximity are strong factors affecting fruit and vegetable consumption habits and that people who live closer to markets that sell affordable fruits and vegetables eat more of them.” The Department estimates that at least 100,000 New Yorkers would eat more fresh fruits and vegetables if the green cart proposal is implemented. We can also draw on the local experience of the community organization called For a Better Bronx, which established a farmers’ market in a poor neighborhood and found that in 2006-7, approximately 60% of sales came from customers using food stamps and coupons from the Women, Infants and Children (WIC) Nutrition program.

We believe that what is needed is a vision of a healthy community that includes access to healthy and fresh food, and in particular, fruit and vegetables. There are ongoing community-based efforts to implement a vision of food justice in the Bronx and in the city at large. Among these are programs to support farmers markets and vegetable-growing gardens in these same underserved neighborhoods. All of these are key parts of what should become an integrated program for healthy food access in all the city’s neighborhoods. We stand in support of any initiative that aims to improve the health of the community, but access must include community involvement and lead to community

empowerment. The green cart initiative could strengthen the existing initiatives for food justice in the Bronx – but absolutely cannot become a substitute for maintaining and indeed expanding existing programs. .

Thus, we support the Green Cart bill, and especially welcome its provision to establish 500 permits for the Bronx, several of whose neighborhoods are chronically deficient in stores selling fresh produce. (We would nonetheless urge that after the first year of operation, the number of permits be revisited to see if it is adequate to respond to community needs.) This program can begin to increase fruit and vegetable availability and thus start to impact the many ills that results from low intake.

However, we urge the Committee to carefully consider how the green cart initiative can provide real economic empowerment to people of color living in the targeted communities. Among the issues are who should be given priority for green cart permits and what kind of assistance will be provided to new cart owners to make the program an economic success for them and the community. To these ends, we want to propose several additional provisions in the legislation:

1. The program should assure that the produce sold on green carts will be available to the low-income people, especially women with babies and young children. In December, responding to advocacy by various health groups and a report of the Institute of Medicine, the U.S. Department of Agriculture revised the WIC program to include a voucher worth \$8 per month to each mother and \$6 to each child for fresh fruits and vegetables, redeemable at food stores or farmers' markets. States will begin implementing this policy next month. A recent study at the University of California, Los Angeles found that larger such vouchers (\$10 weekly) produced significant increases in women's consumption of fruits and vegetables.

In order to utilize these vouchers (and also food stamps for low-income people in general) with green carts, the carts would have to be equipped with wireless Electronic Benefits Transfer (EBT) card-reading machines. We have spoken to colleagues working in this field, who have informed us that this has already been done for some farmers' markets in the city. We urge that the committee explore mechanisms by which subsidies or low-interest/no-interest loans could be offered to cart owners to help them acquire such machines (approximately \$900 each) and pay the monthly service charges (approximately \$400). The machines could be purchased by the city and loaned to cart owners for the duration of their permits.

2. We believe that the green cart initiative should become an opportunity to stimulate business development and economic opportunity for the residents of the neighborhoods being served. To that end, we would propose that the Committee explore the possibility of giving priority status to applicants who live in the neighborhoods which they seek to serve, and of providing grants and low-interest/no-interest loans to local residents and community-based organizations to support the purchase of carts, EBTs and related equipment. In addition, we suggest the permit fees be waived for new cart owners.

3. An important requirement for all city-permitted food carts is the completion of a food safety course. We urge that community assets such as the CUNY colleges that particularly serve working class people (in the Bronx, Hostos Community College) be utilized for such courses, with scholarships made available for those with financial need. Some of these courses are also available in Spanish, which expands the accessibility of such training to residents of diverse communities.

In summary, we support the green cart legislation with the stated additional provisions. We believe this initiative will add an important piece to the emerging strategy of increasing the availability of healthier food to low-income neighborhoods in the interests of better health for all.