



Maryland
Hospital Association

HB 82 – Transportation – Complete Streets – Access to Healthy Food
Position: Support

Bill Summary

HB 82 would require a complete streets policy adopted by certain modal administrations of the Department of Transportation to create access to healthy food for certain individuals living in food deserts. The bill would authorize grants under the Complete Streets Program to be used to encourage certain jurisdictions to develop ranking systems for projects that prioritize designs that create access to healthy food in food deserts and would require the Governor to appropriate \$1 million from the Transportation Trust Fund for the program each year.

MHA Position

Maryland's hospitals support efforts to provide people with greater access to nutritious foods, which would address food insecurity and improve the physical, emotional, and mental health of Maryland's most vulnerable citizens.

This support is in line with hospitals' goals of lowering costs and improving population health under the state's unique Total Cost of Care agreement with the federal government. In addition to treating illness and injury, hospitals reach out beyond their four walls to keep people well and improve the health of the communities they serve. The result: hospitals are taking care of the whole person, empowering patients and families, coordinating care among providers, and addressing social factors that influence people's health.

Food security is defined as access at all times to enough food for an active, healthy life and is one of several conditions necessary for a population to be healthy.¹ Likewise, food insecurity is a social determinant of health that should be accounted for in any population health strategy. Food insecurity can have permanent effects on the health of all individuals regardless of age, gender, ethnicity or other demographic characteristics.² HB 82 seeks to address lack of access to healthy foods in food deserts, offering an opportunity for food insecure individuals to eat well regardless of where they live.

Food insecurity is most common in vulnerable, low-income communities and for some minorities, immigrant populations and disabled individuals. Many vulnerable, low-income neighborhoods have few grocery stores — or none at all — and lack readily available food,

¹ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C., and Singh, A. (2016, September). *Household Food Security in the United States in 2015*. U.S. Department of Agriculture, Economic Research Service. Retrieved from <https://www.ers.usda.gov/webdocs/publications/79761/err-215.pdf>

² Gundersen, C. and Ziliak, J. (2015). *Food insecurity and health outcomes*. *Health Affairs* 34 (11), 1830-1839.

particularly fresh fruits and vegetables.³ The median U.S. household spends \$50 per person on food each week, while food-insecure households spend only \$37.50 per person.⁴ As a result of a lack of access to full-service grocery stores and nutrition education, food-insecure households consume cheaper, less nutritious food. These households also may offset their financial limitations by eating food that is past its expiration date, watering down food and drinks to make them last longer and selling or pawning their personal property to purchase food.⁵

An unhealthy diet increases the risk of chronic disease and mental illness and can lead to obesity and diabetes. Those with insufficient food intake or malnutrition also are at increased risk of the following:

- Hypertension, asthma, tooth decay, anemia, infection and birth defects;
- Behavioral health issues, including depression, anxiety and emotional imbalance
- Stress and starvation⁶

These health disparities coupled with an inability to purchase healthy food makes it difficult for people living with food insecurity to eat regular meals and snacks and may frequently run out of food, leading to poor disease self-management. When chronic disease symptoms worsen, this leads to the need for more acute health care services, which results in increased expenses, lost work days and more financial trade-offs for the household —worsening the cycle of food insecurity.

Given that HB 82 seeks to address the challenges that individuals living in food deserts have in accessing healthy food, we respectfully urge a *favorable report*.

³ Feeding America. (2014, August). *Hunger in America 2014*. Westat and the Urban Institute. Retrieved from <http://help.feedingamerica.org/HungerInAmerica/hunger-in-america-2014-fullreport.pdf>

⁴ Project Bread. (2009). *Hunger in the Community: Ways Hospitals Can Help*. (2009). UMass Memorial Health Care. Retrieved from http://support.projectbread.org/site/DocServer/09_81_Hosp_Handbk_Rev2_FNL.pdf?docID=5401

⁵ Feeding America. (2014, August). *Hunger in America 2014*. Westat and the Urban Institute. Retrieved from <http://help.feedingamerica.org/HungerInAmerica/hunger-in-america-2014-full-report.pdf>

⁶ Social Determinants of Health Series. (2017, June). *Food Insecurity and the Role of Hospitals*. American Hospital Association. Retrieved from <https://www.aha.org/aharet-guides/2017-06-21-social-determinants-health-series-food-insecurity-and-role-hospitals>