Spring 2015

Food Programs and the Potato

Helen H. Jensen
Iowa State University, hhjensen@iastate.edu

Follow this and additional works at: http://lib.dr.iastate.edu/agpolicyreview

Part of the Agricultural and Resource Economics Commons, Agricultural Economics Commons, Health Policy Commons, International and Community Nutrition Commons, and the Public Economics Commons

Recommended Citation
Available at: http://lib.dr.iastate.edu/agpolicyreview/vol2015/iss2/4

This Article is brought to you for free and open access by the Center for Agricultural and Rural Development at Iowa State University Digital Repository. It has been accepted for inclusion in Agricultural Policy Review by an authorized editor of Iowa State University Digital Repository. For more information, please contact digirep@iastate.edu.
THE SPECIAL Supplemental Nutrition Program for Women, Infants and Children (WIC) is one of USDA’s major food assistance programs. WIC is authorized under the Healthy, Hunger-Free Kids Act of 2010. Major changes in the supplemental food packages were introduced in 2009 based on recommendations of a committee of the National Academies’ Institute of Medicine (IOM). One of the innovative program changes implemented at that time was the introduction of a cash value voucher (CVV) to supplement the purchase of fruit and vegetables for qualifying participants. All fresh fruit and vegetables qualified for purchase with the CVV except “white potatoes.” More specifically, white-fleshed potatoes. In 2014, Congress requested that USDA review the exclusion of potatoes; and at the request of USDA, a new IOM committee reviewed the regulation excluding white potatoes. Based on its review, the IOM committee issued a report in February 2015 that recommended that fresh white potatoes no longer be excluded from the food packages offered by WIC.

Under the Consolidated and Further Continuing Appropriations Act, 2015, WIC agencies will begin to allow white potatoes no later than July 1, 2015. So why were white potatoes singled out for exclusion in 2009 and what changed? These questions highlight the role of efforts to align science and dietary guidance with effective program design. The challenge has been to make the guidance on dietary patterns better align with what foods people are eating and in what forms.

Introduced in 1974, the WIC program provides supplemental foods to meet the nutritional needs of low-income infants, young children and pregnant, breastfeeding, and postpartum women. In 2014 the program served 8.3 million low-income women, infants, and children under five years old at a total cost of $6.3 billion. Program benefits include a monthly allotment that can be redeemed at retail grocery stores for supplemental foods that are dense in nutrients lacking in the diets of eligible groups. The program also provides nutrition education, breastfeeding counseling, and referrals to health care and other social services for the target populations.

In 2009, USDA implemented major changes in program benefits; the Final Rule was published in March 2014. The revisions to the supplemental food packages were based on recommendations of an IOM committee report released in 2006. The supplemental foods include dairy products (milk, cheese, and yogurt), eggs, juice, iron fortified cereal, whole grain foods, dried or canned beans, peanut butter; and, for some, canned fish high in omega-3 fatty acids. For infants, the foods include infant cereals, meats, fruit and vegetables, and infant formula for formula-fed infants. Among the supplemental foods, the 2009 changes introduced a CVV of $10/month for women and $8/month for young children for the purchase of fresh fruit and vegetables. Some states also allow canned, dried, or frozen forms of fruit and vegetables (except those with added sugars, fats, or oils). There was one notable exclusion: the voucher could not be used for the purchase of white-fleshed potatoes.

The introduction of a CVV in 2009 was in line with findings that fruit and vegetables consumption was quite low for the target population, and thus included for the purpose of increasing the quantity and variety of fruits and vegetables consumed by participants. In 2006, when the recommendations on the CVV were developed, white potatoes were the most widely consumed vegetable and Americans, on average, met or exceeded the 2005 Dietary Guidelines for Americans (DGA) recommendation for how much starchy vegetables to include in the diet. The intent of the CVV was to increase diversity in fruit and vegetables intakes. By the time of the next Dietary Guidance review in 2010, USDA had revised its methods for setting the amounts of food groups in the recommended guidance to better account for actual consumption patterns of most Americans. The 2010 DGA recommends five cups per week of starchy vegetables, up from the three cups provided as the recommended guidance in 2005. This change meant that currently, women and children in WIC now...
consume only 56 and 64 percent, respectively, of the recommended amount of starchy vegetables based on the 2010 DGA. In comparison, women and children consume 29 and 17 percent, respectively, of recommended amounts of dark green vegetables. The recognition of making the dietary guidance on the vegetables more in line with actual consumption patterns means that consumption of vegetables should be increased to be in line with recommended intakes.

During the last 15 years, other changes have occurred in the market that affect consumption patterns for potatoes. Per capita consumption of potatoes has been falling steadily for most types of potatoes. Today, per capita consumption (adjusted for losses in the system due to spoilage, and removal of inedible components in processing and other waste) is about 52 pounds per year, down from over 67 pounds per year in 1996. About half of potatoes consumed come from fresh potatoes; other consumption is in the form of processed products (e.g., frozen form, potato chips, dehydrated, and canned forms). Figures 1 and 2 show trends and share of consumption.

The shift in uses from the fresh market into processed products can be attributed to changes in consumer preferences, changes in retail markets including fast food service, and to processing and preservation technologies. The long-term decrease in potato consumption began well before the 2009 change in the WIC program benefits. Furthermore, 35 percent of potato consumption occurs outside of the home; and, a relatively large share of potatoes consumed in the home are purchased in forms likely not allowed by the WIC program CVV—as potato chips or frozen products with added fat. The change in the regulation to allow white potatoes is not likely to have a large effect on overall potato consumption. However, the change does favor a better image of the potato as part of a healthy diet. Furthermore, the inclusion will reduce the burden placed on retailers to identify and keep separate the white potato purchases from other allowed fruit and vegetables.

Inclusion of fruit and vegetables in the WIC food program has been viewed positively by participants, health professionals, and retail stores. Evidence is emerging that participants have changed their purchases to include more (additional) fruit and vegetables, especially fresh fruits. Although it is too early to tell whether inclusion of potatoes will shift these choices, what we know about demand behaviors suggests that consumers will not make large changes in purchasing more potatoes with the program vouchers, but other effects may be more significant. First, vendors will be able to include the potatoes at the time of sale with other WIC CVV transactions, lowering their burden on sorting these products in the transaction. Also, the change likely will reduce the potential for the potato to have a negative image in the minds of health conscious consumers—a concern of the potato industry. Finally, the change will allow program participants more choice among the fruit and vegetable selections. These changes are all likely to support the overall objective of increasing the WIC program benefits in a more efficient way.