The Real Cost of a Healthy Diet
Healthful Foods Are Out of Reach for Low-Income Families in Boston, Massachusetts

A Community-Based Food Security Project at Boston Medical Center

Supported by the Claneil Foundation and Project Bread
Executive Summary

Undernutrition and Overweight Are Increasing Among America’s Low-Income Families
• Millions of United States households face significant barriers to healthy eating.
• Improved access to healthful foods can prevent or improve the health consequences of undernutrition and overweight.

The Food Stamp Program Provides Essential Nutrition Assistance for Millions of Low-Income Families
• Over 25 million Americans rely on Food Stamps to supplement their food budget.
• However, the Food Stamp Program reaches only 54% of eligible persons in the United States, and very few recipients receive the maximum benefit allotment.

Food Stamp Benefit Amounts Are Based on the Outdated US Department of Agriculture (USDA) Thrifty Food Plan (TFP)
• The TFP has not been revised since 1999 and does not adhere to the government’s most recent nutrition guidelines.
• The TFP menu plan assumes that all food is prepared at home and requires many hours of cooking, which is not realistic for working families.
• The TFP cost does not account for regional variation in the cost of food and other basic needs.

The Real Cost of a Healthy Diet Project at Boston Medical Center
• This community-based food security project first assessed the cost of the TFP in Boston, MA, then assessed the cost of a modified, healthier diet that adheres to the government’s most recent nutrition guidelines.
• Food costs were compared to nutrition assistance program benefit amounts to assess the ability of low-income families to purchase the two market baskets.

Findings: The Cost of Both the TFP and a Healthier Diet Exceed Nutrition Assistance Program Benefit Amounts
• On average, the monthly cost of the TFP in the sampled stores in Boston is $27 more than the maximum monthly Food Stamp benefit.
• On average, the monthly cost of the healthier diet in the sampled stores in Boston is $148 more than the maximum monthly Food Stamp benefit.
• The costs of both the TFP and the healthier diet are substantially greater than the average Food Stamp benefit received by most families in Boston.
• Even when School Meals benefits are added to average Food Stamp benefits, benefit amounts are not nearly enough to meet food costs.

Federal Policy Recommendations
• Food Stamp benefit amounts should be increased to reflect the government’s recent nutrition guidelines and to account for regional differences in the costs of food and other basic needs.
• Benefit calculation methods should be changed to reflect the current realities facing low-income families.
• Food Stamp Program funding must be increased, rather than reduced, so that realistic benefit amounts can reach more eligible families.

State and Local Policy Recommendations
• Since Massachusetts has the lowest Food Stamp participation rate in the country (39%), increased outreach is urgently needed to encourage eligible families to participate in the Food Stamp Program.
• Administrative barriers and burdensome application and verification procedures must be removed to facilitate families’ receipt of Food Stamps.
• In addition to improving families’ access to program benefits, interventions are needed with local stores and merchant associations to improve the availability and affordability of healthful foods in local markets.
Background and Introduction

Undernutrition and Overweight Among America’s Low-Income Families

Millions of United States households face significant barriers to healthy eating, leading to high rates of both undernutrition and overweight among American families. Both nutrient under-consumption (consuming too few of some essential nutrients) and energy over-consumption (consuming an excess of calories) lead to serious health problems in adults and children. Both phenomena are related to food insecurity and poverty. Improved access to healthful foods can prevent or improve these two conditions and their associated health consequences.

Undernutrition

Under-consumption of nutrients deprives the body of sufficient energy, protein, vitamins, and minerals. These deficiencies impair the body’s ability to fight off infections, and in young children are linked with deficits in cognitive development, behavioral and emotional problems, problems relating with peers, and physical health problems leading to hospitalizations.1-10

Food-insecure households do not have access to adequate nutritious food for a healthy diet, either because they lack sufficient financial resources, or because reliable sources of affordable healthy food are not available. In 2003, the latest year for which data are available, 36.2 million people were food insecure in the U.S.11

Poverty is a root cause of food insecurity in the U.S. In 2003, 35.9 million Americans had incomes below the poverty threshold, which was $18,810 annually for a family of four.15 The rate of food insecurity was highest (35%) for households in poverty. Among households with incomes between 100-185% of poverty, 23% were food insecure, while for those with income levels above 185% of the poverty line, only 5% were food insecure.21 Other research has found that incomes at or above 200% of the poverty line are necessary for U.S. families to achieve economic self-sufficiency to meet basic needs.21

Overweight

Over-consumption of food energy beyond that needed for activity and growth leads to overweight and obesity, which are linked to chronic diseases such as heart disease, diabetes, hypertension, cancer and stroke, among the leading causes of death and disability in the United States.23-19 The proportion of the U.S. adult population either overweight or obese increased from 47% to 65% between 1976-80 and 1999-02, while the proportion of children overweight increased from 6% to 16% over this period.20-22

Food Insecurity is associated with overweight and obesity in parts of the U.S. population, with food-insecure adults and children in some age/gender sub-groups at greater risk of overweight.23-28 The possible pathways between food insecurity and overweight are complex. To prevent family members from feeling hungry, food insecure households purchase a limited variety of cheap, energy dense foods high in fat and added sweeteners and poor in nutritional quality. At the same time, food insecure households reduce their consumption of fresh fruits and vegetables, whole grains, low-fat dairy, fish, and vegetable protein.29-30

Poverty plays a role in obesity not only through food insecurity but also through lower education levels, lack of health insurance, inadequate healthcare, and lack of safe places to exercise. While overweight and obesity have increased among people at all income levels over the past two decades, those with lower incomes still have the highest rates of these conditions.21
Public Assistance Programs and the Thrifty Food Plan

In the United States, several national assistance programs have been created in response to scientific information about the importance of nutrition in ensuring healthy pregnancies, children's growth and development, and adults' health and workplace productivity. The primary federal food assistance programs are the Food Stamp Program, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and the National School Lunch and School Breakfast Programs.

Vulnerable American families and individuals increasingly depend on these assistance programs to ensure access to adequate, nutritious food. For example, in January 2005, 25.5 million persons participated in the Food Stamp Program, nearly 2 million more than in January 2004. However, the Food Stamp Program reaches only 54% of eligible persons in the United States, leaving millions of eligible families without benefits. Food Stamp maximum benefit amounts are determined by the US Department of Agriculture's (USDA) Thrifty Food Plan (TFP). The TFP consists of food lists and menu plans that serve as the national standard for a minimally nutritious diet at the lowest possible cost. However, the TFP food lists and menu plans have not been revised since 1999 and do not incorporate the current guidelines for optimal nutrition, including those recently published by the USDA and the Department of Health and Human Services (DHHS). In addition, the TFP menus include many foods that must be prepared from “scratch” and require hours of cooking time, which is unrealistic for many working poor families.

The USDA adjusts the cost of the TFP monthly, using the Consumer Price Index for specific food categories. However, the TFP is not adjusted for regional variation in food costs, or for variation in costs of other necessities such as housing, utility costs, transportation or health care. Moreover, although TFP cost determines the maximum allowable Food Stamp benefit, few families actually receive the maximum benefit. Nationally, the average household Food Stamp benefit is only 40% of the maximum allotment.

The lack of regionally specific benefit calculations and the low average benefit may leave many families unable to ensure the consistent availability of a nutritious diet for their children. Insufficient data are available to paint an accurate picture of the true costs of a healthy diet in various areas of the United States. Empirical data which reflect current nutrition recommendations and food costs can inform food assistance policy decisions.

- The Food Stamp Program serves as the first line of defense against hunger. It enables low-income families to buy food in authorized stores with coupons and Electronic Benefits Transfer (EBT) cards.
- Maximum Food Stamp benefit amounts are based on the cost of the USDA Thrifty Food Plan (TFP), which is outdated and does not adhere to the government's most recent nutrition guidelines.
- Over 25 million Americans participate in the Food Stamp Program. Most receive a benefit that is far below the maximum allotment determined by the TFP cost.
- Food Stamps reach only 54% of eligible persons in the United States.
Introduction to the Real Cost of a Healthy Diet Project in Boston, MA

The primary goal of the Real Cost of a Healthy Diet project is to determine whether residents in three primarily low-income Boston communities who receive Food Stamps and other assistance program benefits can afford a healthy diet, given the availability and prices of foods in large, medium, and small food markets in their local neighborhood.

Project Objectives
1. To determine the cost and availability of the TFP market basket in low-income areas of Boston.
2. To determine the cost and availability of a modified, healthier market basket in low-income areas of Boston.
3. To compare food costs with nutrition assistance program benefits received by low-income Boston households.

Project Methods
• Three Boston neighborhoods were identified for study: South Dorchester, Mattapan, and the South End (see Appendix for neighborhood profiles). Many residents in certain parts of these communities rely on assistance program benefits to supplement their food budgets.
• Nine stores, one of each size per neighborhood, were identified by key informants for food price survey: three small convenience stores/bodegas, three medium-size markets, and three large grocery stores (from the same chain supermarket).

Project nutritionists designed a healthier diet by carefully modifying the TFP menu and recipes where possible to conform to the most recent nutrition guidelines from the American Heart Association (AHA) and the USDA/DHHS.35,38 (Table 1) All changes that were made to the TFP to create a healthier diet were calculated to maintain overall caloric equivalence between the two diets. (Table 2)

• Shopping lists were created, including all food items for the USDA TFP market basket for a family of four (two adults and two school-age children), and the alternative items chosen to be included in the modified, healthier diet.

• Collection of food price data occurred in May 2004 and August 2004, in accordance with the protocol outlined in the USDA Community Food Security Assessment Toolkit.39 Interns from the Food Project, a community-based organization of youth and adults partnering to create social change through sustainable agriculture, participated in data collection.

Table 1. USDA/DHHS 2005 Nutrition Guidelines

<table>
<thead>
<tr>
<th>Focus On Fruits</th>
<th>Vary Your Veggies</th>
<th>Get Your Calcium-Rich Foods</th>
<th>Make Half Your Grains Whole Grains</th>
<th>Go Lean With Protein</th>
<th>Know The Limits on Fats, Salt and Sugars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat 2 cups/day of a variety of fruits, rather than fruit juices.</td>
<td>Eat more dark green veggies, orange veggies, and beans and peas.</td>
<td>Get 3 cups/day of dairy such as low-fat milk, cheese or yogurt.</td>
<td>Eat at least 3 ounces of whole grain products/day.</td>
<td>Choose lean meats and poultry, and vary your protein choices (more fish, beans, peas, nuts, and seeds).</td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Sample Modifications to the TFP to Create a Healthier Diet Market Basket

<table>
<thead>
<tr>
<th>USDA Thrifty Food Plan Food Item</th>
<th>Modification to the Thrifty Food Plan to create a Healthier Diet*</th>
</tr>
</thead>
<tbody>
<tr>
<td>White bread</td>
<td>Whole wheat bread</td>
</tr>
<tr>
<td>White rice</td>
<td>Brown rice</td>
</tr>
<tr>
<td>White flour</td>
<td>Whole wheat flour</td>
</tr>
<tr>
<td>Orange juice</td>
<td>Whole fruit</td>
</tr>
<tr>
<td>Stick margarine</td>
<td>Liquid margarine</td>
</tr>
<tr>
<td>Ground pork</td>
<td>Lean ground pork</td>
</tr>
<tr>
<td>Red meat</td>
<td>Fish or beans</td>
</tr>
<tr>
<td>Spaghetti sauce</td>
<td>Low-sodium spaghetti sauce</td>
</tr>
<tr>
<td>Canned mushrooms</td>
<td>Low-sodium canned mushrooms</td>
</tr>
<tr>
<td>Vegetable oil</td>
<td>Canola oil or olive oil</td>
</tr>
<tr>
<td>Whole milk and cheese</td>
<td>Low-fat milk and cheese</td>
</tr>
<tr>
<td>Tuna fish</td>
<td>Water-packed albacore tuna fish</td>
</tr>
<tr>
<td>Snacks high in fat</td>
<td>Carrot sticks, yogurt, or whole fruit</td>
</tr>
</tbody>
</table>

*Each modification is either a direct substitution for a TFP food item, or an adjustment to a TFP recipe, maintaining caloric equivalence.
How Much Does the Thrifty Food Plan Cost in Boston?

The TFP market basket priced in Boston neighborhoods is the Week #2 market basket for a family of four (man and woman age 20 to 50; one child age 6 to 8, and one child age 9 to 11). The USDA set the weekly cost of this Thrifty Food Plan market basket in both May 2004 and August 2004 at $114.80. The monthly cost was $497.30. This was the basis for maximum monthly Food Stamp allotment for this type of family across the nation at that time.

Table 3 and Figure 1 show the actual cost of the TFP in nine Boston stores, averaged across three neighborhoods and averaged over the May and August 2004 data collection periods in Boston (results by neighborhood are shown in the Appendix). The monthly TFP costs in Boston are compared with the monthly USDA TFP cost of $497.30.

These results suggest that, overall, low-income families in Boston relying on Food Stamp benefits are likely to have difficulty purchasing the basic TFP market basket, even if they receive the maximum benefit allotment. The maximum Food Stamp benefit of $497.30 could not purchase the TFP market basket in the small and large stores in this sample, though it was sufficient to purchase the TFP in the medium-size stores. The Project Limitations section of this report discusses the finding of lower prices in the medium stores. On average, families in Boston relying on the maximum Food Stamp benefit for their food budget would fall short by $26.98 each month when trying to purchase the Thrifty Food Plan. However, since so few families actually receive the maximum Food Stamp benefit, the monthly shortfall would be even greater for most families.

Table 3. Average Cost of the Thrifty Food Plan in Boston by Store Size

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Stores</td>
<td>$126.20</td>
<td>$546.27</td>
<td>- $48.97</td>
</tr>
<tr>
<td>Medium Stores</td>
<td>$111.13</td>
<td>$481.03</td>
<td>+ $16.27</td>
</tr>
<tr>
<td>Large Stores</td>
<td>$126.02</td>
<td>$545.49</td>
<td>- $48.19</td>
</tr>
<tr>
<td>Average</td>
<td>$121.12</td>
<td>$524.26</td>
<td>- $26.98</td>
</tr>
</tbody>
</table>

* Multiply daily cost by 30.3 days, per USDA calculation
How Much Does a Healthier Diet Cost in Boston?

The Healthier Diet Market Basket includes modifications to the TFP food list and menu plan in order to create a diet more in line with recent nutrition guidelines. As described in the Methods section, the TFP was modified where possible through either direct substitutions or recipe modifications to create a diet that more closely follows recent nutrition guidelines (refer to Tables 1 and 2).35,38

Table 4 and Figure 2 show the cost of the Healthier Diet Market Basket in nine Boston stores, averaged across three neighborhoods and averaged over the May and August 2004 data collection periods (results by neighborhood are shown in the Appendix). The monthly costs for the Healthier Diet Market Basket are compared with the monthly USDA TFP cost for a four-person family ($497.30).

These results suggest that low-income families in Boston relying on Food Stamp benefits will have significant difficulty purchasing a diet that follows recent nutrition guidelines from the AHA and the government (USDA/DHHS). Substituting more whole grains, fruits, vegetables, fish, and lower-fat items for the food items in the standard TFP market basket significantly increases the market basket cost. On average, families in the sampled Boston neighborhoods relying on the maximum Food Stamp benefit would fall short by $147.90 each month when trying to purchase this healthier diet. The Project Limitations section of this report includes a discussion of the lower prices in the small and medium-size stores.

Table 4. Average Cost of a Healthier Diet in Boston by Store Size

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Small Stores</td>
<td>$141.39</td>
<td>$612.02</td>
<td>- $114.72</td>
</tr>
<tr>
<td>3 Medium Stores</td>
<td>$134.28</td>
<td>$581.22</td>
<td>- $83.92</td>
</tr>
<tr>
<td>3 Large Stores</td>
<td>$171.50</td>
<td>$742.33</td>
<td>- $245.03</td>
</tr>
<tr>
<td>Average</td>
<td>$149.06</td>
<td>$645.20</td>
<td>- $147.90</td>
</tr>
</tbody>
</table>

* Multiply daily cost by 30.3 days, per USDA calculation*
Missing from the Shelves: Unavailable Food Items

Table 5 shows the number of food items that were unavailable at the different-sized stores in Boston, averaged across neighborhoods and data collection periods. The smallest stores had the greatest number of unavailable items. Many healthier food items were unavailable at both the small and medium stores, especially whole wheat products, lean meats and meat alternatives, and low-fat dairy products. To account for missing items in the total market basket costs, an assumption was made about the cost of each missing item by using the average price of the item from other similarly sized stores, as outlined in the USDA Community Food Security Assessment Toolkit. If items were not available at similarly sized stores, the average price from stores of the next closest size was used.

Boston Food Costs Compared with Benefits from Both Food Stamps and School Meals

The previous results illustrate the gap between the national standard for maximum Food Stamp benefits and actual food costs in Boston, a gap that widens significantly when moving from the TFP to a healthier diet. The next question to address is, does the gap between benefit levels and actual food costs persist if a family receives other nutrition assistance program benefits in addition to Food Stamps? This question has not been addressed since a study conducted in Boston in the late 1980’s.

Table 6 and Figure 3 compare the average costs of the TFP and the Healthier Diet in Boston neighborhoods with the assistance benefits received by families in Massachusetts in May 2004 from Food Stamps, School Breakfast Program, and National School Lunch Program. While the previous results compared food costs with the maximum monthly Food Stamp benefit amount, these results compare food costs with the average benefit received by Massachusetts families. The maximum benefit is only given to families with no cash income and no assets. Many Food Stamp recipients are working poor families who receive benefits that are far lower than the maximum allotment. The average benefit received by families in Massachusetts in May 2004 was $159.95, significantly less than the maximum allotment of $497.30.

The benefits received from the average amount of Food Stamps combined with benefits from school meals programs are substantially lower than the cost of either the TFP or the Healthier Diet Market Basket in the sampled stores. Low-income families in Boston would need substantial funds from other sources in order to purchase enough food for their nutrition and health.

<table>
<thead>
<tr>
<th>Table 5. Food Items Missing from the Two Market Baskets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TFP Market Basket</strong></td>
</tr>
<tr>
<td><strong>Average Number Missing Items</strong></td>
</tr>
<tr>
<td>Small Stores</td>
</tr>
<tr>
<td>15.5 items</td>
</tr>
<tr>
<td>Medium Stores</td>
</tr>
<tr>
<td>15.1 items</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Large Stores</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 items</td>
</tr>
</tbody>
</table>
Although the Food Stamp Program and the school meals programs were initially intended to provide only supplemental support for low-income families’ food needs, in reality many families in Boston rely on these benefits to support the bulk of their food budget. Low wages combined with the high costs of housing, healthcare, child care and heating in Boston put a significant strain on families’ budgets and leave little money available for food expenditure. Research on the family economic self-sufficiency standard in Boston found that for a two-parent family with two school-age children, both adults must earn at least $11.13 an hour ($47,018 gross income per year) for the family to be self-sufficient.\(^4\) This is nearly double the federal minimum wage, and significantly more than the median income levels in the three sampled Boston neighborhoods.

| Table 6. Average Nutrition Assistance Program Benefits in Massachusetts Compared with Boston Food Costs |
|----------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|
| Food Stamps alone | $159.95 | - $364.31 | - $485.25 |
| Food Stamps + School Breakfast | $207.95 | - $316.31 | - $437.25 |
| Food Stamps + School Breakfast + School Lunch | $279.95 | - $244.31 | - $365.25 |

*Benefit amount is the average amount received by a family of four in May 2004.
This project needs to be replicated in many more stores and neighborhoods in other parts of Massachusetts and around the country in order to create a more comprehensive understanding of the real cost of a healthy diet. Although Boston resembles other large cities such as Washington DC, San Francisco, and New York City in cost of living, the results from the nine stores sampled in Boston cannot be generalized to all other cities or regions.

Further study is also needed to explain the unexpected finding of lower food costs at the medium-size stores in these Boston neighborhoods. Previous studies have highlighted the absence of large supermarkets in inner-city areas as a barrier to accessing affordable foods. Of note is that the medium-size stores in this study appear to be catering to local ethnic and cultural food preferences and demand, with inventories that include many Caribbean or tropical foods. One possible explanation for their lower food prices is lower operating costs at these stores due to lower labor and/or capital costs. Also, medium-sized stores may be able to lower inventory costs by decreasing the number of product brands available. It would be useful to collect qualitative data, in addition to food price data, in various types of stores to explore the relationship between food prices and other factors such as food quality, food availability, store conditions, and workers’ wages, benefits, and safety.

The methods used to account for missing items may have underestimated the total assumed costs of the market baskets in the smaller stores, especially for the Healthier Diet Market Basket which included many items that the small stores did not carry. If a food item was not available in any of the small stores, then the average cost of that item in the medium-size stores was used to calculate the total market basket cost, per the protocol in the USDA Community Food Security Assessment Toolkit. Since medium store costs are lower than large store costs in this sample, this method may have artificially reduced the total food costs at the smaller stores.

Finally, further research is needed to gain a better understanding about where low-income families who rely on Food Stamps are actually shopping and what they are actually buying. Qualitative data on shopping and purchasing patterns, particularly among ethnic minority groups, are needed to inform policy decisions and nutrition interventions that could improve the health and nutrition of these sub-populations.
Policy Recommendations

At the Federal Level

Increase Food Stamp Program Benefit Amounts By Updating the Thrifty Food Plan. The results of this study suggest that Food Stamp benefit amounts should be based on a more realistic measure of what is needed to purchase a diet consistent with current nutrition recommendations. This adjustment could be achieved by updating the TFP menus and food lists to incorporate the government’s most recent nutrition guidelines, and by adjusting TFP costs to account for regional differences in food prices and the cost of basic needs.

Update Food Stamp Benefit Calculations to Reflect the Realities of Low-Income Families. The outdated assumption that low-income families have hours each day available for cooking and food preparation at home needs to be revised. In addition, the current Food Stamp benefit calculation method relies on outdated economic assumptions, such as the estimate that families spend 30% of their earnings on food. In reality, most low-wage families today are only able to spend about 17% of their total expenditures on food. Furthermore, the deductions for childcare and housing expenses that are currently figured into Food Stamp benefit calculations are capped at unrealistically low amounts ($200 per month for childcare for an infant; $388 per month above 50% of adjusted net income for shelter costs). Both of these deductions should be uncapped to account for the high housing and childcare expenses facing today’s low-income families.

Increase, Rather than Reduce, Food Stamp Program Funding. During a time when poverty, food insecurity, and obesity are on the rise, the Food Stamp Program is more important than ever to enable vulnerable Americans to purchase enough nutritious food. Food Stamps must remain an entitlement for all eligible families in order to protect family health and ensure children’s growth and learning. The Food Stamp Program is effective and efficient, but funding must be enhanced, rather than depleted, so that realistic benefit amounts reach more eligible families.

At the State and Local Level

Encourage Eligible Families to Participate in Food Stamps and Other Nutrition Assistance Programs. Massachusetts has the lowest Food Stamp participation rate of any state in the country. Only 39% of eligible persons received Food Stamps in 2002. Increased funding is needed for front line Food Stamp workers to process more applications and be accessible in more locations. Applications for other nutrition assistance programs (such as WIC and school meals) should be used to generate the Food Stamp application so that families do not need to provide duplicate information.

Remove Administrative Barriers and Burdensome Procedures for Food Stamp Applicants. In order to facilitate the Food Stamp application and receipt process for Massachusetts families, the Department of Transitional Assistance (DTA) should continue its efforts to improve the communications between caseworkers and applicants and minimize the number of verifications required for applicants. In addition, DTA should enhance worker training to improve knowledge of program rules and ensure that eligible families are not denied benefits.

Work With Local Stores and Merchant Associations to Increase the Availability and Affordability of Healthful Foods. This study’s findings indicated the limited availability of healthful foods in neighborhood stores, particularly small corner stores and medium-sized markets. Community, state, and national interventions are needed to encourage stores to stock affordable, healthier food items such as whole-grain products, fresh fruits and vegetables, low-sodium canned foods, and low-fat dairy products. These efforts, combined with policy interventions to improve families’ access to program benefits, can help to reduce barriers to healthy eating and thus improve the health of Americans.
Neighborhood Profiles

The Real Cost of a Healthy Diet Project sampled stores in three Boston neighborhoods: South Dorchester, Mattapan, and the South End. Demographic profiles for these three neighborhoods are shown in Table 7.

Table 7. Neighborhood Profiles

<table>
<thead>
<tr>
<th></th>
<th>South Dorchester</th>
<th>South End</th>
<th>Mattapan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American</td>
<td>27,123</td>
<td>7,053</td>
<td>30,182</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>18,870</td>
<td>12,751</td>
<td>1,236</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6,495</td>
<td>4,578</td>
<td>4,573</td>
</tr>
<tr>
<td>Foreign Born</td>
<td>31%</td>
<td>21%</td>
<td>30%</td>
</tr>
<tr>
<td>Poverty Rate</td>
<td>17%</td>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$39,587</td>
<td>$41,590</td>
<td>$32,748</td>
</tr>
</tbody>
</table>

Food Costs by Neighborhood

Table 8 and Table 9 show project findings by Boston neighborhood. Three stores in each neighborhood were sampled. The costs are averaged over the two data collection periods: May 2004 and August 2004. Weekly food costs for the TFP and the Healthier Diet Market Basket can be compared with the USDA weekly TFP cost of $114.80," which was the national standard for maximum Food Stamp benefits at the time of data collection.

Table 8. Weekly Cost of the Thrifty Food Plan in 3 Boston Neighborhoods

<table>
<thead>
<tr>
<th></th>
<th>South Dorchester</th>
<th>South End</th>
<th>Mattapan</th>
<th>Store Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Store</td>
<td>$129.45</td>
<td>$125.14</td>
<td>$123.99</td>
<td>$126.19</td>
</tr>
<tr>
<td>Medium Store</td>
<td>$128.25</td>
<td>$103.49</td>
<td>$101.65</td>
<td>$111.13</td>
</tr>
<tr>
<td>Large Store</td>
<td>$122.27</td>
<td>$124.99</td>
<td>$130.78</td>
<td>$126.01</td>
</tr>
<tr>
<td>Neighborhood Average</td>
<td>$126.66</td>
<td>$117.87</td>
<td>$118.81</td>
<td>$121.11</td>
</tr>
</tbody>
</table>

Table 9. Weekly Cost of a Healthier Market Basket in 3 Boston Neighborhoods

<table>
<thead>
<tr>
<th></th>
<th>South Dorchester</th>
<th>South End</th>
<th>Mattapan</th>
<th>Store Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Store</td>
<td>$139.61</td>
<td>$143.94</td>
<td>$140.61</td>
<td>$141.39</td>
</tr>
<tr>
<td>Medium Store</td>
<td>$142.03</td>
<td>$133.76</td>
<td>$127.03</td>
<td>$134.27</td>
</tr>
<tr>
<td>Large Store</td>
<td>$167.48</td>
<td>$173.39</td>
<td>$173.62</td>
<td>$171.50</td>
</tr>
<tr>
<td>Neighborhood Average</td>
<td>$149.71</td>
<td>$150.36</td>
<td>$147.09</td>
<td>$149.05</td>
</tr>
</tbody>
</table>
Acknowledgements

This project is led by a research team from the Boston Medical Center Department of Pediatrics: John T. Cook, PhD; Vivien Morris, MS, RD, MPH, LDN; Nicole Neault, MPH; Deborah A. Frank, MD.

Maria Pontes Ferreira, MS, RD, assisted the team in 2004 and was essential to data management, data entry, and development of the Healthier Diet Market Basket. We are very grateful to the The Food Project staff and interns for their assistance with extensive data collection in May and August 2004. We are also grateful for the collaborative efforts of Barbara Millen, DPH, RD, FADA from the Boston University School of Public Health in identifying research staff, thinking through all aspects of the project, and reviewing the healthier diet.

We would like to acknowledge Connie Rizoli and Andrew Schiff at Project Bread, Sara Mixter at the Boston Medical Center Family Advocacy Program, and Pat Baker at Massachusetts Law Reform Institute for their contributions to the policy recommendations in this report. Many colleagues in the Boston Medical Center Department of Pediatrics provided valuable feedback on the text. We are also appreciative of Deborah Fogel’s editorial assistance.

Project Funding
The Real Cost of a Healthy Diet Project was made possible by a generous grant from the Claneil Foundation in 2004, with continued support in 2005. Additional support was received from Project Bread in 2004.

Report Design
Communication via Design, Ltd.
Boston, MA

Photography
The Food Project
Getty Images
Stephen Preston

Suggested Citation


36. Preparing Nutritious Meals at a Minimal Cost. By the Center for Nutrition Policy and Promotion, United States Department of Agriculture. CNPP-7B. September 1999.


42. Benefit levels for Food Stamps were obtained from the Massachusetts Department of Transitional Assistance. Benefit levels for School Breakfast and School Lunch were obtained from Massachusetts Department of Education.


