

WASHINGTON AND WARREN COUNTIES
COMMUNITY NUTRITION SURVEY REPORT

A REPORT SUBMITTED TO:
GLENS FALLS HOSPITAL HEALTH PROMOTION CENTER

PREPARED BY:
CENTER FOR HUMAN SERVICES RESEARCH
UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

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About Glens Falls Hospital

Glens Falls Hospital (GFH) has worked to create healthier communities since its founding in 1897. As the largest and most diverse healthcare provider in the area, GFH provides a comprehensive safety net of health care services to a rural, economically-challenged region in upstate New York. GFH serves Warren, Washington and northern Saratoga counties with the mission to improve the health of people in our region by providing access to exceptional, affordable and patient-centered care every day and in every setting. The Health Promotion Center (HPC) at Glens Falls Hospital is responsible for initiatives and programs to improve the health and well-being of the people and communities in our region. Our present work focuses on strategies to make it easier for people to eat well, be tobacco free, be physically active and obtain preventive care. For more information about GFH, please visit www.glensfallshospital.org.

About the Center for Human Services Research

The Center for Human Services Research (CHSR) is a research department within the School of Social Welfare at the University at Albany. CHSR has over 20 years of experience conducting evaluation research, designing information systems, and informing program and policy development. CHSR studies cover a wide range of topics including family services, education, health behavior and services, early childhood and youth development, and juvenile justice. Rigorous research and evaluation methods, strong collaborations with project partners, and accurate and objective information are hallmarks of CHSR's work. For more information about CHSR, please visit www.albany.edu/chsr.

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EXECUTIVE SUMMARY

Introduction

- As part of a Creating Healthy Places to Live, Work & Play Grant, Glens Falls Hospital contracted with the Center for Human Services Research at the University of Albany to conduct a survey of the grocery shopping and eating habits of Washington and Warren County residents.
- A total of 504 residents participated in the survey.

Findings

Grocery shopping habits

- The vast majority of respondents did most of their shopping at a standard grocery store or at Wal-Mart.
- Prices and location were the most common reasons for choosing where to buy groceries.
- Almost 70% visited farmer's markets, farm stands, or pick-your own farms or subscribed to a Community Supported Agriculture program.

Produce-eating habits

- On average, seven meals per week included a vegetable and six included a fruit.
- Over half of participants ate a vegetable at dinner at least five days in the past week.
- Perishability was the most frequently cited barrier to eating produce, with cost a close second.

Home and restaurant eating habits

- Over 70% prepared more than half of their meals at home. (This included meals that were prepared at home but consumed elsewhere, such as packed lunches.)
- About three-quarters of participants ate a dinner prepared at home five or more nights per week.
- Over 40% had purchased food to eat while at work or school at least once in the past week.
- The most common reason for eating out was to celebrate a social occasion or as a treat.

Recommendations

- **Reduce produce costs** through discounts and promotion of less expensive types of fruits and vegetables.
- **Address perishability** by raising awareness of longer-lasting produce options and storage methods.
- **Promote greater consumption** of fruits and vegetables by discussing ways to include produce in meals and snacks, such as encouraging fresh fruit for breakfast.
- **Work with restaurants**, especially workplace cafeterias, to serve and promote vegetables and fruits.

Introduction

Background

As part of a Creating Healthy Places to Live, Work & Play Grant from the New York State Department of Health, the Health Promotion Center (HPC) at Glens Falls Hospital is committed to increasing the fruit and vegetable consumption of residents of Warren and Washington Counties. To inform their work, HPC contracted with the Center for Human Services Research (CHSR) at the University of Albany to conduct a survey to learn more about residents’ grocery shopping and eating habits.

Method

The survey was conducted between August and October of 2013. CHSR researchers designed the survey based upon a literature review of similar studies and the findings from focus groups convened in Washington and Warren Counties in the spring of 2013. Interviewers administered the survey to 504 participants recruited from public spaces (such as the Washington County Fair), worksites of large employers, and the waiting rooms of social service agencies. Each participant received \$5 for completing the survey.

Sample Characteristics

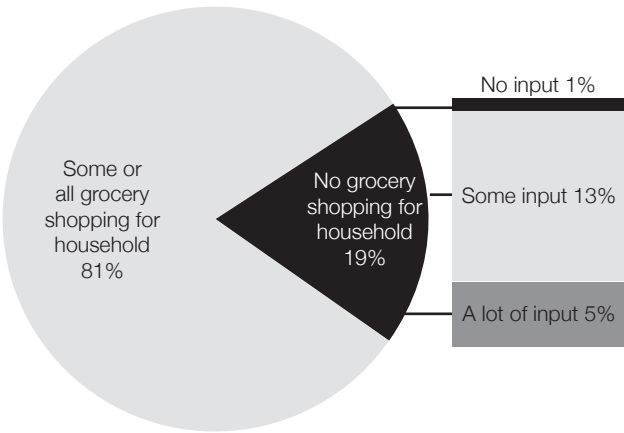
Forty-four percent of the survey respondents lived in suburban ZIP codes that included Glens Falls, Queensbury, Hudson Falls, and South Glens Falls; the remainder lived in more rural areas. The sample was 58% female and 92% white, with a median age of 34. Eighty-five percent were high school graduates and over one-third had received a college degree. About two-thirds were working outside the home, and 55% had household incomes under \$40,000 per year. The average respondent’s household size was three, and over half lived in households with children. The sample was generally representative of Washington and Warren County demographics except for over-representing women and participants living with children.

Findings

Grocery shopping habits

Eighty-one percent of participants shopped for food for their household (**Figure 1**). Almost all of the people who did not could still provide input about the food they were provided, and about one-fourth said that the household’s shopper would provide anything they wanted.

FIGURE 1. PERCENT OF PARTICIPANTS WHO SHOP FOR GROCERIES



Eighty-three percent of the household food shoppers did most of their shopping at a standard grocery store or at Wal-Mart (**Table 1**).

TABLE 1. PRIMARY FOOD STORE

Type of store	Percent (N=407)
Standard grocery store (Price Chopper, Tops, etc.)	64%
Wal-Mart	19%
Discount grocery store (Aldi, Price Rite, etc.)	13%
Local grocery store (co-ops, IGA, etc.)	2%
Commissary	0.5%
Convenience store (Stewart's, Cumberland Farms)	0.5%

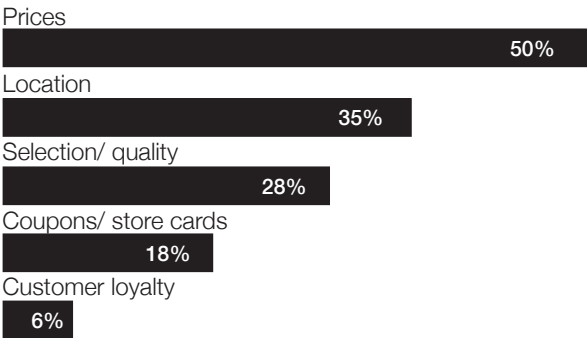
(Total does not equal 100% due to rounding.)

Prices and location were participants’ most important reasons for choosing where to get most of their groceries (**Figure 2**).

Two-thirds shopped at least once per week (**Figure 3**), and 84% used their own car to get to the store (**Figure 4**). Three-fourths of participants spent 20 minutes or less traveling to their primary grocery store. Participants shopped less frequently on average when it took them longer to get to the store.

Participants also obtained food at a number of places other than their primary store (**Table 2**). Almost 70% visited farmer’s markets, farmstands, or pick-your own farms or subscribed to a Community Supported Agriculture (CSA) program. Over 10% obtained significant amounts of their food from these direct-from-farmer sources or from their own gardening, hunting, or gathering of berries or other wild foods. Rural residents were more likely than suburban residents to visit farmer’s markets or farmstands and to obtain significant amounts of food from gardening, hunting, or gathering.

FIGURE 2. REASONS FOR SHOPPING AT PRIMARY FOOD STORE



(Participants could provide multiple responses.)

FIGURE 3. SHOPPING FREQUENCY



FIGURE 4. METHOD OF TRANSPORTATION TO STORE

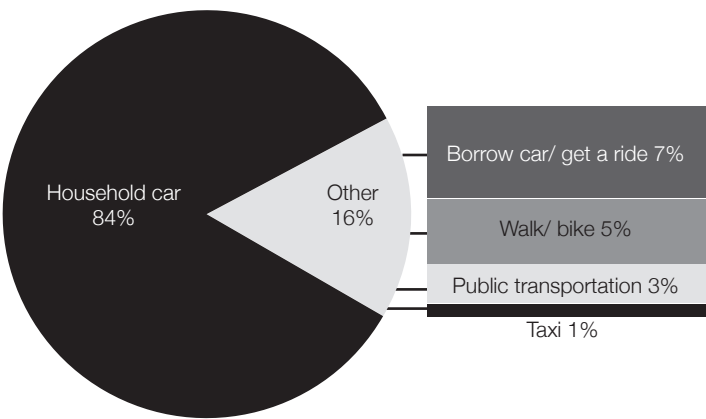


TABLE 2. OTHER PLACES FOOD OBTAINED (N=504)

Do you ever obtain food from:	Percent ever obtain food from	Percent obtain 25% or more food from
Convenience stores/ gas stations/ Stewart's	71%	6%
Farmer's market/ farmstands/ pick-your-own/ CSA	69%	10%
Home garden/ hunting/ gathering	41%	13%
Food bank/ pantry	20%	3%
Natural food store/ co-op	18%	2%
Church/ community organization/ soup kitchen	9%	1%

(Participants could provide multiple responses.)

Produce-eating habits

Over half of participants ate a vegetable as part of dinner on at least five days in the past week. About one-fourth ate fruit as part of breakfast, lunch, or snacks on at least five days (Table 3).

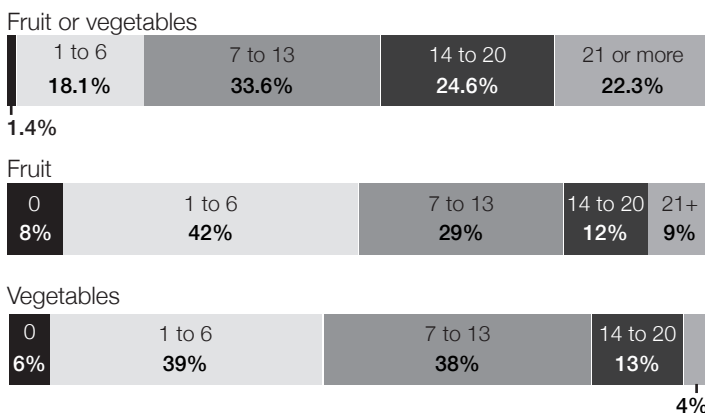
Table 3. PERCENT OF MEALS THAT FREQUENTLY INCLUDE VEGETABLES AND FRUIT (N=504)

Meal	Meal included a vegetable at least 5 days last week	Meal included a fruit at least 5 days last week
Breakfast	7%	24%
Lunch	22%	22%
Dinner	59%	14%
Snacks	5%	28%

On average, seven meals per week included a vegetable and six included a fruit. This is slightly below the national average of eating vegetables 11 times per week¹ and fruit 8 times per week, but participants were not prompted to include specific items such as juice. Nearly one-fourth of participants ate a fruit or vegetable at least three times a day (Figure 5).

Women ate produce more frequently than men, and college graduates ate produce more often than non-graduates. Grocery shopping frequency and proximity did not affect produce consumption.

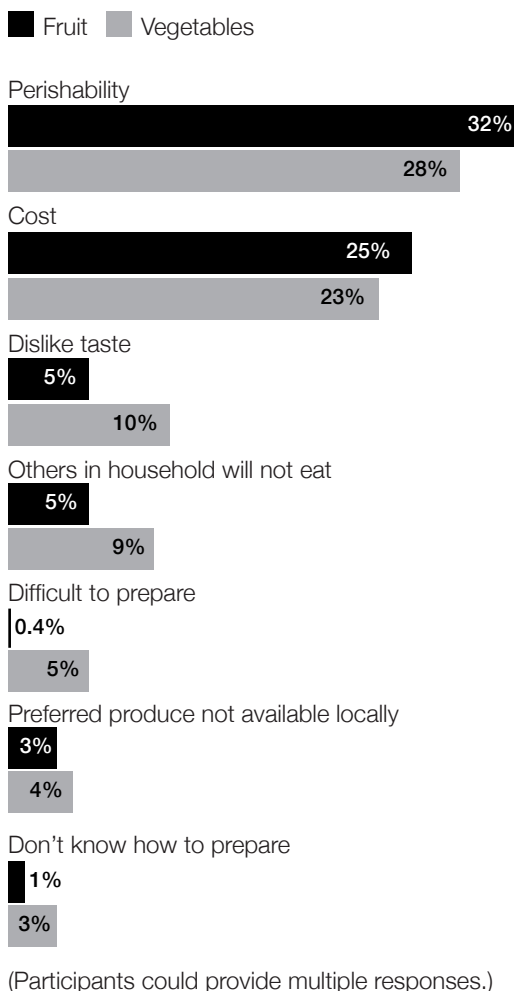
FIGURE 5. NUMBER OF MEALS OR SNACKS PER WEEK THAT INCLUDED A FRUIT OR VEGETABLE



Perishability was the most frequently cited barrier to eating produce, with cost a close second (Figure 6). Both were mentioned as barriers to eating fruit more frequently than as barriers to eating vegetables.

People with incomes under \$40,000 and women were more likely than other participants to cite perishability and cost as barriers to eating produce. Taste, the next most-common barrier, was mentioned most often by younger and less-educated participants. Over 40% said that there were no barriers to eating produce.

FIGURE 6. BARRIERS TO EATING PRODUCE



¹ Centers for Disease Control and Prevention. State Indicator Report on Fruits and Vegetables, 2013. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2013.

Restaurant habits

Dinner was the meal most often prepared at home, with about three-quarters of participants eating home-cooked dinners five or more nights per week (Table 4). Over 70% prepared more than half of all their meals at home. (This included meals that were prepared at home but consumed elsewhere, such as packed lunches.)

One-fifth of participants did not eat any lunches prepared at home and 23% did not eat any breakfasts prepared at home. Some respondents skipped those meals entirely and others ate all of them out.

TABLE 4. PERCENT OF MEALS FREQUENTLY PREPARED AT HOME (N=504)

Meal	Meal prepared at home at least 5 days last week
Breakfast	55%
Lunch	57%
Dinner	77%

Over 40% had purchased professionally prepared food to eat while at work or school at least once in the past week, 14% for five or more days. Men, suburban residents, and younger participants were more likely to do so, even when controlling for employment status.

Over three-quarters at least occasionally visited eat-in restaurants or bought fast food or takeout (Table 5). Fewer than 10% obtained over one-quarter of their diet from restaurants or other prepared food venues.

Table 5. TYPES OF EATERIES VISITED (N=504)

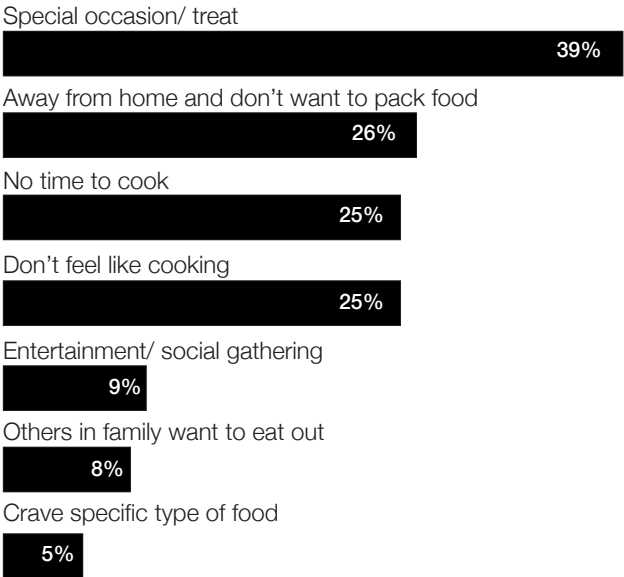
Do you ever obtain food from:	Percent
Eat-in restaurant	78%
Fast food/ takeout/ counter service	77%
Convenience stores/ gas stations/ Stewart's	71%
Workplace/ school/ hospital cafeteria	32%

(Participants could provide multiple responses.)

Participants listed a number of reasons for eating out rather than preparing food at home (Figure 7). Special occasions or treats were mentioned most often. Lack of desire to pack food when away from home, lack of time to cook, and disinterest in cooking were each mentioned by about one-quarter of respondents.

Suburban residents were more likely to eat out for social and entertainment reasons, perhaps because there were more restaurant options nearby, while rural residents were more likely to eat out because they were away from home and didn't want to pack food.

FIGURE 7. REASONS FOR EATING OUT



(Participants could provide multiple responses.)

Conclusions & Recommendations

For the most part, Washington and Warren County residents have good access to groceries even in rural areas and do not have trouble obtaining fruit and vegetables. Data suggest that produce consumption may be increased by addressing cost and perishability, promoting different eating habits, and improving restaurant meals.

Addressing cost

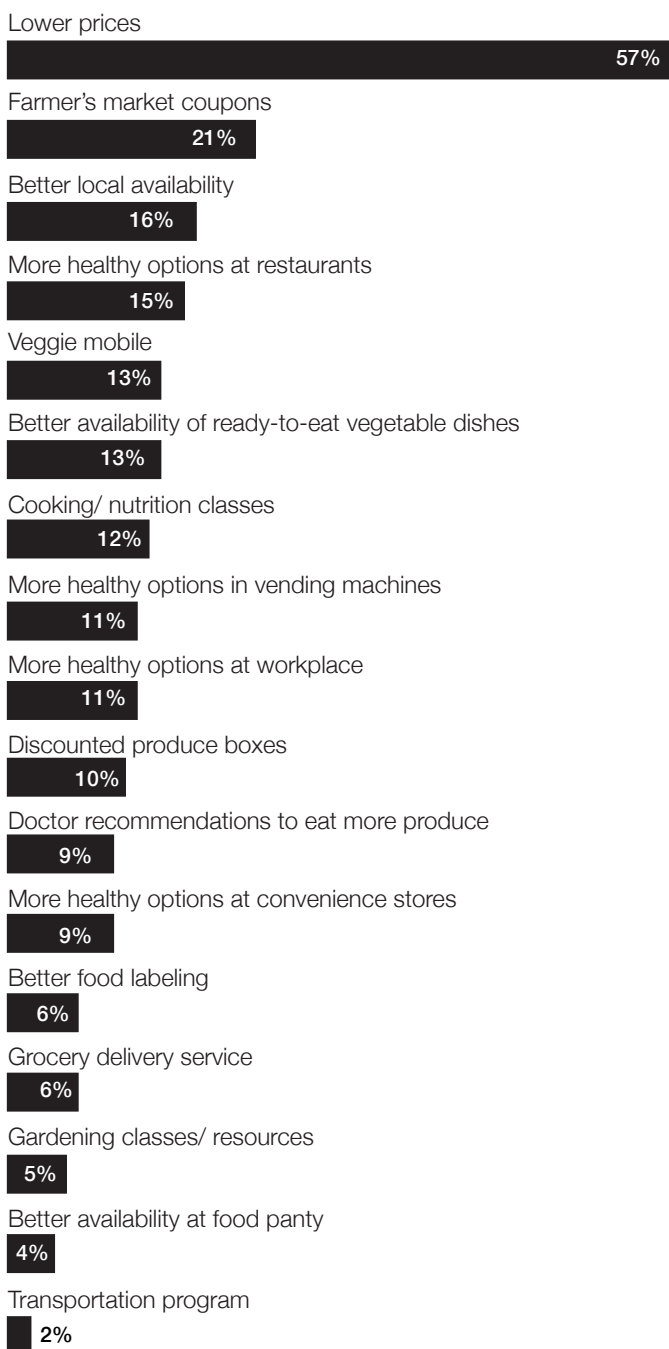
Most participants were cost-conscious. When participants were asked what would help them add more produce to their diets, lower prices were by far the most common response (57%). Other cost-saving measures such as farmer's market coupons (21%), veggie mobiles that sell discounted produce in areas without good access to fresh fruits and vegetables (13%), and discounted produce boxes (10%) were also fairly popular (**Figure 8**). In addition, cost was the second most often mentioned barrier to eating fruit or vegetables, and price was the most common reason for choosing a grocery store.

Some suggestions for addressing the cost of fruit and vegetables include:

- Promoting less expensive options, such as bananas, carrots, cabbage, in-season produce, and frozen vegetables and fruits;
- Publicizing the cost per serving of fruit and vegetable snacks in comparison to less healthy foods (for example, “an apple costs 75 cents; a candy bar costs \$1.00”); and
- Subsidizing produce, providing farmer's market coupons, and/ or improving systems for providing produce at food pantries. Women and people with household incomes under \$40,000 were particularly likely to be interested in lower prices and farmer's market coupons.

Gardening can also be encouraged as a cost saving option, and some participants obtain a lot of their food from gardening. Ensuring that SNAP recipients know that their benefits can be used to purchase plants and seeds may be helpful. Focus group and survey data, however, suggest that interventions promoting gardening would influence only a small number of people who do not already garden.

FIGURE 8. “WHICH OF THESE MIGHT HELP YOU ADD MORE FRUITS AND VEGETABLES TO YOUR DIET?”



Addressing perishability

Perishability was cited as the largest barrier to eating more produce, and focus group participants also expressed frustration at fruit and vegetables going bad so quickly. This can be addressed by:

- Promoting long-lasting fresh produce, such as sweet potatoes and other root vegetables, winter squash, and apples;
- Educating consumers about storage methods that increase produce longevity;
- Explaining the nutritional value of frozen produce, juice, dried fruit, and canned fruits and vegetables; and
- Discussing strategies to avoid wasting produce that is starting to go bad, such as by freezing it until it can be cooked or using it in soups rather than eating it fresh.

Changing habits

Many people are simply not in the habit of cooking with or eating produce. Some possibilities for encouraging healthier habits include:

- Promoting fruit for breakfast. Breakfast is already the meal most likely to include fruit, so encouraging people to do so more consciously is not a large leap. Also, many people do not eat breakfast at all, but may be more likely to grab a piece of fresh fruit than to eat a more complete meal.
- Emphasizing ways to conveniently incorporate produce into meals and snacks, such as eating fruit and vegetables that require no preparation (most fresh fruit, cherry tomatoes, sugar snap peas, and green beans can be eaten raw and uncut for example), buying prewashed greens, and adding a cup of frozen vegetables to meals such as soups or pasta.
- Working with grocery stores or farmer's markets to provide a box of easy-to-prepare produce at a discount, with choices preselected to provide the recommended number of servings and to last a week without going bad. People are more likely to get into the habit of eating produce if it is already in their homes. (Rural residents were more interested in this option.)

Improving restaurant meals

Most participants prepared most of their food at home, but many ate a lot of meals out, and nearly all did so occasionally. Fifteen percent said that healthier options at restaurants would help them add fruits and vegetables to their diets (**Figure 8**). Efforts to improve restaurant meals may include:

- Encouraging restaurants to serve and promote produce;
 - Workplace cafeterias in particular may be convinced to include a fruit or vegetable side dish with every meal;
- Developing a system to highlight menu items that include a serving of fruit or vegetables; and
- Reminding people to include produce in their out-of-the-home meals.

Some things to consider when developing restaurant interventions:

- Participants ate lunches out more habitually than other meals, and lunches out were less likely than dinners to be considered special occasions to splurge on less healthy foods.
- The average amount participants were willing to spend on takeout food was around \$10 per person.
- Half of the Finch Paper and Glens Falls Hospital employees that participated in the survey ate at their workplace cafeterias at least occasionally.
- Participants under the age of 25 were more likely than older participants to be interested in more healthy options at restaurants, workplaces, and vending machines.

