

Policy Lab 5 - Orientation Paper: Access to Healthy Food for All

Orientation paper by the IPES-Food Secretariat to support the Policy Lab on 'Access to Healthy Food for Low Income Groups' on November 8, 2017, co-hosted by IPES-Food and Daciana Sârbu MEP at the European Parliament.

Building a 'Common Food Policy' that supports food access for all

The round-table meeting on November 8th represents the last in a series of five 'policy labs' that IPES-Food has convened over the 2016-2018 period in Brussels. These policy labs are part of a 3-year process of research and reflection to identify and co-construct a 'Common Food Policy'¹ vision for the EU, culminating in the European Food and Farming Forum, 29-30 May 2018. Rather than offering a comprehensive plan, IPES-Food offers a platform, and a reflection process, for such a plan to emerge from the inputs of participants.

The findings of Policy Lab 5 will be published in a briefing note following the round-table discussion. It will draw on meeting discussions and further insights from food access literature not covered here. The briefing note will map out what tools and measures are needed to support access to healthy diets for all, as part of an integrated set of policies at EU, national and local level aimed at delivering sustainable food systems in Europe, i.e. a 'Common Food Policy' or 'Comprehensive Food Policy'.

Access to healthy diets in the EU: A lingering problem

One of Europe's greatest achievements during the post-war reconstruction era was in developing national welfare and social security systems for all citizens. Strong social safety nets, increased food production, the industrialization of the agricultural sector, and policies developed at both the EU- and member-state levels worked to dramatically reduce the number of Europeans suffering from hunger and food insecurity since the 1940s. At the

¹ The full concept note 'Towards a Common Food Policy for the EU' can be found at http://www.ipes-food.org/images/Reports/CFP_ConceptNote.pdf

European level, the Common Agricultural Policy (CAP) played a major role in driving these advances and warding off widespread hunger.

Despite the dramatic reduction in poverty and hunger over the past 70 years, access to sufficient and healthy diets remains a challenge for many European citizens today. Food insecurity is most commonly experienced by low-income groups. While discussions on hunger and food security have typically emphasized how to increase European agricultural production and reduce food prices, there has been increasing recognition that ensuring sustainable and regular access to healthy food requires attention to a wider range of factors. Disparities in access to healthy food stem from the socio-economic, geographic, cultural and psychological constraints that limit access to food at the household and individual levels (Borch & Kjærnes, 2016).

Ensuring that all citizens, regardless of income, status or background, have secure access to sufficient healthy food is therefore an urgent challenge, and a key objective of an integrated food policy vision. This orientation paper assesses the key determinants of food access in Europe, and provides a brief overview of the policies and practices affecting food access, and the opportunities for reforming them with a view to delivering healthy diets for all. More specifically, this paper, and the discussion at Policy Lab 5, will be structured around the following questions:

- What are the different facets of poverty in Europe, and how do these affect access to healthy diets?
- What are the key determinants of access to healthy diets?
- What policies and incentives impact access to food in Europe, and how could they be reformed to deliver healthy diets for all?

Food insecurity in the EU

In contrast to the United States, Canada, Australia and New Zealand, Europe remains one of the only developed regions in the world in which household food insecurity is not regularly measured (Darmon et al., 2011). Thus far, the only EU-wide indicator is included the Survey of Income and Living Conditions (EU-SILC), in which households are asked whether they can afford a “quality meal” every other day, defined as one which includes a portion of meat, chicken, fish (or vegetarian equivalent)². Based on this reference point, food insecurity across

² In the EU, food-based dietary guidelines recommend at least 1–2 servings of meat, chicken or fish (or plant-based protein sources) every day.

the EU-28 has risen from 6.5% in 2003 to 8.7% in 2011 (Davis and Geiger, 2017). In 2016, 43 million Europeans (8.1%) were not able to afford a quality meal every other day (Eurostat, 2016).

However, this indicator is based on a narrow definition of what comprises a healthy diet, and fails to consider whether households consume other key healthy foods (e.g. fruit and vegetables). It also fails to specify duration of lack of access to certain foods, or experience of hunger, factors that are captured, for example, by the USDA Household Food Security Survey Module³ (Loopstra et al., 2016, Tarasuk et al., 2014, Darmon et al., 2011).

As indicated above, diets are closely linked to and dependent on people's economic means, with unhealthy and insufficient diets tending to correlate with poverty. In the EU, poverty refers to a situation in which "income and resources are so inadequate as to preclude people from having a standard of living considered acceptable in the society in which they live. (Those living in poverty) are often excluded and marginalised from participating in activities that are the norm for other people and their access to fundamental rights may be restricted" (Council of the EU, 2004). In 2015, 118.7 million people in the EU (23,7%) were at risk of poverty or social exclusion^{4,5} (Eurostat, 2016).

Unemployment, labour market segmentation and wage polarisation are the primary cyclical drivers of poverty in the EU. Poverty is also exacerbated by changing social drivers (e.g. single parenthood) and structural factors (e.g. inherited poverty) (EPRS, 2016b). New forms of poverty are also emerging. The 'working poor', whose numbers have increased following the 2008 crisis, refer to those working in precarious and low-paid jobs (e.g. temporary and part-time work). Those suffering from housing-related poverty and homelessness have expanded beyond the traditionally middle-aged male demographic to include families, young people, and migrants (FEANTSA, 2012). Recent reforms to national welfare and social security systems

³ Due to a lack of appropriate indicators in the EU, some member states (e.g. France) have taken to using the USDA Food Security Module indicators as part of their own national surveys (Darmon et al., 2011). A further international indicator to measure food insecurity includes the Food Insecurity Experience Scale (FIES), a validated tool developed under the FAO's Voices of the Hungry project. The 2014 survey confirmed the systematic nature of food insecurity, for example, finding incidence of some degree of food insecurity among adults in Belgium (7.8%), Italy (8.2%), and over 10% in United Kingdom (FAO, 2016).

⁴ The highest rates of poverty and social exclusion were identified in Bulgaria (41.3 %), Romania (37.3 %) and Greece (35.7 %). The lowest shares were recorded in the Netherlands (16.4 %), Sweden (16.0 %), and the Czech Republic (14.0 %) (Eurostat, 2016). The groups at greatest risk of poverty and social exclusion include women, children, young adult (18-25), people living in single parent households, the elderly, those with less education, and migrants (EPRS, 2016b).

⁵ Average poverty rates were found to be slightly higher in rural areas. While rural poverty has been less documented than urban poverty, it is attributed to the particular disadvantages of rural areas, including sparse population, a weaker labour market, limited access to education, remoteness and rural isolation (EPRS, 2017).

across the EU (e.g. decreased overall coverage, stricter eligibility criteria) as a result of post-crisis austerity policies have increased the risks to vulnerable groups (Arpe et al., 2015; Davis & Geiger, 2017).

Food insecurity, also called 'food poverty', seeks to capture the ways in which lack of economic means drives and reinforces poor access to healthy foods; food insecurity refers to the inability of an individual (or household) to obtain sufficient healthy, nutritious and culturally-appropriate food, in a context of economic poverty (Lambie-Mumford et al., 2014; Maslen et al., 2013).

Major Determinants of Access to Healthy Foods

Food poverty and access to food are multidimensional and multifactorial phenomena. The table below synthesizes the key determinants of access to healthy foods in Europe, and aims to serve as a starting point for discussion rather than to provide an exhaustive list of all relevant factors. The table draws on a review of scientific literature, reports prepared by civil society organizations and NGOs, as well as key national-level, European Commission and Parliament documents.

Determinant	How does it influence access to healthy food?
Price	<p>Price is frequently cited as the primary determinant of food access, particularly during economic downturns and for lower income groups. Price depends on a number of factors from production, processing, and retail, to the taxes levied on particular foods and beverages. The cost of healthy foods is often cited as an additional disincentive to accessing a healthy diet. How prices are determined and their influence on diets was discussed in IPES-Food’s Policy Labs 1 and 2 in June and December 2016.</p>
Household income	<p>In a context of low household income, inelastic/non-compressible expenses (e.g. housing, utilities) often take precedence over healthy foods (Bernard, 2005; Hébel, 2008). Low incomes generally direct individuals towards cheaper convenience foods of lower nutritional quality (Solidaris, 2017; EPHA, 2016). For example, a report published in the UK revealed that one in four low-income households did not eat regularly or healthily due to a lack of income in 2016 (UK Food Standards Agency, 2016). Studies conducted in Ireland showed that low income households would have to spend at least one third of their gross income to purchase a basket of healthy food; rural households would spend from €4-€14 more than urban households for the same weekly basket (SafeFood, 2016)⁶.</p> <p>Despite reduction in wage gaps across Europe, women continue to experience inequality in the labour market (e.g. lower pay). They must also face the challenge of reconciling work and family life. Lower pay also translates into lower pensions over time, putting women above 65 at greater risk of poverty (European Commission, 2014). These effects are even more pronounced for certain groups, such as female migrants who are likely to work for lower pay (European Commission, 2006).</p>

⁶ National food baskets are calculated on the basis of monthly expenditure on food, and the kitchen equipment required to prepare, serve, consume and preserve that food. They also cover other functions around food (e.g. eating out of home as a social function). National food baskets are developed in accordance with national dietary guidelines, and account for the cultural specificities of national eating habits. For more information on national baskets for the EU-28: <http://ec.europa.eu/social/main.jsp?catId=1092&intPageld=2312&langId=en>

Determinant	How does it influence access to healthy food?
Socio-economic mobility	<p>The evolution of one's socio-economic situation influences eating habits. Social mobility has been shown to translate into either positive or negative lifestyle behaviour changes (e.g. healthy eating, willingness to change and adapt to additional knowledge). In particular, eating habits are influenced by one's perceived socio-economic situation; research suggests that those experiencing upward social mobility show more willingness and greater capacity to meet national dietary requirement than those fearing or undergoing downward social mobility (Poulain & Tibère, 2008).</p>
Education	<p>Formal and informal education levels play a major role in understanding and acceptance of diet and health information. Correlation has been observed between low levels of education and poor dietary habits (e.g. lower fruit and vegetable consumption, lower nutrient intake), regardless of social class. Low levels of education may create socio-psychological barriers regarding the ability to analyze and understand often complex and contradictory messaging around food (Bernard, 2005; Robinson et al., 2004; Harrington, 2009).</p>
Household structure and lifestyle habits	<p>Household and family structure shapes food access through the availability of financial resources (e.g. single vs. multiple revenue streams), expenses (e.g. number of children), and level of education of the parent(s). Households facing at higher risk of poverty include single parent families, families with three or more children, and single adult households, with single elderly individuals at the highest risk of poverty and social isolation (Eurostat, 2013). More recent trends such as higher divorce rates, having children at a later age, and cohabitation are also increasingly contributing to household at-risk-of-poverty (EPRS, 2016b). Children in nontraditional family households (e.g. single parent, no parent) are more likely to display unhealthy eating habits than those in traditional households (e.g. two biological or adoptive parents) (Stewart & Menning, 2009). At the same time, women continue to play a determining role in a family's dietary habits (Roos et al., 1998; Campbell et al., 2007). Family structure is also a major determinant of inherited poverty, manifesting itself in intergenerational food insecurity, persistent low levels of education, and precariousness of employment (Eurostat, 2013). It also determines the broader social circles that influence eating and lifestyle habits both inside and outside the home.</p>

Determinant	How does it influence access to healthy food?
Social integration / exclusion	<p>Social exclusion and food insecurity share a number of similar drivers and can be mutually reinforcing. Low levels of social integration may arise from unemployment, discrimination, income, inadequate housing, health or difficult family situations (Dowler & Tansey, 2003). Individuals living alone or in isolation – particularly the elderly – are at higher risk of food insecurity. Those living alone display poorer eating habits than those in larger households or leaving in communal spaces (e.g. retirement home, foster home) (Solidaris, 2017; Maslen et al., 2013). Higher levels of social integration promote greater compliance to social and dietary norms (Masullo & Régnier, 2009). Strong integration within one’s community has also been shown to mitigate the effects of poverty on eating behaviour (Solidaris, 2017).</p> <p>Refugees and asylum seekers face greater levels of unemployment, low income, discrimination, social exclusion and lack of socio-economic mobility. Many have poor access to housing and kitchen equipment, and food assistance schemes may not account for appropriate cultural dietary options (Sellen et al., 2002). Living conditions in refugee camps or reception centres pose significant health risks for migrant groups, who suffer from lack of basic resources – including food and water (EPRS, 2016a). In 2015, non-EU citizens aged 20-64 living in the EU experienced levels of material deprivation including food (17.9%) more than twice as severely as EU nationals (7.9%) (Eurostat, 2017).</p> <p>Further, children are by far at the greatest risk of poverty and social exclusion in the EU-28 (26.9 % in 2015). In certain EU states, the elderly also face high rates of poverty and social exclusion – up to 51.8% in Bulgaria, 42% in Latvia, and 37% in Estonia, with elderly women often facing even greater risk (Eurostat, 2016).</p>
Working hours	<p>Long, irregular, or late working hours – more often experienced by low-income groups – are associated with poor eating habits and reduced access to food (e.g. more irregular meals, higher reliance of convenience foods and fast food outlets, inability to access grocery stores during open hours) (Devine et al., 2009; Bohle et al., 2004; Kearny & McElhone, 1999).</p>

Determinant	How does it influence access to healthy food?
Housing / location	<p>Poor housing conditions and lack of kitchen equipment have an impact on food habits. The presence or absence of a kitchen, fridge, freezer, oven, or other basic equipment depend largely on household income. Healthy food access is also affected by the physical proximity to food retail outlets (e.g. grocery store, farmers' markets, discount store, convenience store). Access to food retail outlets, in turn, is determined by the availability of transportation (e.g. public transport, access to vehicle and driver's license), particularly for households without their own vehicles or for individuals with reduced mobility - factors tending to correlate with poverty.</p> <p>In 2013, 30% of the adult population with some physical disability were at greater risk of poverty and social exclusion than those with no limitation (22%) in the EU-28 (Eurostat, 2015). Individuals with disabilities or reduced mobility experience higher levels of unemployment, and lower wages, in addition to the reduced ability to physically access food retail outlets.</p>
'Food Environment'	<p>Beyond housing and geographic location, the broader 'food environment' has a major impact on people's diets. This refers to the "collective physical, economic, policy and sociocultural surroundings, opportunities and conditions that influence people's food and beverage choices and nutritional status" (Food Foundation, 2016)⁷. From this perspective, the availability of specific types of food in specific settings (e.g., schools, neighbourhoods) and a range of socio-economic and lifestyle factors (e.g., the growth of out-of-home dining) are also drivers of dietary shifts, e.g., higher consumption of prepared foods high in sugars, sodium, and fats (Caraher & Coveney, 2004; Drewnowski et al., 2004; Lake & Townshend, 2006). Vicious cycles have been identified within unhealthy food environments. For example, increased consumption of highly processed foods contributes to — and is reinforced by — a gradual loss of food skills and food knowledge, reduced personal creativity and control over daily meals, and inhibited awareness of food ingredients and their health value (Engler-Stringer, 2010; Lang et al., 2001; Smith et al., 2013).</p>

Tackling Poverty & Food Insecurity: Policy Responses & Initiatives

⁷ The 'Food Environment' was the theme of IPES-Food's second policy lab on December 7, 2016.

While the EU is responsible for policies affecting the food supply (e.g. CAP, trade policies), responsibility for social policy and combatting poverty remains primarily at national level. National initiatives are monitored coordinated by the European Union through the Open Method of Coordination for social protection. The EU further provides support through:

- **The European Social Fund (ESF)** (DG EMPL): The ESF is the EU's main tool to support employment, social inclusion, education and improving public services across the member states. With a budget of €10 billion per year, the ESF supports groups who may not otherwise access training, or obtain qualifications to find work. While strategy definition is done at EU level, ESF implementation and funding is allocated at the member state and regional level. At least 20 % of the ESF budget must be used to help socially marginalised people into jobs (e.g., youth, women, migrants, disabled).
- **The Fund for European Aid to the Most Deprived (FEAD)** (DG EMPL): For the 2014 – 2020 period, €3,8 billion was allocated to FEAD and is allocated to member states, who must contribute at least 15% in national co-financing to their national program. Member states may choose what type of assistance (food or basic material assistance, or a combination of both) they wish to provide, depending on their own situation, and how the items are to be obtained and distributed (often through partnerships with NGOs). Complementing the ESF, FEAD supports the most deprived by addressing their most basic needs – a precondition to finding employment or following training or education supported by the ESF.

The Employment and Social Innovation Programme (EaSI) (DG EMP): EaSI is an EU-level financing instrument to promote sustainable employment, guarantee adequate and decent social protection, combat social exclusion and poverty, and improve working conditions across the EU-28. With a budget of €919,5 million, its main axes include modernising employment and social policies (under the PROGRESS programme), increasing job mobility across the EU (under the EURES programme), and improving access to micro-financing and social entrepreneurship (under the Progress Microfinance programme).

- **The Rural Development Pillar of the Common Agricultural Policy** (DG Agri): The 2013 CAP reforms introduced Priority 6 of the Rural Development pillar, dedicated to the “promotion of social inclusion, poverty reduction and economic development in rural areas”. With a budget of €23.3 billion (almost one quarter of total CAP rural development spending), its three areas of focus include job creation and the development of small enterprises, fostering local development, and enhancing the

accessibility, use and quality of information and communication technologies in rural areas. In most member states, funding is administered via Local Action Groups (LAG)⁸. Across, the EU-28 the large majority of Priority 6 funding is currently going into the LEADER program (see footnote 8) as well as basic services and village renewal.

- **EU School Fruit, Vegetable and Milk Scheme:** Previously two separate programmes for milk, and fruit and vegetables, the new joint scheme came into force on August 2017. Funded through the CAP, the program supports the distribution of fruit and vegetables and milk to schools across the EU as part of a wider educational programme on healthy eating. Its budget of € 250 million per school year will dedicate €150 million for fruit and vegetables and €100 million for milk, including the food education costs. Budget allocation for individual member states is based on the number of school children and, for milk, on the take-up of previous schemes. The choice of products to be distributed in each member state must be based on health and environmental criteria, seasonality, variety and availability, with priority given to European products. National authorities are encouraged to support local or regional purchasing, organic products, short supply chains, environmental benefits and agricultural quality schemes as part of their overall programme. In France, funding was used in part to support the “*Un fruit pour la récré*” programme since 2014, during which free fruits are distributed to children in primary school and high school.
- **European Food and Nutrition Action Plan 2015–2020:** The plan aims to reduce the burden of preventable diet-related NCDs, obesity and all other forms of malnutrition in Europe, through inclusive access to affordable, balanced, healthy food. Its aims to reduce inequalities in accessing healthy food and create health enhancing environments, with particular consideration given to participatory approaches. National actions in line with the program include awareness campaigns (e.g. salt reduction campaign in Finland and UK, Danish trans-fat ban, nutrition counselling for patients in hospitals, reformulation of meals in schools).
- **EU Action Plan on Childhood Obesity 2014–2020:** For the current period, key objectives include: i) ‘Promoting healthier environments, especially in schools and pre-schools’; ii) ‘Making the healthy option the easier option’; and iii) ‘Restricting marketing

⁸ From 2000-2006, the CAP’s LEADER+ program has enabled the creation of 893 local action groups over the EU, covering 1,577,386 km² through 2.1 billion euros of funding. The LEADER programme (*Liaison Entre Actions de Développement de l’Économie Rurale* or ‘Links between rural economy development actions’) outlines a method for local actors to collaborate in the design and implementation of local development strategies, decision-making, and resource allocation in various forms since 1991. Over the 2007-2013 period, all rural development programmes had to dedicate a small portion of their funding to LEADER approach activities

and advertising to children'. Implementation actions include the banning (e.g. Cyprus, Denmark, France) or restrictions (e.g. Slovakia, Slovenia, Bulgaria, Hungary) of vending machines in schools. The plan also seeks to inform and empower families to develop healthy food habits, with a priority given to disadvantaged communities (e.g. nutrition and cooking skills classes offered through cooperatives and food banks), and is made integral to the development of national school food programs.

Social policies at the national level are proving effective at cushioning the impacts of the post-2008 economic downturn. The recent rise of food insecurity in Europe is closely linked to rising unemployment and falling wages. However, member states with strong social protection tended to avoid a rise in food insecurity, while food insecurity rose substantially in countries with lower social expenditures (Loopstra et al., 2016). It is less clear, however, whether core social policies are currently helping to promote *healthy* diets among low-income groups, which respond to a wide range of social factors beyond price/affordability (see Table 1).

It is important in this regard to highlight the limitations of a "cheap calories" approach, in which combating food insecurity / food poverty primarily translates into policies that seek to lower the costs of food for families. All too often, this option – in addition to the negative impacts on farmers – leads to the increase of low quality diets, which are insufficiently diverse and balanced and end up putting people, the poor especially, at risk of non-communicable diseases linked to unhealthy diets. According to the latest data, more than half of adults in the EU are now either overweight or obese⁹ (53%), including one in three children aged 6-9 (WHO, 2015). It is estimated that obesity is the primary cause of 80% of all type 2 diabetes cases, 35% of heart disease, and 55% of hypertensive diseases in adults in the EU (Brandt & Erixon, 2013). Poor diets also contribute to cardiovascular diseases, type-2 diabetes and cancers through channels other than obesity. At least 27,000 children now suffer from type 2-diabetes in the EU (Lobstein & Jackson-Leach, 2006).

At the same time, micronutrient deficiencies remain a persistent problem in Europe. An estimated 33 million Europeans are at risk of some type of deficiency, usually as a result of poor diet (Ljungqvist & de Man, 2009; Eggerdorfer, 2014). The most common deficiencies amongst EU populations include low levels of vitamin D, vitamin B, vitamin E, iron, and iodine (WHO, 2007; Kaganov et al., 2015; Cashman et al., 2016).

The rise of obesity, NCDs and the persistence of nutritional deficiencies are all linked to the overconsumption of certain foods and the underconsumption of others. More specifically,

⁹ In the EU-28, Obesity rates range from 8% in Romania to 25% in Hungary, Malta and the United Kingdom (WHO, 2015).

diet-related diseases have been attributed to a high intake of calorie-rich, nutrient-poor foods, foods high in trans fats, and a low consumption of fruit and vegetables (Birt, 2007; Dixon, 2015). It has been estimated that increasing consumption of fruits and vegetables by 400-600g per day could decrease the incidence of NCDs by up to 18% (Schäfer Elinder et al., 2006). However, some 22 EU Member States are currently below these recommended rates, with poorer households tending to be far below these thresholds (EPHA, 2016; EUFIC, 2012). What then can and should be done?

While most social policies are not food-specific, a range of more targeted national and local initiatives do focus on access to food for low-income groups, including specific food assistance programmes and particularly the provision of food banks. In 2016, food banks across Europe distributed over 2.9 million meals daily to 6.1 million people – representing 535,000 tons of food (FEBA, 2017). More recently, they have begun working to encourage greater social inclusion, employing people living in poverty, improving access to food (e.g. mobile kitchens), and hosting employment and skills building workshops. Similarly, long-running initiatives such as the Restaurants du Coeur in France, Belgium and Germany distribute food packages and hot meals to low and very low income groups, in addition to providing support to find housing and leading reinsertion programs. However, as donation-based programs, promoting healthy diets remains a challenge.

The growing reliance on food banks and food aid associations raises a variety of questions. Food banks are highly reliant on the recovery of wasted or surplus food. Some 88 million tons of food are wasted every year in the EU (European Commission, 2017), with food banks and associated redistribution systems recovering food at various points of the chain. Food is also received via European and national food aid programs and individual food donations. These systems have therefore been criticized for sustaining a system of over-production and waste. Support for food waste redistribution has attracted particularly attention by policy makers and retailers over recent years. Adopted in February 2016, A French law against food waste now provides a legal framework to redistributed surplus to food aid associations. The law obliges food distributors to donate free surplus to one or more approved food aid associations. The new law also prohibits food retailer over 400m² to dispose of or destroy any unsold food that is still fit for consumption, under penalty of fine.

Evidence published in the UK has demonstrated that while charitable approaches to food insecurity fill an immediate need, they do not offer a durable route out of poverty, and form part of the edifice of what are fundamentally unsustainable food systems (Caraher & Furey, 2017; Riches & Silvasti, 2014; Lorenz, 2012). Many have therefore argued for these charitable

schemes to be repositioned as a short-term 'emergency' component of broader, longer-term strategies to tackle poverty, food insecurity and poor diets.

It is clear, therefore, that ensuring access to healthy diets for all remains a major challenge in the EU - a challenge that continues to fall between the cracks of different policies at different levels of governance. In some cases, prevailing approaches may be addressing short-term needs while undermining the long-term basis for delivering healthy and sustainable food systems, and healthy and sustainable diets, for all. Ensuring a decent standard of living for all is clearly a prerequisite for delivering food security and healthy diets - but alone may not suffice alone, given the variety of complex social factors underpinning access to food. In the multi-level governance context of the EU, supporting access to healthy food for all clearly requires integration of policies across different levels and sectors to succeed. However, questions remain about the complementary roles the EU, member states, and sub-national authorities can play in supporting alternative food systems.

The following questions and considerations therefore arise, and can help to guide attempts to rebuild and realign various policies with a view to promoting access to healthy diets for all, as part of an integrated policy vision for delivering sustainable food systems in Europe:

- What are the long-term effects of providing cheap, subsidized or free food on the prospects for promoting healthy diets for all? How can we move beyond the 'cheap food' and 'food charity' model without undermining emergency provisioning?
- What are the most promising examples (at national/regional level) of integrating different anti-poverty and food access measures to promote healthy diets for all?
- What targeted food access measures can best complement strong social safety net measures (e.g. a living wage, affordable housing policies) to promote healthy diets for all?
- Where are the challenges and the leverage points to address the various forms of food poverty: urban food poverty, rural food poverty, child food poverty, food poverty among marginalized groups (e.g. migrants)?
- What should be the respective roles of the EU, national and local policy? Can local-level alternative food system initiatives provide answers, and can they be supported at national and EU levels? Can meaningful steps to improve access to food be taken under existing EU competence areas, e.g. the CAP?

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