MacDonald Center for Obesity Prevention and Education

Villanova University M. Louise Fitzpatrick College of Nursing

**Leveraging the New Economics of Nutrition for Improved Patient Care and Public Health**

Presented by:

Amelia B. Finaret, PhD

William A. Masters, PhD

4/7/21

Audiotranscript

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00:00:04.440 --> 00:00:17.130

Villanova Webinar 1: Good afternoon, welcome to the April COPE webinar for health professionals, we are again so grateful that you're with us today for a continuing education opportunity that promises to be informative and enlightening.

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00:00:17.550 --> 00:00:26.340

Villanova Webinar 1: Today's COPE webinar will explore how nutrition economists use fundamental principles of economics, in conjunction with new kinds of data and tools

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00:00:26.610 --> 00:00:35.040

Villanova Webinar 1: to develop a deeper understanding of the social determinants of nutritional status as well as to test hypotheses about the effectiveness of nutrition

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00:00:36.390 --> 00:00:49.380

Villanova Webinar 1: interventions at the population level that may provide guidance on public health policy and clinical guidelines. We have about 171 health professionals registered for today's webinar in a few minutes, we will begin.

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00:00:50.490 --> 00:01:00.000

Villanova Webinar 1: My name is Lisa Diewald and I am the program manager for the MacDonald Center for Obesity Prevention and Education at Villanova university Fitzpatrick college of Nursing.

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00:01:00.390 --> 00:01:10.890

Villanova Webinar 1: I have the pleasure of again being the moderator for today's webinar. We are excited to dive into this topic today and to welcome two experts in the field of nutritional economics.

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00:01:11.400 --> 00:01:20.400

Villanova Webinar 1: Before we move on to introducing our speakers and topic for today, I will take a minute just to review some information about COPE and Villanova Fitzpatrick College of Nursing.

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00:01:21.510 --> 00:01:32.100

Villanova Webinar 1: Villanova University M Louise Fitzpatrick College of Nursing is home to the first college of nursing in the country to have a Center devoted exclusively to obesity, prevention and education.

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00:01:32.940 --> 00:01:42.870

Villanova Webinar 1: COPE's goals are to enhance nutrition enhance nursing education and topics related to nutrition, obesity, prevention and health promotion strategies;

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00:01:43.200 --> 00:01:59.940

Villanova Webinar 1: to provide continuing education programs, such as this webinar on obesity and obesity related diseases for health professionals and educators and, finally, to participate in research to expand and improve evidence based approaches for obesity, prevention and education in the Community.

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00:02:01.620 --> 00:02:17.790

Villanova Webinar 1: Before we begin the presentation, I would just like to remind you that pdfs of today's PowerPoint slides are posted on the COPE website at cope.villanova.edu/cope. After going to COPE's website, simply click on the webinar description page for this month's webinar.

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00:02:18.930 --> 00:02:28.050

Villanova Webinar 1: This month we ask you to use the question and answer box on your screen to submit any tech issues or end of session questions for our speaker.

13

00:02:28.560 --> 00:02:41.190

Villanova Webinar 1: All questions will be answered at the end of the program as time permits. The expected length of the webinar is one hour. The session, along with a transcript will be recorded and placed on the COPE website within the next week.

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00:02:43.290 --> 00:02:57.450

Villanova Webinar 1: If you use your phone to call into the webinar and want credit for attending, please just take a moment afterwards to email us at cope@villanova.edu and provide your name, so that we can send you your CE certificate.

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00:03:00.270 --> 00:03:08.820

Villanova Webinar 1: The objectives for today's webinar which is entitled , "Leveraging the new economics of nutrition for improved patient care and public health" are to:

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00:03:09.690 --> 00:03:26.970

Villanova Webinar 1: understand the economic determinants of dietary choice, including prices income and preferences; to describe the structural causal frameworks used in economics to predict dietary outcomes and to analyze changes to social welfare from food and nutrition policies.

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00:03:28.740 --> 00:03:40.440

Villanova Webinar 1: Villanova University M Louise Fitzpatrick College of Nursing is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center Commission on Accreditation.

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00:03:40.920 --> 00:03:52.560

Villanova Webinar 1: Villanova University College of Nursing Continuing Education (COPE) is also a Continuing Professional Education CPE accredited provider, with the Commission on Dietetic Registration.

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00:03:54.780 --> 00:04:10.290

Villanova Webinar 1: Our webinar this month awards one contact hour for nurses and one CPU for dietitians and DTRs. The suggested performance indicators are listed on the screen and the CDR level of this webinar is 2.

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00:04:11.490 --> 00:04:20.400

Villanova Webinar 1: Our webinar today will be co presented by Dr Amelia Finaret and Dr William Masters and I have the privilege of introducing them both today.

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00:04:21.330 --> 00:04:33.690

Villanova Webinar 1: Amelia B. Finaret, PhD is Assistant Professor of Global Health Studies at Allegheny College. She earned her PhD from Tufts University Friedman School of Nutrition Science and Policy

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00:04:34.470 --> 00:04:39.660

Villanova Webinar 1: and her MS in Agricultural Economics from Iowa State University.

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00:04:40.020 --> 00:04:50.280

Villanova Webinar 1: She is co project director for the development of applied healthy data analysis courses and research experience for undergraduates as well as a health informatics

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00:04:50.760 --> 00:05:00.270

Villanova Webinar 1: Computer lab at Allegheny College. She has authored or co-authored many peer reviewed journal articles focusing on issues of nutrition and population health.

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00:05:01.650 --> 00:05:10.200

Villanova Webinar 1: William A Masters PhD is Professor at Tufts University Friedman School of Nutrition Science and Policy and Department of Economics.

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00:05:11.250 --> 00:05:22.650

Villanova Webinar 1: He earned his PhD in Applied Economics from the Food Research Institute at Stanford University and among other awards was recently presented with the quality of research discovery award

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00:05:22.980 --> 00:05:31.980

Villanova Webinar 1: from the American Agricultural Economics Association. He is the Principal Investigator or co-PI on many grants and projects from USAID

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00:05:32.280 --> 00:05:40.530

Villanova Webinar 1: the Bill and Melinda Gates Foundation and other funding agencies and is an author on numerous peer reviewed journal articles.

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00:05:41.400 --> 00:05:54.540

Villanova Webinar 1: During today's webinar we are going to do something a little different. Dr Finaret will be presenting while Dr Masters invites you to enter into the conversation and further engage in the learning experience through the chat box

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00:05:55.110 --> 00:06:02.700

Villanova Webinar 1: which he will moderate. We ask you to please open your chat box, so that you can follow along with the conversation.

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00:06:05.640 --> 00:06:13.350

Villanova Webinar 1: While we are preparing for the presentation to begin, I just wanted to mention that neither the planners nor presenters of this webinar have any disclosures to report.

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00:06:13.740 --> 00:06:25.590

Villanova Webinar 1: Accredited status does not imply endorsement by Villanova University COPE or the American Nurses Credentialing Center of any commercial products or medical nutrition advice displayed in conjunction with an activity.

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00:06:26.220 --> 00:06:42.120

Villanova Webinar 1: And with that I welcome Dr Masters and Dr Finaret to our COPE webinar program and I will turn things over to Dr Finaret for the presentation. We extend a warm welcome virtually to both of you, and we are so glad you joined us.

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00:06:46.350 --> 00:06:51.900

Amelia Finaret, PhD.: Hi everyone Thank you so much for being here we're really excited to present this material to you all.

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00:06:52.710 --> 00:07:00.690

Amelia Finaret, PhD.: I've been teaching the economics of nutrition at the undergraduate level now for six years and Will teaches it at the graduate level at Tufts

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00:07:01.050 --> 00:07:14.970

Amelia Finaret, PhD.: And we've been thinking for a long time about how to communicate the Economics of Nutrition, especially to students who are interested in health sciences, or who are training as clinicians so we're really looking forward to sharing this with health professionals today.

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00:07:17.430 --> 00:07:23.640

Amelia Finaret, PhD.: So, and thank you so much Lisa for introducing us and and and the objectives for today.

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00:07:24.300 --> 00:07:34.830

Amelia Finaret, PhD.: We are going to go through three main objectives, starting with terminology and context and then we're going to teach you a model and economic model of food choice.

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00:07:35.130 --> 00:07:42.750

Amelia Finaret, PhD.: And then we're going to talk about how to understand the impacts of different policies on people's food choices and their well being.

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00:07:45.750 --> 00:07:56.490

Amelia Finaret, PhD.: So first take it into some context and this really starts- the economics of food really started very, very early on, at the very beginning of economics itself

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00:07:56.970 --> 00:08:05.790

Amelia Finaret, PhD.: with Adam Smith so from the very beginning of economics as a field economists were interested in food so from Adam Smith in the Wealth of Nations

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00:08:05.970 --> 00:08:15.570

Amelia Finaret, PhD.: says, "The rich man consumes no more food than his poor neighbor in quality, it may be very different and to select and prepare it may require more labor and art;

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00:08:15.870 --> 00:08:25.770

Amelia Finaret, PhD.: But in quantity, it is very nearly the same, and this is true really only in the short run, and we understand a lot more now about the dietary transition.

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00:08:26.070 --> 00:08:32.760

Amelia Finaret, PhD.: And so, this is something that I think a lot of you probably have noticed over the course of your careers as clinicians.

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00:08:33.060 --> 00:08:48.750

Amelia Finaret, PhD.: The dietary transition-- so in our first contextualizing piece here, I wanted to talk a little bit about the dietary transition so along the horizontal axis in this graph you have total dietary energy, and this is in calories per person per year.

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00:08:49.950 --> 00:09:00.960

Amelia Finaret, PhD.: and along the vertical axis the y axis there you have nutrient rich foods as a proportion of total dietary energy, so you have in this

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Amelia Finaret, PhD.: chart data from regions all over the world from 1961 to 2013.

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00:09:07.590 --> 00:09:23.520

Amelia Finaret, PhD.: And these data are not actual estimated points of data for individual people and then added up.Instead, it is actually estimated at the country level where the supply of food is estimated after it's used for feed seed loss,

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00:09:24.360 --> 00:09:33.210

Amelia Finaret, PhD.: Energy right biofuels, after all, that is used up how much is left for people to eat, and then you divide it by the number of people right, so it

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00:09:33.930 --> 00:09:42.060

Amelia Finaret, PhD.: it's an imperfect measurement but it's certainly really informative to think about for the dietary transition, so what you have he

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00:09:42.780 --> 00:09:54.930

Amelia Finaret, PhD.: Is that people are consuming more food per day, which leads to having bigger bodies, possibly more food waste, especially at the consumer level, as well as a shift to fancier foods.

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00:09:55.320 --> 00:10:01.320

Amelia Finaret, PhD.: And if you, the more vertical of movements that you have in a graph in this graph would be

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00:10:01.590 --> 00:10:11.490

Amelia Finaret, PhD.: increasing in the quality of food without increasing in quantity what you're seeing more is a shift towards more foods and bigger bodies and you also are seeing that vertical movement.

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00:10:12.000 --> 00:10:15.960

Amelia Finaret, PhD.: But not everywhere, and there is undernutrition that remains widespread

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00:10:16.530 --> 00:10:30.720

Amelia Finaret, PhD.: in some places, so my My guess is that you all as clinicians and health professionals have seen this dietary transition happening over the course of your careers, and if you are so inclined, you could comment in the chat on things that you've noticed

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00:10:31.770 --> 00:10:39.930

Amelia Finaret, PhD.: about the dietary transition, whether it has to do with institutional feeding or or what kinds of foods your patients are eating.

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00:10:42.390 --> 00:10:49.650

Amelia Finaret, PhD.: So the other contextual piece, that is really important for thinking about this material is the structure of the food system.

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00:10:50.430 --> 00:11:01.380

Amelia Finaret, PhD.: So nutrition and economics and also agriculture have long been interconnected, and I wanted to show you all this double hourglass of the structure of the food system

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00:11:01.890 --> 00:11:15.270

Amelia Finaret, PhD.: to try to explain that things are not necessarily as equal as they may be, should be in our food system, so what you really start within the food system is a very few inputs supply firms

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00:11:16.020 --> 00:11:27.510

Amelia Finaret, PhD.: and then those inputs supply firms sell to many farming households, there are many farming households in the United States, most of them are family, the vast majority of them are family owned and operated

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00:11:28.440 --> 00:11:41.700

Amelia Finaret, PhD.: farms all around the world are the majority are family owned and operated as well, so you have these few inputs supply firms that are selling to many farming households. Those farming households in a lot of cases are now

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00:11:42.540 --> 00:11:53.010

Amelia Finaret, PhD.: needing to sell to very few food marketing and processing firms and those very few food marketing and processing firms are selling to many consumer households.

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00:11:53.280 --> 00:11:59.070

Amelia Finaret, PhD.: So, in a lot of ways farming households are getting pinched on both sides in terms of having

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00:12:00.060 --> 00:12:10.530

Amelia Finaret, PhD.: less competition available for the input supply firms that they can choose from, and also not as many options to sell to once they have finished growing their product.

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00:12:11.100 --> 00:12:23.670

Amelia Finaret, PhD.: So what you have here is some market power in a few different key spots of the food system that can lead to certain firms and groups of firms being able to control prices and quantities

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00:12:24.120 --> 00:12:30.420

Amelia Finaret, PhD.: which is another challenge, and this is possibly something else that you all have noticed in your clinical lives.

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00:12:31.170 --> 00:12:40.410

Amelia Finaret, PhD.: How has the food system changing affected institutional food buying? How has it affected what is available for your patients,

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00:12:40.770 --> 00:12:51.540

Amelia Finaret, PhD.: either inpatient or outpatient? Once they're doing their medical nutrition therapy, where are they finding pinch points and what's available to them and how easy it is to access.

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00:12:53.280 --> 00:12:55.770

Amelia Finaret, PhD.: So this is an important contextual piece also.

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00:12:56.760 --> 00:13:07.140

Amelia Finaret, PhD.: So now, what we want to do is define economics and so, once we have that nice context in mind of the dietary transition and the changing structure of the food system,

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00:13:07.410 --> 00:13:20.070

Amelia Finaret, PhD.: we need to define economics and it turns out that the economics of food, nutrition, even though it really started the very beginning of economics as a field has changed dramatically in recent years, so first to define

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00:13:21.060 --> 00:13:31.770

Amelia Finaret, PhD.: thinking like an economist is to expect that what we observe is the result of 2 first principles and really everything that happens next is the result of these 2 first principles.

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00:13:32.220 --> 00:13:47.100

Amelia Finaret, PhD.: And the two first principles are optimization and equilibrium. This definition in blue here comes from Andrew Stanwyck at Dartmouth, and so I want to define what optimization and equilibrium mean from from Andrew Stanwyck here.

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00:13:48.210 --> 00:13:57.690

Amelia Finaret, PhD.: So optimization from an economist refers to when an individual is doing the best they can towards their own goals

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00:13:58.110 --> 00:14:09.690

Amelia Finaret, PhD.: given their own resources and constraints. So this is a really different definition than someone in the health sciences might be used to, because when we think of something being optimal the automatic connotation is that it's good.

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00:14:10.020 --> 00:14:15.630

Amelia Finaret, PhD.: But for an economist that's not necessarily the case, it might just be the least undesirable outcome.

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00:14:16.350 --> 00:14:29.040

Amelia Finaret, PhD.: Just because someone is optimizing does not mean that they are the best off that they could be in any situation just that, for the given situation for their own resources and constraints they're doing the best they can.

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00:14:30.210 --> 00:14:35.070

Amelia Finaret, PhD.: Equilibrium has another kind of different definition than what we might be used to.

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00:14:35.700 --> 00:14:45.180

Amelia Finaret, PhD.: in the general vernacular and when economists say equilibrium, they mean social outcomes that result from repeated interactions among individuals.

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00:14:45.600 --> 00:14:51.840

Amelia Finaret, PhD.: And these interactions determine how far other people and themselves can get towards their own goals.

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00:14:52.500 --> 00:14:57.150

Amelia Finaret, PhD.: So, usually, when we're talking about equilibrium we're talking about a particular market,

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Amelia Finaret, PhD.: say the market for broccoli and we are talking about the quantity of broccoli that's being bought and sold in a particular market and the price of the broccoli that's an equilibrium.

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00:15:08.850 --> 00:15:24.090

Amelia Finaret, PhD.: It might not be a stable equilibrium, it might be changing regularly it might not be a good equilibrium, the price of broccoli might be just too high, so it really can be though any observed state of.

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00:15:25.860 --> 00:15:32.970

Amelia Finaret, PhD.: equilibrium, so we have optimization we have equilibrium we're going to keep it these principles throughout the presentation.

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00:15:33.840 --> 00:15:47.580

Amelia Finaret, PhD.: So what we what we want to do with economics it's mainly the most useful aspects of economics are used for analyzing things that people choose from their available options.

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00:15:48.510 --> 00:16:05.820

Amelia Finaret, PhD.: The goal is to predict and explain people's observed choices and what you can do that, as you can infer preferences from people's actions and people's choices when things are not deliberate choices such as an exposure to a disease, you have to use other methods.

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00:16:06.900 --> 00:16:13.290

Amelia Finaret, PhD.: Psychology is different right it's very easy, I think, in some cases when you explain economics as

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00:16:13.590 --> 00:16:28.350

Amelia Finaret, PhD.: You know how people choose things to confuse it with psychology as a field but psychology really focuses on those unobserved mental and emotional processes of individuals, whereas economics focuses on those outside actions

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00:16:28.950 --> 00:16:37.170

Amelia Finaret, PhD.: That you can actually see as opposed to the internal mental processes so that's the difference, although behavioral economics, which is kind of the

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00:16:37.860 --> 00:16:47.580

Amelia Finaret, PhD.: the intersection of economics with psychology kind of does both and that's a really interesting and growing field, especially for food choice and nutrition topics.

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00:16:48.330 --> 00:16:57.810

Amelia Finaret, PhD.: So food choice, like, I was saying earlier, starting with Adam Smith, is the oldest topic of economics, but thinking about the diet related.

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00:16:58.110 --> 00:17:03.750

Amelia Finaret, PhD.: Disease consequences is quite new and the evidence, for that is of course growing as all of you are aware.

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00:17:04.470 --> 00:17:17.460

Amelia Finaret, PhD.: What's in foods that we eat and their consequences for health has only recently been been measured and we're still learning a lot more about all of that, you know, not just about macronutrients and the different

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00:17:18.570 --> 00:17:28.710

Amelia Finaret, PhD.: proportions of macronutrients that are consumed in a diet, but also about micronutrients and also about non nutrient compounds and anti nutrients and also toxins.

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00:17:29.130 --> 00:17:40.560

Amelia Finaret, PhD.: So all of those things are really important measuring them, of course, is very challenging as all of you are aware, when you do a nutrition assessment measuring that dietary intake is a real challenge.

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00:17:42.090 --> 00:17:51.000

Amelia Finaret, PhD.: So where are we going to go today trying to link up the clinical aspect of your work as health professionals with thinking about economics.

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00:17:51.330 --> 00:18:00.540

Amelia Finaret, PhD.: And we think that the best way to do this is to think about nutrition assessment and the way that I learned this was the ABCD of nutrition assessment.

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00:18:00.900 --> 00:18:13.770

Amelia Finaret, PhD.: And you know it started with the A, B, C D right which all of you are, you know i'm sure familiar with anthropology tree right measuring the body height weight head circumference arm circumference calipers

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00:18:14.490 --> 00:18:25.890

Amelia Finaret, PhD.: waist hip ratio right all of that really is important for understanding nutritional status biomarkers that can be derived from blood or urine or stool or tissue samples.

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00:18:26.250 --> 00:18:33.900

Amelia Finaret, PhD.: Clinical indicators right nutrition focused physical exams, those are going to be giving us our clinical indicators of nutritional status.

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00:18:34.230 --> 00:18:44.550

Amelia Finaret, PhD.: And of course dietary intake, which is very difficult to measure and, as all of you know, so the next piece of the nutrition assessment

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00:18:45.150 --> 00:18:54.120

Amelia Finaret, PhD.: is environmental and social factors which are kind of grouped together at the very end, but what we want to do today is to try to tease out what's actually in there.

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00:18:54.780 --> 00:19:07.380

Amelia Finaret, PhD.: So for us that includes things like food choice. So for food choice today we're going to be thinking about prices incomes and preferences as being determinants of food choice.

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00:19:07.800 --> 00:19:19.650

Amelia Finaret, PhD.: We also are thinking about food groups and by this we mean traditional combinations of foods that happen in households because of tradition and culture that happen

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00:19:20.430 --> 00:19:37.650

Amelia Finaret, PhD.: because of how institutional food might be purchased, because of how things go together and also, of course, because of the impact of eating foods together on health and on the body, perhaps, especially when when someone is hospitalized that you want to be really

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00:19:38.910 --> 00:19:43.080

Amelia Finaret, PhD.: cognizant of how those different food groups might be interacting in the body.

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00:19:43.500 --> 00:19:52.590

Amelia Finaret, PhD.: And of course governance is another really important aspect of the environmental and social factors because policy, the policy space is really robust here.

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00:19:52.980 --> 00:20:01.770

Amelia Finaret, PhD.: And as we're going to see it's becoming even more robust and in the context of the pandemic with lots of changes to food policy that are happening

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00:20:02.640 --> 00:20:14.190

Amelia Finaret, PhD.: really quickly. So what we're going to do is we are going to learn an economic model to actually understand the mechanisms that go into this environmental and social factors box.

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00:20:14.640 --> 00:20:21.360

Amelia Finaret, PhD.: We know the mechanisms for biomarkers or I'm saying you know the mechanisms for biomarkers. I don't know the mechanisms for biomarkers but you know them.

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00:20:21.600 --> 00:20:30.240

Amelia Finaret, PhD.: You know the mechanisms for clinical indicators, you know the mechanisms for anthropology, but we want to get into those mechanisms for the environmental and social factors.

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00:20:31.890 --> 00:20:41.370

Amelia Finaret, PhD.: But first we need to define what we mean by an economic model, because in nutrition and economics, these are actually very different things.

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00:20:41.850 --> 00:20:48.330

Amelia Finaret, PhD.: So what is a model in clinical nutrition, you might have a model that looks like this-very cute indeed.

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00:20:49.140 --> 00:20:56.430

Amelia Finaret, PhD.: But in public health, nutrition, you might have a model that looks like this, so this is a causal pathway diagram.

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00:20:56.970 --> 00:21:03.990

Amelia Finaret, PhD.: And what it's showing is the different factors that help determine child nutrition outcomes and maternal nutrition outcomes.

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00:21:04.260 --> 00:21:13.290

Amelia Finaret, PhD.: And those are the Gray boxes on the right hand side of the figure and it's showing you all the things that go into determining nutritional status for children and their mothers.

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00:21:13.680 --> 00:21:28.050

Amelia Finaret, PhD.: Another example comes from UNICEF, and this is showing it as underlying and then proximate and then immediate causes of malnutrition so there's kind of different levels of causality that can happen in this diagram.

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00:21:28.470 --> 00:21:35.010

Amelia Finaret, PhD.: And so what we're going to do is we're going to try to understand what's actually happening between some of those arrows.

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00:21:35.250 --> 00:21:47.190

Amelia Finaret, PhD.: When you have an arrow pointing from food expenditure to nutrient consumption, what is actually happening in that arrow. So to understand that we are going to teach you this model here.

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00:21:47.910 --> 00:21:58.050

Amelia Finaret, PhD.: This is the model on the right hand side. Models in economics refer to one or more equations that are usually solved simultaneously.

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00:21:58.500 --> 00:22:02.250

Amelia Finaret, PhD.: And the equations represent structural relationships.

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00:22:02.490 --> 00:22:17.070

Amelia Finaret, PhD.: So we have in this model two equations. We're not going to do any equations or any calculus or any algebra, we're just going to use the graphs and that's actually all we need for a lot of really great qualitative analysis, so this is the model that we're going to learn now.

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00:22:18.870 --> 00:22:29.700

Amelia Finaret, PhD.: So we're going to start with preferences, so what we're what we're doing is we're going to try to understand food choice as being determined by preferences prices and income.

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00:22:30.060 --> 00:22:34.770

Amelia Finaret, PhD.: And when I say preferences, I mean something perhaps a little bit different than what you're used to.

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00:22:35.190 --> 00:22:46.980

Amelia Finaret, PhD.: Okay, so i'm not talking about preferences in the sense of how much do I, like cake on a scale of one to 10. Obviously right but or you know, which is the best kind of pie.

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00:22:47.280 --> 00:22:55.590

Amelia Finaret, PhD.: That's a different type of preference when economists say preferences they mean something very specific and what they mean is, if I have one piece of cake,

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00:22:56.190 --> 00:23:02.220

Amelia Finaret, PhD.: how much of that one piece of cake, am I willing to give up to get a certain amount of non cake.

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00:23:02.850 --> 00:23:09.660

Amelia Finaret, PhD.: That is exactly what I mean as an economist talking about preferences so we're going to try to graph preferences here.

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00:23:10.050 --> 00:23:18.840

Amelia Finaret, PhD.: So along the horizontal axis, we have intake of fruits and vegetables. As health professionals, you are all concerned with your patients intake of fruits and vegetables.

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00:23:19.230 --> 00:23:28.980

Amelia Finaret, PhD.: That is what we are graphing. Along the horizontal axis along the vertical axis, we have consumption of all other things that are not fruits and vegetables, and we can just lump these together.

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00:23:29.760 --> 00:23:41.310

Amelia Finaret, PhD.: So we would observe someone we can actually note, where they are in terms of their intake or fruits and vegetables in their intake of other things with one point on this two dimensional graph.

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00:23:41.610 --> 00:23:53.370

Amelia Finaret, PhD.: That's the nice thing about two dimensional graphs. So we have this individual who is consuming at point "O", and they are consuming quantity X of fruits and vegetables and quantity other of other things.

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00:23:54.240 --> 00:24:01.740

Amelia Finaret, PhD.: So how do we map out what other points in this space they might be willing to consume with their preferences.

134

00:24:02.760 --> 00:24:17.040

Amelia Finaret, PhD.: Well, any point above into the right of their observed point is actually going to offer more of both of the goods more fruits and veggies more other things, so we know that they would strictly prefer any point in that quadrant 2.0.

135

00:24:18.570 --> 00:24:26.760

Amelia Finaret, PhD.: We also know that in the lower left hand quadrant of this graph it offers strictly less of fruits and veggies and strictly less of other things.

136

00:24:26.970 --> 00:24:35.700

Amelia Finaret, PhD.: So we know that they would strictly prefer point O compared to anything in the lower left hand quadrant so those two quadrants are out people are going to have very strong

137

00:24:36.930 --> 00:24:46.140

Amelia Finaret, PhD.: opinions about whether they like point O, or anything in the two gray boxes right, well, we want to know is what are they indifferent to between where could they consume.

138

00:24:47.790 --> 00:24:57.300

Amelia Finaret, PhD.: And because of this restriction here with the other quadrants all the combinations among which the consumer is in different have to be on a downward sloping line.

139

00:24:58.320 --> 00:25:06.540

Amelia Finaret, PhD.: right because we can't go into those other quadrants. So let's clean up this graph a little bit and we're going to get to smoothing it out.

140

00:25:06.930 --> 00:25:17.130

Amelia Finaret, PhD.: So here is the indifference curve, the indifference curve is showing us all the points along which the consumer is indifferent between consuming.

141

00:25:17.400 --> 00:25:25.710

Amelia Finaret, PhD.: At Point O, they would be happy with that at the very top of the line where that arrow is pointing they'd be happy at that point two equally happy, in fact.

142

00:25:26.040 --> 00:25:38.820

Amelia Finaret, PhD.: But, as you can see, this graph is not just downward sloping is also both inward towards the origin of the graph so the reason for that is because, as we start consuming less and less and less fruits and vegetables

143

00:25:39.330 --> 00:25:47.670

Amelia Finaret, PhD.: each unit of fruits and vegetables becomes more and more and more valuable to us and we don't want to give it up right so we're actually going to require

144

00:25:48.630 --> 00:25:57.420

Amelia Finaret, PhD.: getting a lot of other things, to give up another unit of fruits and veggies as you're getting towards the vertical axis there.

145

00:25:57.840 --> 00:26:07.050

Amelia Finaret, PhD.: Same idea for the horizontal axis and you're giving up other things, and just consuming more and more fruits and veggies and less of other things along the horizontal axis.

146

00:26:07.410 --> 00:26:11.310

Amelia Finaret, PhD.: There's going to be a point at which you just don't want to give up other things anymore.

147

00:26:11.670 --> 00:26:25.770

Amelia Finaret, PhD.: And it's going to take a lot of fruits and veggies to get you to give up any other things so because things become more valuable to us, as they are scarcer in our consumption that's why you have this boat in shape of the indifference curve.

148

00:26:27.960 --> 00:26:40.920

Amelia Finaret, PhD.: So the nice thing about indifference curves is that we don't have to actually figure out where they are on the graph because this refers to really imaginary numbers and in economics, we call it utility.

149

00:26:41.550 --> 00:26:50.130

Amelia Finaret, PhD.: So the level of utility is determined by the height of the indifference curve. Higher levels of indifference would be preferred.

150

00:26:50.400 --> 00:27:03.240

Amelia Finaret, PhD.: So a person who is on the brown dotted line is actually better off than the person who is on the solid black line so higher indifference levels are preferred by the consumer and lower indifference levels would be worse.

151

00:27:03.900 --> 00:27:11.100

Amelia Finaret, PhD.: But it turns out that all of these indifference curves as long as they are parallel with each other, those indifference curves are

152

00:27:11.730 --> 00:27:27.270

Amelia Finaret, PhD.: indicating the same preference set so all of these preferences, the underlying preferences are actually the same, even though they are at different levels of well being and, and that is because the slopes of all of these lines are the same.

153

00:27:28.950 --> 00:27:32.850

Amelia Finaret, PhD.: So to see, though, where people actually are going to consume.

154

00:27:33.180 --> 00:27:42.750

Amelia Finaret, PhD.: right we don't know yet from just this line where they're going to consume, we have to have more information than this, so what information do we need Okay, so we know what's going on

155

00:27:43.110 --> 00:27:55.020

Amelia Finaret, PhD.: in the person's mind their trade off between fruits and veggies and other things so there's a lot of practical things that need to come into food choice to and that's where our expenditure line comes in.

156

00:27:55.560 --> 00:28:02.400

Amelia Finaret, PhD.: So this straight red line on the screen is showing you all the possible combinations of things that someone could buy.

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00:28:02.670 --> 00:28:11.910

Amelia Finaret, PhD.: And it's a straight line because we're saying that the prices for fruits and veggies and the prices of other things are at this very moment just staying the same.

158

00:28:12.510 --> 00:28:16.680

Amelia Finaret, PhD.: So to figure out where to draw this line you take someone's income.

159

00:28:17.160 --> 00:28:26.490

Amelia Finaret, PhD.: You divide it by the price of fruits and veggies That gives you the quantity of fruits and veggies that they could buy if they didn't buy anything else right and that's point B.

160

00:28:27.180 --> 00:28:30.930

Amelia Finaret, PhD.: If you wanted to find point A you would take a person's income.

161

00:28:31.560 --> 00:28:41.640

Amelia Finaret, PhD.: divided by the price of all other things besides fruits and veggies and you would get the quantity of all other things, that the person could buy if they didn't buy any fruits and veggies.

162

00:28:41.940 --> 00:28:51.900

Amelia Finaret, PhD.: Then you draw a straight line between point A and point B, that is called your expenditure line, it is all the possible combinations along which someone could purchase.

163

00:28:52.260 --> 00:29:01.470

Amelia Finaret, PhD.: All other things and fruits and veggies without yet accounting for preferences, but just accounting for their income and the prices of fruits and veggies and other things.

164

00:29:02.550 --> 00:29:20.340

Amelia Finaret, PhD.: So that's what those intercepts are. We can draw straight line between them and what we see is that the slope of this line represents the relative trade off in the market between fruits and veggies and all other things that's the price ratio of those goods.

165

00:29:21.540 --> 00:29:33.120

Amelia Finaret, PhD.: And we what we want to know is why do people consume what we actually observe them to be eating, which is point O. O for observed so let's put this stuff together.

166

00:29:34.410 --> 00:29:42.990

Amelia Finaret, PhD.: It turns out that people are going to consume at the point at which the indifference curve just meets up with the expenditure line.

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00:29:43.260 --> 00:29:50.640

Amelia Finaret, PhD.: And this is a really cool finding in ECON because really what it means is that a person is going to consume

168

00:29:51.150 --> 00:30:04.800

Amelia Finaret, PhD.: where the trade off is in their own mind between fruits and veggies and all other things is equal to the trade off between those groups of things in terms of the market prices so it's kind of magical in that way.

169

00:30:05.610 --> 00:30:22.050

Amelia Finaret, PhD.: And what we see because of the geometry of the indifference curve being both in towards the origin and downward sloping and the expenditure line being straight, we see that they can only meet up at one point and that's what we're going to see them actually consuming.

170

00:30:24.480 --> 00:30:29.220

Amelia Finaret, PhD.: So the important thing about this model when we do it without actual numbers,

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00:30:29.910 --> 00:30:37.890

Amelia Finaret, PhD.: We can use it for qualitative explanations and predictions and evaluations if we wanted to actually do it with quantitative

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00:30:38.460 --> 00:30:53.850

Amelia Finaret, PhD.: numbers and actually estimate Okay, how much is this person going to change their consumption of fruits and veggies if something happens, we would need calculus and algebra and other tools, but we can actually get a lot out of it just using the two lines themselves.

173

00:30:55.980 --> 00:31:03.840

Amelia Finaret, PhD.: So before we go on to what happens when you change things in the diagram, I just wanted to prompt everyone in the chat if you're so inclined.

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00:31:04.140 --> 00:31:13.920

Amelia Finaret, PhD.: You can think about what determines your patients food choices right so we're talking right now about preferences, represented by the indifference curve.

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00:31:14.370 --> 00:31:23.220

Amelia Finaret, PhD.: about expenditure or income, which is represented by the level of that expenditure line how close or far it is from the origin.

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00:31:23.610 --> 00:31:41.220

Amelia Finaret, PhD.: and prices, which is represented by the slope of the expenditure line so My guess is that, depending on the patient they're going to have more or less concerned about any of those particular items and but my other guest, is that you all have seen a lot of different.

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00:31:42.720 --> 00:31:53.340

Amelia Finaret, PhD.: ways that people choose food either inpatient or outpatient so let's see what happens when we change one thing at a time. Economists like to change this one thing at a time

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00:31:53.940 --> 00:32:06.690

Amelia Finaret, PhD.: in order to make everything clear and one thing that is definitely happening a lot lately is indeed unemployment, due to the pandemic and while unemployment overall is, of course, improving,

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00:32:07.530 --> 00:32:14.730

Amelia Finaret, PhD.: it is definitely not improving equally for all groups of people so that is something to for sure, be concerned about still.

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00:32:15.540 --> 00:32:24.720

Amelia Finaret, PhD.: what's going to happen to people's consumption of fruits and veggies and all other things if they, for example, lose their job due to COVID.

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00:32:25.890 --> 00:32:46.950

Amelia Finaret, PhD.: So we have what when someone loses income their expenditure line is going to shift back in parallel towards the origin, there is no change in prices, so the slope of the expenditure line stays the same it just shifts back in parallel, because they have less income to to buy things with.

182

00:32:48.120 --> 00:32:55.590

Amelia Finaret, PhD.: So what happens then? Well the person is going to keep the same preferences because we're only assuming that one thing changes at a time.

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00:32:56.010 --> 00:33:01.710

Amelia Finaret, PhD.: And they're going to have to meet their new expenditure line at a new indifference curve.

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00:33:02.220 --> 00:33:12.630

Amelia Finaret, PhD.: And so what's happened here is that they are worse off because remember lower levels of indifference are worse; higher levels of indifference are better and we can see if

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00:33:12.900 --> 00:33:24.510

Amelia Finaret, PhD.: It is going from going from the grey circle, to the Turquoise circle that this individual after losing their job due to COVID is consuming less fruits and veggies and also less of all other things.

186

00:33:24.990 --> 00:33:27.150

Amelia Finaret, PhD.: So they're consuming less of both.

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00:33:27.780 --> 00:33:34.950

Amelia Finaret, PhD.: So this is how you would represent a change in income and if you're inclined in the chat you could try to figure out Okay, what would happen.

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00:33:35.160 --> 00:33:45.480

Amelia Finaret, PhD.: If the person then became a beneficiary of TANF, so TANF is is the cash welfare policy in the United States it's temporary assistance for needy families.

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00:33:45.990 --> 00:33:56.790

Amelia Finaret, PhD.: It provides cash depending on the level of your income, how would we draw that in this graph either before someone loses a job or or after someone loses a job.

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00:33:59.190 --> 00:34:13.620

Amelia Finaret, PhD.: Okay, so that's income now let's do prices, what happens to our model if prices of fruits and vegetables change, in fact, what happens if the price of fruits and vegetables decreases that sounds pretty nice right as health professionals, this is what we want to see.

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00:34:14.760 --> 00:34:22.020

Amelia Finaret, PhD.: Of course, sometimes prices go up. The prices of eggs went really high at the very beginning of the pandemic, I think, because everybody was baking a lot.

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00:34:22.770 --> 00:34:31.590

Amelia Finaret, PhD.: But prices do sometimes go down. The screenshot of the headline I have here is story from India, where it looks like fruit and veggie prices are going to be going down

193

00:34:32.220 --> 00:34:37.650

Amelia Finaret, PhD.: this year, but because the price of fruits and veggies is actually changing,

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00:34:38.070 --> 00:34:50.190

Amelia Finaret, PhD.: The expenditure line is actually going to rotate right so it's not shifting in parallel anymore, the prices are changing so if you were to take the person's income and divide it

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00:34:51.090 --> 00:35:05.730

Amelia Finaret, PhD.: by the price of fruits and veggies you would get a larger number right so you're going to have that line rotating outwards from the red line to the blue line and the person is going to be able to afford more fruits and veggies and more of other things.

196

00:35:08.460 --> 00:35:17.880

Amelia Finaret, PhD.: What about if someone's preferences change, and this is something that I think all of you as health professionals might be really concerned with right changing underlying preferences,

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00:35:18.210 --> 00:35:28.410

Amelia Finaret, PhD.: which, of course, as we know now are represented by the indifference curve, so the preferences are represented by the indifference curve and we're going to change one thing, which is our indifference curve.

198

00:35:29.070 --> 00:35:37.710

Amelia Finaret, PhD.: Perhaps the Dietary Guidelines for Americans are something that might change people's underlying preferences that would be nice if that were to happen.

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00:35:38.430 --> 00:35:47.700

Amelia Finaret, PhD.: So what would that actually look like? Well if people are listening to the Dietary Guidelines for Americans and actually responding in terms of their preferences and behaviors,

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00:35:48.060 --> 00:35:56.370

Amelia Finaret, PhD.: their indifference curves are going to shift along the expenditure line towards those fruits and veggies so now, as you can see,

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00:35:56.850 --> 00:36:14.130

Amelia Finaret, PhD.: The new indifference curve in green is becoming vertical at an earlier point so this person has really a minimum acceptable level of fruits and veggies that they want to consume that is higher than it used to be. This person is really liking their fruits and veggies.

202

00:36:16.530 --> 00:36:23.070

Amelia Finaret, PhD.: Okay, so what we want to do now is talk a little bit about the policy space for food assistance in the United States.

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00:36:23.400 --> 00:36:28.830

Amelia Finaret, PhD.: Because these programs are really important and changing actually quite rapidly with the by administration.

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00:36:29.190 --> 00:36:37.710

Amelia Finaret, PhD.: So I wanted to give a brief overview of the policy space here, and then we can do an exercise in terms of figuring out the impact of these policies.

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00:36:38.280 --> 00:36:51.090

Amelia Finaret, PhD.: So the first type of policy that I wanted to talk about is those really broad policies that either give cash like TANF-temporary assistance for needy families, unemployment insurance would be another one that matters

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00:36:51.840 --> 00:37:02.910

Amelia Finaret, PhD.: for cash or provides money to buy food at the grocery store right and that is from the Supplemental Nutrition Assistance Program.

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00:37:03.390 --> 00:37:09.810

Amelia Finaret, PhD.: The SNAP program and also the new pandemic EBT. I have the screenshot of Pennsylvania, because that's where I am right now.

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00:37:10.650 --> 00:37:19.740

Amelia Finaret, PhD.: And this is going to be providing funds for families to buy food for kids because they're not getting at the school meals that they normally would be getting in school.

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00:37:21.240 --> 00:37:26.310

Amelia Finaret, PhD.: So food stamps are part of this TANF, unemployment insurance and

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00:37:27.030 --> 00:37:41.730

Amelia Finaret, PhD.: yes, WIC should absolutely should be included in the slide. I'm going to tell you why I put it in a different slide but you're absolutely right, it could go in this slide too so, but here at what i'm trying to get at is that there are, this is the broadest possible

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00:37:43.620 --> 00:37:53.880

Amelia Finaret, PhD.: kind of slice of food assistance that you could get. You can get more specific right, and in fact some some programs actually prescribe fruits and veggies in particular.

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00:37:54.570 --> 00:38:06.300

Amelia Finaret, PhD.: This is like a program like farm rx or from wholesome wave, you can be recruited as a patient by a provider who's participating in wholesome wave and then, if you participate in various

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00:38:07.380 --> 00:38:16.650

Amelia Finaret, PhD.: educational programs and a pre and post evaluation you then get a voucher to buy fruits and veggies where your redemption is tracked.

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00:38:17.190 --> 00:38:24.030

Amelia Finaret, PhD.: So this is a really great program and that that is very specific in terms of the types of foods that it's supporting.

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00:38:24.420 --> 00:38:31.170

Amelia Finaret, PhD.: Another one, so I put WIC here, and the reason I did that was because there are specific foods that are allowed under WIC

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00:38:31.560 --> 00:38:42.810

Amelia Finaret, PhD.: And there's a lot of research that is that is showing that Wick is not necessarily meeting the needs of certain families with

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00:38:43.770 --> 00:38:53.790

Amelia Finaret, PhD.: cultural or traditional food practices that might be different from from families who are white and who

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00:38:54.750 --> 00:39:05.970

Amelia Finaret, PhD.: live in certain parts of the country right it doesn't provide necessarily the foods that those families want to raise. Some families are lactose intolerant which gives you a lot of milk and i'm sure that there's ways for people to get around that.

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00:39:06.660 --> 00:39:23.220

Amelia Finaret, PhD.: But there are definitely barriers to getting the exact foods that you want, for your family when you're doing WIC and yeah we'd be really happy to hear from any of you who have done a prescription food program because those are relatively new and really, really interesting.

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00:39:24.780 --> 00:39:36.540

Amelia Finaret, PhD.: So the last and kind of the most restrictive of these food assistance programs is giving food in kind right so not providing vouchers not providing cash but giving actual food to people.

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00:39:36.780 --> 00:39:44.580

Amelia Finaret, PhD.: And some of these are, of course, from non governmental organizations and food banks have seen huge increases in demand, because of the pandemic.

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00:39:45.240 --> 00:39:57.540

Amelia Finaret, PhD.: We also saw a shift for SNAP beneficiaries away from the the funds on the EBT card for SNAP and the goal was to get people

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00:39:57.900 --> 00:40:06.870

Amelia Finaret, PhD.: to receive these food boxes with non perishable items to make up maybe half of their SNAP benefits, and that was an initiative from the Trump administration.

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00:40:07.290 --> 00:40:14.010

Amelia Finaret, PhD.: And the Biden administration is now looking to change that, because of course it's very logistically challenging to do it.

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00:40:14.760 --> 00:40:24.180

Amelia Finaret, PhD.: And now they're also trying to include non perishable and perishable items in there as to improve the helpfulness of the foods offered in the food box

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00:40:24.540 --> 00:40:38.910

Amelia Finaret, PhD.: which presents a lot of logistical challenges for mailing these boxes out and i'm sure you know, for all of you, if you're working as medical in medical nutrition therapy and you're working with your patients on what to eat right to recover from from an illness,

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00:40:40.020 --> 00:40:45.210

Amelia Finaret, PhD.: You might not want them getting certain foods in the mail right from the government, it might be kind of a challenge.

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00:40:45.570 --> 00:40:51.660

Amelia Finaret, PhD.: Certain fruits and veggies even are not going to be desirable at all for people with renal disease, so it really

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00:40:52.410 --> 00:41:05.910

Amelia Finaret, PhD.: You know something about food allergies might be a concern; other medical issues that might interfere with this food box, being an effective program and, of course, we also have soup kitchens that are giving food in kind. These are usually run by

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00:41:07.050 --> 00:41:17.550

Amelia Finaret, PhD.: NGOs and by religious organizations, so we have rate sort of several categories on a spectrum of how flexible these food assistance programs are.

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00:41:17.820 --> 00:41:33.750

Amelia Finaret, PhD.: You have programs that give cash programs that give money for food programs that provide vouchers, that you can go buy your own food with, but it is a voucher for specific foods prescribed foods and then you have given food in kind, which is kind of the most restrictive.

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00:41:35.550 --> 00:41:44.790

Amelia Finaret, PhD.: So let's try to draw out what this looks like when you have a program that is providing a voucher for specific foods.

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00:41:45.510 --> 00:41:54.030

Amelia Finaret, PhD.: And we're going to start with, looking at a lower income recipient, because most beneficiaries of these programs are going to be lower income.

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00:41:54.750 --> 00:42:09.000

Amelia Finaret, PhD.: And so what we see right, we know that in some way a transfer program that's giving a voucher for specific foods is going to increase this person's income effectively, because it is a voucher.

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00:42:09.540 --> 00:42:16.560

Amelia Finaret, PhD.: But it's not going to increase income in the way that is a full parallel shift of our expenditure line.

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00:42:16.890 --> 00:42:22.980

Amelia Finaret, PhD.: Because they can't spend that money on other things they can only spend it on, for example, fruits and veggies right.

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00:42:23.280 --> 00:42:30.390

Amelia Finaret, PhD.: So what happens when you are a beneficiary of a program like this, is that you end up with a two part expenditure line.

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00:42:30.720 --> 00:42:43.110

Amelia Finaret, PhD.: And if you were to trace down from this kink in the new expenditure line that's the dotted red line, all the way down to the horizontal axis that's the amount of fruits and veggies that are offered by

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00:42:43.860 --> 00:42:50.610

Amelia Finaret, PhD.: this voucher program so if someone were a beneficiary of this program and they were already buying fruits and veggies,

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00:42:50.940 --> 00:42:58.440

Amelia Finaret, PhD.: they would be able to increase their level of indifference from the black indifference curve here to the blue dotted line.

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00:42:58.710 --> 00:43:05.010

Amelia Finaret, PhD.: And as you can see, they have increased their consumption of fruits and veggies so they've increased along the horizontal axis.

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00:43:05.340 --> 00:43:11.550

Amelia Finaret, PhD.: And they've increased along the vertical axis so they've increased their consumption of fruits and veggies as planned.

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00:43:12.030 --> 00:43:20.010

Amelia Finaret, PhD.: and other things because really with this transfer when they were already spending some of their own money on it they've gotten a little bit richer.

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00:43:20.640 --> 00:43:30.450

Amelia Finaret, PhD.: So this program has increased this person's well being and because they were already spending their own money on it it's what we call an infra marginal transfer.

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00:43:32.580 --> 00:43:46.410

Amelia Finaret, PhD.: So in this situation if we were to convert the voucher right the voucher for fruits and veggies if we were to convert it to cash it wouldn't change this person's behavior at all, because they were already buying fruits and veggies more than the voucher offered.

246

00:43:48.600 --> 00:44:01.680

Amelia Finaret, PhD.: For so when people want to buy these items anyway, they would use the program as it was intended that might be the case with some programs, but it might not be the case with all in kind or voucher transfer programs.

247

00:44:03.450 --> 00:44:11.910

Amelia Finaret, PhD.: If a recipient or a beneficiary of a program like this does not supplement the program with their own cash the transfer is extra marginal.

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00:44:12.150 --> 00:44:23.700

Amelia Finaret, PhD.: So for this individual they were not spending as much on fruits and veggies and so, if you were to convert that benefit of the voucher to cash for that person.

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00:44:23.970 --> 00:44:32.100

Amelia Finaret, PhD.: They would actually be able to reach a higher level of well being whereas, since they were not spending as much of their own money on fruits and veggies to begin with.

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00:44:32.640 --> 00:44:43.080

Amelia Finaret, PhD.: They cannot reach that higher level of well being because most of these programs are non transferable. The pandemic EBT cards are non transferable, SNAP is non transferable.

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00:44:43.410 --> 00:44:52.230

Amelia Finaret, PhD.: So that's not going to be possible for them to reach that higher level of indifference and because these programs cannot be converted to cash.

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00:44:54.690 --> 00:45:08.490

Amelia Finaret, PhD.: So the other thing to note right like I was saying, in the previous graph is that these transfer programs might increase consumption of fruits and vegetables, but they would also in a lot of cases increase consumption of other things

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00:45:09.030 --> 00:45:14.160

Amelia Finaret, PhD.: because these transfer programs do make people a little bit richer with the transfer.

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00:45:16.140 --> 00:45:26.910

Amelia Finaret, PhD.: Okay, so let's do an example with actual numbers because this might be useful for thinking about particular patients so let's imagine that we have

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00:45:27.810 --> 00:45:34.470

Amelia Finaret, PhD.: here along the horizontal axis, we have the quantity of target foods, maybe this is fruits and veggies like we've been talking about.

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00:45:34.920 --> 00:45:40.710

Amelia Finaret, PhD.: Along the y axis, we have the quantity of all other goods, and these are measured in dollars per month.

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00:45:41.460 --> 00:45:47.040

Amelia Finaret, PhD.: So let's imagine that without the aid program beneficiaries have $300 in total.

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00:45:47.430 --> 00:45:56.670

Amelia Finaret, PhD.: And they're spending $200 on other things and $100 on foods that are targeted by the program. So these are made up numbers but definitely plausible numbers.

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00:45:56.970 --> 00:46:10.920

Amelia Finaret, PhD.: So now we have our transfer and it's a voucher program so they are targeting specific foods with a voucher that is $150 worth of the targeted foods, perhaps fruits and veggies.

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00:46:12.390 --> 00:46:26.640

Amelia Finaret, PhD.: So what we end up with is a kink expenditure line that has a hat on it right, because you can't go above that level in terms of your target foods and then it continues along as it was before so for a beneficiary

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00:46:27.180 --> 00:46:33.000

Amelia Finaret, PhD.: who was consuming for $200 of other goods and $100 of target foods.

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00:46:33.630 --> 00:46:53.160

Amelia Finaret, PhD.: The beneficiary might increase their food spending to $200 using the hundred and $50 voucher plus $50 of their own cash and that allows them to increase their other spending by $50, so this is how a targeted food voucher program can actually increase consumption of any other goods.

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00:46:54.870 --> 00:47:08.070

Amelia Finaret, PhD.: For this beneficiary this beneficiary has other needs and wants, so they buy, only the $150 worth of the targeted foods and that still frees up their own cash to increase other spending by $100.

264

00:47:09.390 --> 00:47:23.850

Amelia Finaret, PhD.: So one important factor to mention about this graph is that, even though people are going to respond in similar ways to incentives, depending on what their goals are what their constraints are and what their resources are,

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00:47:24.420 --> 00:47:31.860

Amelia Finaret, PhD.: the effect of the program on them might differ so that's I think something that you all are probably used to as health professionals

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00:47:32.370 --> 00:47:42.750

Amelia Finaret, PhD.: where you see that really any kind of treatment is going to be specific to the patient in a lot of ways, the same goes in a lot of ways for thinking about this from a social science perspective.

267

00:47:43.080 --> 00:48:01.500

Amelia Finaret, PhD.: In a lot of ways, patients, consumers are all the same right, we can use this model to understand behavior of consumers, but depending on their goals, depending on their starting conditions their resources and their constraints they're going to have different impact of these interventions.

268

00:48:03.870 --> 00:48:14.400

Amelia Finaret, PhD.: So for for point B, they could reach a higher level of indifference, but because this program cannot be converted to cash they won't be able to do that.

269

00:48:17.040 --> 00:48:17.340

William Masters, PhD: Right.

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00:48:19.500 --> 00:48:28.590

Amelia Finaret, PhD.: So economists like to analyze one change at a time, and this one change that we're analyzing here is the voucher Program.

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00:48:29.310 --> 00:48:39.090

Amelia Finaret, PhD.: But usually more than one thing happens at a time, but what we want to do is pull out each individual thing one, at a time and then analyze the interaction between those changes.

272

00:48:40.920 --> 00:48:44.730

Amelia Finaret, PhD.: So I want to get to some conclusions here, and then we can get to some questions.

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00:48:45.450 --> 00:49:00.300

Amelia Finaret, PhD.: Everything really is connected when it comes to food choice income prices and preferences matter as people's incomes change their underlying preferences also do change and some of those are some of the oldest findings of economics.

274

00:49:01.500 --> 00:49:10.530

Amelia Finaret, PhD.: The health effects of the foods that people choose are delayed so it's really hard, sometimes for people to to change their behavior.

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00:49:11.010 --> 00:49:23.010

Amelia Finaret, PhD.: When they know when they can't see the effects until years and decades later and sometimes those food choices actually clash with other preferences right like saving time right that's a preference to.

276

00:49:23.850 --> 00:49:32.880

Amelia Finaret, PhD.: People really do face a lot of trade offs and a lot of constraints and choosing their foods scarce time scarce income scarce resources in the kitchen.

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00:49:33.450 --> 00:49:44.010

Amelia Finaret, PhD.: Training to cook at home, changes to prices might force trade offs with other needs and also we certainly talked a little bit about behavioral economics at the beginning.

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00:49:44.550 --> 00:49:47.190

Amelia Finaret, PhD.: The decision making of people might be really

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00:49:47.970 --> 00:50:05.430

Amelia Finaret, PhD.: complicated by cognitive biases that happen or by discounting. We discount the happiness of our future selves. We'd rather be happy now than later right, I want the cake now right and that's there's biological reasons for that and there's also economic reasons for that.

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00:50:06.540 --> 00:50:08.850

Amelia Finaret, PhD.: So what we want to use economics for.

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00:50:09.510 --> 00:50:17.250

Amelia Finaret, PhD.: Is the most powerful way that economics, can be used is really thinking about how to improve things, how to improve things for consumers.

282

00:50:17.460 --> 00:50:25.680

Amelia Finaret, PhD.: How to improve things for public health, how to improve things for patients, so can we figure out a way to persuade patients to.

283

00:50:26.160 --> 00:50:31.560

Amelia Finaret, PhD.: to eat better right, this is something that all of you work in and I am sure you have your ways of doing it.

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00:50:32.100 --> 00:50:37.290

Amelia Finaret, PhD.: But i'm sure you also think that it's very challenging even if you're highly skilled and experienced at it.

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00:50:37.980 --> 00:50:47.910

Amelia Finaret, PhD.: What technology can we use to improve diets eating and patient adherence? There are new forms of technology that can be used to kind of promote patient adherence.

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00:50:48.480 --> 00:50:56.100

Amelia Finaret, PhD.: What rules and arrangements can we use to improve outcomes like about what you could order on an institutional food menu?

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00:50:56.610 --> 00:51:08.400

Amelia Finaret, PhD.: What public policy should I advocate for to improve outcomes right, how could we make the food box program more applicable to a broader group of people

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00:51:08.910 --> 00:51:16.890

Amelia Finaret, PhD.: that wouldn't be restricted in terms of reaching their higher level of indifference, by having been given food that they didn't necessarily want.

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00:51:17.310 --> 00:51:23.550

Amelia Finaret, PhD.: And, and also, of course, thinking about unintended consequences economics is really great for

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00:51:24.210 --> 00:51:32.430

Amelia Finaret, PhD.: figuring out, what are the unintended consequences to implementing a policy? So all of these ways are really important ways that economics can

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00:51:32.790 --> 00:51:40.470

Amelia Finaret, PhD.: promote kind of thinking about how to improve nutrition and public health in a hospital setting

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00:51:41.010 --> 00:51:56.730

Amelia Finaret, PhD.: or in a public health setting. So now I am going to stop and we'll take some questions, hopefully there's been some good conversation going on in the chat and maybe there's some questions that are coming out of there, but I want to leave time for that, so thank you so much.

293

00:51:59.160 --> 00:52:12.870

William Masters, PhD.: Excellent really so i've been monitoring the chat box I think participants are seeing only my replies to people's comments so definitely keep them coming in the chat box. There are two things Amelia that were raised in the Q and A.

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00:52:13.890 --> 00:52:28.260

William Masters, PhD.: One person asking about this transition from food security to nutrition security from the commentary in JAMA I think it was another question was about experience with the fruit and vegetable rx programs.

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00:52:29.370 --> 00:52:36.900

William Masters, PhD.: and very interesting to see in the chat box, there were several people who do have experience with their patient populations.

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00:52:37.740 --> 00:52:54.900

William Masters, PhD.: Getting some of these so very keen for folks to enter in the chat box any you know experience you might have especially whether people like them like is the box attentive to what people really can use? I'm very curious to see any comments, people can enter in the chat box about those.

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00:52:56.160 --> 00:53:12.660

Amelia Finaret, PhD.: Yeah, that's really great that folks have had experience with that program. I wonder about sort of the logistics of it like how do people find the providers of who would accept the voucher? Is it you know certain

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00:53:13.920 --> 00:53:18.840

Amelia Finaret, PhD.: farmers markets, or is it broader than that, like can grocery stores accept these things.

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00:53:19.950 --> 00:53:26.130

Amelia Finaret, PhD.: That would be a really interesting thing to ask in terms of food security and nutrition security.

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00:53:27.480 --> 00:53:39.300

Amelia Finaret, PhD.: yeah I think I think for this audience, I mean for sure you all are understanding of the fact that nutrition and disease are really intertwined right and so

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00:53:39.690 --> 00:53:50.040

Amelia Finaret, PhD.: When we think about healthy food intake it is really not going to give us everything that we need, and indeed for for certain conditions food intake is going to

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00:53:50.490 --> 00:53:59.370

Amelia Finaret, PhD.: have to change depending on certain conditions that people have so and and and then, of course, what people are eating with those conditions.

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00:54:00.030 --> 00:54:06.720

Amelia Finaret, PhD.: coronary artery disease or renal disease or diabetes that's going to affect how

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00:54:06.990 --> 00:54:22.710

Amelia Finaret, PhD.: well, their disease management is going, so my hope is that any kind of shift from food security to thinking more about nutrition security will also include more of these health factors non communicable disease, and of course communicable disease to and

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00:54:24.330 --> 00:54:29.040

Amelia Finaret, PhD.: because it would be a more holistic picture of what people actually need.

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00:54:30.150 --> 00:54:30.630

Amelia Finaret, PhD.: yeah.

307

00:54:31.830 --> 00:54:33.630

Amelia Finaret, PhD.: What other questions do we have.

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00:54:35.370 --> 00:54:41.850

William Masters, PhD.: So, Catherine Bertolli just entered some links to programs in the Philadelphia metro area.

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00:54:43.350 --> 00:54:54.510

William Masters, PhD.: And you know, this is a time of amazing experimentation in this space right, where different clinical care systems are trying to develop better approaches.

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00:54:56.730 --> 00:55:02.400

William Masters, PhD.: If folks have comments about medically tailored meals or five rx type programs definitely share those.

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00:55:02.910 --> 00:55:10.980

William Masters, PhD.: Another kind of area of question concerns diagnostics right and whether people have experience using food insecurity and diet screeners.

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00:55:11.970 --> 00:55:26.940

William Masters, PhD.: And if you feel like you're knowing enough about dietary and food security obstacles that people have in their in their home environments so anything people might want to share, about that in the chat box would be really interesting to.

313

00:55:28.560 --> 00:55:39.180

Villanova Webinar 1: Dr masters and Dr. Finaret one question that that I have is that I wonder what impact the economic stimulus

314

00:55:40.530 --> 00:55:49.710

Villanova Webinar 1: program may have had, on the purchase of healthy food options.

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00:55:51.150 --> 00:56:01.830

Villanova Webinar 1: My son bought a drone with his economic stimulus check so i'm wondering what your feelings are about you know how that might change.

316

00:56:03.240 --> 00:56:04.200

Villanova Webinar 1: eating behavior.

317

00:56:06.360 --> 00:56:15.810

Amelia Finaret, PhD.: Yeah that's a great question, so I think it really depends on sort of what people's income was before the the stimulus checks arrived.

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00:56:16.650 --> 00:56:29.010

Amelia Finaret, PhD.: because, depending on the income levels, people are going to be having different consumption patterns right, and so, but as we would see in our model if someone's income has increased by a stimulus check

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00:56:29.580 --> 00:56:38.340

Amelia Finaret, PhD.: then we would have an outward shift and outward parallel shift of our expenditure line and people could buy more fruits and veggies and more of other things.

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00:56:38.910 --> 00:56:50.520

Amelia Finaret, PhD.: Or, more target foods and more of other things and exactly how much more of each is really going to depend on the person and sort of where they were to begin with, with their own goals their own resources and their constraints.

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00:56:51.090 --> 00:57:00.900

Amelia Finaret, PhD.: But without knowing anything else about the person, then we could surmise that they would be increasing their consumption of fruits and veggies and of other things at the same time.

322

00:57:02.160 --> 00:57:20.370

Amelia Finaret, PhD.: Yeah so there's a question in the chat about analyzing the outcomes of nutrition counseling by dietitians. Yeah, I think that would be a really interesting area of research for for economists, maybe behavioral economists, to understand right what kinds of

323

00:57:21.960 --> 00:57:36.600

Amelia Finaret, PhD.: what kinds of interventions are going to help prevent those cognitive biases from interfering with our the choices that we know are better in the long run right because there's lots of different strategies and medical nutrition therapy for trying to counsel patients on these things.

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00:57:37.680 --> 00:57:45.900

Villanova Webinar 1: I think we unfortunately are running out of time, but this really does accentuate the importance of

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00:57:46.830 --> 00:57:56.070

Villanova Webinar 1: nutritionists nurses health professionals collaborating with economists in program planning I, I think.

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00:57:56.730 --> 00:58:14.460

Villanova Webinar 1: You know, tremendous inroads have been made through collaboration and I just see so much more potential going forward so I did want to thank Dr Masters and Dr Finaret for this engaging discussion. I almost want to

327

00:58:15.570 --> 00:58:24.450

Villanova Webinar 1: have a whole conference on this topic and bring together all groups. Before we

328

00:58:25.380 --> 00:58:34.740

Villanova Webinar 1: say goodbye for today, I did want to just remind everyone that if you want to receive your CE certificate just look for an email containing the link to an evaluation.

329

00:58:35.250 --> 00:58:54.900

Villanova Webinar 1: The email will be sent to the email address you used to register for the webinar. Try to complete the evaluation soon, because it will expire in three weeks and we will get the certificate out to you within five business days. Just an upcoming COPE webinar announcement, we will be

330

00:58:56.010 --> 00:59:06.900

Villanova Webinar 1: hosting Daniel Monti, who is a physician running the Marcus Institute for integrative health at Jefferson health and we will be learning a little bit more about how integrative health

331

00:59:07.470 --> 00:59:18.450

Villanova Webinar 1: can be incorporated into our practices to improve the health of our patients and clients. If you have not already become part of the CHAMPS study and you

332

00:59:19.230 --> 00:59:26.880

Villanova Webinar 1: have participated in some way in the care of if you are an essential worker or first responder or Service staff,

333

00:59:27.270 --> 00:59:32.610

Villanova Webinar 1: or healthcare professional who provided support for patients or continues to provide support for patients

334

00:59:33.450 --> 00:59:45.840

Villanova Webinar 1: Through the pandemic, we invite you to join and be a participant in the CHAMPS study by completing a brief 15 to 20 minutes survey. YOu can find out more information about that on our website.

335

00:59:46.710 --> 01:00:01.080

Villanova Webinar 1: We do offer an online catalog of webinars So if you missed a presentation and would like to retrieve it, you can go on our website and be able to take advantage of earning some CE credits

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01:00:02.100 --> 01:00:09.780

Villanova Webinar 1: after the fact. We have so much interest in this topic, I really hate to say goodbye

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01:00:10.530 --> 01:00:21.930

Villanova Webinar 1: But we definitely need to continue this conversation, so thank you to our wonderful presenters for today, we wish you both the best in your continued research and

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01:00:22.620 --> 01:00:40.740

Villanova Webinar 1: and teaching and we hope that our paths cross again. Thank you for our engaging audience and for all your input that you've given us today. We wish you all, good health in the coming year take care.

339

01:00:41.070 --> 01:00:43.350

William Masters, PhD.: Thank you so much, thanks so much everybody

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01:00:43.410 --> 01:00:45.930

Villanova Webinar 1: Okay Thank you everyone bye bye.