Hunger and Health

Understanding the difference between food insecurity and hunger and the role that it plays in the health of our community
Hunger and Health

Today's Objectives

- Understanding the difference between Food Insecurity and Hunger
- Root Causes of Poverty
- Strategies Clients Employ
- Impact Food Insecurity and Hunger Have on Health
- Actions and Solutions by Food Bank of Northern Nevada
- Q & A
What is Food Insecurity?

• The USDA defines food insecurity as a lack of consistent access to enough food for an active, healthy life.

• In 2017, an estimated 1 in 8 Americans were food insecure, equating to 40 million people, including more than 12 million children.

• In Nevada, our Food Insecurity numbers are slightly higher than the national average – 1 in 9 Nevadans are food insecure and 1 in 5 Nevada children are food insecure.
Ranges of Food Insecurity

- **High Food Security**: Households had no problems, or anxiety about, consistently accessing adequate food.

- **Marginal Food Security**: Households had problems or anxiety at times about accessing adequate food, but the quality, variety, and quantity of their food were not substantially reduced.

- **Low Food Security**: Households reduced the quality, variety, and desirability of their diets, but the quantity of food intake and normal eating patterns were not substantially disrupted.

- **Very Low Food Security**: At times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money or other resources for food.

Source: Adapted from the USDA Economic Research Service.
What is Hunger?

Webster's Dictionary defines hunger as:

hunger

noun

ˈhəŋ-gər

Definition of hunger

1a: a craving or urgent need for food or a specific nutrient

b: an uneasy sensation occasioned by the lack of food. “The small meal wasn't enough to satisfy his hunger.”

c: a weakened condition brought about by prolonged lack of food.
Food Insecurity vs. Hunger - Are they the same?

The simple answer is NO!

- **Food Insecurity** is a complex social problem. It does not exist in isolation, as low-income families are affected by multiple, overlapping issues like:
  - Affordable Housing
  - Social Isolation
  - Health Problems
  - Medical Costs
  - Low Wages

- **Hunger** is a complex state of being. Clients face various challenges to meet their basic needs, hunger being one of them.
Root Causes of Poverty

• Labor market issues
• Education
• Demographic Characteristics: Age and Family Structure
• Race
• Poverty-related Policies
• Cultural Factors

Food Insecurity and Hunger are **symptoms** of Poverty
### What does it take in this economy to meet your basic needs?

<table>
<thead>
<tr>
<th>Monthly Costs 2 adults and 2 children</th>
<th>Reno Metro Area</th>
<th>Las Vegas / Henderson Metro Area</th>
<th>Lyon County – rural county</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>$977</td>
<td>$973</td>
<td>$868</td>
</tr>
<tr>
<td>Food</td>
<td>$789</td>
<td>$777</td>
<td>$756</td>
</tr>
<tr>
<td>Child Care</td>
<td>$1348</td>
<td>$1342</td>
<td>$1210</td>
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<tr>
<td>Transportation</td>
<td>$1158</td>
<td>$1110</td>
<td>$1216</td>
</tr>
<tr>
<td>Health Care</td>
<td>$1051</td>
<td>$855</td>
<td>$1216</td>
</tr>
<tr>
<td>Other Necessities</td>
<td>$713</td>
<td>$706</td>
<td>$655</td>
</tr>
<tr>
<td>Taxes</td>
<td>$726</td>
<td>$660</td>
<td>$713</td>
</tr>
<tr>
<td>Monthly Total</td>
<td>$6761</td>
<td>$6422</td>
<td>$6696</td>
</tr>
<tr>
<td>Annual Total</td>
<td>$81,138 / $39.00/hour</td>
<td>$77,068 / $37.00/hour</td>
<td>$80,357 / $38.60/hour</td>
</tr>
<tr>
<td>Living Wage</td>
<td>$16.18/hour</td>
<td>$16.16/hour</td>
<td>$15.82/hour</td>
</tr>
<tr>
<td>Poverty Wage</td>
<td>$6.03/hour</td>
<td>$6.03/hour</td>
<td>$6.03/hour</td>
</tr>
<tr>
<td>Minimum Wage</td>
<td>$8.25/hour</td>
<td>$8.25/hour</td>
<td>$8.25/hour</td>
</tr>
</tbody>
</table>

This information provided by Family Budget Calculator and MIT Living Wage Calculator.
Health and Food Insecurity

• The cycle of food insecurity and chronic disease begins when an individual or family cannot afford enough nutritious food.

• The combination of stress and poor nutrition can make disease management even more challenging. Further, the time and money needed to respond to these worsening health crises drains the household budget, leaving little money for essential nutrition and medical care.

• This causes the cycle to continue. Many families experiencing food insecurity often have several, if not all, compounding factors which makes maintaining good health extremely difficult.

• Because of this cycle, we believe that Food Insecurity is a Public Health Issue
Families who experience food insecurity often face multiple hardships that make it even more challenging to maintain good health, this process is know as:

![A Conceptual Framework: Cycle of Food Insecurity & Chronic Disease](image)

Coping Strategies

When individuals and families find that they don’t have the resources to meet all of their needs, they identify coping strategies that they believe will help them. These coping strategies may include:

- Receiving help from friends
- Watering down food or drinks
- Purchasing inexpensive, unhealthy food
- Selling or pawning personal property
- Growing food in a garden

Food insecurity is a high stress condition for a person or household. When people do not know where their next meal is going to come from, finding that next meal often becomes their central focus and can take priority over things that are less immediately urgent but still important for one’s health (such as refilling medications, making doctor appointments, and addressing with insurance issues).
The Healthcare Costs of Food Insecurity

Among food insecure households, reduced access to nutritious foods increases the risk for poor health and chronic diseases, like diabetes and hypertension.

Food insecurity increases stress and the risk of poorer mental health, affecting people’s capacity to manage their overall health.

Food insecurity can cause people to skip or delay medication refills and clinic visits – complicating disease self-management and continuing the cycle of poor health.

In 2016, approximately $52.9 billion in healthcare costs were associated with food insecurity among American adults and children.
Impact - What This Means for Us

- In Nevada, the number of food insecure adults is **263,100**
- Annual healthcare costs for food insecure adults are on average **$1,834 higher than for food secure adults**
- In Nevada, our added healthcare cost is higher than the national average by an additional **$183/food insecure person, or $518,266 annually.**
- If we reduce the food insecurity rate by just 1%, we can reduce the added the healthcare costs in Nevada by **$41,879 dollars annually.**

The Healthcare Costs of Food Insecurity – Feeding America Research
Immediate Hunger Relief Strategies Employed by the Food Bank of Northern Nevada

<table>
<thead>
<tr>
<th>Partner Agencies</th>
<th>Underserved Demographics</th>
<th>Underserved Geographies</th>
</tr>
</thead>
</table>
| The core food distribution strategy of most food banks – to distribute food to partner food pantries, soup kitchens, congregate meal sites, etc., which then provide the food to clients. | **Children:**  
  - Summer Meals (SFSP)  
  - Kids Cafe after-school meals  
  - Back-Pack  
  - School Pantries  
  **Seniors:**  
  - Commodities (CSFP) and produce delivery | **Urban food deserts:**  
  - Mobile Pantries  
  **Rural food deserts:**  
  - Mobile Pantries  
  - Commodities (CSFP)  
  - Summer Food  
  - Back-Pack |
Longer-Term Hunger Relief Strategies Employed by the Food Bank of Northern Nevada

Hunger Relief through Outreach & Advocacy

<table>
<thead>
<tr>
<th>Outreach</th>
<th>Advocacy</th>
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<tbody>
<tr>
<td>• SNAP/food stamp application assistance, combined with Medicaid, WIC, energy assistance and other benefit programs</td>
<td>• Farm Bill</td>
</tr>
<tr>
<td></td>
<td>• SNAP</td>
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<td></td>
<td>• Child Nutrition Re-authorization</td>
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</table>
Long-Term Sustainable Solutions Employed by the Food Bank of Northern Nevada

Hunger Relief through Building Self-Sufficiency and Community Sustainability

<table>
<thead>
<tr>
<th>Nutrition Education</th>
<th>Ending Hunger Strategies</th>
<th>Food Systems Development</th>
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<tbody>
<tr>
<td>• Basic nutrition &amp; physical activity</td>
<td>• <em>Family Stability Project</em></td>
<td>Community-Based Projects with Partners:</td>
</tr>
<tr>
<td>• Maximizing nutrition on a limited budget</td>
<td>• <em>Prescription Pantry project</em></td>
<td>• EBT at Farmers’ Markets</td>
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<tr>
<td></td>
<td></td>
<td>• School &amp; Community Gardens</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Food Policy Councils/Enhancements</td>
</tr>
</tbody>
</table>
Prescription Pantry Project

PRESCRIPTION PANTRY
In July 2017, the Food Bank of Northern Nevada launched the Prescription Pantry program with funding from a two-year Fund for a Healthy Nevada grant award from the State of Nevada. This innovative project brings together the Food Bank of Northern Nevada with six of its partner agencies and four local healthcare providers in Washoe County to reduce food insecurity and improve patient health through prescriptions for healthier foods.

<table>
<thead>
<tr>
<th>Prescription Pantries</th>
<th>Healthcare Partners</th>
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<tbody>
<tr>
<td>• Center of Influence</td>
<td>• Care Chest</td>
</tr>
<tr>
<td>• Community Health Alliance</td>
<td>• Community Health Alliance</td>
</tr>
<tr>
<td>• Sparks Seventh Day Adventist Church</td>
<td>• Northern Nevada HOPES</td>
</tr>
<tr>
<td>• St. Francis of Assisi Food Pantry</td>
<td>• Renown Health</td>
</tr>
<tr>
<td>• St. Vincent’s Food Pantry (open Saturdays)</td>
<td></td>
</tr>
<tr>
<td>• The Community Food Pantry (open Saturdays)</td>
<td></td>
</tr>
</tbody>
</table>
Exciting Results...

- 3484 prescriptions redeemed, benefiting 9,354 people.
- Community Health Alliance tracked the A1C rates of a select group of patients who used the prescription food pantries at least four times a year. The results show that 63% of those patients saw a controlled or declining A1C rate.
- 67% of clients reports that they were able to skip fewer meals because of the food they received through this project.
- Over 2.2 million meals were provided – consisting of fresh fruits and vegetables, healthy whole grains, lean proteins, low-fat dairy and healthy, staple items.
- Among the 45,346 instances of service provided: 33,368 people connected to federal commodities; 361 households connected to SNAP benefits; 57 people connected to Medicaid; and 16 people connected to energy assistance.
What Questions Do You Have?

Thank you!

Jenny Yeager
Director of Programs and Community Engagement
jyeager@fbnn.org
775-331-3663 ext. 108