

Food Security Overview



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Introduction

The following report is an exploration of a narrow field within the broad context of health and human services work. It is not an exhaustive treatment of all effective programs or approaches within the field, but rather a narrow investigation of a topic of interest.

The subject matter of this paper does not necessarily represent an area of financial investment, grant funding, or other programmatic pursuit for United Way of Olmsted County. Rather, this report reflects on a specific type of intervention that allows individuals to reach their full potential, and presents related research.

There may be a wide variety of programs or services that address individual and community needs, and this report is not designed to enumerate all possibilities. United Way of Olmsted County hopes that readers will think creatively about the ways in which the ideas and experiences contained within the report might inform programs, services, and community changes in Olmsted County.

What is it?

Food insecurity is often referred to as *hunger*. It is defined by the federal government as 'limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways'. Food insecurity can take many forms including worry that food will run out, purchased food will not last, meal sizes are cut or a meal is skipped, family members eat less than they should or the family cannot afford a balanced meal. (Anderson, 1990)

Why are we talking about food insecurity in 21st Century America?

Poverty and income are deeply linked to food insecurity: about 66% of households utilizing food shelves have monthly incomes of less than \$1,000, and only 38% report a salary as being their main source of income (Chase & Schauben, 2006). About 596,000 people in MN live in poverty (US Census Bureau, 2015b), with nearly the same number (568,000) estimated to be food insecure (Gundersen, Dewey, Crumbaugh, & Engelhard, 2017).

Food insecurity disproportionately affects children and households with children. In Minnesota, only 31% of households overall have children, compared to the 42% of households receiving SNAP benefits (formerly referred to as food stamps) (US Census Bureau, 2015a). Locally, although food insecurity rates have steadily decreased, an estimated 1 in 5 children in

Olmsted County remain food insecure. This translates to 12,880 individuals in Olmsted County who are food insecure and 4,560 children in Olmsted County who do not have consistent access to food (Gundersen et al., 2017).

Food insecurity has real physical effects: of Minnesota food shelf users, 47% of adults and 14% of children skip meals to stretch their budgets (Chase & Schauben, 2006). In our state, \$1.6 billion are spent to combat the effects of hunger in the areas of healthcare, hospitalization, medication, education and other costs, including lost productivity at work and in school (Hunger-Free Minnesota, 2010).

Many people with food insecurity are not eligible or do not participate in federal nutrition programs. In other cases, the programs do not fully meet the needs of participants. Food assistance programs strive to meet the unmet need.

How Food Insecurity Affects Us

Having enough healthy food is critical to many areas of a person's life including health, learning to parent, employment and mental health. Adults that are food insecure have an increased risk for diet-sensitive chronic diseases such as hypertension, high blood pressure, and diabetes (Seligman, Laraia, & Kushel, 2010). Food insecurity is also correlated to negative mental health outcomes such as depression, anxiety, and substance abuse (Jones, 2017). Somewhat paradoxically, those who suffer from food insecurity may disproportionately suffer from obesity, possibly due to restricted access to low-calorie and high-fiber foods which tend to be more expensive than refined and processed food (Franklin et al., 2012).

Hunger and undernutrition have a significant impact on child development. Maternal undernutrition during pregnancy increases the risk of negative birth outcomes, including premature birth, low birth weight, smaller head size and lower brain weight (Gala, Godhia, & Nandanwar, 2016). A child that faces food insecurity during the first three years of life – a period of rapid brain development – faces increased chances of suffering from depression, anxiety, and hyperactivity (Melchoir et al., 2012). Prolonged or severe food insecurity during childhood is associated with poor school and social development (Compton & Shim, 2015); increased odds of a mental or substance disorder (McLaughlin et al., 2012); and a hindered ability to maintain friendships, control one's temper, and express sympathy (Howard, 2011).

In short, food-insecure adults are subject to significantly worsened physical and mental health risks, and face barriers to employment success, parenting

success, and financial success. Hungry children are sick more often, and more likely to have to be hospitalized; hungry children suffer growth impairment that precludes their reaching their full physical potential; and hungry children incur developmental impairments that limit their physical, intellectual and emotional development. Children facing hunger may struggle in school — and beyond. They are more likely to repeat a grade in elementary school, experience developmental impairments in areas like language and motor skills, and have more social and behavioral problems. Due to the relationship between food insecurity, delayed and impaired cognitive development, and physical health challenges that lead to poor school attendance, food provision can be a meaningful lever in improving children’s academic, health, and economic outcomes.

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