



FOOD BANK
OF NORTHERN NEVADA

Food Insecurity and Hunger in Nevada

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FBNN.ORG

775-331-3663



Who Are We?

- The Food Bank of Northern Nevada
 - 27 years in business
 - Food support system for 115 partner agencies distributing ~7 million # - all N. NV counties
 - Direct service programs/high-risk populations
 - More than 118,000 people in FY 2008-09
 - 2/3 under 18 or over 65
 - Only organization advocating on Hunger and Food insecurity

Food Security Definitions

- **Food Secure** – no/minimal signs of food insecurity – enough food
- **Food Insecure without Hunger** – concern, diet adjustments, reduced diet quality
- **Food Insecure with Moderate Hunger** – adult intake reduced with repeatedly missed meals (low FS)
- **Food Insecure with Severe Hunger** – adult and children intake reduced; children have experienced hunger (very low FS)

And in Nevada

- ***~320,000 people are food insecure (12.4% of population – up 2% over previous two year period)***
- ***~118,000 people (4.6% of Nevada's population) are food insecure with moderate or severe hunger.***
- ***NV ranks 18th in food insecurity and very low food insecurity***

The Federal Poverty Threshold

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	<u>1990</u>	<u>2003</u>	<u>2008</u>
1 person household	\$6,652	\$8,980	\$10,400
2 person household	\$8,509	\$12,120	\$14,000
3 person household (1 adult; 2 children)	\$10,419	\$15,260	\$17,600
4 person household (2 adults; 2 children)	\$13,359	\$18,400	\$21,200

“Above” Poverty Threshold is Unrealistic in Defining Economic Security

- While the Federal Poverty Threshold for a family with two adults and two children in 2004 was \$20,650, the Economic Policy Institute calculates that a more realistic “Basic Family Budget” in Nevada – for food (cooked at home), shelter, clothing, childcare, healthcare, taxes and basic transportation – was more than twice that amount – \$46,371.

Family Size	2007 Poverty Threshold		2007 Basic Family Budget *
	100%	130%	(works out to 240%+)
2 – one parent, one child	\$13,690	\$17,797	\$34,776
3 – one parent, two children	\$17,170	\$22,321	\$41,116
4 – two parents, two children	\$20,650	\$26,845	\$46,371

*Economic Policy Institute, calculated for Reno area

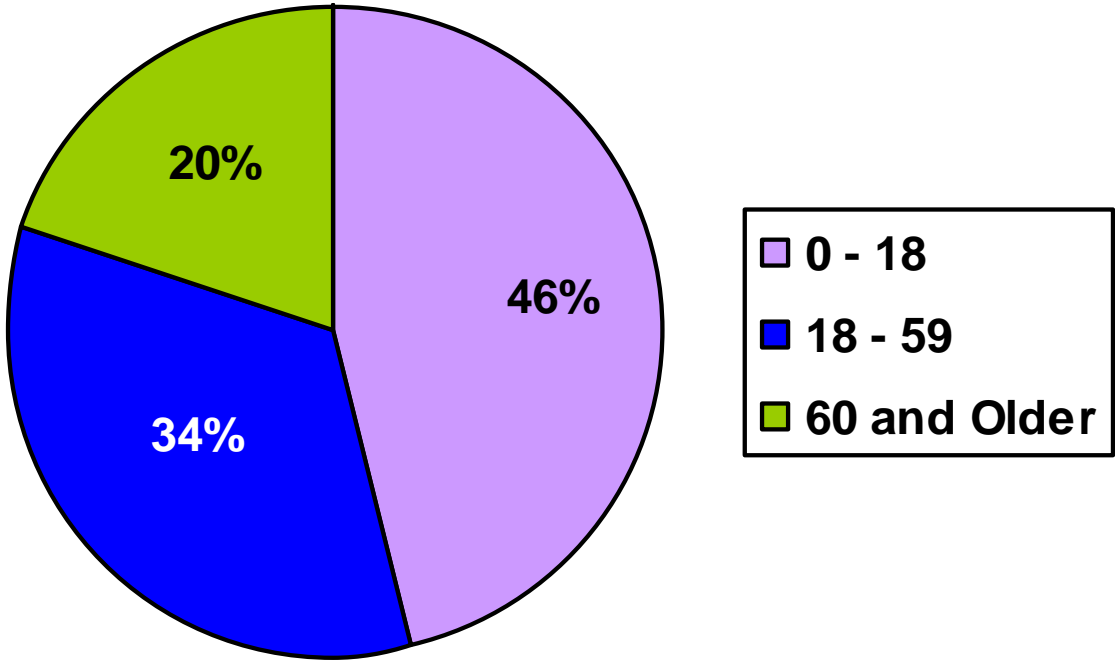


Above Poverty is *not* the same as “Food Secure”

“Food security—access by all people at all times to enough food for an active, healthy life—is one requirement for a healthy, well-nourished population.” - USDA

General categories (old and new labels are the same)	Detailed categories		
	Old label	New label	Description of conditions in the household
Food security	Food security	High food security	No reported indications of food-access problems or limitations
		Marginal food security	One or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake
Food insecurity	Food insecurity without hunger	Low food security	Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake
	Food insecurity with hunger	Very low food security	Reports of multiple indications of disrupted eating patterns and reduced food intake

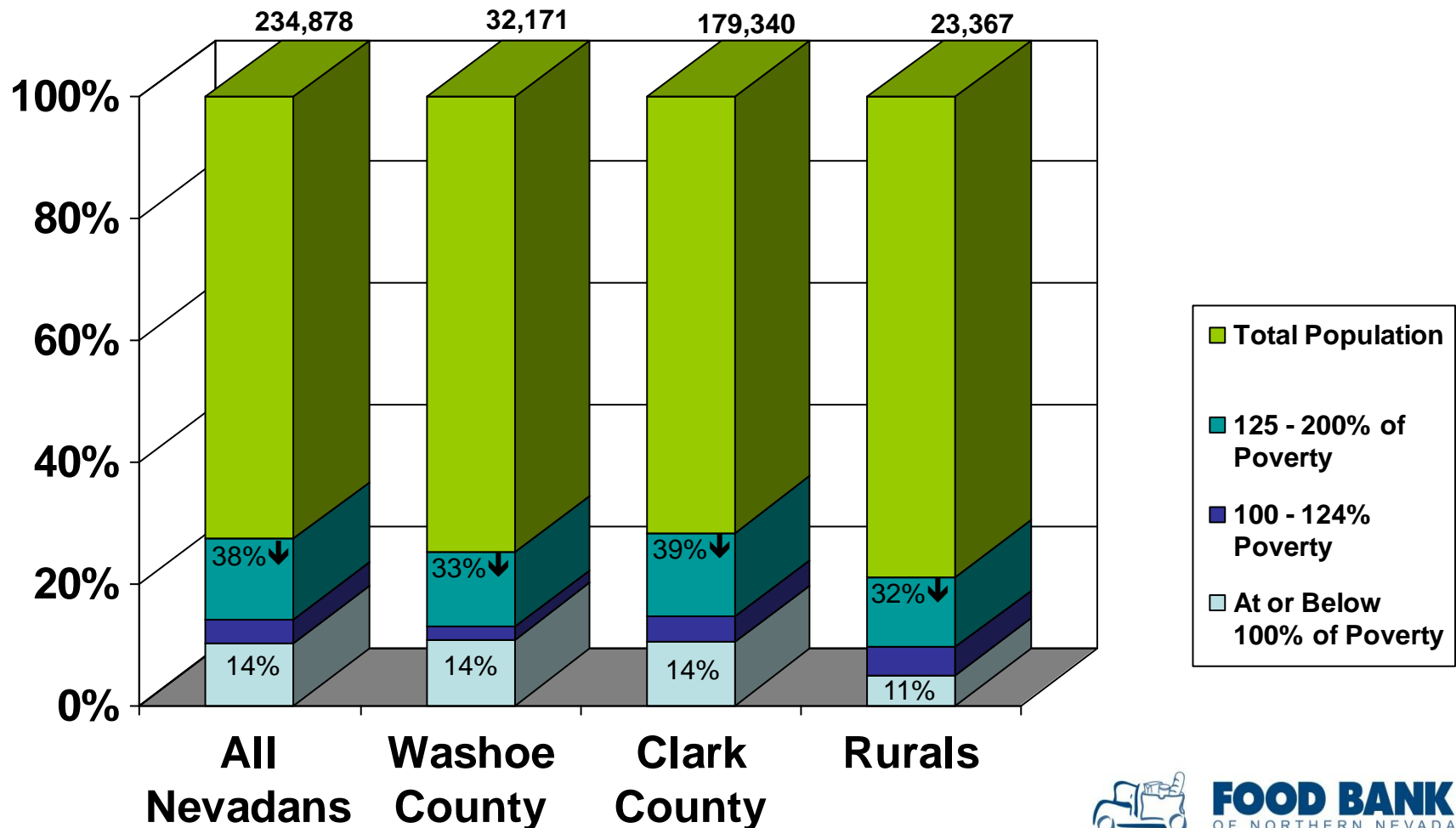
66% of Food Bank Clients are Children or Seniors



Key FBNN Hunger Study Finding: Children are the Most Vulnerable to Hunger

- 37% of emergency food recipients are children under the age of 18
- 5.4% of client households with children report that their children skipped meals due to lack of food and money in the previous 12 months
- In client households with children, 76% of children are food insecure
- In 30% of client households with children, either a parent, a child or both experience hunger

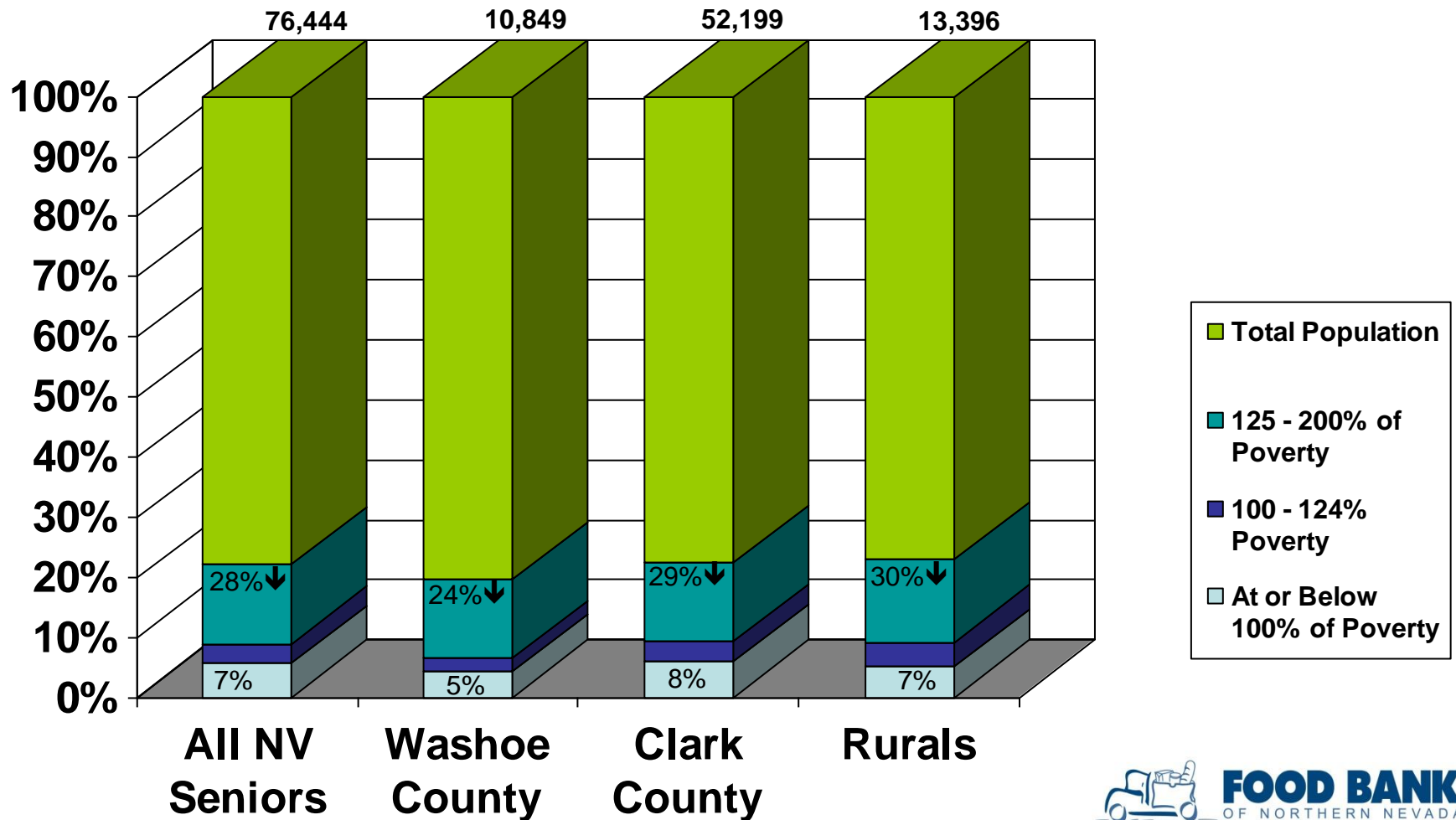
More than 1/3 of our children live in households without a living wage



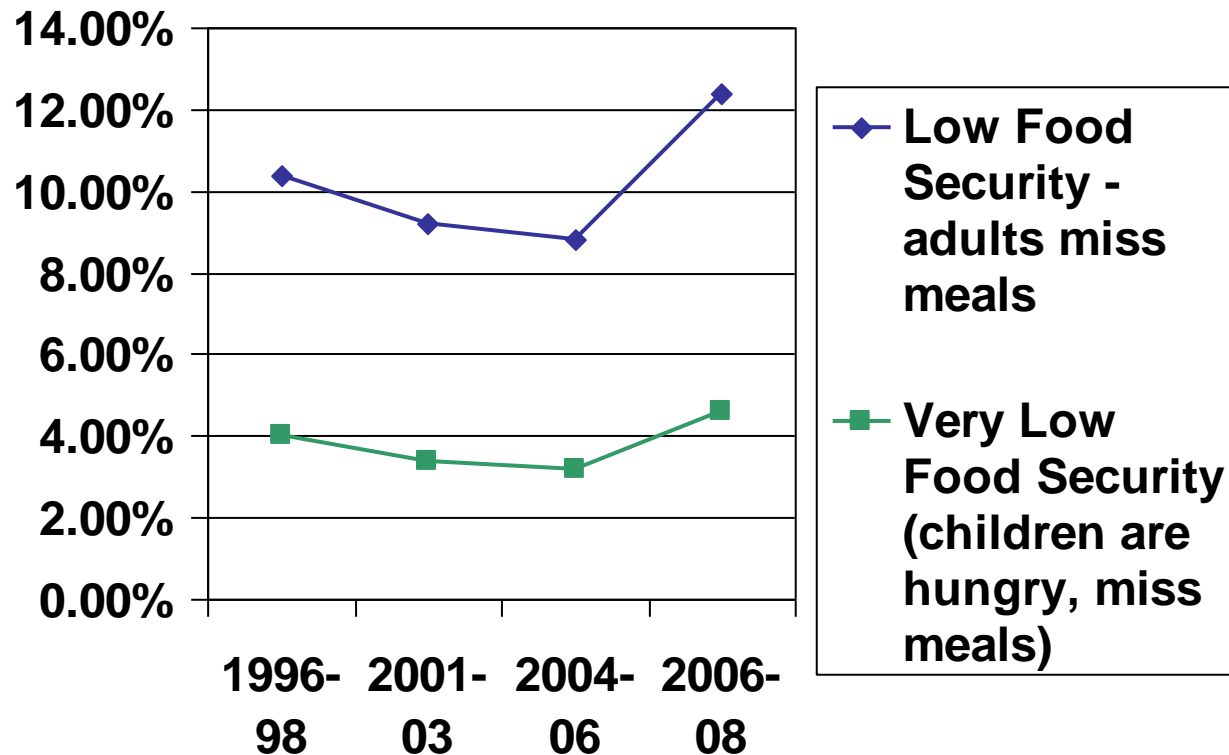
Key FBNN Hunger Study Finding: Seniors Experience Hunger in Significant Numbers

- 20% of all emergency food recipients are seniors age 65 and over. However, among clients who visit emergency food program sites, 58% are over age 50, and 35% are over age 65
- 34% of client households report Social Security is their main source of income. (The average income in Nevada from Social Security is about \$900 per month.)
- 45% of seniors report being food insecure

More than one in four seniors lives below 200% of Poverty, 2006



The Food Insecurity rate in Nevada has Risen in Recent Years...



Key Hunger 2006 Study Finding: Federal Nutrition Programs are Underutilized

FOOD STAMPS/ SNAP

- 32% of client households receive food stamp benefits; however, 81% are eligible
- Child Nutrition programs
 - School breakfast
 - Afterschool meals
 - Summer meals
 - WIC
- Leaving more than \$200 million on the table in federal nutrition benefits of all kinds
- Nevada is consistently 49th or so of all the states in *lack of* participation

Recommendations: Address Root Causes of Hunger

- Support Wages, Work and Education
 - Increase minimum wage, jobs with sustainable wages
 - EITC & child tax credits
 - Welfare to work transitions
- Build Affordable Communities
 - Affordable and subsidized housing
 - Access to nutritious food
 - Low-Income Housing Trust Fund
- Strengthen Government Safety Net Programs
 - Financial supports
 - Basic health care coverage
 - Child support for families
 - Outreach for child care assistance

Key Concern: Hunger and Public Health

- Food Insecurity and Hunger in Children
 - Affects development – possible permanent impairment
 - Impaired health status, less ability to resist illness
 - Increased risks of stunting, inadequate cognitive stimulation, iodine deficiency, iron deficiency anemia
 - Learning and behavior challenges, inability to concentrate
 - Childhood obesity – inadequate \$ leads to poor food choices, which lead to early onset type II diabetes and related poor health consequences

Key Concern: Hunger and Food Insecurity in Adults/Seniors

- Hunger/obesity paradox – leading to
 - Type II diabetes
 - Hypertension/Stroke
 - Heart disease
 - Various cancers exacerbated by high fat/poor nutrient diet
 - To what other health risks does poor nutrition contribute?
 - Hunger and food insecurity are threads that run through much of the work done today in public health
 - If they need your services, they probably need more food or better nutrition as well – do we ask that question?

Food insecurity is now a topic of discussion in JAMA, American Journal of Public Health, and the Journal of Nutrition

How can we address this problem together?