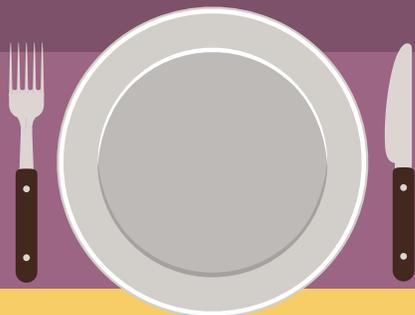


PLACE MATTERS

The Arizona Partnership for Healthy Communities "Place Matters" series identifies how factors outside of health care impact health, identifies successful evidence-based practices for improving health outcomes, and demonstrates evidence of cost savings in healthy communities work. This piece in the series examines the connections between food access and health.



The USDA estimates that 12.7% of American households were food insecure at least some time in October 2015-October 2016.

Nearly 1 in 4 of Arizona's children is food insecure, meaning they lack constant, dependable access to nutritious food.



\$174B



The total estimated costs attributable to food insecurity in the U.S. in 2014 was \$174 Billion dollars including direct costs and lost wages due to illness.

Low-income census tracts have half as many supermarkets as wealthy tracts.

QUALITY OF LIFE



Emergency room visits for low blood sugar increased to 27% at the end of the month for low-income patients in one study, suggesting that patients with diabetes were running out of food.

Approximately 17.3 million people, or 5.6% of the U.S. population, live further than 1 mile (for urban areas) or 20 miles (for rural areas) from a supermarket.



More than 15% of Arizonans experience food insecurity, which is enough people to fill Chase Field about 22.5 times.



ARIZONA PARTNERSHIP FOR
HEALTHY COMMUNITIES

PLACE MATTERS: ACCESS TO FOOD AND HEALTH

The Arizona Partnership for Healthy Communities 'Place Matters' series identifies how factors outside of medical care impact health, identifies successful evidence-based practices for improving health outcomes, and demonstrates evidence of cost savings in healthy communities work. This piece in the series examines the connections between food access and health.

Our health is inextricably tied to where we live. **Having access to healthy, affordable, and culturally appropriate food helps people live healthier lives** and improves overall quality of life for Arizonans.

A healthy food environment for Arizona would ensure that all residents live in communities where nutritious and culturally appropriate food options are nearby and available at affordable prices. When neighborhoods have healthy food available within a short distance, community members are better able to purchase, transport, and prepare healthy foods. When healthy food is affordable, it allows families to more easily make healthy meal choices, which leads to better health outcomes.

In Arizona, two main problems – food insecurity and communities with inadequate food retail options- contribute to lack of food access. More than 1 in 10 Arizonans is food insecure, meaning they lack constant, dependable access to enough food for healthy living. In addition, this problem is exacerbated by the fact that many of the communities facing food insecurity are in areas that lack easy access to grocery stores, farmers markets, and other places they might be able to purchase healthy food.

For the purposes of this document, the Arizona Partnership for Healthy Communities will not be using the term “food desert” to describe communities that have low supermarket access. Although the term “food desert” is recognized and used by the United States Department of Agriculture, research has found that there is a negative connotation associated with the term, particularly among community members who reside in areas with low supermarket access.

FOOD INSECURITY

Food insecurity greatly affects physical and mental well-being. Being food insecure can require that someone spends a large amount of time acquiring food and may cause stress that distracts from work, school, or other places of commitment for children and adults.

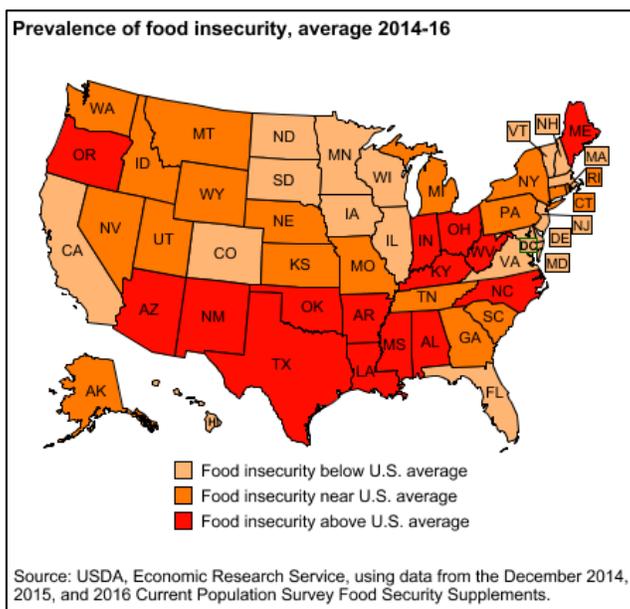
Arizona has higher rates of food insecurity than the national average, especially among children

More than a million Arizonans experience food insecurity, meaning they lack constant, dependable access to food. Food insecurity affects 24% of Arizona children, making it the fifth-highest children's food insecurity rate in the country. From 2014-2016, 15.8% of Arizona's families experienced food insecurity on average.¹ Of the 15.8%, 5.8% of Arizona's households experienced very low food security, meaning while they were not food insecure, they did not have reliable access to or a sufficient quantity of healthy, nutritious food.² Nationally, food insecurity affects 13% of American households and very low food security affects 5.2% of households, making the prevalence of food insecurity in Arizona higher than the national average.

Food insecurity can cause serious health problems and is associated with chronic health problems in adults, including: diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues, including major depression.

People with low incomes are more likely to be food insecure

Where someone lives is correlated with their income and impacts what types of food is available in that area. Many low-income neighborhoods have low supermarket access. Therefore, people with lower incomes often are presented with primarily unhealthy



¹ Feeding America. *Food Insecurity in Arizona*. Retrieved from <http://map.feedingamerica.org/county/2015/overall/arizona>.

² Coleman-Jensen, A., Rabbitt, M.P., Gregory, C.A., Singh, A. (2017, September). United States Department of Agriculture. *Household Food Security in the United States in 2016*. Retrieved from <https://www.ers.usda.gov/webdocs/publications/84973/err-237.pdf?v=42979>.

choices as the only or most accessible food options. A recent multi-state study found that low-income census tracts had half as many supermarkets as wealthy tracts.³

While low-income families can apply for Supplemental Nutrition Assistance Program (often referred to as “SNAP” or food stamps), the maximum amount of SNAP benefits per month for an average family of four is \$640.⁴ However, according to the U.S. Department of Agriculture, which publishes a monthly grocery store food cost list, food costs for typical families of four range from \$644.50 to upwards of \$1,285.10 for the highest bracket.⁵ This means that even when families who receive the maximum amount in SNAP benefits per month and make economical choices, they will need to seek additional sources outside of SNAP to ensure they do not run out of food before the end of the month.

Food insecurity rates are higher among vulnerable and minority populations

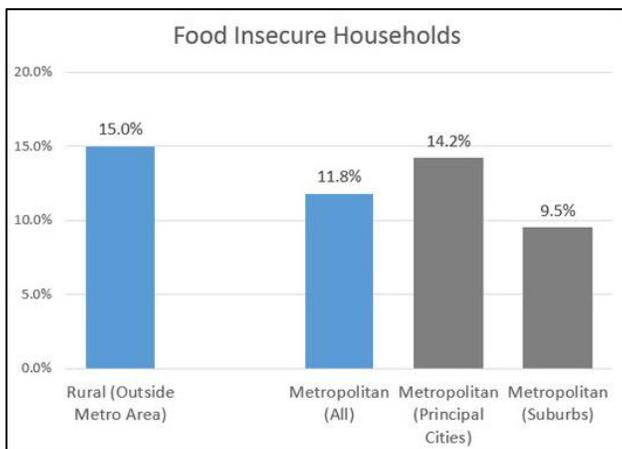
Rates of food insecurity were substantially higher than the national average for households with incomes near or below the Federal poverty line, single-parent households, single-person households, and Black- and Hispanic-headed households, for households in cities and rural areas.⁶ This further exacerbates the health inequities already faced by these communities.

LACK OF FOOD ACCESS AFFECTS HEALTH

Access to healthy, nutritious, and culturally appropriate food leads to better physical and mental health and improves the wellbeing and quality of life for individuals and families.

Many of the communities facing food insecurity are also in communities with inadequate food retail options

Communities with low food access are defined by the USDA as “parts of the country void of fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas.” Food deserts are often short on whole food providers, such as grocery stores, farmers’ markets, community gardens, co-ops, and other healthy food providers. Living in an area with low supermarket access greatly impacts the types of food available and usually limits those in these communities to make unhealthy choices. Many times the only options in food deserts are fast food restaurants and small markets or convenience stores that sell processed foods that do not provide consumers the ability to successfully build a well-rounded, nutritious diet.



Source: [Household Food Security in the United States in 2016](#), page 14

Rural residents are more affected by food insecurity

The Food Trust analysis found there are 418 rural “food desert” counties across America, where all residents live more than 10 miles from a supermarket or supercenter— this is 20 percent of rural counties in the country.⁷ Many rural areas lack a population base large enough to support a grocery store that carries a variety of affordable and healthy food. As a result, rural families with only convenience or small stores to choose from experience higher prices and lower selection and quality of foods than those shopping in larger supermarkets.⁸

In Arizona, rural areas have limited transit options and often lack public transportation altogether, making it even more difficult for individuals to access food and services outside a food desert.

Low food access is more frequent in low income areas that also lack transportation options

Area-based measures show that 23.5 million people in the U.S. live in low-income areas that are more than one mile from a supermarket or large grocery store. Over 70 percent of SNAP-eligible households travel more than 30 miles to reach a supermarket.⁹ Exacerbating the problem, residents in lower-income neighborhoods are also less likely to have reliable access to a vehicle to reach supermarkets with healthy and affordable foods. This means they would need to rely on public transportation or more expensive private options such as taxis or ride sharing to access a supermarket. Using public transportation, which may or may not be present in rural communities, also presents challenges. Residents may also not be able to purchase all the groceries they need because they have to carry them back home and the summer heat in much of Arizona is a significant obstacle.

³ The Food Trust & Policy Link (2010). *The Grocery Gap; Who Has Access to Health Food and Why It Matters*. Retrieved from http://thefoodtrust.org/uploads/media_items/grocerygap.original.pdf

⁴ Disability Benefits 101 (2018, February 14). Nutritional Assistance: The Details. Retrieved from https://az.db101.org/az/programs/income_support/food_support/program2.htm

⁵ United State Department of Agriculture. (2018, January). Official USDA Food Plans: Cost of Food at Home at Four Levels, U.S. Average, January 2018. Retrieved from <https://www.cnpp.usda.gov/sites/default/files/CostofFoodJan2018.pdf>

⁶ U.S. Department of Agriculture. Food Security Status of U.S. Households in 2016. Retrieved from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/keystatistics-graphics.aspx#map>

⁷ Ibid.

⁸ Rural Health Information Hub. (n.d.) Rural Hunger and Access to Healthy Food. Retrieved from <https://www.ruralhealthinfo.org/topics/food-and-hunger>

⁹ The Food Trust & Policy Link. (2010). *The Grocery Gap; Who Has Access to Health Food and Why It Matters*. Retrieved from http://thefoodtrust.org/uploads/media_items/grocerygap.original.pdf

Populations already experiencing health inequities also tend to live in areas with less supermarket access

The study conducted by The Food Trust and Policy Link found that nationally, eight percent of African Americans live in a tract with a supermarket, compared to 31 percent of whites. Additionally, produce quality is lower in low-income communities of color compared to more affluent or racially mixed neighborhoods. Finally, there tends to be an over-saturation of liquor and convenience stores in low-income neighborhoods.

LACK OF FOOD ACCESS COMES WITH HIGH HEALTH RISKS AND COSTS

A lack of resources and access to healthy and affordable foods can result in expensive hospital admissions that would otherwise be preventable.

Lack of food access can negatively affect people who suffer from chronic illnesses

In *The Wall Street Journal*, Dr. Drew Harris from Thomas Jefferson University's College of Population Health notes one study which found that "emergency room visits for treatment of low blood sugar went up to 27% at the end of the month, but only among low-income patients, suggesting that patients with diabetes were running out of food by the end of the month."¹⁰

Access to healthy food can reduce the amount of the population that is overweight and helps prevent chronic illnesses associated with being obese

A multi-state study found that people with access to supermarkets and grocery stores have the lowest rates of obesity and overweight and those without access to supermarkets have the highest rates.¹¹

Lack of food access can also impact mental health

Additionally, the Food Research and Action Center writes that members of low-income families, including children, may face high levels of stress and poor mental health (e.g. anxiety, depression) due to the financial and emotional pressures of food insecurity. Stress and poor mental health may lead to weight gain through stress-induced hormonal and metabolic changes, as well as unhealthy eating behaviors and physical inactivity.

The United States spends billions of dollars every year because of the health impacts of food insecurity

The total estimated costs attributable to food insecurity in the United States in 2014 was nearly \$174 billion dollars, including direct costs and lost wages due to illness.¹² Further, the Food Research and Action Center states that it is important to note that the many vulnerable populations that are affected by lack of health food access, including minority and low-income individuals, are uninsured and lack access to basic health care which means that if they do suffer from a chronic disease from food insecurity, they might not be able to receive proper treatment.

Access to healthy food and SNAP program participation can reduce the amount of money allocated to the length of hospital stays and hospital readmissions as well as assisted living expenses for elderly adults

New research shows that seniors who participate in the SNAP program are much less likely to be admitted to nursing homes and hospitals, demonstrating the power of investing in social services to reduce health care costs and improve health outcomes. A 2014 report from Feeding America and the National Foundation to End Senior Hunger states that food insecure seniors are 52 percent more likely to have asthma, 53 percent more likely to have heart attacks, and 43 percent more likely to have congestive heart failure. Yet, nationally only 42 percent of eligible older adults are enrolled in SNAP.¹³

¹⁰ Harris, D. (2016, October 21). *The Wall Street Journal*. "When Adequate Food is What the Doctor Prescribes." Retrieved from <https://blogs.wsj.com/experts/2016/10/21/when-adequate-food-is-what-the-doctor-prescribes/>

¹¹ The Food Trust & Policy Link. (2010). *The Grocery Gap; Who Has Access to Health Food and Why It Matters*. Retrieved from http://thefoodtrust.org/uploads/media_items/grocerygap.original.pdf

¹² Cook, J.T., Poblacion, A.P. (n.d.). Bread for the World Institute. *Estimating the Health-Related Costs of Food Insecurity and Hunger*. Retrieved from http://www.bread.org/sites/default/files/downloads/cost_of_hunger_study.pdf.

¹³ Adler, D., Zielinskie, G. (2018, February 1). Robert Wood Johnson Foundation. *How SNAP Benefits Seniors-and Health Care's Bottom Line*. Retrieved from <https://www.rwjf.org/en/culture-of-health/2018/01/how-snap-benefits-seniors-and-health-cares-bottom-line.html>

SOLUTIONS FOR IMPROVING FOOD ACCESS

Investing in increasing access to healthy food is a health care investment that reduces public spending on health care and increases economic development in Arizona communities.

Our goal is for all Arizonans to be food secure, which means that they have consistent access to high quality, healthy food that is affordable; that they have quality transportation options to access healthy food; and that the food offered is appropriate for their cultures. The Arizona Partnership for Healthy Communities recommends the following solutions for improving food access:

- 1. Increase access to healthy foods. Potential ways to increase access to healthy foods in local communities:**
 - Adopt local policies and practices that promote healthy food financing initiatives, food co-ops, and farmers' markets. Particularly, promote these options for those using the Supplemental Nutrition Assistance Program (SNAP) or other nutrition assistance programs. In 2015, \$19.4 million in SNAP benefits were spent at farmers markets.¹⁴
 - Promote local fruit and vegetable incentive programs such as [Double-Up Food Bucks Arizona](#) that allows someone who uses their SNAP Quest Card/EBT Care at participating farmers markets to match every dollar they spend with an extra dollar to use for Arizona-grown fruits and vegetables, up to \$20 per day.
 - Provide technical advice to store owners and managers on how to best display and market whole foods. In Arizona, the International Rescue Committee (IRC) proposed connecting local demand for fresh and culturally appropriate foods to local refugee farmers' supply through neighborhood corner store development. IRC representatives have nurtured corner store owners, financed and placed refrigeration units, assessed local residents' desires for culturally appropriate fresh foods, and sourced production of those foods through its recently settled refugee farmers.¹⁵
- 2. Promote economic growth and opportunity for vulnerable populations in order to further break down barriers that cause food insecurity. Potential ways to increase food security include:**
 - Invest in small, locally-owned businesses which create 90% of new job growth in the United States. Providing self-sufficiency in access tends to create more equitable outcomes. The Arizona Small Business Administration states that in 2013, small businesses provided 45% of the Arizona workforce.¹⁶ By supporting small business that expands the number of Arizonans that are employed, this can help reduce economic barriers to healthy foods.
 - Prioritize culturally competent equity that brings more people to the table and provides more food access to vulnerable populations. According to Diane Goodman, "Culturally competent equity is the ability to live and work effectively in culturally diverse environments and enact a commitment to fairness and to the full participation of all members."¹⁷ This means taking into consideration the diversity of their social, cultural, and linguistic backgrounds and beliefs and provides more opportunity for meaningful public participation. Research shows that those most affected by food insecurity and food deserts are those who belong to minority and low-income populations. Encouraging civic participation in this way will make sure that these populations are involved in the policy and planning conversations regarding healthy food access.
- 3. Implement policy changes at the local, state, and federal levels. Potential ways to do this include:**
 - Enact [transportation and land use policies that increase food access](#) such as these policy suggestions from the American Planning Association.
 - Support provisions of The Affordable Care Act that have provided opportunities for the healthcare system to engage with and contribute to viable solutions to food insecurity and hunger and reduce the barriers to this assistance.
 - Support local, regional, and statewide Food Policy Councils that consist of representatives and stakeholders of various sectors of the food system that will create strategy and create arenas for creating change in the food system. One example would be the [Maricopa Country Food System Coalition or the statewide Arizona Food Systems Network](#).
 - Encourage opportunities for emergency food providers (e.g. hunger and meal assistance non-profits, charities, and food banks) to partner with private businesses and corporations to reduce waste of perishable inventory.



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¹⁴ Farmers Market Coalition, Supplemental Nutrition Assistance Program (SNAP). Retrieved from <https://farmersmarketcoalition.org/advocacy/snap/>

¹⁵ Vitalyst Health Foundation. (n.d.). *Case in Point: Healthy Corner Stores Project*. Retrieved from <http://vitalysthealth.org/case-in-point-healthy-corner-stores-project/>

¹⁶ U.S. Small Business Administration Office of Advocacy. (n.d.). Small Business Profile, Arizona. Retrieved from <https://www.sba.gov/sites/default/files/advocacy/Arizona.pdf>

¹⁷ Diane Goodman. *Cultural Competency for Equity and Inclusion*. Retrieved from <http://www.dianeagoodman.com/documents/TheCulturalCompetenceforEquityandInclusion1-2pages.pdf>