What's New

Nationally, household food insecurity figures rose in American households for the fifth consecutive year in 2004, from 10.1 percent (1999) to 11.9 percent (2004). Households experiencing hunger rose from 3.1 percent to 3.9 percent during that same period.¹

California’s rate of food insecurity is higher than the national average (12.4 and 11.4 percent of households respectively according to three year averages for 2002-2004)¹ and increasing according to two statewide data sources.² ³

Public Health Implications

- Healthy People 2010 food security objective: “Increase food security among U.S. households and, in so doing, reduce hunger.”
- Target: 94 percent of all U.S. households.
- Baseline: 88 percent of all U.S. households were food secure in 1995.
- Current Data: 88.6 percent of all U.S. households were food secure in 2002-2004.
- Current Data: 87.6 percent of California households were food secure in 2002-2004.

- Hungry and food insecure individuals are less able to learn and work at their full potentials.
- In the United States, hunger and food insecurity are positively correlated with low intake of fruits and vegetables, obesity among women, and chronic diseases.
Definitions

Hunger: “The uneasy or painful sensation caused by a recurrent or involuntary lack of food, which can lead to malnutrition over time.”

Food insecurity: A condition characterized by “limited access or uncertain availability of nutritionally adequate food.” Food insecurity can exist and be measured at the level of the individual, the household, and the community.

Food security*: "Access by all people at all times to enough food for an active, healthy life. Food security includes at a minimum: 1) the ready availability of nutritionally adequate and safe foods; and 2) an assured ability to acquire acceptable foods in socially acceptable ways (e.g., without resorting to emergency food supplies, scavenging, stealing, or other coping strategies)."

Community food security: “A condition in which all community residents obtain a safe, culturally acceptable, and nutritionally adequate diet through a sustainable food system that maximizes community self-reliance and social justice.” Community food security efforts emphasize the sustainability of local food systems by engaging communities in the production, distribution, and consumption of food, through strengthening social networks.

Poverty: “To be impoverished is to lack or be denied adequate resources to participate meaningfully in society.” It is a complex construct that can be acute or chronic and is intimately associated with hunger and food insecurity.

The concept of food insecurity differs from that of hunger. Hunger relates specifically to the physiological impact of not eating enough, whereas food insecurity includes components that are psychological and sociological, and that deal with access to food. Alternatively, community food security pertains to a geographical area and the physical and economic surroundings that enable residents to be food secure.

Both hunger and food insecurity can be either transitory or chronic realities for affected individuals, households, and communities. The United States Department of Agriculture (USDA) uses an 18-item questionnaire called the Core Food Security Module of the Current Population Survey to assess the prevalence of food insecurity at the household level throughout the U.S. The Module categorizes households into three groups: food secure, food insecure without hunger, and food insecure with hunger.

When thinking about food security, it helps to picture a pyramid (see Figure 1). The pyramid’s base addresses individual and household food security. Safety net programs

* In other contexts, the term “food security” may refer to the security and safety of the food supply from bioterrorism or natural disaster. This definition does not apply here.
are at the base of the pyramid and include programs like emergency food assistance, administered by non-profit food banks, and federal food and nutrition assistance programs. When households lack adequate food, they rely on these two sources to help them meet their immediate food needs and assist them toward self-sufficiency. The next level of the pyramid addresses community food security. At this level each resident in the community is food secure. Finally, the top of the pyramid addresses the root causes of hunger and food insecurity which is poverty. When a community achieves economic and job security it is food secure, as are all of its residents.

**Burden**

Hunger and food insecurity experienced at any point in the life cycle can have short- and long-reaching effects. It has been well documented that hunger and food insecurity negatively impact individuals, households, and communities at the physiological, psychological, and sociological levels.

**Malnutrition**

The authors of a UCLA health policy research brief point to the clear association between food insecurity and poor-quality diets, leading to poor nutritional status and poor health outcomes. Inadequate food consumption is correlated with a weakened immune system, placing victims at greater risk of contracting infectious diseases, and reducing individuals’ ability to recover from disease. When chronic, hunger may lead to malnutrition and various nutrient deficiencies, which can further jeopardize an individual’s health status.

**Chronic Disease**

Diabetes: Inadequate perinatal nutrition may increase a child’s risk of developing the type 2 diabetes later in life. For adults with diabetes, living in a food-insecure household increases the risk of complications and the use of medical care.
Overweight and Obesity‡: Additionally, a seemingly paradoxical association between hunger, food insecurity and excess weight exists, as does an increased prevalence of overweight and obesity among low-income women who are food insecure.¹³,¹⁴,¹⁵ Food deprivation experienced in an individual’s youth is associated with negative nutrition-related behaviors and higher incidence of overweight later in the individual’s life, even when the individual is no longer food insecure or living in poverty.¹⁶

**Psychological Effects**
The incidence of depression and other forms of mental illness is higher in households that experience food insecurity than in the general population.¹⁷,¹⁸ Several mechanisms may explain this association: data suggest that overweight experienced in childhood may impact future socioeconomic status by negatively impacting individuals’ self-esteem, leading to an intergenerational cycle of overweight and reduced earning potential.¹⁹ The threat of losing federal assistance benefits, like food stamps, can also contribute to depression, and food insecurity is very strongly associated with depression among mothers.²⁰

**Academic Achievement**
Children living in food-insecure households tend to: 1) have poorer school performance and cognitive functioning, with more absences and tardiness;²¹ 2) experience headaches and increased health problems, such as colds and ear infections;² and 3) have increased risk of emotional problems, with adolescents being more likely to have depressive and suicidal symptoms.²¹

**Economic Impacts**
The lost productivity and increased medical costs incurred by hungry and food insecure individuals can cause significant strain to the economy, especially when the compounded toll of food insecurity and hunger are considered over the span of a lifetime. Retrospective research also suggests that individuals who were poor as children are significantly more likely to be overweight as adults.²²

**Incidence and Prevalence**

Food insecurity is higher in California (12.4 percent) than for the nation overall (11.4 percent) based on a three-year 2002-2004 annual average.¹ For this same period, 3.9 percent of California households experienced food insecurity with hunger compared to 3.6 percent nationwide. In a national ranking with “1” representing the “best” or lowest food insecurity prevalence, California ranked 41 out of 51 (50 states plus District of Columbia). North Dakota ranked first with a food insecurity rate of only 6.3 percent compared to Texas’s 16.4 percent rate which ranked last.

While food insecurity affects people of every age and race/ethnicity, certain sub-groups are especially vulnerable. The California Health Interview Survey (CHIS) collects food

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† BMI is calculated by taking an individual’s weight in kilograms (kg) and dividing it by the individual’s height in meters squared (m²). (BMI = kg/m²) Obesity is determined when an individual’s body mass index (BMI) is > 30 and overweight is a BMI > 25.
security information only from adults having incomes less than 200 percent of the federal poverty level (FPL). Table 1 below describes low-income adults with the following characteristics that had the highest food insecurity prevalence in 2003.2

<table>
<thead>
<tr>
<th>Population Sub-group</th>
<th>Food Insecure (with and without Hunger)</th>
<th>Food Insecure with Hunger</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undocumented Residents</td>
<td>44.6%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>40.7%</td>
<td>16.1%</td>
</tr>
<tr>
<td>Single Headed Households with Children</td>
<td>40.6%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>40.4%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Households with Children</td>
<td>38.3%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Older Adults (age &gt;64)</td>
<td>20%</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

In terms of race/ethnicity, Latino low-income adults had the highest food insecurity prevalence (38.2 percent) compared to 37.3 percent among African American low-income adults, 28.1 percent among White low-income adults and 23.8 percent among Asian low-income adults. However, the rate of food insecurity with hunger was highest for African American low-income adults (13.8 percent) compared to 12.1 percent for White low-income adults, 9.7 percent among Latino low-income adults and only 3.9 percent among Asian low-income adults.

While little national or statewide systematic information is available, a comprehensive food security assessment conducted in California’s Fresno County revealed farm workers experienced especially high rates of food insecurity.23 Among low-income adults (<200% FPL), a survey with 450 farm workers found food insecurity to be 51 percent compared to 36 percent for Fresno County and 34 percent for California overall. Food insecurity with hunger among low-income farm workers was a disturbing 20 percent.

Similarly, California counties with predominately rural and/or agricultural-based economies tend to have the highest rates of food insecurity. In 2003, the counties with the highest food insecurity rates (40 percent and higher) among low-income adults were in declining order: Kern, Sutter/Yuba (combined sample), Napa, San Joaquin and Shasta (tied), and Tulare.2
Chapter 25: Hunger and Food Insecurity

Trends/Contributing Factors

Food Security Trends
Nationally, household food insecurity figures in American households rose for the fifth consecutive year in 2004, from 10.1 percent (1999) to 11.9 percent (2004); households experiencing hunger rose from 3.1 percent to 3.9 percent during that same period. Since 1999, the number of people living in food insecure households increased by approximately 7 million people, totaling 38.2 million persons in 2004. Several sources corroborate that food insecurity is high and increasing in California.

- USDA’s Core Food Security Module: food insecurity in California households rose from 11.8 percent (three year average for 1999-2001) to 12.4 percent (2002-2004), while food insecurity with hunger increased from 3.3 to 3.9 percent, a significant change.
- 2003 California Health Interview Survey (CHIS): Among low-income adults (<200% FPL), there was a significant increase of almost 5 percentage points in food insecurity – from 29.1 percent in 2001 to 33.9 percent in 2003. An estimated 2.9 million low-income adults in California were food insecure in 2003 with more than 1 in 10 experiencing episodes of hunger.
- 2000 California Women’s Health Survey: food security decreased among California women, from 78.3 percent in 1999 to 73.4 percent in 2004. The decrease was statistically significant.

Poverty Trends
The number of people in poverty in the United States increased from 31.6 million in 2000 to 37 million in 2004; the poverty rate rose from 11.3 percent to 12.7 percent over the same period. While the poverty rate remained unchanged for 2005, the median earnings of both female and male full-time workers declined and “the poor also became poorer… the amount by which the average person who is poor fell below the poverty line ($3,236) in 2005 was the highest on record, as was the share of the poor who fell below half of the poverty line.” The number of uninsured people increased from 41.2 million people (14.6 percent of the population) in 2001 to 46.6 million (15.9 percent) in 2005.

In recent years (according to three year averages 2002-2004), California’s poverty rate has been higher than the national rate – California’s 13.2 percent (compared to 12.4 percent for the nation overall). The most recent 2005 U.S. Census poverty data indicates that more than one in eight Californians have incomes below the FPL. The percentage of California’s children living in poverty increased from 16.4 percent in 2001 to 18.5 percent in 2005 as according to the U.S. Census.

Because the federal poverty rate does not allow adjustments for high cost of living regions and has other methodological limitations, many argue that there are far more persons functionally living in poverty than these figures reflect. A recent Public Policy Institute of California report applies a “conservative adjustment for costs, based on housing rents” and concludes “California has substantially higher poverty than the rest
of the nation: 16.1 percent versus 12 percent…only Washington, D.C., and New York have higher poverty than California. Furthermore, Los Angeles, Monterey, and San Francisco Counties have poverty rates of about 20 percent – in the range of the ten highest poverty counties in the nation.”

**Food Stamp Trends**

Food insecurity and poverty trends indicate the likely heightened importance of the Food Stamp Program (FSP) for ensuring the health and adequate diets of low-income Californians.‡ Nationally, economic trends have contributed to an increase in the number of people participating in the FSP – from 17.2 million in 2000 to 25.7 million people in 2005. According to a 2006 Center on Budget and Policy Priorities report, since 2001, the number of FSP recipients has risen “because of the recession, the continuing increase in poverty, and the weak gains for low-income working families during the recovery. Higher food stamp caseloads also reflect the provision of temporary relief to about four million victims of last year’s hurricanes, as well as modest eligibility expansions and increased participation among eligible households.”

In California, the number of FSP recipients has also increased since 2001; but, most dramatically, during 2004 (see Figure 2). This pattern is likely at least partly explained by a number of important FSP improvements implemented in 2004 (e.g., removing the vehicle rule, reducing the reporting requirement, eliminating the lifetime ban for drug felons from receiving food stamps and transitional food stamp benefits for families leaving cash assistance). However, California’s recent poverty and food insecurity trends also indicate the need for food stamp benefits is likely increasing as has been true for other parts of the country.

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**Figure 2: Number of Food Stamp Recipients in California  
- Month of January 2001-2006**

Source: Food Research and Action Center  

‡ This chapter focuses more on FSP than other federal nutrition programs because it is the largest government initiative specifically focused on alleviating hunger and food insecurity.

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However, USDA’s most recent food stamp participation rate figures show an alarming drop in California’s FSP participation rate (i.e. the percent of eligible people participating in FSP) from 54 percent in 2000 to only 45 percent in 2003. This almost nine percentage point decline compares to no change in the national rate (56 percent) and an 11 percentage point increase (from 72 to 83 percent) for Oregon, the highest performing state, over the same period. Based on the most recent participation rates, over 2 million eligible people in California are not receiving food stamp benefits, which is an estimated increase of half a million people over a four year period.

Food and Economic Trends
Other trends in the country’s food economy that potentially contribute to the public health implications of hunger and food insecurity include the following:

- Over the past several decades, food (especially those high in fat and sugar) has become cheaper while at the same time obesity rates have risen.
- In terms of their cost per calorie, healthy foods such as lean meat, fish, and fresh fruits and vegetables cost more than less healthy, high-calorie food with refined grains, added sugars or fats.
- The “disappearance” of supermarkets from America’s inner cities has been well documented. Beginning in the 1960s and continuing to the present day, supermarket chains migrated to the suburbs, low profit margins spur increased supermarket size and ancillary services – pharmacies, banks, etc. – which requires more land.
- While supermarkets are less available, “many corner grocery stores [in inner-city neighborhoods] – which used to feature meat, dairy, produce, and other foods – have become primarily alcohol, cigarette, and convenience food outlets for a variety of reasons.”
- A study of over 200 neighborhoods also found that “fast-food restaurants are more prevalent in the low-medium and medium-wealth neighborhoods and become less prevalent in the highest-wealth neighborhoods.”

Barriers to Implementation/Myths
There are many myths that serve as barriers to the implementation of strategies designed to alleviate hunger and food insecurity. These myths pertain to the nature and even the existence of the problem as well as myths that undermine the effectiveness of “safety net” and community food security strategies.

Myth #1: Hunger only occurs in developing countries.
Fact: While hunger is certainly a problem in developing countries, it also affects people in the U.S. Rates of hunger in the U.S. have been rising, affecting 4.4 million households in 2004. America’s Second Harvest reports that 33 percent

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§ There is an approximately two-year time lag in reporting FSP participation rates due to the complexity of the data required. As a result, California’s FSP participation figures are available into 2006 but the most recently available FSP participation rate refers to Fiscal Year 2003.
of their clients were food insecure with hunger in 2005. In addition, 4.5 million people receive food from America’s Second Harvest food banks each week and between 24 and 27 million different people were served in 2005.36

Myth #2: People cannot be both hungry and obese.

Fact: Commonly referred to as the Hunger-Obesity Paradox, it is well documented that hunger and obesity can co-exist in the same individual, family, and community.37 Not only is the rate of food insecurity highest among low-income households; so is the rate of obesity. For example, women with incomes <130% FPL are about 50 percent more likely to be obese than those with higher incomes (>130% FPL).38 A number of studies have documented an association between food insecurity and obesity among low-income women, although not men.39 While little conclusive evidence exists, a variety of possible explanations have been proposed: 2, 13, 37 1) Due to limited economic resources, food insecure households might opt for lower cost energy dense foods instead of higher cost more healthful foods; 2) Limited resources dictate not only what food insecure households can afford to buy, but also where they can afford to live which can affect proximity to food stores, fast-food restaurants, social services, etc.; 3) A pattern of binge-like eating might occur whereby when food supply is low, mothers forgo eating but overeat when food is available; 4) Repeated periods of weight loss and weight gain might lead to increased metabolic inefficiency that ultimately results in overweight; and 5) While food insecurity and obesity might be associated, a causal relationship may not exist or may be reversed with overweight/obesity causing food insecurity.

Myth #3: People with jobs can afford to buy enough food.

Fact: People employed full-time may still have trouble feeding their households. In fact, 36 percent of households using the services of America’s Second Harvest, a network of food banks throughout the U.S., report that at least one adult was employed in 2005.36 Often full-time wages are insufficient to meet a household’s needs. In California, it is estimated that a family with two children and two parents who work full-time would need to have an annual income of $63,921 to meet their family’s basic expenses without public or private assistance. This breaks down to an hourly wage of $15.37 per hour per person.40 Currently, California’s minimum wage is $6.75 per hour “; the federal minimum wage is $5.15 per hour.

Myth #4: All Americans can pull themselves up by their bootstraps.

Fact: Limited education severely limits individuals’ earning potential, placing them at risk for poverty, food insecurity, and hunger. Less than 16 percent of the general U.S. population has less than a high school diploma or equivalent, whereas 37 percent of emergency food assistance recipients have not completed high school.36

“ California’s minimum wage will increase to $7.50 per hour on January 1, 2007. It will increase again to $8.00 per hour on January 1, 2008.

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Myth #5: It could never happen to me.
Fact: Millions of Americans are living less than one paycheck away from hunger. Half of all Americans will experience poverty for at least one year of their adult lives by the time they reach age 65, and nearly 40 percent by age 45. In addition, two-thirds of Americans will spend at least one year of their lives with an annual income below 150% FPL by the time they reach age 65.

Note: Californians at risk for hunger and food insecurity can turn to services provided through federally funded food and nutrition assistance programs such as FSP. These programs address households’ immediate need for food, but their impact is limited by a number of factors, several of which are commonly misunderstood.

Myth #6: Food stamp recipients cannot have jobs or cars.
Fact: FSP rules do not prohibit recipients from having jobs or cars. Twenty-nine percent of food stamp recipients nationwide have jobs, likewise, 29% of food stamp recipients in California are also employed. In California, food stamp applicants may own cars and still be eligible for the Food Stamp Program.

Myth #7: Food stamps have to be paid back and can prevent immigrants from becoming citizens.
Fact: There is a misconception that food stamps count as public charge, when in fact they do not. Food stamp recipients do not have to repay any of the benefits they are eligible to receive. Additionally, receiving food stamps does not affect one’s immigration status.

Myth #8: The Food Stamp Program contributes to the problem of overweight and obesity.
Fact: In early 2004, the USDA convened a panel of experts to determine if there was a relationship between federal nutrition program participation and obesity. The panel concluded that “the sparse research that has been published provides no consistent evidence of association and no evidence of a causal relationship between the four major Food and Nutrition Services food assistance programs and overweight.” The panel emphasized the difficulty in separating out the effects of poverty from the potential food assistance effects on any health outcome such as obesity that would need to be addressed by future research. Many studies emphasize the importance of regular access to affordable and nutritionally adequate food as critical for preventing both obesity and food insecurity, which is a role federal nutrition programs are already playing. In addition, some research has indicated a positive impact of school nutrition programs on obesity prevention among food insecure children. Even researchers whose studies have found an association between the FSP and overweight conclude their results do not establish FSP causes overweight but they do indicate that “targeting healthy eating and weight reduction policies through the FSP” offers a way to reach families with members at risk of overweight.
**Myth #9: Increasing participation in the Food Stamp Program will cost California tax payers money.**

**Fact:** According to the California Legislative Analyst's Office, increased food stamp participation has a beneficial impact on the state budget.\(^{49}\) With increased resources to buy food, food stamp recipients are able to spend more on non-food taxable items, which translates into revenue for counties and the State General Fund. The California Food Policy Advocates (CFPA) estimates as much as $2.3 billion in additional federal funding would come into California if all eligible people were to participate in the FSP.\(^{50}\) USDA estimates that each food stamp dollar stimulates $1.84 in new local economic activity so these additional federal dollars would generate an additional four billion dollars in economic activity statewide. Through increased purchases on taxable items, CFPA estimates full FSP participation would generate over $53 million for the state general fund and as much as $21 million for the counties.

**Myth #10: Everyone has access to healthy foods.**

**Fact:** Everyone does not have access to healthy foods. Rather, healthy food choices in lower income neighborhoods are often limited.\(^{51}\) Choices may be limited for a number of reasons including: supermarkets leaving or choosing not to locate in low-income areas; neighborhood corner stores increasingly carrying alcohol, tobacco products, and convenience foods in lieu of healthier perishable items; and transportation barriers associated with getting to and from stores outside of an individual’s neighborhood. In comparison to people living in higher income areas, studies have found that residents of lower income neighborhoods have less access to high quality foods, less variety in the foods available to them, and pay more for groceries when they are available.\(^{34,\ 52,\ 53}\)

**Myth #11: Hunger, food insecurity, and poverty are not political issues.**

**Fact:** Policy can directly impact hunger, food insecurity, and poverty.\(^{46}\) Policies and economic trends that reduce poverty may alleviate the root causes of hunger and food insecurity, but there are often barriers to their adoption. The political will for adopting policies that address hunger, food insecurity, and poverty fluctuates and does not necessarily coincide with the times of greatest need.

**Common Concerns/Strategies**

Millions of people are hungry and food insecure in California, despite the state’s wealth and abundant production of food – and the number of hungry and food insecure Californians not only continues to exist, but continues to grow. The many approaches to eliminate hunger and food insecurity can be organized into three tiers: “safety net” programs; community food security; and addressing the underlying cause – poverty. This section will discuss strategies typical to each tier.
**Tier One: “Safety Net” Programs**

The two principal strategies for assisting hungry and/or food insecure individuals and their households is through federal food and nutrition assistance programs and food distribution programs. While these methods succeed in making food available to meet immediate needs, they do not address the underlying causes of hunger or food insecurity.

**Federal food and nutrition assistance programs** target specific low-income audiences and provide benefits, either direct food or financial resources, to supplement a household’s food budget. Table 2 provides an overview of the different types of food and nutrition assistance programs available.

**Table 2: Federal Food and Nutrition Assistance Programs**

<table>
<thead>
<tr>
<th>Program</th>
<th>Audience/Income Eligibility</th>
<th># of California Participants (FFY 2005)</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Stamp Program</td>
<td>Families and individuals with incomes up to 130% FPL††</td>
<td>Monthly average:54 2 million people</td>
<td>Provides monthly benefits to be used for purchasing food.</td>
</tr>
<tr>
<td>Food Distribution Program on Indian Reservations (FDPIR)</td>
<td>Households at or below 100% FPL on Indian reservations, Native American families living in designated areas near reservations55</td>
<td>Annual participation: 6,64456 people</td>
<td>Provides commodity foods to Indian Tribal Organizations (ITOs) or State government agencies for distribution. FDPIR is an alternative to the Food Stamp Program for ITOs preferring food distribution.57</td>
</tr>
<tr>
<td>Maternal and Child Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
<td>Infants, children up to age 5, women who are pregnant, postpartum or breastfeeding and are at nutritional risk in households with incomes up to 185% FPL††</td>
<td>Monthly average:54 1.3 million women and children</td>
<td>Provides nutritious foods, nutrition education, breastfeeding support, and referrals to health care and other community resources to low income women, infants, and children.</td>
</tr>
</tbody>
</table>

†† Certain exceptions may exist for people who are disabled, elderly, or participating in MediCare.

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<table>
<thead>
<tr>
<th>Program</th>
<th>Eligibility</th>
<th>Annual Participation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC Farmers’ Market Nutrition Program</td>
<td>WIC participants (incomes up to 185% FPL)‡‡</td>
<td>Up to 115,000 households (FFY 2006)</td>
<td>Provides coupons that can be used at approved farmers’ markets, farms, or stands to purchase fresh fruits, vegetables and herbs.</td>
</tr>
<tr>
<td>Child Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child and Adult Care Program</td>
<td>Children up to age 12 in day care and adults in adult day care</td>
<td>Daily average: 303,021 people</td>
<td>Provides reimbursement for food and meal preparation costs, training in the nutritional needs of children, and onsite assistance.</td>
</tr>
<tr>
<td>National School Lunch Program</td>
<td>School-aged children from households with incomes up to 185% FPL qualify for free or reduced price meals</td>
<td>Daily average: 2.8 million students</td>
<td>Provides reimbursement for meals that meet the nutritional needs of children by providing a balanced meal containing at least one-third of the nutrients they need each day.</td>
</tr>
<tr>
<td>School Breakfast Program</td>
<td>School-aged children from households with incomes up to 185% FPL qualify for free or reduced price meals</td>
<td>Daily average: 963,151 students</td>
<td>Provides reimbursement for meals that meet the nutritional needs of children by providing at least one-fourth of the nutrients they need each day.</td>
</tr>
<tr>
<td>Special Milk Program</td>
<td>School-aged children</td>
<td>Annual participation: 4.4 million students</td>
<td>Provides reimbursement to schools, child care institutions, and eligible camps for half-pints of milk provided to children.</td>
</tr>
<tr>
<td>Summer Food Service Program</td>
<td>School-aged children up to age 18</td>
<td>Daily average in July: 665,532 students</td>
<td>Provides free meals and snacks to low-income children when school is not in session.</td>
</tr>
<tr>
<td>Older Adult Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congregate Nutrition Services</td>
<td>People at least 60 years old and their spouses</td>
<td>Annual participation: 121,463 seniors and their spouses</td>
<td>Provides hot meals containing at least one-third of seniors’ daily recommended allowances of nutrients, taking into account special senior nutrition needs. Also provides social interaction and stimulation.</td>
</tr>
</tbody>
</table>
## Home-Delivered Meal Services

| People at least 60 years old and their spouses | Annual participation: 57,452 seniors and their spouses \(^{64}\) | Provides hot meals containing at least one-third of seniors’ daily recommended allowances of nutrients, taking into account special senior nutrition needs to homebound seniors. Also provides homebound seniors with social interaction via volunteers who deliver the meals. \(^{65}\) |

## Seniors Farmers’ Market Nutrition Program

| People at least 60 years old with incomes up to 185% FPL \(^{66}\) | Annual participation: 33,585 seniors \(^{64}\) | Provides coupons that can be used at approved farmers’ markets, farms, or stands to purchase fresh fruits, vegetables and herbs. |

The Food Stamp Program, Special Supplemental Nutrition Program for Women, Infants, and Children, and National School Lunch Program (NSLP) are the three federal programs that reach the most hungry and food insecure individuals and households. In addition to making sure that people have access to food, these programs are taking steps to ensure that people have access to healthy food.

- In California, FSP participants can use their Electronic Benefits Transfer (EBT) cards at approved farmers’ markets and flea markets to purchase fresh fruits, vegetables, and herbs.
- In California, the governor signed 2006 legislation (AB 2384) that will develop a “Healthy Food Purchase” pilot program that will provide food stamp participants a financial incentive for buying fresh fruits and vegetables. FSP benefits will be augmented based on the amount of FSP dollars spent on fresh produce. \(^{67}\) Additionally, the “Healthy Purchase” pilot program will offer retailers in low-income areas technical assistance to increase the availability of fresh produce in their stores.
- Nationally, USDA issued its first proposed changes to the WIC food package in 30 years in August 2006. \(^{68}\) These changes, if approved, will make the WIC food package more consistent with the Dietary Guidelines for Americans 2005 and better address the cultural food preferences of many Californians. The proposed changes include: adding fruits and vegetables, whole grain options, and alternatives to cow milk; reducing the amount of milk and juice for children and women; eliminating whole milk for participants age 2 and older; and substituting juice for infants with baby food fruits and vegetables. The new changes will also promote and support long term successful breastfeeding, which is a key early step in obesity prevention.
- In 2004, school districts participating in the NSLP and/or the School Breakfast Program were mandated to have a local wellness policy to promote the health of students and address obesity in place by Fall 2006. The policies must address goals for nutrition education and physical activity, nutrition guidelines for all foods...
available at school, goals for other school-based activities designed to promote student wellness, and plans for evaluating implementation of the policy. As a result of wellness policies, some school districts in California have increased healthy options in vending machines; eliminated fried foods; and replaced high-fat, sugar-laden, and frozen foods with healthy, freshly prepared school meals.

**Food distribution programs** administered through food banks, food pantries/closets, and other nonprofit organizations also serve hungry and food insecure individuals and households. In contrast to the federal programs detailed above, these programs are able to immediately provide households with food. See Table 3 for a summary of different state and federal food distribution programs.

### Table 3: State and Federal Food Distribution Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Audience/ Income Eligibility</th>
<th>California Participation (FFY 2005)</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown Bag Program</td>
<td>People at least 60 years old whose incomes are at or below 100% of the SSI/SSP for blind individuals or couples living independently</td>
<td>Pounds distributed: 260,767&lt;sup&gt;64&lt;/sup&gt;</td>
<td>Provides surplus and donated fruits, vegetables, and other items through community organizations and food banks.</td>
</tr>
<tr>
<td>Commodity Supplemental Food</td>
<td>Pregnant or breastfeeding women, postpartum mothers, children up to age six not participating in the WIC program, seniors at least 60 years old in households with incomes up to 185% FPL</td>
<td>Annual participants: 55,362&lt;sup&gt;71&lt;/sup&gt; Pounds distributed: 19,707,868&lt;sup&gt;72&lt;/sup&gt;</td>
<td>Provides USDA commodities to food banks for distribution.</td>
</tr>
</tbody>
</table>


Food banks play an important role in offsetting hunger, as people can go to them and their nonprofit partners to immediately receive a bag or box of food. Food banks receive food from state and federally funded food distribution programs, as well as food drives, private donations, and grants that allow them to purchase specific foods in order to meet their clients’ needs. Together, there are approximately 60 food banks in California that supply 5,000 nonprofit community-based agencies, such as food pantries, with more than 200 million pounds of food annually. With the help of over 25,000 volunteers, the community-based agencies then distribute the food to more than two million hungry and food insecure individuals each year in California.

In addition to making sure food is distributed to hungry and food insecure households, food banks in California are also taking steps to insure the food that is distributed is increasingly healthier.

- The California Association of Food Bank’s Farm to Family and California Emergency Foodlink have developed a statewide produce network that distributes fresh and nutritious produce to needy California families who live at or below the poverty line. Farm to Family acquires fresh produce directly from growers and packers and deliver, with the help of California Emergency Food Link, the following day to food banks all across the state. Farm to Family distributed over 15 million pounds of fresh produce in 2006.
- Many food banks have banned sodas and no longer distribute them to food pantries/closets or clients.
- REFB and Alameda County Community Food Bank request healthier donations from donors and have created suggestion lists.
- Some food banks educate their donors, clients, and boards about healthy foods and healthy food options.
- Several food banks are also operating Kids Café programs where they provide free meals and snacks to low income children through a variety of existing after school programs in the children’s communities.
- Many food banks are participating in food distributions that provide low-income households with fresh produce.
Some food banks have mobile pantries and mobile produce distributions that take food, including fresh fruits and vegetables, to where the people who need that food are located.

Several California food banks are participating in “Backpack” programs that give children at schools in low-income communities a bag full of child-friendly foods on Fridays so that they will be well nourished for their return to school on Monday.

California’s food banks depend a great deal on USDA commodity programs, donated food and food purchased with government and donated money to provide food assistance to the millions of low-income people they serve each year. As a result, food banks have limited choices in the food that they distribute. When food banks do have healthier options, the client response is very positive. California policy makers have not yet invested in a statewide food purchase program, as many state legislatures have, to ensure that an adequate and healthy supply of food is available at all times for the state’s most at risk households. Pennsylvania’s State Food Purchase Program will be funded at $18.75 million in FY 2006-2007 and Washington State provided $8,734,821 in their 2005-2007 biannual state budget to food banks and tribal food voucher programs.

**Tier Two: Community Food Security**

Methods of addressing hunger and food insecurity on this second level focus on the community instead of the individual or household. Community food security (CFS) approaches complement those focusing on individuals and their households. In contrast to individual-level strategies which focus on shorter-term solutions and narrower approaches, “the CFS approach encompasses a wide range of disciplines and foci… Its practice centers on creating and strengthening linkages between public, private, and non-profit sectors in every segment of the food system – from farm to table.” Another aspect of CFS work that sets it apart from that focusing on individuals and households is that “CFS initiatives stress intervention and change at the policy level and/or local capacity building and community empowerment at the community level.”

Although each CFS initiative may not focus upon all six, there are six basic principles that CFS initiatives share:

1. Low-Income Food Needs: Meeting the food needs of low-income communities, reducing hunger and improving individual health.
2. Broad Goals: Addressing a broad range of problems affecting the food system, community development, and the environment.
3. Community Focus: Building communities’ food resources to meet their own needs, including: supermarkets, farmers’ markets, gardens, and transportation.
4. Self-Reliance and Empowerment: Building upon communities’ and individuals’ assets to enable them to provide for their food needs.
5. Local Agriculture: Strengthening ties between farmers and consumers.
6. Systems-Oriented: Partnering with multiple agencies to form interdisciplinary collaborations.
As one might imagine, there are myriad ways to address community food security. Examples of initiatives occurring in California include:

**Community Agriculture**
Activities that enable community members to supplement their diets with produce grown in their own community, support local growers, improve access to fresh produce, and have the potential to improve dietary quality. Examples include: edible landscapes, gardens (community, personal, school), and urban farms.

**Direct Marketing**
Any marketing method where farmers sell their products directly to consumers. Types include: farmers' markets, roadside stands, community supported agriculture ("members" receive regular deliveries of local produce for a pre-arranged and fixed price), farm to school, and farm stands.  

**Entrepreneurial Initiatives**
"Activities designed to train community members to start and manage their own small businesses to provide an economic base for rural and urban communities, jobs, social cohesion, and the income necessary to purchase fresh and nutritious foods."  Examples include: community kitchens, job training programs, and other products and services rendered for profit.

**Food Policy Councils**
Food policy councils (FPCs) can either be government sanctioned or the result of a grassroots effort. They are collaborations between stakeholders in the food system and provide a forum to voice concerns and interests. "The primary goal of most FPCs is to examine the operation of a local food system and provide ideas and recommendations for improvement; however, some FPCs choose to focus on solutions to a specific topic, such as hunger and food insecurity."  

**Food Recovery and Gleaning**
Activities related to “the collection of wholesome food for distribution to the poor and hungry. It follows a basic humanitarian ethic that has been part of societies for centuries. We know that "gleaning," or gathering after the harvest, goes back at least as far as biblical days." Types of food recovery and gleaning include: field gleaning, perishable food rescue or salvage, food rescue, and nonperishable food collection.

**Food Retailing**
Activities intended to increase communities’ access to retailers of healthy foods. Examples include: developing new grocery stores, improving existing small stores, starting and sustaining farmers' markets, mobile markets, community supported agriculture, and food cooperatives.
Nutrition Education and Outreach
Activities designed to educate households with low incomes about healthy eating and physical activity; activities to ensure households know about and have access to federally funded food and nutrition programs. Examples include: Expanded Food and Nutrition Education Program, Food Stamp Nutrition Education, and WIC.

Transportation
Activities that increase access to healthy foods through the provision of transportation. Examples include: supermarket shuttles, farmers’ market shuttles, and public transportation with stops at food retailers.

Tier Three: Addressing the Underlying Cause
While the previously described approaches to addressing hunger and food insecurity are important and seek to meet the needs of individuals and communities, they do not address the root cause of these conditions: poverty.

In 2004, California had 4.7 million people living in poverty, of which 1.8 million were children.\(^5^4\) If hunger and food insecurity are to be eliminated, poverty must be addressed. Without the financial constraints of poverty, those who are hungry and food insecure will have more money available to meet their basic food needs. There are innumerable ways to decrease poverty including: increasing the minimum wage to a living wage; creating jobs; improving access to affordable housing, health care, and child care; and investing in job training programs and quality public education with measurable outcomes and accountability.

Opportunities for Improvement
The opportunities for addressing, and more fundamentally eliminating, food insecurity and hunger can be categorized according to the Food Security Pyramid (see Figure 1).

“Safety Net” Programs
The opportunities pertaining to the “safety net” strategies broadly pertain to the need for:\(^8^, 46, 81, 82, 83\) 1) additional outreach efforts so those in need are aware of the help available; 2) programmatic improvements, simplification and cross program coordination; 3) innovations that would improve the nutritional quality and impacts of existing efforts; and 4) steps tailored to better meet the needs of particularly at-risk and underserved groups.

For example, advocates in California have emphasized the need to increase participation in federal nutrition programs, especially when considering the state’s budgetary constraints.\(^2\) Because of the state’s relatively low FSP participation rate and the fact that over a million eligible children do not participate in the School Breakfast Program, potentially billions of federal dollars remain untapped. In addition to increased outreach efforts, advocates encourage policy makers to take advantage of the flexibility offered in the federal programs to increase access and participation. The UCLA Center for Health Policy Research specifically, recommends:
• “The School Breakfast Program should “automatically be available for low-resource school children” and
• “Opportunities to sign up for the Food Stamp Program should be part of getting public and private health insurance, enrolling for WIC, and the Earned Income Tax Credit.”

They also caution “policymakers must resist cutting cash aid during tight budget times” so those unable to work due to age or disability have a “strong safety net.”

Similarly, a recent brief by the National Governors Center for Best Practices emphasized the need to better coordinate poverty and work assistance programs (food stamps, Medicaid, child care subsidies, state children’s health insurance programs, Temporary Assistance to Needy Families) by:

• “Using the Internet to develop online screening tools, benefit calculators, and applications for multiple programs;
• Integrating access to services through call centers and local organizations; and,
• Developing comprehensive state approaches by increasing outreach, bundling services, simplifying benefits and using technology.”

A variety of innovations for increasing the Food Stamp Program’s positive nutritional impact are part of a policy statement currently under consideration by the American Public Health Association including:

• encouraging demonstration projects for Bonus Value Food Stamps, starting with fresh fruits and vegetables;
• assuring farmers’ markets are equipped to process food stamps;
• allowing states to set higher standards for retailer participation in the FSP, providing incentives for FSP certified retailers to provide fruits and vegetables, whole grains, low-fat dairy, and lean meat and exempting these type of healthy foods from current prohibitions against offering price promotions to food stamp customers;
• establishing state and community surveillance systems to track food insecurity, poor diet and physical activity rates as well as public policy that supports healthy eating, physical activity and food security.

Those concerned with public health also look to network of food banks, food pantries, and soup kitchens to help them provide more nutritious foods for individuals and families. And, food banks are seeking additional resources and funding to augment these efforts.

In addition, advocates and academics have recommended the need for particular efforts to better serve sub-populations (e.g., pregnant women and farm workers) particularly vulnerable to food insecurity and hunger in California, including:

• Additional outreach to parties eligible to participate in federal nutrition programs.
• Recruiting bicultural, bilingual outreach and lay health workers.
• Developing tailored outreach materials.
• Increasing migrant health center funding.
• Implementing approaches that accommodate movement across county and state lines.

Community Food Security
The community food security opportunities broadly pertain to the need to:
1) apply community or food systems analysis rather than an individual or household approach;
2) engage the range of community actors in mutually beneficial achievement of an equitable and sustainable community food system by incorporating a systems, prevention and long-term goals approach;
3) build upon the assets, talents, skills, and resources already available in the community;
4) focus on the market place and agriculture rather than emergency food and government programs; and
5) forge innovative public/private and farm to school/community/home relationships that improve food retailing opportunities and access to good quality, affordable food.

Specific recommendations for improving the availability of good quality and affordable food in low-income communities include:

• Attract new grocery stores by creating dedicated financing sources, developing better information tools for assessing real business opportunities in low-income communities, reducing operating costs and improving service through training and transportation programs, facilitating site identification and development, streamlining license and permit processes, and utilizing mixed use retail “clusters” and neighborhood revitalization projects.
• Improve existing small stores by organizing collective buying for more favorable prices, buying directly from local farmers, connecting stores with small business resources and technical assistance, engaging community groups to encourage small stores to add fresh produce by generating community support, documenting unmet demand, providing nutrition education and promotional activities in collaboration with stores.
• Initiate and/or support farmers’ markets by building community support, expanding the WIC Farmers’ Market, Senior Farmers’ Market Nutrition and FSP EBT at Farmers’ Markets Programs, linking farmers with other community sites and resources, starting or sustaining farmers’ market associations that assist farmers.

Underlying Cause – Poverty
California’s economic context has led advocates to promote several specific poverty-oriented recommendations for increasing household incomes and the availability of affordable housing.
In 2004, thirteen national anti-hunger organizations‡‡ jointly crafted and disseminated *A Blueprint to End Hunger*. Many of the recommendations focus on improving and expanding the national nutrition programs as the “fastest and most direct way to reduce hunger.” However, the Blueprint authors also acknowledge that

“If the United States is to end hunger and reach a point where essentially all Americans are able to buy the food they need, we must work to ensure that potential workers have job opportunities, earnings that allow them to provide for their for their families’ basic needs, and the education and training they need to stay competitive. This would require the U.S. government to ensure a strong economy, improve the national education system, expand employment opportunities, and raise the minimum wage.”

The Blueprint to End Hunger challenges all of us to join the campaign to end hunger in America through a comprehensive set of recommendations for each sector of society (see Appendix 1).

**Resources/Web Sites**
- Alameda County Community Food Bank [http://www.accfb.org](http://www.accfb.org)
- America’s Second Harvest [http://www.secondharvest.org](http://www.secondharvest.org)
- Bread for the World [http://www.bread.org](http://www.bread.org)
- California Association of Food Banks [www.cafoodbanks.org](http://www.cafoodbanks.org)
- California Center for Research on Women and Families: [http://ccrf.org](http://ccrf.org)
- California Food Policy Advocates [http://www.cfpa.net](http://www.cfpa.net)
- California Hunger Action Coalition [www.hungeraction.net](http://www.hungeraction.net)
- California WIC Program [http://www.wicworks.ca.gov/](http://www.wicworks.ca.gov/)
- Center on Budget and Policy Priorities [www.cbpp.org](http://www.cbpp.org)
- Center for Food and Justice [http://departments.oxy.edu/uepi/cfj/index.htm](http://departments.oxy.edu/uepi/cfj/index.htm)
- Center on Hunger and Poverty [http://www.centeronhunger.org](http://www.centeronhunger.org)
- Children Now [http://www.childrennow.org](http://www.childrennow.org)
- Community Food Security Coalition [http://www.foodsecurity.org](http://www.foodsecurity.org)
- Congressional Hunger Center [www.hungercenter.org](http://www.hungercenter.org)
- Food and Society [http://www.foodandsociety.org](http://www.foodandsociety.org)

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- Food First www.foodfirst.org
- Food Research & Action Center http://www.frac.org
- Food Stamp Program www.fns.usda.gov/fsp/
- Foodlink http://www.foodlink.org
- Institute for Agriculture and Trade Policy - Ag Observatory http://www.agobservatory.org/
- Institute for the Study of Homelessness and Poverty http://weingart.org/institute
- Institute on Assets and Social Policy (IASP) http://www.assetinstitute.org
- KIDS Can Make A Difference http://www.kidscanmakeadifference.org
- LA Coalition to End Hunger & Homelessness http://www.lacehh.org/
- LA Regional Food Bank http://www.lafightshunger.org
- Maternal and Child Health Library http://mchlibrary.info
- Mazon: A Jewish Response to Hunger www.mazon.org
- National Association of Farmers’ Market Nutrition Programs http://www.nafmnp.org/
- National Center for Children in Poverty http://nccp.org
- National Conference for State Legislators www.ncsl.org
- National Food Policy Blog www.usfoodpolicy.blogspot.com
- National Governor’s Association www.nga.org
- Parents Action for Children http://www.lamourchild.org
- Sacramento Hunger Commission http://www.targethunger.com
- San Francisco Food Bank, Hunger 101 Activity http://www.sffoodbank.org/hunger101.html
- Share our Strength www.strength.org
- Southern Poverty Law Center www.splcenter.org
- State Food Policy Council http://www.statefoodpolicy.org
- Sustainable Food Center http://www.main.org/sfc
- The Children’s Partnership http://www.childrenspartnership.org
- University of California, Berkeley Center for Weight and Health http://www.cnr.berkeley.edu/cwh
- USDA Community Food Security Initiative http://www.csrees.usda.gov/ProgView.cfm?prnum=1687
- USDA Food and Nutrition Information Center http://www.fnic.nal.usda.gov
- Urban Institute www.urban.org
- World Hunger Year http://www.worldhungeryear.org

Thank you to the Community Food Security Coalition for generously sharing their resources with us.

California Food Guide: Fulfilling the Dietary Guidelines for Americans 11/7/06
References


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23 California Institute of Rural Studies and UC Berkeley Farm Worker Food Security Assessment Project. Fresno County Farmworker Food Security Assessment: Presentation of Winter Data to the Farmworker Food Security Task Force. September, 27, 2005.


49 Legislative Analyst’s Office, February 2004 Health and Social Services Analysis of the 2004-05 Budget Bill.


Bartholow J, and Westernoff B. California Association of Food Banks and Redwood Empire Food Bank (REFB); oral communication; August 2006.


Appendix 1: Specific Recommendations from *A Blueprint to End Hunger*[^46](http://www.frac.org/Blueprint%20to%20End%20Hunger.pdf)

<table>
<thead>
<tr>
<th>1. Federal Government</th>
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</thead>
<tbody>
<tr>
<td>• Live up to the official U.S. commitment to cut hunger and food insecurity in half by 2010, and commit to ending both by 2015.</td>
</tr>
<tr>
<td>• Invest in and strengthen the national nutrition safety net.</td>
</tr>
<tr>
<td>• Ensure that states, localities, and schools offer all federal food assistance programs and work actively to enroll eligible people in these programs.</td>
</tr>
<tr>
<td>• Base monthly food stamp benefits on a realistic measure of what poor households need to buy food for an adequate diet.</td>
</tr>
<tr>
<td>• Allow low-income families to participate in the Food Stamp Program without forfeiting the opportunity to save.</td>
</tr>
<tr>
<td>• Extend food stamp eligibility to more struggling low-income people.</td>
</tr>
<tr>
<td>• Expand access to child nutrition programs so that more eligible children benefit.</td>
</tr>
<tr>
<td>• Strengthen federal commodity food programs.</td>
</tr>
<tr>
<td>• Provide the WIC program with sufficient funds so all eligible people participate.</td>
</tr>
<tr>
<td>• Invest in public education to increase outreach and awareness of the importance of preventing hunger and improving nutrition for health, learning, and productivity.</td>
</tr>
<tr>
<td>2. State and Local Government</td>
</tr>
<tr>
<td>• Strengthen local use of federal nutrition programs.</td>
</tr>
<tr>
<td>• Adopt policies that would expand eligibility and promote participation in the Food Stamp Program.</td>
</tr>
<tr>
<td>• Reduce the complexity and stigma of applying for food stamps.</td>
</tr>
<tr>
<td>• Work with school districts and localities to ensure that they offer the full range of child nutrition programs.</td>
</tr>
<tr>
<td>• Expand program outreach of benefits and services, especially to underserved populations, such as working-poor households, children, and the elderly.</td>
</tr>
<tr>
<td>• Invest in public education to increase outreach and awareness of the importance of preventing hunger and improving nutrition for health, learning, and productivity.</td>
</tr>
<tr>
<td>3. Schools and Community Organizations</td>
</tr>
<tr>
<td>• Provide eligible children the full range of federal nutrition assistance programs, including free and reduced-price breakfast and lunch, after-school snacks and supper, the summer meals program, and the child and adult care meals program.</td>
</tr>
<tr>
<td>• Ensure that all eligible children who wish to participate are enrolled in the school meal and child nutrition programs.</td>
</tr>
<tr>
<td>• Invest in public education to increase outreach and awareness of the importance of preventing hunger and improving nutrition for health, learning, and productivity.</td>
</tr>
<tr>
<td>4. Nonprofit Groups</td>
</tr>
</tbody>
</table>

[^46]: California Food Guide: Fulfilling the Dietary Guidelines for Americans 11/7/06
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- Work to increase public awareness of the problem of hunger in the community and advocate for policies to end hunger.
- Ensure that state and local governments take advantage of all federal nutrition assistance programs.
- Educate low-income people about their potential eligibility for nutrition assistance and help connect them with the appropriate programs.
- Monitor program performance in food stamp offices, schools, and communities.
- Ensure that, once families are connected with food assistance, they also have access to affordable nutritious food.
- Continue to acquire and distribute balanced and nutritious food.

### 5. Labor and Industry

- Collaborate with government and community groups to connect low-wage workers to federal nutrition programs.
- Contribute time, money, food, warehouse space, and/or transportation capacity to local anti-hunger organizations.
- Support workplace giving campaigns that target hunger.
- Advocate for improved public policies to end hunger.

### 6. Individuals

- Urge elected officials to do more to reduce hunger by improving and expanding the national nutrition programs.
- Become involved with local anti-hunger organizations by donating time, money, and/or food.
- Raise local awareness of hunger by talking to friends and family, and working in your local community.