KEY CONSIDERATIONS

PRIORITIZING HEALTH EQUITY & FOOD SECURITY





Introduction

Food insecurity, defined as having limited or uncertain access to enough food to lead a healthy and active lifestyle, impacted more than 44 million people, including more than 13 million children, in the United States in 2022.

The Black community persistently experiences food insecurity at higher rates than non-Hispanic white individuals and face added social, economic and environmental challenges due to systemic and structural inequities.

If a health condition is experienced to a greater or lesser extent across population groups, there is disparity.³ Compared to non-Hispanic white individuals, Black individuals are more likely to experience diet-related health conditions including diabetes, high blood pressure, and some types of cancer.⁴ Black individuals also are more likely to have adverse outcomes from these conditions, including increased risk of death from most types of cancer.⁵ Black children are four times more likely to be admitted to the hospital for asthma compared to non-Hispanic white individuals.⁶ Access to mental health treatment is also limited; only 1 in 3 Black adults receive the mental health treatment they need.⁷ Health equity is achieved when historical and contemporary injustices are addressed; social, economic and other obstacles to health and healthcare are overcome; and preventable health disparities are eliminated.³

To achieve our vision of a hunger-free America, Feeding America commits to reducing the racial equity gap by understanding and addressing the priorities and needs of our most impacted communities, individuals and families served. This foundational issue brief describes food and health disparities within Black communities, provides key discussion questions, and offers suggestions on immediate action to take so we all have a fair and just opportunity to live long and healthy lives.





The Black population is the second largest racial/ethnic group in the U.S., following Latinos. By 2060, it is estimated that Blacks will number over 60 million and make up 15% of the U.S. population.

- U.S. Census Bureau

Hunger

Black communities experience many unique challenges and are more likely to face hunger regardless of geography, age, and other characteristics. In 99% of counties with available data, food insecurity rates among Black individuals is higher than that of non-Hispanic white individuals. In 2022, 28% of Black households were food insecure—more than twice the rate for non-Hispanic white households—and 1 in every 6 households with Black children (16%) did not have reliable access to food—three times the rate for non-Hispanic white households. Communities that are predominantly Black often have limited access to healthy food outlets. To address food insecurity in Black communities, Feeding America is working with national organizations such as National Urban League and NAACP to develop partnerships to meet the need in local communities, and address the root causes of these persistent inequities.

On average, only 1 in 10 people living in the U.S. eat enough fruits and vegetables. Most Americans consume too much sodium, which can increase one's blood pressure and risk for heart disease and stroke.

 Centers for Disease Control and Prevention

Health

Those experiencing food insecurity are at higher risk for developing diet-related chronic diseases and increased risk for adverse health outcomes related to those diseases. The Black community experiences more negative health outcomes than non-Hispanic white individuals, including higher rates of high blood pressure, diabetes, asthma, some types of cancers and other chronic illnesses.

DIABETES

Nearly 13% of the Black community is living with diabetes compared to 7% of non-Hispanic white individuals.¹⁰ The Black community is more likely to be hospitalized, experience blindness, need lower extremity amputations, and die from diabetes.

HEART DISEASE

About 35% of the Black community had high blood pressure in 2021.¹¹
Black individuals are 30% more likely to die from heart disease than non-Hispanic white individuals.

MENTAL HEALTH/ TRAUMA

In 2022, suicide was the third leading cause of death for Black individuals ages 15 to 24 years old. Black adults were more likely to report feelings of sadness and that everything was an effort compared to non-Hispanic white individuals.



Despite high rates of diet related disease, 80-90% of a person's health can be attributed to non-medical factors, often referred to as social determinants of health, which include, but are not limited to, food security, housing, transportation, education, and employment.

- National Academy of Medicine

Equity

Food insecurity is linked to poor nutrition and chronic disease, and poverty is a driver of food insecurity. Why are Blacks nearly three times as likely to live in communities with high poverty? Why does there continue to be a glaring wealth divide in this country between Blacks and whites? Why do Blacks in every age group under 65 years old continue to have significantly higher death rates than whites? Why do Black mothers die from pregnancy or childbirth at three to four times the rate of whites? Racial inequity is the result of structural racism that is embedded in historical, political, cultural, socio-economic systems and institutions. For centuries, structural racism has contributed to stark and persistent racial disparities in wealth, health and well-being, especially between Black and white households. Displacement, exclusion and segregation have long destabilized Black communities and undermined their access to fair and just opportunities to thrive and achieve good health.

Racism in the health care industry, systemic barriers that limit access to care, and environmental factors all impact health implications for the Black community. Bias plays a critical role in health inequity and perpetuates structural inequalities. According to the American Medical Association (AMA), provider bias can determine if a patient gets proper care. Beports show that even when controlling for insurance status, income, age, and condition severity, Blacks tend to receive lower-quality health care than non-Hispanic white individuals. In order to improve health outcomes, structural and systemic circumstances must always be considered, acknowledged and addressed.



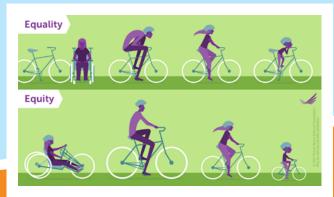


Figure 2: Robert Wood Johnson Foundation (2017)

At Feeding America, we pledge to identify and work towards solutions to eliminate social, structural, and systemic inequities that contribute to food insecurity for individuals that have been historically disadvantaged and/or adversely impacted by racial inequities.



Consequences of Hunger and Inequity

Health and Wellbeing: Healthy bodies and minds require nutritious meals at every age. When people experiencing food insecurity are forced to choose between food or other resources, the result is often long-term negative effects on health and wellbeing. These individuals often stretch already limited budgets, and use other coping strategies such as underusing medication, postponing or discontinuing medical care, or forgoing the foods needed for disease specific diets. 17 For example, over 65% of households served by the Feeding America network reported having to choose between food and medical care due to limited resources, and close to 80% of households reported having to choose inexpensive, unhealthy food to feed their families. 17 These difficult choices can lead to higher rates of chronic conditions, complications from uncontrolled disease, and delayed development in children. Members of food-insecure households are also more likely to struggle with psychological and behavioral health issues. 18 Since the Black community experiences food insecurity at a disproportionate rate, accompanying health risks are also higher within this population group.



Had to choose utilities



Had to choose between food and



Had to choose

between food and medical care



Had to choose between food and housing



Had to choose between food and education



Purchase inexpensive, unhealthy food



friends or family



Water down food or drinks



Sell or pawn personal property



Grow food in a garden



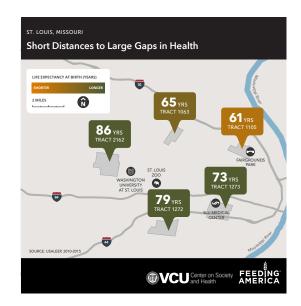
Figure 3: Hunger in America (2014). The data above represents the more than 60,000 clients served through the Feeding America network who responded to questions about themselves, their households, and the circumstances that led them to seek assistance from the charitable food network.



"Health equity is the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality."

- Health Resources and Services Administration

Quality of Life: There is growing recognition that historical racial segregation by neighborhood plays a role in overall life expectancy. In other words, your zip code may mean more than your genetic code. Among the 500 largest U.S. cities, 56 have very wide life expectancy gaps with stark differences between racial and ethnic groups. On average, people in one neighborhood can expect to live 20 to 30 years longer than their neighbors a few miles away. These estimates are evident by health disparities experienced among predominantly Black neighborhoods compared to neighborhoods that are mostly non-Hispanic white. Many Black neighborhoods have not received key investments and protections customary for white neighborhoods, putting them at a disadvantage for poor health and opportunity, and contributing to lower life expectancy rates.



St. Louis, Missouri has a 25 year disparity in average life expectancy across the region's communities. Some babies can expect to live 61 years, while others a few miles away may live 4-25 years longer. Short distances can mean large differences in health.

Figure 4. Virginia Commonwealth University (2015)

CREATING A HEALTHIER AMERICA

A primary goal of Feeding America is providing access to healthy food in all of our communities. This means supplying food banks with more fruits, vegetables, whole grains, low-fat dairy and lean proteins and prioritizing resources for marginalized communities that experience historical and economic disadvantages to advance health equity.

Health Equity Action Items: What Food Banks and Health Care Partners Can Do

Align with other national, state, and local organizations committed to improving health and advancing equity in communities of color.

Build trust, positive interactions, and communication with people of color in your community to better understand unique social and systemic factors that contribute to food insecurity and poor health.

Release a statement signaling your joint commitment to equity.

Co-Develop interventions to connect people of color to critical resources aimed at correcting food insecurity and other social determinants of health.

Help make "the healthy choice the easy choice" through improved access to culturally appropriate nutritious food, nutrition education, health literacy programs and other services in your community.

Learn more about race & ethnicity and food insecurity **here** on the Feeding America website and about hunger, health and equity by going **here**.

Hunger, Health and Equity Discussion Questions

- 1 How and why do different racial and ethnic groups move in and out of food insecurity over time and what are the long-term health impacts?
- 2 How does the charitable food system influence food insecurity and health for different racial and ethnic groups?
- 3 What coping strategies and tradeoffs do food insecure households make and what are the health consequences of these coping strategies? How does this differ by race and ethnicity?
- 4 How do hunger and health challenges affect multi-generational households of color?



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Feeding America Lead Authors

Gita Rampersad, JD, MHA
Kelly Goodall, MSW
Traci Simmons, MPH, CHES
Kelsey Kinderknecht, MPH, RDN*

Feeding America Content Advisors

Emily Engelhard Jeremy Arnold Jessica Hager, AM Riley Link Rucha Kandlur

Feeding America Public Health Disparities Sub-Committee

Ami McReynolds
Amirio Freeman
Charles Dennis
Corey Malone-Smolla
Jessica Jelinski
Junior Martinez
Laura Studee
Morgan Smith, MS, RN
Rocio Diaz

Rose Saltalamacchia Thea Carlos Theresa DelVecchio Dys, MPH Tom Summerfelt Tre Maebry Vincent Davis

External Advisors

Angela Odoms-Young, PhD Eric Paul Meredith MEd, MS, RDN, CHES, CPT Hilary Seligman, MD, MAS UnidosUS

^{*}key contributor to updates in Spring 2024

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For the purposes of this brief, Black is used to refer to American Black persons of African descent

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JOIN THE MOVEMENT TO END HUNGER TODAY. DONATE. VOLUNTEER. ADVOCATE. EDUCATE.

Feeding America is committed to an America where no one is hungry. We support tens of millions of people who experience food insecurity to get the food and resources they say they need to thrive as part of a nationwide network of food banks, statewide food bank associations, food pantries and meal programs. We also invest in innovative solutions to increase equitable access to nutritious food, advocate for legislation that improves food security and work to address factors that impact food security, such as cost of living, health and employment.

We partner with people experiencing food insecurity, policymakers, organizations, and supporters, united with them in a movement to end hunger.



161 North Clark St. Suite 700 Chicago, Illinois 60601 1627 I Street NW Suite 1000 Washington, DC 20006 1.800.771.2303 FeedingAmerica.org