Impact of Hunger & Poverty on the Health of Communities
A Review of the Current Data

10/12/2015
National Urban League
Tyson Foods
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INTRODUCTION

According to recently released data from the United States Department of Agriculture (USDA), approximately 49 million people in the United States live in food-insecure households, with nearly 16 million of them being children. In other words, 14 percent American households faced difficulty in providing food for their members at some point during the year. There is evidence that as the economic recession and job losses of 2007-2008 hit American families, the problem of household food insecurity dramatically increased by over 33 percent and has remained intractably high ever since. In fact, USDA data indicates that between 2003 and 2007, there were 35.1 million to 38.2 million people living in food insecure households every year. Sadly, the same data shows that from 2008 to 2013, following the worst of the economic recession, the range has been 48.8 million to 50.2 million people.

The National Urban League and Tyson Foods, Inc., selected Nashville as a case study site for research into food insecurity in urban America. The most recent data on food insecurity in Davidson County, TN (which includes the City of Nashville), indicates an overall food insecurity rate of 17.5%, with 110,140 people facing difficulties with obtaining enough food. The County’s child food insecurity rate is 22.4% with over 30,000 children affected. An astonishing 70% of households are income-eligible for federal nutrition programs (incomes at or less than 185% of poverty).

The United States Department of Agriculture (USDA) defines food security as the access by all people at all times to enough food for an active, healthy life. The USDA defines low food security (previously classified as food insecurity without hunger) as reports of reduced quality, variety, or desirability of diet, with little or no indication of reduced food intake. The agency also classifies very low food security (previously classified as food insecurity with hunger) as reports of multiple indications of disrupted eating patterns and reduced food intake.
While the technical classification no longer includes the word “hunger,” both the aforementioned categories most probably include some degree of hunger. It might take the form of one parent participating in our program who has been skipping 2-3 meals per week just to ensure that her children have enough to eat. Moreover, there are other negative consequences of food insecurity, including the consumption of high-calorie, nutrient-poor, energy-dense foods often found in corner stores and fast food restaurants in order to stave off hunger – but which can also lead to overweight or obesity. Obesity and overweight are the most rampant forms of malnutrition in the United States and are closely associated with many forms of chronic disease, including heart disease, diabetes, kidney disease, stroke as well as a poorer quality of life.

We know from the data that hunger is a significant problem affecting Americans of all backgrounds, but the disproportionate impact that hunger and poverty have on African American households and those of other minorities, as well as rural households, is indisputable. According to data from Feeding America’s Map the Meal Gap 2014 report, of all the counties where a majority of residents are African American, 93.1 percent belong to the highly insecure category. In counties that are majority white, just 6.2 percent belong to that highly insecure group. The most recent data from USDA shows that one in four (26.1 percent) African American households experienced food insecurity in 2013, a significantly higher rate than the national average (14.3 percent) and that among Black households, 15.9 percent faced low food security and 10.1 percent faced very low food security in 2013, the most severe incidence of food insecurity. Sadly, one in three (32.6 percent) of Black households with children faced food insecurity.
ETIOLOGY OF FOOD INSECURITY

Even a cursory review of the national demographic data on food insecurity reveals an inextricable link to family or household income. The factors that contribute to and/or compound the low wages, also worsen the impact of food insecurity and generally contribute to negative cycle that results in poverty. This was demonstrated most clearly during the recent economic recession in which the number of individuals and families facing hunger skyrocketed together with the jobless rate.¹

Chart. Leading Causes of Food Insecurity in the United States²

EMERGING AND EVOLVING TRENDS

2014 USDA Economic Research Service (ERS) Report
The USDA monitors the extent and severity of food insecurity in U.S. households through an annual, nationally representative survey sponsored and analyzed by USDA’s Economic Research Service (ERS). Reliable monitoring of food security contributes to the effective operation of the Federal food assistance programs, as well as that of private food assistance programs and other government initiatives aimed at reducing food insecurity. In September 2015, the latest version of the report was released and was used to present statistics from the survey covering households’ food security, food expenditures, and use of Federal food and nutrition assistance programs in 2014.

The estimated percentage of U.S. households that were food insecure remained essentially unchanged from 2013 to 2014; however, food insecurity was down from a high of 14.9
percent in 2011. The percentage of households with food insecurity in the severe range—described as very low food security—was unchanged.

• In 2014, 86.0 percent of U.S. households were food secure throughout the year. The remaining 14.0 percent (17.4 million households) were food insecure. Food-insecure households (those with low and very low food security) had difficulty at some time during the year providing enough food for all their members due to a lack of resources. The changes from 2013 (14.3 percent) and 2012 (14.5 percent) to 2014 were not statistically significant; however, the cumulative decline from 14.9 percent in 2011 was statistically significant.

• In 2014, 5.6 percent of U.S. households (6.9 million households) had very low food security, unchanged from 5.6 percent in 2013. In this more severe range of food insecurity, the food intake of some household members was reduced and normal eating patterns were disrupted at times during the year due to limited resources.

• Children were food insecure at times during the year in 9.4 percent of U.S. households with children (3.7 million households), essentially unchanged from 9.9 percent in 2013. These households were unable at times during the year to provide adequate, nutritious food for their children.
Persistent Racial and Ethnic Disparities

While the crisis of hunger affects all Americans, it has a well-documented and disproportionate impact on particular communities – African American households are among those that are worst hit by the dual burden of hunger and poverty. Data collected in 2011 and reported by the USDA in 2012 revealed the following highlights regarding Black households:

- One in four (25.1 percent) Black non-Hispanic households experienced food insecurity in 2011, a significantly higher rate than the national average (14.5 percent).
- Among Black households, 14.6 percent faced low food security and 10.5 percent faced very low food security, the most severe incidence of food insecurity. 32.9 percent of Black households with children faced food insecurity.
- 27.6 percent of Black households lived below the poverty line in 2011.

A literature review of the demographic distribution and impact of food insufficiency, suggests that food insufficiency rates are much higher among African Americans and Hispanics than
among whites, and according to review and analysis of the latest USDA data conducted by the Food Research and Action Center (FRAC), the following additional findings from the USDA report include:

- 15.3 million children lived in food insecure households in 2014, compared to 15.8 million in 2013.
- Households outside metropolitan areas (more rural areas) are seeing considerably deeper struggles with hunger compared to those inside metropolitan areas, with higher rates of food insecurity (17.1 percent compared to 13.5 percent), higher rates of food insecurity in households with children (23.6 percent compared to 18.4 percent), and higher rates of very low food security (7.3 percent compared to 5.3 percent).
- Food insecurity rates for Black and Hispanic households were substantially above the national average, with 26.1 percent of Black households and 22.4 percent of Hispanic households reporting they struggled against hunger in 2014.

Challenge of Poverty
Additional data reported by the Food Research and Action Center (FRAC) reveals the following facts regarding poverty and hunger:

- More than one in six people lived in poverty in 2013. The Census Bureau reported that in 2013, 45.3 million people (14.5 percent) lived in poverty, a rate only slightly lower than the 2012 rate (15.0 percent).
- According to the American Community Survey, 98.8 million people, or 32.1 percent of all Americans, lived on less than 185 percent of the federal poverty level in 2013. This means they are income-eligible for most federal nutrition programs, like SNAP (food stamps) and child nutrition programs – assistance which can help them stretch their food dollars and get access to healthy foods.
- Children continue to have high poverty rates, with 19.5 percent of children under 18 (14.1 million) living in poverty in 2013. According to the American Community Survey,
30.1 million (41.6 percent) of all children under 18 lived in families with incomes below 185 percent of the federal poverty level.

- Not only are there considerable disparities between state poverty rates, but counties within states also show large disparities in 2012. For example, many states have counties with a 15-20 percentage point difference between the lowest and highest poverty rates.

### KEY CLASSIFICATIONS AND DATA

#### Food Security Status of U.S. Households in 2014

**Food secure**—These households had access, at all times, to enough food for an active, healthy life for all household members.

- 86.0 percent (106.6 million) of U.S. households were food secure throughout 2014.
- Essentially unchanged from 85.7 percent in 2013.

**Food insecure**—At times during the year, these households were uncertain of having, or unable to acquire, enough food to meet the needs of all their members because they had insufficient money or other resources for food. Food-insecure households include those with *low food security* and *very low food security*.

- 14.0 percent (17.4 million) of U.S. households were food insecure at some time during 2014.
- Essentially unchanged from 14.3 percent in 2013.

**Low food security**—These food-insecure households obtained enough food to avoid substantially disrupting their eating patterns or reducing food intake by using a variety of coping strategies, such as eating less varied diets, participating in Federal food assistance programs, or getting emergency food from community food pantries.

- 8.4 percent (10.5 million) of U.S. households had low food security in 2014.
- Essentially unchanged from 8.7 percent in 2013.

**Very low food security**—In these food-insecure households, normal eating patterns of one or more household members were disrupted and food intake was reduced at times during the year because they had insufficient money or other resources for food.

<table>
<thead>
<tr>
<th>Food Security Status</th>
<th>2014 Percentage</th>
<th>Change from 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food secure</td>
<td>86.0%</td>
<td>(unchanged)</td>
</tr>
<tr>
<td>Food insecure</td>
<td>14.0%</td>
<td>(unchanged)</td>
</tr>
<tr>
<td>Low food security</td>
<td>8.4%</td>
<td>(unchanged)</td>
</tr>
<tr>
<td>Very low food security</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• 5.6 percent (6.9 million) of U.S. households had very low food security at some time during 2014.
• Unchanged from 5.6 percent in 2013.

**Food Security Status of U.S. Households with Children in 2014**

**Among U.S. households with children under age 18:**

• 80.8 percent were food secure in 2014.
• In 9.8 percent of households with children, only adults were food insecure.
• Both children and adults were food insecure in 9.4 percent of households with children (3.7 million households).
• Although children are usually protected from substantial reductions in food intake even in households with very low food security, nevertheless, in about 1.1 percent of households with children (422,000 households), one or more child also experienced reduced food intake and disrupted eating patterns at some time during the year.

**Food Insecurity by Household Characteristics**

The prevalence of food insecurity varied considerably among household types. Rates of food insecurity were higher than the national average (14.0 percent) for the following groups:

• All households **with children** (19.2 percent),
• Households with **children under age 6** (19.9 percent),
• Households **with children headed by a single woman** (35.3 percent),
• Households **with children headed by a single man** (21.7 percent),
• **Black, non-Hispanic households** (26.1 percent),
• **Hispanic households** (22.4 percent), and
• Low-income households with **incomes below 185 percent of the poverty threshold** (33.7 percent; the Federal poverty line was $24,008 for a family of four in 2014).
Prevalence of food insecurity, 2014


Prevalence of very low food security, 2014

Table. 2015 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia$^3$

<table>
<thead>
<tr>
<th>Persons in Household</th>
<th>Poverty Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,770</td>
</tr>
<tr>
<td>2</td>
<td>$15,930</td>
</tr>
<tr>
<td>3</td>
<td>$20,090</td>
</tr>
<tr>
<td>4</td>
<td>$24,250</td>
</tr>
<tr>
<td>5</td>
<td>$28,410</td>
</tr>
<tr>
<td>6</td>
<td>$32,570</td>
</tr>
<tr>
<td>7</td>
<td>$36,730</td>
</tr>
<tr>
<td>8</td>
<td>$40,890</td>
</tr>
</tbody>
</table>

For households with more than 8 persons, add $4,160 for each additional person.

Table. 2015 Federal Poverty Guidelines for Alaska$^3$

<table>
<thead>
<tr>
<th>Persons in Household</th>
<th>Poverty Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$14,720</td>
</tr>
<tr>
<td>2</td>
<td>$19,920</td>
</tr>
<tr>
<td>3</td>
<td>$25,120</td>
</tr>
<tr>
<td>4</td>
<td>$30,320</td>
</tr>
<tr>
<td>5</td>
<td>$35,520</td>
</tr>
<tr>
<td>6</td>
<td>$40,720</td>
</tr>
<tr>
<td>7</td>
<td>$45,920</td>
</tr>
<tr>
<td>8</td>
<td>$51,120</td>
</tr>
</tbody>
</table>

For families/households with more than 8 persons, add $5,200 for each additional person.

Table. 2015 Federal Poverty Guidelines for Hawaii$^3$

<table>
<thead>
<tr>
<th>Persons in Household</th>
<th>Poverty Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$13,550</td>
</tr>
<tr>
<td>2</td>
<td>$18,330</td>
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<tr>
<td>3</td>
<td>$23,110</td>
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<tr>
<td>4</td>
<td>$27,890</td>
</tr>
<tr>
<td>5</td>
<td>$32,670</td>
</tr>
<tr>
<td>6</td>
<td>$37,450</td>
</tr>
<tr>
<td>7</td>
<td>$42,230</td>
</tr>
<tr>
<td>8</td>
<td>$47,010</td>
</tr>
</tbody>
</table>

Food Hardship

Food hardship – a marker for household struggles with hunger developed by the Food Research and Action Center – harms children, working-age adults, people with disabilities and seniors; harms health, learning and productivity; and drives up health and other costs for families, employers and government. This is a serious national problem that requires a serious national response. Yet, as the survey findings indicate, the country continues to fail to grapple with food hardship and poverty despite available solutions.

Table. 20 States with the Worst Food Hardship Rates in 2014 vs US

<table>
<thead>
<tr>
<th></th>
<th>Food Hardship Rate</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>17.2</td>
<td></td>
</tr>
<tr>
<td>Mississippi</td>
<td>24.7</td>
<td>1</td>
</tr>
<tr>
<td>Louisiana</td>
<td>22.5</td>
<td>2</td>
</tr>
<tr>
<td>West Virginia</td>
<td>22</td>
<td>3</td>
</tr>
<tr>
<td>Tennessee</td>
<td>21.7</td>
<td>4</td>
</tr>
<tr>
<td>Kentucky</td>
<td>21.4</td>
<td>5</td>
</tr>
<tr>
<td>Alabama</td>
<td>21.3</td>
<td>6</td>
</tr>
<tr>
<td>Arkansas</td>
<td>21.1</td>
<td>7</td>
</tr>
<tr>
<td>North Carolina</td>
<td>20.8</td>
<td>8</td>
</tr>
<tr>
<td>Georgia</td>
<td>20.1</td>
<td>9</td>
</tr>
<tr>
<td>South Carolina</td>
<td>19.9</td>
<td>10</td>
</tr>
<tr>
<td>New Mexico</td>
<td>19.6</td>
<td>11</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>19.5</td>
<td>12</td>
</tr>
<tr>
<td>Arizona</td>
<td>19.2</td>
<td>13</td>
</tr>
<tr>
<td>Florida</td>
<td>18.5</td>
<td>14</td>
</tr>
<tr>
<td>Michigan</td>
<td>18.5</td>
<td>15</td>
</tr>
<tr>
<td>Delaware</td>
<td>18.4</td>
<td>16</td>
</tr>
<tr>
<td>Texas</td>
<td>18.4</td>
<td>17</td>
</tr>
<tr>
<td>Vermont</td>
<td>18.2</td>
<td>18</td>
</tr>
<tr>
<td>Ohio</td>
<td>18.1</td>
<td>19</td>
</tr>
<tr>
<td>New York</td>
<td>17.6</td>
<td>20</td>
</tr>
</tbody>
</table>
HEALTH IMPACT OF HUNGER

Obesity
Low-income neighborhoods frequently lack full-service grocery stores and farmers’ markets where residents can buy a variety of fruits, vegetables, whole grains, and low-fat dairy products. Instead, residents – especially those without reliable transportation – may be limited to shopping at small neighborhood convenience and corner stores, where fresh produce and low-fat items are limited, if available at all. One of the most comprehensive reviews of U.S. studies examining neighborhood disparities in food access found that neighborhood residents with better access to supermarkets and limited access to convenience stores tend to have healthier diets and reduced risk for obesity.

Low-income communities have greater availability of fast food restaurants, especially near schools. These restaurants serve many energy-dense, nutrient-poor foods at relatively low prices. Fast food consumption is associated with a diet high in calories and low in nutrients, and frequent consumption may lead to weight gain.

Low-income youth and adults are exposed to disproportionately more marketing and advertising for obesity-promoting products that encourage the consumption of unhealthful foods and discourage physical activity (e.g., fast food, sugary beverages, television shows, video games). Such advertising has a particularly strong influence on the preferences, diets, and purchases of children, who are the targets of many marketing efforts.

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Table A. The Most Recent National and State (TN) Prevalence Data for Overweight and Obesity

<table>
<thead>
<tr>
<th></th>
<th>Tennessee</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Low-Income Children who are Overweight or Obese (Ages 2-4)</td>
<td>29.4</td>
<td>30.4</td>
</tr>
<tr>
<td>% of Low-Income Children who are Obese (Ages 2-4)</td>
<td>14.3</td>
<td>14.4</td>
</tr>
<tr>
<td>% of Children who are Overweight or Obese (Ages 10-17)</td>
<td>34.1</td>
<td>31.3</td>
</tr>
<tr>
<td>% of Children who are Obese Only (Ages 10-17)</td>
<td>20.5</td>
<td>15.7</td>
</tr>
</tbody>
</table>


Table B. The Most Recent National and State (TN) Prevalence Data for Overweight and Obesity

<table>
<thead>
<tr>
<th></th>
<th>Tennessee</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of High School Students who are Overweight or Obese</td>
<td>32.5</td>
<td>28.2</td>
</tr>
<tr>
<td>Students who are Overweight or Obese4 % of High School Students who are Obese Only</td>
<td>15.2</td>
<td>13</td>
</tr>
<tr>
<td>% of Adults who are Overweight or Obese</td>
<td>66.5</td>
<td>63.5</td>
</tr>
<tr>
<td>% of Adults who are Obese Only</td>
<td>29.2</td>
<td>27.8</td>
</tr>
</tbody>
</table>

HIV/AIDS

Food insecurity and HIV/AIDS are intertwined in a vicious cycle that heightens vulnerability to, and worsens the severity of, each condition.\(^{10}\) Recent studies confirm that this co-morbidity of hunger and HIV is present both internationally and here in the United States.\(^{11}\) Observational studies suggest that food insecurity is associated with increased HIV transmission risk behaviors and decreased access to HIV treatment and care.\(^{10}\) Among individuals receiving antiretroviral therapy (ART), food insecurity is associated with decreased ART adherence, reduced baseline CD4 cell count, incomplete virologic suppression, and decreased survival.\(^{11}\)

Homelessness

The dramatic increase in U.S. homelessness has drawn attention to a number of health related factors, including food security and hunger. Oftentimes, homeless individuals have to compromise the quantity and quality of their food in order to cope with a lack of funds. While national data indicate that a majority of people who live below the poverty line or have unstable incomes often fall victim to food insecurity, homeless people are most at risk.

Psychological symptoms of homelessness include the anxiety, fear, and depression associated with coping with a lack of funds to obtain adequate food.\(^{12}\) Another study found that the mental health condition of the participant might increase their likelihood of food insecurity.\(^{13}\) For example, a homeless person afflicted with depression may not be in the right frame of mind to manage money to purchase food as well as when he or she is not depressed. Several studies have also found mental illness to be prevalent among homeless families and much more prevalent in food insecure families.\(^{14}\) Diabetes and high blood pressure have been noted as physical effects of


food insecurity. Food insecurity has been found to be a risk factor for diabetes. Adults tend to consume high calorie, less nutritious food, which play a part in this relationship. Related data also suggested unhealthy eating behaviors influence the association between high blood pressure and food insecurity.

**Maternal & Child Health**
Adequate nutrition before conception and during pregnancy is essential for a healthy pregnancy, optimum prenatal growth, development, and a successful birth outcome. Although there is more to learn about optimum nutrition for conception, pregnancy, and birth, basic requirements are well documented. Food insecurity can compromise the nutritional status of both the mother and the fetus, and negatively influence the birth outcome as well as present and future development of the infant. Both undernutrition and overnutrition can be exacerbated by food insecurity during and after pregnancy and pose risks to both mother and child.

Pediatric clinicians may encounter the effects of food insecurity in a variety of forms, ranging from inorganic failure to thrive (FTT), to iron deficiency, anemia, and other micro-nutrient deficiencies. Poverty-related food insecurity and malnutrition during the first three years of life can have serious negative impacts on subsequent physiological, behavioral, and cognitive development in humans.

In the United States, as elsewhere, poverty is a major cause of conditions that result in impairments in growth and development among young children of poor families through limitations on food security and nutrition, constrained environmental stimulation, impaired immunity, increased morbidity, reduced access to healthcare, and other ways. Over the past few decades, multiple studies have been conducted to assess the impact of food insecurity on health outcomes.

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decade a growing body of evidence suggests that cognitive deficits accumulated due to chronic mild-to-moderate undernutrition during the first three to five years of life can lead to long-lasting impairment and underachievement. 

SCHOOL MEAL PROGRAMS

National School Lunch Program (NSLP)\textsuperscript{19}
The National School Lunch Program (NSLP) makes it possible for all school children in the United States to receive a nutritious lunch every school day. Congress created the National School Lunch Program (NSLP) after an investigation into the health of young men rejected in the World War II draft showed a connection between physical deficiencies and childhood malnutrition. In response, Congress enacted the 1946 National School Lunch Act as a “measure of national security, to safeguard the health and well-being of the Nation’s children.” NSLP provides per meal cash reimbursements to schools as an entitlement to provide nutritious meals to children. This means that all eligible schools can participate and all children attending those schools can participate. Schools participating in NSLP also receive agricultural commodities (unprocessed or partially processed foods) as a supplement to the per-meal cash reimbursements, in amounts based on the number of lunches they serve. Community Eligibility allows schools with high numbers of low-income children to offer free breakfast and lunch to all students without collecting school meal applications or tracking eligibility in the cafeteria. This option increases participation by children in the school meal programs, while schools reduce labor costs and increase their federal revenues, allowing for a healthier student body and a healthier school meal budget.

School Breakfast Program (SBP)\textsuperscript{20}
The School Breakfast Program makes it possible for all school children in the United States to receive a nutritious breakfast every school day. First established by Congress as a pilot program

in 1966, the School Breakfast Program became a permanent entitlement program in 1975 and has continued to expand year after year.

According to research published by the Food Research and Action Center, eating breakfast at school supports health and learning for low-income children. Studies conclude that students who eat school breakfast increase their math and reading scores as well as improve their speed and memory in cognitive tests. Research also shows that children who eat breakfast at school – closer to class and test-taking time – perform better on standardized tests than those who skip breakfast or eat breakfast at home. Moreover, compared to children who do not eat breakfast or eat breakfast at home, children who eat school breakfast:

- are less likely to be overweight,
- have improved nutrition,
- eat more fruits,
- drink more milk,
- consume a wider variety of foods.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Basic Facts about the Supplemental Nutrition Assistance Program (SNAP)

SNAP benefits allow families to:

- Purchase more nutritious foods
  - Whole grains, low-fat/fat-free milk products, fruits, and vegetables
- Gain better access to healthy food, right in the communities where they live, work and play

Reports from the U.S. Census Bureau and USDA’s Food and Nutrition Service show how SNAP benefits can lift people out of poverty:

- Nationally, 3.9 million people – 1.7 million children – were lifted above the poverty line in 2010 under the alternative computation that counts SNAP benefits, according to the

SNAP eligibility is limited to households with gross income of no more than 130% of the federal poverty guideline (FPL), but the majority of households have income well below the maximum:

- 83% of SNAP households have gross income at or below 100% of the poverty guideline ($19,530 for a family of 3 in 2013), and
  - these households receive about 91% of all benefits.
- 61% of SNAP households have gross income at or below 75% of the poverty guideline ($14,648 for a family of 3 in 2013)

The average SNAP household has:

- Gross monthly income of $744
- Net monthly income of $338 after the standard deduction
  - and in some cases, deductions for child care, medical expenses, and shelter costs
- Countable resources of $331, such as a bank account.

THE NASHVILLE PROJECT

Overview
Tyson Foods, Inc. and the National Urban League (NUL) recently completed a 2-year program in Nashville, TN focused on the development and implementation of a self-sustaining, community-based, hunger relief and awareness public health program. Drawing on Tyson Foods KNOW Hunger initiative and NUL’s Project Wellness signature program, the two institutions have partnered together with the Urban League of Middle Tennessee and other local groups, to achieve the sought outcomes and objectives. Tyson and NUL previously piloted a similar program with the Urban League of Greater Jackson, in the Jackson, MS metro area before moving the initiative to Nashville, TN – this was an important move as Tennessee ranks 43rd among US states for the number of households facing food insecurity.
Objectives
Specifically, the program objectives have entailed the following:

1. Identifying opportunities to enhance hunger relief resources available to poor communities, particularly related to the crisis of food insecurity and food insufficiency in the City of Nashville and Davidson County, TN.
2. Helping position Tyson and Urban League affiliates in a leadership role of combating the hunger epidemic
3. Providing Urban League clients with services and information related to hunger relief, access to SNAP, healthy eating and nutrition
4. Helping to empower members of affected communities with job creation opportunities in the value chain of healthy nutrition and healthcare services (such as certification in health education, diabetes education and dietitian services).
5. Establishing an effective coalition of partners from Minority Serving Institutions of higher education in order to broaden the impact of the work through technical assistance, education and outreach, student service learning and the pooling of the widest array of resources.

Impact
Through a variety of strategically timed, high impact events that were successfully planned and executed by the Urban League of Middle Tennessee in conjunction with the local Tyson Foods team, more than 28,000 people in the Greater Nashville area were reached with information about local food resources for families, the hunger epidemic among socioeconomically disadvantaged communities in general, the challenges associated with access to affordable nutrition including food deserts and effective utilization of food assistance including SNAP and food banks. Over 10,000 people received direct services and more than 3,200 of them had the opportunity to enroll in programs, initiatives or services.
DISCUSSION

A Human Rights-Based Approach to Food Insecurity

The contemporary international human rights system was born in 1948 when the United Nations General Assembly adopted the Universal Declaration of Human Rights (UDHR). The International Bill of Human Rights includes the UDHR and the two Covenants prepared on the basis of that Declaration, the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), both adopted in 1966, as well as the International Convention on the Rights of the Child (CRC).

According to UDHR Article 25(1),

"everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing...".

Under ICESCR Article 11, the States Parties,

"recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing...".

In paragraph 2 of the same article, the States Parties to the Covenant recognize the fundamental right of everyone to be free from hunger and list measures to be taken individually and through international cooperation in order to bring hunger to an end.

Under CRC Article 27,

"States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development".

The right to an adequate standard of living sums up the underlying concern of all economic and social rights, which is to integrate everyone into a humane society. This right is closely linked to the guiding principle of the whole human rights system, that everyone is born free and equal in dignity and rights and should act towards each other in a spirit of fraternity (UDHR Article 1).
The general concept of adequate food can be broken down into several elements:

1) **the food supply should be adequate**, which means that the types of foodstuffs *commonly available* (nationally, in local markets and, ultimately, at the household level) should be *culturally acceptable* (fit in with the prevailing food or dietary culture);

2) **the available supply should cover overall nutritional needs** in terms of *quantity* (energy) and *quality* (it should provide all the essential nutrients, including micronutrients such as vitamins and iodine);

3) **the food should be safe** (free of toxic elements and contaminants) and **of good quality** (in terms of, for example, taste and texture).

The UDHR envisaged that everyone throughout the world should enjoy the rights contained therein. These rights were to be absorbed into the legal, administrative and political culture of nations, through recognition followed by implementation in national law and administration, including any necessary political and social reforms. Global institutions had to be set up, some of them to monitor the implementation of human rights worldwide and others, such as FAO, to provide assistance and cooperation in facilitating the enjoyment of these rights for all. The UDHR was initially an expression of ideal goals to be achieved. The process of transforming these ideals into hard law at the international level started with the adoption of the two Covenants in 1966, followed by numerous more specific conventions. While these created obligations for states under international law, the main task was to ensure that rights were incorporated into national law and administrative practice, and that conditions were created under which it would be possible for states to meet their obligations.

From an advocacy standpoint, the National Urban League believes that addressing the issue of community-wide household hunger – and the resulting impact on children, adults, families and entire communities – may be more effective if addressed using a rights-based model that builds upon all the declarations, covenants and conventions for which the United States is signatory. The success achieved in regard to civil rights, women’s rights and gay rights, demonstrates the sort of traction that can be gained using that approach.
CONCLUSION

By collaborating with multi-sectoral partners and stakeholders across the public and private spectrum, as well as engaging with policymakers at the federal, state, county/local levels, more can be done to effectively address this difficult challenge. Empowering communities through education, improved housing, community economic development, entrepreneurship support, access to affordable healthcare and job creation are among the ways that the Urban League seeks to address the problem. Yet the single biggest key to success might be finding ways to more deeply and constructively engage the general public through sustained awareness campaigns. Indeed, in 2012 over 34 million tons of food were thrown out in the United States, more than the amount of plastic, paper, glass, wood and other materials. At a time when one in seven households face daunting challenge of food insecurity, perhaps everyone can do a little more to help. Adopting a human rights-based approach to the difficult challenge of hunger and food insecurity in the United States may be a more effective model.