The Colorado Health Foundation™

FOOD INSECURITY:

How can we reduce hunger in Colorado?

Executive Summary

In partnership with r-evolution consulting

ACKNOWLEDGMENTS

The Colorado Health Foundation would like to thank the author of this report, **Jennifer Banyan** of R-Evolution Consulting.

About the Author

Jennifer Banyan has 18 years of human services experience and is the chief executive officer of R-Evolution Consulting, LLC. In this capacity, she has worked with several Colorado foundations, counties, the Colorado Department of Human Services and large nonprofits on issues of basic human needs, public benefits integration into nonprofit operations, systems improvement and high-level efforts to end hunger in Colorado. Prior to consulting, she was the division director for self-sufficiency and community support for Boulder County Housing and Human Services. In this role, she was responsible for multiple programs including Medicaid Outreach and Enrollment, SNAP, CO PEAK Statewide Training team, CCAP, TANF, Housing Family Self-Sufficiency and strategic initiatives. She implemented nationally recognized outreach and enrollment projects (NACO awards) and innovative policy work to promote service integration for increased access to public benefits. She has helped lead local and state efforts to improve county business processes, overall system and program improvements, and promote benefits access and program outcomes through policy change. Jennifer is considered to be a national subject matter expert on anti-hunger strategies and federal food programs. She is an expert in Federal Supplemental Nutrition Assistance Program in policy, outreach, enrollment and analysis.

Previously, Jennifer was the director of quality improvement for the state of Vermont Department of Mental Health and was a senior management analyst in child welfare in California. She specializes in integrated services, systems redesign, policy analysis and data driven process improvement. She creates innovative and collaborative projects to improve the public human services delivery system to promote self-sufficiency, family stability and healthy communities. Jennifer holds a master's degree in social work from Indiana University.

About the Colorado Health Foundation

The Colorado Health Foundation is singularly focused on helping Coloradans live their healthiest lives by advancing opportunities to pursue good health and achieve health equity through grantmaking, policy and advocacy, strategic private investments and convening to drive change. For more information, please visit www.coloradohealth.org.

Table of Contents

Background

The Colorado Health Foundation is singularly focused on helping Coloradans live their healthiest lives by advancing opportunities to pursue good health and achieve health equity through grantmaking, policy and advocacy, strategic private investments and convening to drive change. To achieve this, it's critical that families, including the most vulnerable populations, have access to affordable healthy foods and caregivers, and children have the opportunity to enroll and participate in assistance programs for which they qualify.

We know that food insecurity, a condition where individuals or families lack access to sufficient food because of limited resources, is strongly linked with poor health outcomes and higher health care costs and utilization. Additionally, food insecurity is directly tied to educational outcomes and school readiness in children, and for seniors, it dramatically impacts self-sufficiency and well-being. Increasing food access and food security is widely recognized as an impactful strategy for improving health outcomes and lifting families out of poverty.

Federal food assistance programs in the U.S. are an effective avenue to alleviate hunger and supplement the food budgets of low-income families. However, Colorado consistently falls short when it comes to enrollment of individuals and families who are eligible to participate in such programs.

One of the Foundation's 2017 policy priorities is to improve supports for Coloradans experiencing food insecurity by reducing administrative inefficiencies and barriers to participation in food assistance programs. We also are expanding our efforts around social determinants of health, making it one of our six focus areas.

In order to inform our work, we commissioned Jennifer Banyan of R-Evolution Consulting, to map out the Colorado food security system and develop recommendations around gaps, potential opportunities and next steps.

Methodology

To provide a holistic perspective on hunger in Colorado, the following activities were conducted between October 2016 and January 2017:

1. Key informant interviews with Colorado anti-hunger experts: Seventeen interviews were conducted with 12 of the leading hunger organizations operating in Colorado: Hunger Free Colorado, LiveWell Colorado, Food Bank of the Rockies, Benefits Data Trust, Kaiser Permanente, Care and Share, Colorado Prevention Alliance, Colorado Center on Law Policy, as well as the Colorado Department of Education, Department of Human Services, Department of Public Health & Environment and Department of Health Care Policy & Financing.

   The interviews focused on identifying priorities for improving the food security system, organizational capacity and challenges, policy and advocacy opportunities and collaboration. Agency documents, reports and websites were reviewed for additional data and information. A Key Informant Report was produced with the findings and themes from these experts.

2. Data analysis and literature review: Extensive data were gathered from state and national government sources. The impacts of food insecurity/hunger on economic development, social determinants of health, early childhood development, school performance, the four-day school week, prenatal and infant health, health care costs, senior health and impacts on the economic opportunities of low-income residents were reviewed. This scan included key federal food programs such as:

   - **Supplemental Nutrition Assistance Program (SNAP)**
   - **Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC)**
   - **National School Lunch Program (NSLP)**
   - **School Breakfast Program (SBP)**
   - **Child and Adult Care Food Program (CACFP)**
   - **Summer Food Service Program (SFSP)**

   The full findings and consolidation of literature can be found in the Hunger in Colorado report.

3. Review of best practices for addressing program gaps, collaboration and planning: Research was conducted on how states have successfully addressed hunger in an organized, collaborative manner to improve food security for their residents. State plans and blueprints were analyzed from Maryland, Oregon and Pennsylvania. Key experts involved in the Oregon and Pennsylvania blueprints were interviewed about the process and lessons learned. Findings around the key components for state plans were summarized in a report, State Plans to End Hunger.

Hunger in Colorado

The following summary details key findings and recommendations from the scan of food insecurity in Colorado.

Food insecurity, a condition where households lack access to sufficient food because of limited resources, has emerged as a leading health issue in the U.S. According to the U.S. Department of Agriculture (USDA), in 2014, 14 percent of all U.S. households, or nearly 50 million people, were food insecure. More than 19 percent of households with children reported food insecurity at some point during the year.[1]

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Recent research suggests that household food security is a strong predictor of health care utilization and costs incurred by working age adults.[2] In children, food insecurity is associated with increased risks of some birth defects, anemia, lower nutrient intakes, cognitive problems and anxiety. Children living in food insecure households also are at higher risk for poor general health, behavioral problems, obesity, depression and poor oral health.[3] When children have access to free and reduced school lunch and breakfast, their educational outcomes and school readiness increases dramatically. For seniors and individuals with disabilities, food security resources can mean the difference between eating, paying rent/utilities, purchasing medication and affording adequate housing. Research also demonstrates that seniors with access to food assistance have a higher nursing home diversion rate.[4]

Increasing food access and security is widely recognized as a strategy for improving health outcomes and lifting families out of poverty. Federal food assistance programs in the U.S. are an effective avenue to alleviate hunger and supplement the food budgets of low-income families. These programs are primarily administered by the USDA Office of Food and Nutrition Service (FNS) and can be categorized as programs authorized by the Farm Bill and those authorized by the Child Nutrition Act. The USDA-FNS national office works in coordination with USDA regional offices and state agencies to administer the programs. Additionally, the U.S. Department of Health and Human Services' Administration for Community Living administers the food assistance programs authorized under the Older Americans Act.

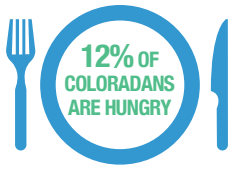
[1]Food Security Status of U.S. households in 2015. U.S. Department of Agriculture Economic Research Service website. http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#foodsecure. Updated October 11, 2016. Accessed May 1, 2017.
[2]Tarasuk V, Cheng J, De Oliviera C, Dachner N, Gunderson C, Kurdyak P. Association between household food insecurity and annual health care costs. *Can Med Assoc J.* 2015;187(14):E429-E4363.
[3]Gundersen C, Ziliak JP. Food Insecurity And Health Outcomes. *Health Affairs.* 2015;34(11):1830-1839.
[4]Ziliak J, Gunderson C. State of Senior Hunger in America 2014: An Annual Report. http://www.nfesh.org/wp-content/uploads/2016/05/State-of-Senior-Hunger-in-America-2014.pdf. Published June 2016. Accessed May 1, 2017.

Mirroring national trends, hunger is common and widespread in Colorado. A few quick facts:

- One in eight Coloradans struggle with hunger. This includes one in seven seniors and one in five children.
- In SNAP, formerly the "food stamps" program, there are approximately 350,000 Coloradans who are eligible but not enrolled.[5]
- In WIC, there are approximately 100,000 eligible but not enrolled pregnant women, infants and children under 5 years of age.[6]

Determinants of food insecurity are complex and intersect with multiple social and structural risk factors. Key food insecurity determinants include household composition, low minimum wages, race/ethnicity, disability, as well as high costs of living and housing. For households with children on SNAP, 66 percent are headed by a single parent with 50 percent headed by single women. Nearly one third of households on SNAP have an individual with a disability.

Racial and socio-economic disparities are evident in the statistics for food insecurity. Food insecurity among immigrant households is estimated to be nearly twice as high as nonimmigrant households. Low socio-economic status predicts food insecurity and there is a food "cliff effect" for SNAP, leaving families that are just over 130 percent of the FPL unable to access the program in Colorado. This means only the lowest-income Coloradans have access to this vital anti-hunger program, and other food insecure households above this low threshold must seek food assistance through the emergency safety net of food banks and pantries.



Nearly 1 in 8 Coloradans (12.1%) struggle with hunger, not always having enough money to buy food.[7]

Nearly 1 in 5 Colorado kids (19%) may not always know when or where they will get their next meal.[8]

Almost 14% of seniors struggle with food security and sometimes make hard choices between purchasing groceries or needed medication.[4]

Colorado is significantly behind other states in enrollment in key federal food programs and at addressing gaps in food security for all populations. For SNAP, Colorado ranks 45th in the U.S. for enrolling eligible citizens. For WIC, the state is 48th in enrollment. Colorado is also 43rd in enrollment for the Summer Food Service Program for kids. On a more positive note, Colorado takes the 11th seat for the School Breakfast Program.

[4]Ziliak J, Gunderson C. State of Senior Hunger in America 2014: An Annual Report. http://www.nfesh.org/wp-content/uploads/2016/05/State-of-Senior-Hunger-in-America-2014.pdf. Published June 2016. Accessed May 1, 2017.

[5]Nchako C, Cai L. A Closer Look at Who Benefits From SNAP: State-by-State Fact Sheets. Center on Budget and Policy Priorities website. http://www.cbpp.org/research/a-closer-look-at-who-benefits-from-snap-state-by-state-fact-sheets. Updated January 26, 2017. Accessed May 1, 2017.

[6]Johnson P, Huber E, Giannarelli L, Betson D. National and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach, 2013. U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support. https://www.fns.usda.gov/national-and-state-level-estimates-special-supplemental-nutrition-program-women-infants-and-childr-2. Published December 2015. Accessed May 1, 2017.

[7]Coleman-Jensen A, Rabbit M, Gregory C, Singh A. Household Food Security in the United States in 2015. U.S. Department of Agriculture Economic Research Service. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx. Published September 2016. Accessed May 1, 2017.

[8]2016 KIDS COUNT in Colorado. Colorado Children's Campaign. http://www.coloradokids.org/wp-content/uploads/2016/06/2016-Kids-Count-6-2016-low-res-for-web.pdf. Published March 28, 2016. Accessed May 1, 2017.

POSITIVE OUTCOMES OF REDUCING HUNGER

Positive Outcomes/Data

- Healthier babies, longer gestation, higher birth weights, lower infant mortality
- Fewer visits to school nurses
- Food insecure households with teens is 22%, 20% children
- Improved educational outcomes
- Higher test scores
- Increased access to health info

Positive Outcomes/Data

- Positively impacts long-term self-sufficiency (employment options/$$)
- Reduces poverty
- Increased high school graduation by 18%
- Poor nutrition is a leading contributor to diseases that disproportionately affect minorities and low-income populations

Positive Outcomes/Data

- Improves mental health
- Lowers stress
- Lowers cortisol
- Hunger in infants can cause insecure attachment and less mental proficiency at 24 months
- Decreases behavioral problems in adolescents
- Decreases depression in seniors

Positive Outcomes/Data

- Fewer school absences
- Increased knowledge/ access to nutritional information
- Ability to purchase and prepare health foods
- Food security is key to adoption of healthy behaviors
- Increased educational attainment for mothers

Positive Outcomes/Data

- SNAP lifted 4.1 million (2.1 million children) out of poverty in 2014
- SNAP in early childhood leads to higher returns on human capital
- <20% Medicaid cost containment
- SNAP provides an average of $130/ person/month for grocery assistance

Positive Outcomes/Data

- Reduces obesity
- Reduces diabetes
- Reduces malnutrition
- Lowers risk of heart disease
- Lowers risk of high blood pressure
- Improves health for low-income seniors

HIGHEST PRIORITY PROGRAMS FOR IMPROVEMENT

Supplemental Nutrition Assistance Program (SNAP): Currently, only three out of five eligible Coloradans are enrolled in the program, leaving 350,000 eligible but not enrolled citizens. The average monthly SNAP benefit is about $130 per month per person, equaling $1.40 per meal. SNAP eligibility requirement is 130 percent or below the Federal Poverty Level (FPL).

National School Lunch Program (NSLP): This is the free or reduced school lunch program. Like SNAP, it is currently uncapped and every eligible student can receive this benefit. Free lunch students are at 130 percent of the FPL; reduced lunch students are between 130 percent and 185 percent of FPL. Currently, 61 percent of students in participating schools are receiving a free or reduced school lunch.

School Breakfast Program (SBP): This program provides a nutritious morning meal and is recognized as one of the most beneficial of the federal nutrition programs for children. SBP meets a vital need of feeding thousands of students each day, who might otherwise not eat a nutritious breakfast. Currently this is an uncapped program.

Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC): This program serves to safeguard the health of low-income pregnant, postpartum and breastfeeding women, infants and children up to age 5, who are at nutritional risk, by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion, support and referrals to health care. The program threshold is 185 percent of FPL. Although WIC is not an uncapped "entitlement" program, states that improve their WIC participation receive higher allocations over time.

The Summer Food Service Program (SFSP): This USDA Child Nutrition Program was established to ensure that low-income children, 18 years of age and younger, continue to receive nutritious meals during the summer or other continuous school calendar vacations. The program can be expanded in Colorado if additional summer meal sites are established. Federal funding is available and is based on an actual per-meal reimbursement.

Opportunities for Improvement

There are several opportunities for Colorado to pursue to improve food security, decrease hunger and improve health. Given interest from the new federal administration in dramatically reducing and restructuring entitlement programs, there is urgency to make improvements in Colorado before the next federal Farm Bill reauthorization in 2018.

Based on the key informant interviews, review of the data, literature and best practices in other states, the following rapid improvement options have been identified:

IMPROVING SNAP FOR LOW-INCOME INDIVIDUALS AND FAMILIES

As SNAP is the largest of the federal nutrition programs, increasing outreach and enrollment is critical in the near term. This can be accomplished through:

- Securing public and political will to properly staff and supervise county performance for equal access to benefits statewide
- Increasing data sharing to identify eligible but not enrolled citizens (Medicaid, WIC, SNAP, CCAP data sharing)
- Investing in proven, innovative, best-practice outreach
  - Direct outreach to currently enrolled Medicaid-only residents to encourage and assist them in enrolling in SNAP (mail, texting, phone calls)
  - Centralized, multi-benefit call center for Medicaid, SNAP, WIC
- Creating a standardized, statewide marketing campaign for SNAP with a lens of hunger as a health support resource
  - Targeting specific areas known to have high poverty rates
  - Relevant messages to various populations
  - Non-governmental, customer-friendly materials
- Improving and standardizing statewide training and technical assistance to all community-based partners to simplify the enrollment process for SNAP
  - Creation of an outreach toolkit
  - Regional trainings
  - Providing simplified checklists and an enrollment process flow for both case managers and consumers to easily understand the enrollment process

IMPROVING SFSP FOR KIDS:

As this program is site-based, improvements can be made through:

- Expanding the number sponsoring organizations
- Increasing meal accessibility in the community by adding more meal sites
- Increasing community, parent, and student knowledge of the program
- Addressing transportation issues in rural areas

IMPROVING NSLP FOR KIDS:

- Simplifying the requirements for administering the program, including wider adoption of the Community Eligibility Provision
- Providing technical assistance to small, rural counties to meet the administrative requirements for the program, especially school districts on a four-day week schedule
- Ensuring that school leadership and key community members understand the benefits of the NSLP—both the positive health and educational impacts as well as availability for increased funding
- As enrollment increases in the NSLP, those students will automatically have increased access to the SBP
- For the SBP, increasing adoption of "Breakfast After the Bell"

IMPROVING WIC FOR WOMEN, INFANTS AND CHILDREN:

Similar to improvements in SNAP, WIC enrollment will increase through:

- Enhancing data sharing for cross-enrollment from programs that serve low-income women, infants and children (SNAP, Medicaid, CCAP)
- Investing in proven, innovative, best-practice outreach
  - Direct outreach to currently enrolled Medicaid-only citizens to encourage and assist them in enrolling in WIC (mail, texting, phone calls)
  - Centralized, multi-benefit call center for Medicaid, SNAP, WIC
- Utilizing state of the art technology to streamline enrollment opportunities, simplify the interview requirements, set appointments at local offices and collaborate with health care providers on well-child visits

PROVIDING TECHNICAL ASSISTANCE TO CURRENT OUTREACH INITIATIVES:

Currently, there are five agencies funded (50 percent of the total program cost) through the Colorado Department of Human Services-Food Assistance Division (CDHS-FA) and 10 agencies funded by Kaiser Permanente for SNAP Outreach. Due to underfunding and underdevelopment of a comprehensive SNAP outreach infrastructure, no best practice outreach plan and guide exist to support effective statewide enrollment. There is no one agency or nonprofit that has the capacity, training or toolkits to help improve all funded and unfunded outreach partners striving to enroll low-income Coloradans in SNAP across the state. There are few high performing agencies and the cost per application varies greatly (from $42 per application to $282). It is crucial that a collaborative team, under leadership from a neutral entity, take the lead in developing the following for SNAP and WIC outreach:

- Standardized training/toolkits based on best practices nationally and within the state
- Standardized best-practice SNAP marketing and outreach materials
- Hands-on, site-based technical assistance to funded agencies that have poor outcomes and a low return on investment
- Replicating effective SNAP outreach using the successful pathways developed by the Colorado Department for Health Care Policy and Financing for Affordable Care Act (ACA)/Medicaid expansion

BLUEPRINT TO END HUNGER IN COLORADO:

States that have developed a high-level blueprint to end hunger have experienced positive outcomes, increased enrollment and a high level of commitment from community-based partners, health care and hospital systems, foundations, policy agencies, government agencies and executive leadership. This type of plan is usually not extremely detailed, but rather sets forth priority areas for funding, innovation, collaboration, policy and resources needed to accomplish goals.

CONCLUSION

The state of hunger in Colorado and our continued poor performance on a national scale has immediate and long-lasting negative impacts on health, mental health, education, employment and overall self-sufficiency for individuals and families. Hunger and access to food resources in our state can be improved by using effective, proven strategies from other states, targeted investments and a commitment from the stakeholders in the health and hunger systems. Collaboration on policy, advocacy and direct services is critical. Integrating the large food banks and pantries throughout the state, as well as local food systems collaborative groups into the solutions identified in the Hunger in Colorado white paper and the Key Informant Report is imperative.

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