

HEALING HANDS



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No Place at the Table: Hunger & Homelessness

Being homeless and living in poverty is hard. Poverty means unsafe and substandard housing or no housing at all. Research shows that poverty is a fundamental determinant of both physical and mental health. Living in poverty means you are more likely to have poor nutrition, have a chronic health condition, struggle with addiction, and experience high stress levels. It means hunger and malnutrition (Ivanova, 2011).

New national census data shows poverty is dramatically on the rise in the US. Over 15 percent of Americans—nearly one in six—are poor. In 2010, there were 46.2 million poor people, compared with 43.2 million in 2009. If unemployment benefits had not been counted toward family income, an additional 3.2 million people would have been poor, illustrating how critical unemployment benefits have been in the past year. Tied to the current unemployment crisis, the poverty rate is higher than it has been since 1993 (Nichols, 2011).

According to a 2010 survey (US Conference of Mayors, 2010) of the 27 cities comprising the US Conference of Mayors' Task Force on Hunger and Homelessness:

- Requests for emergency food assistance increased by an average of 24 percent
- Almost every city expects that emergency food assistance requests will increase over the next year, while about two-thirds (64 percent) of those surveyed expect resources to provide emergency food assistance over this period will decrease
- Among those requesting emergency food assistance, 17 percent were homeless
- Increasing demand and decreasing resources—particularly related to federal and state budget problems—were cited most frequently as being the biggest challenge to addressing hunger in the coming year
- Unemployment led the list of causes of hunger cited by the survey cities, followed by high housing costs, low wages, poverty, and lack of access to food stamps/SNAP (Supplemental Nutrition Assistance Program) benefits
- Over the past year, the number of persons experiencing homelessness increased across the survey cities by an average of 2 percent
- The number of families experiencing homelessness increased by an average of 9 percent

Being the poorest of the poor, those experiencing homelessness may be especially vulnerable to hunger for several reasons (Lee & Greif, 2008):

- They are less likely to be able to afford food

- The lack of permanent housing complicates the routine acquisition, preparation, and storage of food
- With limited education, they may be less knowledgeable about nutrition
- Personal problems such as substance abuse and mental illness may interfere with efforts to get enough to eat

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At some point, most homeless individuals eat at shelters or soup kitchens or turn to other food programs for help. One study estimated that as many as one-fifth obtained their nourishment from handouts and scavenging. That said, however, it should be noted that hunger is not universal among the homeless population. According to researchers, complex patterns of food insecurity exist and vary according to available resources—such as a monthly income, food stamps or regular shelter use—making some individuals better situated than others to feed themselves (Institute for Children, Poverty & Homelessness [ICPH], 2011; Lee & Greif, 2008).

While this study may not be representative, a nutrition assessment of homeless women living at a transitional living center found the dietary intake of these residents did not meet the USDA recommendations. Shelter residents considered the cafeteria food selection inadequate in terms of taste, nutrition, quality, and choices, and they believed the diet contributed to chronic disease and their symptoms (Davis, Weller, Jadhav & Holleman, 2008).

TAKING STOCK OF THE FOOD LANDSCAPE

The US Department of Agriculture (USDA) undertook a one-year study to assess the extent and characteristics of areas with limited access to affordable and nutritious food. The study, done in cooperation with the National Poverty Center at the University of Michigan, found that nearly 6 percent of all US households did not always have the food they wanted or needed because of access-related problems. These access problems include living far from a supermarket or large grocery store, and lacking easy access to transportation. Higher levels of racial segregation and greater income inequality characterize urban core areas with limited food access. In small town and rural areas with limited food access, the lack of transportation infrastructure is the most defining characteristic (Economic Research Service [ERS], 2009).

“Food deserts” are areas where it is difficult to get to a source of affordable, healthy foods such as fruit and vegetables, whole grain bread, and low-fat dairy. Instead of fresh produce, stores in these areas tend to sell fast food or prepackaged, processed foods. Low-income neighborhoods—where residents are at higher risk for obesity and chronic disease—are frequently located in food deserts. Linked to lower local health outcomes, food deserts may be a driving force in the health disparities found between lower income and affluent people in the US (Diep, 2011).

To learn more about food deserts, visit the USDA’s online interactive mapping tool, [Food Desert Locator](#). The map pinpoints the location of food deserts and provides data on population characteristics of the census tracts where consumers have low access to healthy food.

THE HUNGER-OBESITY PARADOX

The opposite aspect of the problem of limited access to some foods is the unnecessarily abundant access to others. Easy access to less healthy options available from fast food restaurants and convenience stores contributes to high rates of obesity. Energy-dense foods—those with high-fructose corn syrup, for example—are usually cheap and relatively convenient, requiring less planning and time to prepare. Understanding how both aspects of the problem relate to poor health is important for future research and policy considerations (Ver Ploeg, 2010). The lack of healthy options and relatively easier access to less nutritious food may be linked to poor diets and ultimately to obesity and diet-related diseases (ERS, 2009).

The human body has nutritional requirements to maintain optimal body function and to meet daily energy needs. While *malnutrition* means “inadequate nutrition,” it can also mean “overnutrition,” taking in excess nutrients relative to the amounts needed for normal growth, development, and metabolism. *Undernutrition* means falling short of daily nutritional requirements (Internet FAQ Archives, 2011b). Poverty has been associated with both obesity and malnutrition (Karr, n.d.).

“One reason for the connection between obesity and malnutrition,” explains Nutrition Educator **Denise Goitia** with HeartBeets in San Francisco, “is that high sugar consumption stresses the pancreas and increases blood sugar. Then when people undereat, their metabolism slows to accommodate the calorie deficit. Consequently, these sugars are converted and stored as fat in the body to prevent starvation and death.”

Journalist and scholar Raj Patel investigated the current world food situation and the imbalance of resources that have created an epidemic of obesity in some parts of the world while millions more endure starvation. His book, *Stuffed and Starved*, analyzes what can be done to address this unfortunate irony.

UNDERNUTRITION & ITS CONSEQUENCES

The number of homeless children in the US is estimated to be approximately 100,000 each night, and almost half of them are under the age of six. A greater incidence of infections, fatigue, headaches, and anemia, as well as impaired cognitive development and visual motor integration, has been documented in homeless children. Medical problems in homeless children due to undernutrition include chronic and recurring physical ailments, and higher rates of fever, cough, colds, diarrhea, and obesity (Internet FAQ Archives, 2011a). According to the Centers for Disease Control and Prevention (Centers for Disease Control & Prevention, 2011), 17 percent of US children and over one-third of US adults are obese. During 1980 – 2008, obesity rates tripled for children and doubled for adults.

FIGURE 1. What is hunger?

Hunger can mean different things. While hunger is the physical sensation resulting from not having had enough food to eat, the term also applies to a recurrent and involuntary lack of access to food. This resource-constrained hunger is more accurately labeled *food insecurity*. Food insecurity is defined as a lack of access to enough food to meet basic needs due to a lack of financial resources; the term can apply to an individual, family, or household. Chronic or prolonged physiological hunger and malnutrition are potential consequences of food insecurity (Holben, n.d.; National Student Campaign Against Hunger & Homelessness, n.d.).

While the US produces enough food to feed its citizens and has the technology and resources to widely distribute food, millions of Americans—particularly those who are experiencing homelessness—cannot afford enough to eat and current programs are not filling the gap (National Student Campaign Against Hunger & Homelessness, n.d.). Food insecurity and hunger in America is an avoidable, public health threat (Holben, 2011).

Homeless adults suffer medical problems due to undernutrition, including anemia, dental problems, gastric ulcers and other gastrointestinal complaints, cardiovascular disease, hypertension, hypercholesterolemia, acute and chronic infectious diseases, diabetes, and malnutrition (Internet FAQ Archives, 2011a). According to Community Dietitian **Laura Ritland, MS, RD, LDN**, with [Vital Bridges Center on Chronic Care](#) in Chicago, lab work is needed to diagnose malnutrition, which many homeless providers lack access to. Instead, a physical assessment can be conducted of the patient’s hair, skin, and nails, which reveal much about the person’s nutritional status.

In 2010, the [Sacramento Hunger Coalition](#) conducted a survey examining the hunger and food insecurity issues that homeless people face. Data were obtained from 112 homeless men (58 percent) and women (43 percent) who were surveyed during a Project Homeless Connect event using trained survey takers. The study found many health conditions among survey participants that are exacerbated by poor nutrition [see Figure 2].

A stressor in its own right, hunger jeopardizes psychological health by reducing an individual’s energy level, cognitive abilities, and emotional resilience. Furthermore, when someone is preoccupied with the next meal, finding and holding a job becomes less likely. In turn,

FIGURE 2. 2010 Hunger & Food Insecurity Survey Health Conditions Worsened by Poor Nutrition

N = 112

Health Conditions	Percent*
Hypertension/high blood pressure	24.3%
Permanent mental disability	23.4%
Dental issues	20.7%
Other: Arthritis, hepatitis C	19.8%
Permanent physical disability	18.0%
Acid reflux (GERD)	14.4%
Diabetes mellitus	11.7%
Addictions	9.0%
Obesity	5.4%

*Percentages total more than 100% due to multiple responses

Source: Sacramento Hunger Coalition, 2011

unemployment lowers the odds of exiting homelessness. In this regard, hunger appears to be one of several “side effects” of homelessness that can result in a person being embedded in a chronically homeless state (Lee & Greif, 2008).

CHALLENGES FACED BY THOSE WITH DIABETES

A regular and balanced diet that is high in complex carbohydrates and fiber and low in fats is critical to managing diabetes. This diet is frequently unattainable, however, for homeless people who depend on shelters or soup kitchens for their sustenance. Commonly mentioned problems with the type of foods served at shelters includes excessive amounts of starch and sugars, relatively few fruits and vegetables, and large amounts of fat. Homeless people report eating food that is unsuitable for diabetes or forgoing most of their meal. Collaborations between homeless health care providers and shelters, soup kitchens, and other food programs are necessary for diabetes in particular. Healthy food, available snacks, and a secure place within the shelter to self-administer insulin and use glucose-monitoring devices are very important (Brehove, Joslyn, Morrison, Strehlow & Wismer, 2007; Chiu & Hwang, 2006). Clinical practice recommendations (Brehove et al., 2007) for treating homeless individuals with diabetes include:

- Developing a suitable treatment plan based on the person’s housing situation
- Practical methods for insulin therapy and monitoring blood glucose
- Management of related diabetes complications
- Health education and self-management

Self-management support involves helping consumers understand the actions that affect their health so that they can understand their disease, manage the illness by deciding upon and choosing their treatment, and handle their emotional changes. The goal is for clinicians to help consumers develop strategies to live as fully and productively as possible. Knowledge alone is insufficient to sustain behavior change; effective interventions couple knowledge and skills with addressing emotional and behavioral issues. Motivational interviewing techniques are an ideal strategy for understanding the strengths and barriers to change from the consumer’s perspective (Morrison, 2007).

MAKING ENDS MEET: LIVING ON FOOD STAMPS

The USDA reported that as of June 2011, over 45.3 million Americans participated in the SNAP/Food Stamp Program, driven by ongoing economic challenges and natural disasters. Still, gaps in participation remain, with three in 10 of those eligible for SNAP benefits going unserved (Food Research & Action Center, 2011). According to the Institute for Children, Poverty and Homeless (ICPH), nearly all homeless families are presumably eligible—particularly with the greater loss of income during the current economic downturn—but there is a lack of outreach to assure that eligible families register with SNAP. Furthermore, participation in SNAP varies widely among States, and the ICPH recommends better data collection and evaluation to understand these differences and to be able to replicate successful models (ICPH, 2011).

The Sacramento Hunger Coalition’s study (Erlenbusch, 2011) reported that over half—53.2 percent—of survey participants did not receive food stamps, noting these barriers:

- Not qualifying since they receive SSI
- Not being a citizen, bureaucratic red tape
- Not qualifying due to having too high an income
- Never applied for benefits before

In addition, the National Law Center on Homelessness and Poverty (NLCHP) reports these common barriers to receiving food stamps (Tompkins, n.d.):

- A complex application process, which can be daunting, especially for people of limited education
- Lack of transportation
- Lack of knowledge about the program
- Mental illness
- Lack of a mailing address to receive notices and other information from the food stamp office
- Lack of documentation

The NLCHP prepared a fact sheet on homelessness and food stamps that outlines the rights of homeless individuals to receive nutrition assistance. The NLCHP offers legal advocacy to help where there are systematic violations of food stamp laws (Tompkins, n.d.).

Food stamp benefits only go so far, however, and most people on food stamps survive with trips to food pantries as they run out around the third week of the month. Only a quarter—27.5 percent—of those surveyed by the Sacramento Hunger Coalition said their food stamps lasted four weeks, while about two-thirds—64.7 percent—said their food stamps lasted between two to three weeks (Erlenbusch, 2011). Food pantries—a key source of emergency food for the working poor and those whose SNAP benefits run out—typically provide three- to five-day grocery packages for the preparation of nutritionally balanced meals (Food Bank for New York City, 2011).



Food prep for a cooking class at the 140 Mason Street project, which consists of 56 studio apartments designed for homeless and disabled single adults in San Francisco

Innovative Solutions Using Existing Ingredients

While there are seemingly insurmountable challenges to feeding impoverished people fresh, nutritious food, many communities of resourceful people are developing creative and sustainable ways to address these problems locally. Here are a couple of examples to whet your appetite; links to many more are listed in the toolkit at the end of this issue [see Figure 3].

DC CENTRAL KITCHEN: COMBATING HUNGER, CREATING OPPORTUNITY

Founded in 1989, [DC Central Kitchen](#) is building long-term solutions to the entwined problems of poverty, hunger, and homelessness through meal distribution, job training, and supporting local food systems. This Washington, DC-based program daily converts the 3,000 pounds of food that used to be thrown away into 4,500 meals, providing sustenance to at-risk individuals while offering nationally recognized culinary job training to once homeless and hungry adults. The Kitchen also buys fresh produce from local farmers to create nutritious meals for people who tend to be medically compromised and from-scratch meals for nine DC public schools (Segrest, 2011).

The Kitchen's interrelated programs provide a continuum of care to those they serve (DC Central Kitchen, 2011):

- **First Helping** uses warm breakfasts to engage and build relationships with homeless individuals living on DC's streets
- **Food Recycling** puts waste to work, collecting surplus food every day from DC-area food service businesses and turning it into meals
- **Meal Distribution** loads these meals—breakfasts, lunches, dinners—onto a 20-vehicle fleet and delivers them to over 100 shelters, rehabilitation clinics, and transitional homes. These partner agencies refer clients to the Culinary Job Training (CJT) program.
- **Culinary Job Training** enrolls unemployed and underemployed adults who are overcoming homelessness, addiction, and incarceration into a 16-week course that prepares them for foodservice industry careers
- **Fresh Start**, DCCK's revenue-generating enterprise, offers full-service catering and dining services, and provides transitional employment opportunities for CJT program graduates
- **Healthy Returns** provides meals, snacks, and nutrition education to low-income youth and adults in partnership with social services agencies
- **Truck Farm** teaches urban kids about healthy food through a traveling, edible exhibit
- **The Campus Kitchens Project** replicates DCCK's community kitchen model on college campuses to serve 31 communities across America

HEARTBEETS: INSPIRED BY NATURAL WHOLE FOODS

The San Francisco General Hospital (SFGH) [HeartBeets Program](#) grew out of a desire to introduce more fresh and nutritious foods for both patients and staff. The hospital's goal is to increase wellness by creating a healthy food environment and expanding the consumption of local, seasonal, and organic food within its community. San Francisco's safety net hospital, SFGH serves patients who are disproportionately affected by chronic disease related to diet and nutrition: obesity, diabetes, cardiovascular disease, cancer, and osteoporosis. Key to HeartBeet's success is its partnership with Capay Valley Farm Shop, a collaborative of family farms and ranches. According to [Laura Critchfield, MEd](#), HeartBeets' co-founder and co-director, the HeartBeets model is not costly, operating on an annual budget of about \$10,000.

HeartBeets' projects are intended to help the hospital community make the connection between nutrition and overall health:

- **Exiting Homelessness** offers cooking classes at San Francisco's Medical Respite and Sobering Center and SRO (single-resident occupancy) for homeless and marginally housed people who are recovering following discharge from SFGH. These classes teach patients how to create delicious, nutritious, and inexpensive meals. Social workers and case managers help about 30 percent of the respite residents find permanent housing, and those who have left the respite center are welcome to attend the cooking classes.
- **Aleman Farm** connects Alemany public housing project residents with the adjacent Alemany Farm. The low-income residents include groups that are especially high-risk for obesity—African American, Latino, and Samoan. The four-acre farm provides abundant opportunities to engage residents in activities that help to reduce their incidence of obesity and inspire healthier choices.
- **Garden Giveaways** gives produce from SFGH's own staff-cultivated garden every Monday morning
- **Hilltop** engages teen mothers at Hilltop High School in nutrition classes that are designed to help them prepare delicious, affordable, and easy meals for themselves and their children.
- **FarmShares CSA (Community Supported Agriculture)** delivers Capay Valley Farm Shop's fresh, seasonal produce to hospital staff who subscribe to the weekly service

RECIPE FOR SUCCESS

"Each community project began with focus group discussions to learn directly about participants' needs and interests," says Critchfield. She suggests that others wishing to replicate the success of HeartBeets start by learning proven facilitation methods and innovative approaches to leadership and problem solving. HeartBeets' approach is based upon the Technology of Participation (ToP)[®] promoted by the Institute of Cultural Affairs in the USA. ToP techniques are efficient, and the methods help program planners to recognize the creative contributions of all, welcome diversity while minimizing conflict, and generate consensus-based plans (Institute of Cultural Affairs in the USA, 2011).

"One of the techniques we use is asking participants to draw pictures of what they want for themselves, their families, and their community," Critchfield says. "This method is engaging, improves communication, and allows us to collect quickly good, very detailed ideas while learning what is most important to participants."

"A theme that came up was how to afford fresh food," adds Goitia, "so we developed a presentation comparing costs of fresh, natural foods to prepackaged, processed foods. It's a myth that a person can't eat well on a limited budget, and we teach how to eat healthy food for what you would spend on unhealthy choices."

"Another misunderstanding we encountered is the distinction between eating and getting adequate nutrition. Many foods that homeless individuals get from the convenience store are prepackaged," Goitia



Riverdog Farm Produce, Berkeley Farmer's Market

continues, “so our focus became teaching how to prepare easy, yummy, cheap, and natural foods. Social isolation, substance abuse, and mental illness are common problems of homelessness. Cooking and sharing a meal can help bring folks together, build relationships, and positively affect lives. We see the joy and inspiration that comes from people coming together around food, and that’s a key benefit of the HeartBeets program.

“Our classes are inquiry-based and provide much time to talk,” Goitia says. “During tastings and demonstrations we teach the cultural history of the food we are preparing. This information helps people identify certain foods as being a ‘food of my people,’ which may explain why they’ve always loved certain foods.”

“The concept of a delicious meal that people make together isn’t a mystery,” adds Critchfield, “it’s something that folks can understand and relate to. Food evokes passionate feelings and memories about other meals or foods shared with family or friends. An extraordinary meal can transform people.

“Homeless people are disenfranchised,” she continues. “Connecting consumers with local farmers and taking them out of the conventional food system is empowering. Eating nutritious, local food helps them protect themselves from further exploitation and gives them more control over the food they consume. Supporting small-scale agriculture supports healthy food for all.”



IMPROVING NUTRITION & HEALTH: PRACTICE PEARLS

- Within each of our groups, a natural leader emerged. We use this person as a Nutrition Navigator to teach others where and how to shop, and what is needed to prepare simple, healthy meals. This approach is very effective because the information is coming from a peer.

—Laura Critchfield, MEd, SFGH HeartBeets

- Even small gardens provide a great learning environment for young children. You can teach counting, colors, cooperation—as well as how to grow plants and where food comes from. They learn that fresh food tastes so good, and they’re more inclined to eat fruit and veggies they’ve raised themselves.

—Nancy Newman, LCSW-C, Director, The Ark, Baltimore

- Teach clients how to eat healthier within their food budget. Explain that for the cost of a bag of chips, they could get a bunch of bananas. Many clients eat from McDonald’s Dollar Menu, so suggest having a fruit and yogurt parfait or a side salad.

- Develop a relationship with an organic garden that will donate fresh fruits and vegetables. Ask them to set up a cart where clients can select what they want. Clients enjoy being able to pick out their own foods!

- Recruit a volunteer to hold cooking demonstrations, showing what can be made using a Crock-Pot or electric hot plate.

- Many clients, especially African Americans, consume too much salt, so teach how to use herbs and spices to increase food flavor without adding salt. Offering recipes and free herb packets are great incentives to increase attendance at classes, demos, and tastings.

- Ask clients to bring in their favorite recipe, teach a healthier version of it, and share the revised recipe.

- Use the USDA’s Healthy Food Plate, which makes it easy to understand healthy eating.

- Even though clients may request Ensure® or Boost® nutrition drinks, these are diet supplements—not meal replacements—that should be monitored by a physician or dietitian.

—Laura Ritland, MS, RD, LDN

Food & Nutrition Program Manager

Vital Bridges Center on Chronic Care, Heartland Health Outreach

PUTTING FOOD ON THE TABLE: ONE FAMILY’S STORY

My husband, our two sons—ages 12 and 14 at the time—and I lost our home. It was tough while we were homeless, but we got through it. During that experience, we were rarely able to eat healthy foods, but like most homeless families, we did the best we could under the circumstances.

We lived in a hotel, where we had a small refrigerator and a microwave oven. Preparing family meals, however, was limited by the types of food we could purchase and the lack of food storage and preparation space. Since not much would fit in the dorm-size refrigerator, we bought small amounts of food at a time. Except for cold cuts for sandwiches, we didn’t buy meat since there was no way to cook it. We bought frozen items that we could prepare in the microwave, but these foods were expensive and used our food stamps quickly.

Once out of food stamps, we would go to food pantries that mostly stocked canned goods. We would use the microwave to heat soups and vegetables, and we would get tuna and peanut butter for sandwiches. Without access to fresh fruits and vegetables, dairy products, meats and fish, our diet was extremely limited.

After about a month, I swallowed my pride and asked local restaurants for dinner for my family. It was primarily fast food restaurants that gave us meals, which were not the healthiest options.

After moving into a shelter, access to meals improved, but there were new difficulties. We were allowed in the kitchen to eat only at certain times and we could not take food to our rooms or anywhere else in the shelter. This especially bothered my sons, who simply wanted to have a snack while they watched TV. Worse still, a parent had to accompany

the child to get something to eat or drink, which my kids found very annoying!

One of the positive things about the shelter experience was that each family took turns preparing dinner. Staff would develop a monthly menu, plan meat and vegetables for each night, and assign families to cook. The family would decide what to prepare given our staples of rice, instant potatoes, and pasta. When staff shopped for groceries, they would purchase fresh fruit, which was usually gone within a couple of days.

Luckily, we had a car where we could store snacks for the kids to take to school. Almost every night after dinner, we would take our sons to the store, let them choose a treat, and then visit a park before curfew.

—Contributed by Amy Grassetto, Chair
National Consumer Advisory Board

FIGURE 3. Toolkit of practical resources to help feed & nourish those in need

Food & Nutrition Information Center	http://fnic.nal.usda.gov
<i>Food & Nutrition Resource Guide for Homeless Shelters, Soup Kitchens & Food Banks</i> (2009)	www.nal.usda.gov/fnic/pubs/bibs/gen/homeless.pdf
Child & Adult Care Food Program (CACFP)	www.fns.usda.gov/cnd/care
CACFP for Children & Youth in Homeless, Runaway & Domestic Violence Shelters: Outreach Toolkit	www.frac.org/html/federal_food_programs/programs/homeless/homeless_index.html
<i>Nutrition Funding for Shelters: CACFP</i>	www.nlchp.org/content/pubs/CACFPforShelters.pdf
Let's Move!	www.letsmove.gov
Local resources: Best practices from 27 cities across America	www.usmayors.org
National School Lunch & School Breakfast Programs	www.fns.usda.gov/cnd/lunch
Nutrition Assistance Programs	www.fns.usda.gov/fns/
PATH Technical Assistance Resource Page: Food & Nutrition (2011)	http://pathprogram.samhsa.gov/ResourceFiles/food_nutrition_v%202%204%201.pdf
Senior Farmers' Market Nutrition Program	www.fns.usda.gov/wic/SeniorFMNP/SeniorFMNPoverview.htm
Sodium Reduction: Facts & Fiction (2010, PowerPoint presentation)	www.cdc.gov/about/grand-rounds/resources/PHGRSodRed5FINAL.pdf
Special Supplemental Nutrition Program for Women, Infants & Children (WIC)	www.fns.usda.gov/wic
Social Security Nutrition Assistance Programs	www.socialsecurity.gov
Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program)	www.fns.usda.gov/snap
SNAP Restaurant Meals Program	www.snaprmp.org
USDA MyPlate	www.choosemyplate.gov

Non-governmental resources

Anti-hunger organizations listed by State	http://frac.org/state-news/state-anti-hunger-organizations
<i>Child, Youth & Homelessness: 2011 Policy Statement</i> (see recommendation 5, pages 5 – 6)	www.nhchc.org/Advocacy/PolicyPapers/2011/Children2011.pdf
Food Justice	www.hazon.org/wp-content/uploads/2011/08/Chapter-7.pdf
Food Research & Action Center (FRAC)	http://frac.org
Growing Power	www.growingpower.org
Homeless Family Facility Nutrition Guidelines	www.childrenshealthfund.org
Improving the Nutrition Status of Homeless Children: Guidelines for Homeless Family Shelters	www.childrenshealthfund.org
Feeding America (formerly called Second Harvest)	www.feedingamerica.org
Institute for Children, Poverty & Homelessness	www.ICPHusa.org
National Law Center on Homelessness & Poverty	www.nlchp.org
Nourish America	www.nourishamerica.org
Partnership for a Healthier America: Making the Healthy Choice the Easy Choice	www.ahealthieramerica.org

People's Grocery	www.peoplesgrocery.org
Truck Farm (2010; 48-minute DVD)	www.bullfrogfilms.com/catalog/TFarm.html
Wildwood Soup Kitchen Food Safety Guidelines (2011)	www.wildwoodsoupkitchen.com/files/Pages/Volunteers/201109-Food_Safety_Guidelines.pdf
“How to” guides	
Hosting Your Member of Congress for a Food Assistance Site Visit (2011)	http://library.constantcontact.com/download/get/file/1101500125631-107/Elected+Official+Site+Visit+Guide.pdf
How to Start a Community Garden	www.letsmove.gov/start-community-garden
How to Start a Soup Kitchen	https://islandharvest.org
How to Survive on Food Stamps	www.howtodothings.com
How to Organize a Food Drive	www.handsonnetwork.org/files/organize_a_food_drive.pdf
Shopping, Cooking & Meal Planning	http://nutrition.gov/nal_display/index.php?info_center=11&tax_level=2&tax_subject=391&topic_id=1756
Good Reads	
Tomatoland: How Modern Industrial Agriculture Destroyed Our Most Alluring Fruit by Barry Estabrook Andrews McMeel Publishing 2011	
All You Can Eat: How Hungry Is America? by Joel Berg Seven Stories Press 2008	
Begging for Change by Robert Egger, founder, DC Central Kitchen Harper Collins 2004	
Fast Food Nation: The Dark Side of the All-American Meal by Eric Schlosser Harper Perennial 2004, abridged	

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Brenda Proffitt, MHA, writer | Lily Catalano, communications coordinator | MGroup, layout & design

HCH Clinicians' Network Communications Committee

Bob Donovan, MD (Chair); Brian Colangelo, LCSW; Kent Forde, MPH; Amy Grassetto; Kathleen Kelleghan; Michelle Nance, NP, RN; Rachel Rodriguez-Marzec, FNP-C, PMHNP-C

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