Poverty and Food Insecurity

In the wake of the Great Recession, poverty and hunger remain near all-time highs. The Department of Agriculture found 14.5% of households – 49 million people – had inadequate access to food in 2012. A U.S. Conference of Mayors Report found a 22% increase in emergency food assistance requests the same year. The report also showed cities struggling to keep up with the increased demand. Virtually all cities surveyed reduced the amount of food distributed per household and 1 in 5 people were turned away. Of those seeking assistance, nearly 1 in 10 were homeless.

Hunger, Homelessness, and Poor Health

- People experiencing homelessness have to make difficult choices. Shelter, food, and medicine are all competing priorities. Even resources such as overnight shelter and soup kitchens take significant time, effort, and planning to obtain.

- Homelessness complicates health and healing. Wounds become infected, exposure to the elements causes injuries, and chronic conditions are difficult to manage. Those without homes die an average of 30 years earlier than their housed counterparts.

- Homelessness complicates the routine purchase, preparation, and storage of food.

- Some experiencing homelessness have to scavenge for food, certainly contributing to poor health.

- Inconsistent access to healthy food (food insecurity) is associated with numerous diseases.

- Those experiencing homelessness already suffer high rates of chronic health conditions.

- Access to adequate healthy food is essential to manage chronic health conditions. Without proper management, chronic health conditions lead to more costly ER visits, hospital stays and disability.

Supplemental Nutrition Assistance Program (SNAP)

SNAP is the nation’s primary tool to combat food insecurity and hardship. Over 90% of households receiving benefits live in poverty. Half of all Americans will depend on SNAP for some amount of time in their adult lives, thus making it an essential safety net program during difficult personal and economic times. Despite modest benefits of approximately $1.40/meal, the program is shown to work, improving food security for very low-income households and lifting 4.7 million people out of poverty. SNAP also improves health, both by reducing food insecurity and increasing access to nutritious foods. For those without homes, SNAP allows them to make decisions about their diet instead of relying on others. This allows attention to be devoted to other needs such as shelter.
Food stamps are important for people who have dietary restrictions based on medical issues, like diabetes, hypertension, or kidney problems. Without food stamps, these patients rely primarily on meals served by soup kitchens or on food they can obtain from food pantries. By necessity, these facilities offer meals that are mostly nonperishable and able to be prepared in large quantities with minimal equipment. They do their best, but it rarely is nutritious enough to manage these conditions. The carbs make it difficult for diabetics to control their sugars, the salt drives up blood pressure and worsens kidney problems, and the lack of variety is problematic for those on blood thinners. It is impossible to stay healthy with that sort of diet.

Janet, Physician

House Reductions in SNAP Eligibility Will Harm the Health of Homeless

The SNAP reauthorization passed in the House would end benefits for some of the most vulnerable and destitute in our society. Nearly 4 million people are estimated to lose access to SNAP in 2014 under this proposal, harming the health and stability of these households while the economy is still weak.

One provision of particular concern would limit SNAP benefits for able-bodied people between 18 and 50 years old who aren’t raising minor children and who are unemployed to three months out of every three years, regardless of how hard they are looking for work or the rate of unemployment in their area. The proposal also provides no funding for additional job training or job placement, leaving the very poor without any help in a difficult labor market. This provision is expected to deny SNAP benefits to 1.7 million individuals in 2014.

This group of individuals is incredibly poor, with an average income of just $2,500 a year. With an income that low, many are likely homeless or teetering on homelessness. Many patients served at Health Care for the Homeless projects would be denied benefits a result of these cuts. This would make our job as health care providers even harder because chronic conditions would be further complicated, health outcomes would get worse, and overall health system costs would increase. Simply stated, these cuts would make the sick sicker and the poor poorer.

Homelessness and Health Only Get Worse When People are Hungry. Reject the SNAP Cuts in the House Bill!

Notes:

7 USDA, 2013.