



Exploring New Partnerships:

Working Together
for a Healthy and
Well Nourished
New Mexico



INTRODUCTION

More New Mexicans than ever do not have enough food to put on the table. This disturbing fact is both a cause and effect of poor health, and the economic and human cost to our society now and in the future is enormous. This paper summarizes some of the data about hunger and its consequences. We hope this information will ultimately lead to new and enduring partnerships between the Roadrunner Food Bank, its distribution network and healthcare providers to improve the lives of our hungry neighbors.

HUNGER IN NEW MEXICO

According to Feeding America's annual *Map the Meal Gap* study, New Mexico leads the nation in childhood hunger for the second year in a row with a childhood "food insecurity" rate of 29.2 percent (150,390 children). Food insecurity occurs when people lack access to sufficient, safe, nutritious food to maintain a healthy and active life. New Mexico is ranked in the bottom 10 states for food insecurity among seniors. We are tied for fourth worst in overall hunger at 18.6 percent (387,100 people)ⁱ. Over the past decade, poverty and unemployment increased in the country, and home ownership declined. These factors are the primary determinants of increasing food insecurity across the nation and in New Mexico.



HUNGER IN NEW MEXICO

Every four years New Mexico participates with the rest of the country in the *Hunger in America* study commissioned by Feeding America. This rigorous research involves surveys of tens of thousands of emergency food providers as well as thousands of randomly selected individuals who visited the food



providers. The detailed results of this research help put a face on hunger. *Hunger in America 2010* helped put that face on hunger in New Mexico:

Roadrunner Food Bank's food reaches 40,000 people across the state every week. *Hunger in America* revealed that households with seniors and/or children were generally worse off. In addition, the study provided hundreds of other details about hungry people in New Mexico:^{ii iii}

- 41 percent reported having at least one family member in poor health
- 45 percent sometimes chose between paying for food or medicine
- 20 percent had no health insurance, Medicaid or Medicare
- 42 percent had unpaid hospital or medical bills
- 40 percent were children
- 13 percent were seniors
- 66 percent were female
- 40 percent of adults had not finished high school
- Only 8 percent were homeless
- Average monthly household income (usually from a job or Social Security) was \$900

According to a study reported in the *American Journal of Medicine*, one in three U.S. adults with a chronic disease has problems paying for food, medicine or both.^{iv} Of 10,000 adults with chronic disease studied:

- 1 in 5 was food insecure
- 1 in 4 had skipped doses of medicine due to cost
- 1 in 10 had problems paying for both food and medicine

Significant research suggests the link between food insecurity and poor health for all populations:

SENIORS^v



- Seniors have more severe health implications of food insecurity than do younger adults
- Food insecure seniors consumed fewer calories and lower quantities of all 10 key nutrients than did their food secure counterparts.
- Food insecurity among seniors is associated with increased risk of developing high blood pressure, diabetes and asthma.

- Food insecurity among seniors is negatively associated with nine diseases and health conditions.
- Food insecure seniors are much more likely to develop certain medical conditions:
 - Heart attack – 53 percent more likely
 - Asthma – 52 percent more likely
 - Congestive heart failure – 40 percent more likely
 - Depression – 60 percent more likely

ADULTS^{vi}



- Food insecure adults have increased risk of diabetes.
- Food insecure adults with diabetes are likely not to have the resources to pay for their treatment plan or eat the proper foods.
- Food insecure adults are more likely to visit the emergency room.^{vii}
- Food insecure adults score lower on physical and mental health exams.

- Food insecurity is associated with behavioral health issues such as higher levels of aggression, anxiety and depression.
- Food insecurity in pregnant women can lead to malnutrition, long-term physical problems, depression, and low birth-weight babies.
- Food insecurity has been linked to obesity.

Children^{viii ix}



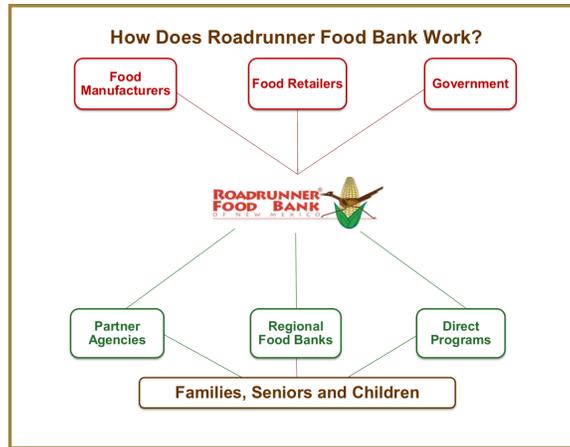
- Food insecurity in children is linked to delayed development, poorer attachment and learning difficulties.
 - Food insecure children are more likely to require hospitalization.
 - Food insecurity in children creates higher risk for chronic conditions like anemia and asthma.
 - Children who are food insecure experience more oral health problems.
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- Food insecure children are more likely to experience depression, hyperactivity and excessive aggression.
 - Food insecurity in children has been linked to obesity.
 - Food insecure children have a poorer physical quality of life.

OTHER RELEVANT INFORMATION AND ENVIRONMENTAL TRENDS

- A cut of \$2 billion a year in SNAP (formerly known as food stamps) could trigger a \$15 billion increase in medical costs for diabetes over the next decade.^x
- The number of grandparents raising their grandchildren has doubled over the past 40 years. Households with grandparents raising grandchildren are three times as likely to be food insecure.^{xi}
- The number of food insecure seniors has more than doubled in the past 10 years. One in 12 seniors now has limited or uncertain access to enough food to sustain a healthy lifestyle.^{xii}
- Adults ages 40-59 are more likely to be food insecure than older adults because they do not have Social Security or Medicare.
- 10,000 Baby Boomers will turn 65 every day until the year 2030.^{xiii}
- Widespread drought is creating food price inflation, which drives up food insecurity across all populations.
- In the past year the percentage of seniors in New Mexico receiving recommended health screenings has dropped by 11 percent.^{xiv}
- Among patients in low income neighborhoods in California, hospitalizations were 27 percent higher in the last week of the month compared with the first week when SNAP benefits are sent out.^{xv}
- SNAP benefits in New Mexico last an average of 2.3 weeks.^{xvi}

ROLE OF ROADRUNNER FOOD BANK IN THE FOOD SYSTEM

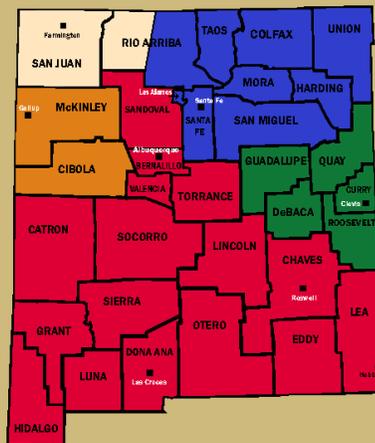
Each year Roadrunner Food Bank distributes nearly 30 million pounds of food statewide through a network of hundreds of emergency food pantries, shelters, soup kitchens, schools, mobile food pantry sites and smaller, regional food banks:



Roadrunner serves 16 of New Mexico's 33 counties directly out of warehouses in Albuquerque and Las Cruces. These 16 counties include 70 percent of the state's population. Roadrunner serves the remaining 17 counties indirectly by supplying food weekly to regional food banks in Clovis, Farmington, Gallup and Santa Fe.

Roadrunner Food Bank Key Facts

- 510 Nonprofit partners in our network
- 387,100 food insecure people in New Mexico
- 40,000 individuals served each week
- 100+ Mobile Pantry locations each month
- 10 million pounds of fresh produce distributed annually

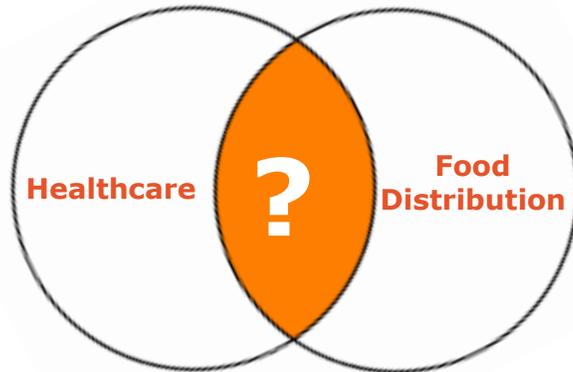


- **Roadrunner Food Bank in Albuquerque and Las Cruces**
www.rafb.org
- **The Food Depot based in Santa Fe**
www.thefooddepot.org
- **Food Bank of Eastern New Mexico**
www.foodbankenm.org
- **The Community Food Pantry in Gallup**
www.thecommunitypantry.org
- **ECHO Food Bank based in Farmington**
www.echoinc.org

Since 2008 Roadrunner has nearly doubled its distribution, and much of the increase has been through the growth of Mobile Food Pantries. These are farmer's market distributions that serve between 50 and 250 households in more than 100 urban neighborhoods and rural communities each month. Most of the food distributed through Mobile Pantries is fresh food that the clients select themselves. During the next year this important program will grow even further as we expand into dozens of schools.

Examples of Existing Healthcare/ Food Distribution Partnerships

Feeding America food banks like Roadrunner have begun to understand that hungry people can benefit when we take advantage of our role as a convener. Each week across the state 40,000 hungry people, most of them also unhealthy, line up somewhere to get food from an emergency food provider. They wait in line, sometimes for a long time, and they never fail to come to get the food. We have begun to think about what else might occur in conjunction with the food distribution. Because our population is so unhealthy, we started our thinking here:



Below please find some examples of how we have begun to answer this important question in New Mexico and how others have addressed it elsewhere in the country:

1. *Feeding America Diabetes Initiative* – Tested in three cities, this successful initiative included voluntary diabetes screening at food distributions, special food boxes, and consultation with nutritionists.
2. *Food prescriptions* – Used both for food in general and for produce specifically
3. *Free farmer's markets*
4. *Screening for food insecurity* in healthcare facilities and other locations
5. *Formal training about food insecurity* in medical schools and other healthcare educational settings
6. Assisting people with *SNAP applications*
7. *Special diet food boxes* provided to individuals with specific diseases
8. *Prenatal nutrition programs* including nutrition education, delivery of food, and prenatal medical visits
9. Working to better manage *transitions from hospital to home*
10. *Flu shots and other immunizations* at food distributions
11. *Health screenings* at food distributions
12. *Enrollment activity* for a variety of private and public programs

CHARACTERISTICS OF SUCCESSFUL PARTNERSHIPS

- Clarity about mutual benefit
- Understanding of how the partnership enhances, leverages and accelerates the work of the partners
- Confidence that time and energy have been invested in the right partners

EXAMPLES OF SUCCESSFUL PARTNERSHIPS

Community Cares Program, San Diego:^{xvii} This partnership between the San Diego Food Bank and over 30 health and human service organizations operates a "one-stop-shop" at food distribution events. Set up like a health fair with tables and displays, people attending the food distributions get help signing up for a range of health and human service programs:

- Food stamps
- Low-cost healthcare
- Employment and training services
- Housing and emergency shelter
- Low-cost gas, electricity and telephone programs
- Assistance for the elderly, disabled and mentally ill
- Foreclosure counseling

Texas Food Bank Network: This network used a VISTA grant to place Health Partnership Organizers in over a dozen food banks. These people's jobs are to research, facilitate or strengthen collaboration opportunities with healthcare entities.

Wheels of Sharing Mobile Food Pantry: This program, run by the Austin-based Capital Area Food Bank, brings food to neighborhoods. They coordinate timing with the mobile health van, run by the Community Health Initiative Unit. The van provides blood pressure screenings, wellness checks and nutrition counseling on-site during food distributions.

Houston Food Bank:^{xviii} This nonprofit announced that its days of simply distributing food may be over. It feeds 140,000 people each week across 18 counties in southeast Texas. In March 2014, it announced a new initiative to consider "the larger ramifications of food insecurity." It created the Core Connection Network, a department within the food bank to begin planning ways that food bank partners can offer their clients more assistance. A staff member has been assigned to run the initiative and to develop a training program that teaches partner agencies to assess client needs beyond food. They hope to offer health education, job training and assistance in accessing other social services.

RESOURCES AND RESEARCH

- ⁱ Feeding America, "Map the Meal Gap 2012", April 2014, [https://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~media/Files/research/map-meal-gap/2014-MMG-web-2014.ashx](https://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~/media/Files/research/map-meal-gap/2014-MMG-web-2014.ashx) (26 May 2014)
- ⁱⁱ Feeding America, "Hunger in America 2010: New Mexico," March 2010, http://feedingamerica.issueab.org/resource/hunger_in_america_2010_local_report_prepared_for_new_mexico_association_of_food_banks (26 May 2014)
- ⁱⁱⁱ *Hunger in America 2014* will be released in mid August 2014.
- ^{iv} Seth A. Berkowitz, MD, Hilary K. Seligman, MD, and Niteesh K. Chourdhy, MD, PhD, "Treat or Eat: Food Insecurity, Cost-related Medication Underuse, and Unmet Needs," *American Journal of Medicine*, April 2014, [http://www.amjmed.com/article/S0002-9343\(14\)00030-8/abstract?cc=y?cc=y](http://www.amjmed.com/article/S0002-9343(14)00030-8/abstract?cc=y?cc=y) (26 May 2014)
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- ^{vi} "Impact of Hunger on Physical and Mental Health," Feeding America, 2014, <http://feedingamerica.org/hunger-in-america/impact-of-hunger/physical-and-mental-health.aspx> (21 May 2014)
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- ^{xi} Paola Scommegna, "More U.S. Children Raised by Grandparents," Population Reference Bureau, March 2012, <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx> (26 May 2014).
- ^{xii} Gundersen and Ziliak, 4.
- ^{xiii} Gundersen and Ziliak, 4.
- ^{xiv} Dennis Domrzalski, "Older New Mexicans rate poorly in health survey," *Albuquerque Business First*, May 21, 2014, <http://www.bizjournals.com/albuquerque/blog/morning-edition/2014/05/older-new-mexicans-rate-poorly-in-health-survey.html> (21 May 2014)
- ^{xv} Sabrina Tavernise, "Study Ties Diabetic Crises to Food Budgets," *The New York Times*, 6 January 2014, <http://www.nytimes.com/2014/01/07/health/study-finds-more-diabetic-hospital-visits-when-food-budgets-dip.html?partner=rss&emc=rss&r=0> (26 May 2014)
- ^{xvi} *Hunger in America 2010: New Mexico*, page134.
- ^{xvii} San Diego Food Bank website: <http://sandiegofoodbank.org/programs/community-cares/>
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