



Addressing Food Insecurity in Los Angeles County

Dipa Shah-Patel, MPH, RD
Director, Nutrition and Physical Activity Program
Los Angeles County Department of Public Health
October 2019

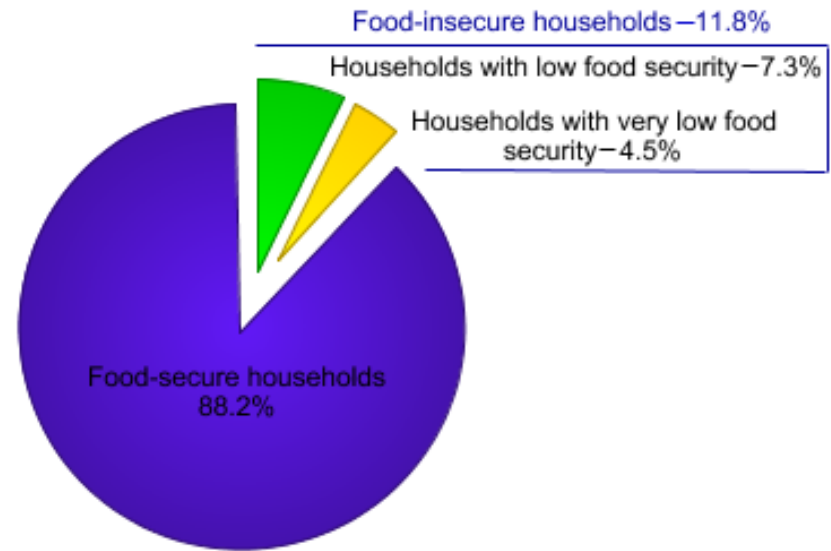




Prevalence of Food Insecurity Nationally

- 11.8% of households in the U.S.
 - 15 million U.S. households

U.S. households by food security status, 2017



Source: USDA, Economic Research Service, using data from the December 2017 Current Population Survey Food Security Supplement.

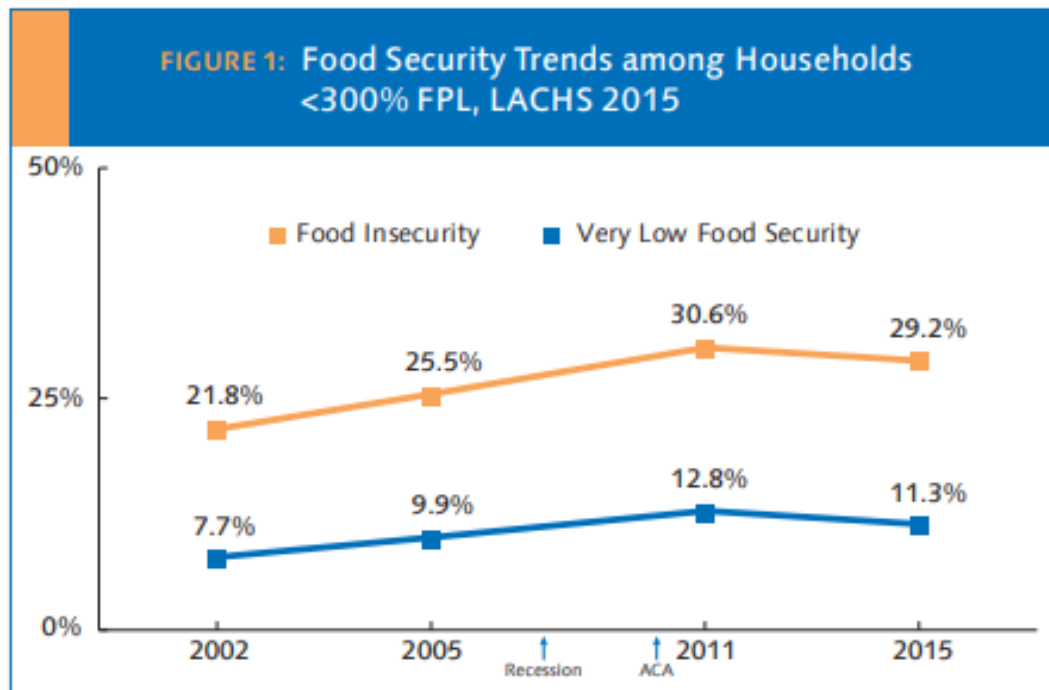


Prevalence of Food Insecurity Statewide

- 11.7% in California
 - 4.6 million Californians or 1 in 8 Californians on average
 - 1.7 million are children

Prevalence of Food Insecurity in LA County

- In 2015, 29.2% of households were food insecure
 - 561,000 Households
 - Income < 300% FPL



Food Insecurity by Service Planning Area

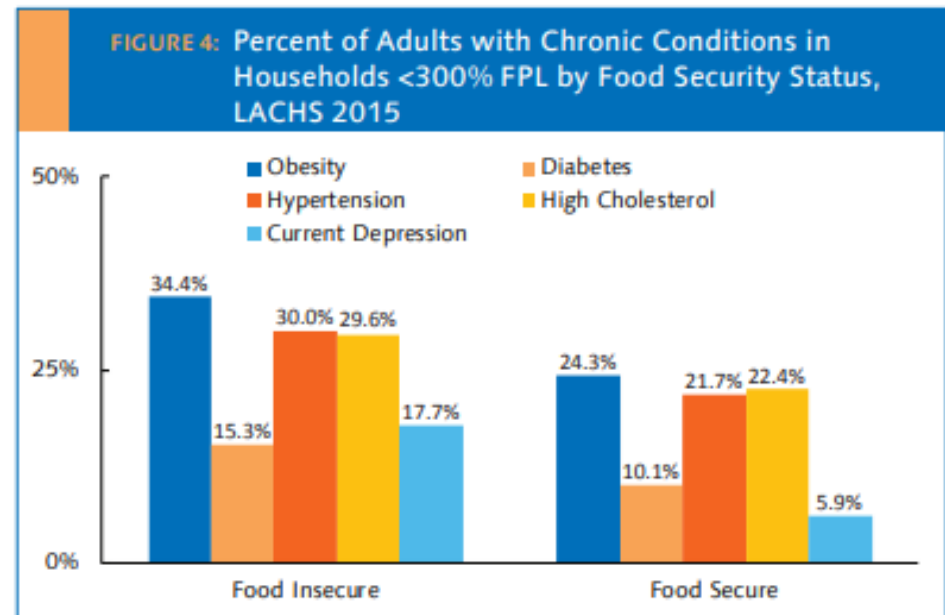
- 29.2% of households experienced food insecurity
- 11.3% experienced very low food security
- 33.9% increase in food insecurity among households from 2002-2015

TABLE 1: Percent of Households <300% Federal Poverty Level That Have Food Insecurity and Very Low Food Security, LACHS 2015

	Food Insecurity			Very Low Food Security		
	Percent	95% CI	Estimated #	Percent	95% CI	Estimated #
LA COUNTY HOUSEHOLDS	29.2%	27.1 - 31.3	561,000	11.3%	9.8 - 12.8	217,000
FEDERAL POVERTY LEVEL⁵						
0-99% FPL	41.1%	37.3 - 44.9	307,000	17.5%	14.5 - 20.5	131,000
100%-199% FPL	25.4%	22.4 - 28.4	203,000	9.2%	7.1 - 11.3	73,000
200%-299% FPL	13.7%	10.2 - 17.2	51,000	3.6%	2.0 - 5.2	14,000
HOUSEHOLDS WITH CHILDREN						
Yes	27.7%	24.3 - 31.1	223,000	9.6%	7.2 - 11.9	77,000
No	30.4%	27.7 - 33.1	338,000	12.6%	10.6 - 14.6	141,000
SERVICE PLANNING AREA						
Antelope Valley	34.4%	27.5 - 41.3	27,000	16.3%	9.9 - 22.6	13,000
San Fernando	27.2%	22.7 - 31.6	96,000	10.5%	7.7 - 13.2	37,000
San Gabriel	21.8%	17.2 - 26.4	72,000	6.1%	3.4 - 8.8	20,000
Metro	32.0%	25.6 - 38.4	93,000	16.9%	11.4 - 22.4	49,000
West	30.5%	18.5 - 42.5	26,000	6.4%*	1.8 - 11.0	5,000
South	32.4%	27.3 - 37.6	71,000	12.9%	9.2 - 16.6	28,000
East	32.4%	26.2 - 38.6	79,000	12.4%	7.3 - 17.4	30,000
South Bay	30.3%	24.7 - 36.0	97,000	10.7%	6.9 - 14.4	34,000

Food Insecurity Data in LA County

	Living in Food Insecure Household		
	Percent	95% CI	Estimated #
GENDER			
Male	42.1%	38.0 - 46.1	499,000
Female	57.9%	53.9 - 62.0	687,000
AGE GROUP			
18-29	25.2%	21.3 - 29.2	299,000
30-49	38.4%	34.5 - 42.4	456,000
50-64	25.3%	22.1 - 28.5	300,000
65 or over	11.0%	8.9 - 13.2	131,000
RACE/ETHNICITY[◇]			
Latino	67.4%	63.8 - 71.0	799,000
White	14.7%	12.1 - 17.2	174,000
African American	10.9%	8.8 - 13.1	130,000
Asian	6.6%	4.4 - 8.7	78,000
Native Hawaiian and Other Pacific Islander	-	-	-
American Indian/Alaskan Native	0.3%*	0.1 - 0.6	N/A
EDUCATION			
Less than high school	48.1%	44.0 - 52.2	569,000
High school	23.6%	20.2 - 27.1	280,000
Some college or trade school	20.4%	17.5 - 23.4	242,000
College or post graduate degree	7.8%	6.1 - 9.5	92,000



How is the County Addressing Food Insecurity?



Reduce Prevalence of Food Insecurity and Poverty by Increasing CalFresh Participation

Directed DPSS to:

- Create a specialized unit to conduct a review of current business practices and develop opportunities for improvement in enrollment and retention
- Adopt a goal of increasing CalFresh participation by 20%
- Submit monthly progress reports to the Board on meeting objectives



Improvements to CalFresh Enrollment Strategies

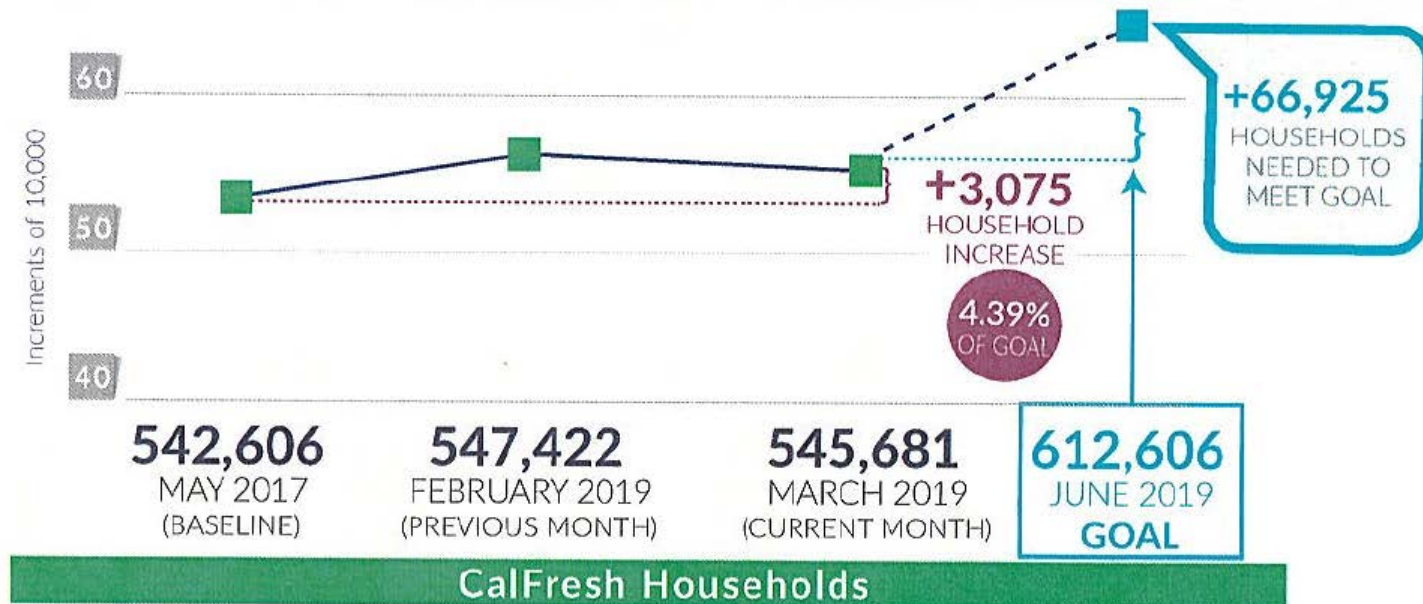
As a result of the Board Motion, DPSS has:

- Improved online application process by contracting with Code for America
- Increased the number of organizations trained on the CalFresh application process (CalFresh Application Assisters)
- Created the Customer Service Center End-to-End process, which now allows participants to complete their application by phone using a secure telephonic signature



Progress on Increasing CalFresh Participation

- Goal: Enroll 70,000 households or 176,000 individuals
- Since May 2017, the CalFresh caseload increased by 3,075 households (4% of target goal)



Barriers to Increasing CalFresh Participation

- Decrease in unemployment rate
- Proposed federal rule on public charge
 - Legal immigrants applying for citizenship may be denied if they rely on federal cash assistance programs (e.g., MediCal, CalFresh, Section 8 Housing)
- Misconception among community members, particularly immigrant groups



DPH Food Insecurity Report

- Released in September 2017
- Assessed trends in the status of food insecurity among LA County households using data from the Los Angeles County Health Survey (2002-2015)
- Provided a set of strategies and recommendations to improve food security



Introduction

Most Americans are able to consistently access and purchase high quality, nutritious food to live a healthy life. Nonetheless, recent data from 2016 demonstrate that approximately 12.3% of U.S. households remain food insecure, which means that they face barriers at some time during the year to purchasing healthy foods like fruits, vegetables, lean meats, and foods high in fiber.¹ Food insecurity is more likely to occur among racial and ethnic minorities and low-income communities.^{1,2} The United States Department of Agriculture (USDA) considers a household to be food insecure if it experiences either:

1. *Low food security* – reports a reduction in the quality, variety, or desirability of diet with little to no indication of reduced food intake, or
2. *Very low food security* – reports of multiple

foods are served in greater portions and are higher in salt, saturated fat, and added sugar.⁴ Thus, they are also at increased risk for poorer health in the long run, as excess intake of calories, salt, saturated fat, and added sugar increases the risks for many chronic health conditions, including high blood pressure, obesity, diabetes, heart disease, stroke, and many types of cancer.^{5, 6, 7}

Food insecurity during childhood can lead to delayed development, diminished academic performance, impaired social skills, and early onset of obesity.⁸ It is especially important for children to not skip meals and to be supported in making healthy food choices early in their development. Doing so may help them sustain healthy eating habits and maintain optimal health and well-being throughout their lifetimes.

Recommendations from the Food Insecurity Report

Recommendations

A multi-sector approach that involves government agencies, health care providers, schools, faith-based institutions, and community-based organizations can assist individuals and families in accessing affordable, nutritious food. Strategies and recommendations to improve food security include the following:

Explore and launch new initiatives to increase participation in CalFresh

In May 2017, the County of Los Angeles Board of Supervisors issued a motion that instructed its Department of Public Social Services to reduce the prevalence of food insecurity and poverty by increasing CalFresh participation by 20% by 2019 from the current 66.3%.⁹ This motion provides the opportunity to explore new partnerships between the Department of Public Social Services and private organizations as well as public agencies to reach more seniors, families, single adults, homeless individuals, and other groups who experience food insecurity.

Enhance nutrition standards in food pantries and meal programs

Many food banks, including the Los Angeles Regional Food Bank, have established nutrition policies that guide food solicitation efforts. Many food pantries and meal programs now offer balanced food packages, including fresh produce and other foods required to meet the nutritional requirements of clients. However, the large number of people seeking food assistance who have diabetes, hypertension, and high cholesterol reinforces the need for food pantries and meal programs to offer tailored food choices to clients who have these health conditions.

Screen for food insecurity and intervene at scheduled health visits

Exploring opportunities for increasing health care provider involvement in screening and intervening on food insecurity could lead to improved health outcomes for many Los Angeles County residents, especially given the intersection of food insecurity and diet-related chronic diseases. Physicians or other medical staff can play an important role in identifying food insecurity in a clinical setting by implementing a short screening tool called the Hunger Vital SignTM.^{10, 11, 12} Patients who identify as food insecure can be referred to appropriate resources

Food Insecurity Screening in County Clinics

- Board Motion passed in December 2017
- Directed DPH, DHS and DPSS to:
 - Describe current efforts to screen for food insecurity in County health clinics
 - Determine the feasibility and cost of including a screening questionnaire in the County's electronic medical record system and training staff on how to use the tool
 - Implement a plan for establishing a referral process to onsite CalFresh enrollment, WIC, and other food assistance resources
 - Conduct nutrition education classes in clinics focused on healthy eating and food resources management



Progress on Food Insecurity Screening in Clinics

- Since December 2017:
 - Food insecurity screening expanded in LAC+USC Adult Medicine Clinics and the Hubert Humphrey Comprehensive Health Center
 - Hubert Humphrey screening pilot included food insecurity screener and referrals to onsite DPSS workers for CalFresh enrollment, onsite nutrition education classes, and given information about food pantries, WIC and other assistance programs
 - Hunger Vital Sign food insecurity screening questions integrated into ORCHID



Barriers to Food Insecurity Screening Implementation

- Current clinic staffing is inadequate to carry out secondary assessments and referrals to CalFresh as well emergency food assistance (e.g. food pantries)
- Time required to adequately screen patients and refer to resources
- Resources provided (e.g., food pantry lists) need to be accurate and frequently updated



Reducing Both Food Waste and Food Insecurity in Los Angeles County

- Board Motion passed in February 2019
- Directed DPH, LACOE, DPW, and other stakeholders to:
 - Assist schools with implementing strategies to prevent food waste (e.g., share tables), redistribute surplus food, and engage in complementary efforts to address food insecurity
 - Define opportunities for food redistribution in community hubs, such as schools, colleges, clinics, and other settings
 - Conduct an assessment of existing practices and policies in food pantries around nutrition standards, including barriers and facilitators of successful implementation of nutrition standards



Plan for Implementing Reducing Food Waste and Food Insecurity Board Motion

- DPH and LACOE to complete Countywide assessment of school districts to determine districts' current food rescue efforts and interest in establishing sharing tables
- Develop food rescue organization database and conduct an assessment to guide DPH in integrating food distribution into health promotion programs
- Develop food pantry database and conduct assessment to determine cost and feasibility of implementing nutrition standards in food pantries





CalFresh Healthy Living (Formerly Champions for Change)

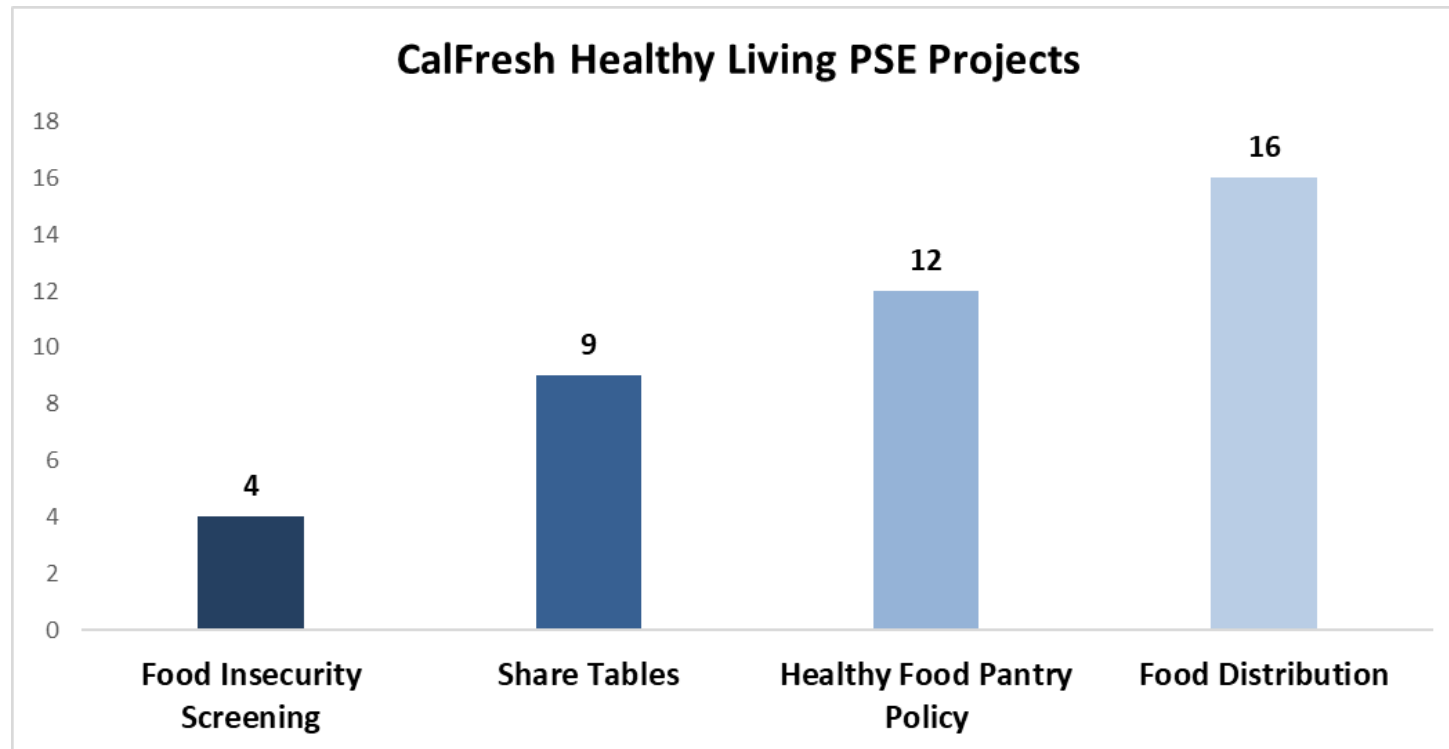
CalFresh Healthy Living Initiative (SNAP-Ed) aims to reduce obesity and chronic disease among low-income populations through a coordinated approach:

- Nutrition education and physical activity promotion
 - Community/stakeholder engagement and mobilization
 - Policy, systems and environmental change (PSE)
-
- 24 agencies across Los Angeles County were awarded the Champions for Change grant for three years (2017- 2019) to implement obesity and chronic disease prevention strategies aligned with the social ecological model and PSEs



What is CalFresh Healthy Living Doing to Address Food Insecurity?

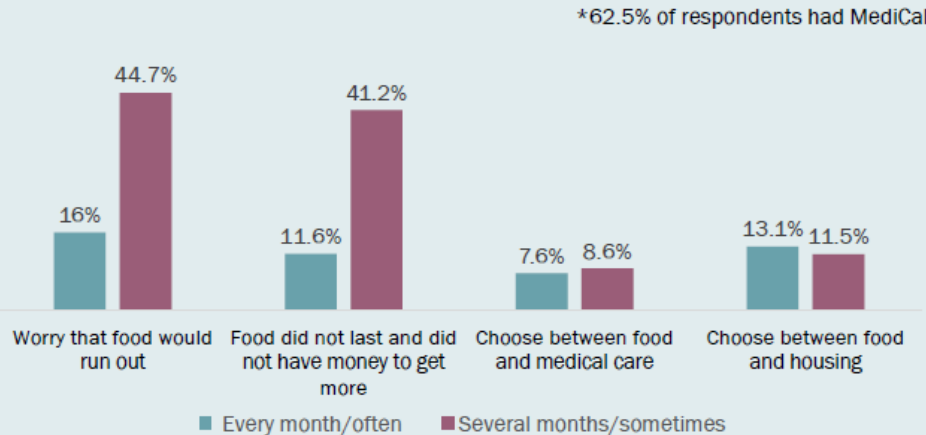
- Six grantees working with food rescue organizations (e.g., Food Finders, Food Forward)



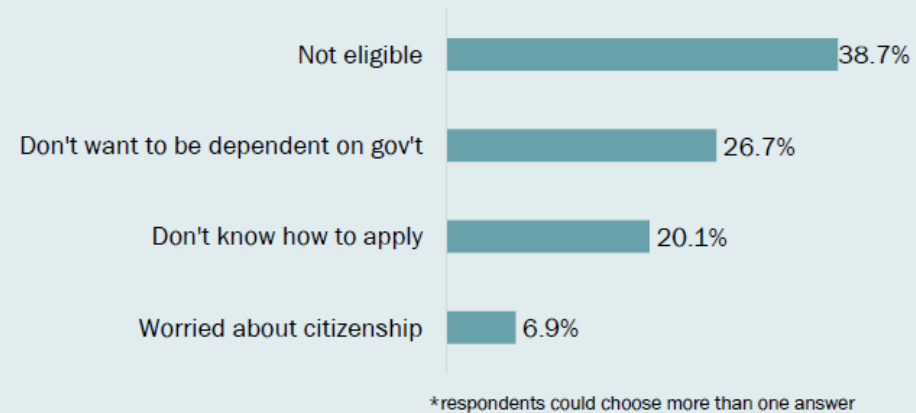
Partnership with RAND: Food Insecurity Screening

- 2018: DPH collaborated with RAND Corporation to better understand client perceptions around food insecurity at county medical clinics
- 1013 clinic patients responded to the survey

Measures of food insecurity



Why 74% don't participate in CalFresh*



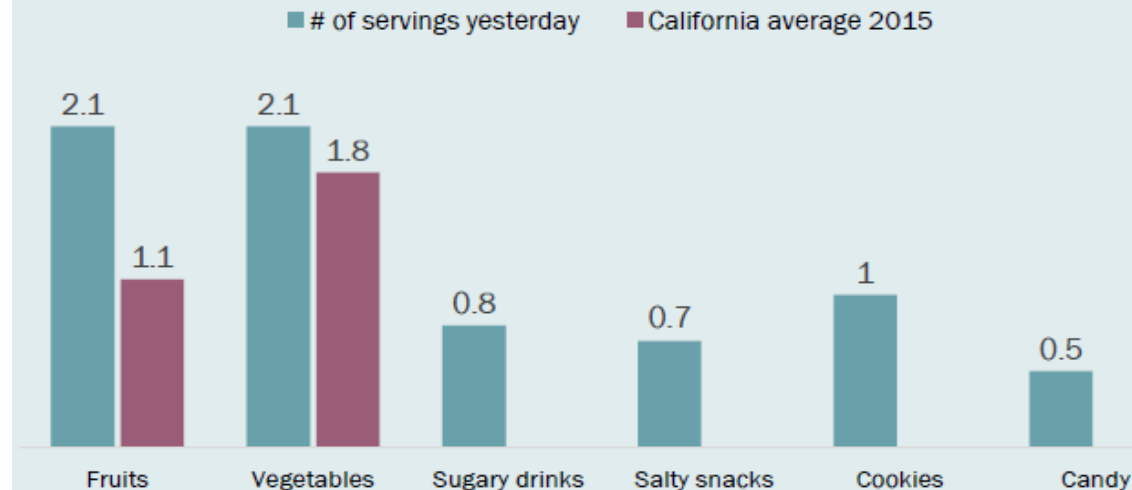
Partnership with RAND: Food Distribution Efforts

- 2018: DPH collaborated with RAND Corporation to better understand client perceptions around food insecurity at food distribution sites
- 428 food pantry participants responded to the survey

Use of food pantries

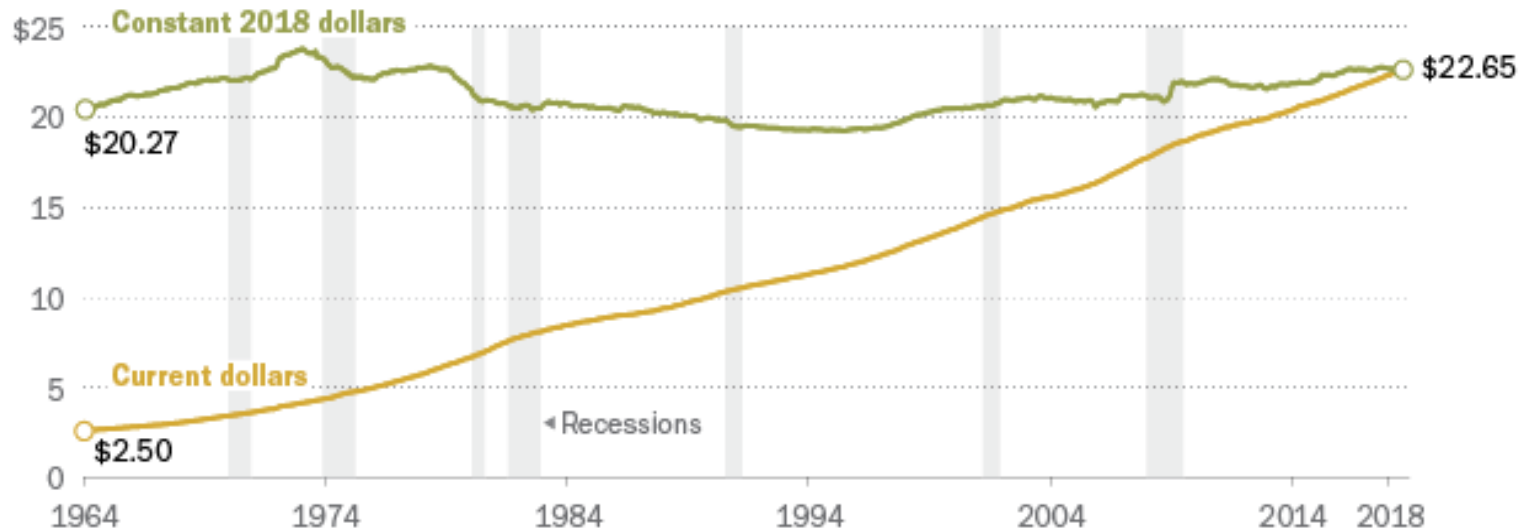
■ Travel less than 30 minutes to pantry	85%
■ Come every month	37%
■ Food lasts 3 days or less	31%
■ Food lasts 4–6 days	34%
■ Pantry food is a lot or most of food	18%
■ Quality of food (scale of 1–5)	3.8
■ Variety of food (scale of 1–5)	3.8

Food consumption



Rising Costs but Marginal Wage Increases

Average hourly wages in the U.S., seasonally adjusted

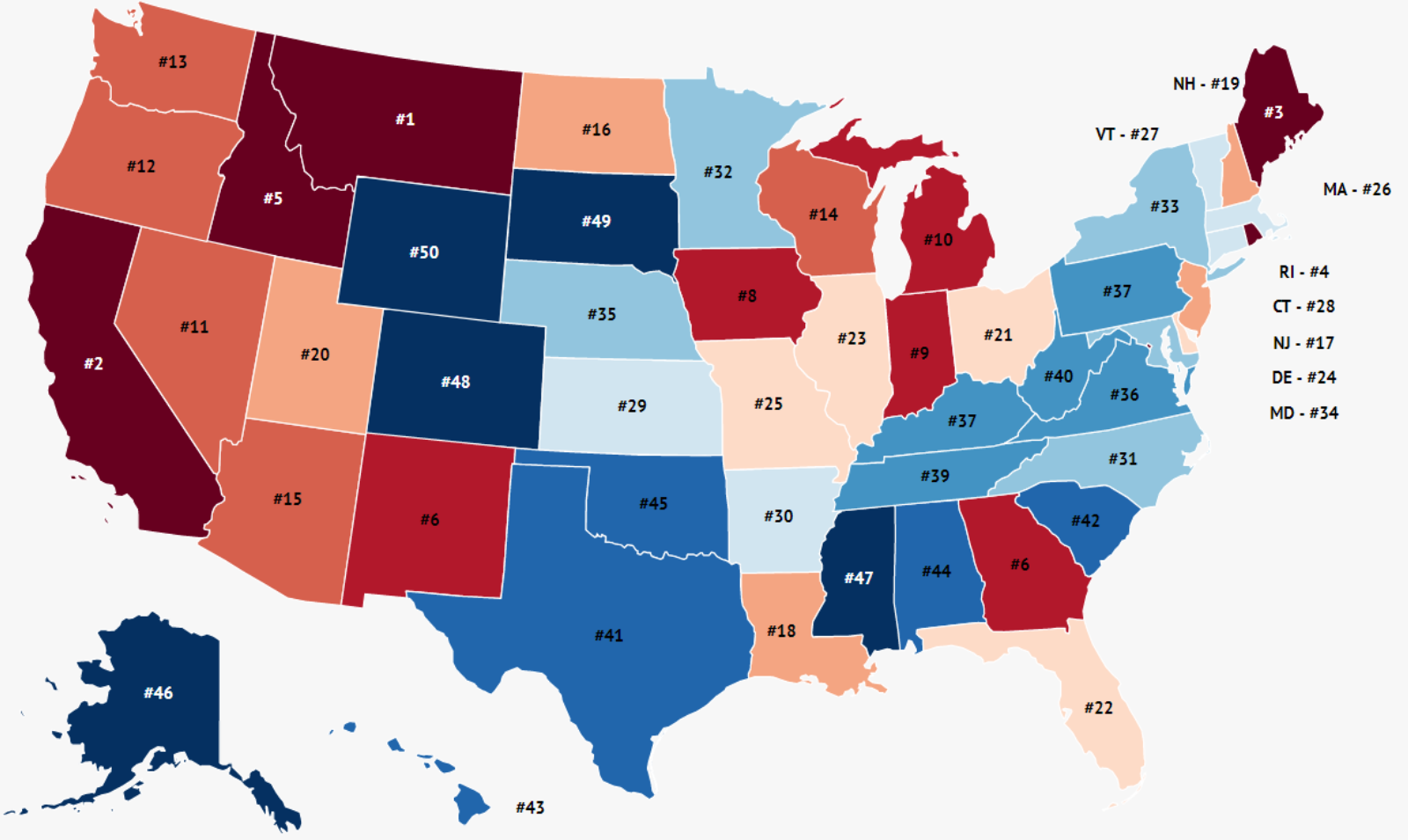
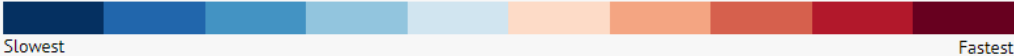


- After adjusting for inflation, 2018's average hourly wage had similar purchasing power as it did in 1978
- However, the cost of living in the US has increased by 14% just from 2015 to 2018
- Median home prices have increased 21% from \$215,000 in 2015 to \$260,000 in 2018 and rent has increased 7.6% over the same period of time

Rising Cost of Housing (1998-2018)



States With The Fastest Growing Income Inequality





Policy Solutions

- Provide comments on the Federal Register proposed policy changes addressing food insecurity (e.g., ABAWD and Public Charge)
- Support policies that address systemic issues, such as unaffordable housing and poverty
 - Local – Citywide Inclusionary Housing Policy
 - Local – Targeted Local Hire
 - Federal – Rent Relief Act



2
8

Join the Movement!

Organizations can also join local coalitions that support local and state policies, such as LA Food Policy Council, California Food Policy Advocates, and Nutrition Access LA



THANK YOU!