



# STATUS REPORT ON HUNGER IN RHODE ISLAND 2009

**T**he Rhode Island Community Food Bank produces this Status Report each year to document the extent of food insecurity and hunger in the state. Food insecure households cannot afford adequate food and therefore are at high risk for hunger. The Status Report on Hunger, by using extensive research and reporting from the Food Bank and other sources, examines the economic causes of food insecurity and hunger, the soaring demand for food assistance, and the importance of good nutrition for long-term health and disease prevention. As more Rhode Islanders face hunger, the Report urgently recommends ways to strengthen the safety net to help everyone in need.

## Major Findings of the Report

- The prevalence of hunger in Rhode Island has reached the highest level in ten years.
- With rising unemployment, more people than ever rely on emergency food pantries and soup kitchens. Between September 2008 and August 2009, emergency food programs in Rhode Island served 13 million meals – a 30 percent increase over the previous year. This demand stretched the capacity of the Rhode Island Community Food Bank and its statewide network of member agencies.
- An effective response to the state’s hunger crisis will involve all levels of government. The federal stimulus bill increased nutrition program benefits, but the state must make it easier for eligible households to receive these benefits. At the local level, boosting participation in school breakfast and summer meals can help protect more children from hunger.
- Rhode Island is improving the quality of school meals and WIC (Special Supplemental Nutrition Program for Women, Infants and Children) food packages based on nutrition science that demonstrates the link between the food we eat and our long-term health. By increasing funding for the child nutrition programs and WIC, Congress can ensure these programs reach even more hungry children and families.
- Having a low-income does not mean individuals or families must compromise their health. Through its program, “Raising the Bar on Nutrition,” the Food Bank provides recipes and cooking instruction to make nutritious meals with affordable ingredients. For example, the program teaches how to feed a family of four healthy meals for a week using ingredients costing just \$175.



## The Impact of the Economic Recession

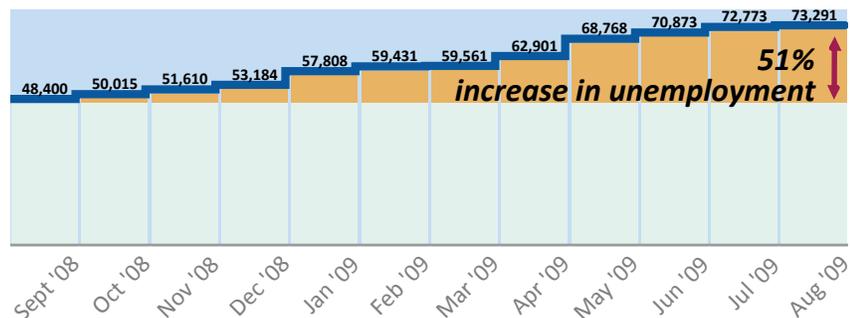
**T**he recession creates financial hardship for thousands of Rhode Island families, causing more to go hungry. The latest U.S. Census Bureau report places 11.7 percent of the state’s population below the official poverty level, meaning that 123,000 Rhode Islanders are living in poverty, including 35,000 children and 16,000 senior adults.<sup>2</sup>

The Rhode Island economy shed jobs at a record rate over the past year with the steepest declines in manufacturing and construction.<sup>3</sup> Between September 2008 and August 2009, the number of unemployed Rhode Island residents increased by 24,891. Many laid-off workers found themselves suddenly unable to pay their bills or purchase food for their families.

### 2009 Poverty Guidelines<sup>1</sup>

Persons in Family or Household	Annual Income
1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050

### Unemployed Rhode Islanders

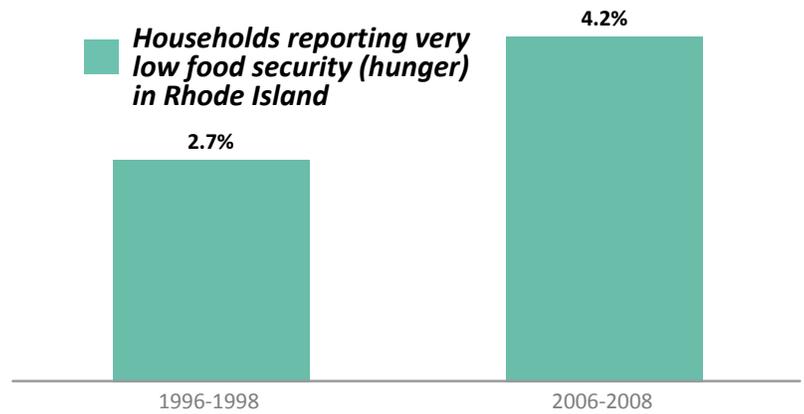


Many Rhode Islanders have also been forced out of their homes by the subprime mortgage crisis. In 2008, an estimated 5,887 people were evicted following foreclosure.<sup>4</sup> Renters received little or no notice to vacate their homes and were often given only a few days to leave. In the first six months of 2009, Rhode Island had the highest rate of foreclosure in New England.<sup>5</sup>



## The Prevalence of Food Insecurity & Hunger

**H**ousehold food insecurity occurs when family members must reduce their food intake, causing them to eat an unhealthy diet, skip meals and, in the worst case, experience hunger. Each year, the United States Department of Agriculture (USDA) and the Census Bureau conduct a survey to determine the number of food insecure households in each state. To provide more reliable statistics, data for three years are combined. From 2006 through 2008, 11.7 percent of all Rhode Islanders (50,000 households) were food insecure.<sup>6</sup> 18,000 households (4.2 percent) reported experiencing hunger because they could not afford adequate food.

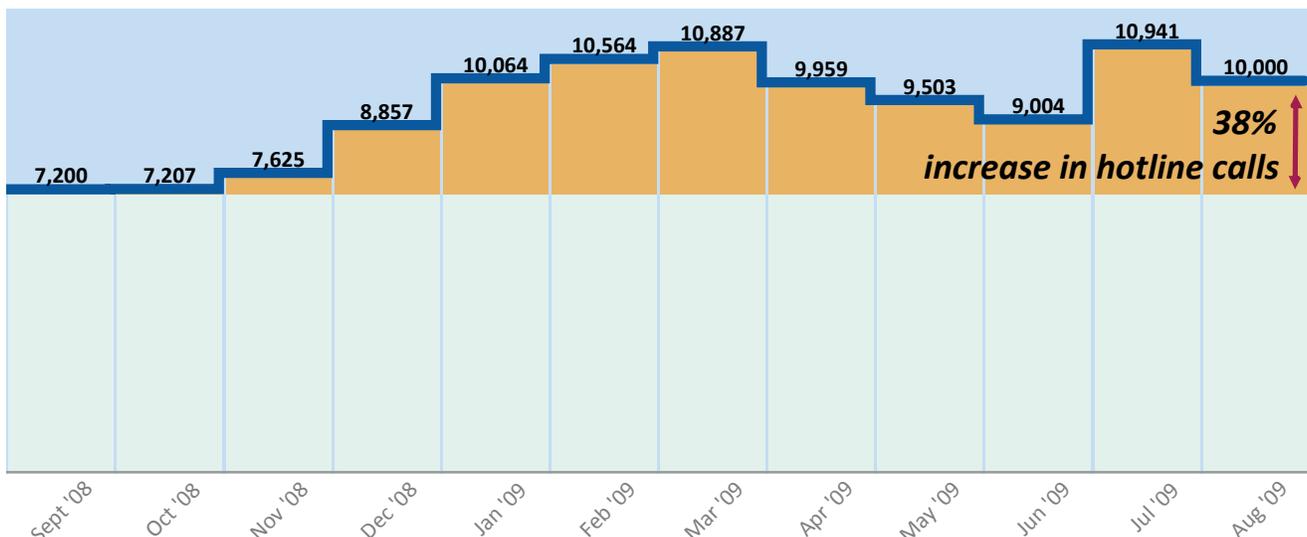


Over the past decade, the rate of hunger increased significantly in Rhode Island, according to the USDA.

## Hotline Calls

**W**hen a family is in crisis because there is no money to buy food, family members need to know where to go for help. The 2-1-1 hotline, staffed and managed by Family Service of Rhode Island and housed at the United Way of Rhode Island, provides information and referral to people in need. Between September 2008 and August 2009, the hotline received 111,811 calls, averaging 9,300 calls per month. Professional counselors responded to callers, connecting them with critical services, referring over 24,000 people to emergency food pantries and government-sponsored nutrition programs, double the number of referrals from the previous year.

Monthly calls to the 2-1-1 Hotline in Rhode Island



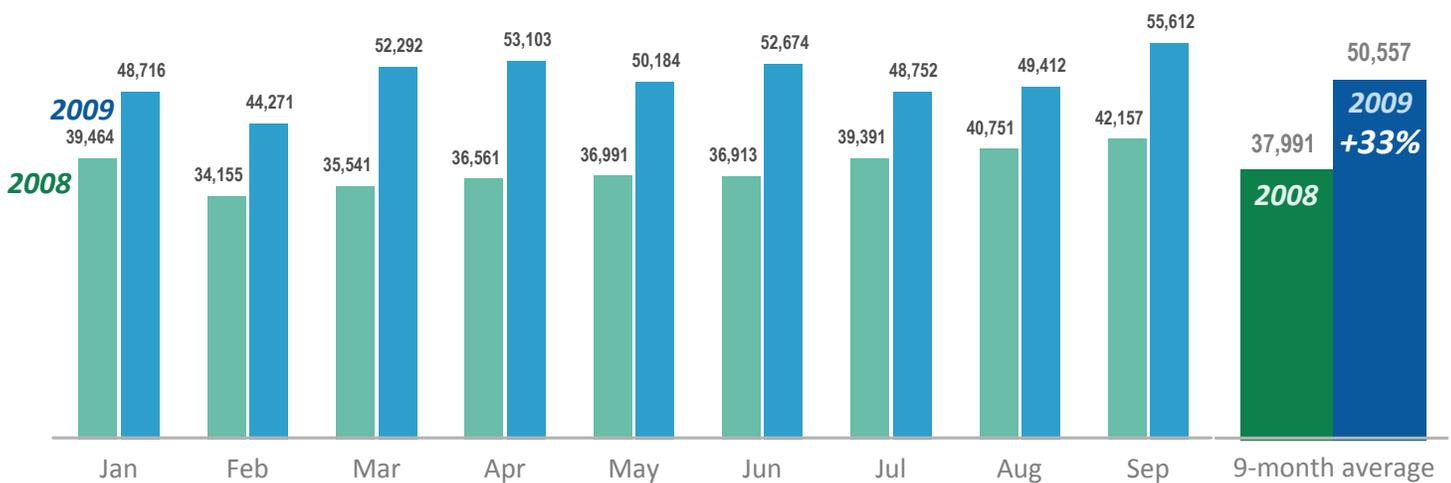
**38% increase in hotline calls**



## Rising Demand for Emergency Food

Another indicator of food insecurity and hunger is the use of emergency food programs. The Rhode Island Community Food Bank's statewide network of 24 soup kitchens, which serve hot meals to individuals, and 122 food pantries, which offer groceries mostly to families, provided the equivalent of 13 million meals between September 2008 and August 2009 – a 30 percent increase in one year. To meet the higher demand, the Food Bank distributed a record amount of food in this period – 9.4 million pounds.

People Served Monthly at Food Pantries in Rhode Island



A sign of growing hunger, each month in 2009 more people were served at food pantries than in 2008

This year, emergency food programs benefited from higher levels of USDA food allotted to Rhode Island. Federal funding for USDA food purchase more than doubled to \$2.2 million through the 2008 Farm Bill and 2009 ARRA (American Recovery and Reinvestment Act), allowing the state to acquire over two million pounds of USDA food. However, the Rhode Island General Assembly did not increase its annual allocation to the Food Bank in 2009. The money remained level-funded at \$192,000. This grant is used by the Food Bank to acquire and transport donated food from out-of-state, which is made available through the national organization, Feeding America™.

State Funding for Food Banks

State	Total Funding	Per Capita
New York	\$17,600,000	\$.90
Massachusetts	\$11,500,000	\$1.77
Connecticut	\$550,000	\$0.16
Rhode Island	\$192,000	\$0.18



## Food Matters for Heart & Soul: Why Good Nutrition is So Important for Health

By Dr. Mary Flynn

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**T**he human body is durable and can exist on a wide range of diets. To stay alive, the body simply needs energy from food, which is measured in calories. The amount of calories in a food depends on how much protein, carbohydrate or fat the food contains. Protein and carbohydrate supply four calories per gram, while fat supplies more than double that amount, nine calories per gram. You can see why high fat food has more calories than food high in protein or carbohydrate.

Food comes from animal or plant sources. Animal sources are meat (beef, pork, lamb, chicken and turkey), seafood and dairy products. These supply protein and varying levels of fat. Dairy products are the only animal foods that supply carbohydrate. Plant sources also supply protein (found in grains, legumes and vegetables) and fat (from vegetable or seed oils like canola, corn, safflower, soybean and olive oil), but the main nutrient in plant products is carbohydrate which is found in vegetables, fruit and all starch products (healthy sources being bread, pasta, grains and legumes and less healthy sources being pastries, cookies and snack foods).

When we eat food, we digest the protein, fat and carbohydrate down to smaller units that are absorbed and fuel the body. Protein is digested to amino acids; fat to fatty acids (saturated, monounsaturated and polyunsaturated); carbohydrate to glucose, fructose and galactose. Your body does not know if the food eaten was healthy or not; it only sees these smaller units of digestion. However, the healthier food sources also provide vitamins and minerals that are essential for proper functioning of the body.

### Weight Gain and Obesity

**S**imply put, our body weight is a balance of the calories we eat and the calories we burn. If we take in more calories than we use, we gain weight. Over the last three decades, obesity rates have soared among all age groups in the United States, so that obesity is now a serious health problem for both adults and children. In part, this is due to our sedentary lifestyle and lack of adequate exercise, but food choices play a central role in determining our weight, health and longevity.

Some foods are easier to overeat than others. We tend to like the taste of foods high in fat, especially if the food is fat with salt (potato chips) or fat with sugar (chocolate). When these foods are available to us, many people will eat them without limit.

Along with taste, cost is another factor that influences over consumption. Researchers have found that "energy dense" snack foods, which pack the most calories per gram, are far less expensive than nutrient-rich, lower-calorie foods like fruits and vegetables. Next time you go shopping look at the cost of a bag of potato chips and then look at the nutrition label for the total calories in the bag. You will find that for about \$4.00 you can buy 2000 calories of chips. To purchase the equivalent calories as bagged salad, you would need to purchase more than 40 bags of salad and spend over \$100. People with limited money for groceries will opt to buy less expensive, high calorie, fatty foods that are easy to overeat.

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In advocating for sweeping healthcare reform legislation in Washington, the Urban Institute recommended a "sin tax" on soda and other foods high in fat and sugar because the obesity problem increases medical costs for everyone.<sup>7</sup> There are many medical problems associated with weight gain, but the main health concern is type 2 diabetes. With this form of diabetes, insulin does not work properly resulting in dangerously high levels of both insulin and glucose in the blood. Extra insulin can cause cancer cells to grow and extra glucose will attach to proteins in the blood, increasing the risk of heart disease and some cancers. If current trends in weight gain and obesity continue, one in three American children born after 2000 could develop diabetes at some point in their lifetime.<sup>8</sup>



## Diets that Improve Health

The expression “you are what you eat” turns out to be true. People who consume meat as a significant portion of their diet are at higher risk for obesity, heart disease and cancer. By comparison, diets high in plant products – such as grains, legumes, leafy greens and other vegetables, tomatoes and other fruits – result in less chronic disease.

There is now research to explain these differences. Plant products have been found to contain compounds called “phytonutrients” that protect the plant from ultraviolet radiation, herbicides, pesticides and other environmental damage. In humans, absorbed phytonutrients work as anti-oxidants and as anti-inflammatory agents, decrease blood coagulation and some can even stop cancers from starting or spreading. Carotenoids are an example of phytonutrients that fight cancer. They give color to plant products, with dark color a sign of high carotenoid content. The highest concentration of phytonutrients is on the outside of a fruit or vegetable. Eating a plant’s outside or skin – berries, broccoli, leafy greens or foods made with whole grain – helps you get more phytonutrients than eating plant products without the skin, such as citrus fruit, bananas or refined grain.



Just \$175 can purchase a week’s supply of food for a family of four<sup>9</sup>

The preparation of vegetables can also enhance their health benefits. Cooking vegetables in olive oil allows you to absorb the cancer-fighting carotenoids. The carotenoids are not absorbed unless there is fat present. While some foods that are high in fat are unhealthy, olive oil is pure fat and is very healthy. Extra virgin olive oil is the backbone of the Mediterranean diet and has been found to decrease heart disease, hypertension and osteoporosis. In addition, veggies sautéed in olive oil are more satisfying and may actually decrease the desire to snack between meals.

## Raising the Bar on Nutrition

A diet containing the most healthful foods – vegetables, fruit, whole grains and olive oil – is also affordable, even on a tight budget. In cooperation with the Rhode Island Community Food Bank, I developed a hands-on, nutrition education program called, “Raising the Bar on Nutrition.” The program is directed at low-income families and involves six weeks of cooking demonstrations with recipes that are plant based and olive oil friendly. Although fresh vegetables and fruit are very healthy, our recipes utilize frozen or canned vegetables, which are equally good for the body, easier to store and less expensive. In fact, to make the program’s recipes, the ingredients cost just \$175 per week for a family of four. This is 28 percent less than the USDA’s recommended weekly diet.<sup>10</sup> Graduates of “Raising the Bar on Nutrition” consume more vegetables and whole grains and eat less meat, snacks and desserts. They also spend significantly less money on groceries while they learn to make healthier food choices. Please visit the Food Bank’s website ([www.rifoodbank.org](http://www.rifoodbank.org)) for suggested recipes and cost information.



## Federal Nutrition Programs

The federal nutrition programs are designed to protect low-income families and individuals from hunger. These programs include the Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program), Special Supplemental Nutrition Program for Women, Infants and Children (WIC), National School Lunch, School Breakfast, the Summer Food Service Program (SFSP) and the Child and Adult Care Food Program (CACFP). Important changes have recently been made to these programs to increase benefit amounts and encourage better eating habits and healthier diets among recipients.

Six Federal Nutrition Programs	Federal Dollars to Rhode Island (Federal Fiscal Year 2008) <sup>11</sup>
SNAP	\$107,719,391
WIC	\$18,602,388
School Lunch	\$23,069,118
School Breakfast	\$5,881,746
CACFP	\$6,423,203
SFSP	\$699,330
<b>TOTAL</b>	<b>\$162,395,176</b>

Rhode Island receives millions of dollars in aid from Washington each year from these six nutrition programs

## SNAP

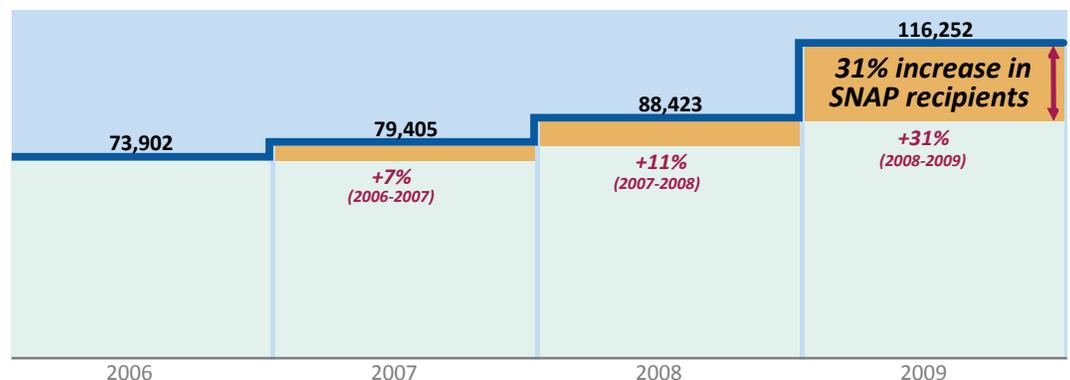
Formerly the Food Stamp Program, SNAP now helps one in ten Rhode Island households buy groceries. The program provides eligible individuals with a debit card to purchase food at supermarkets and grocery stores. In Rhode Island, the average monthly household allotment is \$216.<sup>12</sup>

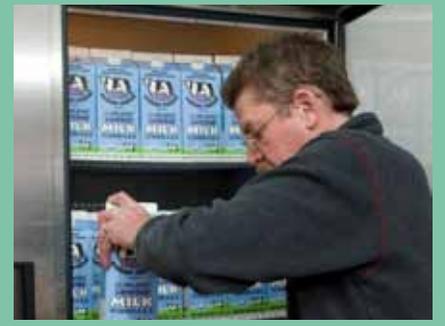
For the fiscal year ending September 30, 2008, SNAP delivered \$108 million to Rhode Island, boosting the local economy, while improving the nutrition and health of recipients. This year, Congress included an additional \$20 billion in the ARRA (American Recovery and Reinvestment Act of 2009) to increase SNAP benefits nationally by 13 percent. Participating Rhode Island households received an increase in their benefits beginning in April 2009.

As the economy declined, a record number of Rhode Islanders enrolled in SNAP. According to the Department of Human Services that administers the program, overall participation grew by 27,800 people in one year.<sup>13</sup> The SNAP Outreach Project at the University of Rhode Island (URI) has been successful at partnering with food pantries and soup kitchens, identifying eligible families and encouraging them to enroll. In fact, over 75 percent of those screened by outreach workers are potentially eligible for SNAP benefits. The Rhode Island Community Food Bank recently added two full-time staff members to work in partnership with URI in this outreach effort in cooperation with emergency food programs and community action agencies.

With more families seeking SNAP assistance, the Department of Human Services now allows telephone interviews to replace office visits. Seniors now have a new brief application form, making it easier than ever for the elderly to apply. However, the limited number of state workers processing applicants' eligibility remains a barrier. SNAP caseloads now top 1,000 for state workers, bottlenecking the application process.

### Rhode Islanders enrolled in SNAP (August of each year)





## WIC

**W**IC is a health and nutrition education program for low-income women who are pregnant or postpartum and their young children up to age five to provide extra support during critical stages of brain development and growth. This population is at high risk for serious health problems because their diets often lack essential nutrients.<sup>14</sup> Currently in Rhode Island, the WIC program reaches over 25,000 participants with an average monthly benefit of \$43.<sup>15</sup> WIC participants receive an assessment to identify their needs, education to help improve their nutritional status, and a food prescription, with vouchers for the purchase of specific foods including cereal, milk, eggs and bread as well as coupons to purchase fresh produce at farmers' markets. Rhode Island recently implemented changes intended to improve the health and nutrition of participants and prevent obesity among children by adding more fruits, vegetables and whole grains to traditional WIC food packages, in line with the USDA Dietary Guidelines for Americans.

## School Meals

**I**n September 2009, the Rhode Island Department of Education implemented new nutrition criteria for school breakfast and lunch meals.<sup>16</sup> These requirements go beyond those set by the USDA to include more whole grains, fruits and vegetables. Given that thousands of children from low-income families depend on school food services for nearly half of their weekly diet, these improved meals should have a positive effect on their overall nutrition and health.

During the 2007-2008 school year, 51,000 children in Rhode Island received free or reduced-price lunch through the National School Lunch Program. Fewer students – just 20,600 – participated in the School Breakfast Program, though this was an improvement of 12 percent from the previous year. With four children receiving breakfast for every ten that receive free or reduced-price lunch, Rhode Island ranks 37th in the country in school breakfast participation.<sup>17</sup>

In most schools, breakfast is served to children before the start of the school day. School administrators are focused on instructional time and often worry that breakfast served as part of the school day will interrupt learning. But some principals and food service directors have come up with creative ways to facilitate the transition from eating to learning, including serving breakfast right in the classroom, which makes breakfast accessible to many more students. This year, to reward their accomplishment, the Rhode Island Community Food Bank is offering School Breakfast Excellence Awards to schools with high levels of breakfast participation.



## After School Meals

**T**he Rhode Island Community Food Bank prepares and delivers nutritious meals to nine afterschool programs in Providence and Newport, serving 500 children each day. Known as Kids Cafe, the program's goal is to provide healthy food and nutrition education to children in a safe and fun environment. The Child and Adult Care Food Program (CACFP) provides federal funding for afterschool meals, but reimbursement levels, as little as \$2.68 per meal, are unreasonably low given the high cost of food.

## Summer Meals

**W**hen school lets out for summer, school meals end. The Summer Food Service Program fills the gap for children in low-income communities by providing breakfast and lunch at summer recreation and education programs. In 2009, summer meals were served to 8,000 children at 148 sites across Rhode Island.<sup>18</sup> At this level, summer meals reach only 16 percent of children receiving free or reduced-price lunches during the school year.

# Summary

Poverty and hunger are facts of life for too many Rhode Islanders. Without the ability to afford enough food, families choose cheap, unhealthy food, cut back on meals, and go hungry. Thousands of people – many for the first time – are turning to emergency food programs for their daily meals and weekly groceries. But emergency food programs only provide temporary hunger relief and do not make up for ongoing food shortages in more than 50,000 households that are food insecure.



Emergency food is necessary but not sufficient to meet the growing need. With little evidence that the recession will end quickly, an effective response is required now from all levels of government.

President Obama and Congress wisely increased food assistance in the federal stimulus package of 2009. In the coming months, Congress will consider reauthorizing and expanding child nutrition and WIC programs. This is an opportunity to increase federal reimbursement for school meals, make it possible for afterschool programs in low-income communities to provide suppers to hungry children, and expand funding for WIC to cover all at-risk families. Rhode Island has already taken steps to raise nutrition standards for school meals and WIC. Now we can bring better nutrition to thousands of vulnerable children, improve their health outcomes and rein in future healthcare costs by maximizing participation in these programs.

As more Rhode Island families become eligible for government-sponsored nutrition programs, it is up to the state – that oversees the application process – to help these families enroll and receive benefits. Unfortunately, there are not enough eligibility workers to manage the current caseload, resulting in long delays and unfair denials. Since these nutrition programs are a major source of federal revenue for Rhode Island, enrolling every eligible household should be a key part of our strategy for economic renewal.

## Recommendations

- Streamline the enrollment process for SNAP and hire more state workers to keep up with the influx of new SNAP applicants. More SNAP users mean more federal dollars for Rhode Island.
- Double the value of SNAP benefits when used at farmers' markets to encourage SNAP recipients to purchase healthy fruits and vegetables and to boost sales for local farms.
- Expand the Rhode Island Community Food Bank's "Raising the Bar on Nutrition" program to encourage more food pantry users to cook healthy, low-cost meals.
- Reauthorize the WIC program with enough federal funding to serve the growing caseload of eligible families requesting WIC food packages and nutrition education.
- Increase reimbursement rates for school breakfast and lunch so that schools can afford to serve high quality meals.
- Feed more children by providing breakfast free-of-charge and serving breakfast as part of the school day at schools where the majority of students receive free lunch.
- Include Rhode Island in federal funding for suppers served at afterschool programs in low-income communities through the Afterschool Meals Program.
- Add summer meal sites in Rhode Island with sports and fitness activities to help more children eat well and exercise when schools are not in session.



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## References

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- <sup>2</sup>[2008 American Community Survey](#), U.S. Census Bureau, 2009.
- <sup>3</sup>[Rhode Island Labor Force Statistics](#), Rhode Island Department of Labor and Training, 2009.
- <sup>4</sup>[Moving Out Rhode Island](#), An Analysis of 2008 Foreclosure Related Evictions, Rhode Island Legal Services, 2009.
- <sup>5</sup>[Foreclosures in Rhode Island and New England](#), Federal Reserve Bank of Boston, 2009.
- <sup>6</sup>Nord, M., Andrews, M., and Carlson, S., [Household Food Security in the United States, 2008](#), USDA, Economic Research Report No. 83, 2009.
- <sup>7</sup>Berenson, R., Holahan, J., Blumberg, L., Bovbjerg, R., Waidmann, T., Cook, Allison, Williams, A., [How We Can Pay for Health Care Reform](#), Urban Institute, 2009.
- <sup>8</sup>Narayan, K., Boyle, J., Thompson, T., Sorensen, S., Williamson, D., [Lifetime Risk for Diabetes Mellitus in the United States](#), Journal of the American Medical Association, 2003.
- <sup>9</sup>A shopping list for a family of four was developed by Mary Flynn, Ph.D. and priced at a supermarket in Rhode Island. The entire shopping list, prices and recommended recipes are available at [www.rifoodbank.org](http://www.rifoodbank.org).
- <sup>10</sup>[Sample Menus for a 2000 Calorie Food Pattern](#), MyPyramid.gov, USDA, 2009.
- <sup>11</sup>[Annual State Level Data: Benefits](#), USDA, Food and Nutrition Service, 2009.
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- <sup>13</sup>[Total Food Stamp Program Participation](#), Rhode Island Department of Human Services, 2009.
- <sup>14</sup>[Feeding our Future: Growing Up Healthy with WIC](#), Children's HealthWatch, 2009.
- <sup>15</sup>[WIC Program: Average Monthly Benefit per Person](#), USDA, Food and Nutrition Service, 2009.
- <sup>16</sup>[Rhode Island Nutrition Requirements 2009](#), Rhode Island Department of Education, 2009.
- <sup>17</sup>[School Breakfast Scorecard: School Year 2007-2008](#), Food Research and Action Center, 2009.
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