



Hunger and Obesity? Making the Connections

KEY ISSUES

- Hunger and obesity often occur within the same populations — even the same families.
- Both hunger and obesity can be consequences of low income and the resulting lack of access to enough food.
- High levels of stress, poor access to health care, and ways that households are forced to manage their limited resources compound these income and access gaps – and contribute to obesity.
- Studies show that participation in federal nutrition programs can combat both hunger and obesity.

BACKGROUND

Many people are surprised to find that hunger and obesity can co-exist in the same individual, family, or community. Yet the truth is that poverty can make people more vulnerable to hunger as well as obesity. The budget constraints that low-income households face (due to low wages, involuntary part-time or part-year work, job loss, unemployment, illness, or inadequate public income supports) often lead to hunger.

Although it is difficult for many Americans to believe that there is hunger in the U.S., according to the latest data, **12.6 million households are food insecure**, including 22.7 million adults and 12.4 million children. (Food insecurity is an official government term that means lack of access and resources to enough food for an active, healthy life.)

Obesity, on the other hand, is an issue which impacts us all. Because of more sedentary lifestyles, fewer opportunities for physical activity among children, the increased availability of tempting, high-calorie foods, etc., our diets and physical activity levels are far from optimal. **However, low income people are especially vulnerable to obesity, due to the additional risk factors associated with poverty.**

RISK FACTORS FOR OBESITY ASSOCIATED WITH POVERTY

Low-income neighborhoods are underserved by full-service supermarkets.

- Low-income neighborhoods frequently lack full-service grocery stores and farmers' markets where residents can buy fruits, vegetables, whole grains, and low-fat dairy products. Instead, residents often are limited to shopping at small neighborhood convenience stores, where fresh produce and low-fat food items are limited, if available at all.

When available, healthy food is more expensive.

- The price of healthy foods is also a factor for many low-income households – healthy foods often are significantly more expensive, when they are available.
- Low-income families that are trying to stretch their dollars may be forced to buy cheaper, higher calorie foods in order to make their food budgets last.

There are few opportunities for physical activity in neighborhoods and schools.

- Low-income neighborhoods often have few safe or attractive places to play or be physically active. Open space – good parks, sidewalks, and fields – is at a minimum, and recreational facilities often are inadequate.
- High rates of crime or fear of crime make parents reluctant to permit children to play and be physically active outdoors. Afterschool and summertime recreational activities and sports are also typically less available to low income children.
- School districts in low-income neighborhoods are frequently underfunded, making cutbacks in physical education more likely. This also puts pressure on schools to supplement their funds by permitting the sale of less healthy foods in competition with the School Breakfast and Lunch Programs.

High levels of stress and limited access to health care can contribute to weight gain.

- Hunger may be a stressor that results in disordered eating, reduced physical activity, and depression, all of which may be related to weight gain. And, hunger and/or poverty may also cause a stress response that is hormonal, and contributes to obesity.

- Several studies have shown an association between depression in mothers and children and the development of obesity. Low-income families may face high levels of stress due to the financial and emotional pressures of low-wage work, inadequate and long-distance transportation, poor housing, and neighborhood violence.
- Many low-income people lack access to basic health care, or if health care is available, it is lower quality. This results in lack of diagnosis and treatment of emerging chronic health problems like obesity.

HUNGER AND OBESITY ARE CONNECTED

The connections between hunger and obesity are related to the ways households must manage their limited resources for food in order to stave off hunger.

- Mothers that sacrifice their own nutrition in order to protect their children from hunger can find themselves in a “feast or famine” situation, which may contribute to obesity. Food deprivation can cause a preoccupation with food, and can also result in women overeating at those times when they have adequate amounts of food.
- In addition, because refined grains, sugar, and fat cost less per calorie than fresh produce, sometimes low income women may be forced to purchase less expensive energy-dense foods in order to protect their families from hunger.

Hunger and obesity need to be addressed jointly – studies show that participation in federal nutrition programs can combat both.

- The child nutrition programs play a dual role of fighting hunger and food insecurity as well as providing nutritious foods on a regular basis. These programs also free up resources for low-income families to purchase food for meals not covered for their children.
- A groundbreaking 2003 study found that school-age girls in food insecure households had a significantly lower risk of being overweight if they participated in any or all of three federal nutrition programs – School Breakfast, School Lunch, and Food Stamps.

FEDERAL CHILD NUTRITION PROGRAMS THAT CAN COMBAT BOTH HUNGER AND OBESITY

- **The National School Lunch Program** is operated by approximately 95 percent of public schools, and 28 million children receive a federally subsidized school lunch every day – over half of whom (16.5 million) are from low-income families. This program improves students’ nutrition in important ways. Because there are nutrition standards governing what is served in the lunch program, participants consume more milk, vegetables, and whole grains at lunch and fewer sweets and snack foods than non-participants.
- **The National School Breakfast Program**, like the lunch program, can play an important role in obesity prevention. Research has shown that children who are breakfast-eaters are less likely to be overweight. School Breakfast participation also increases overall dietary quality.
- **Afterschool Snacks and Meals** served at afterschool programs provide children with nutritious snacks, and often suppers, while their parents are working long hours. The kinds of foods offered and portion sizes can be models for good nutrition, and provide alternatives to less healthful items available to many children. In addition, afterschool meals and snacks often draw children to the recreational activities and safe environments offered by the programs.
- **The Summer Food Service Program** prevents millions of low-income children from losing access to nutritious school breakfasts, lunches, and afterschool snacks that they have during the school year. More than 90 percent of sites that operate the Summer Food Service Program provide activities (crafts, sports, etc) as well, contributing to children’s healthy growth and development and substituting recreational programming for sedentary television program watching, and fruits and milk for chips and sugary fruit drinks.
- **The Child and Adult Care Food Program** provides nutritious meals and snacks to close to three million young children in child care. Studies show that children in CACFP receive nutritionally superior meals to children in other child care settings. Thus, CACFP helps start good nutrition habits early in life.
- **WIC** – also known as the Special Supplemental Food Program for Women, Infants, and Children – is a preventive nutrition program that provides nutritious foods, nutrition education and referrals and access to health care to low-income pregnant women, new mothers, and infants and children at nutritional risk. WIC participants eat a prescription “food package” which includes milk, cheese, juice, eggs, iron-fortified cereal, infant formula, and beans. Participants also receive nutrition education, breast-feeding instruction, and screening and referrals to health care and welfare and social services. This combination of preventive health services and programs can help low-income mothers and their families avoid the development of obesity.