Have you ever gone to bed hungry because there just wasn’t enough food in the house? Have you ever had trouble concentrating on a task at school or work because you were hungry? Have you ever gone without food so that you could pay for your medicine or the rent? Have you ever lived in a neighborhood without access to a decently priced grocery store nearby? Have you ever rummaged through a trash can for food? These scenarios are a fact of life for some of our Neighbors in Need.

Food insecurity is defined by the USDA as “lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.” Lack of adequate nutrition can have varied and multiple contributing factors and lead to multiple health and economic consequences. Any factor that negatively impacts access or utilization of adequate food intake contributes to food insecurity. While anyone may potentially be at risk of food insecurity, two age groups are especially vulnerable to food insecurity and its health and economic effects. These two groups are children and older adults.

The Missouri Department of Health and Senior Services issued a report in 2018 which found that 1 in 8 older adults in Missouri struggle from day to day to have enough to eat. In 2015, this amounted to more than 170,000 older adults. While household income is a primary predictor of food insecurity, there are other factors that impact this, especially for older adults, who may have adequate income, but have limited access to food, inability to prepare food or mobility restrictions to name a few.

Food insecurity is associated with a host of poor nutritional and health outcomes in seniors. According to the MDHSS report, food insecure seniors are 65% more likely to have diabetes or a heart attack; 90% more likely to have asthma; 30% more likely to have impairments with activities of daily living. With the intake of cheap high-calorie, low-nutrient foods, food insecurity and malnutrition can be more difficult to recognize because it can be masked by an individual’s obesity, leading to a belief that behavior is the root cause of insufficient nutrition, not food insecurity.

Food insecurity is also a strong predictor of increased health care needs and utilization costs: more doctors’ visits, emergency room visits, and more frequent hospitalizations than food secure seniors.

When we make a home visit to an older adult, do we ask about their ability to get and prepare food? Are they eligible or already utilizing available resources such as SNAP and Meals on Wheels? Do they have a support system to help them get and prepare food? Can we arrange help for them to get to the local food pantry if needed? Are they eligible for a home health aide who could help them shop for and prepare food?

As with seniors, most families experiencing food insecurity opt for cheaper, high density foods that have less nutrient value. For children, especially young children, this impacts their overall health and physical and cognitive development, sometimes in significant ways that can last a lifetime, affecting school and work performance as well. As with seniors, eating mostly cheap high carb foods can lead to obesity in children which again can mask food insecurity.

Both US Census data and USDA reports show that many children in Missouri live in poverty, which is the single biggest predictor of food insecurity. Overall 2017 data showed 252,000 or 18.6% of children in Missouri living in poverty; but if you look at certain areas the results are staggeringly different. In Ladue the percentage is 1.2%. In Pine Lawn it is 50.1%. While they are in school, many of these children may qualify for free breakfast and lunch programs. But what about summer?
What can we, as Vincentians, do to alleviate some of this food insecurity? Can we take even a small amount of healthy food with us on home visits? Are we aware of the various food pantries, those run by Vincentians and by other groups in the community? Do we know about programs in our area for the summer where the children can participate and get at least one meal a day? Can we provide programs for parents and children on ways to increase healthy food options in their diet, such as small backyard gardens or even community gardens? For our own Vincentian food pantries, can we look at what we are providing and strive to make sure we have as many healthy options as possible – maybe even do a mini food drive in our parish, asking for fresh fruit and vegetables?

What other ways can we help alleviate some of the food insecurity for our Neighbors in Need?