

Rethinking “Food Deserts”



And People with Disabilities

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How Food Deserts Impact People with Disabilities

According to the 2010 Census, more than 113,000 Arizonans are low-income and live more than ten miles from a grocery store; 35,300 do not have vehicle access and live more than one mile away.¹ These are food deserts, which comprise 15% of Arizona's census tracts² and serve as barriers to healthy eating for people with disabilities; many of whom lack access to reliable transportation. Even for those with access to a local grocery store, a shopping trip can be a pricey experience. Healthier fare produce and meats - typically cost more and require more preparation than processed and prepared foods.

Taking advantage of these barriers, the fast food industry markets to the impoverished, as well as those who live in these food deserts.³ Strategies include locating a higher number of restaurants in low-income than in high income areas, offering "Dollar Menus," and advertising "we accept EBT" (e.g. Arizona's food stamp program through electronic benefit transfer). Whole meals of fried foods may only cost \$2.22. Fatty, low-cost, and processed foods may have enough calories to meet daily energy needs, but offer little nutritional value.

As a result, many people with disabilities are vulnerable to poor diets, and often find themselves living in their own personal food deserts. Without adequate supports and transportation, some may have difficulty shopping for food and preparing healthy meals, and instead order take-out, fast food or eat frozen dinners. In effect, their own home can become a food desert without access to supports, despite the abundance of fresh food options just a few miles away. Yet a healthy diet is critical. Poor nutrition among those with disabilities can lead to secondary problems, including weight issues, bladder or bowel dysfunction, fatigue, depression, dental problems, and sleep disturbances. Poverty among people with disabilities is one of the largest influencers of poor diets and malnutrition.⁴

POVERTY, MALNUTRITION, AND FOOD INSECURITY

Malnutrition is defined as "the state of being under-nourished that is associated with insufficient food and inadequate diet due to poverty."⁵ In 2013, 18.6% of all Arizonans lived in poverty. Among people with disabilities, this rate is even higher - 22%. In addition, almost 17.5% of Arizonans (1.16 million) did not have access to sufficient food, exceeding the national average of 15.9%.⁶ Arizona's children were disproportionately affected: 28%, or an estimated 454,460, suffered from malnutrition.⁷ In 2014, one in five Arizonans (19.2%) reported instances during the previous 12 months when they didn't have enough money to buy food. This places Arizona at 13th worst in the country for food hardship rate, down from a peak of 20.9% in 2012.⁸

Table 1 illustrates that food insecurity rates vary greatly by county. Food insecurity is defined by the United States Department of Agriculture (USDA) as a household-level economic and

social condition of limited or uncertain access to adequate food. Arizona’s Apache County is one of the most food insecure in the country with 28.2% of its population food insecure. Navajo (24.4%) and Yuma (22.3%) Counties are not far behind.

Table 1. Food Insecurity/Disability Prevalence Rates by County⁹

County	Population	Food insecurity rate	Estimated number food insecure individuals (rounded)	Disability Prevalence Rate
Apache	71,978	28.2%	20,330	14.9
Cochise	131,038	16.1%	21,110	17.1
Coconino	134,795	20.1%	27,080	11.1
Gila	53,335	18.4%	9,800	19.3
Graham	37,168	15.9%	5,910	13.7
Greenlee	8,679	14.4%	1,250	13.4
La Paz	20,408	17.5%	3,570	17.9
Maricopa	3,889,161	15.9%	617,970	10.2
Mohave	201,680	19.3%	38,930	19.1
Navajo	107,326	24.4%	26,210	17.8
Pima	986,891	15.8%	155,940	13.7
Pinal	379,128	15.7%	59,340	12.7
Santa Cruz	47,122	15.4%	7,270	9.6
Yavapai	211,968	17.8%	37,790	18.2
Yuma	199,026	22.3%	44,340	11.7
State Total ⁸	6,626,624	17.5%	1,161,390	

Source: Gundersen, C., A. Satoh, A. Dewey, M. Kato & E. Engelhard. Map the Meal Gap 2015: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2015.

Counties with both high rates of food insecurity and disability prevalence face even greater challenges. Physical difficulties with eating, physical pain, lack of energy, changes in appetite due to medication side effects, and environmental barriers such as lack of sidewalks, curb cuts, and lack of transportation in rural areas can exacerbate malnutrition among people with disabilities.⁹

Poverty, disability, and malnutrition are often interrelated. Lack of monetary resources to access safe and adequate housing, quality healthcare, and healthy food can all increase the risk or exacerbate symptoms of disability. Likewise, increased disability costs related to healthcare, personal care, equipment, and/or other accommodations can drive households into poverty. In addition, the American Dietetic Association specifies that malnutrition can be a significant health risk factor for people with intellectual and developmental disabilities (I/DD).¹⁰ As people with I/DD age, they are more likely to develop multiple symptoms and disorders that require nutritional interventions such as metabolic disorders, poor feeding skills, drug-nutrient interactions, and sometimes partial or total dependence on enteral or parenteral nutrition. However, access to nutrition programs may be a partial, immediate solution.

FOOD SECURITY PROGRAMS

According to the USDA, food security includes, at a minimum: 1) readily available, nutritionally adequate, and safe foods and 2) assured ability to acquire personally acceptable foods in a socially acceptable way. Addressing food insecurity requires policy and community interventions that recognize disability-unique barriers to healthy food access. Arizona offers programs that can alleviate food insecurity, but vigilance is required in ensuring that these programs continue to address the needs of the disability community.

Nutrition Assistance Programs

To fulfill the nutritional needs of pregnant and postpartum women, infants, and children under 5 who are at nutritional and developmental risk, the Arizona Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides a wide range of nutritional resources and supports.¹¹ Programs such as breastfeeding support, nutrition education, weight gain information, healthy foods, and referrals to health care and other resources are delivered through county health departments, community centers, health care facilities, and schools. There were 173,525 Arizona WIC participants in 2014. While most of WIC was administered through the Arizona Department of Health Services (ADHS), the Navajo Nation and Inter-Tribal Council delivered services to 11.3% of WIC participants with average monthly benefits of \$44.09.¹²

But in 2014, Arizona's Supplemental Nutrition Assistance Program (SNAP)¹³ was the most popular nutrition program, providing 1.04 million low-income families with children, vulnerable adults, and people with disabilities access to food through government-issued debit cards. Average monthly benefits per person were \$117; they were \$273 per household.¹⁴ Of SNAP beneficiaries, 8.5% were people with disabilities under the age of 50 – 2.2% were children and 6.3% were adults.¹⁵ SNAP participation is reportedly high among families with disabilities. Recipients with one or more members with disabilities in the household make up 38% of the overall household caseload.¹⁶

However, there is a significant challenge to the SNAP program. Effective January 2016, Arizona is now one of 23 states to impose a three-month time limit over a 36 month period for unemployed adults aged 18-49 who aren't working at least part-time or participating in job training opportunities. SNAP recipients who are raising minor children, are younger than 18 or 50 and over, or have a disability are exempt from this time limit. However, there are still concerns.

As of April 1st, 2016, 9,000 individuals lost their SNAP benefits and that number is expected to grow. In June 2016, the state of Arizona had an unemployment rate of 5.8% – only nine states had higher rates.¹⁷ These unfavorable employment conditions make it even more difficult for the additional 40,000 individuals released into the workforce to find work.

While states are supposed to assess each childless adult to determine whether a disability or other exemption applies for them to maintain food assistance, some childless adults could still inadvertently lose their benefits. Arizona does not provide adequate support for caseworkers to identify people with temporary disabling injuries or mental illness who are unable to work,¹⁸ and many SNAP participants are unaware that temporary disabling injuries and mental illness can qualify someone for an exemption, or may not be aware of these changes in SNAP.¹⁹ These individuals may have to seek food from Arizona's already over-extended food banks and pantries.

Food Banks and Food Pantries

Food bank programs throughout Arizona target shelf stable, non-perishable donation items for its pantries and are not designed to satisfy all the hunger needs or nutritional requirements of participating individuals or households. But, in recent years a diversity of food bank programs are placing greater priority in providing access to fresh, nutritious foods, utilizing different methods of food distribution to ensure all populations are able to benefit. These methods include meal sites, emergency food boxes, afterschool meal programs and backpack meals for the weekend for at-risk youth, and discount food programs to access fruits, vegetables, and meat. Those with limited access to food pantries can benefit from mobile food pantries with pallets of bread, fruits, and vegetables. They are usually held at local schools. Some even provide education and advocacy on how to start a community garden.²⁰ These programs depend largely on the work and donations of volunteers. An inevitable increase in demand from those who no longer receive SNAP could stretch the capacity of current operations beyond their limits.

For years, food banks have provided a convenient outlet for people who had too much citrus on their hands. However, due to a citrus virus affecting local crops, many of the state's food banks won't be accepting citrus from anyone except commercial growers or approved donors in 2016. Other programs are expected to see an increase in demand.

- The International Rescue Committee's Fresh Fund program, a federal level farmers' market incentive program, was launched in 2008 in Phoenix and Tucson to match the purchases of SNAP and WIC recipients at participating farmers' markets up to \$10. The program has grown increasingly popular. In Maricopa County, sales of fresh fruits and vegetables at these farmers' markets increased by 1,200% between FY2008 and FY2014.
- Produce On Wheels – With Out Waste (P.O.W.W.O.W.) disperses fresh produce to communities at churches, schools and other entities throughout Southern Arizona and the Metropolitan Tucson and Phoenix service areas. Anyone can contribute \$10 to shop for up to 60 lbs. of fresh produce, to share with neighbors, friends, family or someone who's in need.

Senior Nutrition Programs

Senior nutrition programs are underutilized by many people with disabilities but are a valuable resource. The meals served at area senior centers (some provide transportation) contain one-third of the daily recommended dietary allowance. Hot lunches are served Monday through Friday. There is no charge for meals for individuals age 60 years or older or who have disabilities; however, voluntary contributions are requested. For those who are home-bound, the home delivered meals program prepares and delivers nutritionally-balanced meals by volunteers and paid staff who spend time with the individuals to decrease their feelings of isolation. They also check on the individual's welfare and report any health or other problems noted during their visits. To qualify for this program, residents must enroll through their local Area Agency on Aging.

The Arizona Commodity Supplemental Food Program (CSFP) operates in 11 counties and provides nutrition education and a monthly package of healthy foods²¹ to participants with and without disabilities who are 60 years and older and meet income guidelines.^{22,23} For those with no transportation or who are unable to pick up a box, Homebound Distribution Sites deliver the boxes to them. In FY 2015,²⁴ out of 136,158 participants, there were only 2,810 (2%) who were considered homebound. This program, however, is at capacity in areas that are more prone to food deserts. In September, there were 675 people on the wait list in three rural counties: Yuma (588), Santa Cruz (80), and La Paz (7).

CONCLUSION

Transportation issues, increased risk of poverty, and a lack of support to shop for and prepare healthy meals place people with disabilities at a greater disadvantage of living in food deserts. While they are a target for many food insecurity programs that greatly enhance access to healthy foods in Arizona, these programs are limited and cannot keep up with the growing demand. Further, access to fresh fruits and vegetables is still limited.

Systemic change is required before health disparities related to food access for Arizonans with disabilities are removed. Across the country, state and local city governments are enacting legislation and policies to support local healthy food retail projects, revitalize communities and improve access to healthy food in low-income, underserved communities. These programs also create jobs and serve as anchors to other commercial development, which increases retail activity, employment rates, and surrounding property values, and reduces poverty. Arizona state or local governments are not among the 27 states recognized in this area of economic development.²⁵ In addition, priority in disability programs and services is not currently placed on access to fresh food. This would require more time allocated for direct care worker assistance for shopping and food preparation activities and increased coordination with existing nutrition programs and services. With an individualized collaborative approach that prioritizes access to fresh and healthy food, these food deserts can be overcome.

¹ USDA, Food Access Research Atlas data, 2010.

² To be designated a food desert, areas are considered low-income and have supermarkets that are located more than one mile away in urban areas and more than ten miles away in rural areas.

³ Anne Quinterno, 2011. Cause and Effect Premise: The Role of Poverty, Access to Fast Food Restaurants, such as McDonald's, and the Obesity Epidemic.

⁴ Humphries, K., Traci, M. A., & Seekins, T. (2009). Nutrition and Adults with Intellectual or Developmental Disabilities: Systematic Literature Review Results. *Journal Information*, 47(3).

⁵ Tanumihardjo, S. A., Anderson, C., Kaufer-Horwitz, M., Bode, L., Emenaker, N. J., Haqq, A. M., ... & Stadler, D. D. (2007). Poverty, obesity, and malnutrition: an international perspective recognizing the paradox. *Journal of the American Dietetic Association*, 107(11), 1966-1972.

⁶ Retrieved from Association of Arizona Food Banks. <http://www.azfoodbanks.org/index.php/missingmeals>

⁷ Ibid.

⁸ Food Research Action Center, 2014, How Hungry is America? Available at <http://frac.org/how-hungry-is-america/>

⁹ Coleman-Jensen & Nord, Disability Is an Important Risk Factor for Food Insecurity

¹⁰ Ptomey, L. T., & Wittenbrook, W. (2015). Position of the Academy of Nutrition and Dietetics: Nutrition Services for Individuals with Intellectual and Developmental Disabilities and Special Health Care Needs. *Journal of the Academy of Nutrition and Dietetics*, 115(4), 593-608.

¹¹ United States Department of Agriculture (USDA) (2015, February 27). Women, Infants and children (WIC): WIC at a Glance. <http://www.fns.usda.gov/wic/about-wic-wic-glance>

¹² USDA, (2015 November). WIC Participant and Program Characteristics: 2014 Final Report.

<http://www.fns.usda.gov/sites/default/files/ops/WICPC2014.pdf>

¹³ Formerly the Food Stamp Program.

¹⁴ Data retrieved from the Supplemental Nutrition Assistance Program (SNAP) web page.

<http://snap.insidegov.com/>

¹⁵ U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2013, by Kelsey Farson Gray. Project Officer, Jenny Genser. Alexandria, VA, 2014.

¹⁶ RECEIPT OF FOOD STAMPS/SNAP IN THE PAST 12 MONTHS BY DISABILITY STATUS FOR HOUSEHOLDS, 2010-2014 American Community Survey 5-Year Estimates

¹⁷ Bureau of Labor Statistics, December 2015. 2015 State Unemployment Rates.

¹⁸ Association of Arizona Food Banks, (2015, December 14). Supplemental Nutrition Assistance Program (SNAP) Issue Brief Time Limits, Work Requirements and Able Bodied Adults without Dependents,

http://www.azfoodbanks.org/images/uploads/ABAWD_issue_paper_12-14-15_FINAL.pdf

¹⁹ Bolen, E., Rosenbaum, D., Dean, S., & Keith-Jennings, B. (2016, January 21). More Than 500,000 Adults Will Lose SNAP Benefits in 2016 as Waivers Expire Affected Unemployed Childless Individuals Are Very Poor; Few Qualify for Other Help. <http://www.cbpp.org/research/food-assistance/more-than-500000-adults-will-lose-snap-benefits-in-2016-as-waivers-expire>

²⁰ <http://www.azfoodbanks.org/>

²¹ Food packages include cereals, bottle juice, canned meat, non-fat dry milk, 1% UHT milk, peanut butter or dry beans, pasta or rice, cheese, canned fruits, and canned vegetables (Retrieved from Arizona Commodity Supplemental Food Program. <http://www.azdhs.gov/phs/bnp/csfp/index.php?pg=benefits>).

²² Information is available through the Bureau of Nutrition and Physical Activity at Arizona Department of Health Services website. <http://www.azdhs.gov/phs/bnp/csfp/index.php>

²³ The CSFP is a federally funded program providing services to assigned numbers of people in Cochise, Coconino, Gila, La Paz, Maricopa, Mohave, Pima, Pinal, Santa Cruz, Yavapai, and Yuma County.

²⁴ CSFP's annual participation is administered as the federal fiscal year. Total participation of FY2015 data is available from October 2014 to August 2015 since the data is gathered and provided by CSFP during September 2015.

²⁵ Levi J, Segal L, St. Laurent R, and Rayburn, J. September 2014. The State of Obesity: Better Policies for a Healthier America. <http://stateofobesity.org/files/stateofobesity2015.pdf>; <http://healthyfoodaccess.org/policy-efforts-and-impacts/state-and-local>



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