



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 nutritious food.
- Research shows that participation in the 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.

According to the latest data, **17.1 million households are food insecure in the U.S.**, including 32.4 million adults and 16.7 million children. (Food insecurity is a government term that means lack of access and resources to enough food for a healthy life.) The budget constraints that low-income households face (due to low wages, involuntary part-time work, unemployment, illness, or inadequate public income supports) often lead to hunger.

Food insecurity rates are too high in the U.S., and so are obesity rates. Two-thirds of adults, one-quarter of preschool children, and one-third of school-age children are overweight or obese. These rates are mainly a result of individual behaviors and environmental factors that lead to excess caloric intake and inadequate physical activity. **While all segments of the population are affected by obesity, low-income and food insecure people are especially vulnerable due to the additional risk factors associated with poverty.**

HUNGER, POVERTY, AND OBESITY ARE CONNECTED

Obesity among low-income and food insecure people occurs in part because they are subject to the same influences as other people (e.g., too sedentary, access to fast food), and also because of challenges they uniquely face in adopting healthful behaviors, as listed below. Insufficient resources only make matters worse.

Limited resources and lack of access to healthy, affordable foods.

- Low-income neighborhoods frequently lack full-service grocery stores and farmers' markets where residents can buy a variety of fruits, vegetables, whole grains, and low-fat dairy products. Instead, residents may be limited to shopping at small neighborhood convenience and corner stores, where fresh produce and low-fat items are limited, if available at all. Research shows that people with better access to supermarkets and limited access to convenience stores tend to have healthier diets and reduced risk for obesity.
- When available, healthy food is often more expensive and of poorer quality, whereas refined grains, added sugars, and fats are generally inexpensive and readily available in low-income communities. Households with limited resources to buy enough food may try to stretch their food budgets by purchasing cheap, calorie-dense foods that are filling. While less expensive, such foods typically have lower nutritional quality and, because of overconsumption of calories, have been linked to obesity.
- Low-income communities have greater availability of fast food restaurants, especially near schools. These restaurants serve many calorie-dense, nutrient-poor foods at relatively low prices.

Cycles of food deprivation and overeating.

- Those who are eating less or skipping meals to stretch food budgets may overeat when food does become available, resulting in chronic ups and downs in food intake that can contribute to weight gain. Cycles of food restriction or deprivation also can lead to an unhealthy preoccupation with food and metabolic changes that promote fat storage – all the worse when in combination with overeating.
- This "feast or famine" situation is especially a problem for low-income parents, particularly mothers, who often restrict their food intake and sacrifice their own nutrition in order to protect their children from hunger.

Limited access to health care.

- Many low-income people lack access to basic health care, or if health care is available, it is of lower quality. This results in lack of diagnosis and treatment of emerging chronic health problems like obesity.

Fewer opportunities for physical activity.

- Lower income neighborhoods have fewer physical activity resources than higher income neighborhoods, including fewer parks, bike paths, and recreational facilities, making it difficult to lead a physically active lifestyle. If available, such resources may not be safe or attractive places to play or be active.
- Low-income children also spend less time being active during PE classes, are less likely to have recess at school, and are less likely to participate in organized sports.

High levels of stress.

- Low-income families, including children, may face high levels of stress due to the financial and emotional pressures of food insecurity, low-wage work, lack of access to health care, inadequate and long-distance transportation, poor housing, and neighborhood violence. Research has linked stress to obesity in youth and adults. Stress may lead to weight gain through stress-induced hormonal and metabolic changes as well as unhealthful eating behaviors.

Greater exposure to obesity-related marketing.

- Low-income youth and adults are exposed to disproportionately more marketing and advertising for obesity-promoting products that encourage the consumption of unhealthful foods and discourage physical activity. Such advertising has a particularly strong influence on children, the targets of many marketing efforts.

FEDERAL NUTRITION PROGRAMS CAN COMBAT BOTH HUNGER AND OBESITY

Both by improving dietary intake and reducing food insecurity, participation in the federal nutrition programs plays a critical role in obesity prevention. For this reason, **increasing participation in the federal nutrition programs is one of the healthy eating and physical activity strategies recommended in the Institute of Medicine's report *Local Government Actions to Prevent Childhood Obesity*.**

- The **National School Lunch Program**, serving lunch to millions of children in schools across the country, improves students' nutrition in important ways. Because there are nutrition standards governing what is served in the program, participants consume more milk, fruits, and vegetables at lunch and fewer sweets and snack foods than non-participants. The program also may reduce obesity – participation has been shown to lower the risk of overweight among food insecure girls.
- The **School Breakfast Program**, like the lunch program, can play an important role in obesity prevention at school. Research shows that children participating in the program have better overall diet quality than those who eat breakfast elsewhere or skip breakfast. A recent national study also found that participation was associated with a significantly lower body mass index (or BMI, an indicator of excess body fat).
- **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. Afterschool meals and snacks also often draw children to the recreational activities 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. This is especially important because research shows that children are more vulnerable to rapid BMI gains and food insecurity during the summer. By providing good nutrition, and often additional activities (e.g., crafts, sports), the program contributes to children's healthy growth and development.
- The **Child and Adult Care Food Program (CACFP)** provides nutritious meals and snacks to 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 Nutrition 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 are now receiving a new healthier WIC food package which includes, among other things, fruits, vegetables, low-fat milk, and whole grain bread. The combination of preventive health services and nutritious foods can help low-income mothers and their families avoid the development of obesity.
- **SNAP/Food Stamps** - the largest nutrition assistance program administered by the USDA – helps low-income people buy the food they need for good health and provides a critical safety net against hunger. The program also has been shown to improve a household's overall dietary quality and to be protective against obesity.