

HUNGER HITS HOME

2012

*Understanding & Combating
Hunger in Sacramento County*



*A collaborative project of Community Link Capital Region, Sacramento Hunger Coalition – a project of the Sacramento Housing Alliance, and Valley Vision.
Funded by the USDA's Hunger Free Communities Program and Sierra Health Foundation's Responsive Grants Program.*

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EXECUTIVE SUMMARY

With an economy that continues to struggle, the incidence of hunger and food insecurity has been on the rise in Sacramento County. Based on findings from UCLA's California Health Interview Survey, there are nearly 220,000 food insecure residents living in Sacramento County. Food insecurity is defined as limited or uncertain ability to acquire nutritionally adequate and safe foods. Concentrations of individuals and families who are food insecure are more likely to appear in lower income communities, but even areas perceived as more affluent are experiencing a growing incidence of food insecurity. Our survey of emergency food providers found that, on average, the number of clients being served at local food pantries increased by 20% between 2010 and 2011.

Geography	# of Food Insecure Individuals	% of Jurisdiction's Population that is Food Insecure	Geography	# of Food Insecure Individuals	% of Jurisdiction's Population that is Food Insecure
Sacramento County	218,510	15.7%	Citrus Heights	9,755	11.7%
Supervisor District 1	49,673	18.1%	Elk Grove	14,011	9.6%
Supervisor District 2	51,868	18.6%	Folsom	2,990	4.9%
Supervisor District 3	49,356	16.5%	Galt	3,386	14.8%
Supervisor District 4	23,947	9.4%	Rancho Cordova	10,614	16.7%
Supervisor District 5	35,247	12.4%	Sacramento	80,860	17.7%

Faced with this challenge, the Hunger Hits Home project sought to examine the state of hunger in Sacramento County to gain a deep understanding of who is food insecure, what barriers exist to food access, how food insecurity impacts our community, and what local opportunities exist for ending hunger in our community. To inform our work, the Hunger Hits Home project surveyed more than 500 lower income individuals and interviewed more than 30 providers and administrators who work within the local food system or with low income populations.

Of individuals surveyed, nearly half have been relying on food assistance programs for more than one year. A similar number relies on assistance for food every month, suggesting that there are many residents whose need for food is chronic. Conversely, a quarter of those surveyed had reached the point where outside assistance was needed within only the past six months, indicating the changing patterns of need that are resulting from widespread un- and under-employment. While high rates of unemployment contribute to the growing population of food insecure, it is not the sole factor. One of every five survey respondents were currently employed, which reflects the gap that exists between working wages and cost of living in Sacramento County. Even with income from employment, self-sufficiency is difficult for many residents.

Populations that are not entirely self-reliant are – not surprisingly – particularly vulnerable to food insecurity. Half of those who were found to be food insecure have children in the household; one-fifth were seniors or have seniors living in the household; and one-third have a disability that limits their functioning. These populations are prone to experience financial, mobility, and other limitations that make it very difficult for them to acquire enough food to meet their daily needs. People with health conditions also experience food insecurity at higher rates than the population as a whole. Two-thirds of survey respondents reported that they or someone in their household suffered from a chronic health condition.

Very few food insecure individuals eat balanced meals, which has direct impacts on the health status of residents. It also impacts the ability of individuals to perform routine activities or perform at their optimum level. One-quarter of respondents reported that they experienced episodes in which they were unable to perform routine tasks as a result of being hungry. Given the number of food insecure people residing in Sacramento County, it should be expected that on any given day, there are well over 50,000 residents who are performing below their capacity, whether at work, school, or home, as a result of hunger.

Findings from surveying and interviews emphasized a couple key areas that most contribute to the preponderance of food insecurity. First is the high cost of living. Residents who earn low wages are unable to keep pace with all key expenses, such as housing, health care, transportation, and food. The result is difficult decisions about budgeting, with food often being an area of sacrifice. A second key area of concern results from barriers to access and utilization of existing benefit and assistance programs. Key informant interviews revealed that application processes for public benefit programs are perceived as intimidating and stigmatized. The research also found that there is limited awareness of what services exist through community based organizations. By not maximizing participation in all available programs, many families unnecessarily go hungry.

With input from consumers, service providers, and other stakeholders, dozens of potential recommendations were suggested and appear in the report. **Key themes include: (1) maximizing enrollment in and utilization of public food benefit programs; (2) increasing coordination among emergency food providers; (3) improving access to healthy foods; (4) expanding consumer education; and (5) raising community-wide awareness of hunger and food insecurity.** All the recommendations that emerged over the course of the project are needed and would have a considerable impact on reducing hunger in our community. To foster action around the project's findings, three priority issues were identified and action plans developed.

- **Priority Issue 1: Build capacity of emergency food providers through improved coordination.**
- **Priority Issue 2: Increase awareness of available resources among clients and providers.**
- **Priority Issue 3: Increase accessibility of public benefit programs.**

The project partners will focus ongoing efforts around the three priority issues, however, ending hunger in Sacramento County requires a multi-pronged approach with many stakeholders contributing in different ways. The Hunger Hits Home project team encourages and supports all efforts to end hunger in the Sacramento region.

INTRODUCTION

The poor state of Sacramento County's economy has had a substantial impact on hunger and food security. With high rates of unemployment (12.1%¹) and poverty (16.8%²), the ability of Sacramento County's residents to remain self sufficient, let alone achieve proper nutritional intake is becoming more difficult. The result of the economic climate has been a growing number of individuals and families seeking assistance through public and charitable programs. In 2010, more than 388,000 residents in Sacramento County utilized some form of public assistance, meaning that more than one out of every four residents needs public support to help them make ends meet.³ The number of individuals receiving public assistance has increased by 23% since 2006. The rapidly increasing demand for assistance has also been noticed by charitable organizations. In a survey of Sacramento County's food pantries, the Sacramento Hunger Coalition found that, on average, the number of clients being seen increased by 20% between 2010 and 2011.

Recognizing the growing need, Community Link, Valley Vision, and the Sacramento Hunger Coalition sought to more thoroughly examine the state of hunger in Sacramento County. With funding from the United States Department of Agriculture and Sierra Health Foundation, the partners launched the Hunger Hits Home project in Spring of 2011. Findings have culminated in this plan, designed to allow our collective community to better leverage existing resources, as well as initiate new efforts that can move us toward a hunger free community.

METHODOLOGY

In order to understand our current environment and develop strategic goals and objectives for ending hunger in Sacramento County, the Hunger Hits Home Project gathered information from two distinct populations of stakeholders: (1) individuals who experience food insecurity and (2) providers and administrators who work with hungry and food insecure populations. Additionally, findings from existing studies were also used to help further establish the context of food security in the community.

Information from individuals who are food insecure was gathered to help gain a strong understanding of:

- Who is food insecure
- What barriers and challenges food insecure populations face
- How hunger or food insecurity impacts individuals and communities.

To collect primary input, Community Link developed a survey (Appendix A) that incorporated a variety of original questions with elements borrowed from past surveys administered locally by the Sacramento Hunger Coalition. The survey included assessment questions from the USDA's Guide for Measuring Household Food Security.

The survey was administered at locations that serve predominantly low-income populations. In total, the survey was administered by Community Link staff in eighteen different locations, including at food pantries, community fairs, farm stands/farmer's markets, and community health clinics. 508 surveys were completed, representing 508 households and 1,362 individuals (including 401 children and 134 seniors). Survey sites were specifically targeted and selected to help assure geographic and cultural diversity of survey respondents. A Spanish language translator was used to administer the survey, when needed (translation into other languages was not available). Survey results were entered and analyzed by Community Link staff. The common and/or most critical themes and findings are highlighted throughout this report.

Systems-level input was gathered by Valley Vision using key informant interviews and focus groups. Valley Vision used a methodology that would ensure the best possible cross-section of key informants who could address the systemic causes of hunger in Sacramento County. A potential universe of public and private sector stakeholders with knowledge of systemic issues and barriers related to hunger and food insecurity was first identified. From this universe a cross-section of carefully selected key informants were consulted.

To facilitate discussion, interview questions were drafted that would help identify the systemic causes of hunger. Detailed interview questions and guide are included as Appendix B. The broader topics covered by the questions were:

- What are the systemic causes of hunger?
- Where are the highest rates of hunger?
- In what ways is the system working well?
- Where are the opportunities for change?
- What are the barriers to these opportunities?

Twenty-seven stakeholder interviews were conducted, as well as two policymaker focus groups. (A complete list of interviewees is included as Appendix C.) The notes from these interviews and focus groups were aggregated and recurring themes were identified. The key themes from system-level interviews are presented throughout this report.

WHO IS FOOD INSECURE

Food insecurity exists when an individual or family has limited or uncertain ability to acquire nutritionally adequate and safe foods. The 2009 California Health Interview Survey asked adults with incomes below 200% of the Federal Poverty Level about their food security status. The study found that 43% of those whose incomes were under 200% of Federal Poverty Level were food insecure.⁴ Applying this finding to the 506,984 Sacramento County residents whose household income is below 200% FPL indicates that there are nearly 220,000 residents who are food insecure.⁵

Food insecurity exists throughout all of Sacramento County's geographic jurisdictions. Concentrations of individuals and families who are food insecure are more likely to appear in lower income communities, but even areas perceived as more affluent are experiencing a growing incidence of food insecurity. The result of which can be seen at area food pantries, where, for example, demand has increased in areas such as Folsom and Elk Grove by as much as 40% over the past year.

Geography	Estimated # of Low-Income Food Insecure Individuals*	% of Jurisdiction's Population that is Food Insecure
Sacramento County		
Sacramento County	218,510	15.7%
County Supervisor Districts**		
Supervisor District 1	49,673	18.1%
Supervisor District 2	51,868	18.6%
Supervisor District 3	49,356	16.5%
Supervisor District 4	23,947	9.4%
Supervisor District 5	35,247	12.4%
Incorporated Cities		
Citrus Heights	9,755	11.7%
Elk Grove	14,011	9.6%
Folsom	2,990	4.9%
Galt	3,386	14.8%
Rancho Cordova	10,614	16.7%
Sacramento	80,860	17.7%

*Calculation modeled on California Health Interview Survey finding that 43.1% of those with incomes under 200% Federal Poverty Level are food insecure.

**Estimates based on population figures derived from zip code and census designated place data, which do not mirror supervisor boundaries. Therefore, Supervisor District totals do not sum to county-wide total.

See Appendix D for maps of food insecurity rates by jurisdiction in Sacramento County.

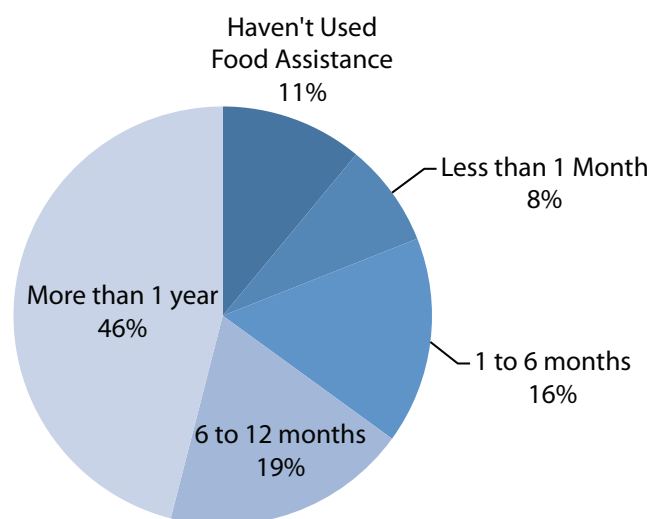
Project surveying deliberately targeted individuals who were likely food insecure in order to gain a more detailed understanding of their life situations. Of those surveyed, we found that 90% were, indeed, food insecure. Therefore, it is expected that findings from the survey sample reflect the overall population of individuals who are food insecure.

Nearly half (46%) of the individuals surveyed had been utilizing emergency food assistance services (such as food pantries and congregate meal sites) for more than one year, and a similar number

reported that they used the services every month. This suggests that the need in these people's lives is not episodic. Emergency food sources are a staple aspect of subsistence for many low-income individuals.

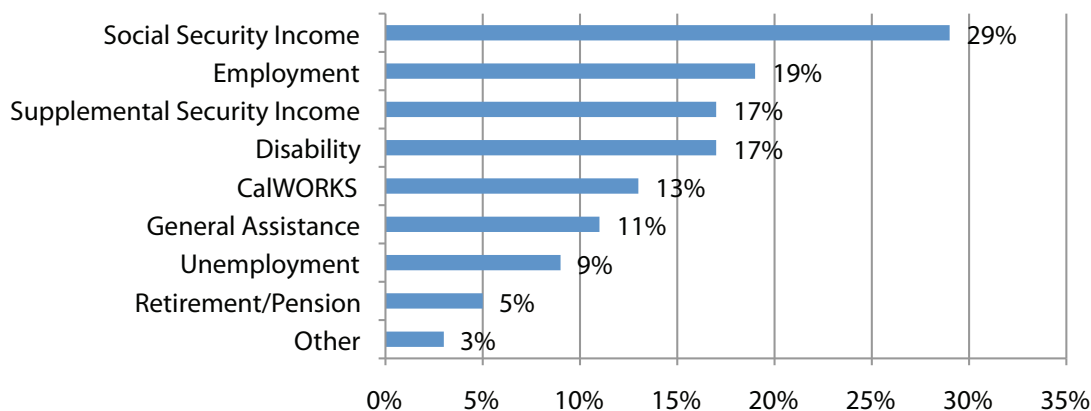
Conversely, there are many new individuals and families falling into positions of food insecurity. 24% of those surveyed had reached the point where outside assistance was needed within only the past six months. This finding should not be surprising given the continuing economic difficulties in Sacramento County, where unemployment continues to hover at above 12%. As individuals spend longer durations on unemployment roles, or even time out of unemployment, it can be expected that more and more will have to resort to assistance programs as their cash reserves diminish.

Length of Time Using Food Assistance Programs



Four-fifths of those surveyed were unemployed (with duration of unemployment ranging from less than one month to 45 years). Given their employment status, individuals reported relying on a variety of others sources for income, with Social Security Income being the most frequently cited source of income.

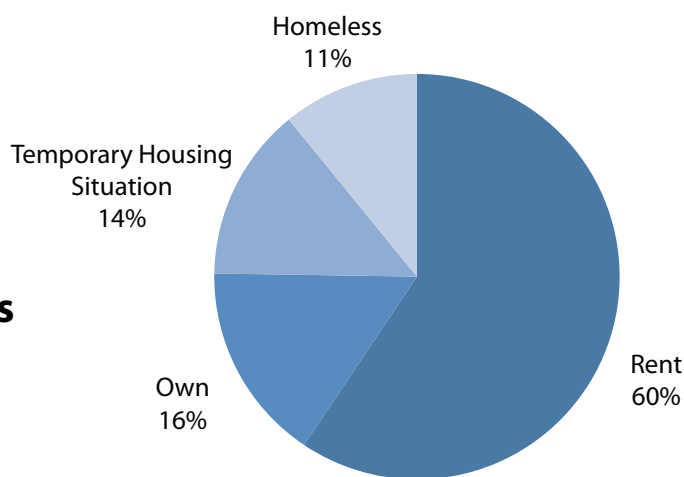
Sources of Income for Food Insecure Households



While a vast majority of those surveyed were unemployed, one of every five respondents did report that they are currently employed. This is significant because it reflects the gap that exists between wages paid in Sacramento County and the wage needed to achieve self-sufficiency. Even with full time employment, a large number of residents are unable to meet all their basic living requirements, and are forced to utilize assistance and support services.

Given the income shortfalls, it is not surprising that many of those surveyed and who are food insecure are in unstable housing situations. One out of four survey respondents were either homeless or living in a temporary housing situation. At the same time, the survey found that about one in six respondents owned their own home, reflecting the changing nature of our economic environment. The disparity in housing status presents significant complications when determining how best to respond to the population in need. Food access, storage, and preparation accommodations can vary dramatically, depending on a family's housing situation.

Housing Status of Food Insecure Households



The average household size of survey respondents was 2.7 people, meaning that most food insecure households include not just a head of household, but others, such as a partner, children, or parents, who are also impoverished. It was also found that a majority of respondents (64%) were either single or divorced (and not living with a partner), meaning that the additional household members are most commonly dependents (either children or seniors). Of those surveyed:

- 46% of households had children under the age of 18 living in the home
- 22% of households had individuals over the age of 60 living in the home.

Both the youth and senior populations can experience special needs in terms of food access. To begin, youth have limited means to care for themselves. At the same time, they are arguably the population whose nutrition is most important for healthy growth and development. It must also be pointed out that youth fall into two categories: those with a guardian and unaccompanied youth who do not have a permanent home or guardian. Unaccompanied youth are particularly vulnerable because of their transient nature and potential lack of connection with formal institutions (such as school). They also have limited ability to navigate systems to obtain the supports needed.

Seniors also face special needs because of changing dietary needs, dietary limitations due to medications, susceptibility to chronic diseases, limited ability to prepare meals, and potential for being home bound. A lack of food and poor nutrition can be especially debilitating for seniors. And with fixed

incomes, seniors have limited financial flexibility and must often choose between food, medication, housing, and utility expenses.

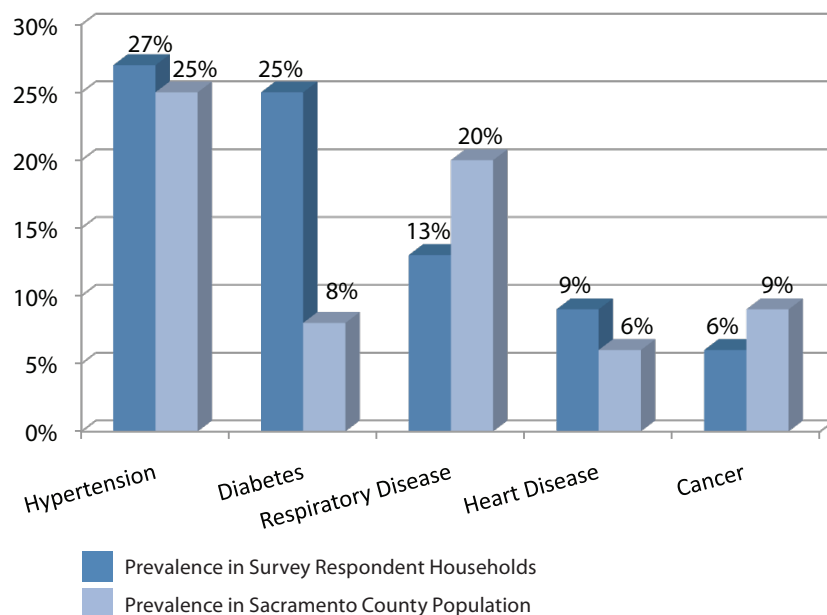
The ethnic background of survey respondents revealed an interesting disparity. Specifically, the Asian and Latino populations appear to be highly under-sampled in the survey, while the Black population appears to be over-sampled. The disparity may be a product of the likelihood, or rather lack of likelihood of some ethnic populations to appear at locations where forms of financial or other supportive services are provided. It may also be a product of language barriers and the fear of not being able to communicate their point. Regardless of the reason, it should not be confused for a lack of need within the population, as poverty rates for Asians (18.5%) and Latinos (25.0%) are higher than poverty rates for the whole population (16.8%).⁶

Race/Ethnicity	Survey Respondents	Sacramento County Population	Difference b/t survey sample and County population
Asian	3%	13%	-10%
Black	23%	9%	+14%
Latino	15%	21%	-6%
White	49%	51%	-2%
Other	10%	6%	+4%

For individuals who are food insecure, health is often a problem. Interestingly, half of survey respondents reported that they were in fair or good health, suggesting that they had a positive self-perception. However, two-thirds reported that either they or someone in their household were suffering from a chronic health condition, such as hypertension, respiratory disorders, heart disease, and diabetes. The incidence of chronic diseases most commonly associated with diet, including hypertension, diabetes, and heart disease, were all higher among the food insecure population than is found in Sacramento County's population, as a whole.⁷

Additionally, one-third of those surveyed reported that they had a disability that impairs their functioning. Like disease, this can limit an individual's mobility, ability to work, and ability to conduct other tasks. These limitations are likely to contribute to food insecurity. Disabilities may also limit an individual's ability to access needed services and supports. Like chronic diseases, the proportion of survey respondents reporting a disability is much higher than is recognized in the overall population (33% v.13%⁸).

Chronic Disease in Food Insecure Populations



IMPACT OF FOOD INSECURITY

Food insecurity has many consequences on individuals and families. Because food is literally what fuels our ability to function, improper or inadequate dietary habits can result in physical and emotional health problems. It must also be kept in mind that for every individual impact, there is almost inevitably a societal impact, such as absenteeism, burden on the healthcare system, or even crime.

At the individual level, an immediate and obvious impact of food insecurity is on eating patterns. The survey of those who were likely food insecure found that 91% of respondents reported that they are unable to eat balanced meals and 80% of respondents eat only one or two meals per day. Lack of adequate food consumption results in barriers to daily activities.

Food Consumption Habits of Food Insecure Individuals			
	Often True	Sometimes True	Rarely or Never True
Amount of food didn't last and didn't have money to buy more	56%	36%	6%
Couldn't afford to eat balanced meals	48%	42%	8%
	Yes	No	
Skip or cut the size of meals because there wasn't enough food	76%	24%	
Ever hungry but didn't eat because you couldn't afford food	68%	32%	

Based on survey responses, a lack of food and poor nutritional intake have a clear impact on the basic ability to function constructively. About one-quarter of survey respondents reported that they simply were unable to get needed tasks done as a result of being hungry. In addition to the number who were unable to conduct specific tasks, it should be expected that an even greater number faced substantial distraction and preoccupation while performing tasks, whether at home, work, school, or elsewhere as a result of being hungry. Applied to the total population of food insecure individuals living in Sacramento County, it should be expected that there are well over 50,000 Sacramento County residents who are under-performing on any given day as a result of food insecurity.

The emotional toll of food insecurity is significant. Not knowing if or when you will be able to next eat would likely cause stress for any individual. 38% of respondents reported that they have occasions when they feel angry or depressed as a result of being hungry. When in this mindset, the participants are more likely to make rash or unhealthy decisions that may hurt themselves, their families, or others in the community.

Many of the physical health ailments reported by survey respondents can be correlated with diet. Conditions such as hypertension, diabetes, and digestive disorders can all stem from unhealthy eating patterns, particularly when those patterns are maintained for an extended period of time. Subsequently, those suffering from these conditions experience much greater medical needs. The burden of medical needs materializes through costs for medical bills, as well as lost productivity. As repeatedly highlighted in this report, those who suffer from food insecurity are very low income, and many either rely on publicly funded medical coverage or emergency room care. The cost then, is not just to the individual but also to the larger community.

Even for conditions not caused by food insecurity, there is a real and negative impact. Nearly one out of five survey respondents reported that they had gotten sicker as a result of their not being able to eat. Food intake can have a dramatic impact on the overall health and potential recovery of those who are sick.

CAUSES OF FOOD INSECURITY

The recurring and interrelated themes that emerged regarding causes of food insecurity can be grouped into four batches: (1) cost of living, (2) barriers to assistance program participation, (3) location of food sources, and (4) awareness and understanding within the food insecure population. Findings around these themes emerged from both the system-level and individual level assessments.

High Cost of Living

The cost of living theme incorporates several elements, including lack of jobs, poverty, and cost of basic living expenses (including housing and healthcare). Many individuals and families simply do not have the income needed to support themselves. Even after cobbling together food from a variety of programs, including public benefit programs, charitable giving organizations, and families and friends, residents are finding themselves in difficult situations because the amount that they are able to contribute financially to their own grocery bag is minimal.

A study released by the California Budget Project sheds light on the severity of the cost of living problem in Sacramento County. The study found that a single adult needs an annual income of \$28,028 in order to support a basic standard of living in Sacramento County (in other words, to pay for rent, utilities, food, transportation, healthcare, and personal necessities). That basic income figure goes up with each additional person in the household.

Annual Income Needed in Sacramento County for Self-Sufficiency			
Single Adult	Single Parent Family	Two Parent Family (one working)	Two Parent Family (both working)
\$28,028	\$57,693	\$51,008	\$69,317

By comparison, the median income of all households in Sacramento County is \$52,709⁹ and the median income of individuals surveyed was \$840 per month, or \$10,080 per year (Federal Poverty Level for a single adult is \$11,170). With such a dramatic gap between income and need for self-sufficiency, it is clearly apparent that low-income individuals are forced to make many difficult spending decisions. It was reported through systems-level interviews as well as through the individual surveys that many low-income individuals must choose between paying for food and other critical needs. Food is often the expense that is most readily sacrificed. This could be because food, unlike housing and utilities, is made as a day-to-day expense (rather than a monthly expense) or perhaps because individuals believe that they can access food through other sources and therefore have a fall back support. Regardless, the shortfall between family income and basic cost of living is a primary contributor to hunger in the region.

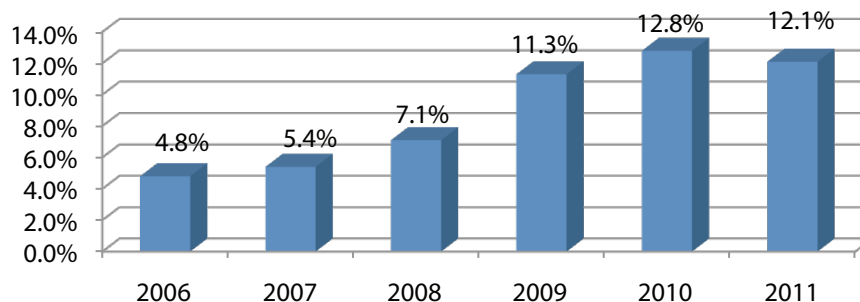
Housing, which is typically the largest household expense, greatly influences food security. Housing costs alone can overwhelm a family budget. But further, unstable housing presents challenges for individuals in terms of access, storage, and preparation of food. Areas where affordable or low-income housing is most abundant are often in neighborhoods with limited access to healthy foods. Additionally, an individual who is living with a friend, in a motel room, in a car, or on the street will be afforded very few options for storing and preparing their food. Therefore, individuals in these situations are often forced to make food choices driven by convenience, which translates into decisions that are neither economical nor healthy.

Healthcare was also noted as a contributor to hunger for multiple reasons. First, healthcare is perceived to be expensive and dips into an already limited budget. In addition to incurring financial costs to have health episodes treated, health conditions may also lead to limited work capacity, limited mobility, and diminished functioning. All these factors add to the complexity of being able to move individuals and families toward food security and self-sufficiency. The health-related challenges for hunger are further complicated when considering the dietary limitations that are imposed by many illnesses. Medically fragile populations often have very restrictive diets that cannot always be met through assistance programs or the types of food that are most readily available.

Poverty was frequently mentioned as a cause of food insecurity. Simply stated, individuals who live in poverty do not have the resources needed to support their dietary needs. It is perceived that poverty too easily becomes a self-sustaining state for institutional and systemic reasons. Key informant interviewees distinguished between institutional and systemic poverty. “Institutional” poverty was presented as instances where programs, particularly government programs, conflict with one another, making it difficult for clients to improve their situation and become self-sufficient. An example of this is the federal welfare program and minimum wage law. Many people participating in the welfare program receive more money in assistance than they would receive if working a minimum-wage job, giving them no incentive to try to leave the welfare program. This is differentiated from “systemic” poverty, also referred to as “generational” poverty, which occurs when children are born into poverty and not provided with the support, skills, or resources to potentially improve their situation, so the cycle of poverty is repeated.

In system level interviews, the most frequently cited cause of hunger was lack of jobs. The reduced number of jobs in Sacramento County due to the economic downturn has added to poverty and hunger through unemployment and through depressed wages. As briefly discussed in the *Who Is Food Insecure* section, individuals who are unemployed are having a more difficult time finding new jobs, and spending longer periods of time on unemployment. Throughout this time, they are dipping into savings and eventually running out of reserves, placing them in precarious situations.

Sacramento County Unemployment Rate



Unemployment is not the only challenge, however. Surveys of individuals who are likely food insecure found that 20% were gainfully employed. This is significant because it reflects the gap that exists between wages paid in Sacramento County and the wage needed to achieve self-sufficiency. The 2011 Sacramento County Children’s Report Card found that 40% of all families with children did not earn enough to be comfortably self sufficient. So while they may be getting by, they are one incident, such as a medical emergency, accident, or job loss away from needing support. Even with full time employment, a large number of residents are unable to meet all their basic living costs and forced to utilize assistance and support services.

Barriers to Public Benefits

Another identified cause of hunger was difficult access to public benefits. Many of the public benefit programs, such as CalFresh and school meals programs, are underutilized. By not maximizing participation in these programs, there are people unnecessarily going hungry in our community. Surveys of individuals who are likely food insecure suggest that there is fairly strong awareness of the programs (80% reported awareness), suggesting that other reasons exist for the underutilization. Key informant interviews revealed that the application processes for public benefit programs are perceived as intimidating, stigmatized, and difficult to navigate. As a result, many potentially eligible individuals choose not to apply. In addition, there are significant language and cultural barriers that exist, making it less likely that immigrants and non-English speakers would apply for assistance. These factors lead to many individuals and families not getting the food they need.

It must also be noted that even for those who are receiving public benefit supplements, the amount of food received remains insufficient. For example, 84% of those surveyed reported that the amount of food they can purchase from CalFresh or the Women, Infants, and Children Program (WIC) benefits will last less than three-weeks (60% reported less than two weeks). The public programs are not designed to be the sole source of food for individuals and families, but other sources are limited, too. Many food pantries only allow participants to receive food once per month, and the amount of food distributed is typically only enough to last for a few days. More than one-third of the survey respondents reported that they go to multiple food pantries within a month period to try to help them get enough food for themselves and their families. Even with all these supports, 76% of respondents report that they skip meals and cut portion sizes every month or almost every month.

Location of Food Outlets

Another frequently cited cause of hunger relates to place of residence. In system-level interviews, key informants reported that proximity to food sources, and subsequently, transportation to food sources play critical roles in food security. Interviewees anecdotally identified a number of food deserts in Sacramento County, which are areas where residents do not have convenient access to food or emergency food providers. Surveying of food insecure individuals found that proximity to food outlets is a major challenge.

- 55% live within one-mile of the store or location where they buy most of their food
- 27% live between one and two miles of the store or location where they buy most of their food
- 17% live more than two miles from the store or location where they buy most of their food.

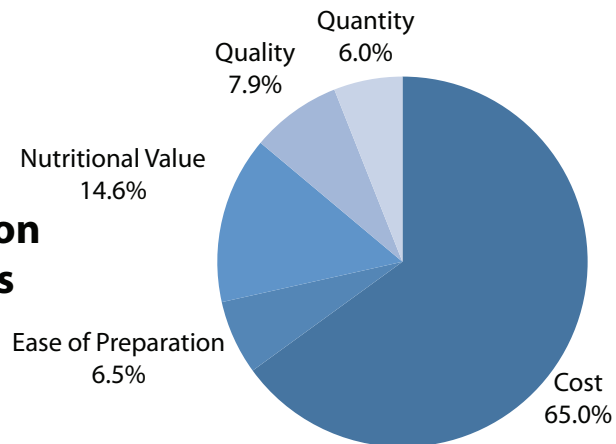
Even for those living within one-mile of a store that sells healthy foods, transportation can be a major challenge given mobility or other impairments and neighborhood safety. The difficulty in accessing foods escalates as distance grows.

The areas where food deserts exist tend to be pre-dominantly low income, so residents may not have access to personal transportation. Of the likely food insecure residents surveyed, 36% did not have access to a car and either walked, biked, or used public transportation in order to get to the locations where they get food. These modes of transportation present challenges in terms of volume of food that can be purchased, the time it takes to complete the process of obtaining food, and coordination with personal schedules. The importance of transportation for an individual can vary, depending on their own mobility status, proximity to the location where they buy food, safety issues within a neighborhood, and any number of other variables. All these factors highlight the difficulty that many residents face when leaving their neighborhoods to obtain food.

Limited Consumer Awareness

Finally, many residents who experience food insecurity lack nutritional awareness and, most frequently, consider cost before anything else. Two thirds of survey respondents reported that cost was top priority when selecting food. This compares to just 15% who reported that nutritional value was of prime concern. Given this priority, food insecure families clearly do not focus on balanced, healthy meals when making food choices. Consumer selections are complicated further by the fact that many also have limited financial literacy. Therefore, food insecure residents may likely be buying based on the overall cost of a good, rather than considering per serving costs and how multiple items could be used together to create the most economical and healthy meals.

Most Important Consideration When Making Food Choices



WHAT IS WORKING

To better understand the system, it was important to identify the aspects that work. Throughout systems-level interviews, several themes persisted. First, farm-to-table programs have increased awareness about access to fresh foods. This has resulted in more fresh food donations to emergency food providers and more of the hungry and food insecure receiving healthier food. This is very important because traditional donations to food banks and pantries have often been less nutritious, with high concentrations of processed and packaged foods, rather than fresh foods.

Second, the existing emergency food system does a good job providing food to those in need. There are a very large number of emergency food providers spread throughout Sacramento County, making them accessible to nearly every community. Food insecure individuals reported using emergency food assistance providers more than any other support, including family and friends or public benefit programs. As discussed in the *Who Is Food Insecure* section, the emergency food providers are serving a diverse mix of individuals, consisting of first time as well as long time users. Of those surveyed who used emergency food provider sites, 84% provided a positive satisfaction rating.

System-level interviews also revealed that many stakeholders believe that the non-profit community is doing an excellent job of not only providing emergency support, but delivering other wrap-around services, as well. By providing supports in other areas, such as job training, housing, and legal services, the community-based providers are helping foster self-sufficiency and not system dependency.

In general, both publicly provided and non-profit provided assistance and relief programs appear to be doing a good job of targeting their services. The individual-level survey found that 92% of all those surveyed were food insecure and 70% were food insecure with hunger. Confirming such a high level of need among those surveyed suggests that there is little unwarranted use of emergency food and other support service programs. The demand for programs is genuine, and it appears that they are indeed fulfilling their role as the safety net for highly vulnerable populations in Sacramento County.

Elements of publicly funded benefit programs were also highlighted as being particularly effective. The reach of the WIC program was particularly noticeable. Of those surveyed who were likely eligible to receive WIC benefits (i.e. had at least one child under the age of five), 86% were enrolled. Eligibility for the WIC program sheds light on the hardship faced by young families. About half of all infants are eligible to receive WIC services. Also, the change in the CalFresh program from paper coupons to an electronic benefits transfer (EBT) has made the system more user friendly. It has also been made more accessible because a greater number of vendors are now accepting CalFresh.

The preceding paragraphs highlight specific strengths that were noted by key informants or revealed through the survey results. It is not a comprehensive list, but just a glimpse at some of the more commonly held beliefs. It should be kept in mind that even with aspects that are working well, there are still opportunities for improvement.

OPPORTUNITIES FOR CHANGE

Analysis of system-level interviews and individual-level survey findings highlighted five broad areas that can be targeted to generate successful outcomes:

- (1) Maximize enrollment and utilization of public food benefit programs
- (2) Increase coordination among emergency food providers
- (3) Improve access to healthy foods
- (4) Expand consumer education
- (5) Raise community-wide awareness of hunger and food insecurity

Each of these areas encompasses multiple sub-issues. It is important to note that there is consistency between the five areas noted above and key findings that have been reported in past Hunger Hits Home Reports.

Maximizing Enrollment in and Utilization of Public Food Benefit Programs

Even though there are a large number of food insecure individuals in Sacramento County, there appears to be significant under-utilization of some public benefit programs available to individuals and families. Programs such as CalFresh, free and reduced price school breakfast and lunch programs, and senior nutrition programs are all significantly underutilized.

California Food Policy Advocates estimates that about 70% of likely eligible participants in Sacramento County are actually participating in the CalFresh program.¹⁰ This participation rate places Sacramento

County at the high end, as compared to other counties in California. But it still reflects that 30% of those who could be using the program are not. This study's surveying of individuals who are likely food insecure revealed an even lower participation rate. Even after removing those who receive Supplemental Security Income (SSI), which disqualifies an individual from receiving CalFresh, only 59% of those surveyed who were likely eligible were participating in the CalFresh program. Promoting CalFresh at venues with likely eligible participants, such as food pantries and community clinics, could have a strong impact on overall participation numbers.

Policymakers need to make the enrollment and eligibility process for CalFresh more accessible. By increasing enrollment, Sacramento County would receive an increase in federal reimbursement of \$113,927,368.¹¹ In addition, policymakers need to address barriers that prevent those in need from being eligible for federal aid programs, such as the ban on convicted drug felons and those who receive disability benefits. There is legislation currently proposed to address some of these issues, namely AB 6 (Fuentes) which would change the fingerprinting requirement, and AB 828 (Swanson) to address the drug felony barrier.

The need for food assistance in families with children is especially high. In examining who was most likely to live in poverty, the 2011 Sacramento County Children's Report Card found that 17.5% of families with children were in poverty, as opposed to 11.4% of all families. There is a great need to support young families and ensure that children are consuming the types and amounts of food they need. Unfortunately, participation in food assistance programs specifically targeted to children is woefully low. In its 2010 Sacramento County Profile, California Food Policy Advocates reported that 29% of children eligible for the free/reduced-price lunch program at schools are not participating, and a startling 74% of eligible students do not participate in the school breakfast program.¹² Of those surveyed who had school-aged children, only one-third were participating in school food programs. On a similar note, only 9% of respondents with children had used the Summer Lunch program. These figures represent lost opportunities to get at-risk children the nutritious food they need. Increasing participation rates in these programs could quickly and dramatically alleviate the level of hunger and food insecurity for children in Sacramento County.

At the other end of the spectrum, food programs for seniors are also underutilized. More than one-quarter of the respondents to the survey were seniors, articulating the high need for this population. Many seniors are on fixed incomes with very few options for increasing their monthly revenue. Only 8% of survey respondents who had seniors living in the household had made use of senior nutrition sites. Senior nutrition sites provide an affordable alternative for households with seniors and limited resources. Survey responders indicated that there was very little awareness of senior nutrition programs, and that many might not be using it because they do not know about it.

Beyond the food assistance programs, there also appears to be underutilization of other public benefit programs by the food insecure population. To provide examples of our findings, only slightly more than one-third of respondents were on Medi-Cal (Medicaid), one-quarter received Social Security Disability Benefits, slightly more than one-fifth received Supplemental Security Income (SSI), one-eighth were on CalWORKS (TANF), and only about one-tenth received General Assistance. These numbers must be compared to other findings about the food insecure population that showed that nearly all are living below poverty, 81% are unemployed, 66% are suffering from or have a household member suffering from a chronic disease, 33% have a disability, and 25% live in a precarious housing situation. There is a distinct severity of need for the food insecure population, however, they are not enrolled in benefits programs at the levels and rates that might be expected. More comprehensive

use of the available supports could help individuals free up funds which could then be used to improve dietary behaviors.

To help maximize enrollment, caseworkers in both public and private settings need to be educated on the entire safety net system. There needs to be strong familiarity with how the different programs work, including eligibility and application processes. Referrals and direct application assistance is needed to foster program participation.

Improving enrollment and utilization of all these programs will greatly improve the status of our vulnerable residents. Because the source of these supports is frequently the Federal government, increasing enrollment will also bring a large amount of revenue to Sacramento County.

RECOMMENDATIONS

Over the course of the project, numerous strategies were identified that could be used to maximize participation rates in public benefit programs. Possible recommendations include:

- Address physical barriers by expanding use of electronic application processes.
- Cross-train case workers on all benefit programs to help best serve clients.
- Actively promote all public benefit programs at emergency food provider sites.
- Expand acceptance of CalFresh to all farmers' markets in the county.
- Recruit additional retail food outlets (including restaurants) to become certified to accept CalFresh.
- Eliminate provision that exempts SSI recipients from CalFresh eligibility.
- Implement direct certification for free/reduced price school meals.
- Increase promotion of school meal programs to students and parents.
- Expand the number of summer lunch sites in areas with unmet needs.
- Increase resources available for senior meals programs.
- Promote availability of senior meal sites.

Coordination among emergency food providers

The importance of coordination among emergency food providers, such as food pantries, congregate meal sites, and other distribution sites was frequently discussed in systems-level interviews. Emergency food providers are serving a growing population of residents in need, however, the resources available to support those needs are not growing at the same pace. In addition to the challenge of keeping pace with service demand, emergency food providers frequently reported limitations in storage, fluctuations in client volume that make planning difficult, and securing volunteers. It was expressed that improving coordination among the myriad of emergency food assistance programs could help improve the efficiency with which resources are secured, administered, and distributed.

It must be kept in mind that emergency food providers are a critical component of food access for individuals in need. Of those who were likely food insecure, 74% reported using food emergency food sites and 35% reported using multiple emergency food sites within a month. These sites, then, should be considered a center point from which to mobilize anti-hunger efforts. If sites were better able to collectively leverage resources, share best practices, and establish common goals (or at least be aware of each other's goals), it could expand reach. A coordinated system would also become more user-friendly for individuals in need. Simply having a common understanding of one another would allow providers to share information with clients about how and when to access food.

RECOMMENDATIONS

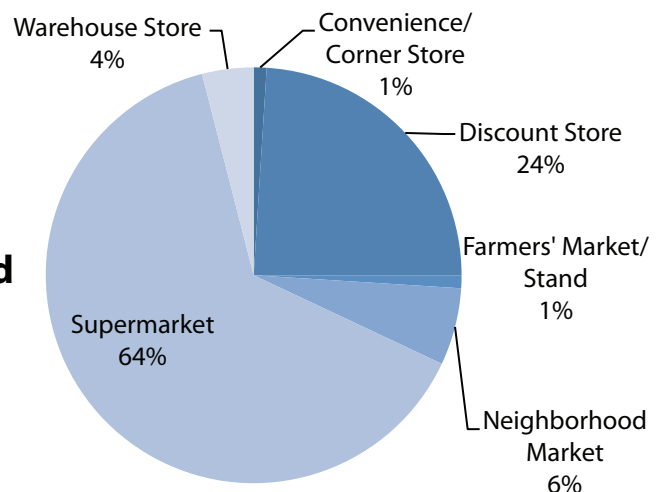
Over the course of the project, numerous strategies were identified that could be used to improve coordination among emergency food providers. Possible recommendations include:

- Create structured mechanisms that foster rapid and ongoing communication between emergency food providers.
- Develop strategies to coordinate food solicitation, purchasing, transportation, storage, and distribution in order to achieve economies of scale.
- Coordinate mentoring and training opportunities among emergency food providers.
- Evaluate food distribution and service delivery practices in light of changing patterns of client use (regular use rather than one-time or emergency use).
- Launch a community challenge for faith and community based organizations to host supper sites on a recurring, coordinated basis.
- Identify and recruit service partners to provide additional services (e.g. health screenings, housing assistance, etc.) at emergency food provider sites.

Access to Healthy Foods

88% of the likely food insecure individuals surveyed are regular users of traditional food outlets (meaning supermarkets and grocery stores). This is an often overlooked, but nonetheless important consideration when contemplating improving food access. Very few food insecure residents use other sources, such as neighborhood grocery stores (6%), warehouse stores (4%), corner stores/convenience stores (1%), or farmers' markets (1%). This showcases a couple important findings: first, individuals who are food insecure are comfortable using traditional outlets. Therefore, the use of these outlets should continue to be fostered. Second, that there are many other locations where healthy foods could be (or are) distributed that are not being utilized by individuals most in need. Creating economic incentives for grocery stores or other food outlets to develop or expand in low-income neighborhoods and food deserts presents a strong opportunity. An example is the Fresh Food Financing Initiative in Pennsylvania that provides grants and loans to encourage development in underserved neighborhoods, which is being followed by a similar model in California called the California FreshWorks Fund.

Location Where Food Insecure Residents Buy Most of Their Food



Opportunities also exist for the development of community kitchens or small, refrigerated food storage lockers. The homeless population, in particular, lacks the ability to store and prepare food, limiting their options to pre-packaged, shelf-stable food or fast food, which is often unhealthy or not nutritionally adequate. Providing this population with a place to store and prepare food could increase their consumption of healthy, fresh food.

Self-sustaining food access alternatives were also mentioned with some frequency. Specifically, two-thirds of respondents expressed an interest in growing their own food. However, of those interested in growing their own food, less than half had access to space that would accommodate gardening.

Improving distribution of industrial food “waste” could greatly expand access to food – particularly healthy food – for at risk populations. Currently, regulations and liability concerns cause large amounts of food to be thrown out by grocery stores, restaurants, schools, hospitals, etc. State studies have found that more than six million tons of food products are dumped annually¹³, making it the largest single source of waste in California. While some restaurants and grocery stores are sending food that would otherwise be wasted to emergency food distributors, there are not many others companies following suit.

Some measures have been taken to decrease liability in order to increase the donation of potential food industry waste. First is the Bill Emerson Good Samaritan Food Donation Act. This federal legislation, signed into law in 1996, encourages the donation of food and grocery products to nonprofit organizations for distribution to needy individuals by protecting donors from liability when they donate to a nonprofit. Another example is the Fresh Rescue Program.¹⁴ This program is run through Feeding America San Diego partner agencies that pick up surplus nutritious foods such as deli meat, dairy, produce, and other perishable foods from grocery stores that would otherwise go to waste. Feeding America San Diego oversees the project and verifies that the partners are trained in safe food handling and sanitation. Such initiatives increase the amount of food that can be distributed to the hungry and food insecure and should be researched as best practices for future action in Sacramento County.

RECOMMENDATIONS

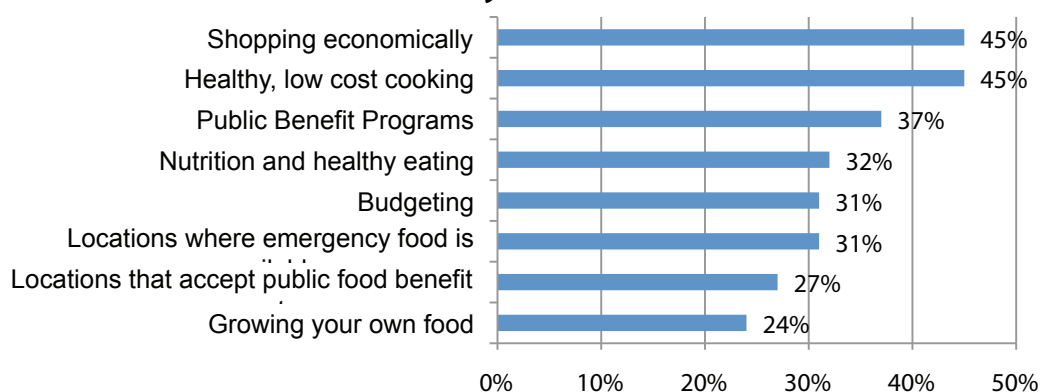
Over the course of the project, numerous strategies were identified that could be used to increase access to healthy foods. Possible recommendations include:

- Address regulations & liability concerns surrounding food industry waste.
- Encourage healthy food retailers to open locations in underserved communities.
- Encourage existing food retailers to expand healthy food options in underserved neighborhoods.
- Use food retailers as an avenue for promoting charitable food providers and food assistance programs.
- Initiate food buying cooperatives in low-income or underserved communities.
- Build and educate residents about the use of community gardens, including homeless gardens.
- Change zoning requirements that impede residents’ ability to produce their own food (e.g. limitations on raising fowl and front yard gardening).
- Address the food needs of the homeless population, knowing they lack the facilities for food storage and preparation.
- Monitor nutritional standards for food available at schools.
- Improve the school cafeteria culture to further encourage consumption of healthy food options.
- Improve public transportation for target population, e.g. encourage bus routes to service grocery stores, supermarket shuttles, or free bus passes.

Consumer Education

In terms of education, there exists a need to expand programs that provide food education to individuals and families. Education should be multi-faceted and include how to shop for food, how to use food more efficiently, nutrition and health assistance and guidance, how healthy eating can be low cost, and the myths and truths about public benefit programs (as well as increased guidance in the application process). There was a strong response from individuals interested in learning more about how to buy, cook, and eat healthy. The desire to take personal responsibility was widespread. The strongest interest was in learning more about how to be economical and healthy. 45% of survey respondents wanted to learn more about how to cook healthy, low cost meals, and an equal number wanted tips on how to get the most for their money when at the grocery store. Again, this finding indicates that a large number of individuals who are food insecure are aware of the need for proper nutrition and want to make the right choices, but feel unprepared to do so given their financial struggles.

Information Wanted by Food Insecure Individuals



The need for education expands beyond food and nutrition. There is a strong need to increase awareness of how to access related programs such as job training and housing. Assisting the hungry and food insecure with these issues will help them improve their life situation and will provide the stability needed to move toward self-sufficiency.

RECOMMENDATIONS

Over the course of the project, numerous strategies were identified that could be used to enhance consumer education. Possible recommendations include:

- Deliver interactive healthy eating, cooking, and shopping education programs to food insecure populations.
- Distribute educational materials with healthy eating, cooking, and shopping advice through food assistance programs.
- Promote awareness of available assistance programs to potentially eligible populations (including food-related and other supportive/aid programs).

Awareness of Hunger and Food Insecurity

Along the lines of education is the need to increase public awareness (education) of the existence of hunger and food insecurity in our communities. Widespread awareness of the extent of the local hunger problem is necessary to provide support for the hungry and food insecure. Community members need to be informed of how much need there is and what they can do to help. Policymakers need to be educated on the extent and impact of food insecurity among their constituents, the barriers that exist for those in need, and the dollars that are lost due to underutilization of federal aid programs.

The study portion of this Hunger Free Community project confirmed that there are a large number of dedicated stakeholders in Sacramento County who are committed to ending hunger. The evidence that people from all realms – service providers, volunteers, community advocates, and policy makers – care about the plight of our hungry and food insecure residents provides a great starting point from which to move forward with an action plan to end hunger in our County.

RECOMMENDATIONS

Over the course of the project, numerous strategies were identified that could be used to raise awareness of hunger and food security in Sacramento County. Possible recommendations include:

- Increase public awareness of hunger and food insecurity in Sacramento County through media stories, advocacy to public officials, and incorporation of hunger-issues into other community initiatives.
- Promote specific actions that residents and other organizations can take to help alleviate local hunger.

PLAN TO END HUNGER IN SACRAMENTO COUNTY

Ending hunger requires a multi-pronged approach, with many stakeholders contributing in a number of ways. The preceding section, *Opportunities for Change*, includes dozens of suggested strategies to move toward a hunger-free community. Stakeholders are highly encouraged to take on any of the suggestions that align with their respective missions.

In recognizing that merely presenting a laundry list of possibilities does not always prompt action, the project team took an additional step to prioritize specific recommendations. In order to prioritize, the project team presented the full listing of recommendations to three focus groups, as well as the Project Advisory Group. Each group was asked to prioritize recommendations based on the following criteria:

- How urgent is the matter?
- How feasible will it be to accomplish the recommendation?
- What will be the degree of impact?
- What is the level of political will?
- Is there existing momentum?
- What is the cost and return on investment?
- Is there resource availability?

As a result of the feedback, three recommendations have been prioritized for the Action Plan. Whereas the recommendations presented throughout the *Opportunities for Change* section are offered as suggestions for any to take on at their convenience, the actions detailed on the following pages have been established to highlight the urgency of their need and encourage accountability. Community Link, Valley Vision, and the Sacramento Hunger Coalition will actively work toward building support, securing resources, and implementing the prioritized Action Plan and welcome support at every step.

Priority Issue 1: Build capacity of emergency food providers through improved coordination.

Rationale: Emergency food providers, such as food closets and congregate meal sites, are used with great consistency by individuals and families in need. As a primary resource for food insecure populations, the ability of emergency food providers to most efficiently and effectively serve clients is a critical consideration to ending hunger. While there are many providers operating throughout the county, familiarity and coordination among the diverse network is often limited. With demand outpacing supply, providers indicated that there are unrealized opportunities to leverage one another's expertise, direct clients to additional services, and achieve economies of scale in order to best meet community need.

Action Plan	When	Who	Output
A. Host quarterly convenings for emergency food providers.	Initiate in 2012	Community Link	>Convenings held quarterly.
1. Define mission of Emergency Food Providers Forum	By 2nd convening	Community Link with participants	>Mission for Emergency Food Providers Forum established.
2. Structure agenda to include discussion of emerging opportunities and challenges, training on operating practices, and provider/program presentations.	At each convening	Community Link	> Agenda items include: emerging opportunities, emerging challenges, training on operating practices, program presentations.
B. Foster technical assistance and sharing of promising practices among emergency food providers.	Initiate in 2012	Community Link	>Trainings sessions conducted at quarterly convenings.
1. Survey providers on capacities and needs.	At 2nd convening	Community Link	>Survey administered. >Results compiled and shared with providers.
2. Recruit providers to lead peer-driven training sessions.	Training calendar in place by 4th convening.	Community Link	>Training calendar established.
C. Initiate at least one joint project of the emergency food providers within the first year that will result in improved ability to serve consumers.	Joint project identified by 5th convening.	Self-selected emergency food providers	>At least one joint project initiated within first 12 months.
1. Identify critical issue through provider needs assessment survey and ongoing discussion at convenings.	Issue identified by 3rd convening.	Community Link	>Issue identified.
2. Develop plan for coordinated engagement around the selected issue.	Plan in place by 5th convening.	Emergency Food Providers	>Plan established.
D. Secure funding for ongoing administration of the emergency food providers forum.	Funding secured by January 2013.	Community Link	>Funding for staff and administrative support for the emergency food providers secured.
1. Define and measure the qualitative and quantitative impacts of Emergency Food Providers Forum.	Impact measures collected by 4th convening (ongoing, thereafter)	Community Link	>Impact statement.
2. Solicit financial investment from funders.	Solicitations underway by January 2013	Community Link	>Funding requests.

Priority Issue 2: Increase awareness of available resources among clients and providers.

Rationale: Local resources are often underutilized by clients due to lack of awareness about their existence. Regardless of potential impact, programs that are un- or under-utilized are not able to sustain themselves. Based on utilization of other resources and experience, providers report that the problem is not lack of need but a lack of awareness about the availability of programs. Increasing awareness and utilization of existing community based and public programs can have a large influence on food insecurity.

To address this problem, providers will be surveyed to map out the gaps in program utilization and information resources, and best practices will be researched from other regions to help develop the best means for filling those gaps in Sacramento. A public awareness campaign will be developed that uses existing, well-used resources to bring attention to underutilized resources. Baseline data will be compared to benchmarks to evaluate effectiveness of the campaign with adjustments made accordingly.

Action Plan	When	Who	Output
A. Identify programs with excess capacity.			
1. Develop survey mechanism and conduct outreach to service providers.	Months 1-3	Valley Vision/Food System Collaborative	>Report of findings
2. Administer survey.	Months 4-5	Valley Vision/FSC	>Survey
3. Analyze survey findings to determine underutilized resources and gaps in public awareness of those resources.	Months 5-6	Valley Vision/FSC	>Findings compiled >Findings report
B. Implement strategies to promote service awareness			
	Awareness campaign launched within first year.	Valley Vision/FSC	>Public awareness campaign implemented.
1. Conduct research on best practices used in other jurisdictions or among other programs.	Month 6	Valley Vision/FSC	>Best practices findings incorporated into report.
2. Convene providers to share findings and develop a public awareness campaign.	Months 7-8	Valley Vision/FSC	>Provider session held. >Public awareness campaign developed.
3. Implement service awareness campaign.	Months 9-24	Participating providers	>Campaign actively administered.
4. Evaluate campaign success by comparing utilization numbers pre- and post-campaign.	Months 10-24	Valley Vision/FSC/ Participating providers	>Numbers of service participants tracked. >Adjustments made to campaign based on evaluation findings.

Priority Issue 3: Increase accessibility of public benefit programs.

Rationale: The availability of services does not always equate to accessibility of services. Individuals in need of supportive service often experience a variety of barriers that limit their ability to locate and obtain the support required. Issues such as time, location, and application complexity all present challenges to utilization. Assuring that programs and services are not only available, but accessible to those most in need is critical to stabilizing the lives of vulnerable individuals and families.

Action Plan	When	Who	Output
A. Expand use of electronic application processes			
1. Coordinate with Sacramento County Dept. of Human Assistance (DHA) to develop a public education campaign to raise awareness of the availability of the Benefits CalWin application online.	Months 1-9	Sacramento Hunger Coalition (SHC) Food Stamp Advocacy Task Force	Outreach and distribution plan created and implemented
2. Advise DHA on needed updates to assure Benefits CalWin is compliant with FNS Guidance.	Months 1-6	SHC Food Stamp Advocacy Task Force	Accurate and fully compliant electronic application
3. Partner with DHA to develop train-the-trainer models that will allow community based organizations to aid in completing Benefits CalWin electronic applications.	Months 7-12	SHC Food Stamp Advocacy Task Force	Case managers are trained to use the electronic application and can assist applicants
4. Host application workshops for consumers.	Months 12+	Trained Community Based Organizations	Increase in the number of applications submitted.
B. Expand acceptance of CalFresh to all farmers' markets in the county			
1. Continue expanding acceptance of EBT in Certified Farmers' Markets.	Year round	Alchemist and Certified Farmers' Market with support from SHC	Increase EBT usage in farmers' markets
2. Continue expanding community education around farmers' markets that accept EBT.	Year round	Alchemist and Certified Farmers' Market with support from SHC	Increase EBT usage in farmers' markets
C. Expand number of retail food outlets that accept CalFresh- Restaurant Meals Program			
3. Identify and recruit potential food outlets to participate in the CalFresh Restaurant Meals Program.	Months 6-12	SHC Food Stamp Advocacy Task Force with DHA	Identify outlets that would increase the cultural diversity of the outlets participating
4. Assist food retail outlets with the application to become part of the Restaurant Meals Program.	Months 6-24	SHC Food Stamp Advocacy Task Force with DHA	Increase in number of applications
5. Advocate for improved signage on locations that are participating.	Months 13-18	SHC Food Stamp Advocacy Task Force	Improve consumer awareness
6. Advocate for standardizing the enrollment process for clients in the Restaurant Meals program.	Months 13-18	SHC Food Stamp Advocacy Task Force	Improve consumer participation

CONCLUSION

The Hunger Hits Home findings and action plan culminate from a year-long effort to examine a full range of issues and consider a full range of recommendations to use in the fight to end hunger in Sacramento County. Through the process, we were pleased to discover a myriad of opportunities. The diversity of potential strategies is cause for optimism because it shows that capacity exists to better meet the needs of food insecure individuals. It also signifies that there are many access points for individuals and organizations to become involved in the cause.

Among the robust list of possibilities, the themes of awareness of, access to, and coordination of services emerged as priorities. Because of the regularity with which these themes were mentioned, they became the foundation for the prioritized action plan to end hunger. The project team – including Community Link, Valley Vision, and the Sacramento Hunger Coalition – will focus their respective energies on the issues outlined in the *Plan To End Hunger* section of the report. However, each of the project partners is committed to exploring all possibilities and working with all entities concerned with ending hunger in our region, and will strive to leverage resources accordingly.

While this report and plan focus on efforts that can be initiated and conducted within the “food system,” it must be recognized that families who face food insecurity typically encounter many other challenges, as well. Many are in need of other supportive services, such as health care, child care, housing assistance, mental health services, educational support, employment assistance, and other financial aid. Feedback from project participants (at consumer, provider, and administrator levels) made it clear that broad systems change is needed to improve coordination of services across all areas of support. Too often, services and initiatives focus on a narrow issue and operate in isolation of other efforts. The result is inefficient, sometimes redundant – or worse – contradictory efforts that ineffectively treat the consumer.

To most effectively address the core needs of disadvantaged individuals, service planning and implementation in the human services field must be consumer-oriented. A consumer-oriented system takes into account the service needs as well as the consumer’s resource limitations (including money, time, and transportation, as well as physical and mental capacities). It is the confluence of the consumer need and consumer capacity that dictates how services can be most effectively administered. To treat the whole person, providers must not only have a rich understanding the consumer’s situation, but also have a strong understanding of the provider landscape, including what services are available, what expertise exists, and how efforts could be blended to best meet needs.

An overhaul of the health and human services system is beyond the scope of the Hunger Hits Home project. However, the project team will seek to set an example of how to coordinate across service areas by seeking to actively integrate this plan into other efforts underway in the community, infusing anti-hunger dialogue into other settings, and generally raising awareness of the plan among all those who can potentially influence outcomes.

To learn more about how you can get involved in local efforts to end hunger, contact our project team:

Alan Lange Community Link 909 12 th Street, Suite 200 Sacramento, CA 95814 916-447-7063 x360 alange@communitylinkcr.org	Robyn Krock Valley Vision -Sacramento Region Food System Collaborative 2320 Broadway Sacramento, CA 95818 916-325-1630 robyn.krock@valleyvision.org	Bob Erlenbusch Sacramento Housing Alliance -Sacramento Hunger Coalition 1800 21 st Street, Suite 100 Sacramento, CA 95811 916-455-4900 bob@sachousingalliance.org
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Endnotes

- ¹ California Economic Development Department, Historical Data for Unemployment Rate and Labor Force in Sacramento County, 2011, Preliminary.
- ² US Census Bureau, 2010 American Community Survey 1-Year Estimates, Table S1701 - Poverty Status in the Past 12 Months, Sacramento County.
- ³ Sacramento County Department of Human Assistance, Total Number of Unduplicated Recipients by Year.
- ⁴ University of California Los Angeles, California Health Interview Survey, 2009, Food Security.
- ⁵ US Census Bureau, Table S1701.
- ⁶ Ibid.
- ⁷ California Health Interview Survey, Food Security.
- ⁸ US Census Bureau, Table S1810 – Disability Characteristics, Sacramento County.
- ⁹ US Census Bureau, Table S0201 – Selected Population Profile, Sacramento County
- ¹⁰ California Food Policy Advocates, 2010 County Profiles, Sacramento County.
- ¹¹ Ibid.
- ¹² Ibid.
- ¹³ www.californiawatch.org, March 2010
- ¹⁴ <http://feedingamericasd.org/AgencyAccess/AgencyPrograms/FreshRescueProgram.asp>, March 2010.

Food Security Assessment of Sacramento County

The following survey is a research project being conducted by Community Link Capital Region, in partnership with Valley Vision, the Sacramento Hunger Coalition, and the Sacramento Region Food System Collaborative. The project is funded by the United States Department of Agriculture Hunger Free Communities Program and Sierra Health Foundation. Findings from the survey will be used to help determine how food and food assistance services could be made more available to residents in Sacramento County.

This survey is confidential. You will not be asked to give your name and the information will not be used to determine your eligibility or benefits for any program.

Please read the questions carefully and mark your responses for each question.
It will take about 15 minutes to complete this survey.

- 1. In the past twelve months, how often did you find that the food you bought just didn't last and you didn't have money to get more?**
 - ☐ Often true
 - ☐ Sometimes true
 - ☐ Never true
 - ☐ Don't know or prefer not to answer
- 2. In the past twelve months, how often did you find that you couldn't afford to eat balanced meals?**
 - ☐ Often true
 - ☐ Sometimes true
 - ☐ Never true
 - ☐ Don't know or prefer not to answer
- 3. A. In the past twelve months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?**
 - ☐ Yes
 - ☐ No (If no, skip to question 4)

B. If yes, how often did this happen?

 - ☐ Almost every month
 - ☐ Some months but not every month
 - ☐ Only 1 or 2 months
 - ☐ Don't know or prefer not to answer
- 4. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?**
 - ☐ Yes
 - ☐ No
- 5. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?**
 - ☐ Yes
 - ☐ No
- 6. On average, how many meals do you eat each day?**
 - ☐ Less than one
 - ☐ One
 - ☐ Two
 - ☐ Three or more
- 7. Do you or anyone in your household use any of the following food assistance programs or supports? (Mark all that apply)**
 - ☐ CalFresh (formerly known as Food Stamps)
 - ☐ Food closets/pantries
 - ☐ Friends or Family
 - ☐ Home delivered meals (such as Meals on Wheels)
 - ☐ Places that serve meals on site (such as at churches, Loaves and Fishes, etc.)
 - ☐ Senior Nutrition Services
 - ☐ School breakfast/lunch program
 - ☐ Summer lunch program (for children)
 - ☐ WIC
- 8. How long have you been using food assistance services or programs?**
 - ☐ Less than one month
 - ☐ 1 to 6 months
 - ☐ 6 months to 1 year
 - ☐ More than one year
 - ☐ I haven't used any food assistance programs

Appendix A: Hunger Hits Home - Food Security Survey

9. Why are you in need of food assistance? (Mark all that apply)

- ☐ I had to spend my money on a medical emergency
- ☐ Recent or ongoing unemployment
- ☐ Separation from my spouse or partner
- ☐ Unusual expenses this month
- ☐ My income (including wages and/or other benefits) isn't enough to cover all my bills and expenses
- ☐ I am not in need of food assistance

10 In the last 12 months, how many times have you needed food assistance, but not received it?

- ☐ Every month
- ☐ Most of the months (more than half)
- ☐ Only some of the months (less than half)
- ☐ Rarely (only one or two months)
- ☐ Never

11. What barriers prevented you from receiving the food assistance you wanted? (Mark all that apply)

- ☐ I was not eligible for the service or program
- ☐ The application process was too difficult or took too long
- ☐ I had language barriers
- ☐ The location
- ☐ The hours of service
- ☐ I didn't have transportation
- ☐ I didn't know what services were available
- ☐ I was too proud to ask for assistance
- ☐ I didn't know where to go or who to ask
- ☐ I didn't have identification
- ☐ I haven't experienced any barriers

12. In the last 12 months, how often have you received food assistance from a food closet or meal site?

- ☐ Every month
- ☐ Most of the months (more than half)
- ☐ Only some of the months (less than half)
- ☐ Rarely (only one or two months)
- ☐ Never

13. How many different food pantries or meal sites gave you food in the past month?

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three or more

14. A. In general, how satisfied are you with the food you received from the food closet or meal site?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Not satisfied
- ☐ Disappointed
- ☐ I have not received food from a food closet or meal site (skip to question 15)

B. Please briefly explain your answer to 14. A.

15. About how much money (including CalFresh or vouchers) does your household spend on food each month?

- ☐ Less than \$100
- ☐ \$100 - \$199
- ☐ \$200 - \$299
- ☐ \$300 - \$399
- ☐ \$400 or more

16. If you receive CalFresh (formerly known as Food Stamps), how long does it usually last per month?

- ☐ Less than 1 week
- ☐ 1-2 weeks
- ☐ 2-3 weeks
- ☐ 3-4 weeks
- ☐ The entire month
- ☐ I don't receive CalFresh

17. If you receive WIC, how long does it usually last per month?

- ☐ Less than 1 week
- ☐ 1-2 weeks
- ☐ 2-3 weeks
- ☐ 3-4 weeks
- ☐ The entire month
- ☐ I don't receive WIC

Appendix A: Hunger Hits Home - Food Security Survey

18. Do you or anyone in your household receive assistance or aid from any of the following sources? (Mark all that apply)

- ☐ Child care
- ☐ CalWORKS
- ☐ General Assistance
- ☐ Housing/Rent payment assistance (such as Section 8 or rental payment assistance)
- ☐ Medical coverage (such as Medi-Cal or MediCare)
- ☐ Social Security Disability Insurance (SSDI)
- ☐ Supplemental Security Income (SSI)
- ☐ Transportation assistance (such as public transit passes)
- ☐ Utility payment assistance (such as Lifeline utility assistance program)

19. A. Where do you buy most of your food? (Mark only one)

- ☐ Supermarket (such as Food Maxx or Save Mart)
- ☐ Discount store (such as Grocery Outlet or Smart and Final)
- ☐ Warehouse store (such as Costco or Sam's Club)
- ☐ Small, neighborhood grocery store
- ☐ Convenience store/Corner Market (such as 7-11)
- ☐ Farmer's Market/Farm Stand

B. How far is the location where you buy most of your food from your home?

- ☐ Within a few blocks
- ☐ More than a few blocks, but within a mile
- ☐ Between 1 and 2 miles
- ☐ More than 2 miles

C. How do you usually travel to the location where you get most of your food? (Mark only one)

- ☐ Walk
- ☐ Bike
- ☐ Car (your car)
- ☐ Car (your friends' or family members' car)
- ☐ Public transportation

20. A. How far from your home is the closest store that sells food (not including restaurants)?

- ☐ Within a few blocks
- ☐ More than a few blocks, but within a mile
- ☐ Between 1 and 2 miles
- ☐ More than 2 miles

B. Does this store sell healthy foods, such as fruits and vegetables?

- ☐ Yes
- ☐ No
- ☐ Don't know

C. Does this store sell fresh foods, such as produce, dairy products, and fresh meat?

- ☐ Yes
- ☐ No
- ☐ Don't know

D. Do you ever purchase fresh foods and/or fruits and vegetables at this store?

- ☐ Yes
- ☐ No

E. How often do you shop at this store for food?

- ☐ Always
- ☐ Two or more times per month
- ☐ Once per month
- ☐ Less than once per month
- ☐ Very infrequently or never

21. What is the most important feature when choosing where to shop for food? (Mark only one)

- ☐ Accepts CalFresh (formerly food stamps) or Vouchers
- ☐ Convenient location
- ☐ Good selection of food
- ☐ Prices
- ☐ Quality of food
- ☐ Service
- ☐ It is my only option

22. What, if any, barriers keep you from getting the types and amount of food you want? (Mark all that apply)

- ☐ Cost
- ☐ I have a hard time getting the food from the store to my home.
- ☐ I don't have space or appropriate storage for food
- ☐ I don't have a place or cooking items to cook my food
- ☐ The stores I shop at don't have the types of food I want
- ☐ I don't experience any barriers

Appendix A: Hunger Hits Home - Food Security Survey

23. Which of the following is the most important consideration when selecting the food you are going to eat? (Mark only one)

- ☐ Cost
- ☐ Ease of preparation
- ☐ Nutritional value
- ☐ Quality
- ☐ Quantity (the amount of food)

24. A. Would you be interested in growing your own food?

- ☐ Yes
- ☐ No (If no, skip to question 25)

B. If yes, do you have access to a place where you could grow your own food?

- ☐ Yes
- ☐ No

25. Would you benefit from any of the following information? (Mark all that apply)

- ☐ How to cook healthy, low cost meals
- ☐ Nutrition and healthy eating
- ☐ Tips on getting the most for your money at the grocery store
- ☐ Tips on how to budget your money
- ☐ Information on how to grow your own food
- ☐ Government programs and services for which you might be eligible
- ☐ Locations where food assistance is available
- ☐ Locations of stores, farmer's markets, and other outlets that accept CalFresh (formerly food stamps), WIC Vouchers, or other food purchase benefits.

26. How healthy would you describe your current diet?

- ☐ Not healthy
- ☐ Fairly healthy
- ☐ Very healthy

27. How would you describe your own health?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

28. A. Do you or anyone living in your household have any chronic health conditions? (Mark all that apply)

- ☐ Cancer
- ☐ Diabetes
- ☐ Digestive Disorders
- ☐ Heart Disease
- ☐ Hypertension (high blood pressure)
- ☐ Liver Disease
- ☐ Respiratory Disease
- ☐ Other
- ☐ No, no one in my household has a chronic health condition (If no, skip to question 29)

B. If yes, do these conditions impact what you are able to eat?

- ☐ Yes
- ☐ No

29. In the past twelve months, have you or members of your household experienced any of the following as a result of being hungry or not being able to get food? (Mark all that apply)

- ☐ Became sick (or got sicker)
- ☐ Missed a day of work or school
- ☐ Performed poorly at work or school
- ☐ Felt angry or depressed
- ☐ Unable to perform other activities that I needed to get done
- ☐ I/we have not experienced any of the above

30. What is your current housing situation?

- ☐ I own my home
- ☐ I rent my house/apartment
- ☐ I am in a temporary housing situation until I can get my own place
- ☐ I am homeless

31. How many people in each of the following age ranges live in your household, including yourself?

- ☐ Age 0-5
- ☐ Age 6-17
- ☐ Age 18-60
- ☐ Age 60+

32. What is your marital status?

- ☐ Single
- ☐ Single, but living with a partner
- ☐ Married
- ☐ Separated or Divorced

Appendix A: Hunger Hits Home - Food Security Survey

33. A. Do you have children?

- ☐ Yes
☐ No (If no, skip to question 34)

B. If yes, do they live with you?

- ☐ Yes
☐ No

34. A. Are you currently employed?

- ☐ Yes (If yes, skip to question 35)
☐ No

B. If no, how long have you been unemployed?

____ Years ____ Months

35. What was your household's income last month?

\$ _____

36. What are your household's sources of income? (Mark all that apply)

- ☐ CalWORKS
☐ Child support
☐ Disability
☐ Employment
☐ General Assistance
☐ Investment returns
☐ Retirement/Pension
☐ Social Security
☐ Supplemental Security Income (SSI)
☐ Unemployment benefits
☐ Veteran's Aid
☐ Worker's Compensation

37. Do you have a developmental, learning, physical or mental disability?

- ☐ Yes
☐ No

38. What is your age?

____ years old

39. What is the highest level of education you have completed?

- ☐ Less than high school
☐ High school or GED
☐ Some college
☐ Associate's Degree
☐ Bachelor's Degree
☐ Post Graduate Degree

40. What is your race/ethnicity?

- ☐ Asian
☐ Black
☐ Hispanic/Latino
☐ White
☐ Other

41. What is your zip code?

42. What is the closest intersection to your home?

43. Is there anything else that you would like to tell us about hunger and food access in Sacramento County?

Draft stakeholder interview questions

1. How does your work relate to the issue of hunger or food security? (make sure this use of “food security” is clear)
2. Some social service agencies and government agencies have described the way that residents access their food as being part of a food system. For some, getting access to food is easy and for others it’s difficult and there may be institutional barriers. As you think about accessing food as being part of a system, how would you describe that system and how it relates to hunger?
3. (Provide generic food system diagram in pre-interview materials.) The current food system and the way that people access food works better for some people than for others. Here in Sacramento, we know that there is a part of our population that suffers from hunger on a daily basis. In your experience,
 - a. What do you think the causes of hunger are in Sacramento? Specifically, what do you think the system level of causes of hunger are?
 - b. Where do you think the areas of town are with highest/lowest levels of hunger? What are the factors that contribute to high or low areas of hunger in your opinion?
 - c. Are there places where you think the system is working well? If so, where and why?
 - d. Of the places that the system isn’t working well, what fixes do you think can be made? Where do the opportunities exist to improve the food system and reduce food insecurity in Sacramento? Do you see any barriers (economic, political, etc.) to seizing upon these opportunities? Ways to overcome these barriers?
4. Who else should we be talking to? Why do you recommend this person?
5. Are you available for any follow-up questions by phone or email?
6. Would you be interested in participating in a focus group to analyze the results of these interviews?

Primary Information Sources

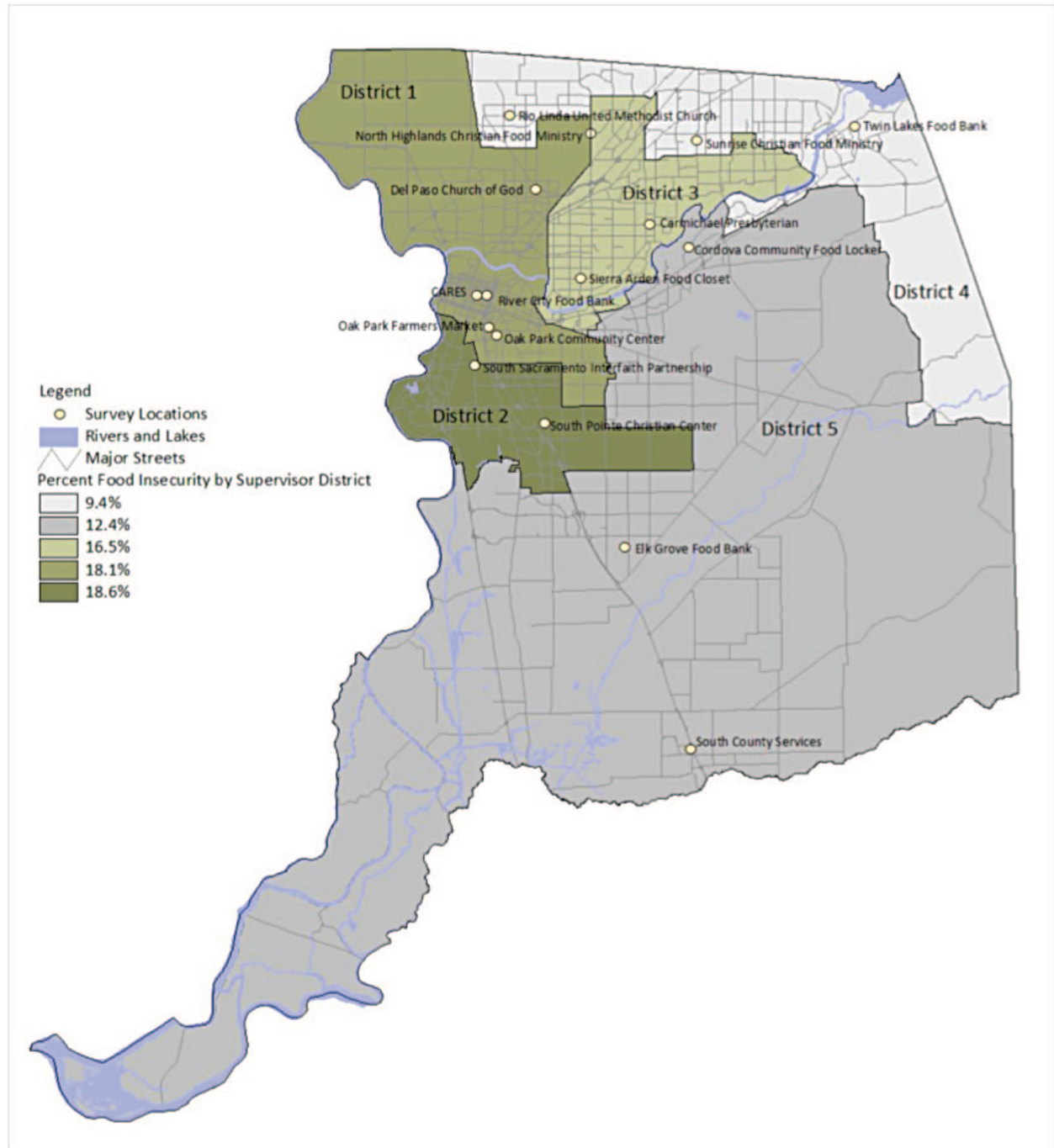
Surveying locations

- CARES
- Carmichael Presbyterian Social Services
- Cordova Community Food Locker
- Del Paso Heights Church of God Food Closet
- Elk Grove Food Bank and Family Services
- Oak Park Community Center
- Oak Park Farmers Market
- Rio Linda United Methodist Church Food Closet
- River City Food Bank
- Sierra Arden Food Closet
- South County Services
- South Pointe Christian Center Food Closet
- South Sacramento Interfaith Partnership Community Services
- Sunrise Christian Food Ministry
- Twin Lakes Food Bank

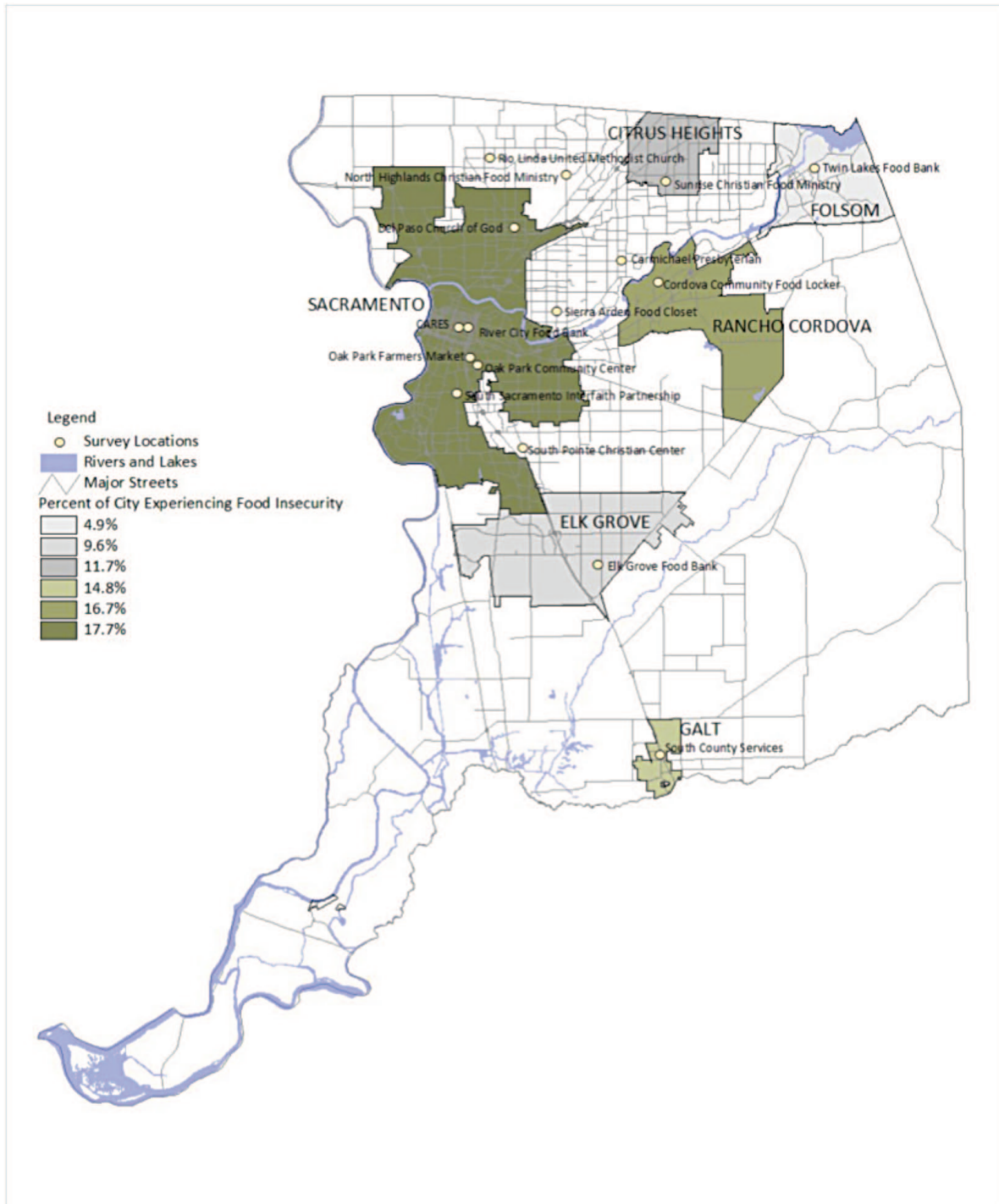
Stakeholder interviews

- **Barbara Kronick**, *Director of Integrated Support Services, Sacramento City Unified School District*
- **Barbara MckNeely**, *Research Scientist, Network for a Healthy California*
- **Bill Kennedy**, *Chio Saephanh, and Juan Alvarado, Legal Services of Northern California*
- **Bill Maynard**, *Community Garden Program Coordinator, City of Sacramento*
- **Blake Young**, *Executive Director, Sacramento Food Bank and Family Services*
- **Bob Erlenbusch**, *Executive Director, Sacramento Housing Alliance and Director, Sacramento Hunger Coalition*
- **Cliff Hunt**, *Volunteer, North Highlands Christian Food Ministry*
- **Debbie Clingingsmith** and **Sister Kathy Wood**, *Clara's House Health Clinic*
- **Eileen Thomas**, *Executive Director, River City Food Bank*
- **Elizabeth Hudson**, *Director of Social Services, The Salvation Army*
- **Ellyne Bell**, *Executive Director, WIND Youth Services*
- **Gladys Deloney, Mary Behnoud, and Vicky O'Brien**, *Sacramento County Department of Human Assistance*
- **Glennah Trochet**, *MD, Sacramento County Health Officer*
- **Jim Keddy**, *Chief Learning Officer, The California Endowment*
- **John Foley**, *Executive Director, Sacramento Self Help Housing*
- **John Healy**, *President*, and **Mary Meagher**, *Public Relations and Development Director, California Emergency Food Link*
- **Margie Erwin**, *Nutrition Program Coordinator, CARES*
- **Marie Jachino**, *Executive Director, Elk Grove Food Bank Services*
- **Rebecca Santos**, *Homeless Liaison, Elk Grove Unified School District*
- **Rudy Puente**, *Director of Student Services, Twin Rivers Unified School District*
- **Sister Libby Fernandez**, *Executive Director, Loaves and Fishes* and **Joan Burke**, *Director of Advocacy, Loaves and Fishes*
- **Teri Duarte**, *Executive Director, Walk Sacramento, Former Director, Sacramento County Women, Infants, and Children (WIC) Program*

Food Insecurity in Sacramento County by Supervisor District



Food Insecurity in Sacramento County by City





Community Link Capital Region

Community Link Capital Region is a non-profit organization that serves the Sacramento region by helping people turn ideas into community action through information, planning, civic engagement, and advocacy for human needs. We are committed to improving health, social, and economic conditions through community-based research, planning, and advocacy. Visit us at www.communitylinkcr.org.



*Connecting Citizens
Shaping Solutions*

Valley Vision

Valley Vision is an independent non-profit that provides analysis and action to improve the Capital Region's economic prosperity, social equity, and environmental sustainability. We act as a bridge, providing collaborative planning, objective problem solving, and impartial research and information for sound decision-making.

Visit us at www.valleyvision.org.



Sacramento Region Food System Collaborative

The Sacramento Region Food System Collaborative is a coalition of public, private, and nonprofit stakeholders developing linkages between rural and urban efforts working towards a viable and inclusive regional food system, and informing and influencing policy initiatives relevant to the food system in the six-county Capital Region.

Visit us at www.foodsystemcollaborative.org.



Sacramento Housing Alliance

Sacramento Housing Alliance was founded in 1989 and incorporated in 1991 by a coalition of organizations including Mercy Housing, Legal Services of Northern California, Loaves and Fishes, and others and has grown to be the leading housing policy and education organization focused on the Sacramento Region. The mission of SHA is to work for safe, decent, accessible, affordable housing and healthy communities for homeless and low-income people through advocacy, education, leadership development and civic engagement.

Visit us at www.sachousingalliance.org.



Sacramento Hunger Coalition

The Sacramento Hunger Coalition was founded in 1989 and now resides as a project of the Sacramento Housing Alliance's Coalition on Regional Equity (CORE) as the component of CORE to advocate for food justice. The mission of the Sacramento Hunger Coalition is to reduce hunger and malnutrition by increasing food security and access to healthy and nutritious food in Sacramento County through public education, advocacy, community organizing and grassroots advocacy research.

Visit us at www.sachousingalliance.org.

HUNGER HITS HOME

2012 *Understanding & Combating
Hunger in Sacramento County*