



## Health & Hunger in America (HIA) 2014

### *Key Health Findings from HIA 2014:*

- Over half of households (58%) have at least one member with high blood pressure.
- More than three out of four (77%) households *with seniors* have a member(s) with high blood pressure
- One-third of households (33%) have a member(s) with diabetes.
- Nearly half (47%) of households *with seniors* have a member(s) with diabetes.
- More than one in five (23%) households with children lacks any type of health insurance.
- 65% of households with both children and seniors have unpaid medical bills.
- Nearly half of all households (47%) include a respondent that reported he/she is in fair or poor health.
- Nearly two-thirds (66%) of households reported having to choose between paying for food and paying for medicine/medical care in the past 12 months.
- More than three in four households (79%) report purchasing inexpensive, unhealthy food to make ends meet
- Households with children were the most likely to purchase inexpensive, unhealthy food (84%).
- Clients identify fresh fruit and vegetables as the most desired item not received (55%), followed by protein food items like meat (47%) and dairy products such as milk, cheese, or yogurt (40%)

### *National Health Data, Diet and Food Insecurity:*

#### High blood pressure and Diabetes

- 31% of adults in the US, or approximately 67M people have high blood pressure<sup>i</sup>
- The rates of high blood pressure increase with age. Blacks develop high blood pressure more often, and at an earlier age, than whites and Hispanics<sup>ii</sup>
- High blood pressure costs the nation \$47.5 billion each year. This total includes the cost of health care services, medications to treat high blood pressure, and missed days of work.<sup>iii</sup>
- 9.3% of adults in the US, or approximately 29M people have diabetes<sup>iv</sup>
- Diabetes costs the nation \$245 billion each year.<sup>v</sup>
- African Americans, Hispanic/Latino Americans, American Indians, Asian Americans, and Pacific Islander Americans are at particularly high risk for type 2 diabetes<sup>vi</sup>

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## Diet and Chronic Disease

- High blood pressure and diabetes increase the risk of heart disease, stroke, kidney disease and mortality<sup>vii</sup>
- A healthy diet with a focus on nutrient-dense foods and beverages, such as vegetables, fruits, whole grains, low fat dairy, lean meats and beans can promote health and reduce the risk of chronic disease.<sup>viii</sup> While consumption of too many calories from solid fats, sugars, and refined grains can lead to obesity and chronic disease.
- Reducing the average amount of salt or sodium that people eat from 3,400 milligrams (mg) to 2,300 mg per day—the level recommended in the Dietary Guidelines for Americans, 2010—may reduce cases of high blood pressure by 11 million and save 18 billion health care dollars every year.<sup>ix</sup>
- Children growing up households affected by high blood pressure or diabetes face even higher risk of chronic disease at an early age as a combined result of both poor diet and family history of chronic disease

## Food Insecurity and Chronic Disease

- Adults living with the most severe levels of food insecurity have a higher risk of hypertension and more than twice the risk of diabetes compared adults who have ready access to healthful foods<sup>x</sup>.
- Lack of access to foods for a healthy diet, combined with stress, and the coping strategies that many individuals and families employ when they are food insecure can lead to diets that are lacking in fruits and vegetables, fiber, and other important nutrients, increasing their risk of developing chronic disease
- The dual challenges of food insecurity, and chronic disease means regularly facing difficult decisions and making trade-offs between food, rent, medications, medical supplies, transportation and other basic necessities
- People living with food insecurity have poorer blood sugar control and are more likely to report depression, challenges managing medication, and decreased confidence in achieving a healthy diet and other healthy behaviors to manage their disease,<sup>xi</sup> which can result in long term health complications.
- The difficult choices people must make when struggling with food insecurity, makes managing chronic diseases such as diabetes even more difficult, as illustrated by the chart below<sup>xii</sup>

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Chart source: Seligman et al, NEJM 2010 xii

#### Comparing HIA Health Data to Other Health Data

- HIA collected health data at the household level while most other outside health data sources are available only at the individual level. In order to compare the data sets we must first make a few key assumptions.
- For example, we must assume (underestimate) 1 member per household to estimate the number of clients with Diabetes and High Blood Pressure.
  - 15.5M households= 15.5M clients (assume 1 client per HH)
  - 58% of 15.5M = 9M client with high blood pressure
    - $9M/46.5M = 19.4\%$  (underestimate of % of clients with high blood pressure)
  - 33% of 15.5M = 5M clients with diabetes
    - $5M/46.5M \text{ client} = 10.8\%$  (underestimate of % of client with diabetes)
- Another way to frame this data is as follows:
  - At a minimum, the Feeding America network serves 13% of all people with high blood pressure
  - At a minimum, the Feeding America network serves 17% of all people with diabetes

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<sup>i</sup> Centers for Disease Control and Prevention. Vital signs: awareness and treatment of uncontrolled hypertension among adults—United States, 2003–2010. *MMWR*. 2012;61(35):703–9.

<sup>ii</sup> National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention, July 2014

<sup>iii</sup> Heidenreich PA, Trogdon JG, Khavjou OA, et al. Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. *Circulation*. 2011;123:933–44.

<sup>iv</sup> Centers for Disease Control and Prevention. National diabetes statistics report: estimates of diabetes and its burden in the United States, 2014. Atlanta, GA: U.S. Department of Health and Human Services, 2014.

<sup>v</sup> Centers for Disease Control and Prevention. National diabetes statistics report: estimates of diabetes and its burden in the United States, 2014. Atlanta, GA: U.S. Department of Health and Human Services, 2014.

<sup>vi</sup> Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

<sup>vii</sup> Go AS, Mozaffarian D, Roger VL, et al. Heart disease and stroke statistics—2013 update: a report from the American Heart Association. *Circulation*. 2013;127:e6–245.

<sup>viii</sup> 2010 US Dietary Guidelines for Americans

<sup>ix</sup> Palar K, Sturm R. Potential societal savings from reduced sodium consumption in the U.S. adult population. *Am J Health Promot*. 2009;24:49–57.

<sup>x</sup> Seligman HK Food Insecurity and Glycemic Control Among Low-Income Patients With Type 2 Diabetes Diabetes Care. Feb 2012; 35(2): 233–238.

<sup>xi</sup> Seligman HK Food Insecurity and Glycemic Control Among Low-Income Patients With Type 2 Diabetes Diabetes Care. Feb 2012; 35(2): 233–238.

<sup>xii</sup> Seligman, H. K., & Schillinger, D. (2010). Hunger and socioeconomic disparities in chronic disease. *N Engl J Med*, 363(1), 6–9. doi: 10.1056/NEJMp1000072

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