AT FIRST GLANCE

HEALTH EQUITY

Spotlight on the Black Community

HEAL is Feeding America’s Health Equity Action League. We focus on solutions and supports that inform models of community health, free from injustices and inequities.
Introduction

Food insecurity, defined as having limited access to enough food to lead a healthy and active lifestyle, impacted more than 35 million people, including more than 10 million children, in the United States in 2019. The Black community persistently experiences food insecurity at higher rates than whites and face added social, economic and environmental challenges.

If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Compared to whites, Blacks are more likely to experience higher rates of obesity, diabetes and heart disease. Black adults also are more likely to die from cancer, and their children are four times more likely to be admitted to the hospital for asthma. Only one in three Black adults in need of mental health treatment receive it.

COVID-19 has amplified food insecurity and health disparities in America. Feeding America estimates that over 50 million people may face hunger in 2020 as a result of the pandemic. COVID-19 has also wreaked havoc on the health and wellbeing of people of color in every corner of the nation; The Black community has significantly higher rates of hospitalization and double the death rates compared to whites.

To achieve our vision of a hunger-free America, Feeding America commits to reducing the racial equity gap by understanding and addressing the priorities and needs of our most impacted communities, individuals and families served. This foundational issue brief describes food and health disparities within Black communities, provides key research questions and offers suggestions on immediate action to take so we all have a fair opportunity to live long and healthy lives.

The Black population is the second largest racial/ethnic minority group in the U.S., following Latinos. By 2060, it is estimated that Blacks will number over 60 million and make up 15% of the U.S. population.

— U.S. Census Bureau
Hunger

Black communities experience many unique challenges and are more likely to face hunger. Eight of the ten U.S. counties with the highest food insecurity rates in the nation are at least 60% Black, and one in every four Black American children is affected by hunger. In 2019, 19% of Black households were food insecure—more than twice the rate for white households. Data reveal that Blacks, regardless of geography, age, or other characteristics, generally experience food insecurity at higher rates than whites. Predominately Black communities often have limited access to healthy food outlets. To address food insecurity in Black communities, Feeding America is working with national organizations such as National Urban League and NAACP to develop partnerships to meet the need in local communities, and address the root causes of these persistent inequities.

Fewer than 1 in 10 people living in the U.S. eat enough fruits and vegetables. Nine in 10 consume too much sodium.

— Centers for Disease Control and Prevention

Health

Food insecurity is associated with adverse health outcomes and higher rates of chronic disease. The Black community experiences more negative health outcomes than whites, including higher rates of heart disease, high blood pressure, diabetes, and other chronic illnesses.

**OBESITY**
Over 75% of the Black community is overweight or obese, with Black women experiencing even higher rates. Blacks are 20% less likely to engage in physical activity as compared to whites.

**DIABETES**
Nearly 13% of the Black community is living with diabetes compared to 7% of whites. Blacks are more likely to be hospitalized, go blind, need lower extremity amputations and die from the disease.

**HEART DISEASE**
42% of the Black community has hypertension. Blacks are 20% more likely to die from heart disease than whites.

**MENTAL HEALTH/TRAUMA**
In 2017, suicide was the second leading cause of death for Blacks ages 15 to 24. Black adults are more likely to report feelings of sadness, hopelessness, and worthlessness than their white counterparts.
Despite high rates of diet related disease, 80-90% of a person’s health can be attributed to non-medical factors, often referred to as social determinants of health, which include, but are not limited to, food security, housing, transportation, education, and employment.

— National Academy of Medicine

**Equity**

We know that food insecurity is linked to poor nutrition and chronic disease, and that poverty is a driver of food insecurity. Why are Blacks nearly three times as likely to live in communities with high poverty? Why does there continue to be such a glaring wealth divide in this country between Blacks and whites? Why do Blacks in every age group under 65 continue to have significantly higher death rates than whites? Why do Black mothers die from pregnancy or childbirth at three to four times the rate of whites?

Racial inequity is the result of structural racism that is embedded in historical, political, cultural, socio-economic systems and institutions. For centuries, structural racism has contributed to stark and persistent racial disparities in wealth, health and well-being, especially between Black and white households. Displacement, exclusion and segregation have long destabilized Black communities and undermined their access to fair and just opportunities to thrive and achieve good health.

Racism in the health care industry, systemic barriers that limit access to care, and environmental factors all impact health implications for the Black community. Bias plays a critical role in health inequity and perpetuates structural inequalities. According to the American Medical Association (AMA), provider bias can determine if a patient gets proper care. Reports show that even when controlling for insurance status, income, age, and condition severity, Blacks tend to receive lower-quality health care than their white counterparts. In order to improve health outcomes, structural and systemic circumstances must always be considered, acknowledged and addressed.

At Feeding America, we pledge to identify and work towards solutions to eliminate social, structural, and systemic inequities that contribute to food insecurity for individuals that have been historically disadvantaged and/or adversely impacted by racial inequities.
Consequences of Hunger and Inequity

Health and Wellbeing: Healthy bodies and minds require nutritious meals at every age. When people facing hunger are forced to choose between food or other resources, the result is often long-term negative effects on health and wellbeing. These individuals often stretch already limited budgets, and use other coping strategies such as underusing medication, postponing or discontinuing medical care, or forgoing the foods needed for disease specific diets. For example, over 65% of households served by the Feeding America network reported having to choose between food and medical care due to limited resources, and close to 80% of households reported having to choose inexpensive, unhealthy food to feed their families. Difficult choices can lead to higher rates of chronic conditions, complications from uncontrolled disease, and delayed development in children. Members of food-insecure households are also more likely to struggle with psychological and behavioral health issues. Since the Black community faces hunger at a disproportionate rate, accompanying health risks are also higher for them.

New Orleans has a 25-year disparity in life expectancy across the city’s neighborhoods in and around the famous French Quarter. Babies born nearby can expect to live just 55 years, while others may live 20-25 years longer. Short distances can mean large differences in health.

Figure 3: Hunger in America (2014). The data above represents the more than 60,000 clients served through the Feeding America network who responded to questions about themselves, their households, and the circumstances that led them to seek assistance from the charitable food network.
Life Expectancy: There is growing recognition that historical racial segregation by neighborhood plays a role in overall life expectancy. In other words, your zip code may mean more than your genetic code. Among the 500 largest U.S. cities, 56 have very wide life expectancy gaps with stark differences between racial and ethnic groups. On average, people in one neighborhood can expect to live 20 to 30 years longer than their neighbors a few miles away.25 These estimates are evident by health disparities seen in predominantly Black neighborhoods than what is seen in white neighborhoods. Many Black neighborhoods have not received key investments and protections customary for white neighborhoods, putting them at a disadvantage for poor health and opportunity, and contributing to lower life expectancy rates.

COVID-19

COVID-19 is exacerbating the ongoing disproportionate hunger and health crisis for the Black community. The pandemic has led to a sharp increase in U.S. food insecurity rates. Feeding America estimates that 50 million people could be food insecure in 2020 as a result of COVID-19.26 Food insecurity and other consequences of the pandemic are most acute in communities of color. In a survey among Black adults with children, food insecurity rates increased to roughly double the rate for white adults with children.27 Blacks are also more likely to contract the virus, be hospitalized with complications, and die from COVID-19 than their white counterparts.28

“Hunger in this country existed long before COVID-19, but the pandemic has thrust more and more of our neighbors into food insecurity, and food banks are responding to a sustained, increased demand. With support of the community, together we can end hunger one helping at a time.”

— Claire Babineaux-Fontenot, CEO, Feeding America
Health Equity Action Items: What Food Banks and Community Partners Can Do

**Align** with national, state and local organizations committed to improving health and advancing equity in communities of color.

**Release** a statement signaling a mutual commitment to health equity and your shared vision on how to advance it.

**Build** trust, positive interactions and communication with people of color in your community to better understand unique social and systemic factors that contribute to food insecurity and poor health.

**Develop** interventions with local health care organizations to connect people of color to critical resources aimed at correcting food insecurity and other social determinants of health.

**Help** make “the healthy choice the easy choice” through improved access to culturally appropriate nutritious food, nutrition education, health literacy programs and other services in your community.

Learn more about HEAL, and trends in hunger, health and equity by visiting [Hunger + Health](https://hungerandhealth.org) and [Feeding America Action](https://www.feedingamerica.org) or contacting nutritionteam@feedingamerica.org.

Hunger, Health and Equity Research Questions

1. How and why do different racial and ethnic groups move in and out of food insecurity over time and what are the long-term health impacts?
2. How does the charitable food system influence food insecurity and health for different racial and ethnic groups?
3. What coping strategies and tradeoffs do food secure households make and what are the health consequences of these coping strategies. How does this differ by race and ethnicity?
4. How do hunger and health challenges affect multi-generational households of color?

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For the purposes of this brief, Black will be used to refer to American black persons of African descent.

References


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Feeding America is a nationwide network of food banks that feeds more than 40 million people through food pantries and meal programs in communities across America and leads the nation in the fight against hunger.