

DHS Testimony

National Commission on Hunger Public Hearing

May 19, 2015

Introduction

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Overview of Agency Experience with Hunger Issues

As a state agency that addresses many social service needs, one of the primary responsibilities of the Department of Human Services is to provide services to some of our state's most vulnerable citizens ranging from early childhood services to needed services for some our state's elderly population.

These services includes an array of services ranging from educational services to direct care services to ensure the best quality of life possible is achieved.

One area of service provided for many of the individuals we serve is ensuring individuals have their basic food needs addressed.

According to a January 2015 article in Public Health Nutrition¹, food insecurities within households are associated with:

- Added stresses that may result in potential abuse and neglect that could impact child welfare and juvenile justice systems
- Poor school performance and educational achievements
- Social isolation
- Poor mental and physical health
- Poor job performance
- Poor child development

Adding these issues to the challenges Arkansas already faces in terms of our overall poor health status, only magnifies the effects hunger and food insecurities have on health outcomes and overall well-being.

While many people are aware of our agency's efforts in improving health outcomes and service provisions for individuals with medical, behavioral health, and developmental needs, there are several targeted efforts to help address hunger and food insecurity issues with early childhood, low-income families, and aging populations.

It is important to note that for individuals to receive optimal benefits from the services provided by our various programs, addressing their basic food security is vital to ensuring positive outcomes in areas health, early childhood, and rehabilitative services.

Here are a few facts highlight the reasons why addressing hunger and food insecurities for the residents of our state are a priority for our agency:

- Approximately 19.7% of people in our state have incomes below the poverty level which is \$23,834 for a family of four, ranking our state 48th amongst states for residents living below the federal poverty level.
- Approximately 28.6% of children under the age of 18 are in families with incomes below the poverty level resulting in Arkansas ranking 49th amongst all states.
- 21.2% of Arkansas households reported experiencing difficulty providing enough food for their families due to a lack of money or resources which ranks Arkansas 51st amongst states in the area of hunger and food insecurity³
- According to our Division of Aging and Adult Services 2014 Senior Hunger in Arkansas Report⁴,
 - Approximately 40% of Arkansans aged 60 or older, totaling more than 240,000 people, are living with food insecurity and

- Arkansas has the highest percentage in the nation of seniors who are at risk of hunger

Based on poverty levels experienced by many families here in Arkansas, many struggle to provide sufficient food for themselves and their children and no one should have to worry if their children will have enough to eat to help them grow and develop appropriately.

Similarly, our elderly citizens should not have to decide between spending money on needed medications or being able to purchase the food they need.

So what are we doing at DHS to address the issue?

To detail our direct engagement in the area of providing services and programs to address these needs, I would like to share some specific information relevant for today's hearing.

DCCECE

- The DHS Division of Child Care and Early Childhood Education attempts ensure that all Arkansas children and families have access to a safe, high-quality, developmentally appropriate and nurturing learning environment and provides trainings to assist parents, child care providers, and communities to prepare our youngest Arkansas citizens for future success.
- The division oversees the Child and Adult Care Food Program that provides reimbursement to licensed non-residential daycare services for both early childhood and adult daycare programs. In Fiscal Year 2013, over 24 million free and reduced meals were provided through this program.
- Additionally, the division administers a federally funded program to ensure children in need of meals can receive them even during the summer months. For Fiscal Year 2013, an estimated 78,000 children receive 2.5 million meals during

the summer. For many families, these summer meals makes a difference in helping some our youngest citizens receive needed nutrition for appropriate development and well-being.

Over the past few years, the Summer Food Program has expanded to provide services to more children in need.

- In 2012 the division had a approximately 326 Summer Food Service Program sites and in 2013 and 2014 the number of sites increased to 650 and 1,300 sites respectively.

That means that in 2014 a total of over 4.5 million meals were served through the Summer Food Service Program. The estimated economic impact to Arkansas counties in 2014 was about \$11 million dollars representing an approximate 10% growth over 2013.

One of the division's greatest achievements is partnering with Arkansas Children's Hospital to participate as a Summer Food Service Program and At-Risk sponsor. The hospital serving free meals to children 0-18 year olds five days a week form 10AM- 5PM year round. According to ACH there are about 1200-1500 kids that come to the hospital Monday – Friday to see a clinic or out-patient physician totaling around 30,000 children a month.

What do these efforts mean on a personal level?

The division shared a story of a grandmother of 6 children who called to thank us for our efforts in working with ACH to serve free meals to kids. She has a grandchild with serve disabilities who is in and out of the hospital for multiple doctor appointments. She shared how she has to take all 6 of her grandkids, all under 8 years old, to the appointments and that many times, it turned out to be an all-day event. She stated "It's nice to know that she can get all her kids at least one good meal a day, while they are waiting at the hospital".

There are many other stories of parents who explain how they have to put their last few dollars in the car for gas to make it to needed medical appointments at the hospital and pray that they can provide something for their children to eat while they are there.

For many of us, this is not a choice we have to make and for many families the ACH USDA Summer Food Service Program or At-Risk Free Meal Program allows them to not have to make this difficult decision either.

DCO

- Our DHS Division of County Operations administers several programs to help individuals and families address hunger and food insecurity issues. In partnership with the federal government, this division administers the Supplemental Nutrition Assistance Program or SNAP program.

SNAP, formerly known as the Food Stamp Program, is an important resource to help low-income families by providing food assistance to eligible households to cover a portion of a household's food budget. A household's SNAP benefit is based on their income and expenses, including rent, utilities, and child care expenses. In addition to food assistance, the program provides SNAP recipients with nutrition education, employment and training, and work experience in some cases.

DHS and our community-based partners continue to attempt to connect underserved, low-income Arkansans to the Supplemental Nutrition Assistance Program. For Fiscal Year 2013, our DHS Division of County Operations assisted 696,343 people in receiving SNAP benefits.

In our state, nearly 1 in 4 seniors aged 60 and older are marginally food insecure and according to Arkansas Hunger Alliance:

- 33% of Arkansans who are receiving SNAP benefits are in families with an elderly or disabled member in the home. Arkansas ranks #1 in the nation in

senior food insecurity. That means seniors are often forced to choose between medication and a meal.

- 45% of SNAP participants in Arkansas are children. With more than 1 in 4 Arkansas children living below the poverty line, we are risking the educational, developmental, healthcare and labor future of our state. Children must have nutritious food at school and at home if they are to not just survive, but thrive.
- 41% of Arkansans receiving SNAP benefits are in working families. The ability to earn an adequate living wage should not only be correlated to having adequate resources to buy food, but also having the knowledge to know the appropriate types of nutritional food items to purchase to promote healthy outcomes.

For this Federal Fiscal Year, DHS is building on best practices that were developed in previous years. These include:

- Continuing to strengthen the state agency partnership with the Arkansas Hunger Relief Alliance and its network of charitable food providers.
- Building on the success of reaching food insecure households at commodity distribution sites across Arkansas.
- Offering case management assistance to already-enrolled households during events typically designed for initial application assistance. Events for Low-income households already participating in SNAP clients are able to share questions, request recertification help, and complete change reports. For example, older households and those with members living with disabilities can work with volunteers to claim eligible medical expenses to receive the standard medical deduction.

- Identifying organizations interested in training their own staff and volunteers to conduct SNAP outreach as a part of routine, daily activities.
- Offering SNAP information to Veteran's Administration case workers and offering application assistance to VA clients receiving treatment.
- Reaching low-income citizens at Volunteer Income Tax Assistance and Earned Income Tax Credit sites.

Additional activities also include:

- Reaching the underserved senior population that think applying for SNAP is not worth the time, and educating them on what the extra \$15-\$20 may mean to them. DHS participated and presented at the Arkansas Senior Hunger Summit in October 2014 which is a collaborative effort of senior advocates, health care specialists, hunger relief advocates and state government to formulate strategies to ensure seniors better access to healthy food.
- DCO also provide a senior focused information pamphlet, "It's a SNAP", to all counties for distribution in statewide DCO field offices.
- DCO also works directly with our contracted partner, The Arkansas Hunger Relief Alliance, to research, and identify low participation counties for seniors and plan strategic initiatives to increase participation in targeted counties.

DHS is also improving communications to working families about making healthier choices in the foods they buy, and how to prepare meals that stretch the grocery budget, and informing them about new retailers such as seasonal Farmers Markets. .

- Additionally, DCO's Commodity Distribution and Emergency Food Program provides USDA-donated food to needy and unemployed people through school lunch programs, charitable and correctional institutions, child feeding programs, disaster organizations, soup kitchens and food banks.

In Fiscal Year 2013 more than 23.7 million pounds of food was provided through this program's efforts.

DAAS

- Lastly, our Division of Aging and Adult Services assists elderly individuals and their families in receiving services in a home and community-based setting.

Food insecurity can be the result of a variety of factors, for seniors, food insecurity is primarily caused by:

- Financial hardship
- Lack of transportation
- Residing in an area where there are few food stores
- and mobility limitations

While the effects of food insecurity for seniors are similar in some ways to other age groups, the primary impact for the elderly population is them possibly having to trade off access to medical care due to having to make difficult decisions between buying food and obtaining other important items like medication or medical treatment.

This issue is vitally important to this population specifically due to the fact that proper nutrition can help individuals stay longer in their home and community-based setting. So addressing food security issues results in better socialization and budgetary outcomes for this population.

Another impact to seniors who face food insecurity is the possible deterioration of their chronic conditions. According to the Centers for Disease Control, about 20% of Arkansans aged 65 years old and older have been diagnosed with having diabetes and

a poor quality diet can result in diabetes complications of kidney failure, heart disease, and stroke⁶.

- In partnership with providers throughout the state, the Division of Aging and Adult Services administers food-focused services to eligible seniors:

1. Congregate Meals is a service that provides meals in a congregate or group setting to qualified individuals age 60 or over. Spouses are also eligible. Meals may also be available to individuals with disabilities who are under age 60, but who reside in housing facilities occupied primarily by older individuals where congregate nutrition services are provided.

Meals that are served in a group setting such as a senior center or elderly housing facility are not only important to providing needed nutrition, but are also associated with activities that promote social interaction and reduce social isolation.

2. Home-Delivered Meals is a service provided to qualified individuals age 60 or over in his or her place of residence. Spouses are also eligible for this service as well.

For both services, the meals served must meet all of the requirements of the Older Americans Act as well as state and local laws.

What that means for seniors is that for Fiscal Year 2013, our DHS Division of Aging and Adult Services assisted approximately 24,000 senior Arkansans in receiving congregate meal service for a total of approximately 1.5 million meals.

Similarly, approximately 15,000 Arkansas seniors received a total of 2.1 home-delivered meals.

It is important to highlight the fact that the ability for senior centers to continue to provide meals to seniors may decline due to decreases in the federal subsidies that fund home-delivered and congregate meal programs. Over the past several years, senior center funding from the Older American Act Meal Program for these programs have been reduced by about 11%.

- Many stories have been shared from around the state on how home-delivered meals have impacts the lives of seniors we serve.

One of our volunteers shared how after ring the doorbell at a senior's home to deliver a meal, no one answered the door. Instead of walking away, he checked the back door, as he knew it was unusual for the client not to be home at this time of day. The volunteer walked around to the back and heard the client calling out for help after he had knocked on the door. The client had fallen earlier that morning and was unable to reach the phone. The volunteer called 911 for her and called our office so we were able to call her emergency contact to notify them of the situation. As she was taken away for medical treatment, she told him, "I knew you'd be there." In this case, the service was more than just a meal.

There are other examples of homebound seniors that because of Meals on Wheels have a better quality of life and in the words of one senior couple, "could not stay at home without them."

Recommendations

To continue these efforts and improve the effectiveness of these programs, the following recommendations will be explored:

1. Implement evidence-based practices to reduce low food security and develop strategies or benchmarks to measure program effectiveness of DHS administered programs like SNAP and Medicaid to correlate program benefits to outcomes. For example:

- a. Utilize data to describe the effects of education and training programs on long-term economic stability of SNAP participants.
 - b. Utilize data to measure the relationship between food insecurity and diabetes prevalence and diabetes management in Arkansas Medicaid population
2. Empower households to increase financial capabilities by improving educational and outreach efforts to households served through programs like the SNAP program.

Part of responsibility is to help people move up the economic ladder by strengthening resources available for education and training and focus the specific causes of individuals being in situations that result in hunger and food insecurities like better education or acquire better skills through training programs.
3. Strengthen program accountability and review process to make sure limited resources and funding are being utilized in a manner that makes the greatest impact to those in greatest need.
4. Support increasing federal funding levels for various programs like congregate meals and home-delivered meal services as these services are also important to socialization and having an extra set of eyes to ensure seniors are doing well in in their home and community-based environments.

Closing Remarks:

DHS would like to acknowledge appreciation to the commission for your efforts and for allowing time for our organization to provide information on our efforts in addressing hunger and food insecurity issues. We would like to continue working with the commission to receive future guidance on how our efforts can be improved to better serve the people of Arkansas through our efforts in improving food security in our state.

Sources

¹Public Health Nutrition (2015) - doi: 10.1017/S1368980014003036
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²US Census Bureau - <http://quickfacts.census.gov/qfd/states/05000.html>

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⁴Talk Poverty.org - 2014 Indicators by State - <http://talkpoverty.org/state-year-report/arkansas-2014-report/>

⁵Arkansas Department of Health 2013 Statistical Report - <http://humanservices.arkansas.gov/BB2EA0B7-7C4C-48F1-9E47-1098EBC52F79/FinalDownload/DownloadId-A7F4B4481C108387888A50A955A4DAAA/BB2EA0B7-7C4C-48F1-9E47-1098EBC52F79/AnnualStatisticalReports/ASR%20Final%20Report%202013.pdf>

⁶Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System, 2012*. Retrieved May 14, 2015, from <http://www.cdc.gov/brfss/>