Whereas, In 2004, food banks and pantries served over 960 million pounds of food to over 19 million food-insecure Americans; and

Whereas, By 2011, the total amount of food distributed skyrocketed to an excess of 2 billion pounds serving over 25 million food-insecure Americans; and

Whereas, The US Department of Agriculture reported the percentage of food-insecure American households at 14.5 percent in 2012, 14.3 percent in 2013, and 14.0 percent in 2014; and

Whereas, Food banks and pantries are increasingly shifting their focus from addressing emergent cases of food shortage towards serving chronic food insecurity as an increasing number of clients are coming to rely on food banks and pantries as their sole source of food; and

Whereas, Food-insecure households tend to experience outstanding unmet health needs and inequities in access to healthcare services; and

Whereas, 47.4 percent of food bank clients are uninsured in contrast to a national average uninsured rate of 13 percent; and

Whereas, 62.8 percent of clients had between one to eight unmet referral needs and 34.4 percent of clients had not seen a healthcare provider within the past 12 months; and

Whereas, 37.9 percent of food bank clients either have prehypertension in contrast to an estimated national prevalence of 28 percent and 31.9 percent of food bank clients have hypertension in contrast to an estimated national prevalence of approximately 30 percent; and

Whereas, The increasing number of Americans consistently utilizing food banks, pantries, and other emergency food distributors as their major food source highlights a need for transitioning from a system that emphasizes sufficient caloric intake to one that promotes satisfying daily nutritional needs; and

Whereas, Food bank and pantry inventories are significantly impacted by cost-effectiveness considerations and consequently, are pressed economically to stock food items that last longer and provide more meals which often also happen to be calorically rich and nutritionally poor; and
Whereas, Food-insecure individuals often face great difficulty in meeting the Recommended Daily Allowances of certain vital nutrients and as a result, they are at significantly higher risk for nutritional deficits that are subsequently linked with immunosuppression, increased rates of infection, and altered cognition and mental performance\(^2,8,15,17,19,20,21,22,23\); and

Whereas, Prior studies identified several barriers to healthy eating pervasive across underserved communities which include lack of knowledge on what to cook, absence of suitable ingredients, limited time, and exhaustion after work\(^24\); and

Whereas, Food banks often lack sufficient staff trained in nutrition to advise and educate volunteers and clients alike on food selections that optimize both nutritional value and shopper satisfaction. In instances where proper nutritional guidance was provided, either through passive or active means, it yielded demonstrable value in helping clients better identify healthier food options\(^9,25\); and

Whereas, Studies demonstrated food banks that proactively instituted interventions for chronic disease clients such as distributing diabetes-suitable foods, providing blood sugar monitoring, primary care referrals, and self-management resources saw improved glycemic control, increased nutrient-rich food intake, as well as enhanced self-efficacy\(^18,26\); and

Whereas, Food banks are ideally positioned to positively impact the health of local community members through initiatives such as opting to reduce or cease distribution of nutrient-poor products, yet they are often stymied by obstacles including fear of reporting reduced total food distribution numbers, lack of existing structure to determine what foods to keep offering, and the potential for endangering their relationships with donors, community partners, and corporate entities\(^27\); and

Whereas, The country’s food bank network, which has a significant presence in underserved communities, tends to serve the same clients repeatedly. As an entity that has privileged access to the procurement and distribution of food, it is poised to serve as society’s new health sentry for the underserved\(^16\); therefore be it

RESOLVED, That our American Medical Association advocate for programs that incentivize and provide resources for food banks and pantries to design and institute translatable nutrient-driven food distribution methodologies, initiatives that promote sustainable sourcing of healthier food options, and dissemination of user-friendly resources and education on healthier eating. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 05/11/17

RELEVANTAMA POLICY

National Nutritional Guidelines for Food Banks and Pantries H-150.930
Our AMA supports of the use of existing national nutritional guidelines for food banks and food pantries.
Res. 413, A-14

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11 Johnson SR. Hunger as a health issue. Food insecurity adds to health systems’ costs; October summit seeks solutions. Mod Healthc. 2013;43(39):.