ADDRESSING FOOD INSECURITY AND IMPROVING HEALTHY FOOD ACCESS IN RURAL COMMUNITIES

C. Suzette McClellan, MPH, MCHES- SC DHEC Pee Dee Region
Regina L. Nesmith, MS - SC DHEC Pee Dee Region
Nicholas Julian, BAPSY, CCLC – United Way of Kershaw County
FOOD INSECURITY AND FOOD ACCESS BY DEFINITION AND DATA

C. Suzette McClellan, MPH, MCHES
Community Systems Director, SCDHEC - Pee Dee Region
FOOD ACCESS BY THE DICTIONARY
• Food Insecurity
• Food Desert
• Poverty
• Obesity
• Hunger
• Food Inequity
WHAT IS FOOD INSECURITY?

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life.
High Food Security
Households had no problems, or anxiety about, consistently accessing adequate food

Marginal Food Security
Households had problems or anxiety at times about accessing adequate food, but the quality, variety, and quantity of their food were not substantially reduced

Low Food Security
Households reduced the quality, variety, and desirability of their diets, but the quantity of food intake and normal eating patterns were not substantially disrupted

Very Low Food Security
At times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money or other resources for food.

Source: Adapted from the USDA Economic Research Service.
The U.S. Department of Agriculture (USDA) defines a food desert as a part of the country vapid of fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas. This is largely due to a lack of grocery stores, farmers’ markets, and healthy food providers.
Food Deserts

Food Desert 2017
Food Desert 2015

Low Income and Low Access Map at .5 and 10 miles: Low income census tracts where a significant number of residents are more than .5 mile (urban) or 10 miles (rural) from the nearest supermarket or grocery store.

Data Sources: USDA Economic Research Service
2015 South Carolina Fruit and Vegetable Outlet Inventory.

Map by: Division of Chronic Disease Epidemiology, 2/28/2016
WHAT IS.....?

• **Poverty** - a condition where people’s basic needs for food, clothing and shelter are not being met

• **Obesity** - abnormal or excessive fat accumulation in the body that presents a risk to health

• **Food Inequity** - unequal or inconsistent access to food among different populations due to limited financial and/or other resources

• **Hunger** - a physiological state; a personal, physical sensation of discomfort
FOOD ACCESS BY THE NUMBERS

Food Insecurity Data for
Kershaw
Lee
Williamsburg
Counties
## Kershaw County

### Food Insecure People – 8,470

<table>
<thead>
<tr>
<th>Food Insecurity Rate</th>
<th>Estimated Program Eligibility</th>
<th>Average Meal Cost</th>
<th>Additional Money Required to Meet Food Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.5%</td>
<td><strong>20%</strong> Above Other Nutrition Program threshold of 185% poverty</td>
<td>$2.98</td>
<td>$4,529,000</td>
</tr>
<tr>
<td></td>
<td><strong>22%</strong> Between 130-185% poverty</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>58%</strong> Below SNAP threshold 130% poverty</td>
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</tbody>
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Information from Feeding America: http://map.feedingamerica.org
### Lee County

**Food Insecure People:** 4,280

<table>
<thead>
<tr>
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<th>Average Meal Cost</th>
<th>Additional Money Required to Meet Food Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>23.2%</strong></td>
<td></td>
<td><strong>$2.77</strong></td>
<td><strong>$2,125,000</strong></td>
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<tr>
<td></td>
<td><strong>16% Above Other Nutrition Program threshold of 185% Poverty</strong></td>
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<td></td>
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<tr>
<td></td>
<td><strong>23% Between 130% - 185% Poverty</strong></td>
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<tr>
<td></td>
<td><strong>61% Below SNAP threshold 130% Poverty</strong></td>
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Information from Feeding America: [http://map.feedingamerica.org](http://map.feedingamerica.org)
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<tr>
<td>24.2%</td>
<td>13% Above Other Nutrition Program threshold of 185% Poverty</td>
<td>$2.73</td>
<td>$3,933,000</td>
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<tr>
<td></td>
<td>27% Between 130% - 185% Poverty</td>
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<td></td>
</tr>
<tr>
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STRATEGIES TO REDUCE FOOD INSECURITY AND INEQUALITY

• Build Community Capacity and Impact – Use of Community Influencers (working with local partnerships to address health issues)

• Increase Access to Healthy Local Foods through Farmers’ Markets

• Increase Access by Taking Food to the Community through a Mobile Nutrition Center
C. Suzette McClellan, MPH, MCHES
803-983-9092
mcclelcs@dhec.sc.gov
BUILDING COMMUNITY CAPACITY AND IMPACT - USE OF COMMUNITY INFLUENCERS

INCREASE ACCESS TO HEALTHY LOCAL FOODS THROUGH FARMERS’ MARKETS

Regina L. Nesmith, MS
Community Health Educator, SCDHEC - Pee Dee Region
Community Food Security

In rural areas, access to food may be restricted by a lack of economic resources or other factors, such as transportation challenges. Over time, food insecurity can negatively affect learning, development, productivity, physical and mental health, and family life.
Coalitions help create the conditions for change ......

• Build Trust
• Create and hold space for collaboration
• Help build support
• Identify food insecurity realities
• Launch Projects
• Elevate Voices
• Focus Attention
• Set Priorities
• Build long-term impacts
• Drive policy change
Project Goals:

- Increase the number of healthy food outlets in Lee County.
- Improve health outcomes for residents living with Lee County.
- Create resources for access to healthy foods for persons living in rural communities.
Lee County Farm and Garden Committee
Mrs. Ruby Gibbs-Williams, Chair

Lee County Farm and Garden Market
Mr. George Roberts, Market Manager
Lee County Farm and Garden Market Facebook Page
Ms. Cassandra Williams Rush and her father Mr. David Williams, Owner and Operator of Williams Farm and Vineyard in Nesmith, SC.
Williamsburg County Farmers Market Planning Workgroup

- Williams Farm and Vineyard - Cassandra Williams Rush
- SC State 1890 Extension - DJ Johnson
- Williamsburg County Government - Carleatha Nesmith
- SC DHEC - Williamsburg Co. Health Department - Regina L. Nesmith
- Lanes Community Representative - Naomi Gamble
USDA Farmers Market Promotion Program Grant

Williamsburg County was awarded a $99,959.00 grant from USDA for the Farmers Market Promotion Program (FMPP).

The goals of the FMPP grant is to:
- increase domestic consumption of, and access to, locally and regionally produced agriculture products, and
- to develop new market opportunities for farm and ranch operations serving local markets by developing, improving, expanding, and providing outreach, training, and technical assistance to, or assisting in the development, improvement, and expansion of, domestic farmers markets, roadside stands, community-supported agriculture programs, Agitourism activities, and other direct producer-to-consumer market opportunities.”
Williamsburg County Farmers’ Market
Kingstree (Train Depot)
Williamsburg County Farmers’ Market
Hemingway
(Chavis One-Stop Community Center)
Williamsburg County Farmers' Market
Greeleyville
(Pearl Wyack Recreation Center)
Regina L. Nesmith, MS  
843-355-6012  
nesmitr@dhec.sc.gov
INCREASE ACCESS BY TAKING FOOD TO THE COMMUNITY THROUGH A MOBILE NUTRITION CENTER

Nicholas Julian, BAPSY, CCLC
Director of Support Services- United Way of Kershaw County
Nicholas Julian, BAPSY, CCLC
Director of Support Services
United Way of Kershaw County
ROUND 1

why:
POVERTY

16.8% Poverty Rate
- US Census Bureau -

Approximately 10,500 residents receive SNAP benefits
- Kershaw County DSS -

6,175 of our School Children Need Free or Reduced Lunches
- Kershaw County School District Office -

58% !
Persistent Poverty:

20% or more of their populations were living in poverty over the last 30 years.

South Region

“... 51.2% of the nonmetro poor lived in this region”
1/3 of all Residents Live Beyond 1 mile of Food Access

3,000 Low Income Residents Do Not Have a Vehicle and

30% Have 1 Vehicle per Household
One common behavioral risk factor that contributes to some of the leading causes of death is the low consumption of fruits and vegetables.

The prevalence of these risk factors from the 2013 South Carolina Behavioral Risk Factor Surveillance System (BRFSS) survey indicated:

- **68.5% Obesity Rate**
- **43% High Cholesterol**

LiveWell Kershaw Indicated that Kershaw County had a 3% higher prevalence of diabetes and 5% higher prevalence of hypertension than the state average in 2013.
ROUND 2 
:what:
LOW INCOME

SNAP Recipients & Self Disclosed Hardship
30-40lbs of food to include meats and produce
1x a month – 3rd/4th week
Hardship Declaration 3x Annually

Partner Agencies
Council on Aging
Boys and Girls Club
Mental Health of SC
Soup Kitchens

LOW ACCESS

Rural areas
Food deserts

EDUCATION

Nutrition
Education materials and classes
MONTHLY AVERAGE

• Approx. 120 families served

• Over 4,000 lbs of food to families
• Over 1,000 lbs of food to other agencies

• 3 Distribution Sites
Where We Started
1) Food quantities established by pre-registration plus 10%

2) Crates built by number in family
   
   • # in household x # of item allowed = quantity
   
   (ex: 80 x 4 cans of veggies = 320 cans / 32 cans per crate = 10 crates

3) Crates are placed on a pallet, weighed and loaded into the truck.

4) Deliver to the distribution site where a team of volunteers are ready to unload and set up the food.

5) Volunteers sign in / register clients and then they proceed to the food distribution.
Client Intake

Qualifiers:

1) Receiving a federal or state social benefit based on income or disability.

2) At/below federal poverty guideline.

3) A resident within 10 miles of the distribution site.

4) Self declaring hardship – If does not meet other criteria client is able to declare a need without subsequent proof up to 3x annually.
Purchase from local wholesalers and resell below retail.

Example: 2 whole chickens, 1lb smoked sausage, 1lb ground beef, 3lbs ground turkey for $20.

“Healthy Bucks” provides $20 of produce for $10.

Customers use EBT/SNAP
ROUND 3

how:
1) Establish who (what need) your serving
2) Develop an idea and put together a collaboration team
3) Determine what you are providing
4) Partner with where your serving
5) Build a budget/establish funding sources
6) Develop a synergy team
7) Last but not least ….

MAKE IT HAPPEN!
South East Low Access Areas

**FIRST TARGET**

Low Income vs Low Access vs Community Resources
• Established partnerships with local churches to be distribution sites.

• The MNC provides guidelines, inventory and support.

• Each distribution site sets their day/time and is responsible for their volunteers.
COMING TO THE TABLE

• Other agencies serving the same area and/or same need (other pantries, coalitions, non profits)

• Local governments (County, City, Townships)

• Civic Groups (Rotary, Lions Club, Boy/Girl Scouts)

• State agencies with support opportunity (DHEC Cooking Matters, Extension Office, Master Gardner's)
Collaboration is defined as “to work jointly with others or together, especially in an intellectual endeavor” – Merriam Webster
Syn-er-gy [sin-er-jee]

“the cooperative working together of two or more people or organizations, when their combined effect is greater than the sum of their individual efforts.”
FORMING YOUR TEAMS

Collaboration Team
- Use Cross Disciplinary
- People the Project Affects
- Other Department Peers
- Opposing Views

Synergy Team
- Like Minded
- Cross Disciplinary
- “The Doers” and “Get it Done’ers”
Collaboration Team
Evaluate the Why,
Identify the What,
Project a When,
Identify the Who

SYNERGY TEAM
They strategize a response to the Why,
Implement the What,
Determine the When and they are the Who.

Facilitator
KEYS TO SYNERGY

• **COMMON “VVG”** (vision, values, goals)
  - Start at the end
  - Clear goals, matched roles

• **LEADERSHIP / FOLLOWERSHIP**
  - Willingness (both leader and follower)
  - Empowerment through delegation

• **TRUST / RESPECT**
  - Working for cause not agenda
  - Abilities of the team (follow through)
HUNGER WARRIORS

nicholasjulian@uwkc.net
803-432-0951