



Food Insecurity
describes a household's
inability to provide
consistent access to
enough food for every

person to live an active, healthy life.

Hunger refers to a personal, physical sensation of discomfort, while food insecurity refers to a lack of available financial resources for food at the household level.

How do you measure food insecurity? Ask the following:

- Do you experience reduced food intake?
- Do you experience disrupted eating patterns?
- Do you have a lack of quality, variety, or desirability of your diet?

The underlying causes of food insecurity include poverty, unemployment or under-employment and inconsistent access to enough healthy food.



Making a healthy choice is a responsibility that is often placed solely on the individual. It is important to acknowledge each factor that goes into a choice, as many of our choices are influenced by forces outside of our control – such as market forces or biological forces.

Here is an example to illustrate market forces: there are thousands of rice varieties to choose from. They come in many different sizes, colors, and flavor profiles. Many people are unaware of this diversity because the abundance of options have never been presented. At a standard grocery store, there are often only two kinds of rice: white and brown, with some variation between long and short grain. The options for us to choose from are determined by what the grocer chooses to sell.

Broadly, the choices we make are impacted by the availability, accessibility, knowledge of, and familiarity with our options. One cannot make a healthier, more nutritious choice when it is not there to begin with. Just because there are many possibilities does not mean they are all within reach or even known.

People will not choose what is not available, what is not affordable, and what does not appeal to their senses.

Mental (knowledge), emotional (comfort or pleasure), and technical (cooking skills or cooking appliances) barriers are just as compelling as financial ones.

by Taylor Burch

Taste, dietary preferences or limitations, familiarity with food, and cultural context are the things people value most about food. This set of preferences is one reason why diets aimed at weight loss fail so often: people don't enjoy the food they feel they have to eat—it doesn't taste good to them. Healthy foods are important, yet just as important are foods that taste good. Add to this the biological drive to crave foods high in sugar, salt, and fat - our bodies evolved to crave these ingredients rarely found in a hunter/gatherer diet, but commonplace in ultra processed meals.

If the consumer is eating "healthy" food that they don't find enjoyable, they will eventually go back to foods that they do enjoy, regardless of the nutritive value. In this way, the cycle of poor health persists.

## ACCESS TO HEALTHY EATING ISN'T JUST ABOUT FOOD



### **TIME**



Meal planning and preparation takes time.

Recipes have to be researched, ingredients have to be purchased at the farmers market or the grocery store, and the meal has to be cooked. People who work multiple jobs, who raise children, and who are otherwise busy with managing their lives and households may not have this luxury of time.



## KNOWLEDGE AND SKILL



"But I'm not a good cook!"

Encouraging people to prepare foods at home is assuming that they have the knowledge and skill to do so. Learning to cook takes time, tools, a teacher, and a desire to learn. This may not be within everyone's reach.

## FRESH INGREDIENTS



Fresh food is good. Local food is better.

Fresh, whole foods grown far away are a step in the right direction, but they aren't the highest and best food items. These foods are mostly harvested prior to being fully ripe, which means that they lack the full spectrum of nutrients that a ripe-harvested food contains. Fresh, local foods are harvested at peak ripeness, and almost never shipped more than a few miles.



# INEQUITABLE FOOD ACCESS TIPS THE SCALES

The foundation of any healthy diet is based on whole foods, with plenty of fresh fruits and vegetables. Meals based on whole foods can be expensive, and take skill and time to prepare. For the sake of savings, both of time and money, a diet based on processed foods, shelf-stable foods, and drive-thru foods has become the American norm.

It is a common, unconscious belief that one cannot be both overweight and food insecure. The assumption is that if someone weighs a lot, they must eat a lot, and they must have more than enough food. While this may be true in some cases, food insecurity can lead to a diet of the most affordable and filling foods - foods full of empty calories, high in fats, and high in sugars. Food insecurity leads to vulnerability to a diet that satisfies immediate hunger but that leads to long-term nutrition shortages and negative health impacts.

Diet-related health issues are equally pervasive among all socioeconomic classes. The main difference across income levels is the ability to choose a healthy or unhealthy diet. People who are food insecure or low income often simply cannot afford to consistently eat healthy.

# EATING FOR OUR LIVES

Diet-related diseases top the list for leading causes of death in Rutherford County.



#### CHRONIC DIET-RELATED DISEASE

Changes in diet over the past few decades, with decreased consumption of fruits, vegetables, whole grains, and fish, and increased consumption of processed and refined foods, have been credited with contributing to the increased prevalence of chronic diseases.

The leading causes of death in Rutherford County that are diet-related or diet-influenced are as follows:

Heart disease (#1); cancer (#2); COPD (#3); and diabetes (#6.) A poor diet has also been understood to have connections to alzhiemers (#7) and suicide (#8.)

2018 Rutherford County Community Health Assessment

## HEALTH STATISTICS IN RUTHERFORD COUNTY

| Heart Disease          | 11.2% |
|------------------------|-------|
| Stroke                 | 3.4%  |
| High Blood Pressure    | 45.1% |
| High Blood Cholesterol | 42.7% |
| Diabetes               | 20.3% |
| Borderline or pre-     | 8.8%  |
| diabetes               |       |

2018 Rutherford County Community Health Assessment

Unhealthy eating in the United States poses a major threat to the nation's health and economy. According to the National Institute of Health:

"The major cardiometabolic diseases—heart disease, stroke, and type 2 diabetes—pose substantial health and economic burdens on society. Nearly half of all the deaths in the United States in 2012 that were caused by cardiometabolic diseases were associated with suboptimal eating habits. Of 702,308 adult deaths due to heart disease, stroke, and type 2 diabetes, 318,656 (45%) were associated with inadequate consumption of certain foods and nutrients widely considered vital for healthy living, and overconsumption of other foods that are not."

https://www.nih.gov/news-events/nih-research-matters/how-dietary-factors-influence-disease-risk

"Healthy citizens are the greatest asset any country could have."

- Winston Churchill