

One in eight people - and 16 percent of children under 18 - in the Kansas City metropolitan area are food insecure,¹ or “unable, at times, to acquire adequate food for one or more household members because they had insufficient money and other resources for food. Compare that to 10 percent of all U.S. households.²

The first Food Stamp Program (FSP) operationalized in 1939, created “relief” by permitting people to buy orange stamps equal to their normal food expenditures.³ In 1964, the Food Stamp Act was passed, permanently legislating food assistance into existence and in 2008, to fight stigma, the law changed the name of the federal program to the Supplemental Nutrition Assistance Program (SNAP), as it is known today. Presently, to qualify for SNAP under federal rules, a household’s income and resources must meet three tests,⁴ most notably gross monthly income must be at or below 130 percent of the poverty line. For a family of four in Missouri, that is equivalent to \$36,084 per year.⁵ In Missouri, 658,000 residents (11 percent of the population) participate in the program⁶ and 69 percent of those are in families with children.

Importantly, food security is not interchangeable with nutrition security, or having consistent access, availability, and affordability of food that promotes well-being and prevents or treats disease if necessary.⁷ Diet-related deaths outrank deaths from smoking, and about half of U.S. deaths from heart disease - or nearly 900 deaths each day - are linked to poor diet.⁸ SNAP participants are still more likely to die due to diet-related illnesses,⁹ and incredibly, SNAP participants are three times more likely to die from diabetes than the general population. Kansas and Missouri are not immune to this problematic reality.

Safety net programs, like SNAP, are critical. And yet not enough has been done to solve the dual problem of food insecurity and diet-related disease. Hunger will not be fixed by feeding people cheap, high-calorie, processed foods. It is important to consider the difference between conquering hunger (a reactive response) and improving accessibility to nutritious food, which promotes health (both preventive and responsive).

In 2023, the monthly SNAP benefit for a household of four in Missouri is \$835.¹⁰ Staggeringly, the average cost of groceries in Missouri for a family of four - assuming a nutritionally adequate diet for two adults and two children where all food is bought at a grocery store and prepared at home - is \$1,251 per month or \$15,012 annually.¹¹ To complicate the math further, if that same family has a household member that requires access to high quality, nutritious food to prevent or treat a diet-related medical condition, the grocery bill increases \$1.80 per day with inflation, raising the family’s annual grocery costs to nearly \$15,657.¹² Now imagine the household requires a gluten-free diet because a member has celiac disease, the family should expect a grocery bill 183% more expensive than the “typical” family, exceeding \$20,000 annually.¹³

Since 2014, Food Equality Initiative (FEI) has enjoined tackling food insecurity with the food is medicine movement, or the belief that food plays a role in sustaining health, preventing disease, and as a therapy for those with conditions responsive to changes in diet.¹⁴ This belief is twofold. First, food is an important tool used to address medical conditions such as food allergies, celiac disease, diabetes, and other cardiometabolic diseases. Secondly, food can also prevent illness and improve overall health through the regular consumption of nutritious food (nutrition security). Since inception, more than 300 households have been nourished by FEI and permitted access to health and the dignity of choice.

To recognize the potential of food is medicine, Food Equality Initiative improves access to nourishing food and provides education and advocacy for traditionally underrepresented groups. Qualified households can receive subsidized direct-to-door delivery of nutritious food, on a monthly basis, with foods catered to address diverse dietary restrictions and needs. Educational resources, such as recipes and the organization’s “Free From” podcast, fortify understanding of leading a healthy life. Advocacy, like supporting and advancing aligned research projects and legislative agendas will drive systematic change. To do this work, Food Equality Initiative collaborates with healthcare providers, local and national nonprofit organizations, government agencies, universities, food manufacturers, and generous individual donors.

¹ After The Harvest. Retrieved from <https://aftertheharvestkc.org/our-impact/fighting-hunger/>

² Food Security Status of U.S. Households in 2021. Retrieved from <https://www.ers.usda.gov/webdocs/publications/104656/err-309.pdf>

³ A Short History of SNAP. Retrieved from <https://www.fns.usda.gov/snap/short-history-snap#1964>

⁴ A Quick Guide to SNAP Eligibility and Benefits. Retrieved from <https://www.cbpp.org/research/food-assistance/a-quick-guide-to-snap-eligibility-and-benefits>

⁵ Benefit Program Limit Chart. Retrieved from <https://mydss.mo.gov/media/pdf/benefit-program-limit-chart>

⁶ A Closer Look at Who Benefits from SNAP: State-by-State Fact Sheet. Retrieved from <https://www.cbpp.org/research/food-assistance/a-closer-look-at-who-benefits-from-snap-state-by-state-fact-sheets#Missouri>

⁷ Prioritizing Nutrition Security in the US. JAMA April 27, 2021 Volume 325, Number 16, Dariush Mozaffarian, MD, DrPH, Sheila Fleishchacker, PhD, JD, RD, José R. Andrés

⁸ The U.S. diet is deadly. Here are 7 ideas to get Americans eating healthier. Retrieved from <https://www.npr.org/sections/health-shots/2022/08/31/1120004717/the-us-diet-is-deadly-here-are-7-ideas-to-get-americans-eating-healthier>

⁹ Food Is Medicine: Key Facts. Retrieved from <https://nutrition.tufts.edu/sites/default/files/documents/FIM%20Infographic-Web.pdf>

¹⁰ Missouri Department of Social Services. Retrieved from <https://dss.mo.gov/press/08-24-2021-snap-benefits-in-october.htm>

¹¹ The Average Cost of Food in the US. Retrieved from <https://www.move.org/the-average-cost-of-food-in-the-us/>

¹² Rao et. al (2013) Do healthier foods and diet patterns cost more than less healthy options? A systematic review and meta-analysis.

¹³ Lee et. al (2019) Persistent Economic Burden of the Gluten Free Diet.

¹⁴ American Society for Nutrition (2022). Food as Medicine. Retrieved from nutrition.org/food-as-medicine



The annual economic burden of health care costs for cardiometabolic diseases, like diabetes, is \$50 billion in the United States.¹⁵ In contrast, if all patients in the United States with diet-related diseases received medically tailored meals, \$13.6 billion would be saved each year, with 1.6 million fewer hospitalizations per year. Reducing the economic burden by almost half by employing a food is medicine approach would be transformative - and that is only accounting for the financial, single generation effects.

In 2023, Food Equality Initiative will reach 40 or more households per month through its direct door-to-door food delivery service at a cost of \$300 per month per household. To qualify, households must (1) be diagnosed with a diet-treated illness / condition, (2) screen positively for food insecurity, and (3) reside in Jackson County (MO), Wyandotte County (KS), or Johnson County (KS). Greater than 80 percent of those households will agree, "with FEI, how I manage my diet-treated health condition is improved." With adequate investment, FEI is prepared to expand its scale, nourishing more households each month and accelerating impact.

¹⁵ Americans' poor diet drives \$50 billion a year in health care costs. Retrieved from <https://www.nhlbi.nih.gov/news/2019/americans-poor-diet-drives-50-billion-year-health-care-costs>