

Ohio Senate Finance Committee

June 15, 2017

Lisa Hamler-Fugitt, Executive Director, Ohio Association of Foodbanks

Good morning Chairman Oelslager, Vice Chair Manning, Ranking Minority Member Skindell and distinguished members of the Senate Finance Committee.

My name is Lisa Hamler-Fugitt, and I serve as the executive director of the Ohio Association of Foodbanks, Ohio's largest charitable response to hunger. I am here today representing Ohio's 12 foodbanks and **3,300 member food pantries, soup kitchens, homeless shelters and new in-demand site based distributions outlets. Over 70 percent of our charities are faith-based, and 6 in 10 are completely volunteer-driven, with no paid staff. Together 1 in 6 of our hungry and poor friends and neighbors, over 2 million Ohioans were served by our programs last year.**



We understand that this is a tight budget and that the Senate has very difficult decisions to make that are critical to Ohio's citizens and our state's future success. I am here today to publicly thank you for considering Ohio's foodbanks and our statewide network of emergency food providers as essential partners in our collective efforts to ensure that low-income Ohioans have the food they need to not just survive, but also to thrive. Thank you for the opportunity to testify today and for your generous support of an amendment to HB 49 that restores the \$500,000 per year funding the Ohio House redirected.

Who We Serve

54% of households we served had at least one working adult, yet the jobs they have do not pay enough to meet their basic needs and it's their budget for food that is often sacrificed to keep a roof over their heads and the lights on. In addition, nearly 2 in 3 households we served had a member in poor health and, of those, 62% include household members suffering from high blood pressure and 35% reported a household member with diabetes – both diet-related diseases.

Limited Choices in Accessing Healthy Food

More and more Ohioans, particularly older Ohioans standing in our food lines, are finding that their ability to access the food that they know is healthy, that they already know they should be eating, is limited.

Hunger and Health

Hunger is a symptom of poverty and hunger and health are directly linked. Just one example: Ohio is one of ten states identified as a "diabetes hot spot," meaning that we will bear the brunt of increases in diabetes, a *diet-related disease*. Diabetes will cost Ohio **\$19.8 billion** over the next 15 years.¹

Of those we serve:

- **449,115** were senior citizens
- **645,775** were children
- **62%** of the households we serve report a member with high blood pressure
- **59%** of the households report having unpaid medical bills
- **55%** of the households report having to choose between food and housing
- **16%** of the households we served reported they are responsible for the care of their grandchildren
- **One in four agencies** are already turning clients away
- **One in five** are reducing the amount of food they distribute in an effort to ration modest supplies

Hunger in Ohio, 2014,
Mathematica Policy Research, Inc.

¹ Institute for Alternative Futures. http://www.altfutures.org/pubs/diabetes2025/OHIO_Diabetes2025_Overall_BriefingPaper_2011.pdf
By 2025, the number of Ohioans living with diabetes will increase 44% in the next 15 years, from 1.46 million to over 2 million.

As decades of research have revealed, adverse health outcomes are directly related to hunger and food insecurity. Without adequate income, many Ohio children, seniors, and families do not receive sufficient nutrition because their families are forced to purchase low-cost food that is high in calories and low on nutrition. Expensive, chronic, debilitating health outcomes significantly affect poor² and minority³ communities as a result, which poses a tremendous financial threat to our economy and health care system.

An Ounce of Prevention is Worth a Pound of Cure

We can choose to invest in prevention or we can choose to invest in the treatment of incredibly expensive, diet-related diseases. It is far more cost-effective to invest in preventing hunger and increasing the amount of fresh, healthy, food available rather than investing in costly treatment of chronic, diet-related diseases.

Health Cost of Hunger

Our seniors

An older adult at risk of hunger is 2.33 times more likely to report poor health.

Among older adults hunger:

- Decreases independence
- Deteriorates mental and physical health
- Increases disability
- Physically ages an older adult 14 years
- Decreases resistance to infection
- Increases hospital visits
- Extends hospital stays

Lee JS, Fischer JG, and Johnson MA. J Nutr Elder 29(2): 116-149, 2010; Torres-Gil. Nutrition Review 54:S7-8, 1996; Ziliak JP et al. The causes, consequences and future of senior hunger in America, 2008.

A Sound Investment in our Future

Many Ohioans are still facing tough times and struggling to put food on the table. We have families in our lines every day of every shape and size who turn to us for help because they can't stretch their resources any further than they already have. A family of four with both parents working 40 hours a week at \$9 an hour still earn less than \$40,000 a year and sometimes find themselves asking for help from our network. An elderly couple both earning the average yearly Social Security benefit still have only about \$30,000 a year to live on, and often turn to us for help – more every year.

Going hungry is not a distant possibility for these families – it's a day-to-day reality that they work to avoid and to cope with however they can, from purchasing unhealthy foods to watering down infant formula. By infusing additional resources to get more healthy foods on their tables, you have the potential to save the State millions in short- and long-term health care expenditures. But you also have the opportunity to do something good, now, for the disabled, elderly, and vulnerable people that rely on your moral leadership.

Thank you once again for restoring the cut proposed in the House budget. And thank you for your consideration of ***an amendment for \$5 million per year from existing federal funding – unobligated TANF—to support a Comprehensive Approach to Hunger relief***, this modest and humble request to stretch a little further for the people who need it most. I would be pleased to answer any questions you may have at this time.

² Robert Wood Johnson Foundation Commission to Build a Healthier America and Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes. April 2008. http://www.policylink.org/atf/cf/%7B97c6d565-bb43-406d-a6d5-eca3bbf35af0%7D/DESIGNEDFOR_DISEASE_FINAL.PDF

³Minority populations are disproportionately affected by this debilitating disease. African Americans, for example, have a 77% greater risk for developing the disease than non-Hispanic whites. Type 2 diabetes is becoming common among adults and beginning to significantly affect school age children. Forty percent of African American boys and 49% of girls will develop diabetes during their lifetimes—reducing lifespans by 4 to 23 years. Centers for Disease Control and Prevention. National Diabetes Fact Sheet, 2011 and Narayan, et al. Lifetime Risk for Diabetes Mellitus in the United States. JAMA 2003; 290:1884-1890.