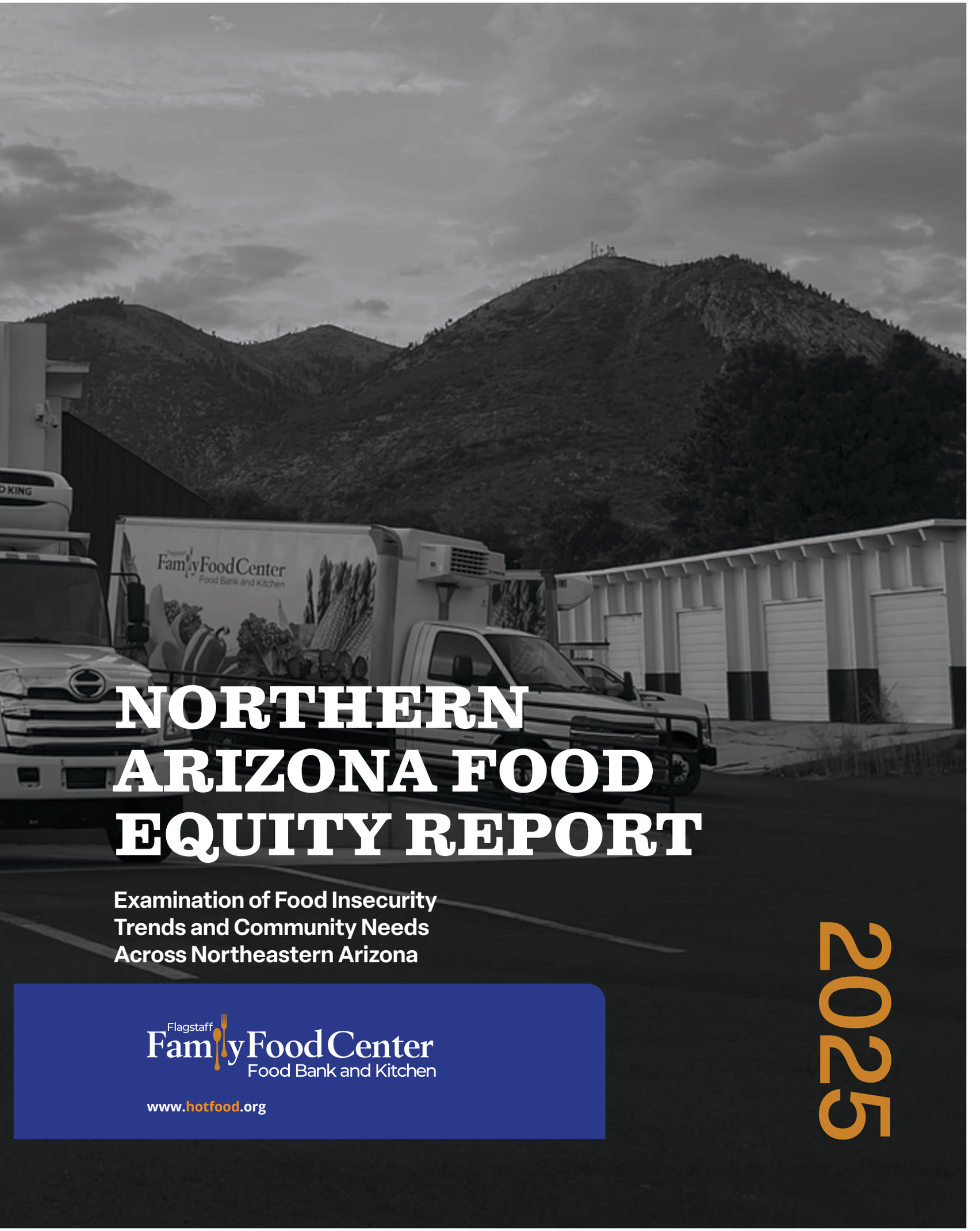


NORTHERN ARIZONA FOOD EQUITY REPORT

Examination of Food Insecurity Trends and Community Needs Across Northeastern Arizona

2025

Flagstaff Family Food Center
Food Bank and Kitchen

www.hotfood.org

APA Citation: Flagstaff Family Food Center (2026).
2025 Northern Arizona Food Equity Report.
hotfood.org/

Forward

State of Food Insecurity

Community Perspectives on Food Insecurity

Policy Developments

Food Banks and Wellness

The Road Ahead

Appendices

Foreward

It is my honor and privilege to introduce the impressive and utterly compelling 2025 Northern Arizona Food Equity Report. The Flagstaff Family Food Center (FFFC) has done a superb job of collecting what must have been incredibly hard-to-get data on hunger and food insecurity in the rural and tribal communities it serves.

These data reveal a shocking truth: many people—even those working full- or part-time—lack sufficient resources to feed themselves and their families and require government and private food assistance to survive. Even working people cannot keep up with the rising costs of housing, rent, utilities, and food.

Today, government food assistance programs like SNAP and WIC are under siege and targeted for cuts, not increases. Private groups like FFFC do the best they can to fill the gaps and meet the ever-increasing demands for food assistance, especially from the most vulnerable members of society--children, the disabled, and seniors.

This report presents the stark facts: too many Northern Arizona residents experience food insecurity, and their numbers are rising. It explains the reasons for food insecurity, particularly for these communities, and draws on the lived experience of community members to describe why this problem requires an immediate solution. It describes potential policy solutions, and the reality-based barriers to achieving them. And it presents this critically important information without ever losing sight of the cultural context in which food insecurity occurs in Northern Arizona.

These are tough times in America. Northern Arizona is fortunate to have a group like the FFFC doing the hard work and clear thinking needed to solve some of the most difficult problems facing our society today.

Marrion Nestle
Professor of Nutrition, Food Studies, and Public Health. Emerita, New York University

Quotes

"Food insecurity is growing in Flagstaff and throughout northern Arizona. I urge our state and federal government to increase partnerships with local communities and help us ensure Arizona's children have the nutrition they need to thrive, learn, and grow; that adults are prepared to participate in a thriving economy; and that our seniors and neighbors with disabilities are able to live with dignity."

- Mayor Becky Daggett

"The Food Equity Report began as our effort to better understand how food system challenges uniquely impact Northern Arizona. We recognized that to serve well, we needed to listen more deeply and examine our assumptions. Along the way, we learned not only about systemic barriers facing our neighbors but also where our own understanding needed growth. This process has strengthened our commitment to humility and community-informed solutions."

- FFFC President & CEO Ethan Amos

"Food sovereignty is inseparable from tribal sovereignty. When Indigenous communities have the power to shape their own food systems, they strengthen health, culture, and self-determine for future generations. The Food Equity Report is an incredible tool that can help make this happen."

- Former Navajo Nation President Jonathan Nez

ACKNOWLEDGMENTS

This report would not be made possible without the countless contributions from our authors, consultants, steering committee, and community - whose voices and expertise uplift this document to be what it is.

INDIGENOUS LAND

We acknowledge that Flagstaff, the main site where our research was conducted, is located on the traditional lands of Indigenous peoples, specifically the Diné (Navajo), Hopi, Zuni, Tohono O'odham, Yaqui, and Apache Nations. We honor their enduring connection to this land and recognize their sovereignty and resilience in the face of historical and ongoing challenges.

COMMUNITY AND STAKEHOLDER INPUT

We would also like to acknowledge the community members and stakeholders who shared their experiences and insights. Special thanks to the families and local leaders in the communities involved in this work, who generously participated in interviews and surveys, helping to illuminate the real-life impacts of hunger.

Steering Committee + Reviewers

Becky Daggett
Mayor | City of Flagstaff
Peter Friederici
Professor | NAU Sustainable Communities Program
Wendy Huck Godfrey
Vice President | WestGroup Research
Jessica Herbert
Public Policy Manager | Arizona Food Bank Network
Mercede Johnson
Health Educator | Sage Memorial Hospital
Kimberly Madden
PHN Supervisor (PHN, PF, Elder Care, NEMT) | Sage Memorial Hospital
Sara Sprague
Double Up Food Bucks Specialist | Pinnacle Prevention
Liz Taylor
Principal | GreenVerdeVert

This report is made possible by:

Flagstaff Family Food Center Food Bank and Kitchen

PINNACLE PREVENTION

Sage Memorial Hospital NAVAJO HEALTH FOUNDATION

Research Team Contributions:

A special acknowledgment goes to our dedicated research team whose efforts in data collection, analysis, and writing brought this report to life.

Summer Grandy
Lead Organizer & Author

McKenna Bean
Lead Qualitative Researcher

Zenya Ledermann
Lead Public Data Researcher

Questions regarding this report can be sent to clientsupport@hotfood.org.

This report is a testament to the collective effort of all those involved in the fight against hunger.

Together, we can make a difference.

Executive Summary

What's the status of food insecurity and hunger in northern Arizona?

Food insecurity continues to rise across Northern Arizona. The Flagstaff Family Food Center (FFFC) broke its single-day service record six times in 2025, serving more than 374 households in a single day—an indicator of the significant and growing need for food assistance in our region.[1]

Hunger also continues to rise throughout northern Arizona. In 2025 alone, FFFC served 537,972 prepared meals, a 11.3% increase over the previous year.[2]

Outside of Flagstaff, rural communities face additional barriers that intensify food insecurity. Survey findings indicate that 59.7% of rural households lack access to basic utilities, including electricity, running water, and heating and cooling (Fig. 5). Rural residents also face higher transportation costs since necessary resources like food and other essential services are farther away.

Unique living conditions & work experiences in the Grand Canyon compound these challenges. The dependency on employer-provided housing in the park increases vulnerability to disruptions such as layoffs, seasonal employment changes, and government shutdowns. It also affects residents' ability to prepare and store food, as many lack access to a kitchen. From interviews with clients across the region, three takeaways were gleaned:

ACCESS MUST REFLECT LIVED REALITIES.
A one-size-fits-all approach does not work in food assistance. Across this region, differences in geography, infrastructure, living situations, health needs, and work schedules require flexible, context-driven solutions.

CHOICE IS CENTRAL TO DIGNITY AND TRUST.
Preserving choice directly supports dignity, mental health, and trust. Across communities, clients consistently emphasized that food is more than sustenance—it is comfort, joy, and a source of agency. The ability to select meals, sides, or pantry items allows individuals to meet dietary needs, address storage limitations, achieve health goals, and express personal preferences, while reducing stigma and food waste.

HEALTH, HUNGER, AND PRACTICALITY ARE IN TENSION:
"Healthy" food must also be usable, filling, and realistic for people's living situations. Across communities, clients are actively managing chronic conditions such as diabetes, hypertension, heart disease, and autoimmune disorders, and many prioritize improving their health through food. At the same time, practical constraints—limited refrigeration, perishable items, inconsistent quantities, dietary restrictions, unusable box contents, and limited time to cook and prepare meals—often force trade-offs.

HOW HAS RECENT POLICY SHAPED FOOD INSECURITY AND HUNGER IN THIS REGION?

The recent and ongoing changes made to the Supplemental Nutrition Assistance Program (SNAP) are going to make it difficult for many northern Arizonans to access the program. Most impactful, the SNAP state cost-shift is a significant disruption and puts Arizona's ability to run the program at risk.

Although child nutrition programs weren't directly affected by recent policy developments, changes to SNAP directly affect families' ability to access these programs; thus, higher rates of childhood food insecurity and hunger could be expected in the region.

The Local Food Purchase Assistance (LFPA) Cooperative Agreement was a highly meaningful program for local northern Arizona farmers, and its loss will significantly impact their small businesses, the local economy, and community access to nutritious food.

Lastly, localized research will be in high demand following the loss of the USDA Household Food Security Report. This will be a difficult feat, as there are no current funding mechanisms or resources to produce it.

Do Food Banks & the "Food is Medicine" initiative have anything to do with one another?

Although health is a priority to most FFFC survey respondents, there are many barriers - cost, accessibility, knowledge - to maintaining a diet that matches health needs.
For this reason, choice is the gold standard for uplifting health outcomes in food assistance, as it does so while maintaining dignity & empowerment for the community and recognizing rural challenges. This is true for all food assistance programs - including both government and nonprofit resources.

Considering cultural & historical context in health outcomes is of utmost importance for government and nonprofit entities working on food access, especially in Northern Arizona, where communities have been systematically forced away from ancestral food systems.

Proposed Solutions and the Road Ahead

Given the findings in this report, FFFC recommends the following priorities to be pursued:

Priority 1:
Strengthen emergency response capacity
(because the need is rising now)

Priority 2:
Reduce barriers to food access
(transportation, utilities, and resource navigation support)

Priority 3:
Protect, uplift, and innovate food assistance programs like SNAP, WIC, and LFPA.

Priority 4:
Advance food-as-medicine programming with a focus on dignity, choice, and education.

Priority 5:
Uplift and expand choice, dignity, and education in food access programming.

Priority 6:
Build a Northern Arizona Food Security Data Collaborative to address the elimination of the national food insecurity report

State of Food Insecurity

Trends and Key Findings 2023–2025

Food insecurity continues to rise across northern Arizona region since our previous report.

The Flagstaff Family Food Center (FFFC) broke its single-day service record **six times** in 2025, serving more than 374 households in a single day—an indicator of the significant and growing need for food assistance in our region.[1]

As shown in Figure 1, food insecurity rates across Coconino, Navajo, and Apache counties remain higher than both the state and national averages for the general population and, more concerningly, for children and seniors.

In 2025, as in previous years, children and seniors continued to represent the largest age groups served through FFFC programs (Fig. 2).

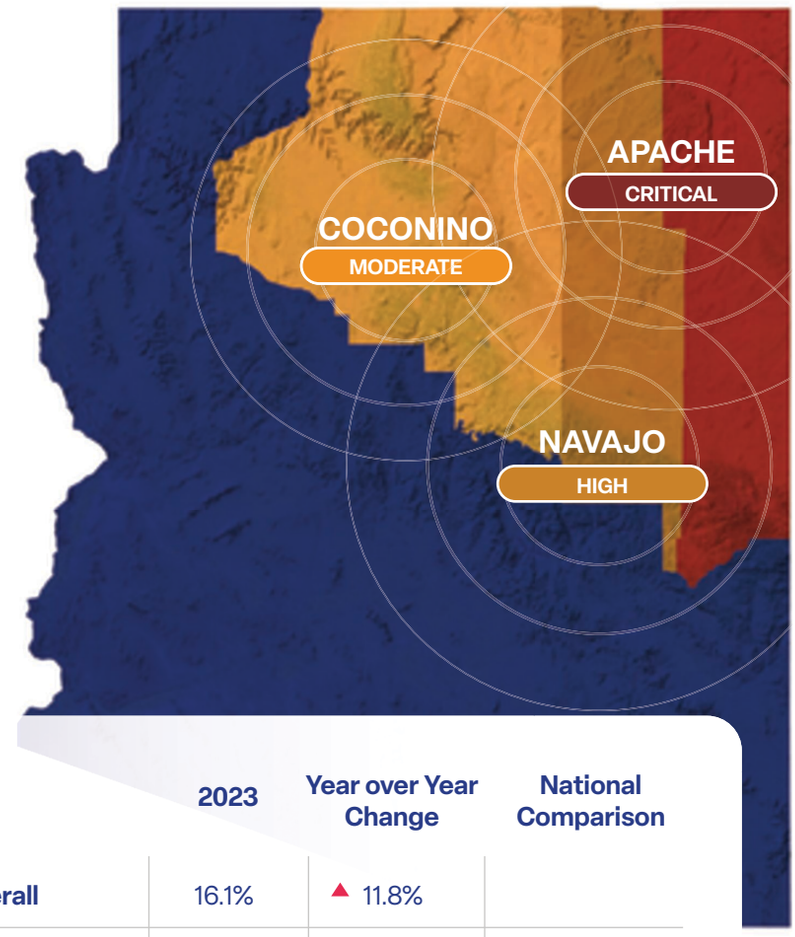


Figure 1: Map the Meal Gap Food Insecurity Rates by County

		2023	Year over Year Change	National Comparison
Coconino MODERATE	Overall	16.1%	▲ 11.8%	
	Child	21.7%	▲ 14.2%	The national rate for food insecurity was 14.3% in 2023
Navajo HIGH	Overall	19.5%	▲ 2.6%	
	Child	28.2%	▲ 3.2%	Arizona's rate for food insecurity was 14.4% in 2023
Apache CRITICAL	Overall	21.7%	▲ 24.4%	
	Child	30.8%	▲ 4.2%	

Key Takeaways:

- **Those experiencing food insecurity are primarily children, seniors, and actively working adults.**
- **The housing crisis in Flagstaff significantly contributes to food insecurity and hunger.**
- **In rural areas, high expenses for food and essential resources and services mixed with increased barriers to jobs exacerbate hunger and food insecurity.**
- **Food insecurity in Grand Canyon National Park is a serious issue, compounded by its unique regional challenges and unique employment setup.**

Figure 2: Age Demographics of FFFC Distrubution Clients

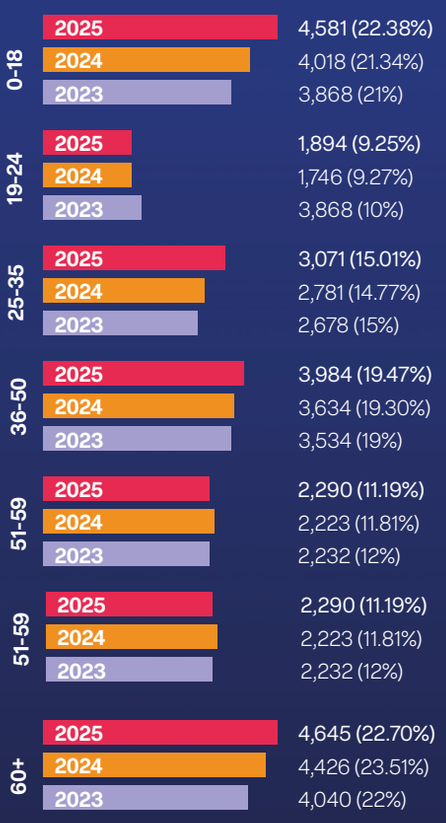
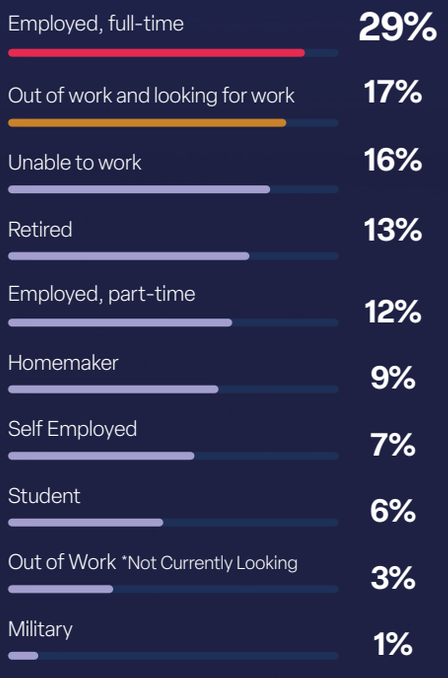


Figure 3: 2025 Employment Status from FFFC Survey Data



Zooming in: Coconino County

Even more concerning at the local level is that 66% of clients surveyed for this report indicate that half or more of their food intake comes from the food bank, with 11% reporting they are unable to meet their family's remaining food needs without this service.

This reliance on emergency food assistance persists despite the fact that 58% of households accessing FFFC's services indicate working at least part-time (Fig. 3). The majority of the remaining households report being unable to work due to age or disability-related limitations.

20,454
Individuals Served in 2025

For continuity purposes, this figure only includes the distribution at FFFC's warehouse location, and does not include any mobile distribution data

> **"Right now with me not having a job, the food pantry is the only way I have to eat. Without the food pantry, I have no way to eat."**

State of Hunger

This trend is also evident in the world of hunger, defined in this report as:

FOOD INSECURITY

Knowing where your next meal may come from, but not knowing how you will meet your nutritional needs over the week or month; a broader and more encompassing condition.

HUNGER

Not knowing where your next meal is coming from; a more severe form of food insecurity.

Hunger continues to rise throughout northern Arizona. In 2025 alone, FFFC served 537,972 prepared meals, a 11.3% increase in meals from the previous year. [2]

The increasing need and reliance on food assistance coincide with the fifth year of a housing crisis in Flagstaff as well as rising grocery costs.[3] In rural communities such as Tusayan and Williams, where grocery prices are exceptionally high (Fig. 4), this can strain household budgets, particularly since jobs are limited, and wages have not been increasing at the same rates.

In rural areas, groceries were also sparse, on top of being expensive. Fresh items like produce and dairy products are increasingly rare in more rural areas, especially in areas with access to dollar stores only.

Why Food Gets Left off the Table

Households experiencing food insecurity are often navigating multiple, overlapping challenges that lead them to seek food assistance.

According to AZ 211, the state's leading resource connection platform, utilities and housing accounted for over 49% of requests for assistance in 2025, underscoring the widespread affordability crisis. Among utility-related requests, 65.9% were for help with electricity.[4]

*Over 70% of households reported multiple contributing factors.

From the community's perspective, the most common reasons for accessing emergency food services include:

FFFC clients identified their top non-food resource needs as:

- Financial Assistance (12.8%)
- Utilities Assistance (11%)
- Clothing or Personal Care Items (10.8%)
- Housing or Shelter (8.4%)
- Healthcare or Medical Services (7.3%)

These needs exist within a broader housing context, where 45% of Flagstaff households are **housing-cost burdened**, spending more than 30% of their income on housing.[3] Additionally, 62% of FFFC clients report renting, while only 30.9% report owning their homes. As homeownership generally indicates financial well-being, this statistic showcases the vulnerabilities that community members facing food insecurity are experiencing.[5]

Figure 4: Northern Arizona Grocery Cost Analysis

Percent % Change	Protein	Eggs	Produce	Bread	Rice & Beans	Formula	Water
Flagstaff (Base Price)	$6.76/lb	$4.29/doz	$1.09/lb	$2.06/loaf	$0.08/oz	$1.79/oz	$1.47/gal
Dilkon	-33.57%	n/a	6.42%	5.83%	66.81%	2.79%	-5.44%
Ganado	-15.63%	-26.46%	33.04%	-8.49%	-33.33%	n/a	6.96%
Pinon	-29.87%	-7.23%	2.75%	20.87%	32.76%	-3.91%	-5.44%
Tuba City	-26.76%	-21.45%	-0.92%	-7.77%	15.60%	-7.26%	6.80%
Tusayan	25.61%	109.56%	110.09%	142.23%	140.89%	98.32%	191.84%
Williams	-3.98%	36.83%	17.43%	7.77%	12.37%	-22.91%	12.93%
Window Rock	-65.85%	-24.17%	20.54%	2.83%	-11.11%	n/a	-12.03%
Winslow	-19.67%	44.99%	-30.28%	30.58%	-0.59%	-5.03%	6.12%

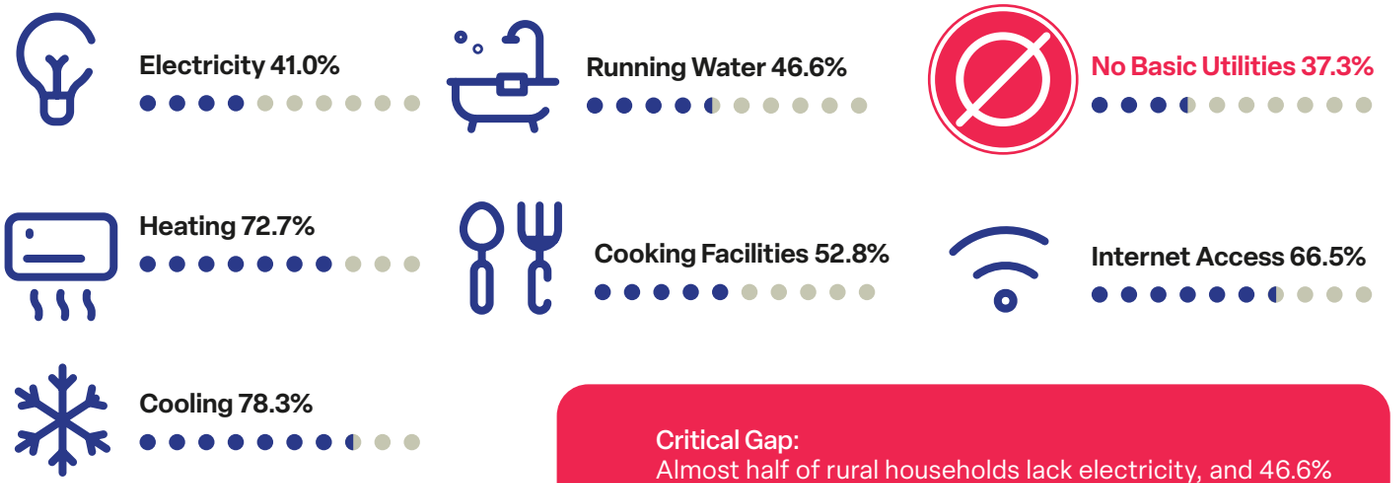
Legend ▼ Price lower than Flagstaff ▲ Price higher than Flagstaff

Rural Perspectives & Challenges

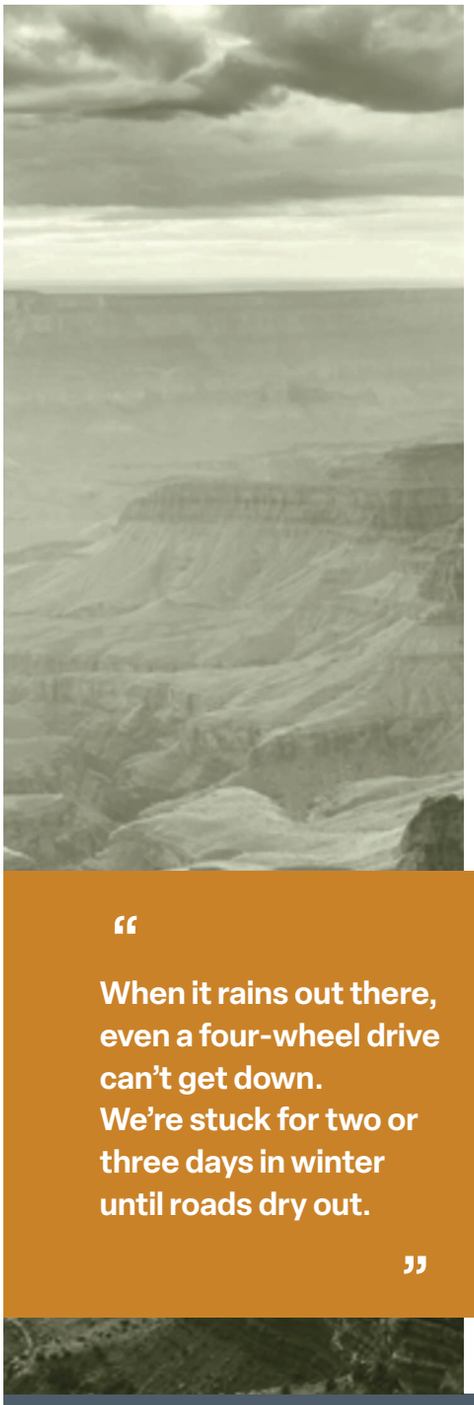
Outside of Flagstaff, rural communities face additional barriers that intensify food insecurity. Survey findings indicate that 59.7% of rural households lack access to basic utilities, including electricity, running water, and heating and cooling (Fig. 5). Rural residents also face higher transportation costs since necessary resources like food and other essential services are farther away.

Limited access to technology and broadband internet further compound these challenges (Fig. 5), restricting residents' ability to connect with resources, apply for employment, and access healthcare. Together, these barriers contribute to higher vulnerability and fewer pathways to stability for rural households.

Figure 5: Percentage of Rural FFFC Survey Respondents without Access to Utilities



Critical Gap:
Almost half of rural households lack electricity, and 46.6% don't have running water. Combined with 52.8% without cooking facilities, these infrastructure gaps severely limit food preparation and storage options.



> **When it rains out there, even a four-wheel drive can't get down. We're stuck for two or three days in winter until roads dry out.**

Spotlight on the Grand Canyon: Challenges of Living inside one of the Seven Natural Wonders

In 2024, FFFC partnered with the Grand Canyon Food Pantry (GCFP) and assumed operational responsibilities. As a result, this year's report includes an expanded analysis of food insecurity across the Grand Canyon region.

Food insecurity in the Grand Canyon area is shaped by a unique local context. Because the National Park attracts more than 4.9 million visitors annually, a significant portion of the local workforce is employed by the park or its contractors.[6] Many of these positions are seasonal, temporary, or contract-based—factors that can increase financial instability and create barriers to long-term **community resilience.**

Housing and food access are closely tied to employment in this region. Among GCFP survey respondents:

- 55% reported that their housing is provided by an employer
- An additional 15% reported living in other forms of temporary housing

This dependency on employer-provided housing increases vulnerability to disruptions such as layoffs, seasonal employment changes, and government shutdowns. It also affects residents' ability to prepare and store food. As shown in Figure 6, more than 60% of respondents reported lacking access to a full kitchen, limiting their ability to cook meals or safely store perishable food.

Food costs and access to government assistance programs also present significant obstacles. The Grocery Cost Analysis (Fig. 4) indicates that food prices in the Grand Canyon region are substantially higher than those in Flagstaff. Compounding this challenge, there are currently no retailers in the region that accept SNAP/EBT, making it difficult for eligible residents to use benefits and further limiting viable food assistance options.[7]

Compared to other regions analyzed in this report, the Grand Canyon client population also includes a higher proportion of working-aged adults (90%), with 78.8% indicating full- or part-time employment. Despite employment, many residents continue to face food insecurity due to high living costs, limited infrastructure, and barriers to benefit access—highlighting that work alone is not always sufficient to ensure food security in this region.

Figure 6: Grand Canyon Housing Types

If your housing is provided by an employer, which of the following statements is true?

39.1%

No Kitchen, Mini Fridge Only

"I do not have access to a kitchen facility, but am allowed to utilize a minifridge in my room"

Impact: **Severely limited food preparation options**

39.1%

Shared Kitchen Facilities

"I share kitchen facilities with individuals outside of my household"

Impact: **Limited access during peak hours**

13%

Cafeteria Model Meals

"My employer provides meals through a cafeteria model"

Impact: **No control over dietary choices**

8.7%

Hotplate/Microwave Only

"I do not have access to a kitchen facility, but am allowed to utilize a hotplate or microwave in my room"

Impact: **Minimal cooking capabilities**

Community Perspectives on Food Insecurity & Hunger:

Introduction

The key to developing strong strategies that truly move the needle forward in the anti-poverty and anti-hunger worlds is *listening to the community*. This year, FFFC hosted more focus groups and one-on-one interviews with community members in order to get the full story of food insecurity, health, and lived experience across the northern Arizona region. Here are the key themes that developed from those conversations.

> "The more you eat healthy, the more you feel better about yourself."

Key Takeaways:

- **Access Must Reflect Lived Realities:** A one-size-fits-all approach does not work in food assistance. Across this region, differences in geography, infrastructure, living situations, health needs, and work schedules require flexible, context-driven solutions. Barriers such as transportation, inadequate access to affordable food and grocery options, limited access to utilities or refrigeration, chronic health conditions, and irregular hours must be met with intentional design. Food assistance should reflect local realities—not expect people to adapt to rigid systems.
- **Choice is Central to Dignity & Trust:** Preserving choice directly supports dignity, mental health, and trust. Across communities, clients consistently emphasized that food is more than sustenance—it is comfort, joy, and a source of agency. The ability to select meals, sides, or pantry items allows individuals to meet dietary needs, address storage limitations, achieve health goals, and express personal preferences, while reducing stigma and food waste. Limited or overly rigid options were described as disempowering, particularly for those juggling multiple jobs, managing chronic conditions, or living in vehicles or dorm-style housing.
- **Health, Hunger, and Practicality Are in Tension:** "Healthy" food must also be usable, filling, and realistic for people's living situations. Across communities, clients are actively managing chronic conditions such as diabetes, hypertension, heart disease, and autoimmune disorders, and many prioritize improving their health through food. At the same time, practical constraints—limited refrigeration, perishable items, inconsistent quantities, dietary restrictions, unusable box contents, and limited time to cook and prepare meals—often force trade-offs. Clients value access to proteins, **culturally relevant** and shelf-stable foods, and options that align with medical and lifestyle needs. Effective food assistance must navigate this tension by offering nutritious options that are practical, inclusive, and responsive to real-world constraints.

Listening to the Community

What Northern Arizona residents told us about food Insecurity

The most effective strategies to address hunger begin with listening. Through focus groups and one-on-one conversations across Northern Arizona, community members shared how geography, housing, health, and schedules shape their access to food.

Three Key Insights from the community

Being able to choose their food gives people control and respect.

Choice helps clients meet their dietary needs and feel valued.

Food access is shaped by geography, transportation, and work schedules.

We must adapt to the challenges that come from living in remote areas, lack of refrigeration, and long travel times.

Chronic health conditions & practicality shape food options.

Balance is needed between healthy foods & affordable prices.

Food assistance works best when it reflects how people actually live.

Designing programs around lived experience - not assumptions - builds trust, improves health outcomes and ensures support is both usable and meaningful.

Access Must Reflect Real Lives

LEUPP, AZ

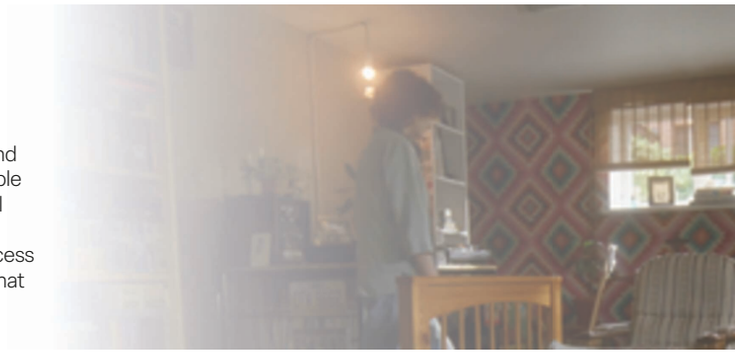
In Leupp, AZ, access is defined by extreme remoteness and limited infrastructure. Many residents live without running water, electricity, refrigeration, reliable internet, or passable roads during severe weather. While cooking may be possible, storing and preserving food is a constant challenge, making shelf-stable and practical items essential. Transportation costs and seasonal road conditions can prevent travel for days at a time, making FFFC deliveries critical—not supplemental. Digital communication is largely ineffective, requiring low-tech, in-person outreach. Across these communities, food access must be built around geographic isolation and infrastructure gaps.

FLAGSTAFF, AZ

In Flagstaff, food insecurity often affects working individuals and families who are balancing employment, healthcare, and housing instability while caring for others. Scheduling and transportation are major barriers, with strong calls for distribution hours that better align with work and medical appointments. Living situations—such as vehicles, trailers, or RVs—limit storage and cooking capacity, making some prepacked items unusable. Clients emphasized that food insecurity does not fit a stereotype; many who seek services are employed but stretched beyond capacity. Access must reflect working poverty, competing life demands, and the realities of limited storage and transportation.

GRAND CANYON

At the Grand Canyon, access is shaped by high food costs, limited in-park grocery options, and the inability to use SNAP locally. Many residents must travel over an hour to purchase affordable groceries, making the pantry a primary source of food stability. Employment is often seasonal or irregular, and living situations range from full kitchens to dorm-style housing with only microwaves, limiting cooking and storage capacity. Bulk items are often impractical. Food access here must account for fluctuating work schedules, limited infrastructure, and policy barriers that limit the use of benefits within the park.



KITCHEN

For kitchen clients, access is closely tied to mobility, timing, and social environment. Many walk or rely on public transportation, making extended hours and bus passes critical supports. While the kitchen provides routine, dignity, and stability, getting there on time can be difficult for those working or living in shelters. Clients also emphasized the importance of integrating practical supports such as hygiene items, clothing, and job postings into the meal setting, recognizing that food insecurity is intertwined with broader instability. Stigma surrounding homelessness further complicates access, reinforcing the need for welcoming, respectful spaces. Access here must consider transportation, time constraints, and the lived experience of stigma.

" So I know with the Navajo people, they suffer from diabetes already. That's an epidemic with the Navajo people. That's why I say it's more important to do like apples… it's still sweet, but it's healthy for you. "

" A lot of your clients out in more rural Arizona don't have refrigeration. So those canned items definitely are more useful. And I think people here would like meat. I would definitely take that."

Choice is Central to Dignity & Trust

LEUPP, AZ

In Leupp, dignity is closely tied to knowledge and confidence in using food. Clients emphasized that choice alone is not enough—education about how foods affect conditions like diabetes, along with clear guidance on shelf life and food safety, strengthens empowerment and reduces waste. Understanding what they are selecting and how to use it safely and effectively reinforces autonomy. In this community, informed choice builds trust and preserves dignity.

FLAGSTAFF, AZ

In Flagstaff, the client choice model is widely valued for allowing individuals to select foods that fit their dietary needs, storage limitations, and personal preferences. For clients living in vehicles or RVs, prepacked items can be impractical, making choice essential to usability. Beyond logistics, choice reduces stigma and strengthens dignity by treating clients as decision-makers rather than passive recipients. When programs align selection options with real-life constraints, trust and engagement increase.

GRAND CANYON

At the Grand Canyon, where grocery access is expensive and SNAP is largely unusable, the pantry is one of the few affordable and reliable sources of food. Many clients are working individuals juggling multiple responsibilities, making flexible, usable food options essential. In a setting where external choices are constrained by cost and geography, preserving meaningful choice within the pantry reinforces dignity and trust. Advocacy for expanded SNAP acceptance locally would further expand client agency beyond pantry walls.

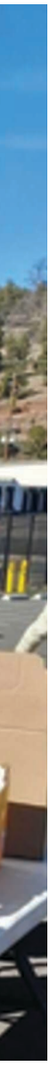
KITCHEN

At the kitchen, choice is deeply connected to dignity, comfort, and emotional well-being. Clients consistently emphasized that food is more than sustenance—it is joy, normalcy, and self-expression. The ability to select a meal, side, or dessert fosters agency, while variety, flavor, and quality signal respect. Limited or repetitive options were described as disempowering. In this setting, even small choices reinforce a sense of humanity and belonging.

" When it rains out there, even a four-wheel drive can't get down. We're stuck for two or three days in winter until roads dry out. So a lot of this food that we get from here, you know, is important. "

" They're fantastic for if you have a kitchen, but maybe if there could be a choice. Like maybe you could say, I live outside. And that box would be separate. "


Flagstaff
Family Food Center
Food Bank and Kitchen



Health, Hunger, and Practicality are in Tension

LEUPP, AZ

In Leupp, maintaining healthy eating habits is complicated by an over representation of processed snacks and sweets—an acute concern in a community with high rates of diabetes. While occasional treats are appreciated, many clients feel the balance leans too heavily toward high-sugar and high-sodium items. At the same time, limited refrigeration and storage make shelf-stable, culturally relevant foods—such as dried goods, canned meats, and preserved items—essential. Clients seek a healthier balance that supports chronic disease management while remaining practical and respectful of local living conditions.

FLAGSTAFF, AZ

In Flagstaff, many clients manage complex medical and dietary needs, yet the usability of food often determines whether it supports health. Boxes may contain items clients cannot eat, too much perishable produce, or occasionally spoiled goods—creating barriers to balanced nutrition. While fruits and vegetables are appreciated, they must align with storage capacity, dietary restrictions, and the time and resources required to prepare them. For households balancing multiple jobs, caregiving responsibilities, or health challenges, foods that require extensive preparation may be difficult to use consistently. At the same time, clients emphasize that occasional treats provide the calories, comfort, and dignity they need. Health outcomes are influenced not only by the nutritional content but also by whether food is practical, safe, and responsive to lived realities.

GRAND CANYON

At the Grand Canyon, many clients actively manage chronic conditions and view the pantry as a tool for improving their health, particularly through access to protein and reduced-sugar options. However, limited quantities, perishability, and restricted variety can force compromises, especially when foods must be consumed quickly or do not align with specific medical needs. While some processed items remain in circulation, clients also value the opportunity to try new foods and expand their diets. Health is a clear priority, but it is shaped by cost, availability, and practicality.

KITCHEN

At the kitchen, health is understood as physical, emotional, and social well-being. Clients value balanced meals and express interest in nutritional information, particularly when managing allergies or chronic conditions. However, for many, acute hunger takes precedence over long-term dietary goals. When someone needs a meal, sufficiency often matters more than nutritional optimization. Inclusive options and transparency about ingredients help bridge this gap, but the tension between nourishment and immediate need remains central.

Policy Developments:

Shaping Regional Food Access

In 2025, significant shifts in the policy landscape have occurred— many of which are directly contributing to rising food insecurity across Northern Arizona. Changes to federal nutrition programs, in particular, are expected to increase barriers to food access for already vulnerable households.

Supplemental Nutrition Assistance Program (SNAP)

The changes to the Supplemental Nutrition Assistance Program (SNAP), also known as EBT or formerly as food stamps, have had and will continue to have significant consequences for communities across Coconino, Navajo, and Apache counties. In 2024 alone, 68,065 individuals across the three-county region were enrolled in SNAP, including 27,628 children, 2,752 seniors, and 2,260 individuals with disabilities.[8] More consequently, these numbers do not include the estimated 7,242 individuals who are estimated to be eligible, but are not participating in the program.[9,10]

Loss of SNAP-Ed

The elimination of SNAP-Ed represents a significant loss to preventive and educational efforts across our community. SNAP-Ed served as a critical investment, equipping families with the knowledge and skills needed to make nutritious choices, stretch limited food budgets, and build long-term **household resilience**.

These classes supported long-term food security by enhancing nutrition knowledge and promoting self-reliance. The loss of SNAP-Ed removes a critical upstream intervention that helped families reduce reliance on emergency food assistance.

Key Takeaways:

- **SNAP work requirements are going to add additional difficulties for northern Arizonans to access the process.**
- **The SNAP state cost-shift is a significant disruption and puts Arizona's ability to run the program at risk.**
- **Although child nutrition programs weren't directly affected by recent policy developments, changes to SNAP indirectly affect families' ability to access these programs; thus, higher rates of childhood food insecurity and hunger could be expected in the region.**
- **The Local Food Purchase Assistance (LFPA) Cooperative Agreement was a highly meaningful program for local northern Arizona farmers, and its loss will significantly impact their small businesses, the local economy, and community access to nutritious food.**
- **Localized research will now be in high demand due to the loss of the USDA Household Food Security Report. This will be a difficult feat, as there are no current funding mechanisms or resources to produce it.**

> "I don't qualify for SNAP or Access or anything like that... but I can hardly make rent."

Work Requirements

Work requirements have been in place within SNAP since 1964; however, H.R. 1 introduced new and expanded eligibility requirements that significantly alter who can access benefits and for how long.[11] Beginning in November 2025, SNAP benefits have been limited to three months within a 36-month period for certain individuals, unless they can document at least 80 hours of work or volunteer activity per month.[12]

These new, expanded requirements apply to:

- Adults 18-64 year olds
- Parents of children aged 14 years and older
- Veterans
- Individuals experiencing homelessness
- Former foster youth

While these requirements may appear reasonable on the surface, they introduce complex reporting and documentation burdens into a system that is already severely underfunded and understaffed. They also add unnecessary red tape to a program that already encourages employment: more than 40% of SNAP households in Arizona included at least one working individual between 2019 and 2023.[13]

For northern Arizona residents, these new reporting and employment requirements may create additional barriers to access due to limited broadband connectivity, reduced access to technology, transportation challenges, and fewer employment opportunities, particularly in rural areas (Fig. 5).

Good news: These changes do not apply to Native Americans living on or off reservations, as advocates successfully secured an exemption for Native American communities.[14]

State Cost-Shift
The other, more significant change to the SNAP program is the cost shift that states will soon need to absorb.

Historically, SNAP benefits were 100% federally funded, and administrative costs were split 50% federal / 50% state. Under new provisions, Arizona will assume substantially higher costs:

State leaders have expressed uncertainty about how these costs will be covered, particularly as Arizona faces budget constraints driven by recent tax cuts and reduced state revenue.[16]

Effective Date	Policy Change
Oct 1, 2026	Arizona pays 75% of SNAP administrative costs (an increase of 25%), totaling approximately $71 million annually.[15]
Oct. 1, 2027	*Arizona pays 10% of SNAP benefit costs, totaling approximately $188 million annually.[15]

*IF AZ Department of Economic Security is able to get the SNAP Payment Error Rate below 6%, then the state won't have to pay a part of the operational fees.

This shift is especially concerning for Northern Arizona, where 68,065 individuals relied on SNAP across Coconino, Navajo, and Apache counties in 2024.[8] If nothing is done to appropriate funds for these new cost shifts or reduce the Payment Error Rate below 6%, the program could be effectively dismantled. Some rural retailers have also expressed concern, noting that up to 20% of their total revenue comes from EBT transactions, highlighting SNAP's role not only in food access but also in local economic stability.[17]

Impacts on Child Nutrition Programs

In Arizona and across northern Arizona, shifts to the SNAP program not only impact the household - they impact the classroom. SNAP enrollment is directly linked to eligibility for several child nutrition programs, including:

- Free & Reduced-Price School Meals
- Summer EBT
- Child and Adult Care Food Program (CACFP)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

In Flagstaff alone, there are over 4,500 children who qualify for the Free & Reduced School Meal Program, with five schools reporting eligibility rates above 98%.[18] Because SNAP participation automatically qualifies a student for the program, advocates are concerned that reduced SNAP access could disrupt children's eligibility and deepen educational inequities tied to hunger.

Similarly, over 1,900 children participate in WIC in Coconino County, underscoring the interconnected nature of nutrition support systems.[19]

Despite the public statement made by an AZ legislator during the 2025 legislative session that "hunger can be a motivator for getting out of your situation", decades of research—and lived experience—demonstrate the opposite. Hunger undermines children's health, academic success, and long-term outcomes.[20] For children in northern Arizona, these policy shifts risk compounding hardship at a critical stage of development.

Local Food Purchase Assistance (LFPA) Cooperative Agreement

Introduced in 2021, the Local Food Purchase Assistance (LFPA) program enabled local farmers to sell nutritious, locally grown food to food banks and community organizations at retail prices. This program represented a win-win-win for the regional food system:

- Farmers gained access to institutional markets and diversified income streams
- This program brought federal farm subsidies down to the local level, improving community resiliency and supporting small farmers, ensuring local entrepreneurs benefited from the same support channels used at the federal level, which had historically served only the largest and most sophisticated producers.
- Food banks increased access to fresh, culturally relevant foods
- Community members received nutrient-dense food at no cost

As stated by local farmer Rylan Morton-Starner,

"[LFPA] has helped Forestdale Farm scale up production of fresh vegetables to support important needs in our community. LFPA funds have created a robust local food system, which benefits many people and organizations throughout our community while supporting farmers."

With the passage of H.R. 1, LFPA was eliminated. As discussed further in the Health section, the loss of this program is expected to have long-term negative impacts on community health outcomes, farmer viability, and local **food system resilience**.

USDA Household Food Security Report

Also eliminated in 2025 was the USDA's Household Food Security Report, which provided annual county-level data on food insecurity nationwide. This report served as a foundational data source for Feeding America's Map the Meal Gap and informed FFFC's own regional analysis. The loss of this report limits the ability of food banks, policymakers, and researchers to:

- Track trends over time
- Identify emerging gaps in service
- Allocate resources based on evidence

The elimination of this report essentially strips the conversation about food insecurity of reliable, consistent data. Experts are calling for "collaboration among NGOs, research institutions, and local governments" to maintain accurate measures of food insecurity across regions and states.[21]

Food Banks and Wellness

Integrating Emergency Food Systems into Food-as-Medicine Models

The **Food is Medicine initiative** is gaining momentum nationwide, driven in part by the growing recognition of social determinants of health (education access and quality, health care and quality, neighborhood and built environment, social and community context, & economic stability) as a vital focus in healthcare.[21] There is further research suggesting that by focusing on food access & nutrition - including nutrition assistance programs like SNAP - healthcare costs are reduced. [23,24,25,26,27]

As a result, communities are increasingly adopting local practices that align with the holistic, food-is-medicine approach. Food banks have been aware of this connection for some time, as numerous studies have highlighted the link between food-insecure populations and poorer health outcomes.[28,29,30,31]

Given that client centricity is central to the objectives of the Client Advocacy Department at FFFC, a primary emphasis of the 2025 Food Equity Report was placed on the following topics:

- Ongoing research into the primary barriers to healthy eating faced by individuals experiencing food insecurity.
- Understanding the community's perspective on the role organizations like the Flagstaff Family Food Center play in supporting their health and dietary choices.
- Identifying ways food organizations can enhance programs to better align with the community's nutritional priorities and food preferences.

Key Takeaways:

- **Community members facing food insecurity prioritize their health, although they face numerous barriers to meeting their food and health needs.**
- **Choice is the gold standard for uplifting health outcomes in food assistance, as it does so while maintaining dignity & empowerment for the community and recognizing rural challenges.**
- **Considering cultural context in health outcomes is of utmost importance, especially for organizations working across northern Arizona.**

Health & the Barriers to Health

According to the Centers for Disease Control and Prevention, ultra-processed foods still account for over half of the calories Americans consume.[32] Combined with other social determinants of health, the dietary landscape contributes significantly to lowered health outcomes across Northern Arizona communities.

While data is limited across the northeastern region of the state, available studies indicate poorer health outcomes across all three northeastern Arizona counties.[33] These outcomes include lower life expectancy, higher rates of physical and mental distress, increased numbers of poor physical health days, limited access to exercise opportunities, and reduced access to healthy foods.[32] In Navajo and Apache counties specifically, data shows elevated rates of:[33]

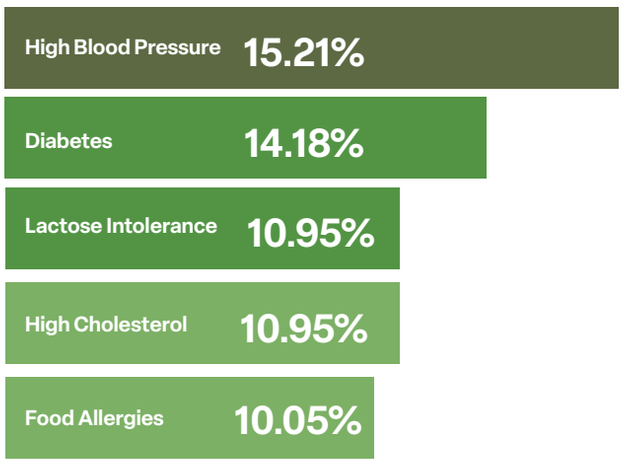
- Diabetes prevalence
- Adult obesity rates
- Physical inactivity

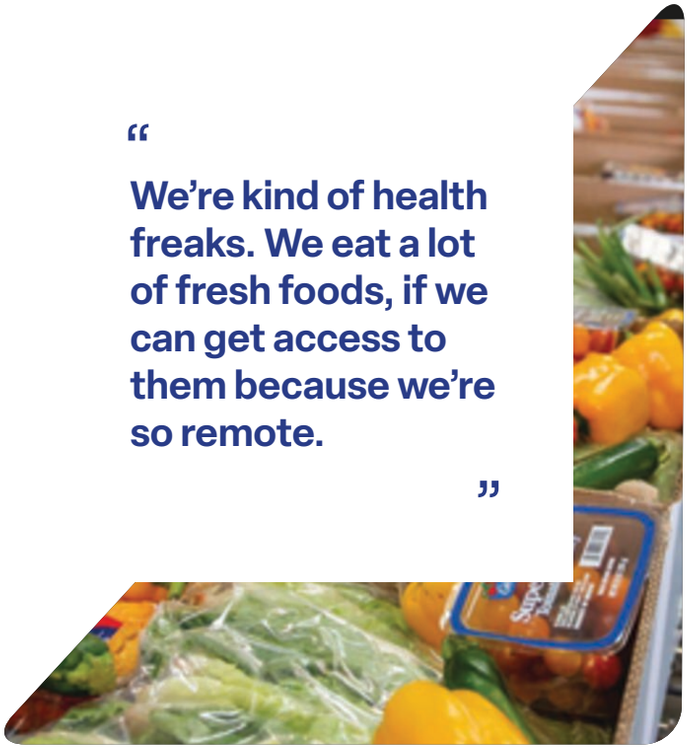
Diet-related disease is a particularly urgent concern. In Coconino County's Community Health Improvement Plan, two of the three most frequently cited physical health challenges are food-related:[34]

#1 Diabetes - 56.08%
#2 Lack of Providers - 54.14%
#3 Obesity - 45.86%

Data collected through client surveys at FFFC further underscores this connection. 55% of respondents reported that at least one member of their household is managing a diet-related health condition, with many indicating more than one (Fig. 7).

Figure 7: Diet-Related Health Conditions Identified by FFFC Survey Respondents





> “We’re kind of health freaks. We eat a lot of fresh foods, if we can get access to them because we’re so remote.”

Local Food Environment and Access

Zooming in on Coconino County, the prevalence of unhealthy food options remains a challenge. The county has 91.7 fast food restaurants per 100,000 residents, a rate higher than both the Arizona and national averages.[34]

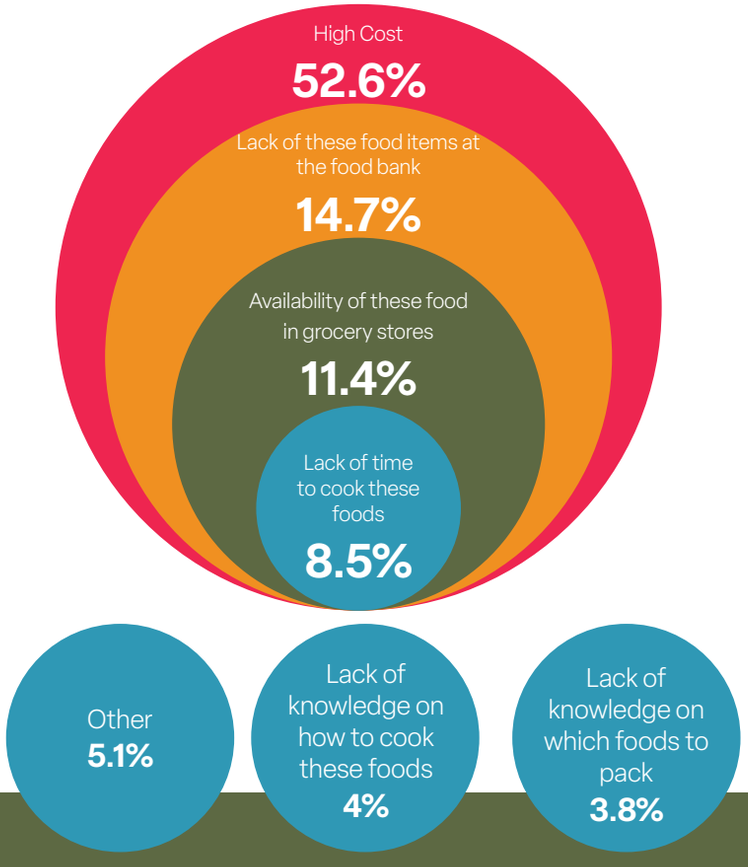
Access remains a key issue across the region. In client surveys, **cost** was identified as the top barrier to accessing healthy food, cited by **52.6%** of respondents (Fig. 8).

Despite these barriers, many individuals experiencing food insecurity place a high priority on healthy eating. When asked which aspects of health matter most to them and their households, respondents most frequently selected:

- **Food that meets my and my family's protein, carb, and fat needs (17%)**
- **Food that meets my and my family's vitamin and mineral needs (14%)**
- **Food that is high in vegetables (13%)**
- **Food that is high in protein (13%)**

These responses indicate a strong desire for nutritionally balanced food options, even in the face of economic and environmental constraints.

Figure 8: Barriers to Healthy Eating Identified by FFFC Survey Respondents



The Role of Food Banks in Health

Client perspectives on the role food banks should play in promoting health vary based on access to refrigeration and storage, comfort with choice-based models, and personal capacity to prioritize health. However, several consistent themes emerged:

- **Choice remains a top priority,** as it promotes healthy eating while preserving dignity and empowerment within programs. Clients noted that occasional access to less nutritious foods feels important, but expressed concern about being overwhelmed by unhealthy options.
- **Programmatic changes that reduce expired products are widely supported,** although some clients value the convenience and efficiency of produce bags and drive-through models.
- **Nutrition education is generally welcomed,** though it is a lower priority than access and convenience for many. Diversified outreach and flexible delivery methods were emphasized as key to successful education efforts.

Rural Context

Healthy food options can look different in rural communities, where access to refrigeration, storage, and full-scale cooking facilities may be limited. Shelf-stable and easily preserved items—such as dried foods, canned proteins, and other non-perishable products—play an essential role in supporting nutrition in these settings.

Understanding these contextual realities is critical to ensuring food assistance programs remain both accessible and responsive to the diverse needs of the communities they serve.

Historical & Cultural Considerations

Given that 42.7% of clients visiting FFFC's warehouse distribution identify as Native American, the historical and cultural context is essential when evaluating the role of food assistance programs in supporting community health.[1]

Research indicates that the Navajo Nation experiences some of the highest rates of food insecurity in the United States.[35] Food insecurity on the Nation is associated with a range of adverse health outcomes, including obesity, depression, type 2 diabetes, cardiovascular disease, and other chronic conditions.[36,37]

Historical determinants contribute to lower health outcomes, with the Navajo Nation containing one of the nation's largest **food apartheids** - comprising only 14 full-scale grocery stores, 21 convenience stores, and 65 restaurants across the 27,425-square-mile reservation (an area larger than the size of West Virginia).[38] (Fig. 9)

Additionally, traditional food knowledge and foodways were systematically disrupted through intentional political actions, including the Long Walk and the establishment of the boarding school system. At one point, Arizona ranked second in the nation for the number of boarding schools, with **59 schools operating simultaneously.**[39]

To suggest that the losses endured by these communities during this period could be captured in only a few sentences would be deeply reductive; however, documented impacts include the erosion of intergenerational knowledge and foodways, heightened food insecurity, lasting health disparities, and profound intergenerational trauma that continues to affect indigenous communities today.[40,41] Although recovering from these injustices has been difficult, tribal communities have made meaningful progress in reclaiming food sovereignty and revitalizing traditional food practices grounded in cultural knowledge, resilience, and self-determination. Throughout the data collection process, one of the most frequently expressed priorities was greater food choice. Community members emphasized that health is closely tied to autonomy and dialogue. While some participants supported removing unhealthy foods from food bank offerings, others stressed that education, cultural relevance, and informed choice are more impactful than restriction alone (see Community Perspectives section).

Figure 9: Full-Service Grocery Access on the Navajo Nation

Each 📍 marks a full-service grocery store on the Navajo Nation (excluding New Mexico). "Full-service" means the store stocks minimum items across key food groups, including meats, fruits and vegetables, dairy, cereals, canned fish, bread, and infant food and formula.

24,230 square miles
(for size comparison to the Navajo Nation)

The Road Ahead

Key Takeaways:

- **Food insecurity is continuing to rise across all counties, with children and seniors disproportionately impacted.**
- **Emergency food is becoming a primary source of food for many households — indicating sustained, not temporary, hardship.**
- **Work is not a protective factor: most households accessing FFFC services work at least part-time.**
- **Since housing, transportation, and other factors are intricately linked to food insecurity, this issue cannot be solved through food programs alone.**
- **Rural and Grand Canyon communities need fundamentally different food security strategies because of structural barriers to utilities, broadband, transportation, and programs like SNAP.**
- **Recent changes to SNAP and other programs like AHCCCS are likely to further increase reliance on food banks and harm school-based programs.**
- **Health outcomes and food access are deeply intertwined, but responses must focus on choice, dignity, and education to match the unique needs of every individual, family, and community.**

Priorities & Recommendations for a Resilient Northern Arizona

Given regional challenges, recent policy changes, a lack of major investment in systemic change, and rising costs, food insecurity is on the rise across northern Arizona—and it is likely here to stay (Fig. 10). As stated in last year's report, food insecurity is rarely caused by a single barrier. It is a compounding issue, with households navigating multiple adversities at once. As it's often quoted:

"Food is the first thing to be left off the table."

And across this region, that is precisely what is happening. Even among working households, rising housing, utility, gas, and medical costs are consuming an unsustainable share of income, leaving families with fewer options and driving a deeper reliance on emergency food services. In rural areas and the Grand Canyon, structural barriers such as limited utilities, transportation, and broadband, as well as limited access to cooking facilities, make food insecurity harder to escape and traditional solutions less effective.

At the same time, policy shifts threaten to increase barriers to SNAP access and weaken the region's ability to reliably track food insecurity. Combined with growing health challenges and limited access to affordable, healthy foods, these trends signal a clear need for coordinated, place-based strategies that strengthen both emergency response and long-term resilience.

Proposed Solutions

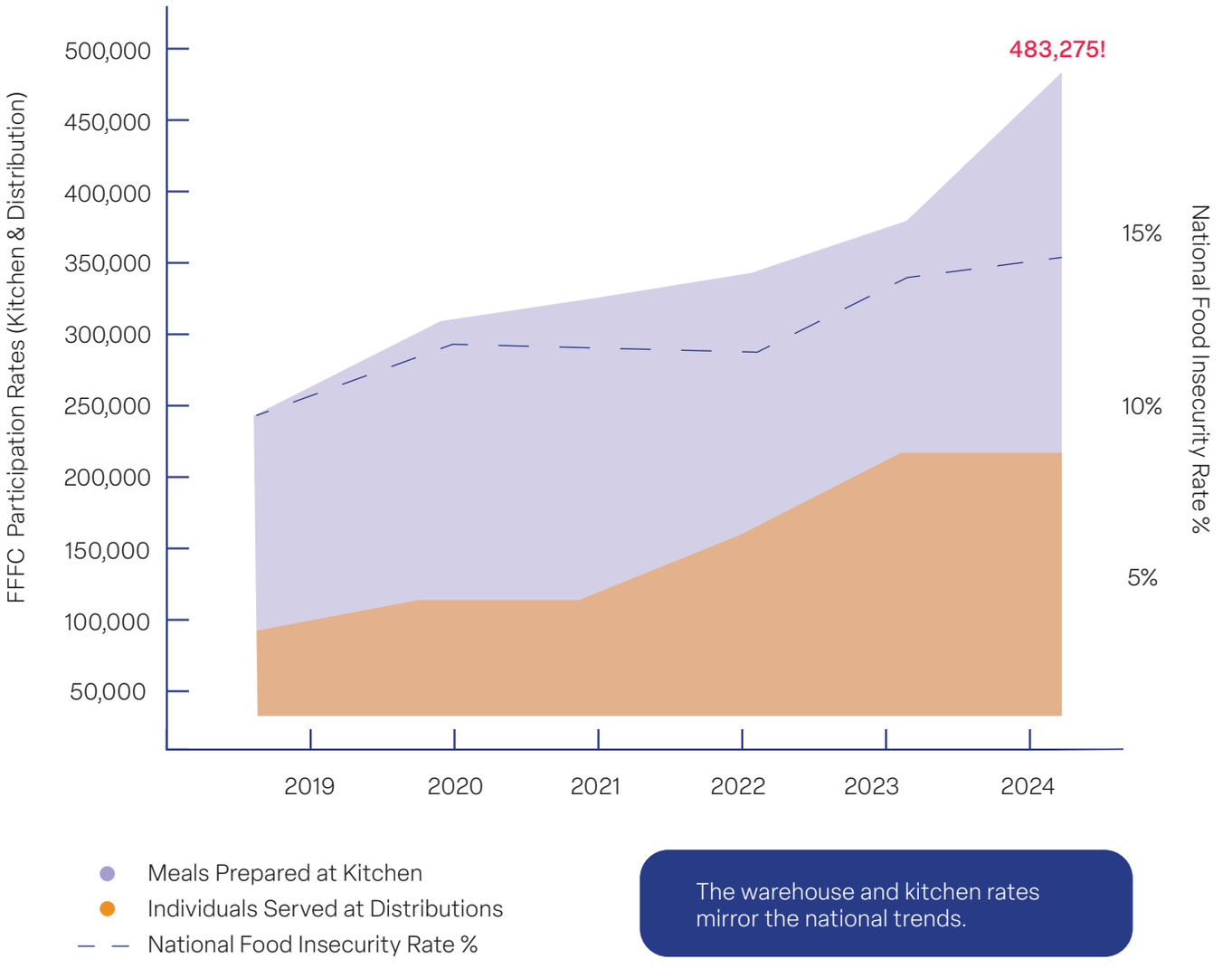
- **Priority 1:** Strengthen emergency response capacity (because the need is rising now)
- **Priority 2:** Reduce barriers to food access (transportation, utilities, and resource navigation support)
- **Priority 3:** Protect, uplift, and innovate food assistance programs like SNAP, WIC, and LFPA.
- **Priority 4:** Advance food-as-medicine programming with a focus on dignity, choice, and education.
- **Priority 5:** Uplift and expand choice, dignity, and education in food access programming.
- **Priority 6:** Build a Northern Arizona Food Security Data Collaborative to address the elimination of the national food insecurity report

Next Steps

In the next 12 months, FFFC will:

- Expand strategic partnerships that enhances rural, senior, and child access to food.
- Scale choice-based and food-as-medicine-aligned distribution improvements.
- Work with partners to advance SNAP access solutions in Grand Canyon communities.
- Release updated regional trend findings based on strengthened local data collection.
- Work with local, state, and federal decision makers to increase on-the-ground education of food insecurity across northern Arizona.
- Expand and strengthen coordinated resource navigation strategies that address the primary non-food drivers of food insecurity—housing, utilities, healthcare, transportation, and benefits access.
- Increase nutrition education and food empowerment opportunities within FFFC distributions.

Figure 10: FFFC Kitchen & Distribution Rates Compared to National Food Insecurity Rate

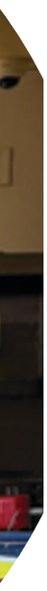


The warehouse and kitchen rates mirror the national trends.

What We Need From Partners, Policymakers, and Funders

- Policymakers: Protect SNAP access, ensure state readiness for cost shifts, and invest in rural infrastructure.
- Funders: Continue supporting operations that meet current demand, help expand rural infrastructure, and enhance access to nutrient-dense foods.
- Healthcare: Partner on screening + referrals and invest in medically supportive nutrition.
- Schools/child nutrition partners: Coordinate to prevent SNAP disruptions from impacting children's eligibility for meals and summer nutrition.
- Community organizations: Collaborate on resource navigation, advocacy, and community engagement efforts

> “I’ve watched this place grow. For a long time, we didn’t have a garden. I never used to be able to come and start picking fresh tomatoes. It’s lovely. Last year they had snow peas. I sat here and ate like 10 of them.”



Glossary

Community Resilience: The ability to prepare for anticipated hazards, adapt to changing conditions, and withstand and recover rapidly from disruptions.[42]

Cultural Relevance: Food that empowers individuals to maintain cultural integrity while accessing nutritional supports.[43]

Food Apartheid: A system of segregation that divides those with access to an abundance of nutritious food and those who have been denied that access due to systemic injustice.[44]

Food Insecurity: Knowing where your next meal may come from, but not knowing how you will meet your nutritional needs over the week or month; a broader and more encompassing condition.

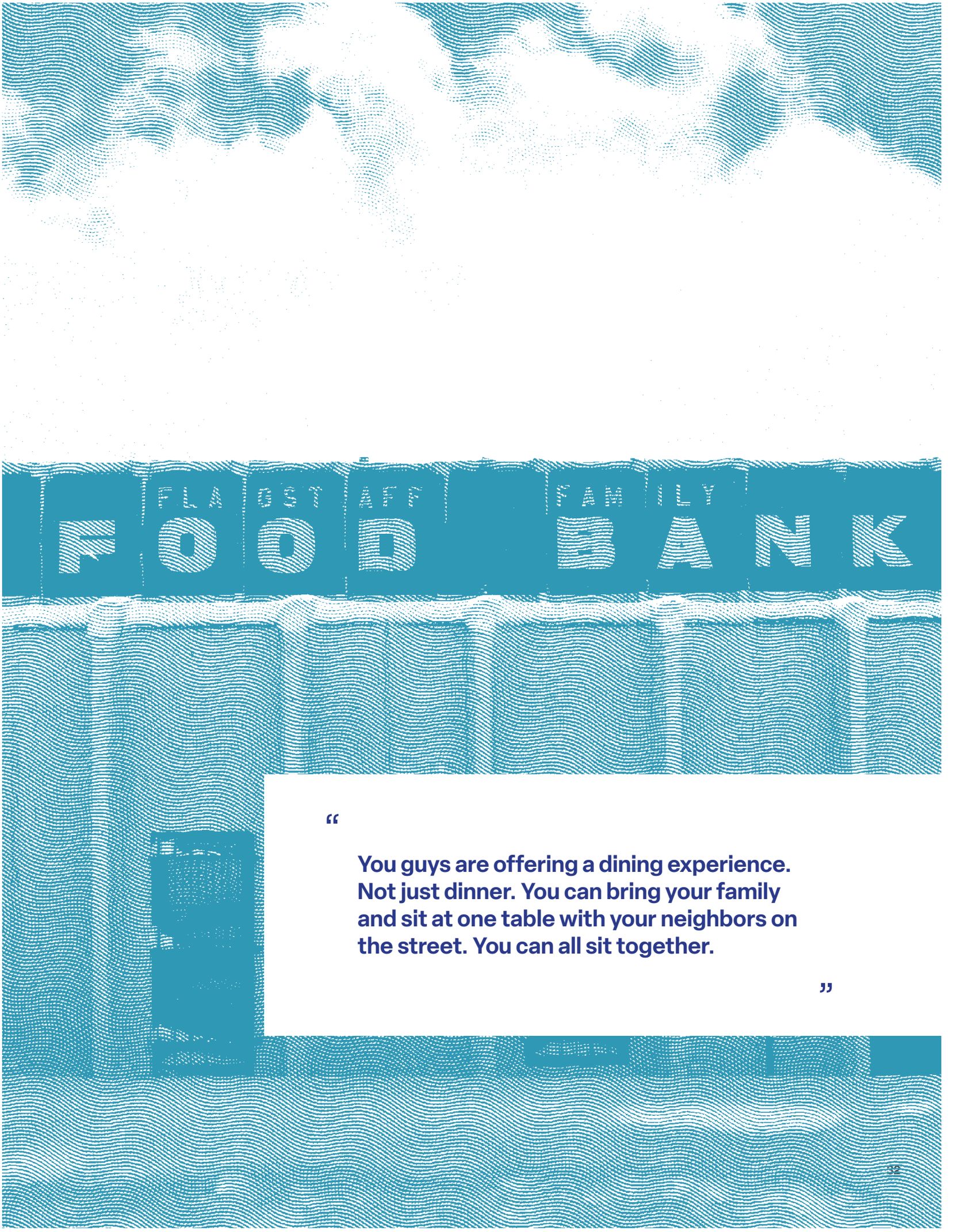
Food is Medicine: A healthcare approach integrating tailored nutrition—such as medically tailored meals, groceries, and produce prescriptions—directly into clinical care to prevent, manage, and treat chronic, diet-related diseases.[45]

Food System Resilience: The capacity over time to provide sufficient, appropriate, and acceptable food to all—even in the case of unforeseen disturbances.[46,47]

Household Resilience: A household's capacity and willingness to activate response mechanisms when faced with shocks.[48]

Housing-Cost Burdened: A household is cost-burdened when it spends more than 30% of its income on rent and utilities, and severely cost-burdened when it spends more than 50% of its income on these expenses.[49]

Hunger: Not knowing where your next meal is coming from; a more severe form of food insecurity.



“

You guys are offering a dining experience. Not just dinner. You can bring your family and sit at one table with your neighbors on the street. You can all sit together.

”

Methodology Overview

This Food Equity Report uses a mixed-methods approach to assess food access, food insecurity, and the potential impacts of policy changes on households in northern Arizona, with particular attention to rural and Tribal communities. The analysis integrates quantitative data, qualitative insights, and policy review to provide a grounded, community-informed perspective on regional food equity.

Data Sources

The report draws on the following data sources:

- Administrative and public datasets, including USDA, Arizona Department of Economic Security (DES), and other data related to SNAP participation, income, employment, and food insecurity trends. See citations for more information.
- Primary data collection included surveys administered to over 450 FFFC clients over a three-week period in 2025.
- Programmatic and operational data from food access providers, including distribution volumes, service utilization, and geographic coverage.
- Policy analysis, including review of proposed and enacted state and federal legislation affecting SNAP administration, eligibility, and funding responsibilities.

Qualitative Methods

Qualitative insights were gathered through structured interviews and facilitated discussions with over 40 FFFC clients. All sessions were audio recorded, and interviews were transcribed using Descript. Physical notes were also taken during focus groups. Data from both interviews and focus groups were analyzed using thematic analysis and pattern coding to identify key findings.

Grocery Cost Analysis

Grocery cost data was collected in September 2025 and February 2026 at the main food purchasing locations in each city represented in the analysis. In locations where multiple stores were visited, the average of the products was used as the final cost for analysis. Percentage change per unit (lb or oz) was calculated using the following formula:
=product_to((new value-old value)/old value))

Flagstaff was used as the baseline for comparison across locations (“old value”).

Geographic Scope

The report focuses on northern Arizona, including urban centers, rural communities, and tribal lands in coordination with Sage Memorial Hospital and Nez Consulting, LLC. Where possible, data are disaggregated by geography to highlight regional variation. However, some statewide datasets do not allow full disaggregation at the local or tribal level.

Limitations

This analysis is subject to several limitations:

- Some datasets lag real-time conditions due to reporting timelines.
- Changes in federal data collection methods (including USDA food security reporting) limit direct year-to-year comparisons.
- Survey and interview samples may not be statistically representative of all households but provide valuable directional insight.
- Policy impacts are modeled using best available information and should be interpreted as scenario-based estimates, not precise forecasts.

Despite these limitations, the combined use of multiple data sources and community input provides a robust and practical assessment of food equity conditions and policy risks in the region.

Citations

1. Flagstaff Family Food Center. (2025). [Unpublished raw Link2Feed data].
2. Flagstaff Family Food Center. (2025). [Unpublished raw kitchen programmatic data].
3. City of Flagstaff. (2022). Flagstaff 10-Year Housing Plan [PDF]. https://www.flagstaff.az.gov/DocumentCenter/View/72509/Flagstaff-10-Year-Housing-Plan---FINAL-6152022?bidId=
4. AZ 211 (2025). 2-1-1-Counts. AZ 211. https://az.211counts.org/
5. Eisenberg, E.. (2025). Homeownership's Enduring Value. Housing Affordability Institute. https://www.housingaffordabilityinstitute.org/homeownerships-enduring-value/
6. Grand Canyon National Park (2025). Park Statistics. National Park Service. https://www.nps.gov/grca/learn/management/statistics.htm
7. USDA FNS (n.d.) SNAP Retailer Location Data. USDA. https://usda-snap-retailers-usda-fns.hub.arcgis.com/datasets/USDA-FNS::snap-retailer-location-data/explore?location=35.713501%2C-111.490574%2C10%27
8. AZFBN (2025). AZFBN Anti-Hunger Playbook: 57 th Arizona State Legislature First Regular Session. AZFBN. https://azfoodbanks.org/wp-content/uploads/2025/01/Playbook_2025_Final_Digital.pdf
9. City of Flagstaff (2024). 2024 Community Food System Assessment. https://www.flagstaff.az.gov/DocumentCenter/View/79180/Flagstaff-and-Northern-Arizona-Community-FoodAssessment?bidId=
10. Arizona Food Bank Network. (2025). Hunger in Legislative District 7, 2025: SNAP's impact in the local economy [Infographic]. Arizona Food Bank Network. https://azfoodbanks.org/wp-content/uploads/2025/04/HIYD-LD-07-2025.pdf
11. U.S. Department of Agriculture, Food and Nutrition Service. (n.d.). Supplemental Nutrition Assistance Program (SNAP) history. https://www.fns.usda.gov/snap/history
12. Arizona Department of Economic Security. (n.d.). SNAP work requirements for able-bodied adults without dependents (ABAWD). https://des.az.gov/services/basic-needs/food-assistance/nutrition-assistance/work-requirements-able-bodied-adult
13. Sampson, A. (2025). Senate Passes Reconciliation Bill with Exemptions for American Indian and Alaska Native People from Community Engagement Requirements for SNAP and Medicaid. National Council of Urban Indian Health. https://ncuih.org/2025/07/02/senate-passes-reconciliation-bill-with-exemptions-for-american-indian-and-alaska-native-people-from-community-engagement-requirements-for-snap-and-medicaid/
14. National Council of Urban Indian Health. (2025, July 2). Senate passes reconciliation bill with exemptions for American Indian and Alaska Native people from community engagement requirements for SNAP and Medicaid. https://ncuih.org/2025/07/02/senate-passes-reconciliation-bill-with-exemptions-for-american-indian-and-alaska-native-people-from-community-engagement-requirements-for-snap-and-medicaid/
15. U.S. Department of Agriculture, Food and Nutrition Service. (2024). Characteristics of Supplemental Nutrition Assistance Program households: Fiscal year 2023 (Supplemental Nutrition Assistance Program Report Series). https://fns-prod.azureedge.us/sites/default/files/resource-files/snap-sar-fy23.pdf
16. Arizona Economic Center. (n.d.). The impact of decades of tax cuts and federal policy on Arizona's economic future. https://azeconcenter.org/the-impact-of-decades-of-tax-cuts-and-federal-policy-on-arizonas-economic-future/
17. Rambo, R (2025). Hi guys! As we've all heard, SNAP/EBT benefit's will be suspended as of 11/1. No matter your political view/opinions. . . (Gov. Shutdown Update, Verified via phone). Facebook. https://www.facebook.com/share/p/1874pfJJSS
18. Arizona Department of Education. (2024). Free and reduced-price percentage report, school year 2023–2024 [PDF]. https://www.azed.gov/sites/default/files/2024/01/Free%20and%20Reduced-Price%20Percentage%20Report%20SY%202023-2024.pdf
19. Coconino County. (2025). 2025 federal government shutdown. https://www.coconino.az.gov/3514/2025-Federal-Government-Shutdown
20. Ke, J. &; Ford-Jones, E. (2015). Food insecurity and hunger: A review of the effects on children's health and behaviour. Paediatrics &; Child Health, Volume 20, Issue 2. https://doi.org/10.1093/pch/20.2.89
21. Duke World Food Policy Center. (2025). Webinar: What we lose as USDA household food security reporting ends. https://wfpc.sanford.duke.edu/webinar-what-we-lose-as-usda-household-food-security-reporting-ends/

22. Centers for Disease Control and Prevention. (n.d.). Social determinants of health. U.S. Department of Health and Human Services. https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html
23. Berkowitz, S. et al. (2021). Supplemental Nutrition Assistance Program Participation and Health Care Use in Older Adults: A Cohort Study. Annals of Internal Medicine, Volume 174, Number 12. https://doi.org/10.7326/M21-158
24. Carlson, S. & Llobrera, J. (2022). SNAP Is Linked With Improved Health Outcomes and Lower Health Care Costs. Center on Budget and Policy Priorities. https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-health-outcomes-and-lower-health-care-costs
25. Heflin, C. et al. (2019). The Effect of the Supplemental Nutrition Assistance Program on Mortality. Health Affairs, Volume 38, Number 11. https://doi.org/10.1377/hlthaff.2019.00405
26. Hager et al. (2025). Medicaid Nutrition Supports Associated With Reductions In Hospitalizations And ED Visits In Massachusetts, 2020–23. Health Affairs, Volume 44, Number 4. https://doi.org/10.1377/hlthaff.2024.01409
27. Wang, L. et al. (2025). Health and Economic Impact and Cost-effectiveness of Produce Prescriptions for Diabetes in 50 U.S. States: A Microsimulation Study. Diabetes Care, Volume 48, Number 10. https://doi.org/10.2337/dc25-0144
28. Flint, K. et al. (2019). Emerging trends and the clinical impact of food insecurity in patients with diabetes. Journal of Diabetes. DOI: 10.1111/1753-0407.12992.
29. Seligman, H. (2010). Food Insecurity Is Associated with Chronic Disease among Low-Income NHANES Participants. The Journal of Nutrition, Volume 141, Issue 3. https://doi.org/10.3945/jn.109.112573
30. Venci, B., Lee, S. (2018). Functional limitation and chronic diseases are associated with food insecurity among U.S. adults. Annals of Epidemiology, Volume 28, Issue 3. https://doi.org/10.1016/j.annepidem.2018.01.005
31. Fang D. et al. (2021). The association between food insecurity and mental health during the COVID-19 pandemic. BMC Public Health, Volume 21, Issue 607. https://doi.org/10.1186/s12889-021-10631-0
32. Williams, A. et al. (2025). Ultra-processed food consumption among youth and adults: United States, August 2021–August 2023 (NCHS Data Brief No. 536). National Center for Health Statistics. https://www.cdc.gov/nchs/data/databriefs/db536.pdf
33. Coconino County Health and Human Services. (2025). CCHHS CHIP update 2025–2026 [Report]. Coconino County, Arizona. https://www.coconino.az.gov/DocumentCenter/View/68572/CCHHS-CHIP-Update-2025-2026-?bidId=
34. Coconino County Health and Human Services. (2025). Coconino County Community Health Improvement Plan Update 2025-2026. Coconino County. https://www.coconino.az.gov/DocumentCenter/View/68572/
35. Bennion, N. (2022). Driving Distance and Food Accessibility: A Geospatial Analysis of the Food Environment in the Navajo Nation and Border Towns. Frontiers: Sec. Nutritional Epidemiology, Volume 9. https://doi.org/10.3389/fnut.2022.904119
36. Stotz, S. et al. (2021). Food Insecurity and Associated Challenges to Healthy Eating Among American Indians and Alaska Natives With Type 2 Diabetes: Multiple Stakeholder Perspectives. Journal of Aging and Health, Volume 33, Issue 7-8. https://doi.org/10.1177/08982643211013232
37. Jernigan, V. et al. (2011). Addressing food insecurity in a Native American reservation using community-based participatory research. Health Education Research, Volume 27, Issue 4. https://doi.org/10.1093/her/cyr089
38. See citation 35.
39. Willard, E. (2024). 'We are survivors:' National, Arizona projects aim to uncover, preserve histories of Native American boarding schools. Cronkite News. https://cronkitenews.azpbs.org/2024/01/08/arizona-native-american-boarding-schoolhistory-preserved/
40. Arviso, R. (2024). Barriers to Accessing Nutritional and Traditional Foods on the Navajo Nation. Dine College.https://thesis.spthb.org/wp-content/uploads/2024/10/R.Arviso.pdf
41. https://www.nist.gov/community-resilience#:~:text=Community%20resilience%20is%20the%20ability%20to%20prepare,response%20and%20recovery%E2%80%94are%20key%20steps%20to%-20resilience.
42. National Institute of Standards and Technology: U.S. Department of Commerce.(n.d.). What is Community Resilience?. https://www.nist.gov/community-resilience#:~:text=Community%20resilience%20is%20
43. United Way of Olmsted County. (n.d.). Culturally-Responsive Food Strategies. United Way of Olmsted County. https://www.uwsemn.org/sites/uwsemn/files/Culturally-Responsive%20Food%20Strategies.pdf
44. Jensen, E. (n.d.). Food Apartheid. Regeneration. https://regeneration.org/nexus/food-apartheid#:~:text=Food%20apartWheid%20is%20a%20
45. American Public Health Association. (2025). Food is Medicine: Advancing Health Equity Through Nutrition. American Public Health Association. https://www.apha.org/getcontentasset/53b9b8f1-3df4-4a6a-b65d-46fc0f7de0d9/7ca0dc9d-611d-46e2-9fd3-26a4c03ddcbb/food-is-medicine-report.pdf?language=en
46. Sharfstein, J. (2023). How to Make Sure Food is Available in a Crisis. John Hopkins Bloomberg School of Public Health. https://publichealth.jhu.edu/2023/how-to-build-resilient-food-systems#:~:text=Resiliency%20is%20a%20
47. Zurek, M. et al. (2022). Food System Resilience: Concepts, Issues, and Challenges. Annual Review Environment and Resources, Volume 47, pgs 511-534. https://doi.org/10.1146/annurev-environ-112320-050744
48. Ashbrook A, Essel K, Montez K, and Bennett-Tejes D. (2021). Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity.
49. Ashbrook, A. et al. (2021). Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity. Food Research & Action Center. https://frac.org/wp-content/uploads/FRAC_AAP_Toolkit_2021.pdf
50. National Low Income Housing Coalition (n.d.). About the Gap Report. https://nlihc.org/gap/about#:~:text=A%20household%20

Flagstaff Family Food Center

Food Equity Report

Support Today at www.hotfood.org