

The Emergency Food Assistance Program

The Emergency Food Assistance Program (TEFAP) provides commodity foods to emergency kitchens (often referred to as soup kitchens), homeless shelters, and similar organizations that serve meals to the homeless and other needy individuals. Through food banks and food pantries, the program also provides basic commodities to low-income households for preparation and consumption at home. The U.S. Department of Agriculture (USDA) purchases commodity foods and processes, packages, and distributes them to designated State agencies, which, in turn, distribute them to approved local charitable organizations.

To date, there has been no direct evaluation of TEFAP's effects on nutrition- and health-related outcomes. A small number of studies have examined the characteristics of people who are likely to receive TEFAP foods.

Program Overview

TEFAP evolved from the Federal Surplus Relief Corporation, which was established under the Agricultural Adjustment Act of 1933. It was reauthorized as the Federal Surplus Commodities Corporation (FSCC) under Section 32 of The Potato Control Act of 1935. From its inception, the program pursued parallel goals of reducing Federal food inventories and storage costs (associated with farm price supports) and assisting needy households.

The current program was first authorized as the Temporary Emergency Food Assistance Program in 1981. In 1988, when Federal stocks of some surplus foods were depleted, the Hunger Prevention Act of 1988 authorized the purchase of commodities specifically for TEFAP. These commodities are in addition to any surplus commodities donated to TEFAP by USDA. The name associated with the acronym TEFAP was changed to The Emergency Food Assistance Program under the 1990 Farm Act.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), the initial welfare reform law, made several important changes in TEFAP. First, TEFAP was combined with the previously separate Commodity Distribution Programs for Charitable Institutions, Soup Kitchens, and Food Banks. Second, PRWORA defined a formula for allocating

available commodities to States, based on poverty rates, unemployment rates, and related factors. Finally, PRWORA established a requirement that \$100 million from annual Food Stamp Act appropriations be used to purchase commodities for TEFAP.

TEFAP foods are distributed free of charge. However, individuals who receive TEFAP foods for home use must meet eligibility criteria defined by each State. The types of commodities available through TEFAP vary from year to year, depending on agricultural conditions as well as State preferences. In FY 2001, more than 40 products were available, including canned and dried fruits, canned vegetables, fruit juice, canned meat, poultry, and fish, dried egg mix, peanut butter, nonfat dry milk, rice, pasta, and cereal (USDA, Food and Nutrition Service (FNS), 2003a). In FY 2002, 611 million pounds of food were distributed through TEFAP, at a Federal cost of \$435 million (USDA/FNS, 2003b).

A recently completed study of providers in the Emergency Food Assistance System (EFAS) found that TEFAP commodities account for about 14 percent of all food distributed through the EFAS (Ohls and Saleem-Ismail, 2002). Nationally, 55 percent of emergency kitchens, 52 percent of food pantries, and 84 percent of food banks distribute TEFAP foods.

Research Review

The literature search identified no direct evaluations of TEFAP's effects on nutrition- or health-related outcomes. The potentially relevant literature includes a small number of studies that describe recipients of TEFAP food either explicitly or implicitly. These studies are summarized briefly in the sections that follow.

Characteristics of TEFAP Recipients

TEFAP recipients are generally poor and food insecure and tend to be demographically similar to the low-income population overall (Quality Planning Corporation and Abel, Daft, and Earley, 1987). A dimension often used to differentiate TEFAP recipients is whether they receive food for preparation and consumption at home or consume food available on the premises of prepared meal programs (Briefel et al., 2003; Clancy et al., 1991; Bowering et al., 1991). This distinction largely reflects the portion of recipients

with a home vs. those who are homeless or whose residences lack facilities for storing or preparing food. Recipients who obtain TEFAP food for preparation at home normally get the food from food pantries or similar distribution facilities, while those who obtain food through prepared meal programs normally get it at emergency kitchens, shelters, or other residential programs, such as drug treatment or detoxification centers or battered women's shelters.

A national study of TEFAP conducted in 1986 for USDA by the Quality Planning Corporation (QPC) and Abel, Daft, and Earley (ADE) included a survey of TEFAP recipients. At the time this study was completed, TEFAP did not include commodity distribution to charitable institutions.¹³¹ Consequently, recipients characterized in the study were those who met State-defined income-eligibility criteria and received commodities for use at home. Such recipients are only a subset of the individuals served by TEFAP today.

A 1988 study by Burt and Cohen provides information on the characteristics of individuals who receive meals through emergency food kitchens, homeless shelters, and other charitable organizations. Clancy et al. (1991) and Bowering et al. (1991) reported results from 1990 surveys of New York State food pantry and emergency kitchen users, respectively. At the time these studies were conducted, these institutions received their USDA commodities from the then-separate Commodity Distribution Program for Charitable Institutions, Soup Kitchens, and Food Banks.

The most up-to-date and complete information on the characteristics of likely TEFAP recipients comes from the recently completed study of the EFAS (Ohls and Saleem-Ismail, 2002). That study included a survey of EFAS clients served by both arms of the system—food pantries and emergency food kitchens (Briefel et al., 2003). A randomly selected and nationally representative sample of 2,397 food pantry clients and 2,425 emergency kitchen clients were interviewed in person between August and November, 2001. Overall response rates were 70 percent and 77 percent, respectively. Major findings from this survey are discussed below. Findings from the two older surveys described above, are discussed when they provide information or a perspective that is not available in the EFAS survey.

According to the EFAS survey, food pantries served 4.3 million different households, comprising 12.5 million people, during a typical month in 2001. Emergency kitchens served about 1.1 million people per month in 2001 (Briefel et al., 2003). Data on the characteristics of these EFAS recipients confirm findings from earlier studies and show that pantries and emergency kitchens serve different segments of the low-income population.

Households that used food pantries were more likely to include children than households that used emergency kitchens. Almost half (45 percent) of food pantry households included children, compared with about 20 percent of emergency kitchen households (Briefel et al., 2003). Almost 30 percent of pantry households were single adults living alone; more than two-thirds of these single adults were female. In contrast, more than 50 percent of emergency kitchen households were adults living alone, and more than 70 percent of these single adults were male. Among pantry clients, the majority racial/ethnic group was non-Hispanic White (49 percent), followed by non-Hispanic Black (31 percent), Hispanic (16 percent) and other (5 percent). Among food pantry clients, the greatest concentration of clients were non-Hispanic Black (45 percent), followed by non-Hispanic White (35 percent).

About a quarter of pantry clients and 40 percent of emergency kitchen clients were unemployed and looking for work. Employment status tracked with household composition, with households with children being more likely to have employed members than households without children. Education was a limiting factor for both groups of EFAS clients, particularly those using food pantries. Close to 46 percent of pantry clients and 39 percent of emergency kitchen clients had less than a high school education.

Both groups of EFAS clients were poor. At the time they were interviewed, 93 percent of pantry clients and 83 percent of emergency kitchen clients had incomes at or below 130 percent of the Federal poverty guideline. One-third and two-fifths, respectively, had incomes that were at or below 50 percent of the poverty line. In addition to poverty, both sets of EFAS clients experienced problems with homelessness or other challenges to daily living, such as lack of adequate food storage/cooking facilities, transportation, or working telephones. Clients of emergency kitchens were most likely to be homeless (36 percent vs. 8 percent of pantry clients).

About half of pantry clients and two-fifths of emergency kitchen clients in the EFAS survey reported

¹³¹The Commodity Distribution Program for Charitable Institutions, Soup Kitchens, and Food Banks was a separate program until 1996 when PRWORA merged it into TEFAP.

being in “fair” or “poor” health. (This compares with one-third of the general low-income population) (Briefel et al., 2003). The earlier survey of homeless people using emergency food assistance completed by Burt and Cohen (1988) found that there was a relatively high prevalence of mental health problems, with 20 percent reporting a history of mental hospitalization, about 20 percent reporting at least one suicide attempt, and 7 percent having been diagnosed as suffering from a major psychiatric problem. On a scale measuring current depression and demoralization, 49 percent had high enough psychological distress scores to indicate a need for immediate treatment.

More than half (55 percent) of the pantry-client households surveyed in 2001 visited a pantry once per month or less often (many providers restrict the frequency of visits) (Briefel et al., 2003). About a quarter reported visiting two or three times per month, and about 20 percent visited once per week or more often. Among users of emergency kitchens, about 13 percent received their meals at the kitchen every day. Another 43 percent received meals 2 to 5 days per week. Clients who visited kitchens almost daily tended to rely on the kitchen for multiple months; sometimes for years.

About three-quarters of pantry clients and more than two-thirds (69 percent) of kitchen clients surveyed in 2001 said they preferred to get food from a pantry or kitchen than “ask the Government for help” (although many of these households reported relying on other types of Federal assistance) (Briefel et al., 2003). More than two-thirds (69 percent) of food pantry clients and almost half (45 percent) of emergency kitchen clients combined use of emergency food assistance with participation in another food and nutrition assistance program (FANPs). However, although most EFAS clients (90 percent of food pantry clients and 82 percent of emergency kitchen clients) were income-eligible for the FSP, a substantial proportion of eligible households did not participate (45 percent of pantry-client households and 56 percent of emergency kitchen clients). Uncertainty about eligibility was the reason most commonly given for not participating.

Among food pantry clients, households that included seniors (adults 60 and older) but no children were more likely than other types of households to use only food pantries to obtain food assistance. The 1986 study of TEFAP recipients (analogous to today’s EFAS pantry clients) compared the demographic profile of TEFAP recipients with a profile of FSP recipients during the same period and found that the primary difference

between participants in the two programs was age. The percentage of elderly households in TEFAP was more than twice that of the FSP (38 percent vs. approximately 15 percent). As a potential explanation for this disparity, Levedahl et al. (1994) cite findings from two studies of barriers to FSP participation among the elderly (Ponza, 1990; Ponza and Wray, 1990). Many elderly apparently prefer TEFAP to the FSP because TEFAP’s application and distribution procedures are less complicated (Ponza 1990, as cited in Levedahl et al., 1994). In addition, some elderly are resistant to FSP participation because FSP coupons clearly identify users as welfare recipients (Ponza and Wray, 1990, as cited in Levedahl et al., 1994).

Nutrition-Related Characteristics of Likely TEFAP Recipients

Briefel and her colleagues (2003) assessed EFAS clients’ food security status using the 6-item short version of the core food security module developed by USDA (Bickel et al., 2000). They found that about three-quarters of EFAS clients were food insecure, and almost half were classified as food insecure with hunger. This compares with a national estimate of food insecurity of 11 percent overall and 32 percent for low-income households (Nord et al., 2002). The prevalence of food insecurity varied by household composition. The households with the greatest rates of food security were those with seniors and no children.

Analyses showed that material hardships and food insecurity were more severe among EFAS client households that used two or more forms of emergency food assistance than for EFAS client households that combined emergency food assistance with participation in other FANPs. Nonetheless, three-quarters of households that combined EFAS services with FANP participation experienced food insecurity.

Burt and Cohen (1988) examined the eating patterns of homeless people who used emergency kitchens and shelters and compared them with homeless people who did not use these services. To obtain information on homeless people who did not use emergency kitchen or shelter services, the researchers interviewed homeless individuals at congregating sites—for example, bus stations, culverts, and other homeless “encampments.” This sample of nonservice-using homeless individuals—those who had not used any kind of shelter or emergency kitchen for the past week—was small and not necessarily representative. Although not generalizable, the information obtained provides useful insights about differences between the service-using

and nonservice-using homeless (akin to TEFAP recipients and eligible nonrecipients).

Generally, all homeless people sampled tended to eat less frequent and less adequate meals than the overall population. Homeless people who did not use either emergency kitchens or shelters fared worse than those who did use these services. Homeless nonusers ate an average of 1.36 meals per day compared with 1.92 meals per day for homeless service users and 3 or more meals per day for the average low-income person. Homeless nonusers were also more likely to have gone 1 or more days without eating during the previous week than homeless service users, averaging 1.35 days per week without eating compared with 0.66 days per week for homeless service users. Homeless nonusers were more likely than homeless service users to describe their diets as fair or poor and less likely to have eaten foods from five core food groups.

The researchers did not assess the nutrient content of the meals actually consumed by homeless persons or their total nutrient intake over the course of the day.¹³² Available information on the number of meals eaten per day and the number of days in which nothing was eaten strongly suggests that substantial differences may exist between the food served in shelters and emergency kitchens and the food actually consumed routinely by homeless persons.

¹³²The QED/ADE study (1987) included an assessment of the potential nutrient contribution of an average TEFAP package to the diets of regular program participants. The packages were found to provide significant amounts of protein and key vitamins and minerals but were high in saturated fat, cholesterol, and sodium. At the time that this analysis was done, only seven commodity foods were offered and cheese was a major component of the package. TEFAP food packages offered today have considerably more variety and have been designed to be lower in fat, cholesterol, and sodium.

Summary

No research completed to date has examined the impact of TEFAP on nutrition- and health-related outcomes of program participants. The recently completed surveys of providers in the EFAS (Ohls and Saleem-Ismael, 2002) and EFAS clients in food pantries and emergency kitchens (Briefel et al., 2003) provide researchers and policymakers with a detailed and up-to-date picture of the organizational system and programs that distribute TEFAP foods and the characteristics and experiences of likely recipients of TEFAP foods. These data provide a solid foundation for future research that may examine nutrition and health characteristics of TEFAP recipients and, potentially, the influence of the program on these characteristics.

However, any evaluation of the effects of TEFAP at the participant level will face some formidable challenges. First, TEFAP foods compose only part of the package delivered by the participating programs and, because the package delivered often depends on voluntary contributions, its content generally fluctuates over time. Moreover, individuals tend to receive these foods on an episodic basis, often for only a single instance. Second, many recipients of TEFAP foods obtain and consume food from a wider-than-normal variety of sources, ranging from supermarkets to food pantries, prepared and perishable food recovery programs, emergency kitchens, shelters, family, friends, panhandling, dumpsters, and garbage cans. Usual approaches to measuring food consumption may not be effective for some TEFAP recipients because of their unusual circumstances. Finally, in addition to the problems of defining the TEFAP intervention and measuring potential outcomes, it will be difficult to construct an appropriate representation of the counterfactual—that is, defining and accessing an appropriate comparison/control group of eligible individuals who do not receive TEFAP foods.

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