Food Insecurity and Hunger

Ineligible Parents, Eligible Children: Food Stamps Receipt, Allotments, and Food Insecurity Among Children of Immigrants

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The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), known as welfare reform, and its subsequent amendments eliminated welfare as an entitlement for working-age adults and noncitizens while maintaining limited support for poor children regardless of citizenship. This policy changed the treatment of mixed-eligibility-status immigrant households, i.e., households containing both those deemed ineligible for welfare (noncitizens) and those deemed eligible (poor children). Rather than providing full welfare benefits, welfare policy reduces or eliminates welfare benefits for mixed-status households relative to nonimmigrant households whose every member can be eligible. The effects of this new policy depend, in part, on the extent to which a reduction in allotments to mixed-status households has a negative impact on children. This study also examines the effect of cutbacks on welfare allotments on "mixed status" families and whether these changes in Food Stamp Program (FSP) participation and benefits led to higher levels of food insecurity among children of noncitizens.

Prior research has shown that the FSP serves as an important source of food for immigrant families. This study added to earlier work by using a longitudinal data source, the Survey of Program Dynamics (SPD), to follow a cohort of children through multiple years. This study used a national-level sample and controlled for State-level fixed effects in multivariate models of food stamp receipt and food insecurity. The authors used measures of "unmet need" for food stamps, based on the extent to which an individual child's predicted participation levels changed since the enactment of welfare reform.

Five specific findings emerged from the analysis. First, household-level food stamp receipt declined steadily between 1993 and 2000 among all nativity/citizenship groups independent of changes and variation in social, demographic, and economic characteristics. In contrast, the decline in food stamp benefits was temporary among children of noncitizens. Second, food insecurity was higher for these children of noncitizens who did not natu-

ralize immediately following welfare reform, but food insecurity levels declined and became more equal across all nativity/citizenship groups by 2001. Third, reductions in FSP benefits rather than reductions in household-level food stamp participation appear to explain the higher food insecurity levels of children of parents who never naturalized. Fourth, reductions in unmet need for both receipt and allotments between 1997 and 2000 appear to explain, in part, the decline in food insecurity for all nativity/citizenship groups. Fifth, the results suggest that children of noncitizens would have lower levels of food insecurity if they were given access to food stamps and allotments equal to those given to children of natives.

The study results suggest that providing food assistance to needy children alone is probably not enough to reduce food insecurity among eligible immigrant children. Food insecurity among the children in the SPD increased due to reductions in FSP participation by mixed-status households despite the fact that most of the children remained eligible. Another policy change could be to provide food assistance to all members of needy households that contain children rather than only to household members who are eligible children.

The Relationship Between Food Assistance, the Value of Food Acquired, and Household Food Security

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The research examined household food spending relative to household need for food and the relationship between food expenditures and measures of food security. The research addressed four questions:

1) What household characteristics are associated with spending enough on food?

2) What household characteristics are associated with reporting food insecurity?

3) To what extent does spending enough on food decrease the probability of food insecurity?

4) Do the budget shares devoted to household budget items other than food differ between households that do and those that do not spend enough on food?

The research used data from the 2001 Food Security Supplement of the Current Population Survey and the 1986-2000 Consumer Expenditure Surveys (both diary and interview surveys). These samples are designed to be nationally representative.

The authors defined "spending enough on food" by considering whether or not the household achieves its Extended Thrifty Food Plan (ETFP) amount. The Thrifty Food Plan (TFP) is defined as the minimum amount in food expenditures required to potentially meet the household's food needs. The authors calculated an ETFP amount for each household by summing the amounts from the TFP for each individual in the household, based on age (including infants) and gender, and multiplying this amount by an economy of scale factor based on household size used by USDA when calculating maximum food stamp benefits. The authors examined the correlation between the degree to which a household meets its ETFP and its reported food insecurity. A logistic regression model examined the probability of a household reporting food insecurity within the last 30 days, with separately estimated models for households that receive food stamps and those that do

not. Linear probability models examined factors that move households closer to achieving their ETFP, with a series of expenditure share regressions explaining whether the ETFP was associated with differences in expenditures across a number of items.

Study findings included the following:

♦ Low food expenditures are significantly associated with an increased probability of food insecurity.

♦ Households that use food assistance have a higher probability of reporting food insecurity than statistically comparable households. Households using food pantries are far more likely to report food insecurity than households using other forms of food assistance.

♦ In spite of their higher incomes, food stamp households that do not receive at least 75 percent of their ETFP amount from Food Stamps have lower food expenditures than those that receive at least 75 percent of their food needs from the FSP.

♦ While having an elderly person in the home is associated with a higher probability of not spending enough on food, households with at least one elderly person have a lower probability of reporting food insecurity than statistically comparable households.

♦ Among food stamp households, those that achieve at least 90 percent of their TFP amount devote lower shares of their expenditures to apparel, child care, housing, utilities, and entertainment relative to the households that do not achieve this food expenditure threshold.

Study findings encompassed several research implications. Additional research is needed to examine the budget constraints of food stamp households, especially with respect to the constraints that child care, housing, and utility expenses represent. While the food stamp rules account for and deduct some of these expenses to compute a household's net income, the threshold limits are not updated annually. Future research can also contribute to a better understanding of household budgeting decisions made by low-income households. Some low-income households manage their resources so the household obtains enough food and does not feel food insecure. Learning the strategies these households employ could increase understanding of the causes of food security.

Dietary Intake and Food Security Among Migrant Farm Workers in Pennsylvania

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While the labor of migrant farm workers gives the U.S. population access to high-quality, affordable foods, migrant workers themselves often suffer from food insecurity, malnutrition, poor health status, poverty, and low job security. They often live and work in unsafe and unsanitary conditions that contribute to a myriad of health, mental health, social, and behavioral problems, including chronic health conditions, substance abuse, domestic violence, and other co-morbid mental health problems. This study examines critical components of health and well-being: the nutrition, food security, and food sufficiency maintenance practices of migrant farm workers in Pennsylvania, and the impact of food program participation on these outcomes.

The study methodology involved the collection of quantitative and qualitative data using focus group interviews and surveys in five Pennsylvania agricultural counties. The focus groups, conducted with 117 participants, had three main objectives: 1) to identify barriers to achieving good nutrition; 2) to understand the programmatic, social, cultural, and lifestyle factors responsible for these barriers; and 3) to reveal practices employed to increase food security.

The survey was administered to 401 participants. It consisted of the USDA food security instrument, information on utilization of food assistance programs, 24-hour dietary recall data, and demographic characteristics. The data were compared to an existing dataset from the Current Population Survey (CPS) to determine how factors such as ethnicity, migrant status (seasonal, settled), and other factors affect the use of food assistance programs among migrant workers.

Study findings indicate that the migrant population is diverse and its composition varies from county to county. The Pennsylvania migrant population consists mainly of Spanish-speaking workers from Mexico. Some are "settled" while others follow a migrant stream originating in Florida and moving on to New York or Indiana after their work in Pennsylvania.

This study examined the food security of migrant farm workers. While the majority of the participants surveyed were food secure, 8.9 percent were food insecure, and 4.7 percent were food insecure with hunger. The CPS sample indicated a higher level of food insecurity among migrant farm workers than the Pennsylvania sample, but with fewer participants experiencing food insecurity with hunger. A higher percentage of the Pennsylvania sample participates in the National School Lunch and Breakfast Programs while more of the CPS sample participates in WIC, FSP, and food pantries.

Based on the 24-hour recall intake data, a considerable number of participants did not meet the recommended intake levels for food groups and/or certain nutrients. Indeed, a large number of participants reported consuming no fruit, vegetables, or dairy products.

The focus group interviews revealed additional information that could help explain the survey results. Participants appeared to be concerned with a variety of nutrition and diet-related health issues, including diabetes, heart disease, obesity, and anemia. Focus group participants cited issues affecting their food choices such as flavor, habit, tradition, and pleasure. Reported barriers to adequate access and consumption included the perception that American foods are of low quality and expensive, lack of transportation, language barriers, unfamiliarity with their community of residence and what foods are available, and difficulty in identifying foods by their name.

Participants in all focus groups mentioned that their eating habits changed dramatically after arrival in the United States. For example, consumption of fresh fruits and vegetables decreased because of the perceived poor quality and high price. Practices to attain food security included sharing with friends and family, avoiding certain foods and beverages because of the cost, eating larger quantities of beans, rice and tortillas, buying food on sale, eating less, and maximizing use of leftover foods. Participants made suggestions regarding the content and format for educational programs. They stated that they need information about how to feed babies and children, how to make more nutritious and cheaper food, how to use American foods, weight loss information for both children and adults, and information about diabetes. All focus groups mentioned that the programs should be fun and interactive, be conducted in Spanish, and involve cooking.

Study findings indicate a need for culturally appropriate health and nutrition education, focusing on how to prepare healthy, nutritious, and inexpensive meals as diet-related disease risk reduction. Additional funding could enhance existing health and nutrition education programs such as those operating through the Cooperative Extension Service and local health departments. Culturally appropriate educational programs could be developed to target the migrant farm worker population. Bilingual educators indigenous to the farm worker community could deliver them.

The Role of Food Assistance Programs and Household Employment in Helping Food-Insecure Families Avoid Hunger

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Since 1995, USDA has been tracking the prevalence of food insecurity and hunger at the national level through an annual Food Security Supplement to the Current Population Survey. The Supplement's questions form the basis of the Food Security Scale, which is used to classify households into three levels of food security: food secure, food insecure without hunger, and food insecure with hunger.

USDA's annual food security reports have consistently documented that the prevalence of food insecurity and hunger in the U.S. is higher among households with children than households with no children. Using multinomial logistic regression analysis, the authors found that households with children were more likely to experience food insecurity even after controlling for other factors. However, the authors also found that households with children were less likely to experience hunger. This finding suggests that food-insecure households with children may be drawing on personal and/or public resources to help them avoid hunger.

To explain this empirical finding, the authors assessed the extent to which household employment circumstances and Federal food assistance programs, which serve a larger share of families with children, play a role in helping households with children avoid hunger.

The employment variables in the analysis included the average number of jobs held, the average number of usual hours worked, and the average unemployment duration of adult household members, the employment status of the household head, and the proportion of household adults who were employed. While these variables affected hunger and food security, they did not fully explain the observed differences between households with and without children.

Controlling for participation in food assistance programs was not a straightforward exercise. At the same time, it is possible that the level of a household's food insecurity could affect the household's decision to participate in food assistance programs, resulting in a positive association between program participation and hunger. If so, then self-selection into the program must be controlled for to assess the degree to which program participation

reduces food insecurity and hunger. It is expected that the program reduces hunger.

The authors addressed this self-selection problem in two separate ways. First, for the largest Federal food assistance program, the Food Stamp Program (FSP), they identified three State-level food stamp policy variables that affect participation but not food security: State use of short recertification periods (3 months or less); Federal food stamp outreach spending by State; and the timing of State implementation of the electronic benefit transfer system, a debit-like card that replaced traditional food stamp coupons in most States during the 1990s. The authors then followed a two-step procedure that used the predicted value of participation as an instrument in the food security equation. The authors found that participating in the FSP reduced the likelihood of a household's experiencing food insecurity or hunger. However, program participation did not fully explain the observed differences between households with and without children.

Second, for households that experienced some degree of hunger during the course of a year, the authors studied whether participation in any of the four largest Federal food assistance programs was associated with lower levels of food insecurity during the last 30 days of that year. The programs covered in the analysis were the FSP, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the National School Lunch Program (NSLP), and the School Breakfast Program (SBP). The authors found evidence that the FSP, NSLP, and SBP all helped households that experienced hunger during the year escape food insecurity. They also found that controlling for participation in the NSLP completely eliminated the observed differences between households with children age 5-16 and households without children. The results suggest that the NSLP plays an important role in helping households with school-age children escape hunger.

Household Food Insecurity, Food Assistance Program Participation, and the Use of Preventive Medical Care

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This study used the 2001 California Health Interview Survey (CHIS) to examine relationships between household food insecurity and the delay or absence of primary and secondary preventive medical care. Instances of prescribed care included prescription drugs, recommended medical tests, and other medical treatments among adults with certain diagnosed chronic diseases that require ongoing management (diabetes, heart disease, high blood pressure, asthma, and arthritis). The study hypothesized that food insecurity would be associated with low rates of utilization of preventive health services for adults with chronic diseases, i.e., poorer disease management as indexed by postponement or failure to get needed care. It was further hypothesized that these relationships would be stronger for adults in households with children, and that health insurance and participation in food assistance programs would mitigate these relationships.

It is well established that some types of preventive medical services reduce morbidity and save health care costs. Particularly for individuals with chronic disease, effective clinical preventive services have been shown to markedly improve outcomes. For the individual with a chronic disease that requires ongoing medical, nutritional, or pharmacological management, foregoing or postponing medical care or the purchase of necessary drugs and supplies may result in increased rates of complications and poorer outcomes. There is now considerable descriptive literature on food insecurity at the household level, indicating that the management of scarce resources in the face of food insecurity and hunger often results in sacrificing or postponing other basic needs. To date, little attention has been given to food insecurity in relation to use of medical care although recent research suggests that food insufficiency—a measure of household difficulty in acquiring food that antedates the current food security measure—is associated with higher complication rates, poorer disease management, and increased medical care utilization among adult diabetics.

CHIS is the largest State health survey conducted in the United States. It is the only large database from in the Nation that incorporates both a measure of household food security and extensive data on the preventive medical services, health insurance status, and participation in food assistance programs and other public assistance programs. The 2001 survey collected data from 55,428 households. Individual interviews were completed with one adult per household, with one adolescent (age 12-17) if present, and with a parent on behalf of one child under 11 years if present, resulting in 55,428 adult interviews, 5,801 adolescent interviews, and 12,592 parent interviews on behalf of

children under 11 years. The food security measure used in the study is the 6-item screener derived from the 18-item Federal instrument. Food security questions were only asked of adults residing in households with per capita incomes below 200 percent of the Federal poverty level. The author examined distributions and bivariate relationships; multivariate logistic regression analysis was utilized to examine predictors of key dependent variables.

Food insecurity among this population of low-income adults was 28.3 percent, while 8.3 percent reported food insecurity with hunger. More than one-quarter (28.9 percent) had no current health insurance, and for nonelderly adults (<65 years of age), the figure exceeded one-third (35.6 percent). Food stamp participation was only 10.2 percent among individuals in households with incomes below 130 percent of poverty. WIC participation was higher, with 58.5 percent of income-eligible (<185 percent of poverty) pregnant women reporting their own or their child's participation.

Contrary to the hypothesis, there was no consistent relationship between living in a food-insecure household and several basic preventive indicators, including having had a flu shot in the last year, and several screening indicators including mammograms, Pap smears, stool blood tests, and bone density screening. There was a significant association of food insecurity with never having had a blood cholesterol check or an endoscopic colon cancer screening for both men and women, or having had a prostate-specific antigen test (which helps detect prostate cancer) in men over 40.

Food-insecure adults reported significantly higher utilization of medical care, including number of doctor visits and use of an emergency room in the previous year. On the other hand, adults in households reporting hunger were more likely to have had their last dental visit more than 5 years ago than adults in food-secure households.

Among adults with diagnosed chronic disease, there was a striking and consistent relationship between food insecurity, particularly food insecurity with hunger, and the likelihood of postponing or failing to acquire prescriptions or obtaining recommended care or treatment for the disease. There was also a clear and significant relationship, across all diseases examined, between food insecurity and an emergency room visit for complications of the disease in the previous year. In multivariate models, the relationships remained significant when controlling for income, age, gender, ethnicity, family type, and health insurance, with food-insecure individuals two to five times more likely to have postponed or foregone needed care. Lack of health insurance coverage was the strongest predictor of failure to obtain or postpone care, but food insecurity remained independently predictive, in models controlled for income.

Based on these preliminary analyses, it appears that food insecurity, particularly food insecurity with hunger, is associated with postponing or foregoing medical care, including prescription drugs, for low-income adults independent of other contributing factors. An association was also found for higher medical care utilization, including the likelihood of seeking emergency room care for the disease in the previous year. These relationships are strikingly consistent across all chronic conditions examined.