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Food Insecurity in America: A Call to Action

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A few years ago, before the recession, CBS took a heartbreaking look at the faces and stories of those in a seemingly endless line of 896 people waiting outside a food bank in rural southeastern Ohio. One mother explained that she bought whole milk and cut it with an equal part of water: "It makes milk last longer. The baby needs milk." When asked what her dream in life was, this mother in 21st century rural America said it was to feed her baby undiluted milk. The nation may be several times richer on a per capita basis than it was in the Great Depression, but the dreams of millions of struggling parents still are to be able to feed, clothe, and house their children.

Even before the recession, hunger was widespread in the United States. Since the 1970s wages and benefits for large groups of American workers have stagnated or eroded, making their family struggles harder even as the nation's economy has grown. In 1998 the federal government's official survey of food insecurity showed that 36.1 million people (13.5% of the population) lived in food insecure households.[1] From 1998 to 2007—right before the recession—the Gross National Product in real (inflation-adjusted) terms grew by 60%[2]; but the median family income grew only by 2%.[3] In 2007 36.2 million people (12.2% of the population) lived in food insecure households. In other words, half a generation's economic growth was concentrated mostly at the top, and progress against food insecurity was slow and halting.

Then the roof fell in. The recession hit, and the number of people in food insecure households skyrocketed to 49.1 million (16.4% of the population) in 2008.[1] In part because government food stamp (SNAP, or Supplemental Nutrition Assistance Program) and other supports were increased, the number then flattened out even as the economy continued to struggle—it was 50.2 million in 2009 and 48.8 million in 2010.[1]

When one in six people in the country is living in a food insecure household, that is an outrage. A country as wealthy as ours—wealthy enough to end hunger even in hard times like those we have been experiencing—should not countenance the moral blight of hunger. And Americans recognize that. In January 2012, 80% of voters told polltakers that "seniors, low-income families, and children not being able to afford enough food to eat" is a serious problem for the country.[4]

Those of us who work to reduce and eventually end hunger in this country cannot succeed, however, by making moral arguments alone. We need hard evidence to drive action. That is why I am so pleased to serve as Guest Editor of this issue of the *Journal of Applied Research on Children*, which looks at the harms of hunger and the solutions to hunger in our country. Recognizing the unnecessary suffering that hungry people

feel, and knowing the ethical teachings of every religion that countenancing hunger is wrong, will not alone lead the nation to act. What is needed to move voters, policymakers and institutions to act is a strong evidence base that establishes the causes of hunger, the consequences of hunger for individuals involved, the breadth of the population affected, and the practical strategies to address hunger. That evidence base will build more political will and smarter policy. As Katherine Joyce and her colleagues at Children's HealthWatch write in their article in this issue, "Good science can influence good policy…" This journal provides important research and reviews of research toward that end.

The first element in building the case is **understanding the causes of hunger and food insecurity**. Obviously lack of household resources is the primary driver. As then-candidate Barack Obama stated in his 2008 campaign commitment to eliminate childhood hunger in the nation by 2015, "poverty is the primary cause of hunger"[5] and the key to ending hunger is expanding economic opportunity, improving low-income tax credits, raising the minimum wage, and providing affordable health coverage, as well as improving federal nutrition programs. Nutrition programs alone can't solve or compensate for all of the poverty and near-poverty that themselves are the driver of hunger. Ultimately that requires a strong economy with shared prosperity and rising wages for all, supplemented by strong government income supports. As Joyce and her colleagues point out in their article, *Household Hardships, Public Programs, and Their Associations with the Health and Development of Very Young Children: Insights from Children's HealthWatch*, without fairly compensated and steady employment families can't consistently avoid food, energy and housing hardships.

Economic hardship can be exacerbated by political isolation. Non-citizen residents of the U.S. are excluded from many jobs and many benefits programs. This is overwhelmingly true of undocumented residents, but also true of many documented, permanent resident immigrants. In their article, *Individual, Family, and Neighborhood Characteristics and Children's Food Insecurity,* Rachel Kimbro, Justin Denney and Sarita Panchang of Rice University describe how children who have foreign-born non-citizen mothers may have levels of food insecurity nearly twice as high as those with native-born mothers.

Community deprivation as well as household deprivation also appears to be a factor. While economic insecurity and its resultant hardships are spread through all sorts of communities—rural, urban and suburban—and in all regions of the nation, there are many communities with concentrated poverty. Kimbro and colleagues' investigation shows

similar concentrations of food insecurity: food insecure children are more likely to live in neighborhoods with higher unemployment rates, lower rates of high school graduation, more female-headed households, and more linguistically isolated residents.

After understanding the causes of hunger and food insecurity, the second key building block for better policy is proving **the multiple individual, community and economic harms** that flow from that deprivation. We need to show that solving the hunger problem is essential because the damage is so great. Maternal undernutrition increases the risk of certain birth defects and contributes to low infant birthweight. Food insecurity among very young children can cause iron deficiency anemia and delayed cognitive development. Food insecurity harms children's physical growth and immune systems, and causes weakened resistance to infection. This means that in both early childhood and the school years children lag behind their peers and learn less; these learning deficits accumulate.

Much important research and effective compilation of research on the harm of food insecurity to very young children has been done by Children's HealthWatch, and the article by Joyce and colleagues provides a great overview. Looking at the range of harms flowing from food, energy and housing hardships—individually and in conjunction ("hardships do not happen in silos")—the article reviews Children's HealthWatch findings about food insecurity's role in putting children at higher risk for hospitalizations, anemia, poor health, and developmental concerns. Similarly, Hans Kersten and David Bennett of Drexel University College of Medicine review the possible interactions between food insecurity and failure to thrive, underscoring the ways that both harm children not just through shortfalls in nutrients and calories, but through family stress, depression and dysfunction.

Kersten and Bennett's article, *A Multidisciplinary Team Experience with Food Insecurity and Failure to Thrive,* joins others in this issue that capture how food insecurity harms adults through, e.g., lower productivity, higher rates of hospitalization, and poorer health, and how adult hunger in turn harms children. Often parents or grandparents do everything they can to protect the children in the household from outright hunger: they feed the children first, though the filling meal may not be a balanced, healthy diet. The adults often go hungry to protect the children. The resulting adult stress and depression, however, harm not only the adults but also the children's physical health, mental health, and schooling.

In their article, *Exploring the Association between Household Food Insecurity, Parental Self-Efficacy and Fruit and Vegetable Parenting*

Practices among Parents of 5- to 8-Year-Old Overweight Children, Angela Hilmers and her colleagues' scrutiny of whether food insecurity can negatively impact children by affecting parental practices and efficacy, including nutritional practices, underlines the need to investigate further the potential harms of the complicated interactions caused by deprivation in families. When parents protect their children from the worst consequences of resource shortages but shortchange their own diets, that hardly means that the children are insulated from the harms of household food insecurity. Parental stress, depression or just hunger do not exist in a vacuum. They affect family interactions and ultimately translate into negative outcomes for the children.

Rafael Perez-Escamilla and Rodrigo Pinheiro de Toledo Vianna of Yale School of Public Health review the studies that indicate that household food insecurity has not only adverse biological impacts on children, but psycho-emotional and developmental impacts as well (*Food Insecurity and the Behavioral and Intellectual Development of Children: A Review of the Evidence*). Moreover, the negative effects of poverty and food insecurity on children may be mediated by parental stress.

Mariana Chilton and Jenny Rabinowich of Drexel University School of Public Health present a life course perspective on poverty and hunger, further underscoring the need to look at causes and consequences of maternal depression and stress. The research presented in their article, *Toxic Stress and Child Hunger Over the Life Course: Three Case Studies,* suggests that child food insecurity is related to the adverse childhood experiences of today's caregivers, flowing through the mental health and physical health damage that occurred earlier.

At the same time, heroic parental efforts to feed children first do help. In their article, *Dietary Intakes of Children from Food Insecure Households,* Jayna Dave and Karen Cullen of the Children's Nutrition Research Center at Baylor College of Medicine theorize that the dietary impact of very severe food insecurity may have been minimized for the children they studied because the adults compromised their own diets to protect the children. Food programs, including school lunch, breakfast and afterschool meals, may also have prevented harsher dietary impact.

That suggestion is picked up and examined in other papers in this issue—the ones that look at a third question: what is the evidence base to convince policymakers that we have **effective programmatic answers to hunger that are worth enacting and expanding?**

There is much evidence that the programs already in place have multiple positive effects. They have kept food insecurity numbers lower and have kept the depth of hunger far shallower than they otherwise

would have been. When Congress in early 2009 created a modest and temporary boost in SNAP (food stamp) monthly benefit amounts as part of the American Recovery and Reinvestment Act (ARRA), it further enhanced the effectiveness of the program. Evidence of that has emerged in my organization's analysis of survey data from Gallup[6]: even as the recession raged on and unemployment and underemployment worsened, the number of people telling Gallup they had been unable to afford enough food stabilized and dropped slightly after the ARRA boost took effect. Similarly, the White House has noted that, in part because of the benefits increase, SNAP lifted 3.6 million people (including 1.7 million children) out of poverty in 2009, using the Census Bureau's alternative poverty measures.

SNAP's economic security/antipoverty effects are so robust that the program is roughly equal to the Earned Income Tax Credit (EITC) in its effectiveness at lifting people out of poverty. Moreover, SNAP lifts children out of deep poverty (lifting them above half or three quarters of the poverty line) at a rate two to three times that of the EITC, Temporary Assistance for Needy Families (TANF) and other low-income supports.

The nutrition programs not only reduce hunger and poverty; they also have important effects in improving child health, development, and learning:

- Participation of women, infants, and young children in the WIC program boosts rates of prenatal care, reduces low birthweight and infant mortality, and reduces childhood anemia and obesity.

- SNAP/food stamps buffer young children from the health consequences of food insecurity.

- The school lunch and breakfast programs reduce obesity, provide a substantial share of the key nutrients low-income children need each day, reduce school nurse visits and tardiness, and improve attendance, student behavior, educational achievement, and test scores.

- The out-of-school-time nutrition programs (summer food and afterschool food) draw hungry children into school-based and community-based programs that keep them safe and engaged, improve nutrition, and reduce obesity.

- The Child and Adult Care Food Program, which pays for nutrition for low-income children in Head Start, childcare centers, and family childcare, improves preschoolers' nutrition, reduces obesity, strengthens the quality of care, and in some states is the only monitor of many of the family childcare providers.[7,8,9]

Articles in this journal dig into many of the impacts of these programs and deepen the case that economic and nutrition supports for families reduce food insecurity and mediate the impacts of poverty and food insecurity, particularly for children.

Joyce and her colleagues at Children's HealthWatch, building on observations of families struggling simultaneously with the costs of food, energy and housing, review studies showing the effectiveness of SNAP, WIC, energy assistance and housing subsidies. For example, SNAP and WIC attenuate associations between food insecurity and a child's fair or poor health status, and SNAP reduces housing insecurity and trade-offs between paying for basic needs and obtaining medical care. Receipt of SNAP had an especially powerful effect for children of immigrants (when they are eligible). And the (temporary) increase in SNAP benefits Congress passed in 2009 proved effective in protecting young children's health.

But the very effectiveness of these programmatic interventions means that they could be even more effective if they reached more people and did so with more adequate benefits. Joyce and colleagues found that the positive impacts of SNAP and WIC were less than they could be because of access barriers to low-income families participating (e.g., limited office hours, transportation problems), income eligibility cut-offs that were too low, and because SNAP benefits are rarely enough to purchase an adequate, healthy diet.

The responsibility of advocates, providers and public agencies to identify struggling, food insecure families and help them obtain needed supports is widely shared. Thus, there is an important recommendation in *A Multidisciplinary Team Experience with Food Insecurity and Failure to Thrive* that medical providers screen for food insecurity—even "transient" food insecurity—and for interrelated factors (e.g., parental depression) because of the developmental risks, and that they foster enrollment in federal nutrition programs.

Similarly, in their article *Advancing Childhood Food Security through Organizing Strategies,* Jon Singletary, Jeremy Everett, and Erin Nolen of Baylor University describe an ambitious approach in Texas—the

Texas Hunger Initiative—to get the non-profit sector, the private sector, the public sector and the faith-based sector to collaborate in using federal nutrition program expansion and improvement to combat child food insecurity. Building on an organizing model that seeks to drive change by engaging both low-income families and powerful interest groups, the evolving Texas project is building on strengths like the long-standing bipartisan, corporate and faith-based support for public anti-hunger efforts. Chilton and Rabinowich also emphasize the importance of engaging food-insecure people in telling the story of food insecurity and devising solutions.

There is much room to improve the reach of federal programs. Because the programs (besides WIC) are entitlements, with no caps on funding or quotas of beneficiaries, participation can be increased by outreach, client education, application assistance, and other strategies to reach eligible people or broaden eligibility within federal parameters. After all, only seven in ten eligible SNAP recipients receive benefits at any given time, only 48 low-income children receive school breakfast for every 100 who eat school lunch, and take-up rates in some of the other programs are even worse.

This is true even though the legal and programmatic structure of most of the programs allows states, cities, schools, and nonprofits to add eligible low-income people to coverage without any new federal legislation. Moreover, benefits in the programs generally are 100% federally funded (state matching funds are not required). Outreach efforts and state and local changes in policies and practices to cover more people within the parameters of federal law can be undertaken largely without fear of the cost to their own treasuries.

I noted earlier that concentrated community deprivations may worsen household deprivations, so community solutions may be needed to make household-based solutions more fully effective. Kimbro and her colleagues suggest there may be something about living in a poor neighborhood that increases the risk of food insecurity beyond a family's individual poverty level. They recommend, inter alia, building up mechanisms for social support and cohesion in communities. It is a given, of course, that many poorer communities have fewer resources related to food purchasing—e.g., fewer food stores, fewer cars to get to food stores, less public transportation. Particularly underserved communities often are called "food deserts." This not only can mean greater expenses for the same amount of the same or worse quality food compared to better-resourced communities, but it may mean that quality, healthy food is considerably less available. That itself contributes to food insecurity. As

Kimbro and colleagues write, "Neighborhoods matter, and they matter because of the resources immediately available (or unavailable) within them." Neighborhoods' resources for physical activity matter as well as food for health and obesity prevention. Adequate community resources are crucial. But ultimately families must have the time and the economic resources needed to purchase available food and use available opportunities for physical activity. Shortages of both time and economic resources drive hunger, obesity and other forms of deprivation.

At the beginning of this article I noted that wages for Americans stagnated and then fell over the last two generations. As that occurred, the federal nutrition programs have become more and more important as both a source of food security and economic security and a boost to nutrition, early child development, health, and learning. They have accomplished and continue to accomplish great things. But we will not solve the nation's hunger program unless we are more generous—generous in the adequacy of these programs, and generous in assuring that families have the wages, the income supports and the time to assure everyone healthy food, adequate food, and community and family stability.

The articles in this journal tell us much about why we need to do that, and how to do that. I would only add that we must act quickly for our national well-being, whether we define that in practical terms of maximizing human development, controlling remedial costs, and solving long-term fiscal problems, or define it in moral terms. And we must act for all who are poor and hungry, and view the family and the society holistically; hunger is not just a problem for children, or seniors, or homeless people, or rural populations, or city dwellers.

Finally, the time to start is now. As Rep. John Lewis wrote in his memoir of the civil rights movement, "The hungry cannot wait. Talk is fine. Discussion is fine. But we must respond. We must act."

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