

13 Million Children Face Food Insecurity

June 2, 2004



Children's Defense Fund

America is the wealthiest nation in the world. Yet, alarmingly, millions of children and their families are food insecure, and still others are going hungry. Food security is defined as having access to enough food at all times for active, healthy living. Food insecure households lack this consistent access.

Hunger and Food Insecurity in America

In 2002, the U.S. Department of Agriculture reported that approximately 34.9 million Americans are food insecure, including over 13 million children. Of these children, 567,000 experienced food insecurity with hunger. Moreover, in 3.8 million families, someone had to skip a meal because they were unable to purchase food.¹ These are the highest levels of food insecurity (both with and without hunger) since 1998.

Most food-insecure households avoid hunger (the uneasy or painful sensation caused by a lack of food) by limiting the types of food they buy and by relying on public and/or private food programs. However, according to the USDA, in about one-third of food insecure households, one or more household members are hungry at times.²

Overall, households with children reported food insecurity at more than double the rate for households without children - 16.5 percent versus 8.1 percent. And, not surprisingly, households with incomes below the official poverty line had rates of food insecurity (38.1 percent) that were substantially higher than the national average.

Low-income single mothers with children were especially likely to experience high levels of food insecurity and hunger. In fact, 47 percent of these households were food insecure and in 13.4 percent of them, one or more individuals (usually the mother) went hungry at times because of lack of resources available to buy food.

A chart of the state-by-state prevalence of household-level food insecurity and hunger is available at the end of this document.

Living with Hunger in a Wealthy Nation

Households experiencing food insecurity struggle with fears that their food will run out before they have enough money to buy more. As a result, adults often forgo eating, reduce their food intake, or skip an occasional meal to ensure that their children eat, often to the detriment of the adults' health.

Households that have limited resources are more likely to sacrifice the quality and variety of food consumed in lieu of quantity.³ Foods that are higher in fat, calories, and sugar are often lower cost items and tend to have a longer shelf life than healthier alternatives such as fruits and vegetables. Fast food chains are concentrated in low-income urban neighborhoods, and their low-cost "extra value meals" are laden with saturated fat. Parents use other techniques to stretch available food, including preparing low-cost dishes, amending rotten food, and diluting drinks, stews, and casseroles.⁴ Unfortunately, this places their families' health at risk.

To further stretch their dollars, low-income households often rely on multiple public and private resources to obtain an adequate supply of food for their family. Food banks, emergency food relief shelters, and soup kitchens are becoming integrated into some families' means for survival. When, in fact, they were all designed as stopgap measures for extraordinary crises. In 2003, the U.S. Conference of Mayors reported alarming increases in use of emergency food assistance among children and families. Of the total requests, 39 percent of the adults requesting food were employed. These sources of food had originally been created to provide emergency and provisional support for hungry individuals and families. They are now being called upon to find new resources, volunteers, and donations to run

these very important programs to ensure that increasing numbers of families can eat. Many emergency relief organizations predict that food requests will increase in the near future as this trend continues.

Many policymakers have focused on issues relating to the high levels of obesity in the U.S., rather than on hunger problems. In reality, these two problems co-exist and can be related in ways that are not always obvious. Individuals are obese for a variety of reasons; for low-income individuals the correlation may reflect increased food insecurity among the poor. Research suggests that food insecure individuals are more likely to consume large portions of food when food becomes available to compensate for times when food is not available.⁵ In response to frequent periods of hunger, the body tends to store fat, which can contribute to the likelihood that an individual will become overweight.

Long-Term Effects of Child Hunger

Studies show that children are at risk for multiple negative outcomes if their household is food insecure. Children from food insecure and hungry homes have overall poorer health status. These children are also more susceptible to some illnesses and infections, more likely to be hospitalized, and more susceptible to low-level complaints like colds, sore throats, and stomach-aches.⁶ Children with inadequate nutrition are also more likely to show signs of iron deficiency, the major cause of anemia. More than one million low-income children have anemia, which is a strong predictor of learning and behavior problems later in life.⁷

Hungry and food insecure children are also at greater risk for deficits in cognitive development

and academic achievement. This should not be surprising given that studies have shown that even mild to moderate malnutrition can place children's proper development at risk and, in particular, can limit a child's ability to grasp basic skills and to fulfill their overall learning potential. Several studies have shown that children from households with insufficient food have poorer test scores on a variety of academic measures. In one study, 6- to 11-year-old children from food-insufficient households had significantly lower arithmetic scores and were more likely to have repeated a grade than children from food-sufficient households. Food-insufficient teenagers were

more likely to have been suspended from school.⁸ The illnesses and other physical ailments that food insecure children experience may contribute directly to a decrease in their ability to succeed in the classroom. Dr. Larry Brown, the Executive Director of the Center on Hunger and Poverty, notes that these children "miss more days of school and are less prepared to learn when

they are able to attend, making the relationship between hunger, health, and learning of far greater importance than we previously recognized."⁹

Finally, being hungry or worrying about having enough food can also lead to negative psychosocial and behavioral outcomes for children. Food insecure children experience greater numbers of behavior problems, difficulty in getting along with peers, and a need for counseling. In one study, hungry children were three times more likely than at-risk-for-hunger children and seven times more likely than not hungry children to receive test scores indicative of clinical levels of psychosocial problems. Hungry children were especially likely to demonstrate

Hunger Statistics

- In 2003, 3.8 million American families were hungry enough that someone in the family skipped a meal because they could not afford food. (U.S. Census Bureau)
- In 2003, 34.9 million Americans—11% of U.S. households and 16% children—were food insecure. (USDA)
- In a recent study, households with incomes of more than \$70,000/year spent 7% of after-tax income on food; low-income families (\$10-15,000/year) spent 25%. (Drewnowski)
- In 2002, 4 million low-income families had to use a food pantry at least once during the year (half of the families also received food stamps).
- In 2002, 22% of African American and 21.7% of Hispanic households experienced food insecurity (USDA) compared with 12% of Whites.
- In 2000, the percentage of children living in extreme poverty yet not receiving food stamps increased by 32% for school-aged children and by 44% for young children.

higher levels of anxious and irritable, aggressive and oppositional behaviors as compared to their low-income but not hungry peers.¹⁰ In other studies, family food insufficiency has been associated with depressive disorders and suicidal behaviors in 15- and 16-year olds.¹¹ Children may experience these negative psychological effects because they are anxious about the potential absence of food or because their parents are distressed or irritable as a result of hunger and food insecurity¹².

The impacts of hunger and food insecurity on the children who experience them are profound and far-reaching. As these children move into adulthood, American society will also feel the effects of their deprivation in the form of higher rates of school failure, greater health care costs, poorer returns on educational investments, and lost workforce productivity when they reach the age of employment.

The Status of Hunger Programs and Legislation in Congress

The reasons for widespread hunger and food insecurity are fairly straightforward; family incomes are simply not enough to meet basic needs. The minimum wage has not increased since 1997 and is far below what is needed to support a family. At the same time, government income supports have been eroding in their reach and value.

Annually, millions of Americans rely on government assistance programs to reduce their food insecurity and hunger. For millions of children, the available food programs are imperative for their well-being and development. However, the current programs do not go far enough. As a result, about 19 percent of food insecure households got emergency food from a food pantry, and 3 percent ate one or more meals at an emergency kitchen.

During a time of increased food insecurity and child poverty, the President's budget proposal for 2005 suggests that matters may only get worse. The proposal includes program-by-program funding recommendations through 2009 that were only recently released. In many cases, programs

that were spared deep cuts in 2005 are cut in 2006, a pattern that will almost certainly result in a reduction of services. For example, the President recommended a slight increase in funding for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) from FY2004 (\$4.61 billion) to FY2005 (\$4.79 billion). However, the newly released information shows that the WIC program would be cut in FY2006 to \$4.67 billion. The \$122 million that would be lost from this program is enough to provide WIC food benefits to more than 20,000 children for a year.

In March, the House of Representatives approved, by an overwhelming bipartisan majority (419-5), its child nutrition reauthorization bill, The Child Nutrition Improvement and Integrity Act (HR 3873). This bill reauthorizes programs that provide subsidized breakfast, lunch and milk for eligible children through 2008. The Senate should vote on its version of the reauthorization bill, prior to the expiration of the program on June 30, 2004. In May of this year, the Food Research and Action Center (FRAC), in conjunction with several non-profit advocacy organizations including CDF, wrote a letter of support to the Senate Agriculture Committee stating that "the draft legislation includes many of our joint priorities, especially increasing access to programs for low-income children; enhancing the nutritional quality of meals and improving nutrition education; and providing additional resources to vulnerable populations, such as homeless, runaway and migrant children".¹³

Recommendations

We can end hunger in the United States. The programs currently in place such as Food Stamps, school meals, the Child and Adult Care Food Program, after-school meals, summer meals, and WIC assist a large number of families. However, these programs are not able to provide services for all of the families who need them and many of them are currently facing budget cuts over the next few years, which would result in the provision of even less assistance to families. These cuts could have a serious impact on children's health and well-being, and must be avoided.

Existing food and nutrition programs alone cannot do it all. We must strengthen the safety net for families enduring economic hardships and provide sufficient resources to enable them to afford the basic necessities such as food, housing and medical coverage. Ensuring that work supports such as child care and health care are in place is necessary for parents who work hard to ensure they will not be faced with insurmountable financial obstacles as they endeavor to support their families. The Administration and Congress should promote policies that support work and enable families to make a sustainable living, including:

- Increasing the minimum wage so that families are able to make a fair living wage
- Helping families afford decent housing,
- Ensuring child care assistance is available for all children who need it,
- Using the tax code to lift families out of poverty by:
 - o Making the \$1000 child tax credit permanent and fully refundable,
 - o Expanding the Earned Income Tax Credit for families with three or more children,
 - o Expanding the Dependent Care Tax Credit.
- Requiring employers to provide the same employee benefits that are available to full-time employees to part-time and temporary employees on a pro-rated basis including health care, sick days and vacation; and
- Providing health insurance coverage for all Americans.

Join National Hunger Awareness Day Efforts

We can all do our part to end hunger. In a nation as wealthy as America with vast amounts of food available, no one should be living with the uncertainty of where their next meal will come from nor should they experience episodes of hunger.

National Hunger Awareness Day is upon us. June 3rd begins a time to join events in your local community with more than 200 organizations and America's Second Harvest to end hunger.

To learn more about National Hunger Awareness Day visit www.hungerday.org. This website provides information regarding upcoming events and ways in which communities, companies, and individuals can get involved.

**For more information on child
nutrition, call the Children's Defense
Fund's Family Income Division at
(202) 662-3542**

Prevalence of household-level food insecurity and hunger, by state, average 2000-02

| State | Number of Households (Average 2000-02) | Prevalence of Food Insecurity with or without Hunger | Prevalence of Food Insecurity with Hunger |
|------------|---|---|--|
| | <i>Number</i> | <i>Percent</i> | <i>Percent</i> |
| U.S. Total | 107,489,000 | 10.8 | 3.3 |
| AK | 224,000 | 11.8 | 4.3* |
| AL | 1,774,000 | 12.5* | 3.7 |
| AR | 1,038,000 | 14.6* | 4.4 |
| AZ | 1,917,000 | 12.5* | 3.7 |
| CA | 12,434,000 | 11.7* | 3.5 |
| CO | 1,652,000 | 9.2* | 2.8 |
| CT | 1,274,000 | 7.6* | 2.8 |
| DC | 260,000 | 9.3* | 2.3* |
| DE | 300,000 | 6.8* | 1.9* |
| FL | 6,383,000 | 11.8* | 3.7 |
| GA | 3,084,000 | 12.9* | 3.5 |
| HI | 408,000 | 11.9 | 3.6 |
| IA | 1,144,000 | 9.1* | 2.8 |
| ID | 484,000 | 13.7* | 4.3* |
| IL | 4,666,000 | 8.6* | 2.7* |
| IN | 2,421,000 | 8.9* | 2.8 |
| KS | 1,054,000 | 11.7 | 3.9 |
| KY | 1,606,000 | 10.8 | 2.9 |
| LA | 1,660,000 | 13.1* | 2.9 |
| MA | 2,441,000 | 6.4* | 2.1* |
| MD | 2,049,000 | 8.2* | 2.9 |
| ME | 535,000 | 9.0* | 2.8 |
| MI | 3,907,000 | 9.2* | 3.0 |
| MN | 1,877,000 | 7.1* | 2.2 |
| MO | 2,236,000 | 9.9 | 3.3 |
| MS | 1,080,000 | 14.8* | 4.5* |
| MT | 365,000 | 12.8* | 4.1 |
| NC | 3,129,000 | 12.3* | 3.7 |
| ND | 259,000 | 8.1* | 2.0* |
| NE | 649,000 | 10.7 | 3.1 |
| NH | 485,000 | 6.7* | 2.1* |
| NJ | 3,104,000 | 8.5* | 2.7 |
| NM | 687,000 | 14.3* | 3.8 |
| NV | 727,000 | 9.3* | 3.3 |
| NY | 7,003,000 | 9.4* | 2.9 |
| OH | 4,544,000 | 9.8* | 3.3 |
| OK | 1,361,000 | 14.3* | 5.1* |
| OR | 1,341,000 | 13.7* | 5.0* |
| PA | 4,742,000 | 9.4* | 2.7* |
| RI | 395,000 | 10.1 | 3.4 |
| SC | 1,576,000 | 12.3* | 4.3 |
| SD | 291,000 | 8.0* | 2.2* |
| TN | 2,190,000 | 11.3 | 3.3 |
| TX | 7,542,000 | 14.8* | 4.1* |
| UT | 714,000 | 15.2* | 4.6* |
| VA | 2,778,000 | 7.3* | 1.8* |
| VT | 249,000 | 9.0* | 2.4 |
| WA | 2,362,000 | 12.3* | 4.4* |
| WI | 2,122,000 | 8.1* | 3.3 |
| WV | 764,000 | 9.4* | 2.7* |
| WY | 202,000 | 10.7 | 4.3* |

*Difference from U.S. total was statistically significant with 90 percent confidence ($t > 1.645$).

Note: Data for 3 years (2000, 2001 and 2002) were combined to provide more reliable statistics at the state level.

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- ¹ Nord, M., Andrews, M., & Carlson, S., *Household Food Security in the United States, 2002*. Food Assistance and Nutrition Report, Number 35 (Washington, D.C.: Economic Research Service, U.S. Department of Agriculture, 2002). Available at <http://www.ers.usda.gov/publications/fanrr35/>.
- ² Retrieved from <http://www.ers.usda.gov/publications/fanrr35/fanrr35researchbrief.pdf>
- ³ Food Research and Action Center (FRAC) and Center on Hunger and Poverty - The Paradox of Hunger and Obesity in America. Retrieved from <http://www.centeronhunger.org/pdf/hungerandobesity.pdf>.
- ⁴ Kempson, Keenan, Sadani, Ridlen, & Rosato, "Food Management Practices Used by People with Limited Resources to Maintain Food Sufficiency as Reported by Nutrition Educators," *Journal of the American Dietetic Association* 102(12), 1795-1799. (December 2002).
- ⁵ See endnote 3.
- ⁶ Center on Hunger and Poverty, "The Consequences of Hunger and Food Insecurity for Children: Evidence from Recent Scientific Studies" (2002). Retrieved from <http://www.centeronhunger.org/pdf/consequencesofhunger.pdf>
- ⁷ *Poverty Matters: The Cost of Child Poverty In America* (Washington, D.C.: Children's Defense Fund, 1997).
- ⁸ Alaimo, K., Olson, C. M., Frongillo, E. A "Food Insufficiency and American School-Aged Children's Cognitive, Academic, and Psychosocial Development," *Pediatrics*, No.108, 44-53 (2001).
- ⁹ See endnote 7.
- ¹⁰ Weinman, R. E., Murphy, M., Little, M., Pagano, M., Wehler, C. A., Regal, K., & Jellinek, M. S. (1998). "Hunger in Children in the United States: Potential Behavioral and Emotional Correlates," *Pediatrics*, No. 101. Retrieved from <http://www.pediatrics.org/cgi/content/full/101/1/e3>.
- ¹¹ See endnote 7.
- ¹² Same as footnote 9
- ¹³ For more information on the Nutrition Reauthorization bill, click on "Child Nutrition Program Reauthorization Center" on FRAC's homepage at <http://www.frac.org>.