

# Over 13 Million Children Face Food Insecurity

## June 2, 2005



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.

### Hunger and Food Insecurity in America

The U.S. Department of Agriculture reports that 36.3 million Americans were food insecure in 2003, up from 31 million in 1999. More than 13 million were children. Of these children, 420,000 experienced food insecurity with hunger.<sup>1</sup>

“Food security” is defined as having access to enough food at all times for active, healthy living. “Food insecure” households lack this consistent access. 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 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.<sup>2</sup>

Overall, households with children reported food insecurity at more than double the rate of households without children—16.7 percent versus 8.2 percent. And, not surprisingly, households with incomes below the official poverty line had rates of food insecurity (35.1 percent) that were substantially higher than the national average.<sup>3</sup>

Low-income single mothers with children were especially likely to experience high levels of food insecurity and hunger. In fact, 31.7 percent of these households were food insecure and in 8.7 percent of them, one or more individuals (usually the mother) went hungry at times because of a lack of resources available to buy food.<sup>4</sup>

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.<sup>5</sup> Foods that are higher in fat, calories and sugar often cost less 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.<sup>6</sup> 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 families. Food banks, emergency food relief shelters, and soup kitchens are becoming integrated into some families’ means for survival—when, in fact, they were designed as stopgap measures for extraordinary crises. In 2004, the U.S. Conference of Mayors reported increases in the use of emergency food assistance among children and families.<sup>7</sup> Of the total requests, 34 percent of the adults requesting food were employed.<sup>8</sup> Originally, these sources of food were created to provide emergency and provisional support for hungry individuals and families. Now they are being called upon to find new resources, volunteers, and donations to run these urgently needed programs to ensure that increasing numbers of families can eat. Many emergency relief organizations predict that food requests will continue to 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 is available to compensate for times when food is scarce.<sup>9</sup> 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 an overall poorer health status. These children also are 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.<sup>10</sup> 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.<sup>11</sup>

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, can limit the 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 households with insufficient food 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.<sup>12</sup> 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."<sup>13</sup>

Finally, being hungry or worrying about having enough food can also lead to negative psychosocial and behavioral outcomes for children. Food insecure children experience a greater number of behavior problems, difficulty in getting along with peers, and need for counseling. In one study, hungry children were three times more likely than children who were at-risk of and seven times more likely than children who did not experience hunger to receive test scores indicative of clinical levels of psychosocial problems. Hungry children were especially likely to demonstrate higher levels of anxiousness and irritable, aggressive and oppositional behaviors as compared to their low-income but not hungry peers.<sup>14</sup> In other studies, family food insufficiency has been associated with depressive disorders and suicidal behaviors in 15- and 16-year-olds.<sup>15</sup> Children may experience these negative psychological effects because they are anxious

Hunger Statistics
<ul style="list-style-type: none"><li>• In 2003, 3.9 million American households were hungry enough that someone in the family skipped a meal because they could not afford food (USDA).</li><li>• In 2003, 36.3 million Americans, 11.2 percent of U.S. households and close to 1 in 5 children (18 percent), were food insecure (USDA).</li><li>• In a recent study, households with incomes of more than \$70,000/year spent 7 percent of after-tax income on food; low-income families (\$10-15,000/year) spent 25 percent (Drewnowski).</li><li>• In 2003, 3.5 million families had to use a food pantry at least once during the year; 46.8 percent of these families also received food stamps.</li><li>• In 2003, 28.5 percent of African American and 28.1 percent of Hispanic households with children experienced food insecurity, compared with 11.3 percent of White households (USDA).</li></ul>

about the potential absence of food or because their parents are distressed or irritable as a result of hunger and food insecurity.<sup>16</sup>

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 also will 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 federal minimum wage has not been 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 20 percent of food insecure households got emergency food from a food pantry, and 2 percent ate one or more meals at an emergency kitchen.

During a time of increased food insecurity and child poverty, Congress has passed a FY 2006 budget resolution that calls for the Agriculture Committees in the House and Senate to cut \$3 billion over five years from programs under their jurisdiction. While these savings could theoretically be found by reducing farm subsidies, Food Stamps and child nutrition entitlement programs are particularly vulnerable to cuts. The budget also cuts domestic discretionary spending over the next five years by \$212 billion. The nutrition assistance program for pregnant women, infants and children (WIC) may be reduced because of this cut.

The Food Stamp Program also is threatened as the Temporary Assistance for Needy Families (TANF) welfare reauthorization bill moves forward. The House version of this bill contains two proposals that would begin to undo the fundamental structure of the Food Stamp Program. One proposal would allow up to five states to elect a food stamp block grant in lieu of the regular federal Food Stamp Program. A state's block grant funding would be frozen at the level of funding the state received in fiscal year 2005. The second proposal is a "superwaiver" proposal to grant sweeping authority to the Executive Branch to waive, at a governor's request, most provisions of food stamp law. Under both the block grant and the superwaiver proposals, states could divert food stamp funds to other uses and turn the Food Stamp Program into a program that no longer responds to increases in need. The Senate version of TANF includes neither of these proposals.

### **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 so 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
- 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
- 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 the United States of 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 7th begins a time to join events in your local community with more than 200 organizations along with America's Second Harvest to end hunger.

To learn more about National Hunger Awareness Day visit [www.hungerday.org](http://www.hungerday.org). This Web site provides information regarding ways in which communities, companies, and individuals can get involved in addressing the solvable problem of hunger in America.

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

**Prevalence of household-level food insecurity and hunger, average 2001-03<sup>17</sup>**

State	Number of Households (Average 2000-03)	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	109,546,000	11.0	3.4
AK	232,000	11.5	4.1
AL	1,805,000	12.5*	3.2
AR	1,062,000	15.5*	4.7*
AZ	1,958,000	12.3	3.8
CA	12,617,000	12.2*	3.6
CO	1,717,000	9.7*	3.0
CT	1,287,000	8.0*	3.0
DC	264,000	9.0*	2.4*
DE	306,000	6.7*	1.8*
FL	6,532,000	11.7	3.7
GA	3,233,000	12.9*	3.6
HI	411,000	9.9	3.3
IA	1,169,000	9.5*	3.0
ID	503,000	13.7*	3.9
IL	4,784,000	7.9*	2.5*
IN	2,413,000	9.9	3.4
KS	1,061,000	11.7	4.4*
KY	1,638,000	11.2	3.3
LA	1,689,000	12.3*	2.6*
MA	2,533,000	6.2*	2.3*
MD	2,096,000	7.7*	2.9
ME	536,000	9.2*	2.9
MI	3,965,000	10.1*	3.4
MN	1,918,000	7.1*	2.2*
MO	2,241,000	10.4	3.6
MS	1,076,000	14.9*	4.0
MT	376,000	12.5*	4.0
NC	3,184,000	13.7*	4.5*
ND	263,000	6.9*	2.0*
NE	667,000	10.4	3.0
NH	496,000	6.4*	2.1*
NJ	3,168,000	8.6*	3.1
NM	700,000	14.8*	4.4*
NV	767,000	9.2*	3.4
NY	7,190,000	10.0*	3.1
OH	4,475,000	10.9	3.6
OK	1,386,000	14.1*	5.2*
OR	1,388,000	12.9*	4.3*
PA	4,755,000	9.5*	2.6*
RI	404,000	11.1	3.6
SC	1,583,000	13.5*	4.9*
SD	296,000	8.9*	2.4*
TN	2,291,000	10.9	3.3
TX	7,808,000	14.9*	4.1*
UT	737,000	14.6*	4.4*
VA	2,835,000	8.4*	2.2*
VT	254,000	8.9*	3.0
WA	2,379,000	11.6	3.9
WI	2,143,000	9.0*	3.2
WV	750,000	8.9*	2.7*
WY	205,000	10.1	4.2

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

Note: Data for 3 years (2001, 2002 and 2003) were combined to provide more reliable statistics at the state level.

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<sup>1</sup> Nord, M., Andrews, M., and Carlson, S., *Household Food Security in the United States, 2003*. Food Assistance and Nutrition Report, Number FANRR42 (Washington, D.C.: Economic Research Service, U.S. Department of Agriculture, 2004). Retrieved from the Internet at

<http://www.ers.usda.gov/publications/fanrr42/>.

<sup>2</sup>*Ibid.*

<sup>3</sup>*Ibid.*

<sup>4</sup>*Ibid.*

<sup>5</sup> Food Research and Action Center (FRAC) and Center on Hunger and Poverty, *The Paradox of Hunger and Obesity in America* (Washington, D.C.: Food Research Action Center and Center on Hunger and Poverty, July 2003). Retrieved from the Internet at

<http://www.centeronhunger.org/pdf/hungerandobesity.pdf>.

<sup>6</sup> Kempson, Keenan, Sadani, Ridlen and 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).

<sup>7</sup> The United States Conference of Mayors, *U.S. Conference of Mayors- Sodexo Hunger and Homelessness Survey 2004* (The United States Conference of Mayors, December 2004). Retrieved from the Internet on April 18, 2005, at

<http://www.usmayors.org/uscm/hungersurvey/2004/onlinereport/HungerAndHomelessnessReport2004.pdf>

<sup>8</sup> *Ibid.*

<sup>9</sup> *Ibid.*, Food Research and Action Center and Center on Hunger and Poverty.

<sup>10</sup> Center on Hunger and Poverty, *The Consequences of Hunger and Food Insecurity for Children: Evidence from Recent Scientific Studies* (Waltham, Mass.: Center on Hunger and Poverty, Brandeis University). Retrieved from the Internet at

<http://www.centeronhunger.org/pdf/ConsequencesofHunger.pdf>.

<sup>11</sup> *Poverty Matters: The Cost of Child Poverty in America* (Washington, D.C.: Children's Defense Fund, 1997).

<sup>12</sup> Alaimo K, Olson C.M., and Frongillo E.A., Jr., "Food insufficiency and American school-aged children's cognitive, academic, and psychosocial development," *Pediatrics* 108:44-53, 2001.

<sup>13</sup> *Ibid.*, U.S. Conference of Mayors.

<sup>14</sup> Weinman, R. E., Murphy, M., Little, M., Pagano, M., Wehler, C. A., Regal, K. and Jellinek, M. S., "Hunger in Children in the United States: Potential Behavioral and Emotional Correlates," *Pediatrics*, 101, January, 1998. Retrieved from the Internet at <http://www.pediatrics.org/cgi/content/full/101/1/e3>.

<sup>15</sup> *Ibid.* Olson, A. and Frongillo, E.

<sup>16</sup> *Ibid.* Weinman, R., Murphy, M., et. al.

<sup>17</sup> *Ibid.* Nord, M., Andrews, M. and Carlson, S., page 19.