



Policy Brief

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Hunger and Food Insecurity Among San Joaquin Valley Children in Immigrant Families

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A healthy, nutritious diet is essential to a child's growth and development. Children with chronic poor nutrition can be prone to diseases such as iron-deficiency anemia, overweight, and other health problems. Access to nutritious food in childhood and adolescence can also contribute to the prevention of chronic illnesses in adulthood, such as obesity, heart disease, and diabetes (Inkelas et al., 2003). Despite the importance of a healthy diet, if parents cannot afford to buy nutritious food (i.e., they report *food insecurity* in their household), they often rely on low-cost food that can be high in fat and sugar (Nord, 2003), thus contributing to poor nutrition.

The terms, *food security*, *food insecurity without hunger*, and *food insecurity with hunger*, are used throughout this policy brief to describe the levels of severity at which food insufficiency and hunger are experienced in the United States. These terms are drawn from research conducted on behalf of the United States Department of Agriculture (USDA; Bickel et al., 2000). *Food security* is defined as having access to enough food for an active, healthy life. *Food insecurity* (with and without hunger) occurs when people do not have access to adequate food or enough money to buy food or access to food in a socially acceptable way (e.g., without having to use food pantries, steal, or scavenge; Bickel et al., 2000).

Food insecurity without hunger means that households have concerns about food not lasting and not having enough money to buy more food, but household members do not go hungry. However, households that are food insecure but do not experience hunger (i.e., food insecurity without hunger) are still considered to be at risk for hunger. *Food insecurity with hunger* occurs when food insecurity is extreme and hunger occurs among household members. Bickel et al. (2000) define hunger as the uneasy or painful sensation caused by an involuntary lack of food.

Food insecurity and hunger are strongly related to poverty. In 2001, San Joaquin Valley households with incomes below 200% of the federal poverty level¹ experienced the highest rates of food insecurity in California. The percentage of low income, food insecure households ranged from 32.6% in San Joaquin County to 41.4% in Tulare County. An estimated 10% of Valley households with incomes below 200% of the federal poverty level experienced hunger (Harrison, DiSogra, Manalo-LeClair, Aguayo, & Yen, 2002). In 2001, 50% of the 915,000 Valley adults with children reported an income below 200% of the federal poverty level (2001 CHIS).

Recent research evidence has shown that food insecurity can have adverse effects on children's health, development, psychosocial functioning, and learning. Compared to children in food secure households, children in food insecure households have an overall poorer health status and more

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¹ A family of four with an income below 200% of the federal poverty level would have earned less than \$35,300 per year in 2001 (U.S. Department of Health and Human Services, 2004).

frequently experience sore throats, colds, stomachaches, and headaches and are more likely to have iron-deficiency anemia. Children in households where there is food insecurity are also more likely to have impaired cognitive functioning and a diminished capacity to learn. In addition, children in food insecure households have a greater number of behavioral problems, including hyperactivity, aggression, and withdrawn behaviors, compared to children in food secure households (Center on Hunger and Poverty, 2002; Children's Defense Fund, 2004). Overweight among children and its relationship to household food insecurity has received increased attention recently. Although research on this topic is in its early stages, researchers have theorized that childhood obesity and overweight may result from overeating when food is available and from consuming foods that are low cost and high in fat when the money needed to buy nutritious food is not available (Center on Hunger and Poverty, 2002).

This policy brief examines the prevalence of food insecurity among the 457,000 San Joaquin Valley children living in low-income, immigrant households (i.e., income below 200% of the federal poverty level). Data from the 2001 *California Health Interview Survey* (2001 CHIS) were used to develop the findings in this brief. This policy brief only includes food insecurity data for households with children ages 0-17.

Children of Immigrants

In 2001, there were an estimated 915,000 adults (married and single) with children in the San Joaquin Valley. Of these, an estimated 318,000 (35%) were born outside of the United States. Among all foreign-born adults in the San Joaquin Valley, 6 in 10 had children, compared with 4 in 10 adults who were born in the United States (2001 CHIS).

In 2003, Pourat et al (2003) authored a fact sheet on health status and access to care focusing on children of immigrants in the San Joaquin Valley. This fact sheet used data from the 2001 CHIS. Pourat et al divided children and their parents into five groups, based on immigration status. This policy brief uses the same five groups for analysis.

- Group 1 is comprised of U.S.-born children of U.S.-born parents.
- Group 2 is comprised of U.S.-born children of documented immigrant parents, who are either naturalized, legal permanent residents, refugees, or other documented aliens.
- Group 3 is comprised of U.S.-born children of at least one undocumented immigrant parent who is not legally residing in the United States.



- Group 4 is comprised of immigrant children of documented immigrant parents; both of whom were born in a foreign country and are legally residing in the United States.
- Group 5 is comprised of undocumented immigrant children of undocumented immigrant parents, none of whom are residing legally in the United States.

In this policy brief, groups 2 through 5 are collectively referred to as “immigrant households” or “households of immigrant parents”.

Pourat et al. (2003) also reported on the demographic characteristics of the children of immigrants in the San Joaquin Valley. In the San Joaquin Valley, almost half of the children ages 0-17 were children of immigrant parents. Three in four children of immigrant parents were Hispanic or Latino, compared to approximately one in four children of U.S.-born parents. Almost four in five children of immigrant parents lived in households with incomes under 200% of the federal poverty level, compared with two in five children of U.S.-born parents (Pourat et al., 2003).

**Demographic Characteristics of San Joaquin Valley Children Ages 0-17
by Child and Parents' Immigration Status, 2001**

	Group 1 - U.S. born children of U.S. born parents	Group 2 - U.S. born children of documented immigrant parents	Group 3 - U.S. born children of at least one undocumented immigrant parent	Group 4 - Immigrant children of both documented immigrant parents	Group 5 - Undocumented immigrant children of undocumented immigrant parents
Total	590,000	324,000	50,000	39,000	44,000
Age					
0-5 years	29%	40%	44%	6%**	12%**
6-11 years	37%	32%	39%	27%	37%
12-17 years	34%	28%	16%	67%	51%
Gender					
Male	49%	55%	47%	65%	52%
Female	51%	45%	53%	35%	48%
Race/Ethnicity					
Latino	27%	73%	96%	77%	99%
White	59%**	8%	*	8%	*
Asian/Pacific Islander	1%**	12%	*	13%	*
Other	13%**	7%	*	3%	*
Federal Poverty Level					
0-99%	16%	40%	68%	63%	78%
100-199%	23%	32%	26%	23%	17%
200-299%	22%	12%	5%**	6%**	*
300% and above	39%	17%	1%**	8%**	3%**

Adapted from Pourat, Lessard, Lulejian, Becerra, & Chakraborty (2003)

*Fewer than 5 observations.

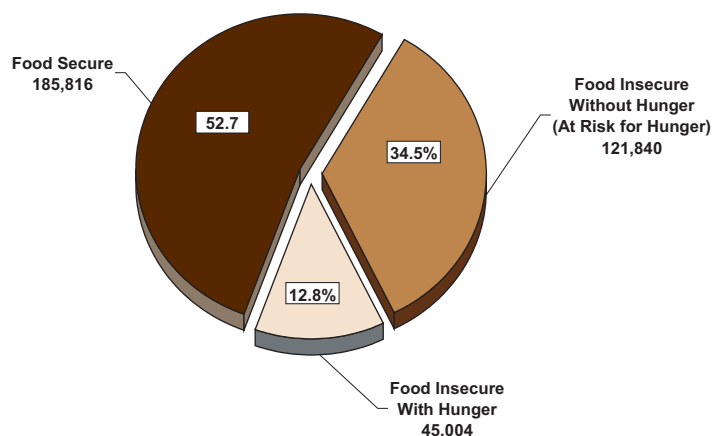
**Statistically Unstable Data

Food Insecurity in Immigrant Households

The 1999 National Survey of America's Families showed that concerns about affording food are common in immigrant families, especially poor immigrant families (Capps, 2001). In the San Joaquin Valley, 166,844 (47.3%)

low-income immigrant households were food insecure in 2001. Of these, over one-tenth experienced hunger and over one-third were at risk for hunger.

**Food Insecurity in Low-Income Immigrant Households With Children,
2001**

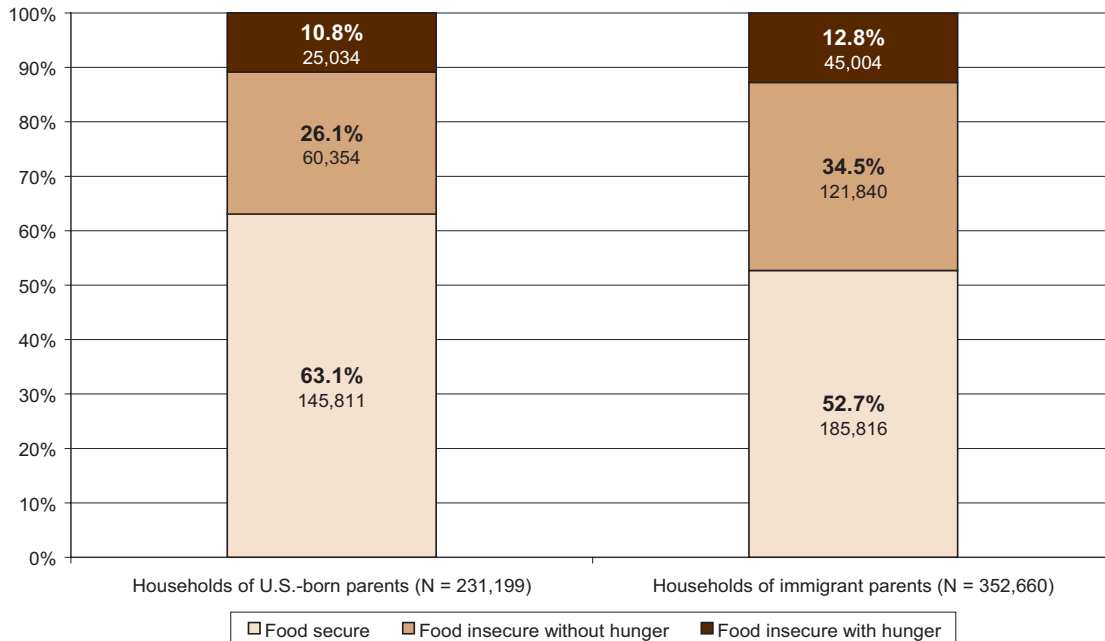


Source: 2001 California Health Interview Survey

A higher percentage of low-income immigrant households with children reported food insecurity than did low-income U.S.-born households with children (47.3% vs. 36.9%).

This was true for both food insecurity with hunger and food insecurity without hunger.

Food Insecurity in Low-Income Households With Children, 2001

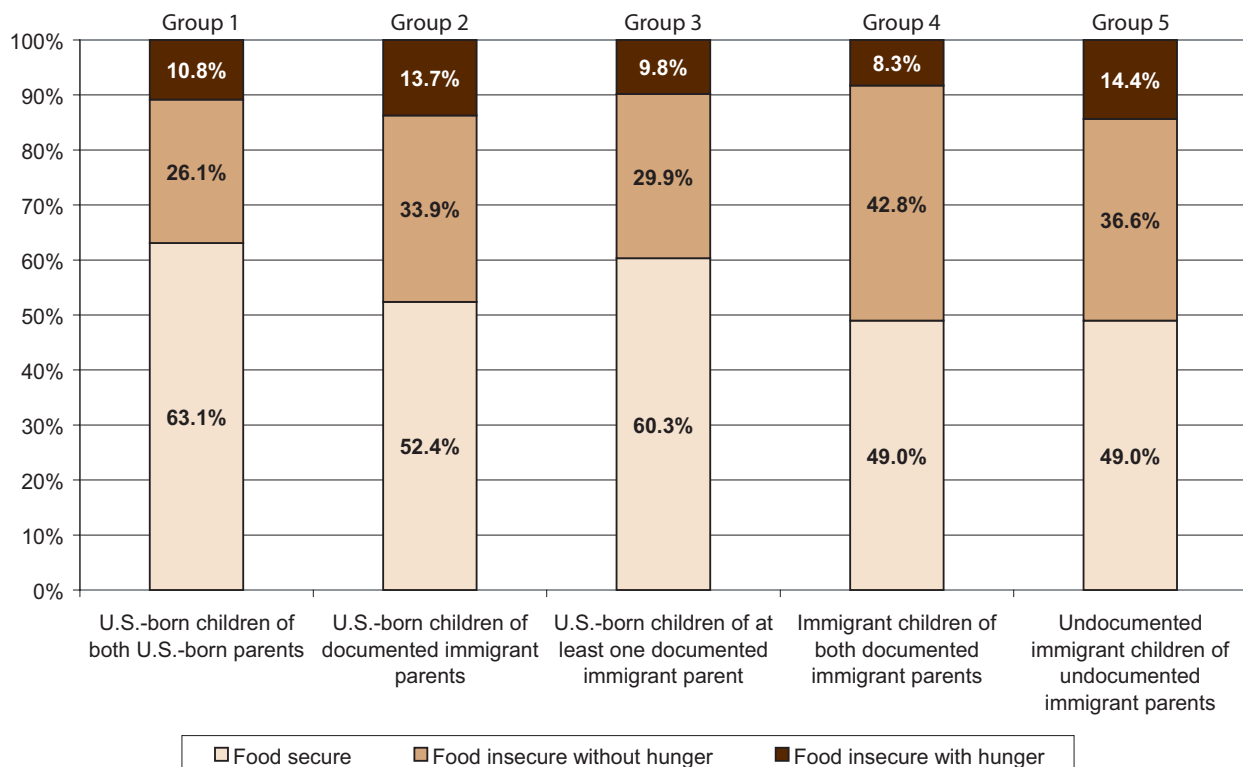


Source: 2001 California Health Interview Survey

Each of the four groups of low-income immigrant households with children reported a higher percentage of food insecurity than did the low-income U.S.-born households with children. Group 4, immigrant children of documented immigrant

parents, had the highest proportion of food insecurity without hunger (42.8%). Group 5, undocumented immigrant children of undocumented immigrant parents, had the highest proportion of food insecurity with hunger (14.4%).

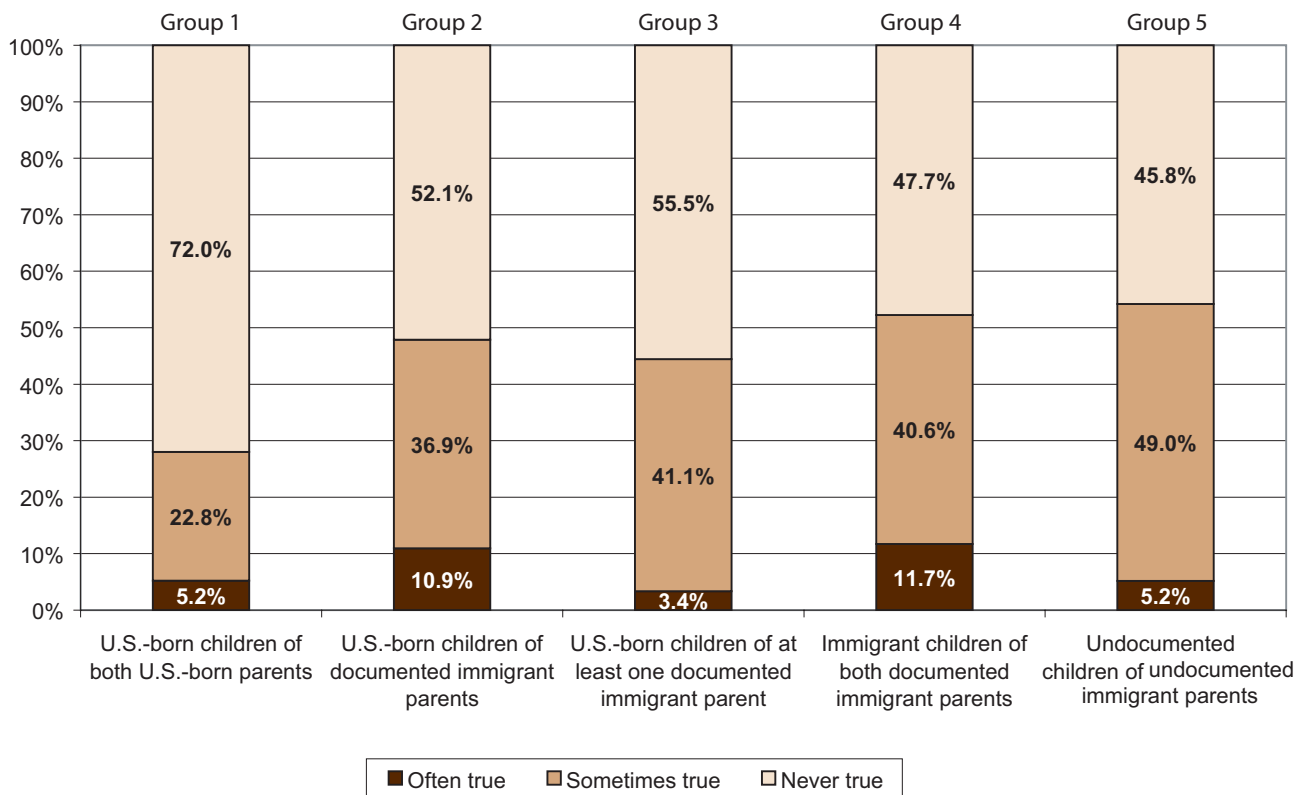
Food Insecurity in Low-Income Households with Children, by Immigration Status, 2001



Researchers have reported that young children may not experience hunger as frequently as do older children and adults in households that report food insecurity with hunger. Even though they may not experience hunger, young children in these households may be at risk for serious disruptions in diet, including a reduced quality and variety of meals, not eating balanced meals, and consuming inadequate amounts of vitamins and minerals (Melgar-Quiñonez et al., 2003; Nord, 2003).

Approximately half (ranging from 44.5% to 54.2%) of the low-income immigrant households in the San Joaquin Valley reported not being able to afford to eat balanced meals, compared with less than one-third (28%) of low-income U.S.-born households. Children who do not eat a balanced diet consisting of a wide variety of fresh foods are more likely to lack the vitamins and minerals necessary for healthy growth and development.

Low-Income Households With Children That Couldn't Afford to Eat Balanced Meals, 2001



Source: 2001 California Health Interview Survey

Measuring the Prevalence of Food Insecurity and Hunger Among Children

The government has been measuring and reporting the extent and severity of food insecurity and hunger in households since 1995 and providing estimates of the number of children in both food insecure households and in households experiencing hunger. However, estimating the prevalence of food insecurity and hunger among children based on the extent and severity of food insecurity and hunger in their households does not necessarily provide an accurate

estimate of child hunger. To address this issue, the United States Department of Agriculture has developed a survey—the Children’s Food Security Scale—to measure children’s food insecurity and hunger (see Nord & Bickel, 2002). The survey was designed to accurately measure food insecurity and hunger among children and is an essential tool for monitoring the prevalence of child hunger and for assessing programs designed to prevent it.

Food Assistance Programs

Studies have shown that participation in food assistance programs substantially reduces the prevalence of food insecurity and hunger (Neuhauser et al., 1995). However, these programs do not always reach those in need. Compared with U.S.-born households, immigrant households are more likely to experience economic hardship, but receive no public benefits such as food stamps (Capps, 2001). The Food Stamp Program is the largest, most important nutritional assistance program in the country and it is the primary safety net for poor families. It is the key element in U.S. policy to reduce hunger (Physicians for Human Rights, 2000).

The 1996 Welfare Reform Act restricted food stamp eligibility for noncitizens. In 1997, the State of California established the California Food Assistance Program due to the concern over its large immigrant population. This state program provided food stamps to eligible legal immigrants who were no longer eligible for the federal Food Stamp Program. Between 1997 and 2003, the federal government incrementally reinstated food stamp benefits for some legal immigrants. Finally, on October 1, 2003, the federal government restored food stamp benefits for all legal immigrant children below the age of 18 (Legal Services of Northern California, 2004).

Although many immigrant adults and all legal immigrant children under the age of 18 are now eligible for food stamp benefits, many immigrants may not know that their eligibility has been restored. In addition, immigrants may still be concerned that their use of public benefits will have a negative effect on their immigration status or petitions for residency or citizenship. This concern, along with the requirement that all adults in a household must be fingerprinted for anyone in the household to receive food stamps, may deter immigrant families from seeking assistance for their eligible members.

Children can also receive nutritious meals in school through the National School Lunch Program and the School Breakfast Program. San Joaquin Valley data show that many eligible children are not enrolled in these school nutrition programs. In 2001, 8 out of 10 eligible children were enrolled in the National School Lunch Program, and only 3 out of 10 eligible children were enrolled in the School Breakfast Program (California Food Policy Advocates, 2003). Children can also receive free lunch when school is not in session through the Summer Food Service Program; however, data show that almost 8 out of 10 eligible children were not involved in the Summer Food Service Program in 2001 (California Food Policy Advocates, 2003).

Conclusion

The majority of immigrant households in the San Joaquin Valley live in pervasive poverty. Almost half of low-income immigrant households with children in the Valley were food insecure in 2001. Food assistance programs can contribute to alleviating food insecurity and hunger among low-income immigrant households in the Valley. If the safety net were strengthened, low-income families that experience economic hardship, including immigrant families, would be able to obtain necessities such as food.

Recommendations

- Increase public awareness and public health surveillance efforts to document food insecurity and hunger in the San Joaquin Valley.
- Collaborate with community and faith-based organizations in the San Joaquin Valley to collect more data on the nutritional needs of immigrant families.
- Conduct hunger surveillance studies among low-income children, using the Children's Food Security Scale, to provide policymakers with a more accurate picture of the extent and severity of food insecurity and hunger among San Joaquin Valley children.
- Conduct extensive, linguistically appropriate public awareness campaigns to inform immigrant parents about their and their children's eligibility for food assistance programs, such as food stamps, WIC, and school nutrition programs. Conduct similar campaigns to educate immigrant parents that enrollment in food assistance programs will not jeopardize their petitions for legal residency or citizenship.
- Increase participation in school nutrition programs by automatically enrolling all low-income children in school breakfast, lunch, and summer food programs.
- Increase participation in food assistance programs, such as Food Stamps, by making the application process easier.
- Implement community outreach strategies, including the establishment of nontraditional hours of service for enrollment in food assistance programs, community forums in the native languages of the local residents, and coordination with community organizations that serve this population.
- Encourage private and community support for philanthropic activities around food insecurity and hunger.

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